Australian Association of Practice Management

excellence in healthcare management

ELECTION STATEMENT 2022

About AAPM

Australian Association of Practice Management (AAPM), founded in 1979, is the peak professional body for Practice Management in the health care sector representing health care organisations across Australia.

AAPM's vision is for Practice Management to be universally recognised and valued at the centre of effective health care systems and sustainable businesses.

Australian Association of Practice Management

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EXECUTIVE SUMMARY

Australian Association of Practice Management (AAPM) is the peak professional body for Practice Management in the health care sector.

The establishment of Australia's Primary Health Care 10 Year Plan (2022-2032) confirms a commitment to the Quadruple Aim Framework on the four dimensions of care:

1. Improve people's experience of care.
2. Improve the health of populations.
3. Improve the cost-efficiency of the health system.
4. Improve the work life of health care providers.

Progressing these aims requires ongoing delivery of health care reform, to realise improved health outcomes, while also optimising efficiencies. Practice Managers, as the nexus between policy, clinicians and consumers, are integral to achieving this vision.

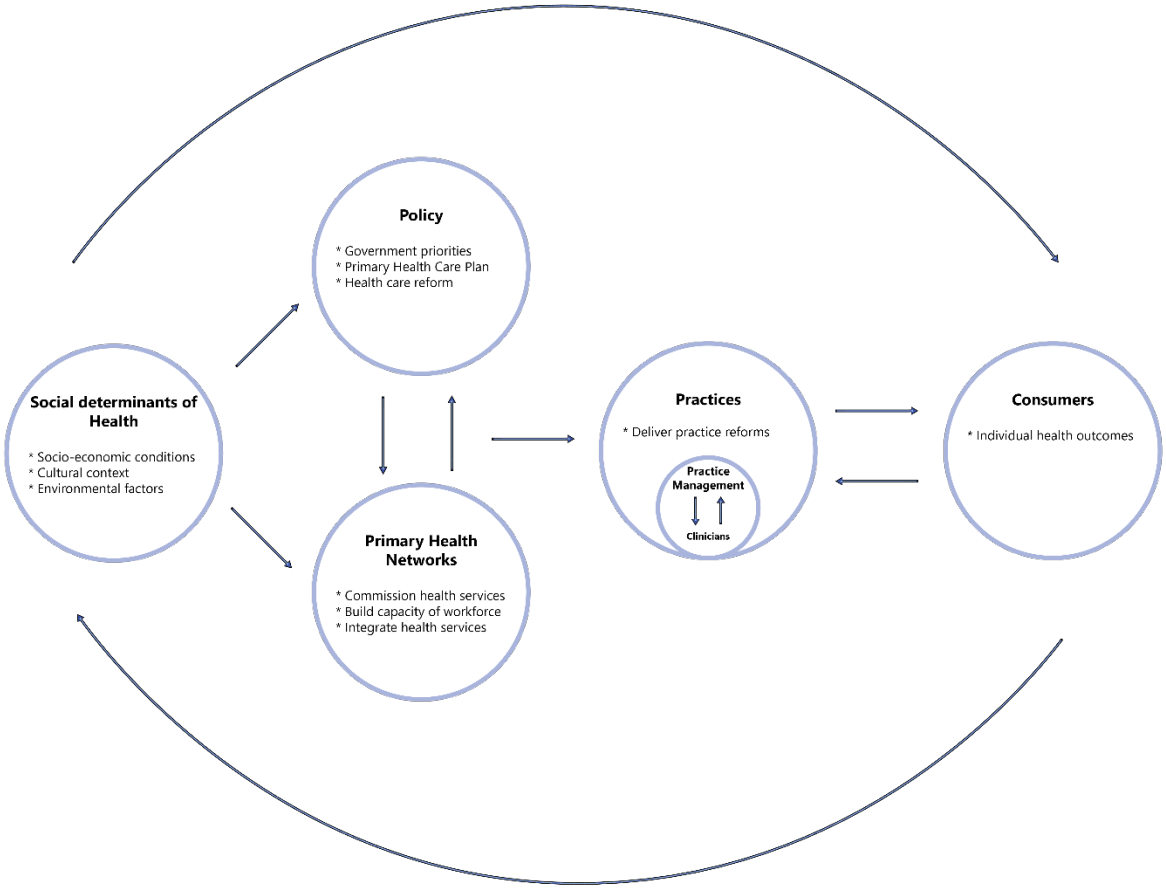

Figure 1 Practice Managers: Nexus between policy, clinicians, and consumers

This election statement outlines AAPM's policy directions to inform the incoming Commonwealth Government of Australia:

	Policy Direction	Actions
1.	**Primary care reform through co-leadership and change management** (Incorporated as per scheduled review process in 2024-25)	Incorporate Practice Management in workforce planning within the review of Australia's Primary Health Care 10 Year Plan. Recognise that while clinical leadership is important, Practice Managers will lead change to deliver required workplace change.
2.	**Develop Practice Managers as Practice Leaders** ($1.02 million over three years)	Fund a Rapid Upskilling Program that will provide rapid, targeted, upskilling and training to enable early adoption, necessary change management and successful commencement of reform activities. Support AAPM in developing training initiatives to address the needs of new, aspiring, and experienced Practice Managers, to prepare and equip them as leaders in primary health care reform.
3.	**Recognise AAPM as a peak professional health organisation** ($420,000 over two years for AAPM to cover the current round) ($8.84 million from 2024-25 to be distributed to eligible organisations for the first year of funding through the next round of Health Peak and Advisory Bodies Program)	Recognise the role of AAPM as the peak body representing Practice Management and its role in supporting ongoing health reform through a special grant process until 2025. Ongoing commitment to the Health Peak and Advisory Bodies Program once the current round expires in 2025.

Table 1-1 Summary of Policy Directions

There is a significant opportunity to strengthen Australia's health care system, so it is resilient and future-proof.

AAPM looks forward to working with the 47th Parliament of Australia to realise this vision through excellence in health care management.

1 INTRODUCTION

Established over forty years ago, AAPM has worked on various programs and projects in partnership with the Commonwealth Government, State Governments, and other health care organisations.

AAPM, as the peak professional body for Practice Management in all health care practices, is uniquely placed to consider primary health care requirements across:

- General Practice;
- Specialist;
- Dental;
- Community Health;
- Aboriginal Health;
- Allied Health;
- Multi-disciplinary clinics, and
- Super Clinics.

Practice Managers are the catalyst for the delivery of efficient and effective health outcomes as the interface between policy, clinicians, and consumers.

