PRIMARY Pulse

SPRING 2017

Health Care Homes:

Strengthening Primary Health Care

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An Australian Government Initiative

A new voice for primary health care

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

Adj/Associate Professor Chris Carter | CEO

WE'VE SPENT A LOT OF TIME OVER the last two years building relationships across the local health sector, working to create the connections that will help us improve health outcomes for everyone in our region.

Of course these connections would not be possible without the strong and consistent support of our many partners, and we are always thankful for their willingness to engage with us for the benefit of our shared community.

"A growing number of commissioned programs are now active on the ground."

We've also placed substantial efforts into creating robust and equitable commissioning processes, to help ensure that the services we support meet the needs and expectations of our diverse stakeholders.

As we enter our third year as an organisation, it's clear to see this time and effort has been well spent. Support of general practice and other health professionals continues to expand, improving both quality of care and business sustainability.

System-level collaboration has delivered success stories like the ever-growing HealthPathways Melbourne.

And most excitingly, a growing number of commissioned programs are now active on the ground, directly supporting better health and wellbeing for people in our community.

Innovative programs targeting better chronic disease management in general practice, early intervention for youth at risk of psychosis and AoD support for diverse groups are just some of the new services already launched this year.

As well as commissioning services, we are also working in partnership to deliver federal and state government programs, with the Doctors in Secondary Schools program and the suicide prevention trials featured in this issue both recent examples.

This issue also features our first guest article, with Dr Jeannie Knapp giving her perspective on the federal government's Health Care Homes initiative and how it will affect both GPs and the primary health care system more broadly.

While we are not a trial site for Health Care Homes, we are certainly working hard to help prepare general practices and primary health providers more broadly for a move to a person-centred medical home model of care.

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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.

In this issue

Implementing these state and federal level programs is another example of the value of strong engagement across the sector, as we can draw upon local knowledge and connections to help shape them to best meet the needs of our communities and service providers.

It is still early days for many of these activities, with more time and monitoring needed to establish their impact and refine their delivery. But we are confident that the work already done to establish processes and relationships will hold them, and future services, in good stead.

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Front cover - Health Care Homes: Strengthening Primary Health Care

Health Care Homes:

Strengthening Primary Health Care

The components of Australia's health system are world leading, but is the overall system still fit for purpose?

Dr Jeannie Knapp

PRIMARY HEALTH CARE forms the foundation of the health system in Australia. In the 12 months from April 2015 to March 2016, nearly 90% of the Australian population claimed at least one GP service from Medicare[1]. Primary health care supports people over their lifetimes to self-manage the often complex and persisting health conditions people face. Stronger primary health care systems have been shown worldwide to result in better population health outcomes[2].

But primary health care in Australia is changing. The common conditions we see and the way we practice medicine have changed beyond recognition since the system was designed.

The chronic disease challenge

According to the Grattan Institute, three quarters of people over the age of 65 now have one or more chronic diseases. Chronic conditions make up 85% of Australia's health burden and overall health care costs[3]. This rising disease burden puts pressure on primary health care, GPs and the overall health system. Services are struggling under the burden of numbers, care is fragmented with poor coordination and clinicians are burning out at an alarming rate[4,5].

There is evidence of poor outcomes for patients in the current model despite increasing costs. The Grattan Institute report, *"Chronic Failure in Primary Care"*, describes more than a quarter of a million avoidable hospital admissions across Australia each year[6]. These hospitalisations could have potentially been prevented by better primary health care management of chronic disease.

What exactly is a Health Care Home?

Can we imagine a system that would result in better patient outcomes with better clinician and patient experience, all with improved cost efficiency? Health Care Homes (HCHs) could provide just that opportunity.

The proposed HCH model links a bundled funding payment for each eligible patient, paid to the practice in which the patient has enrolled. This payment is tiered by complexity, and the modelling has that payment at 10% higher than current Medicare payments. The payment will replace all current chronic disease and fee-for-service item numbers for chronic/complex conditions. An important component of the model – patient enrolment – encourages continuity of care, fundamental to improving patient outcomes. Practices can still bill Medicare for non-related conditions, and continue to charge a co-payment. Enrolling in a HCH will trigger access to allied health visits, in the same way chronic care items do now.

Health Care Homes provides space for innovation

The Health Care Home is an innovation in the way primary health care is funded and delivered in Australia. Bundling payments for chronic care, rather than being tied to a fee for service, opens opportunities to think differently about how we can plan for and provide comprehensive and coordinated care for our patients. It also encourages a more individualised and patient-centred approach to care, which improves both the patient experience and outcomes.

