Medicare Locals—a long way in a short time

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This presentation provides an overview of the model that SWWAML is developing that will provide a strong foundation for a regional approach to working across the health landscape to address health needs identified through a population health plan. There are multiple service providers, non-government organisations and all tiers of government involved in health, social services, justice and education.

To provide context in which a rural Medicare Local is operating within the following will be outlined:

- the SWWAML region
- highlight some of the challenges and opportunities associated with this region
- identify some of the strategies that SWWAML are currently pursuing.

Medicare Locals are regional primary health care organisations, set up by the Australian Government to better organise and manage local front-line health services.

South West WA Medicare Local (SWWAML) was among the first group of Medicare Locals to be approved by the Australian Government. Affectionately known as a Tranche1 ML.

I have opted not to focus on the history of Medicare Locals or the range of foundational documents but do stress that the National Health Reform Agreement and the National Primary Health Care Strategy do provide an excellent background on which to refer back to when there needs to be

**Context**

MLs have been established as a key component of the Australian Governments National Health Reform agenda to work with local primary health care providers, Local Hospital Networks and communities to ensure that patients receive the right care in the right place at the right time.

Medicare Locals as primary health care organisations working towards similar outcomes do so in regions that:

- differ environmentally
- differ politically and have different economic drivers
- different geography.

SWWAML is one of 8 Medicare Locals in Western Australia and one of three regional/remote MLs.

The region covers an area surrounding the Perth metropolitan area to the south east and north and comprises a land mass just under 200 000 square kilometres with a population of just over 303 000 people.

The SWWAML is different to many other Medicare Locals, including:

- a large geographical area with three distinct areas each requiring a different approach
- whilst recognising the importance of Medical Practitioners in the delivery of primary health care SWWAML is focused on all Health Practitioners operating in the Primary Health Care setting
- SWWAML commenced as a fully commissioning model but is now moving to more of a hybrid mix of commissioning and service delivery.
From a Health Services perspective the region has a number and wide range of health services available for the treatment and prevention of illness and disease but also a number of service providers in the primary health and social sector space. An example of the main services include:

- 42 hospitals (897 beds)
- 26 other medical centres including nursing posts, multipurpose centres and community health centres
- 11 mental health units (36 inpatient beds)
- 18 residential aged care facilities (153 beds State funded and 2912 Commonwealth funded)
- 99 child health centres
- 4 Aboriginal health and medical services (State and NGO funded), 1 is an AMS
- 3 population health units aligned with State Health
- 4 Aged Care Assessment Teams
- 22 Silver Chain centres
- 77 community pharmacies

The number of GPs located across the region is 304.

Some other facts for this region include:

- 67 Local Government Associations
- 5 LGA Zones
- 73 Statistical Local Areas
- 3 Regional Development Australia
- 3 Development Commissions.

Thrown into the mix is the Southern Inland Health Initiative, A Western Australian State Government initiative—$565 million to reform and improve access to health care for all residents of the Southern Inland area of Western Australia. This is funded from July 2011 and includes:

- $240 million investment in health workforce and services over four years
- $325 million in capital works over five years.

This initiative has a focus on improving medical resources and 24 hour emergency coverage in the area. It will:

- deliver safe and effective emergency services and good access to general practice
- support private GPs country towns, supported by visiting specialists and health practitioners backed up by ‘e-technology’ such as telehealth
- mean better support to nurses who, due to the lack of doctors in this region, carry greater responsibilities.

The Primary Health Care Demonstration Program ($43.4 million) will provide communities with the opportunity to re-examine how health services are delivered in their districts. Funding will be made available to boost primary health services for communities that opt in.

Telehealth Investment ($36.5 million) will introduce innovative ‘e-technology’ and increased use of telehealth technology across the region, including equipment upgrades.
Elements of this initiative would have been discussed earlier in the day at a plenary session regarding nurse practitioners.

From a population perspective the SWWAML is best assessed by looking at three areas:

- Wheatbelt—area of 156 896 km², 71% of the region and 27% of the population
- Great Southern—area of 38 921 km², 18% of the regions area with 20% of the population
- South West Coast has 23 979 km² or 11% of the regions area and a 53% of the population.

