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BETTER FUNDING NEEDED FOR CHRONIC DISEASE: EXPERT

More funding, increased workforce resources and further reform of the health system are needed if the national chronic disease strategy is going to deliver better care to patients suffering from diseases such as diabetes, asthma and cancer, according to an international primary health expert.

The National Chronic Disease Strategy had its "heart in the right place", but would only work well with a "substantial amount of thought about resource implications across the board", according to Professor Christopher Dowrick, a Visiting Fellow at the Australian Primary Health Care Research Institute at ANU.

Professor Dowrick, who is also Professor of Primary Medical Care at the University of Liverpool, has examined the Australian strategy, with an eye to chronic disease care in the UK and US.

With the rates of chronic disease growing, and with an ageing population, chronic disease is becoming a major focus in health care.

The National Chronic Disease Strategy is a framework for care and prevention of chronic disease in Australia. Following a development process, the Australian Health Ministers last year endorsed the national strategic approach to chronic disease prevention and care in Australia.

In a seminar at ANU today, Professor Dowrick said resources like workforce numbers, information technology systems and the funding of multidisciplinary teams would all need to be considered to ensure the strategy benefits patients.

"The chronic disease strategy could have substantial implications for primary care in Australia, including a more multidisciplinary team approach and a shift in GP payment methods from a fee-for-service to a managed care model," Professor Dowrick said. "The strategy's incorporation of mental health with other chronic disease is a particularly good element of this model."

However, Professor Dowrick, a practising GP and editor of the journal *Chronic Illness*, says the national strategy also implies individuals will have to monitor their own health and may give GPs an opportunity to opt out of care for patients who are not keeping to the prescribed guidelines.

"That's not to say GPs would do that, but it may give them the option of taking a 'care-by-guidelines' approach," Professor Dowrick said.

But the most important part of the strategy was ensuring it is used to manage inequalities in health care, he said.

"It's not only about resource allocation at a State or Federal level, it should also be about proper resource allocation in funding general practice to offer this care for patients of chronic disease."

Professor Dowrick said that given the right setting and viewing the strategy as a long-term plan, it could be an effective tool in improving the health care of Australians with chronic disease in the future.