This election statement articulates AAPM's vision for health care outcomes over the next period of Government and beyond. AAPM recognises the significant increase in health investment due to COVID-19 and aims to ensure that the Commonwealth Government's commitment to health is delivered effectively and efficiently.

The definition of a Practice Manager is someone who performs the Practice Management tasks in a health care setting.

A Practice Manager may have various titles, for example, Operations Manager, Business Manager or Executive Director.

A Practice Manager's tasks include governance, strategic planning, review, and implementation of processes in a practice that increases efficiency and contributes to excellence in health care management, leading to optimal health outcomes.

Box 1-1 Who are Practice Managers (1)

2 BUDGETARY CONTEXT

Since 2020, Australia's health system has been shaped by the response to COVID-19, with Commonwealth expenditure on health increasing by 20% when compared to the pre-COVID-19 conditions in 2019.

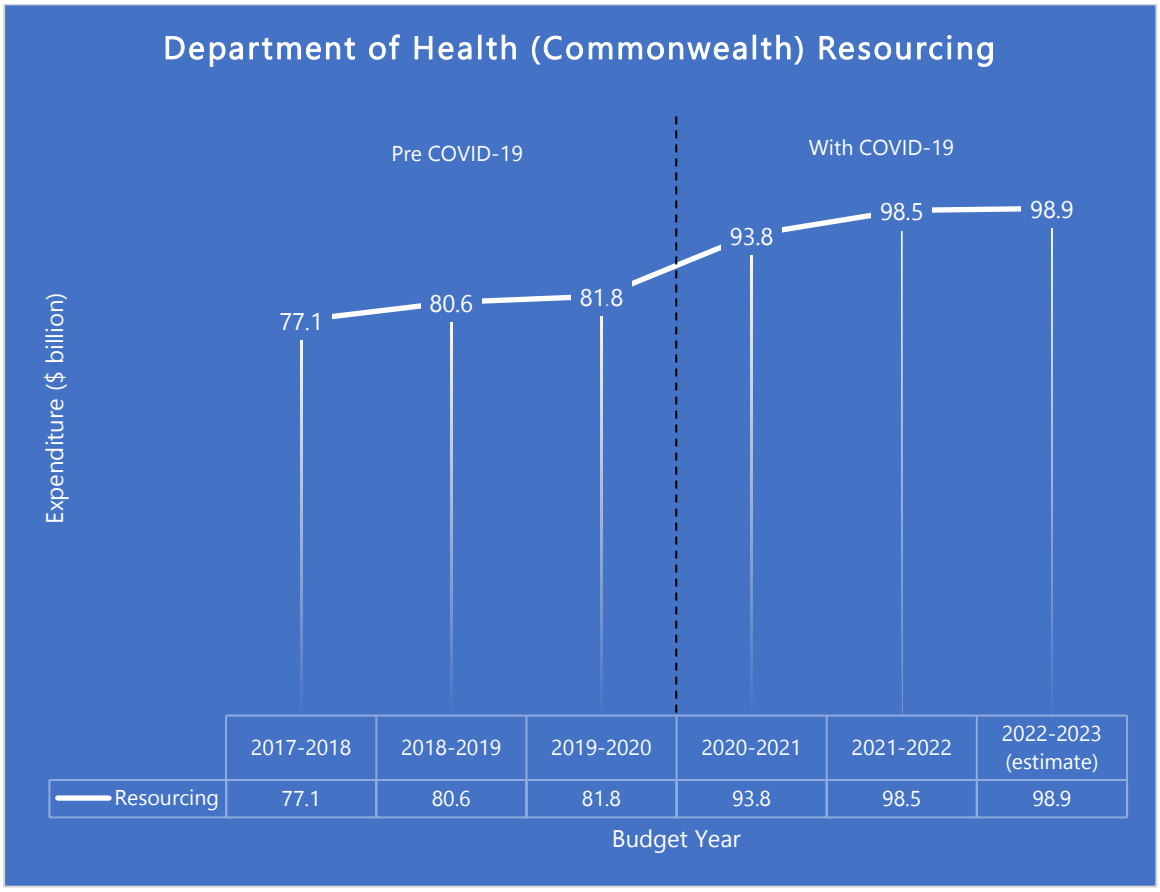

Figure 2-1 Commonwealth of Australia Resourcing for the Department of Health (2)

While Australia has managed the COVID-19 pandemic better than comparable countries, there will be ongoing impacts to health services, consumers, and clinicians. The health sector itself has experienced considerable pressure due to COVID-19, with workers indicating higher rates of burnout and stress (3). Increased levels of stress are reflected in the wider community, through a significant increase in the delivery of mental health services, with a 21.8% increase in 2021 compared to pre-COVID-19 conditions in 2019 (4).

AAPM welcomes continued investment in health care but reiterates this should be delivered in tandem with health sector reforms that strengthen linkages with workplace retention, continuity of care and patient outcomes.

As Australia recovers from COVID-19 there will be a need to enhance efficiencies to ensure that Commonwealth Government investment can strengthen the delivery of effective outcomes.

3 ONGOING NEED FOR HEALTH REFORM

Each year more than 20 million Australians utilise primary health care services including general practice, allied health, pharmacy, nursing, dentistry, health promotion, aboriginal health, maternal and child health, women's health, and family planning services (5).

In 2021 the Primary Health Reform Steering Group identified that while the current health system was designed to respond well to individual presentations, it was no longer fit for purpose due to the burden of chronic disease and the need to focus on population health, system integration and prevention (6).

Coordinated, multidisciplinary team-based care is central to improving services for people with complex needs. Australia's Primary Health Care 10 Year Plan (2022-2032) confirms a commitment to the Quadruple Aim Framework on the four dimensions of care (7):

1. Improve people's experience of care.
2. Improve the health of populations.
3. Improve the cost-efficiency of the health system.
4. Improve the work life of health care providers.

AAPM supports the Commonwealth Department of Health commitment to the Quadruple Aim Framework as the foundation for ongoing health reform.

Australia has historically underinvested in preventative health, with Australia ranking 27 out of 33 Organisation for Economic Co-operation and Development (OECD) nations in terms of percentage of overall spending allocated to prevention (8), despite overall health expenditure predicted to increase to 13% of GDP by 2030 (9).

Without attention, the primary health care system will have limited ability to respond to challenges in caring for Australian people over the next ten years and beyond.

An increased emphasis on preventative health has proven to be cost-effective and would protect the health of Australians before they become unwell (10). As a result, there is a need to build system capacity to promote wellbeing, prevent illness, undertake early detection, and respond with early intervention that will deliver greater health outcomes for Australians.