The evidence for HCHs is strong. HCH-type models have been shown to have a range of benefits, including improved patient and clinician experience, increased

access to appropriate care, decreased use of inappropriate services, improved outcomes and reduced costs of care [7,8,9].

At a practical level, HCHs have the potential to make a GP's day-to-day work more effective by financially supporting team care. GPs remain the leader of the care team, but through supporting upskilling of other team members to assist in providing appropriate care, GPs can focus on their core skills.

Currently unpaid follow up work, such as telephone and email contacts with patients, will also be recognised. This will allow practices to innovate in the way they provide services to their unique populations, and fund the practices to build quality improvement systems within the practice.

Health Care Homes in our region

Currently the HCH model is being trialled in 10 Primary Health Networks across Australia. While not a trial site, North Western Melbourne PHN is nevertheless committed to supporting general practice to prepare for the changes.

NWMPHN will offer support to practices throughout the roll out, and this will commence with a survey of readiness – an opportunity to 'take stock' and see where your practice is at, and identify what support NWMPHN can provide.

We know there are many uncertainties in the current proposal, including how practice remuneration structures – which have been developed around a fee for service model—can be adapted to the bundled funding model. Other areas of uncertainly include how the tiers of complexity will be determined, and how IT systems will integrate and manage these changes.

Some of these questions will only be answered once the trial sites get up and running, but as the clinical lead for the NWMPHN Health Care Homes Readiness Project, I look forward to working with you to inform NWMPHN how it can best support general practices in our region.

There is a lot that remains to be seen in how primary health care will evolve in Australia, but there is no question that change is inevitable. NWMPHN wants to ensure that GPs and general practice teams are front and centre in shaping how these changes play out in our day-to-day working environments – and providing practical and helpful support. I welcome your thoughts and suggestions.

Dr Jeannie Knapp is a practicing GP and practice owner, working in Richmond, Melbourne. Jeannie is the Clinical Lead for the Health Care Homes Readiness Project, an initiative of NWMPHN.

To comment, request a practice visit, or for any questions to Jeannie about the Health Care Homes readiness strategy at NWMPHN, please email **healthcarehomes@nwmphn.org.au**

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School of Health

Local GPs and nurses are going back to school to help improve student and community health.

NEIGHBOURHOOD LEVEL

IT WOULD BE FAIR TO SAY THAT school health services haven't always represented the cutting edge of medicine. Anything more complicated than a headache would see students heading to their local GP rather than the 'sick bay'.

And while schools have responded to changing community needs by offering a much wider range of support services than in the past, health services haven't always developed at the same rate.

The Doctors in Secondary Schools (DISS) program aims to change that. Funded by the Victorian Government and being implemented in 100 secondary schools across Victoria with the help of local Primary Health Networks, the program sees a GP located directly on school grounds one day per week.

Students can make appointments to see the GP just as they would outside of school, but without having to take extra time out of class or work around their parent's schedules to do so. 'Drop in' times are also often available, letting students come to the GP as needed. All appointments are bulk-billed and practice nurses are also being recruited as part of the program to support the GPs and students.

One of the first schools to join the program in North Western Melbourne PHN's region was Mount Alexander College (MAC). Dr Erin Gordon (pictured above) has only been at MAC for just over a month, but says the whole school community has welcomed her and the program.

"It's a pretty amazing opportunity and I think we are really privileged to be able to be a part of the school community," Dr Gordon said. "It's an incredibly supportive school and I know with

Mount Alexander College that they've been waiting for a long time for us to start so they were quite prepared for us to begin."

Dr Gordon provides GP services to students for four hours each Tuesday morning, supported by Practice Nurse Amelia Tauoqooqo (below) who is at the school for the whole day. She practices

out of a fully refurbished and equipped treatment room, complete with sound-proofing and a comfortable waiting room for students.

The DISS program funding guarantees pay for the GPs involved whether they are seeing students or not, but there hasn't been any problem filling the appointment book at MAC.

"We've probably been seeing around 12–14 young people each session, and that's just in the four hours that I'm here and then Amelia sees other young people during the time that she's here," Dr Gordon said.

MAC Student Wellbeing Coordinator Carmel Nielsen agrees that students have really embraced having a GP on site, so much so that they would have her on campus two days a week if they could.

"The students have been very open to it. Erin's schedule's been full for the last three weeks, so it's been a very good response," Ms Nielsen said.

