

Wulse



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A new voice for primary health care

Welcome to issue two of Primary Pulse, our new quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.



Adj/Associate Professor
Chris Carter | CEO

North Western Melbourne Primary Health Network (NWMPHN)

Website: www.nwmpnh.org.au
Telephone: (03) 9347 1188
Email enquiries: nwmpnh@nwmpnh.org.au
Fax: (03) 9347 7433

Street address:
Level 1, 369 Royal Parade
Parkville, Victoria 3052

Postal address:
PO Box 139, Parkville, Victoria 3052
ABN 93 153 323 436

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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to the owners past and present.

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RECENTLY I HAD THE PRIVILEGE to be at the announcement of a new headspace service that North Western Melbourne PHN will be commissioning in Melton.

The new service will provide a real boost for youth mental and related physical health in the region and is great reward for effort for all of us who have been advocating for increased youth health services in Melbourne's west.

It was heartening to see many of those advocates turn out for the announcement, where they heard from Senator for Victoria Jane Hume, Melton Mayor Clr Sophie Ramsey and headspace CEO Jason Trethowan about how important headspace would be for local young people.

The new service will provide a real boost for youth mental and related physical health in the region

But while I might be biased, I think our own Chair Dr Ines Rio hit the nail on the head with her closing speech about what programs like headspace mean to her as a director of NWMPHN, as well as a practising GP and as a mother of teenagers.

Dr Rio spoke of her pride of being part of an organisation that can work with other organisations and the community to identify needs and direct funding to crucial services.

She related her experience of using headspace as a resource and a referral

point while counselling a young woman in her practice.

She also told us how important it is to know that if her own teenage daughter ever needs support, there are places like headspace that are there for her.

It was a heartfelt speech, and one which I think beautifully summed up the three levels where we need to identify and target needs, direct funds and improve outcomes.



At the system level

we are working with hospitals, health organisations, governments and individuals to make the health system work better for consumers and practitioners.



At the practice level

we are supporting practitioners and staff through education and training, practice visits and providing innovative resources to help them provide the best possible care.



At the neighbourhood level

we are using a commissioning process to collaboratively identify areas of need and funding new and existing services to fill those gaps.

Health issues have causes and impacts across all facets of a person's life.

We believe we can have the biggest impact on the health of our community by also targeting improvements and support to the multiple levels of the health system.

This multi-level approach will also be reflected in the structure of our magazine, with each article

In this issue

focussing on a system, practice or neighbourhood level issue or activity.

We start in this issue with a look at how chronic disease is impacting primary health practice; new programs that are providing a community level response to alcohol and other drug problems;

Health issues have causes and impacts across all facets of a person's life

and HealthPathways Melbourne's role in bringing together the local health system to provide easy access to the best care.

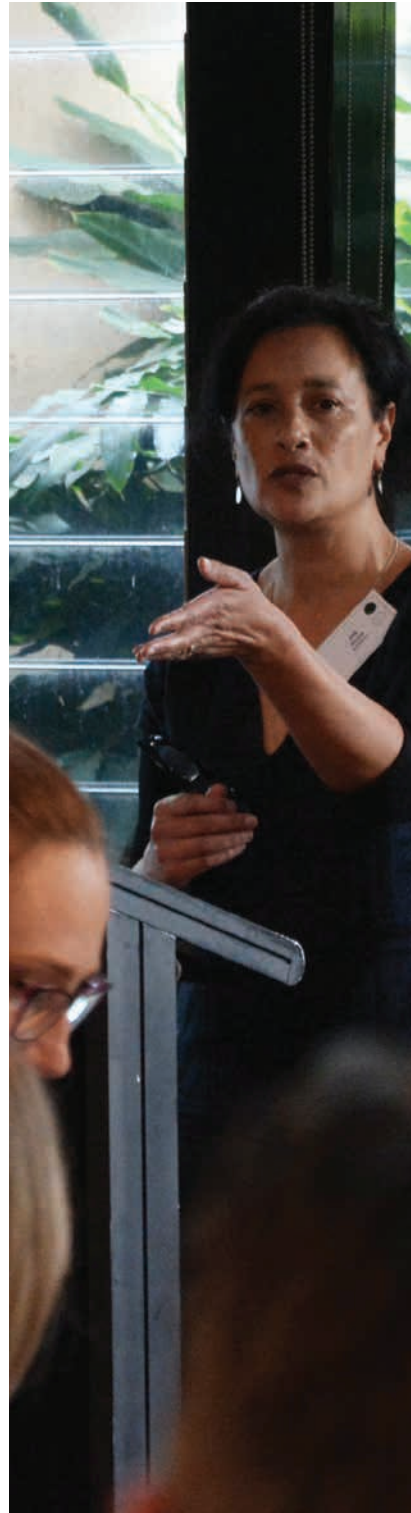
Take care and stay warm this winter!