In 2017-18, 1 in every 15 (6.6%) hospitalisations were classified as potentially preventable, costing the hospital sector $4.5 billion in 2015-16, with chronic conditions alone costing $2.3 billion (11).

Successive Australian Labor Party (2007-2013) and Liberal/National (2013-22) Governments have recognised the importance of health reform through Medicare Locals, and subsequently Primary Health Networks (PHNs), which seek to increase efficiency and effectiveness of medical services (12). The effectiveness of PHNs in their ability to deliver

these objectives is dependent on the depth of linkages established with primary health care providers to empower substantive change within a practice.

Practice Managers are the nexus between consumers, clinicians and policy and are increasingly undertaking a leadership role to embed ongoing change within practices. The ability to achieve reform within primary health requires the incoming Commonwealth Government to recognise the pivotal role Practice Managers undertake as leaders by fostering collaboration and delivering operational efficiencies (13).

Practice Managers are identified in research literature as a critical success factor in delivering sustainable change in practices, given their role in establishing strategic vision, providing leadership, overseeing change management, and introducing required structures and processes to support ongoing reform (14).

In 2021, AAPM commissioned member research through a quantitative survey, with the findings indicating over 89% of Practice Managers undertake quality improvement activities, with over 75% of these being undertaken on either a monthly or quarterly basis (15).

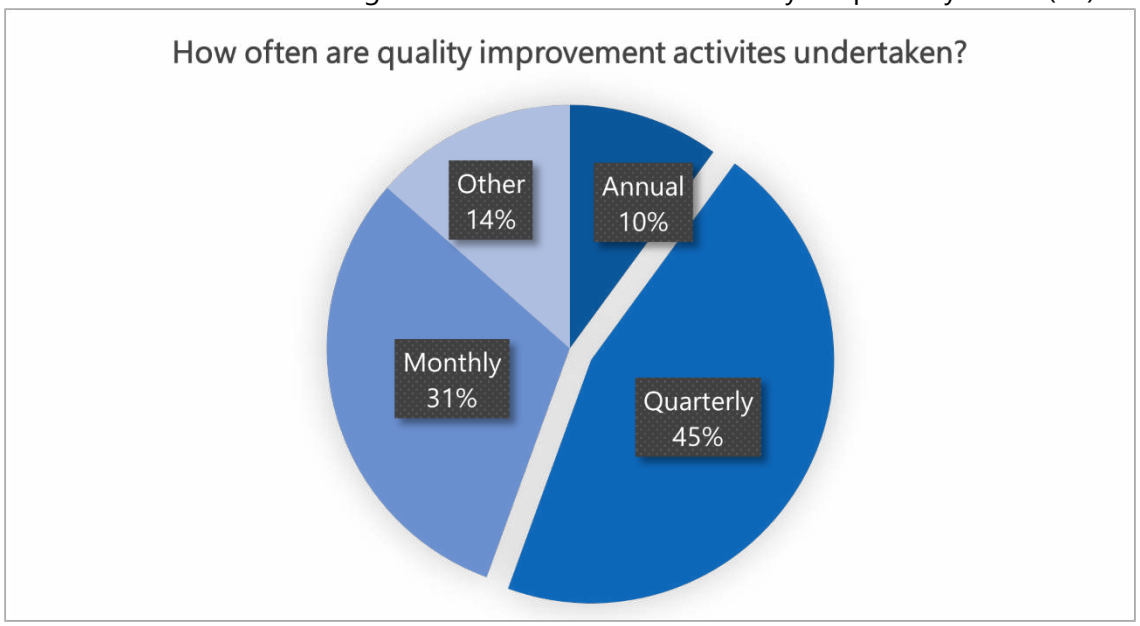

Figure 3-1 Frequency of quality improvement within practices (n=380) (16)

Developing Practice Managers as Practice Leaders will enable the incoming Commonwealth Government to increase efficiencies and effectiveness of health expenditure.

AAPM supports the position of other peak health organisations, including the Australian Medical Association (AMA), Royal Australian College of General Practitioners (RACGP) and Consumer Health Forum (CHF) in seeking to increase the emphasis on health outcomes, rather than patient volume.

There is also a need for further incentives to support practices in rural and regional Australia, to ameliorate ongoing staff shortages across clinical and Practice Management staff.

Case study: Small regional general practice

The Practice Manager worked in this practice for approximately 14 years and has driven a culture of continuous improvement over several years.

A major early focus was data cleaning and coding, with the practice now having an exemplary approach to data management. Patient data (both clinical and demographic) is comprehensively collected and recorded, and consistently coded, with minimal free text.

Key success factors identified to achieve quality care were:

- Understanding the relationship between data, quality improvement, and patient care: "The more data you capture, the better snapshot you have of what you can do for your patients."
- Ensuring the whole practice team is invested in quality improvement: "Everyone has a part, and I think the key to delivering anything is that admin has a part, the GP has a part, and so we're all working towards a common goal… and everyone knows what their role is."
- A commitment to ongoing, continuous effort: "If there's something we can tweak or change to make it more streamlined, more efficient, safer, we're always doing it."
- Practice Manager skills and capabilities: Key skills and capabilities were identified as change leadership and change management, the ability to gain the trust of the practice team and patients, and project management skills.
- A commitment to ongoing education and training: "I'm always focused on education."

This high-quality data enabled the practice to participate in the Lumos Project, through which PHNs in conjunction with NSW Health collect, analyse, and return to support ongoing quality improvement.

Box 3-1 Case study: Small regional general practice (17)

4 PRACTICE MANAGERS AS HEALTH CARE LEADERS

The primary health care sector is highly fragmented with approximately 7,000 practices, of which 70% have fewer than 10 General Practitioners (18). The fragmented nature highlights the need for engagement within practices and across the sector through peak body associations.

Despite a shift towards continuity of care, these providers vary in the extent to which they are integrated with other services across the health care system. Achieving continuity of care requires information flows between consumers, practices, and the broader health care system (19).