"We have a very diverse community, so we may have young people where it's not very common that they go to a GP if they are feeling unwell, so this is a really great opportunity for them."

Students have used the services for a wide range of issues, with mental health being a key concern and alcohol and other drugs and sexual health queries also being common.

"And then sometimes young people want to come in and just chat about life, or ask questions about development issues, things going on at home, things going on at school. It's been very varied," Dr Gordon said.

While students have clearly welcomed the chance to visit the GP independently, there were some concerns raised initially about the role of parents in giving consent, particularly around sexual health and contraception.

These concerns have so far not been borne out at MAC, with even parents from traditionally conservative communities being open to their children seeking their own care.

Dr Gordon said she was aware of the controversy around consent but said the rules are no different at the school than they are at her community practice, with a doctor able to decide whether a patient is mature enough to consent to any particular treatment.

"I suppose the key is open communication," she said. "So far if there's been a young person that legally is not a mature minor, then I've spoken with the young person and have not had any issue with getting consent from them to involve the parents."

Encouraging students to take the lead in managing their own health is indeed one of the main benefits of having the program for the school community, according to Ms Nielsen.

"It's that access, that convenience to have someone on site and the opportunity for young people to be independent and take ownership of things that are going on in their life," she said.

"I think it's a fantastic addition to what we already do, and we are hoping it can fast-track a few things for us – like mental health plans or referrals to allied health professionals.

Encouraging students to take the lead in managing their own health is indeed one of the main benefits

"I know Erin will also be giving some talks for our students later this year, covering healthy relationships and sexual education so it's a great advantage to have someone on site here who can do that sort of thing."

Many more schools will soon join the DISS program, each with their own opportunities and challenges for their new GPs. But while it is still early days at MAC, the program's success so far in a school with such diverse needs is a promising sign for its expansion.

"It's a completely new working relationship for both the GPs and the schools so we've been very aware of the potential for issues to arise," NWMPHN CEO Adj/Associate Professor Christopher Carter said. "But at this stage the program seems to be filling a clear need for better health services in schools, and is being strongly supported by the whole school community."

NWMPHN is currently recruiting for GPs and practice nurses to be part of the DISS program at a range of secondary schools across Melbourne's north and west. Both GPs and practice nurses need to be part of an accredited practice, with a strong preference for health professionals with interest and experience in adolescent health.

For more information about the program, available positions and participating schools, please contact Lisa Nottelmann on **03 9347 1188** *or* **diss@nwmphn.org.au**

Commissioned Services

Improving health literacy through bicultural workers

Type

Refugee health

Where is it?

Hume, Brimbank and Melton

What is it?

Training and supporting bicultural workers to help refugees and asylum seekers better understand how Australia's health system works and how to access the services they need.

Funding

$300,000

Improving Access to After Hours Primary Care Services

Type

After Hours

Where is it?

