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An Australian Government Initiative

ENABLING NEW MODELS OF CARE AND WORKFORCE SOLUTIONS

BRIEFING PAPER
MAY 2022

PHN

Acknowledgement

This document is a briefing paper titled
'Enabling new models of care and workforce solutions'.

All 31 PHNs support the directions and views expressed in this briefing paper and have contributed through comments, case studies and revisions.

Murray PHN was the lead PHN with key input from WA Primary Health Alliance, Western NSW PHN, Northern Territory PHN, Australian Capital Territory PHN, South Western Sydney PHN and Western Sydney PHN via a CEO Cooperative Working Group.

We acknowledge the traditional custodians of country throughout Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders both past and present.

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Executive summary

With strong relationships across local health services, as well as a deep understanding of community needs, regional constraints and local opportunities, Primary Health Networks (PHNs) perform a vital role in bringing the community and primary health care providers together. Barriers to the provision of primary health care, and the most appropriate solutions, vary in each local area. Local knowledge, collaboration and shared decision making, within an enabling national policy framework, facilitate the best health outcomes for the community.

PHNs have facilitated regional partnerships and developed initiatives to overcome barriers and support delivery of high quality primary health care. PHNs are uniquely placed to work with all stakeholders to co-design relevant, best practice and place-based solutions, as recognised in the Primary Health Care 10 Year Plan.

The value of PHNs, and the potential for further development of their role, has been recognised in both the National Health Reform Agreement (NHRA) Addendum and the Primary Health Care 10 Year Plan. Enablers to improving access to primary health care include facilitating multidisciplinary health care practices, collaboration between local services, increased recruitment of appropriately skilled primary health professionals, relevant, supported training for primary health professionals in primary health care and financing reform. With the policy framework set out in the Primary Health Care 10 Year Plan, and a greater focus and investment in enablers, access to primary health care will improve, leading to better health outcomes. Additionally, implementation of the recommendations in the interim report of the Senate Inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians will further support improved access for the community.

Greater investment and shared commitment from Australian, State and Territory governments is required to develop and implement initiatives that do not fit into the current fee for service model but are central to improving the health of the community. This includes population-level prevention programs, care coordination, and team based care that engages allied health, nursing and other services at a local level. Codification of the role of PHNs in leading collaboration with local stakeholders, and bilateral agreements that cover primary health care and prevention will support PHNs to develop place based solutions to improve access to primary health care, development and delivery of early intervention and chronic disease management.

PHNs are well positioned to facilitate, support and scale the development and implementation of innovative care models and workforce solutions that have been shown to increase access to primary health care. Additional support and resources are required to build PHNs capability and capacity, if PHNs' potential to deliver place based solutions is to be fully realised.

Previous initiatives and efforts to support workforce sustainability and additional/alternative service delivery models have benefited from substantial policy development and resourcing allocation. The experience however is that they have had limited traction in offering localised solutions, nor have they generated a proliferation of adapted and scalable alternatives to existing and failing workforce models. The local coordination capacity and support provided by PHNs not only can be used to develop regionally structured and locally delivered sustainable workforce solutions/models, but provide a more supportive capacity to revisit and reengage historic and previous approaches. The untapped local coordinating capacity of PHNs can enhance and support previous and future investment in workforce sustainability.

Recommendations

A. That PHNs are explicitly resourced and authorised to lead collaboration with local stakeholders to develop workforce place based solutions to improve access to primary health care, development and delivery of early intervention and chronic disease management.

B. That PHNs' role in workforce prioritisation and planning is expanded in the context of current and emerging health policy and reform.

C. That targeted investment in primary health care is increased to further facilitate development of place based solutions that will:

   a. meet local primary health care workforce needs, including supporting health professionals through peer support, training and continuing educational pathways, sustainable, competitive remuneration and sustainable workloads, and

   b. modernise primary health care, by developing locally responsive, patient centred models of care, co-designed with the community.

D. That a bilateral agreement is established for primary health care and prevention, that enables investment from both state and federal governments, similar to that for mental health and alcohol and other drug services.