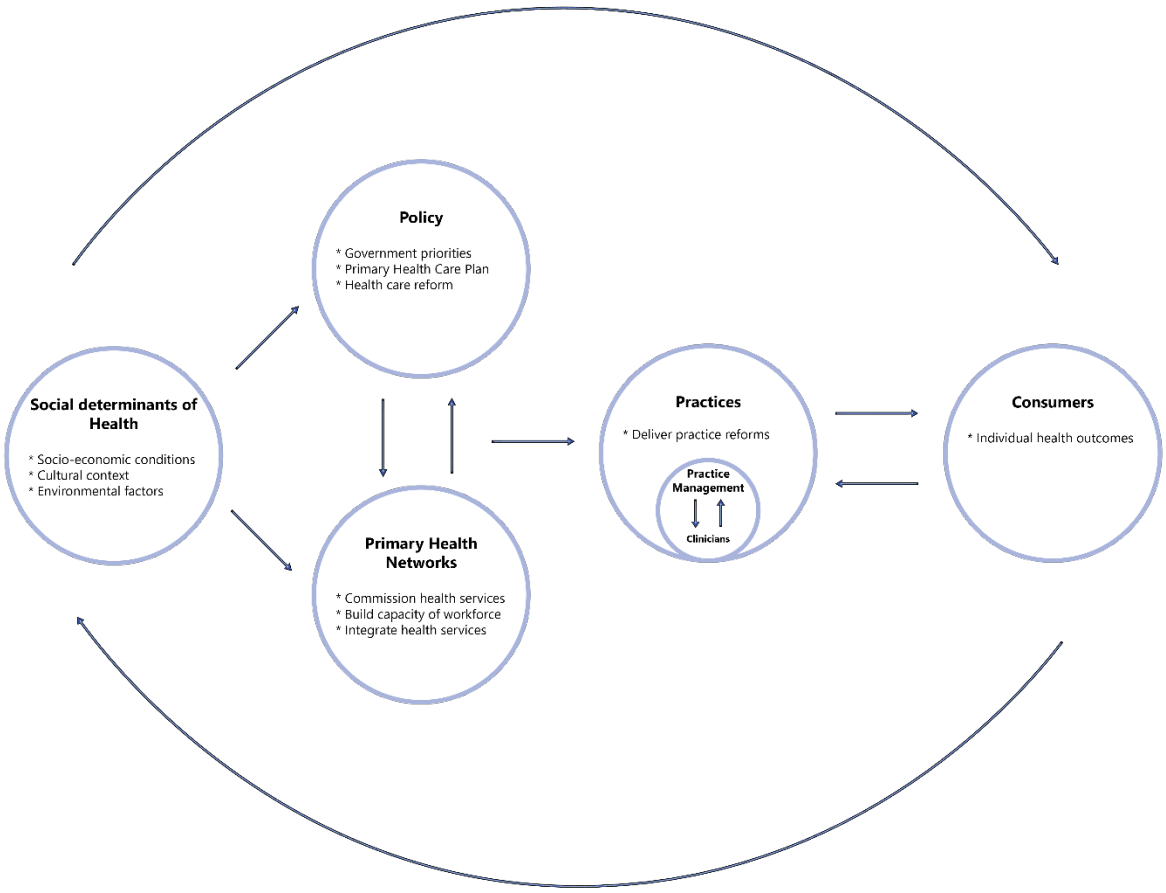

Figure 4-1 Practice Management is the nexus between policy, clinicians and consumers

Progress towards the Quadruple Aim Framework will require ongoing cost-efficiencies to support a continued focus on improving population health care experience.

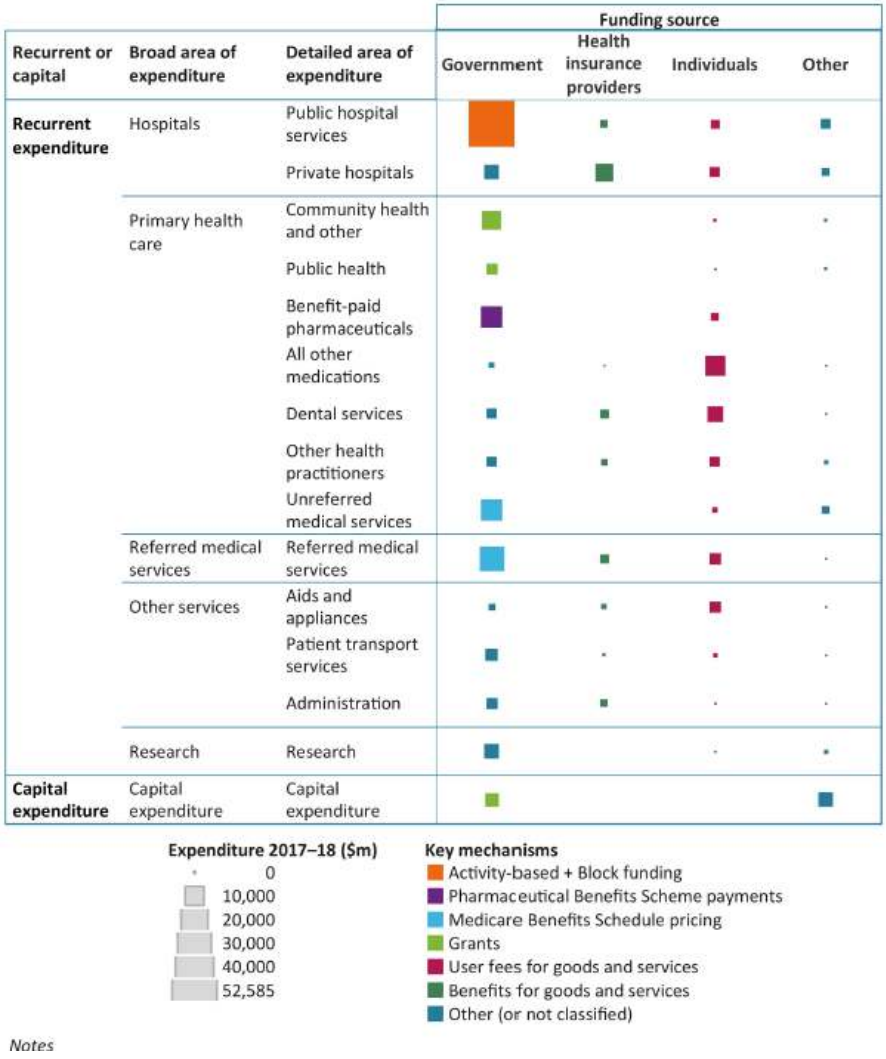

Figure 4-2 Funding sources of health expenditure (20)

While clinicians provide a service delivery component of health care, they are not always the most suitable avenue to promote change due to a lack of time, staff shortages and lack of formalised business study (21).

As a consequence, there is a need for suitable personnel within primary health care to lead and sustain change. Leaders who understand the reality and complexity of clinical care are critical to the success of the reform (22).

Practice Managers, while less visible than GPs and other clinicians, have been identified across research as emerging leaders and "power brokers" for facilitating system redesign and change of clinical practice (23).