Australian Government

phn
NORTH WESTERN
MELBOURNE

An Australian Government Initiative



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Out & about

Front cover - New GP clinical editor Scott Parsons and the NWMPHN team are helping make HealthPathways bigger, better and stronger than ever.

Bigger. Better. Stronger.

After three years and more than 400 pathways developed across 19 clinical streams, HealthPathways Melbourne is ready to take the next step as a bigger, better and stronger component of our local health system.

HEALTH PATHWAYS MELBOURNE (HPM) has come a long way since it launched with just 40 localised assessment, management and referral pathways back in June 2014, supported by just three hospitals and two Medicare Locals.

Fast forward to today and 15 major hospitals and 18 community health services, plus numerous practitioners, consumers, health organisations and local governments, now contribute to making HPM a core platform for developing, disseminating and reviewing best practice care across Melbourne.

Available pathways now cover everything from type 2 diabetes management to palliative care, with nearly 250,000 page views of the HPM website in the last year. Pages covering chronic hepatitis C, women's health and managing type 2 diabetes have been particularly popular.

A more responsive and easier to use referral page format is being rolled out to support this growth, as well as a refreshed brand and design. The new features reflect the growing recognition

among the health community of HPM's importance driving system improvements while improving both patient care and practitioner experience.

But despite the many changes over the last three years, HPM at its core is still the same as it was when it first launched – a tool developed by health professionals, for health professionals, providing best practice assessment and management pathways linked to localised and up-to-date referral information.

Local GP and HPM Clinical Editor Dr Geoff Broomhall said HealthPathways helps in his practice by bringing together all the information he needs from many different sources into one place, presented in a consistent and reliable format.


"It means you don't spend time hunting on the phone waiting for people, it's just right there in front of you," Dr Broomhall said. "So for me in a busy practice with patients with complex problems, it's magic. It has made such a difference."

North Western Melbourne PHN CEO Adj/Associate Professor Christopher Carter, whose organisation works in collaboration with Eastern Melbourne PHN to manage the program, said the goal of HPM is to empower clinicians to make the best decisions, together with patients, at the point of care.

"HealthPathways Melbourne is health professionals' own expertise, enhanced and supported through best practice and localised assessment, treatment and referral pathways," A/Prof Carter said.

"It's already having an impact – evidence shows that HealthPathways can help reduce total hospital stays and waiting times, as well as cutting the number of patients referred to specialists who could be treated in the community."¹

Dr Dave Isaac from the St Vincent's GP Liaison Unit said HPM can be a real benefit for hospital outpatient clinics, which are often overwhelmed and so are systematically sending back GP referrals that are incomplete or lacking relevant investigations.



“As a GP, I hate sending my patients to big long queues in outpatient clinics. HealthPathways can often give the additional support I need to keep managing them effectively. The patients like that and so do I”.

“HealthPathways can guide GPs on what clinics require by listing inclusion and exclusion criteria for referral,” Dr Isaac said.

