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GP 'beacon' practice model mooted

10 March, 2016 Michael Woodhead 2 comments Read Later

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A 'beacon' practice scheme proposed for Primary Health Networks (PHNs) will see patients with chronic diseases referred to GPs rather than hospital outpatients.

The integrated care model can improve patient outcomes, halve the number of hospitalisations and slash treatment costs for patients with chronic conditions such as type 2 diabetes, according to former RACGP president Professor Claire Jackson (pictured).

Speaking to a parliamentary inquiry into chronic diseases in February, Professor Jackson, a Brisbane GP, said a beacon practice scheme had been running successfully in Inala, Queensland, for a decade.

Patients with poor diabetes control were referred to a GP clinic that allotted one day a week to provide 'one stop shop' diabetes clinics.

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These clinics were serviced by GPs with advanced skills in diabetes, working alongside an endocrinologist and diabetes educators.

The beacon practice was able to see three times as many patients as outpatient clinics at half the cost, and patients had major improvements in the control of their glucose, blood pressure and lipid levels, Professor Jackson told the hearing.

By reducing hospitalisations by 50%, the practice had become Queensland Government's preferred model for outpatient clinic substitution, she added.

"We have the skills [in primary care]. We need a refocusing where there is a business case for general practice and investing in outreach personnel instead of building new outpatient facilities," she said.

The beacon practice model was now being developed in other areas of Queensland and also in WA, said Professor Jackson, chair of the Brisbane North PHN Board.

She envisaged that each PHN could have one or two beacon practices for chronic diseases areas such as diabetes and renal disease, and also for areas such as palliative care, supported by a bundled funding arrangement to cover the staff and infrastructure costs.

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