

POTENTIAL EFFICIENCY GAINS IN AUSTRALIAN PRIMARY CARE: A REVIEW

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Introduction: The current trend in health expenditure is unsustainable. The federal government recognises that primary care drives efficiency across the health sector. Evidence from outside Australia has identified initiatives that have the potential to make primary care efficiency gains. This study reviewed the distribution and outcomes of contemporary Australian research on these initiatives to determine if they could produce efficiency gains in the Australian primary care sector.

Methods: An analysis of the number of studies and types of outcomes measured for Australian research on the identified primary care efficiency gains, and a systematic review of reported cost-effectiveness outcomes. Data was sourced from MEDLINE from 1 January 2003 to 31 December 2012. Studies included were Australian-published, Australian-located randomised-control trials, cohort, cross-sectional and case-control studies on the following interventions in the primary care setting: role substitution, home-care, self-care, pay-for-performance, integrated care, trainee service provision, reduced training times, or technological interventions.

Results: Of the 1214 potentially relevant studies found, 19 studies met the inclusion criteria. None of these studies reported on: competency-based training, undergraduate specialisation, redefining training scope or trainee service provision; computer-based decision-making tools or web-based service provision; home care; or role substitution by nurse practitioners, community pharmacist or physician assistant. Only two of the eligible studies reported on cost measures and five studies did not have statistically significant outcomes. Study heterogeneity and the limited number of eligible studies per initiative prevented a meta-analysis of outcomes.

Conclusion: This review shows that there is no evidence to support the anticipated savings from the identified primary care efficiency initiatives. This lack of evidence may result in an inability to prevent future health expenditure growth. This study has highlighted the need to identify and remediate the barriers to primary care efficiency research. In addition, it has shown that the introduction of standard cost reporting measures in comparison studies may assist future cost-effectiveness evaluations.

References

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