“As a GP, I hate sending my patients to big long queues in outpatient clinics. HealthPathways can often give the additional support I need to keep managing them effectively. The patients like that and so do I”.

Paediatric state-wide project

A new project to develop and distribute state-wide paediatric pathways for primary care is a strong example of HealthPathways growing importance in Victoria’s health system. The project involves the endorsement and promotion of state-wide guidelines for the best practice clinical management of low-complexity, high-volume conditions.

These Clinical Practice Guidelines will be delivered to GPs through the HealthPathways program, currently active in five of the six Victorian PHNs. The Victorian Paediatric Clinical Network is working with the Victorian Primary Health Network Alliance to develop the pathways, after identifying

the need to reduce unwarranted variation in clinical care as part of their strategic priorities for 2015–2017.

The project will provide over-arching guidance and support to general practice teams delivering paediatric care, as well as up to date referral pathway information accessible from HealthPathways to facilitate improved referral processes.

A/Prof Carter said beginning to deliver state-wide projects shows the scalability of the HealthPathways platform, and its potential to facilitate large scale system improvements.

“Now that HealthPathways is enabled across almost all of Victoria we see this as the logical next step for the program, and an exciting opportunity to improve health care quality, safety, equity, experience and value right across the state.”

Health professionals in Melbourne can access HPM at:
healthpathways.org.au

New users can obtain login details by emailing:
info@healthpathwaysmelbourne.org.au

HPM also regularly looks for GPs, specialists and other health professionals to get involved in pathway development, keep an eye on the Network News fortnightly newsletter or the monthly HealthPathways bulletin for opportunities. Subscriptions for the newsletter are available at: nwmpnhn.org.au/subscribe

¹ Canterbury Initiative 2011, CDHB OR Warren, J., Gu, Y., White, S., Day, K. and Pollock, M., National eReferral Evaluation: Findings for the Canterbury Initiative. Wellington: Ministry of Health, 2011

A chronic need for support

Most people agree that primary health has a crucial role to play in reducing the burden of chronic disease, but how can we prepare and support primary health professionals to shoulder the load?

PRACTICE
LEVEL



WORKING WITH CHRONIC DISEASE is nothing new for Dr Debra Wilson, a general practitioner and practice principal at Grantham Street General Practice. It's not just her elderly patients that regularly present with chronic issues like diabetes or cardiovascular disease, and it's not uncommon to see patients living with two, three or even more conditions that require long term care.

Making primary care the centre of chronic disease management is often touted as the future of the health system. For Dr Wilson, it has long been the present.

"Helping patients to manage conditions that are life-long is a large part of my work now and much of my day is spent coordinating the care of patients with complex needs," Dr Wilson said. "This includes cancer, diabetes and cardiovascular disease, as well as patients with mental illness, mood disorders, and age-related conditions such as osteoarthritis and dementia."

Dr Wilson's understanding of the needs of patients with chronic disease

has been greatly enhanced by her work as a clinical editor with HealthPathways Melbourne. HealthPathways is an evidence-based, localised web tool that helps GPs assess, manage and refer for a large range of common acute and chronic conditions.

But how is the average primary health care professional going to cope with the increased demands that come with being seen as the potential solution to the major challenges facing our health system today?

Dr Wilson says that much like in good chronic disease management, those developing supports for health professionals need to take a holistic approach.

"It's not just about training – it's about recognition, and developing a shared commitment across all levels to a model of care that allows primary care, and general practice in particular, to successfully become the centre of chronic disease care and management."

The Federal Government has laid its cards on the table with the Health Care

Homes initiative. Now in the trial phase at a number of PHNs across Australia, the initiative aims to improve care coordination, health outcomes and patient experience. Patients nominate their general practice as their Health Care Home, which then has overall responsibility for managing their health outcomes and their navigation through the system.

While the initial funding model attached to Health Care Homes has led to opposition from many of the major associations such as the RACGP, there is broad support for the idea of patient-centred care and acknowledgement of the central role of the general practitioner in making it happen.