The importance of Practice Managers is evidenced through their role in interacting with PHNs, with almost 90% of respondents indicating ongoing interaction.

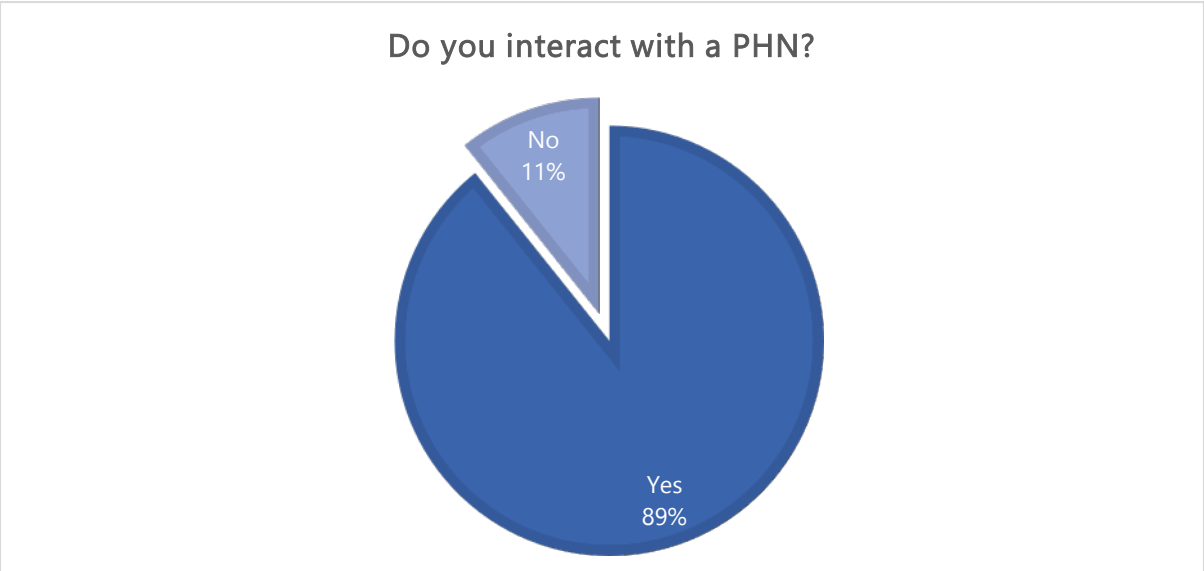

Figure 4-3 Level of interaction between Practice Managers and PHNs (n=380) (24)

The role of the Practice Manager operating within primary health care, has become multifaceted and increasingly sophisticated due to additional responsibilities.

Figure 4-4 Responsibilities of Practice Manager (n=1,465) (25)

In 2020 AAPM Longitudinal Analysis of Practice Management identified the growing complexities of responsibilities undertaken by Practice Managers. For example, there has been a significant increase in human resource management, financial management, clinical responsibilities since the commencement of the survey in 2009.

The expanding responsibilities of Practice Managers has resulted in a need for formalised qualifications, with an increasing proportion holding a bachelor's degree or above across the past decade.

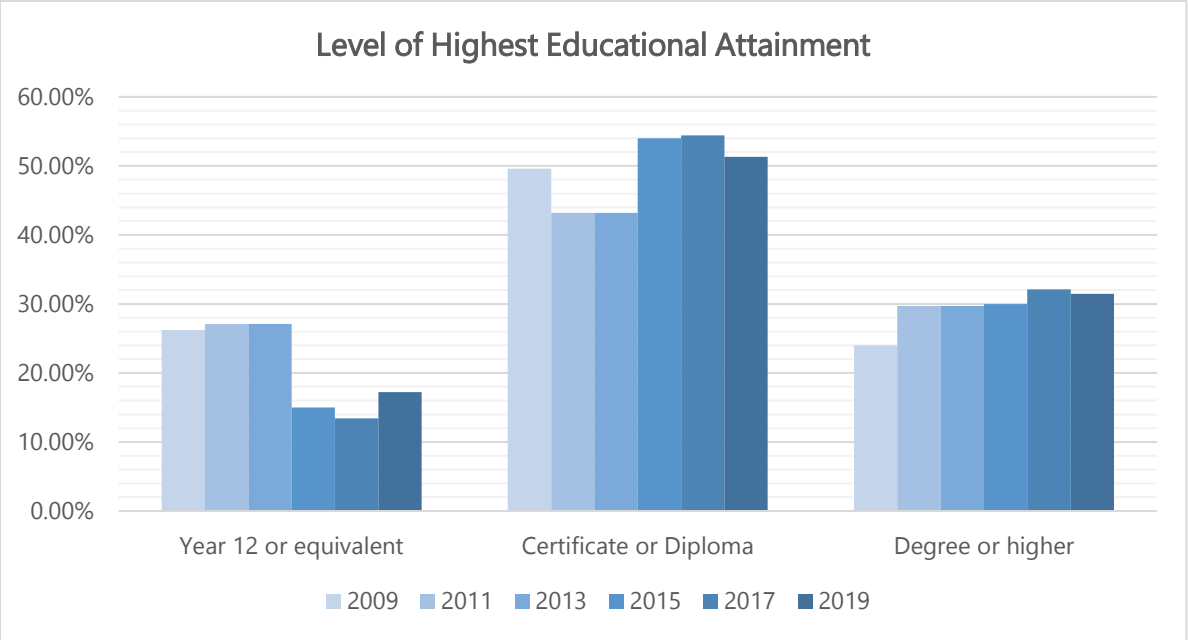

Figure 4-5 Level of highest educational attainment by Practice Managers (n=1,331) (26)

The changing nature of the role also necessitates ongoing professional development. Practice Managers have identified a strong desire for leadership and team building, as well as data analysis skills to support their role in facilitating practice change.