Majority of population live in 25 of the 73 statistical local areas (1/5 area of the region).

Projected growth in population from 272,000 to 420,000 in 2036 and this is predominately in the south west coastal area.

The business model of commissioning of services presents a unique set of opportunities and challenges for the SWWAML:

- enabled assessment of who is providing what in the region
- strengths and opportunities to work with
- opportunities to assist build the capacity of other NGOs and market failure.

From a primary health care perspective adequately meeting the health care needs of the residents given its sheer size high level of remoteness and spread of population presents a range of challenges and each requires a different approach.

The region has similar levels of risk factors and chronic conditions compared to other parts of Australia but its residents have less access to GPs, however this does vary across the region. SEIFA data shows significant variations across the region that is incorporated into planning.

The remoteness of some areas and distance to travel to access GPs and primary health care also presents a challenge.

So how does a ML approach a regional such as SWWAML.

- agility
- ability
- flexibility.

These are central in working across a region as large as this.

The region is diverse in terms of culture, approaches and players and needs a number of responsive approaches to deal with the complexities of the region.

Despite being a relatively new company there have been a significant number of achievements to date.

The Company initially commenced as a fully commissioning model, as outlined in the Invitation to Apply. This has allowed the SWWAML to utilise the expertise that was in the region and maintain current levels of service.

The opportunities include SWWAML being able to:

- focus on planning for health outcomes,
- develop strategies that facilitate a range of service delivery models and allow SWWAML to play an pivotal role in the developing integrated service models
• purchase best practice models, innovation and ensure quality services
• develop the capacity of a small staff group to work in the areas of community engagement and clinical support and purchase services from the other service providers
• be responsive to community need.

The challenges include:
• ensuring a quality service is purchased that provides equity across the region
• establishing a robust evaluation methodology that ensures consistent and best practice clinical governance
• ensuring that service providers promote the philosophy of SWWAML
• being able to promote the benefits of Medicare Local.

The model of a commissioning agency as outlined above provides a range of opportunities and clear strategic objectives however has also provided challenges in managing the direct relationship between program design and development, key stakeholders and utilising existing regional expertise.

Therefore the SWWAML is beginning to look at a hybrid model of service delivery—one that blends the ability to fund innovation and flexibility with the delivery of practice support, primary care and community engagement.

One area is that of practice support. The term conjures up a range of responses.

The complexity of practice support means that it needs to be well thought through, planned and executed.

Key considerations will be key players in terms of practice support:
• allied health
• GPs
• other medical staff
• nurses in general practice and nurse practitioners
• pharmacy
• general practice managers.

A number of areas we do work well in but others are lacking and we are designing our approach, to incorporate the full range of practitioners.

Identification of who else is in that space and how to maximise result or outcome with minimal duplication.
• National Prescribing Service
• Rural Health West
• WA Country Health Service
• professional bodies
• NFPs.

One of the programs that has been used to develop a range of activities relevant to practice support has been eHealth.
The first step was to undertake a readiness assessment survey.

This survey was undertaken in conjunction with a number of other initiatives including the Medicare Local Afterhours program, utilisation of Telehealth, accreditation and Practice Support requirements.

Over a 70% response rate was received and this allowed the determination from a regional perspective where general practitioners were positioned to adopt eHealth initiatives. GPs and pharmacists were assessed according to their current eHealth capability and change commitment and on a matrix determined as requiring convincing, a champion, needing information or support.

This then allowed the opportunity to focus support. Through the survey and with follow up it was identified that 82% of practices required information and 18% of practices required support with respect to eHealth.

As an immediate need and to meet the time lines for ePIP registration support was given across the region in workshops aimed at practice managers and information sessions for pharmacists and GPs.

Over 30 practices were represented at the workshops, 40 individuals attended information sessions and 6 face-to-face practice visits were undertaken.

These workshops and forums have now being supported with SWWAML providing a webinar option for practitioners and practice managers the opportunity to participate in forums without travel.

These are aimed and maximising the time available, presenting succinct information to time poor participants.

The webinar forum has provided a mechanism to promulgate information but the success is still needed to be complemented with relationships and a range of interaction.