North Western Melbourne Primary Health Network is not a trial site for Health Care Homes but placing people at the centre of care and supporting general practice to take the lead in chronic disease management has long been a local priority.

As well as supporting the HealthPathways program, NWMPHN has recently allocated \$1m to support a trial of the CareFirst program at



"Living with one chronic condition can be very challenging, let alone two or more. This program will give people in our community the targeted support they need to be as healthy, active and independent as possible."

The CareFirst program was chosen following an open and transparent tender process, including a call for expressions of interest and interviews with shortlisted applicants.

A community representative was part of the selection panel, assisting with both shortlisting of applicants and the final selection of CareFirst. All funding will be used to support public patients to participate in the activity.

While funding a private provider to deliver services in the public system could be seen as controversial, A/Prof Carter said it is crucial to support services which will give the best results for patients, whether the provider is public, private or not-for-profit.

"CareFirst is an evidence-based intervention to support chronic disease management by both patients and primary care providers. We are really positive about its potential to model an approach to improving chronic disease management and care in our region," A/Prof Carter said.

Initiatives like CareFirst, HealthPathways and Health Care Homes all have one thing in common – they need the firm commitment and consistent engagement of local health professionals if they are to succeed

"Major change is happening in health and it's going to have a huge impact

on the way primary care is delivered and directed," A/Prof Carter said. "We want to provide a platform for health professionals to have a say and help shape the change that will shape their future practice."

30 local GP clinics in Brimbank, Hume and Moreland.

Delivered by Medibank, CareFirst is a six-month program which up-skills general practice teams to better manage chronic conditions and provides patients with a range of tools and approaches to help them achieve better health outcomes.

People recently diagnosed with chronic heart failure, chronic kidney disease, chronic obstructive pulmonary disease, osteoarthritis, type 2 diabetes or cardiovascular disease can be invited by their GP to participate, and will be provided with a personalised care plan and health coaching.

NWMPHN CEO Adj/Associate Professor Christopher Carter said evidence-based approaches like CareFirst assist the primary health system adapt to burgeoning rates of chronic conditions across Australia.

"Supporting GP teams to actively manage chronic conditions can help improve patient care, while saving time, money and keeping people in the community and out of hospital," A/Prof Carter said.

Delivered by Medibank, CareFirst is a six-month program which up-skills general practice teams to better manage chronic conditions

Working groups of GPs and other health professionals to help implement Health Care Homes are in the process of being established, and opportunities regularly arise for GPs to help develop and review new HealthPathways.

The best way to keep up to date with opportunities for involvement is through the Network News fortnightly newsletter. You can subscribe to Network News and the Primary Pulse magazine at:
www.nwmpnhn.org.au/subscribe

GPs interested in knowing more about HealthPathways and getting involved in pathway development can contact:
info@healthpathwaysmelbourne.org.au

Commissioned Services

AoD services for diverse and hard to reach groups

Type

AoD

Where is it?

Broadmeadows, Werribee, Melton, Sunshine, Bacchus Marsh

What is it?

Innovative AoD services for diverse and hard to reach groups such as the LGBTIQ community, Muslim youth and their families and diverse communities in growth corridor suburbs in Melbourne's west.

Funding

\$2.4m total across four services

Early intervention for youth psychosis

Type

Mental health

Where is it?