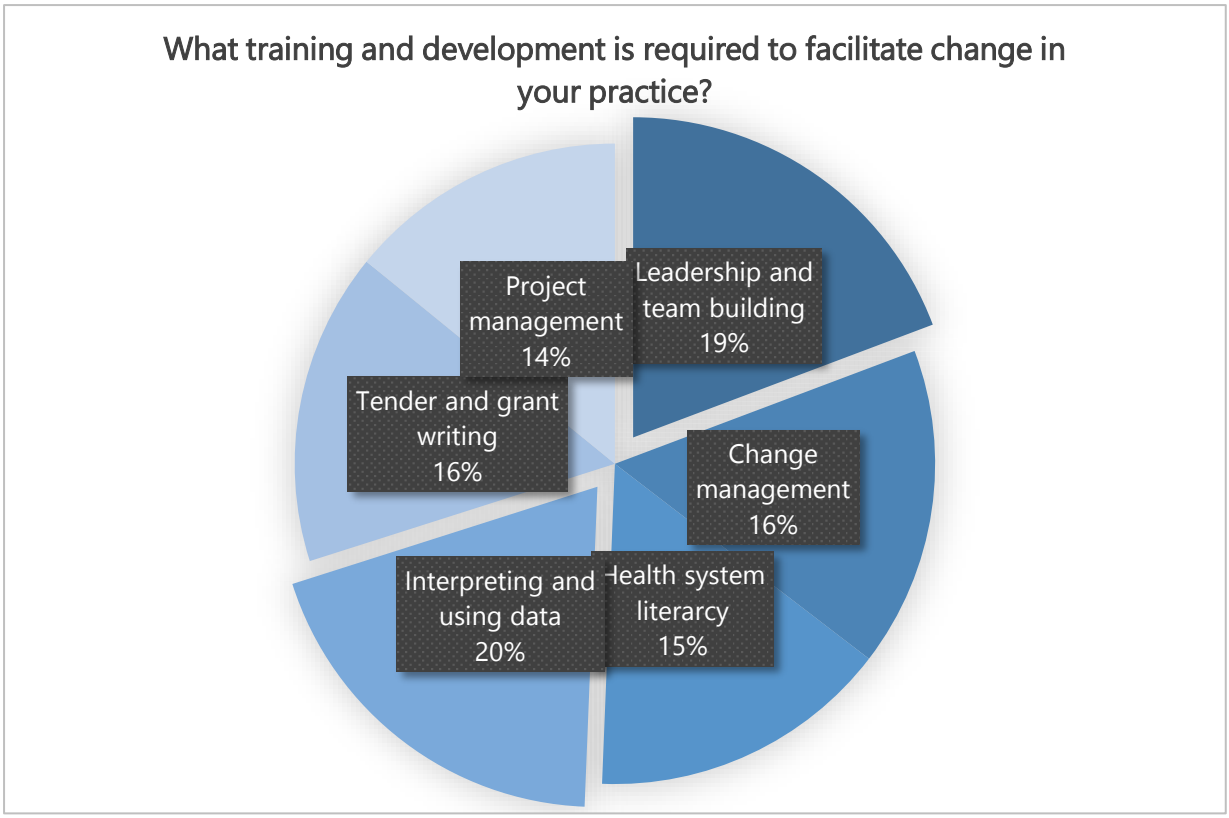

Figure 4-6 Training and development requirements for Practice Managers (n=380) (27)

Ultimately, the shift in responsibilities and desire for ongoing professional development demonstrates that Practice Managers are pivotal to not only enhancing patient care, but also in strengthening the viability of a practice and wellbeing of staff.

Like other sectors in health care, Practice Managers are an ageing workforce. Over 25% of Practice Managers are over 56 years in age, highlighting the need for Practice Management to be considered in broader health care workforce planning.

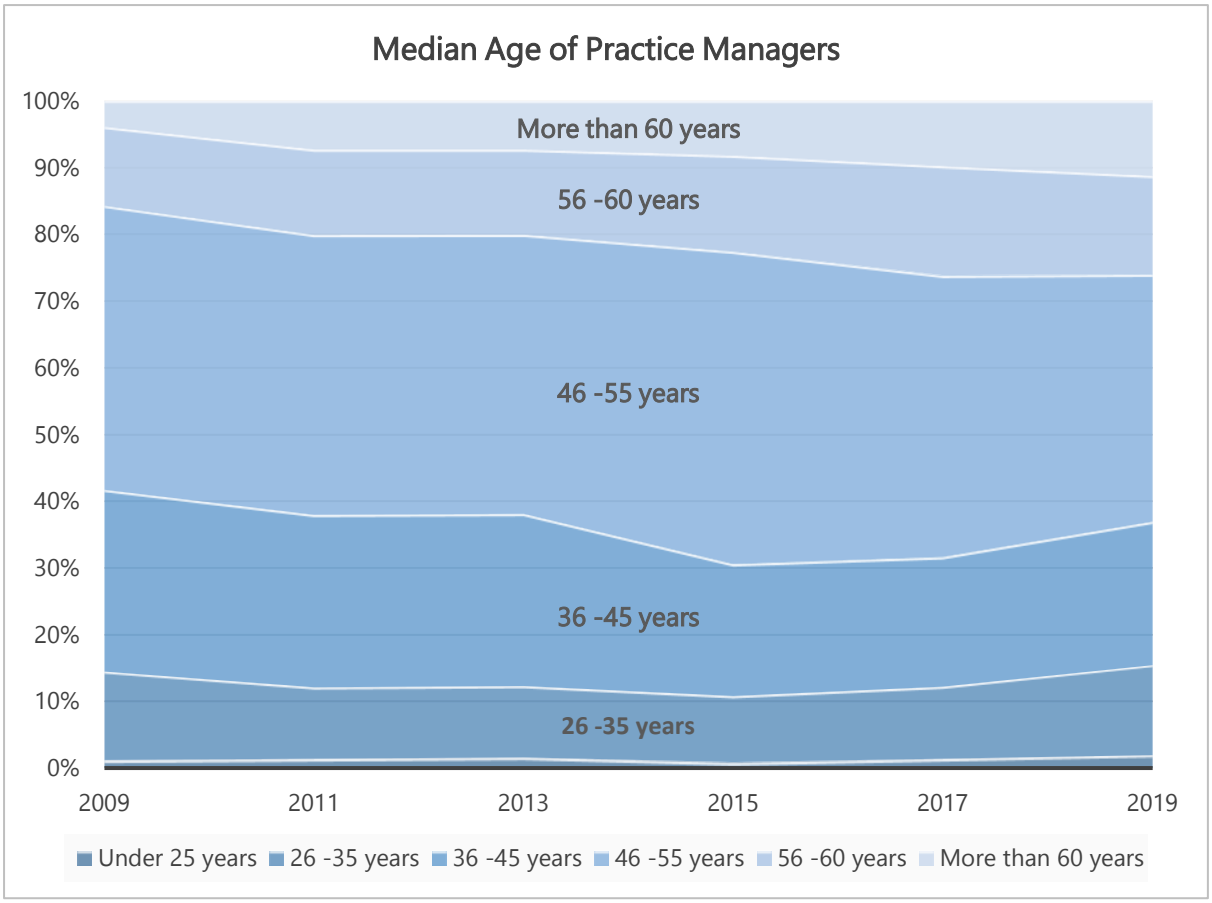

Figure 4-7 Median age of Practice Managers (n=1,334) (28)

Australia's Primary Health Care 10 Year Plan (2022-2032) identified the need for workplace planning to alleviate shortages of clinical staff, particularly in rural and regional areas (29), but this also needs to encompass Practice Managers as part of the review process scheduled for year 3 of the plan in 2024-25.