The focus to date has been GPs and pharmacists and SWWAML is about to commence data collection around allied health. Again survey information will capture a range of information relating to eHealth, Telehealth, practice support and be used as the broadening of an engagement strategy with this sector of the industry.

Again the emphasis is not about collecting data on eHealth but about how this is integrated into other programs and initiatives. eHealth will be a tool to support and underpin discussions and models of care for chronic diseases, elderly, aboriginal and Torres strait, young and also travelling population

A later emphasis of the eHealth Change and Adoption Plan is around community and individual uptake. The key focus groups are those just outlined and will be used to promote the use of the PCeHR to promote safety, quality and improve the patient journey

Many areas in Western Australia have an influx of interstate tourists throughout the year and intrastate visitors in peak holiday times. This is an ideal cohort to focus on with respect to encouraging registering for a PCeHR or utilising one.

As an initiative and as part of the eHealth program SWWAML has been successful in being recruited to the Australian Primary Care Collaborative Diabetes Prevention and Management Wave. This will involve both general practices and Aboriginal Health Services within the region and the utilisation of the PCeHR will be a part of the condition management strategy.

The other area of collaboration is the interface between the acute and primary care sector. A unique opportunity exists with the rollout of the PCeHR with the new Albany Hospital which is nearing completion is going to be eHealth compliant and certainly be a demonstration site
By using eHealth as a case study it can be highlighted that a ML demonstrates a leadership role across a diverse region by:

- obtaining relevant information
- using this to assist design a program
- utilising the eHealth as a tool to provide practice support and strengthen relationships
- promoting and encouraging multidisciplinary activities
- integrating programs at planning and service delivery levels
- supporting initiatives generating from the Acute Care sector.

Another case study in relation to SWWAML and the strength of developing a regional response can be highlighted in the development of an Invitation to Apply for funding from the Department of Health and Ageing through the Partners in Recovery Program.

This Program is aimed at people experiencing severe and persistent mental illness who also have complex needs require a comprehensive and coordinated response from a range of sectors—including health, housing, income support, disability, education and employment. PIR is designed to provide a new level of inter-agency collaboration to find new and better coordinated pathways to recovery that meet the full needs of an individual’s needs, not to introduce any new services.

The Invitation to Apply for the funding needed to emerge from a collaborative working group to develop a collaborative tender.

As an independent and objective body, SWWAML took a lead in the process to develop a regional bid.

A regional forum was held with cross-sectoral representation from over 25 different organisations who agreed to form a working group to collaborate to the point of submitting the application. SWWAML engaged independent contractors to assist with the development of a collaborative bid. During this process it was identified that SWWAML was the best placed organisation to take on the lead role for the PIR process.

The 25 organisations all had different charters, different regional boundaries, different and varied skill sets and capacity to contribute to the program. As an entity with a region wide brief ML was able to provide the leadership to assist a number of organisations who had not previously worked together to agree to a model and approach that accommodated the complexity of the region.

The final area I would like to highlight is the developing relationship between the Southern Country Governing Council (LHN) and the SWWAML. The SCGC and SWWAML have, with a few minor exceptions common boundaries.

Established in mid 2012 the Southern Country Governing Council has commenced developing a strategic framework in which to operate. In January 2013 the SCGC and SWWAML commenced the development of a MOU. The MOU outlines the responsibilities of both parties and in draft form identifies a number of areas that will be prioritised to form an agreed work plan for both parties.

These areas are

1. Immunisation
2. Chronic Disease Coordination
3. SIHI and models of operating
4. eHealth/Telehealth
5. Ability to lobby for fair and consistent funding
6. Transport
7. Sharing of information
8. Mental Health—Joint meetings with Mental Health Commission
9. Afterhours innovation / Telehealth
10. Prison Health project—multi sectorial, dealing with most at risk client group
11. Joint consultation

These areas are to be further refined but does give an indication about the breadth of health issues that can be collectively addressed

In summary

Three take home messages from a ML:

- Not one size fits all.
- Be aware of the capacity and capability in your region.
- Utilise the agility, ability and flexibility to develop local solutions to local problems.