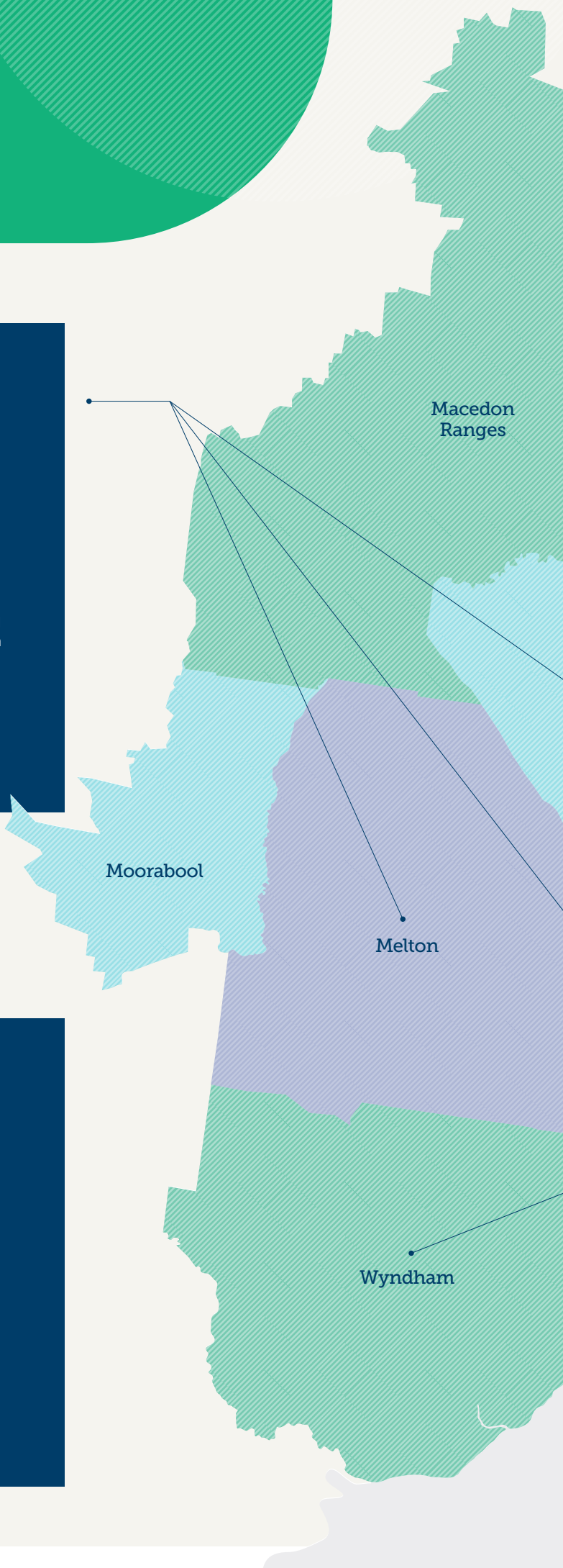
Various across the region

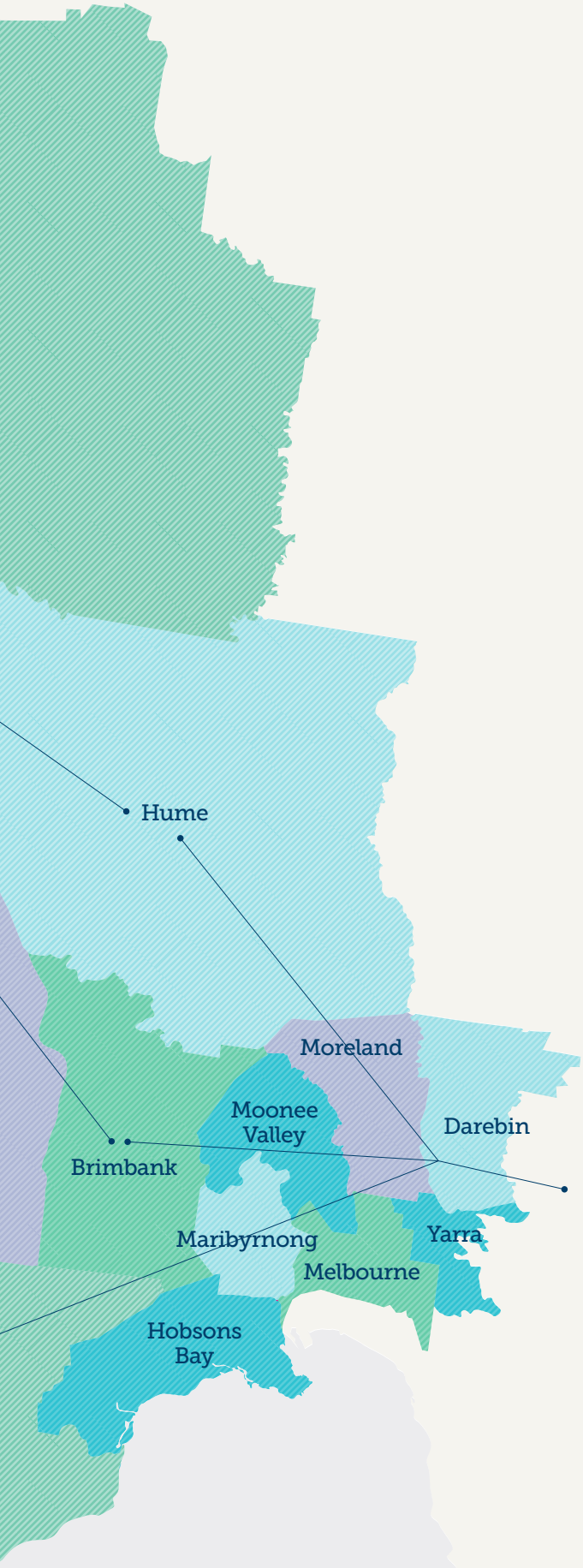
What is it?

Broad program increasing access to after hours care for a wide range of health services, including general practice, allied health, palliative care and more. Targeting both the general community and priority populations.

Funding

$2.3m





On the line

Type

Mental Health – Wellbeing Support

Where is it?

Across the region

What is it?