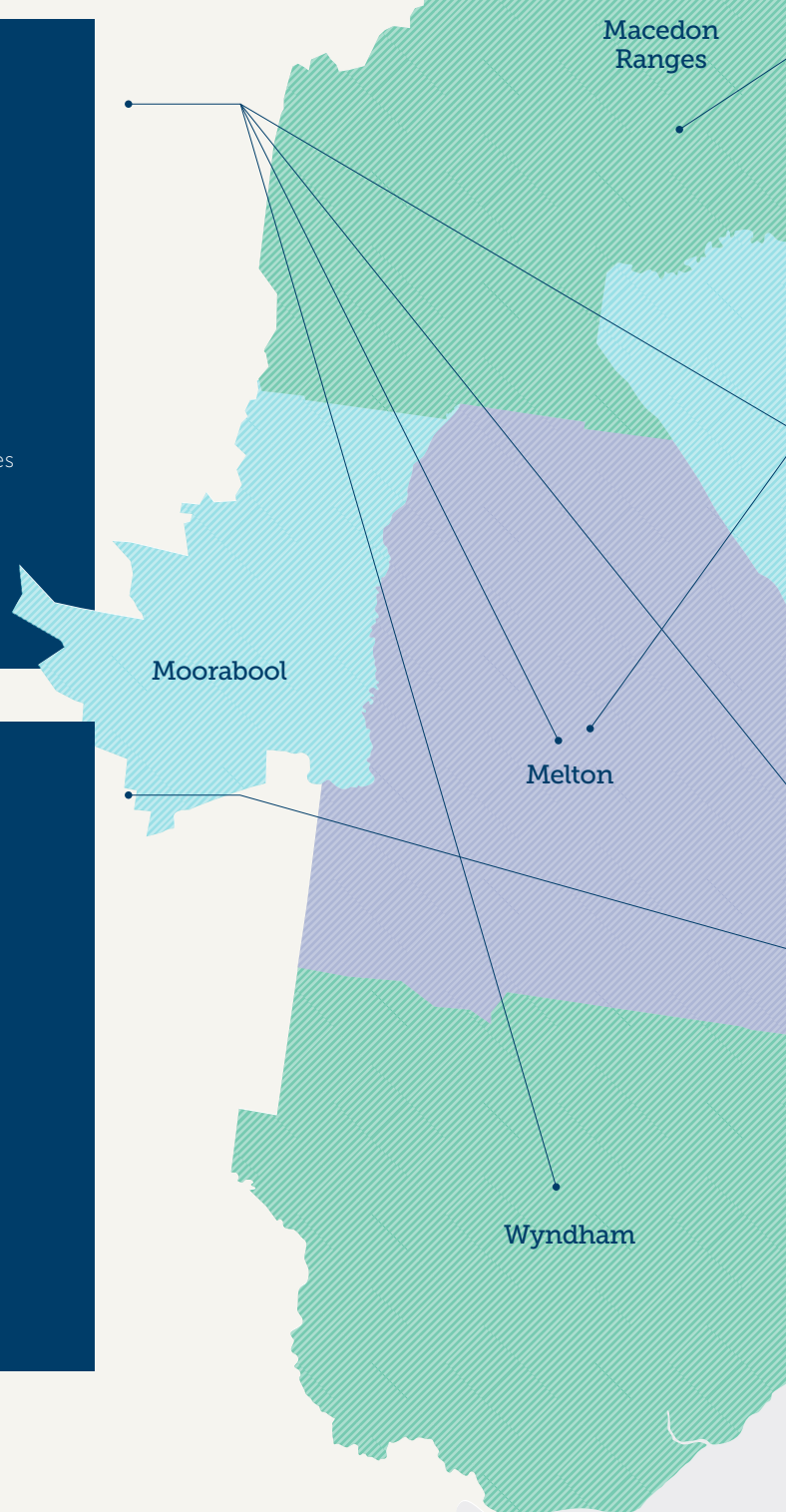
Various, including CBD and via telehealth