Improving health outcomes requires the recognition and appreciation of Practice Managers as the nexus between policy, clinicians, and consumers.

AAPM as the professional peak body representing practice management is primed to support ongoing health reform by building the capability and capacity of the Practice Management profession.

5 POLICY DIRECTIONS

AAPM supports the Quadruple Aim Framework and welcomes its adoption across the Commonwealth of Australia Department of Health:

1. Improve people's experience of care.
2. Improve the health of populations.
3. Improve the cost-efficiency of the health system.
4. Improve the work life of health care providers.

Progress towards fulfilling these aims, however, is dependent on an ongoing commitment to reform through the following policy directions:

1. Primary Health care reform through co-leadership and change management.
2. Develop Practice Managers as Practice Leaders.
3. Recognise AAPM as a peak professional health organisation.

5.1 PRIMARY HEALTH CARE REFORM: CO-LEADERSHIP AND CHANGE MANAGEMENT

Inclusive leadership and culture are widely recognised as critical in supporting change in primary care. Collaborative leadership, including shared values and learning approaches, is critical to facilitate effective change.

The role of Practice Managers in the primary care reform change process needs to be acknowledged and optimised. Practice Managers are recognised internationally as being highly influential in team cohesion and development.

Given the need for ongoing professional development, as well as an ageing workforce, there is a need to incorporate Practice Management within workforce planning.

AAPM requests the incoming Commonwealth Government:

1. Incorporate Practice Management as a consideration in workforce planning within the review of Australia's Primary Health Care 10 Year Plan.
2. Recognise that while clinical leadership is important, Practice Managers will lead change to deliver required workplace change.

Policy Direction 1: Primary care reform through co-leadership and change management

Costs and timeframes are included in Appendix A but leverages the established review process for Australia's Primary Health Care 10 Year Plan (2022-2032).

5.2 DEVELOP PRACTICE MANAGERS AS PRACTICE LEADERS

There is currently significant variation across the roles, education, qualifications, and capabilities of Practice Managers, leading to inconsistencies around the role of Practice Management and its value in supporting health care reform.

AAPM introduced the Certified Practice Manager (CPM) accreditation to support the ongoing professional development of the sector. The accreditation requires:

- Membership of AAPM for over one year
- A minimum Diploma level qualification in Professional Practice Leadership (or equivalent)
- Minimum of three years' workplace experience.
- Accruing a minimum of 200 Continuing Professional Development points over a three year period.
- Ongoing commitment to maintain 200 Continuing Professional Development points over each future triennium period.

Investment from the Commonwealth Government is critical to facilitate ongoing professional development of Practice Managers and to support the transition of the workforce, given a significant proportion is anticipated to retire over the next five to ten years.

Furthermore, Commonwealth investment in the professional development of the practice management workforce will signal the importance of Practice Managers and their role to clinicians and the broader health care sector, resulting in consistent roles and responsibilities through the reform process.

AAPM requests the incoming Commonwealth Government:

1. Fund a Rapid Upskilling Program that will provide rapid, targeted, upskilling and training to enable early adoption, necessary change management and successful commencement of reform activities.
2. Support AAPM in developing training initiatives to address the needs of new, aspiring, and experienced Practice Managers, to prepare and equip them as leaders in primary health care reform.

Policy Direction 2: Developing Practice Managers as Practice Leaders

AAPM proposes $1.02 million over three years to deliver this initiative. Indicative timeframes and costs are outlined in Appendix B.

5.3 RECOGNISE AAPM AS A PEAK PROFESSIONAL HEALTH ORGANISATION

Practice Managers provide a patient-centric approach within healthcare as they are the nexus for front line engagement between consumers and service delivery models, as well as other non-clinical matters.

Practice Managers also orchestrate the work of medical clinicians and therefore manage the interface between Government and the health providers. In addition, their role means that Practice Managers are best able to identify and manage workplace issues and emerging challenges brought about by the complexity of COVID-19.

As a result, Practice Managers manage and represent the interests of all parties and stakeholders within Australian health care including consumers, clinicians, and Government through policy.

For example, the perspective of AAPM is vital in determining the appropriateness of measures for the patient experience as part of Australia's Health Performance Framework (AHPF) (30), given the role of Practice Managers as the voice of both consumers and the practices.

For over 40 years, AAPM has been representing health care organisations across Australia. AAPM is the professional peak body for Practice Management, providing a crucial voice as the nexus between policy, clinicians, and consumers.

In 2018 AAPM received $622,866 over three years through the Commonwealth Government's Health Peak and Advisory Bodies Program. AAPM strongly supports the continuation of this initiative and requests that the expanded role of Practice Management is reflected through future peak body funding.

AAPM requests the incoming Commonwealth Government:

1. Recognise the role of AAPM as the peak body representing Practice Management and its role in supporting ongoing health reform through a special grant process until 2025.
2. Continue the Health Peak and Advisory Bodies Program once the current round expires in 2025.

Policy Direction 3: Recognise AAPM as a professional peak health organisation

AAPM proposes $420,000 over three years, with provision for a further round of funding for the Health Peak and Advisory Bodies Program to commence from 2024-25. Indicative timeframes and costs are outlined in Appendix C.

6 CONCLUSION

The incoming Commonwealth Government must prioritise an ongoing commitment to health reform to strengthen the viability and sustainability of the health care sector, and its clinician and practice management workforce.

AAPM as the peak professional body for Practice Management in health care seeks an ongoing opportunity to work with the Commonwealth Government on progressing the Quadruple Aim Framework:

1. Improve people's experience of care.
2. Improve the health of populations.
3. Improve the cost-efficiency of the health system.
4. Improve the work life of health care providers.

A commitment to the Quadruple Aim Framework highlights key opportunities to shift funding models towards consumer-focused health outcomes, rather than patient volumes. In addition, there is a need to expand workforce planning across clinicians and practice management staff to support the reforms necessary to improve population health.

Success against these aims is dependent on recognising and appreciating the role of Practice Managers within the health reform process.

