

	Targets per 100,000 Population		Comparison of Current and Recommended Resources If Targets Implemented		
	Current Resources (2005)	Recommended	Current (2005)	Targets Applied to 2005	Targets Applied to 2017
<i>Ambulatory Care Clinical Staffing</i>					
Staffing	33.1	70	1,306	2,776	3,092
<i>NGO-Managed Community Support Services (% total funding)</i>					
% total funding	6.4%	15%	\$24m	\$58m	*

n.a., Information not available

— nil service provision

\* Allocation is dependent upon 2017 mental health funding allocations that cannot be estimated at this time.

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**Question 1.** What proportion of treated patients with severe mental disorders was treated by general practitioners only?

**Question 2.** What proportion of patients with severe mental disorders was not treated by health services?

**Question 3.** Based on the data presented in Table 11.5, what are the resource implications of recommended targets in Queensland for inpatient acute and non-acute beds, ambulatory care clinical staffing, and financial implications of NGO-managed community support services in 2005 and 2017?

## ► 11.16 Summary

Planning and marketing of health services to ensure adequate supply, distribution, and utilization entail a variety of activities, from the delineation of a geographic market to the specification of the population to be served, from setting priorities to assessing whether a geographic area or population is adequately served. A number of different methods are available to determine the size and boundaries of a geographic area, whether from the perspective of a public policy maker or that of a hospital administrator. Different techniques have also been developed to assess market share of healthcare providers, identify competitors, and determine the degree of competition in the marketplace. From a regulatory point of view, low market concentration and greater competition serve the interests of communities, payers, patients, and policy makers better by promoting lower prices and better quality of service. Consumers utilize services with disregard for administrative geographic boundaries, such as county lines and SMSAs, in their assessment of quality

through preference for one provider or the other and willingness to travel a greater distance to seek care from a provider of choice.

Depending on the configuration of the healthcare system and the role of government, regulatory authorities can engage in healthcare planning either directly or indirectly. Direct methods of healthcare planning involve establishment of planning agencies, awards of grant monies to establish new healthcare facilities, and stringent licensing and certification requirements. Indirect methods of healthcare planning involve differential reimbursement policies and variable compensation rates for different localities, providers, and services. Designation of geographic units and populations within certain geographic districts as medically underserved is used to promote availability of services to socially and economically marginalized populations and localities.

This chapter provides students with the necessary tools to understand issues related to healthcare planning from different perspectives and methods to engage in data-driven, evidence-based health services planning.