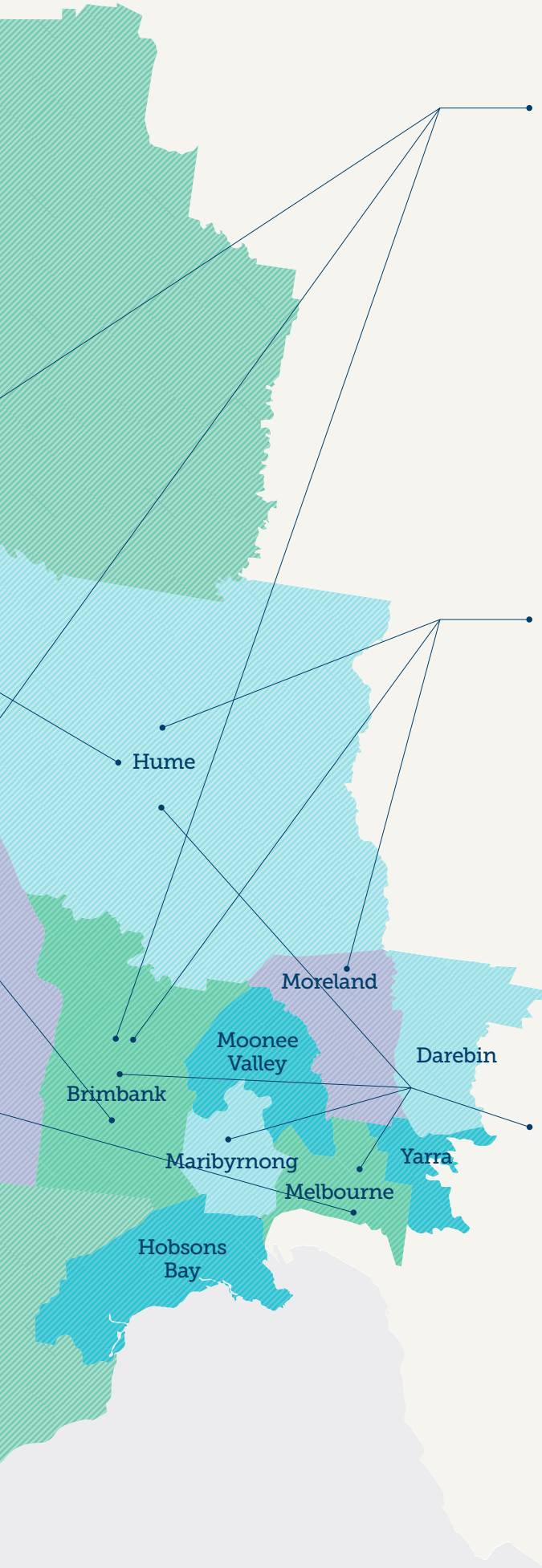
What is it?

Early intervention for young people experiencing psychosis for the first time, with specific programs for homeless youth, Aboriginal and Torres Strait Islanders and children between 12–14 years old.

Funding

\$1.5m across three services





Support after suicide

Type

Suicide postvention

Where is it?

Available to bereaved people across our region, with a focus on both residents of Melton, Brimbank and Macedon Ranges and LGBTIQ people.

What is it?

Suicide postvention and bereavement support for people in North Western Melbourne who have been affected by suicide.

Funding

\$214,000

CareFirst chronic disease management

Type

Chronic disease

Where is it?

Brimbank, Hume, Moreland

What is it?

Six-month behaviour change program which up-skills patients and general practice to better manage their chronic conditions.

Funding

\$1m

Tackling high rates of hepatitis B and C

Type

Blood borne viruses

Where is it?

Brimbank, Maribyrnong, Hume, Melbourne

What is it?

A range of programs to improve awareness and health literacy around viral hepatitis, as well as support health workers to provide better access to services to people at risk.

Funding

\$250,000 across six programs

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Working with your PHN

Jackie Crowe

North Western Melbourne PHN would not be able to do the work we do without the active engagement and support of our health community. In this regular series, we profile some of the key people and organisations that are helping us to make the health system better for practitioners, consumers and our whole region.

JACKIE CROWE HELPED WRITE, draft and research the 2014 review of mental health services, so she is very familiar with what the reform agenda looks like and has clear ideas on how we can all work together to keep the process moving.

However, translating that plan into action is far easier said than done.