As a result, AAPM requests the following from the incoming Commonwealth Government:

Policy Direction	2022 – 23	2023 – 24	2024 – 25	Total
1. **A plan for primary care reform through co-leadership and change management.**			No additional allocation	-
2. **Develop Practice Managers as Practice Leaders.**	$170,000	$663,000	$190,000	$1,023,000.00
3. **Ongoing recognition of AAPM as a professional peak health organisation** ($420,000 to AAPM specifically) ($8.84 million for the first year of funding of the Health Peak and Advisory Bodies Program to support Peak Health Organisations in the health care sector)	As per existing allocation	$210,000	$9,258,871.10	$9,468,871.10
Total	**$170,000.00**	**$873,000.00**	**$9,448,871.10**	**$10,491,871.10**

Table 6-1 Summary of timeframes and funding requests

These three policy directions will ensure Practice Managers can fulfil their role as the nexus between consumers, clinicians, and policy, by linking population health and Primary Health Networks to change required to achieve greater health outcomes for Australians.1

AAPM welcomes consideration of these policy directions and ongoing discussion to strengthen Australia's health care system.

7 APPENDIX A: POLICY DIRECTION 1 INVESTMENT AND TIMEFRAMES

Australia's Primary Health Care 10 Year Plan (2022-2032) embeds a review process through evaluations currently scheduled as follows:

- 2024-25 (year 3)
- 2027-28 (year 6)
- 2030-31 (year 9)

AAPM supports this evaluation process to ensure that Australia's Primary Health Care 10 Year Plan remains future focused and fit for purpose across its lifecycle.

As part of this evaluation process and corresponding review, AAPM seeks for the revised Plan to:

1. Incorporate Practice Management in workforce planning within the review of Australia's Primary Health Care 10 Year Plan
2. Recognise that Practice Managers will lead change and need to be empowered to deliver required workplace cultural shifts.

The inclusion of these considerations ensures there is a suitable policy framework and direction to support further reform in health care consistent with the Quadruple Aim Framework.

Proposed timeframes and investment are as follows:

	2022 – 23	2023 – 24	2024 – 25	Total
Evaluation and review of Australia's Primary Health Care 10 Year Plan	-	-	No additional allocation required	**No additional allocation required**

Table 7-1 Timeframes and resourcing for Policy Direction 1

Resource requirements are expected to be within existing budgetary parameters established by the Commonwealth of Australia Department of Health to support the evaluation and review of Australia's Primary Health Care 10 Year Plan (2022-2032) and therefore requires no additional funding outside of standard appropriations.

8 APPENDIX B: POLICY DIRECTION 2 INVESTMENT AND TIMEFRAMES

The disparate nature of the roles and responsibilities of Practice Managers, requires professional development and upskilling to embed change within practices.

AAPM proposes two actions to support this policy direction:

1. Fund a Rapid Upskilling Program that will provide rapid, targeted, upskilling and training to enable early adoption, necessary change management and successful commencement of reform activities.
2. Support AAPM in developing training initiatives to address the needs of new, aspiring, and experienced Practice Managers, to prepare and equip them as leaders in primary health care reform.

	2022 – 23	2023 – 24	2024 – 25	Total

1. **Rapid Upskilling Program**
• Curriculum development (2022-23)
  ○ Module 1: Leadership and change management in Primary Care
  ○ Module 2: Quality initiatives in a business framework
• Course delivery (2023-24)
	$170,000	$255,000		**$425,000.00**

2. **Management Leadership Program**
• Curriculum development (2023-24)
  ○ Module 1: Strategic information management in a primary health care setting.
  ○ Module 2: Developing sustainable models of patient centred care.
  ○ Module 3: Developing integrated models of care using digital health
  ○ Module 4: Writing tenders and grants
  ○ Module 5: Health care system literacy
  ○ Module 6: Project management
• Train the trainer programs (2024-25)
• Course delivery (2024-25)
		$408,000	$190,000	**$598,000.00**

Total	**$170,000.00**	**$663,000.00**	**$190,000.00**	**$1,023,000.00**

Table 8-1 Timeframes and resourcing for Policy Direction 2

Delivery of this program will ensure that Practice Managers can fulfil their role as the nexus between policy, clinicians, and consumers in enabling health care reform.

9 APPENDIX C: POLICY DIRECTION 3 INVESTMENT AND TIMEFRAMES

The Health Peak and Advisory Bodies Program was established in 2016 to enable health peak and advisory bodies to contribute to the Australian Government's national health agenda.

AAPM strongly supports the Health Peak and Advisory Bodies Program and its aims of enabling peak and advisory bodies to:

- Provide expert, evidenced-based and impartial advice to inform current health policy; and program priorities, and engaging in communication and consultation activities;
- Build sector capacity to engage and effectively advise Government; and
- Improve links, networks, cooperation with members the health sector, the wider community and the Australian Government.

This policy direction includes the following actions:

1. Recognise the role of AAPM as the peak body representing Practice Management through a special grant process until 2025.
2. Continuing the Health Peak and Advisory Bodies Program once the current round expires in 2025.

Recognise the role of AAPM as the peak body representing Practice Management

In 2019 AAPM received $685,152 over three years through the Health Peak and Advisory Bodies Program but did not receive funding in 2021. AAPM is seeking $420,000 for 2023-24 and 2024-25 through a special grant process until the next round of funding is available.

	2022 – 23	2023 – 24	2024 – 25	Total

1. Special grant process to AAPM
• Funding to cover AAPM's omission from current round.
  ○ Member engagement
  ○ Representation to industry advisory bodies.
• Professional support services
	As per existing allocation	$210,000	$210,000	**$420,000.00**

2. Health Peak and Advisory Bodies Program • Distributed across eligible peak health organisations similar to existing guidelines • Allocation of first year of funding for this three year program (assuming a similar association to previous rounds).			$8,838,871.1	**$8,838,871.10**
Total		**$210,000.00**	**$9,048,871.10**	**$9,258,871.10**

Table 9-1 Timeframes and resourcing for Policy Direction 3

Future rounds of the Health Peak and Advisory Bodies Program

A total of $23,700,000 allocated over three years was delivered through the Health Peak and Advisory Bodies Program in 2021 and distributed across 21 organisations. AAPM is proposing a similar amount (seasonally adjusted) for a further round of funding from 2025.

The forward estimate in 2024-25 allocates $8,838,871.10 for the first year of the next round of the three-year Health Peak and Advisory Bodies Program with a total value of $26,51,6613. The program would be distributed to eligible Peak Health Organisations, as per existing criteria and aims.

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