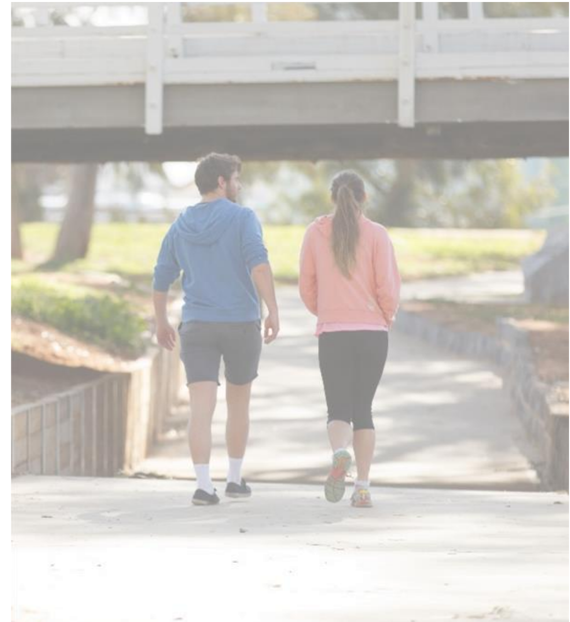
Primary Health Networks: A unique position in the sector

Establishment

With a distributed primary health sector, PHNs are vital for the coordination of primary health care within each region, and to ensure good health outcomes for their communities.

In 2015, the Australian Government's PHN Program established 31 PHNs nationally to strengthen primary health care, improve patient-centred service integration and increase the efficiency and effectiveness of primary healthcare services for Australians; particularly those at risk of poor health outcomes.

Since then, PHNs have focussed on co-designing evidence-based, practical solutions in partnership with local service providers, local health networks and the community to deliver the Australian Government's vision to provide better access to health services and better health outcomes.



Role in primary care

PHNs are a key component of the primary health care system and are valued for their role in facilitating collaboration and their strong understanding of the needs of their communities.

The Government has recognised this key role through the important place for PHNs in the implementation of the Primary Health Care 10 Year Plan.

Local knowledge of community need, workforce supply and local inhibitors to access, as well as relationships with local health providers and other stakeholders, is used by PHNs to facilitate the design and implementation of initiatives to overcome the local barriers to provision of and access to primary health care.

PHNs are uniquely positioned to deliver value to the primary health sector in a range of areas:

- System coordination and integration to reduce fragmentation and enhance coordinated, integrated care by working collaboratively across services and sectors.
- Collaboration and building relationships with providers and health services within and external to the primary health care sector.
- Collation of statistics and data to inform planning and monitor performance of the sector within the local area. This includes engaging with local stakeholders to obtain high quality qualitative data.
- Communication and engagement with the community and primary health care providers, including education and workforce development to build the primary health care workforce of the future
- Regional commissioning: bridging the jurisdictional, hospital-community-primary and cross-sector divides through collaborative commissioning and co-design.

Case study I

Brisbane North PHN provided training and support to empower nurses in residential aged care facilities to recognise and manage acute, common conditions.

Nursing staff in residential aged care facilities are often the first to identify deteriorating health in residents.

To increase the knowledge and skills of nursing staff, a nurse practitioner was engaged during 2019-21 to deliver clinical pathway training and coaching on five state-wide clinical pathways.

This project was based on findings from a large-scale stepped wedge evaluation that found that training and support of aged care staff in early recognition and management of acute common conditions and improved transitional care communication resulted in reduced hospital admissions.

Despite the impact of COVID, staff from 47 facilities in the region (55 per cent) participated; better links and communication between nursing staff, other healthcare providers and the Metro North HHSs Residential Aged care District Assessment and Referral service (RADAR) were formed, and more three quarters scored 100 per cent accuracy on the knowledge-based review questions.

Working with the local region

PHNs assess the health needs of their communities, then commission services to meet these needs or fill gaps, and work to help people in their region get coordinated health care when and where when they need it.

They work closely with providers and key stakeholders in the region to build health workforce capacity, encourage better use of health resources and avoid duplication.

While PHNs are guided by national priority areas, each organisation responds to the varying health needs and stakeholders of their local community population to tailor initiatives to the needs of their communities.

PHNs facilitate the strong local partnerships and collaboration that are vital to manage the requirements for surge workforce in times of natural disaster or pandemic.

Rural Area Community Care Health Organisations (RACCHOs)

The establishment of RACCHOs, included in the Primary Health Care 10 Year Plan, aims to provide rural patients with access to affordable, comprehensive, multidisciplinary primary healthcare services.

Flexibility is required to develop the approaches that will best meet local needs, as RACCHOs may not be the best solution for all local communities.

RACCHOs must only be established in the most appropriate areas, and for the best outcomes, they should be developed and implemented in collaboration with the local community and key health sector stakeholders.