"Even though we have a reform agenda, the implementation of that is extraordinarily difficult and challenging, so it needs a lot of us to work together," Ms Crowe said.

Ms Crowe describes her role as the National Mental Health Commissioner as ensuring consumers, carers and community voices are heard and play a key role in reforming the mental health system.

She joined NWMPHN's Mental Health Expert Advisory Group to help guide the development of the new mental health system of care which will underpin all the organisation's mental health work going forward.

"I chose to go on the advisory group because I believe that NWMPHN holds the same values and I know

that there's a great passion around ensuring those values are upheld."

Ms Crowe said PHNs generally have an opportunity to strongly influence the delivery and values of the mental health system through the commissioning process, making sure that consumer need and experience is central to the services available.

"One thing that encourages me about this PHN is that they expect the services that they are commissioning to involve their communities to co-design and co-create services," Ms Crowe said. "Local people should be having a very big say in their local services."

Ms Crowe also said NWMPHN and other PHNs have been very active in seeking perspectives from outside of their organisations and the clinical community, which she cites as a "stark difference" to structures which have been set up in the past.

"I find that when I work with this PHN that it's about people's skillsets, not about people's labels. I find that really refreshing and energising, and I would absolutely encourage people to get involved with their PHN."

Working with NWMPHN is helping to push the reform agenda forward, though it remains a long and involved process.

"Reform is about building on what we already have, it's about not radical disruptions," Ms Crowe said.

"I know that in a perfect world people would like radical disruptions tomorrow, but we've got a great big system to turn around and probably a lot mistakes to make along the way.

"So the good thing about the PHN structure is that we get to make that all together!"

Getting in harms way

Use of many illegal drugs and risky alcohol consumption is falling in Australia, but serious challenges remain in connecting those at risk of harm with the help they need.

WHETHER IT'S IN THE NEWS, the streets of the city or in our hospital emergency departments, it can sometimes seem like the impact of drugs and alcohol is everywhere. Nowhere is this more apparent than in North Richmond in the city of Yarra, where residents and health services are struggling to with consistently high levels of heroin use and associated overdoses in the streets of their suburb.

20 people died from heroin overdoses in the City of Yarra in 2015, more than 10% of all heroin overdose deaths in Victoria in that year. More than one in five of all Victoria's heroin related ambulance attendances are also in the City of Yarra.

North Western Melbourne PHN Chairperson Dr Ines Rio works as a GP at North Richmond Community Health, and along with her colleagues has resuscitated hundreds of people who have overdosed in the area.

"Health services in North Richmond are doing the best we can with the resources we have, but we need more support for these people before they get to the point of overdose," Dr Rio said.

With the situation so serious in places like North Richmond, it may come as a surprise that the latest National Drug Strategy Household Survey (NDSHS)

shows substantial improvements in usage rates for many age groups and drug types.

Key findings of the 2016 survey were released by the Australian Institute of Health and Welfare (AIHW) in June this year. They showed that overall use of illicit drugs has generally remained steady over the last three years, while usage rates for many individual drugs such as ecstasy, meth/amphetamines and hallucinogens has fallen. The number of people drinking alcohol daily or weekly is also down.

The news was particularly promising for young people. 98% of teenagers surveyed have never smoked cigarettes and only 18% are drinking alcohol, a substantial drop from 2013 when 28% were drinkers.

Even use of ice (crystal methamphetamine), which has been the source of much community and government angst, has dropped marginally since the last survey in 2013. Less than one in 100 people used the drug in the past 12 months.

But as can be seen from the example of North Richmond, positive overall trends can obscure varying levels of harm in different locations and for different groups in the broader community.

AIHW spokesperson Matthew James agreed the headline usage statistics do not always tell the whole story, especially in relation to people who use meth/amphetamines.

"Other drugs, including ecstasy and cocaine, had a higher number of recent users than meth/amphetamines," Mr James said.

"But when looking at the form of the drug and frequency of use, we found that those who mainly used ice did so much more frequently than ecstasy and cocaine users."