Telephone and web based support available 24/7 to all ages across the NWMPHN catchment. The service provides intake and assessment, and three call back sessions that provide short term, solution focused counselling followed by a postvention follow up session to assess outcomes and progress.

Funding

$225,000

Mental health nurse trial

Type

Mental Health – Intensive Support

Where is it?

Hume, Brimbank and Wyndham

What is it?

Limited trial of intensive support for individuals with severe and complex mental illness, to be managed in the community by five mental health nurses liaising with referring GP/Psychiatrist. Case coordination, medication management and counselling may be offered as identified in the individual's recovery plan.

Funding

$127,000

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Profile:

Dr Jeannie Knapp

In this issue we speak to local GP Dr Jeannie Knapp about her practice, passions and vision for the future of primary health in our region.

PRACTICE LEVEL

Tell us something about you and your practice?

I am New Zealand born and trained, and moved to Melbourne in 2005. The health service I worked for in New Zealand operated on a capitated funding model, which was such a freeing experience – being able to focus on outcomes and prevention without having to worry about 'bums on seats'.

My current practice, Church Street Medical Centre in Richmond, opened in April 2008. We try to focus on providing quality care to our patients and have a dedicated QI GP role. We are excited about the opportunity Health Care Homes provides to work outside of the constraints of the fee for service model and provide a more flexible, quality service to our population.

What do you enjoy most about your work?

One of the things I love about being a GP is the variety of work – there is 'never a dull moment'. I love the combination of problem solving and support/advocacy/counselling that is core to a GP's role. Getting to know my patients over time, figuring out what makes them tick, and supporting incremental change is one of the features of general practice that differs so much to hospital based specialities, where it all happens NOW. GP's are experts in whole of person care and that window into a person's life is a privilege.

What are you most interested in at the moment?

I'm passionate about Health Care Homes (HCHs), as I see it as a chance to support practices to focus on quality and prevention in a way that fee for service funding has never been able to. Overseas experience has consistently shown benefits of the HCH model, including increased access to appropriate care, decreased use of inappropriate services, improved patient and clinician experience, improved outcomes and reduced costs of care. What's not to love about that?

What would you like to change in the health sector?

I'd love to see a revolution occur where clinicians start to take some ownership for the costs of treatments/tests they request. Medicare is not an endless source of money and sustainability of the system is vital. I'd also love to see true multidisciplinary care in general practice flourish – working in a team and supporting each other's strengths to provide the best care we can for our patients is hugely rewarding. As GPs we can't be everything to everybody and acknowledging and supporting the strengths of other team members greatly enhances outcomes for our patients.

How would you like NWMPHN to help change things – for you and your practice or practices in general?

The concept of the PHN is such a good one, and seeing the PHN truly support and advocate for general practice in implementation of HCHs will really show the concept at its best. Hopefully GPs and practices in the region will see the PHN as the go to place for information, support, advice, and guidance on the journey to becoming a Health Care Home.

Addressing suicide with the community

As the number of deaths caused by suicide continues to rise, local communities and governments are looking at new ways to respond.

NOELENE WARD HAD NO WARNING that her son Liam was contemplating suicide before he took his own life in September 2008. Liam had no history of mental health issues or substance abuse, displayed no visible sign that anything was wrong.

Despite learning much more about suicide and being involved with the Macedon Ranges Suicide Prevention Action Group (MRSPAG) in the years since Liam's death, answers still prove elusive.

"Everything I have learnt while involved in MRSPAG has only made my son's action more of a mystery as no indicators were present in his behavior or life," Ms Ward said.

"But with the Peer Support group I have a safe, non judgemental place to talk about his suicide and by being involved in MRSPAG it becomes a positive action from a sad loss."

Noelene Ward's experience is sadly all too common. Suicide is the most common cause of death for Australians aged 15–44, and the numbers of deaths by suicide has increased by more than 20% over the past decade.

Governments at all levels have made public commitments to reduce the incidence of suicide, with substantial investments made in both service delivery and community capacity building, putting the people most affected by suicide at the heart of prevention and support efforts.

North Western Melbourne PHN is partnering with the Victorian Government to fund place-based suicide prevention trials in the north and west, taking a systems-based approach to build capacity and improve the existing service system.

In Brimbank and Melton experienced provider Wesley Mission will set up community-led support networks, and North Western Melbourne Primary Health Network (NWMPHN) will establish a network in the Macedon Ranges. These networks will be responsible for directing locally appropriate responses to the risk of suicide in these regions.