With PHNs' strong community relationships and deep understanding of the health needs, demographics and cultures of local communities, there is a clear opportunity for PHNs to take the lead in determining the local areas where RACCHOs will be the best solution to improve the health of the community, as well as the operating models and partnerships required for successful establishment.

Case study II

Appendix 2. ACT PHN (Capital Health Network) has piloted an initiative to support general practices to employ a part-time pharmacist to work in a non-dispensing role.

The co-location of pharmacists within general practice is recognised as a way to develop collaborative working relationships and innovative models of care that improve access to integrated services for chronic conditions and improve health literacy around medications for older Australians.

ACT PHN provided funding to eight general practices to employ a part-time pharmacist (15 hours per week) for up to 18 months to work in a non-dispensing role.

The evaluation demonstrated a coordinated approach to medication management, by supporting team-based and shared care through sharing of knowledge and expertise of the pharmacist to empower the general practice team to improve the quality of their prescribing.

Pharmacists also improved medication management by providing health education and dosing aids to support patient self-management, advising and reconciling medication.

Background

Primary health care in Australia

The primary health care system still consists of a series of primarily small or medium sized, often single discipline, private practices, alongside a small number of community health services and Aboriginal Community Controlled Health Organisations.

Providing the care the community requires, especially to manage chronic and mental illnesses is challenging in such a distributed system.

Considerable coordination and commissioning of services, as well as the development of new models of care is required to ensure access and good health outcomes.

Recent royal commissions and government inquiries have shown that although Australia has one of the strongest health systems in the world, we are facing issues with out-of-pocket costs, availability and equitable access to person-centred, integrated care, in particular in rural and remote areas, for Aboriginal and Torres Strait Islander communities and other cultural groups, and access for the ageing population and those with chronic and complex conditions.[i] [ii]

Predominantly fee-for-service funding doesn't support effective team-based care or chronic disease management, isn't viable in many parts of Australia, prevents access to multidisciplinary care and can't provide the flexibility and local contextual adaptation required to meet the specific challenges experienced in each area, due to a combination of workforce, geography, community need and population density.[iii] [iv]

An augmentation of fee-for-service funding with other funding models, such as pooled, blended or bundled funding would assist providers to develop and provide appropriate models of care.

Place based solutions

Flexible, innovative solutions are required to improve provision of primary health care across the diversity of communities across Australia.

Place-based models provide the flexibility and adaptation to allow local communities to develop tailored models of care and workforce solutions that will address their specific challenges.

They provide the opportunity for innovation, as local areas can try new approaches that can be taken up by other areas and scaled up if appropriate.

The contextual and population needs in communities across Australia are varied, and not only due to geography, but also community demographics and need, population density and ethnicity.

Person-centred approaches, which are responsive to community need and supported by flexible and sustainable funding, result in the development of effective, team-based primary health care.[v]

Place based solutions have the potential to be both deep (building responsive and sustainable primary health care models) and broad (building care models and workforce solutions that include multidisciplinary and culturally appropriate care).

Successful models require an enabling policy environment, where collaborations between primary, secondary and tertiary health services are codified in Commonwealth and State / Territory agreements and are:

- Multidisciplinary, to consider all health needs and provide continuity of care.
- Actively engaging of general practitioners, recognising their central role in primary health care delivery.
- Inclusive of all team members working at the top of scope, to be most effective and efficient.

Models can include a range of elements, depending on local needs and context, including:

- Redesign of service scope
- Redesign of roles
- Redesign of corporate employment and delivery structures
- Recruitment and retention strategies
- Employment and financing models
- Education, training, professional development and career pathways.

Primary Health Networks' role in developing place based solutions

While PHNs are already developing locally relevant models of care and workforce solutions, there is considerable opportunity for PHNs to be further empowered to expand this work in partnership with other agencies such as State/ Territory governments and Health Workforce Agencies, to further improve access and health outcomes.

With more flexible funding models, and a national enabling policy framework, PHNs will be able to accelerate and scale up their work with local communities, co-designing pilots to improve delivery, integration and viability for local primary health care, ultimately improving health outcomes for the community.

As included in the Primary Health Care 10 Year Plan, PHNs are best placed to facilitate local collaboration and place-based solutions.

They have developed local relationships with all parts of the health system and have substantial experience in commissioning required services and developing place-based solutions.

There are a number of enablers for the empowerment of PHNs:

- Appropriate level of resourcing and support
- Explicit authority to take on this role
- Facilitation to co-design
- Codifying collaboration.

Resourcing and support The capacity for PHNs to develop and implement place based solutions continues to be restricted by defined funding streams with little flexibility for innovation.