32% of ice users use the drug at least once a week and usage of drug treatment services reflects this intensity. Meth/amphetamines accounts for 20% of service demand, behind only alcohol (38%) and marijuana (24%) despite having vastly fewer users. Connecting with these sorts of at-risk and hard to reach groups is a priority for NWMPHN, which recently commissioned a range of new alcohol and other drug (AoD) programs across Melbourne's northern and western suburbs.

NWMPHN CEO Adj/Associate Professor Christopher Carter said while most large scale AoD programs are funded directly by state governments, there is a place for PHNs to take a more targeted approach.



20 people died from heroin overdoses in the City of Yarra in 2015, more than 10% of all heroin overdose deaths in Victoria in that year.

"A real priority for us in commissioning these services has been identifying the people who aren't getting the help they need through traditional services, and then funding services that seek to bridge that gap," A/Prof Carter said.

"Our first round of AoD commissioning has shown the benefits of taking that approach. New services are now coming on line for the LGBTIQ community, for Muslim youth and their families in the north, and for people from culturally diverse backgrounds in the major growth corridors of Melton, Bacchus Marsh and Werribee."

NWMPHN is also exploring innovative and opportunistic ways to improve the health of people who use drugs, such as the initiative to upskill secondary needle and syringe program (NSP) workers to raise awareness of new treatments for hepatitis C.

"Secondary NSP workers in community health provide 41% of needles and syringes to people who inject drugs (PWID) and are a critical point of contact with health services for this group," A/Prof Carter said.

"A new project will support workers to communicate effectively with PWID's around safe injecting practices

and disease transmission, and to raise awareness of new treatments that have up to a 95% cure rate for most people living with hepatitis C."

NWMPHN will also take over 15 new AoD contracts and over 20 new programs from the Federal Government from 1 July 2017. Worth \$4.2m per year, these services will be transitioned in their current form for the next two years, to maintain continuity for providers and consumers. The common thread in all these new services is a concerted effort to make care available at the place, time and in the form where it is most likely to be accessed by the person, rather than relying on people seeking out assistance themselves.

As well as providing more accessible care for individual clients, it is hoped that taking a person centred approach to AoD treatment can help prevent situations like North Richmond developing before they reach crisis point.

"We're extremely concerned at the level of drug related deaths and harm in Yarra," A/Prof Carter said.

"This is a very serious situation that requires a multi-modal response focusing on harm minimisation, treatment and care."

"As such we support the recommendations of the Victorian Coroner, including a supervised injecting facility, which are not only strongly supported by the evidence but also by the local community, health experts and law enforcement officials."

Out & About



headspace in Melton

In early June the Federal Government announced a new headspace service for Melton, to be commissioned by NWMPHN. Professor Patrick McGorry, Senator for Victoria Jane Hume, Melton Mayor Clr Sophie Ramsey, NWMPHN Chair Dr Ines Rio and headspace CEO Jason Trethowan were all on hand to welcome the new centre to the region.

HealthPathways Regional Workshop



The HealthPathways team held a regional workshop with Streamliners New Zealand and HealthPathways teams from across Victoria and Tasmania. Topics discussed over the two days included creating high quality pathways, connecting HealthPathways to e-referral systems, and shared statewide pathway development.

Palliative Care

NWMPHN partnered with the Eastern Melbourne PHN team to deliver 'Palliative Care: who, what, how and when?' at the Northern Hospital. This session helped empower and educate GPs on how to provide palliative care when required and improved their understanding of specialist palliative care services available in their area.



Osteoarthritis Care Event



A Best Practice Osteoarthritis Care event was held at NWMPHN on June 20 to educate attendees on the latest evidence-based osteoarthritis care. The event aimed to reduce the disparity around the management of osteoarthritis and inform clinicians on the recent Victorian Osteoarthritis Model of Care.

***Improving
health outcomes
for everyone in
our community***