The networks will include people with lived experience of suicide, community leaders and service providers, coming together to raise suicide awareness, improve suicide prevention skills and service coordination, and ultimately reduce deaths.

Empowering the community to direct their own services is also the ethos of the new national suicide prevention trials, which will see NWMPHN partnering with the LGBTI community to develop appropriate and relevant support.

Speaking about suicide

When talking or writing about suicide it is important that we are careful about the language that we use, to ensure that we discuss it in a way that is non-stigmatising and respectful.

Mental health agency beyondblue has a checklist of what to say and what not to say, whether you are talking about suicide with patients, friends or family.

You should avoid stigmatising terminology such as:

- Committed suicide
- Successful suicide
- Completed suicide
- Failed attempt at suicide
- Unsuccessful suicide

Instead use appropriate terminology like:

- Died by suicide
- Suicided
- Ended his/her life
- Took his/her life
- Attempt to end his/her life

Media articles about suicide should also avoid sensationalising the issue, and reports on individual cases should not go in to detail about methods used or be given undue prominience.

More information on how to talk about suicide is available at the beyondblue website and also at **www.mindframe-media.info**

The new networks are NWMPHN's first step towards establishing full place-based suicide prevention trials in the region. The Victorian Government has provided nearly $1.7m over 3 years to fund the trials in Brimbank and Melton, with NWMPHN funding the Macedon Ranges trial directly.

Ms Ward said having strong representation of people with lived experience of suicide has been crucial to the ongoing success of MRSPAG.

"MRSPAG consists of representatives from various health providers, the shire, police and emergency services, Lifeline, those with lived experience of suicide or suicidal ideation and community," Ms Ward said.

"Over time more community members with a variety of lived experience have joined MRSPAG. This is important as the health professionals have changed at a frustrating pace as part of their job but community members have stayed and tend to drive the actions."

Empowering the community to direct their own services is also the ethos of new national suicide prevention trials. As part of these federally-funded trials NWMPHN will partner with the local LGBTI community to develop appropriate and relevant support.

Research has shown that mental health problems and suicide risk is significantly higher among LGBTIQ people compared to the general population. LGBTIQ people aged 16 to 27 are five times more likely to attempt suicide, with even higher risk for transgender and intersex people.

The Commonwealth Government supported trial, part of NWMPHN's Suicide Prevention Lead Site activity, will bring together the LGBTI health and community organisations, health professionals and community leaders to develop a culturally safe suicide prevention framework that addresses the needs of local LGBTI people.

NWMPHN Deputy CEO Julie Borninkhof said the place-based and LGBTI focused programs are part of a broader push to get communities more engaged and empowered in suicide prevention.

"Suicide prevention and support has traditionally been the responsibility of mental health agencies," Ms Borninkhof said. "While they have done and continue to do great work, there is a clear need to broaden our focus to include people who aren't connecting to mental health services but who may still be at risk.

"These trials will put local communities at centre of suicide prevention and support, helping them identify and access the services which will work best in their local context."

Work is underway to launch the place-based trials to coincide with the first community consultations in Brimbank-Melton planned for late October

Ongoing engagement with local health and community organisations has also led to the establishment of an LGBTI advisory group, who will guide the national suicide prevention trial's activities.

To get involved, or for more information, please contact Lori Schell at **lori.schell@nwmphn.org.au**

Out & About

Mocktails and Mortality

Based on the internationally recognised 'Death over Dinner' concept, the innovative Mocktails and Mortality supported earlier conversations about dying – over a mocktail and canape – and explored how to improve quality of care for people at the end of their lives.

With Death over Dinner ambassador Julie Hassard presenting, it was a truly unique experience for all who attended.

Paediatric Pathways Forum

The Victorian Primary Health Network Alliance and The Victorian Paediatric Clinical Network are working together to develop state-wide paediatric pathways for primary care. On June 30th, an engaging forum was held with representation from individuals from all over the HealthPathways region.

Prostate Cancer

The 'Practical Approaches to Prostate Cancer Care from Diagnosis to Shared Care' educational event updated primary care practitioners on a new shared care program, where hospitals and GPs will share follow up visits for patients strengthening channels and improving access to clinics with overwhelming demand.

Suicide Prevention

The inaugural meeting of the NWMPHN Regional Suicide Prevention Advisory Group took place on August 10 to support a variety of suicide prevention programs across the catchment. Their primary focus will be to serve those who have attempted or are at high risk of attempting suicide, particularly the LGBTIQ population.

Improving health outcomes for everyone in our community

PRIMARY pulse

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