Despite the current, constrained funding models and regulations, PHNs are partnering with other organisations and clinicians in their regions to develop innovative solutions to enable high quality primary health care in the community.

Growth and redistribution of primary health care funding is required to build a universal, comprehensive system to cover all aspects of care from prevention through to treatment and care coordination.

As recognised in the Primary Health Reform Steering group discussion paper, there is limited funding available to provide prevention activities.[vi]

Increased funding for prevention and care coordination will save resources in other parts of the health system as well as significantly improving the health and lives of Australians.[vii]

Increased resourcing and support will help PHNs to focus on developing broader and deeper place based solutions within their local regions, developing models of care to address needs and addressing identified challenges and inherent barriers.

Each PHN is working in a specific context, with different community needs and inhibitors, so will require different levels and types of support to be able to fill the required role.

Consistent with the Primary Health Care 10 Year Plan, further work is required to determine the resources required to support a long term commitment to building the capacity of PHNs to undertake this work. Additional resources and support will allow PHNs to share information, innovations and solutions more closely with each other and scale up new models and approaches.

Case study III

Western Sydney PHN has developed the Western Sydney Care Collective, in collaboration with Western Sydney Local Health District to commission services collaboratively.

Collaborative commissioning aims to deliver a 'one health system', which is value-based and patient-centred. Western Sydney PHN, Western Sydney Local Health District (LHD) and the NSW Ministry of Health have formed "the Western Sydney Care Collective" partnership to define areas of need and realign services with a focus on community. As consumers play a critical role in the co-design, implementation and evaluation of collaborative commissioning, Western Sydney PHN has also partnered with Health Consumers NSW.

In December 2021, the partnership implemented the initial cardiology and urgent care models, which saw the care of low risk COVID-19 positive patients being transferred to participating local general practices.

The patient centred medical homes have also since expanded from seven to 23 practices, with links to local rapid access and stabilisation and hospital in the home services, which has enabled the establishment of a shared care platform with central intake line, remote monitoring and mobile diagnostics, and which has laid the foundations for transformational practices that support collaborative commissioning models of care.

Authority

Currently, while PHNs are key in coordinating and facilitating collaboration within their local areas, they have limited budgets, authority, and capacity to plan, coordinate and influence the development of integrated and coordinated health care services.

The importance of PHNs' role in co-designing relevant, best practice and place-based solutions, is recognised in the Primary Health Care 10 Year Plan.

The need for state level planning to take PHNs into account is stated in the NHRA addendum.

Explicit authority for PHNs to fill this role, codified within relevant agreements, will support PHNs to plan, coordinate and commission regional primary health care services jointly with the states and territories.

A bilateral agreement between state and national governments, covering primary health care and prevention will also assist with clarifying the roles and funding for these activities.

Co-design

Co-design is an important tool for PHNs, when commissioning services, developing tailored models of care or workforce solutions.

The process brings together a variety of stakeholders who have direct contact with the issues to develop informed and broadly acceptable solutions. When co-designing, PHNs work closely with providers, communities, other stakeholders and potentially other co-commissioners, who are affected by or attempting to address health needs.

While this can be time-consuming, and as a result require more resources, it enables better relationships and increases the level of support for change and innovation.

For successful co-design, there must be active contribution from a diverse mix of stakeholders (including providers and patients), and patient experience and outcomes must be central to the design process.[viii]

Case study IV

Darling Downs – West Moreton PHN have engaged young people to co-design local mental health services.

During 2014-2018, the South Burnett area had one of the highest suicide rates in Australia. Darling Downs West Moreton PHN recognised the urgent need for better coordinated and focussed regional support services, particularly for young people.

In March 2021, 50 young people aged 13 to 16 years old were engaged to co-design localised mental health services. Together they developed three avatars to represent their peers and explored ways in which the local health system and the broader community, could assist in providing different supports to each of the representative characters.

Partnering with South Burnett Regional Council, workshops were held with a range of services including education and emergency, to introduce the avatars and use them in demonstrating their role in a complex but common mental health care scenario. The workshops not only provided education around what services and supports were currently available but have since informed a review of all PHN funded programs, provided mental health first aid responder training, and a feasibility study of a youth mental health hub.

Name: Charlie (Cha Cha)
Age: 15
Location: Hobby farm outside, Kingaroy
Family position:
Oldest daughter, one brother with Downs Syndrome, friend of Lauren
Health conditions:
- Anger issues
- Self-harming
- Low self esteem
- Anxiety
- Processing disorder
- ADHD
- PTSD (from mother's death)

Social conditions:
- Mother passed away when she was 8
- Moved to region from Solomon Islands
- Overwhelmed at home which is affecting school

Name: Sam
Age: 16
Location: Rural area
Family position:
One younger sister, parents are together and happy, has a girlfriend (her parents are separating making her anxious)
Health conditions:
- Healthy
- Caring and worries for others

Social conditions:
- Australian born
- Middle class
- Rural but not isolated

Name: Ash
Age: 16
Location: Kingaroy (lower class house)
Family position: No family
Health conditions:
- Anxiety
- Introverted
- Bi-polar
- Drug addiction (sells)

Social conditions:
- In foster care and doesn't talk to foster parents
- Low school attendance
- Suffers from bullying
- Quite good at league when he turns up for practice
- Sam looks out for him
- Questioning his gender and sexuality

Collaboration

Collaboration between primary and tertiary health sectors, and across the health and community sectors, is related to improved health outcomes, reduced health disparities and increased access to health services for local communities.[ix]

In areas, where there are less health professionals and often a higher community need, partnership or collaboration with Local Health Networks can increase affordability of care for patients, as well as supporting access to a larger range of services, and support for the primary health care practitioner.[x]

To provide high quality treatment to patients with chronic disease management and complex needs, health professionals in primary health care must collaborate to access specialist knowledge, manage the transition for patients between services and health professionals and make good decisions about patient care.[xi]

As highlighted in the Addendum to the National Health Reform Agreement, collaboration when planning services and making investments is important for effectiveness and efficiency, and Local Hospital Networks are required to collaborate to integrate services and improve health in local communities as well as having a formal engagement protocol.

This type of collaboration relies on goodwill, as agreements and documented division of responsibilities and opportunities are not in existence. A bilateral agreement between state and national governments, covering primary health care and prevention will clarify the roles and funding for these activities.

Risks

Over the last two years, the COVID-19 pandemic has highlighted both the critical importance of a universal primary health care system in ensuring the health of the population and demonstrated that coordinated and integrated care is more important than ever.

Implementation of an enabling policy environment, aligning resources to allow the implementation of appropriate models of care and workforce solutions, and collaboration between relevant stakeholders will address many of the barriers inherent in the current primary health system structures.

Without these changes, the sector will become more fragmented, with greater inequality of patient experiences and outcomes across Australia.

Patients who cannot obtain appropriate care in the primary health care system will present to emergency departments and hospitals with more advanced illness and complications.

This will lead to significantly poorer health outcomes, as well as increasing the pressure on the acute health sector, as well as the cost.

Case study V

South Western Sydney PHN developed "My Care Partners" a medical neighbourhood approach with a range of local stakeholders and funding from the PHN and local health network.

Fragmentation of care exists for patients most at risk of potentially-preventable hospitalisations. While general practice can help to reduce the worsening of medical conditions before they result in a hospital stay, there is a misalignment of current financial incentives between primary and acute care sectors.

South Western Sydney PHN in partnership with the Australian Department of Health, PwC Australia, South Western Sydney Local Health District, universities, private health insurers, general practice clinics and a consumer representative, have undertaken extensive planning to develop a business case for testing a 'medical neighbourhood' model of care.

The model which has been piloted with five general practices since March 2021, focuses on shared responsibility for outcomes across the primary, secondary and acute care sectors to maximise patient and provider outcomes. It provides GP-led multidisciplinary care coordination built on risk stratification, patient tracking, integrated technology and continuous quality improvement, and the promotion of self-management strategies.

At risk patients are flagged and assigned to a care team who consults with the person's GP to develop a tailored care package, enabling them to receive up to six months of intensive support, followed by a further six-month monitoring period, which helps to achieve longer term, sustainable changes to patient care.

Conclusion

While overall, Australia has a high quality primary health care system, there are a number of inhibitors to access, that result in poor health outcomes.

Place based solutions, incorporating the development of tailored models of care and workforce solutions, will increase access and quality of care received.

Solutions include enablers such as collaboration between all stakeholders, multidisciplinary team based care, appropriate and attractive training pathways, appropriate funding models and more health professionals.

PHNs are uniquely placed in the primary health care system, with strong local knowledge and regional relationships across the full health sector, as well as significant experience in commissioning services and developing innovative, place based solutions.

Additional resources and support for PHNs, and a facilitating policy environment that codifies the role of PHNs, will enable PHNs to facilitate and build place based solutions at scale, resulting in substantial improvement in the health of their local communities.

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