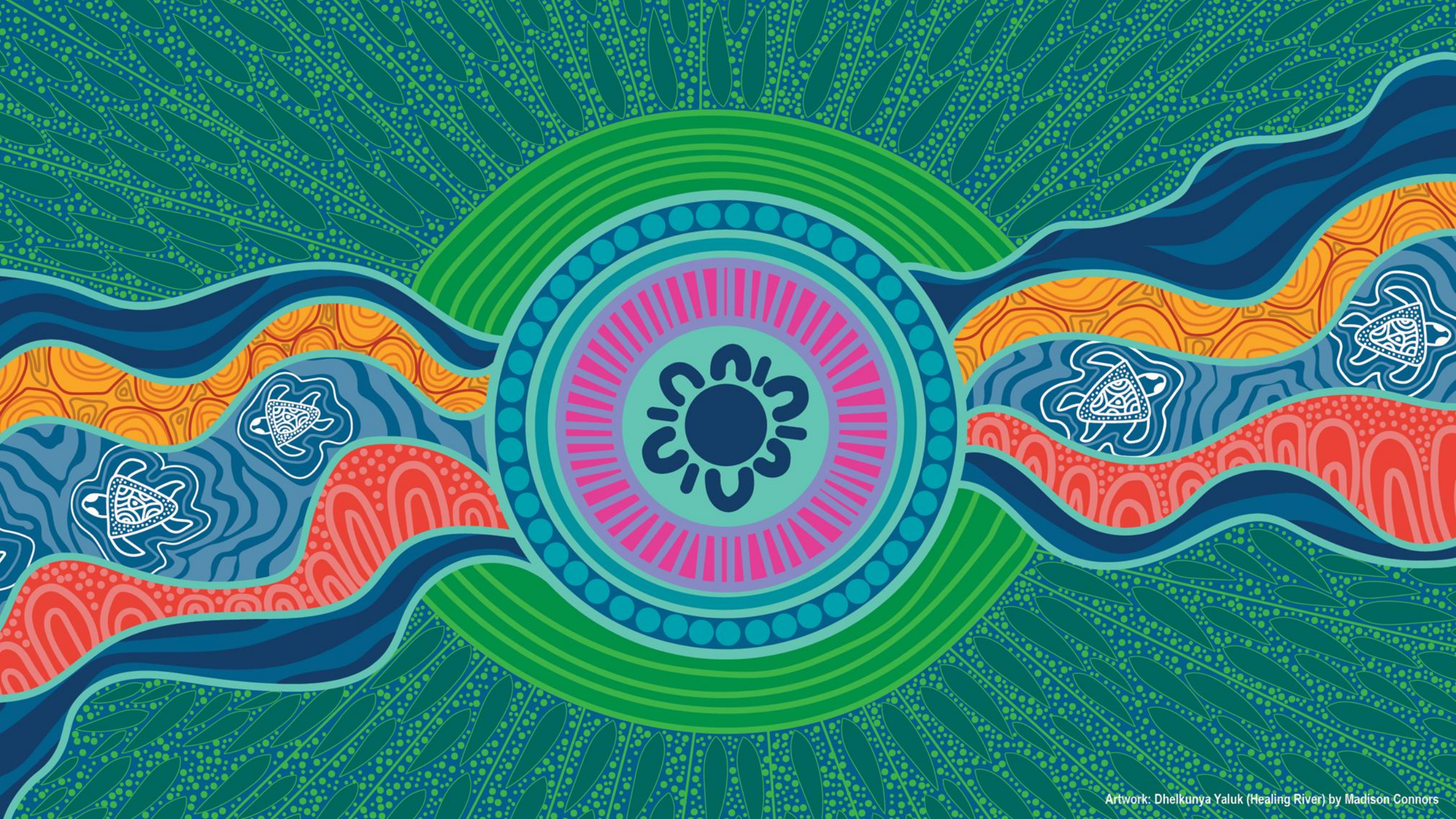

Artwork: Dhelkunya Yaluk (Healing River) by Madison Connors

phn MURRAY
An Australian Government Initiative

CDM COMMISSIONING

Overhauling our approach – Murray PHN

Bronwyn Phillips

Health Services Lead

(Chronic Disease Management & After Hours)

PHN Commissioning Showcase

Newcastle

March 2022

Murray PHN acknowledges the Traditional Owners of the land on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care. We pay our respects to elders past, present and emerging, and extend that respect to all First Nations peoples.

MURRAY PHN

100,000 sq km

644,000 population (approx)

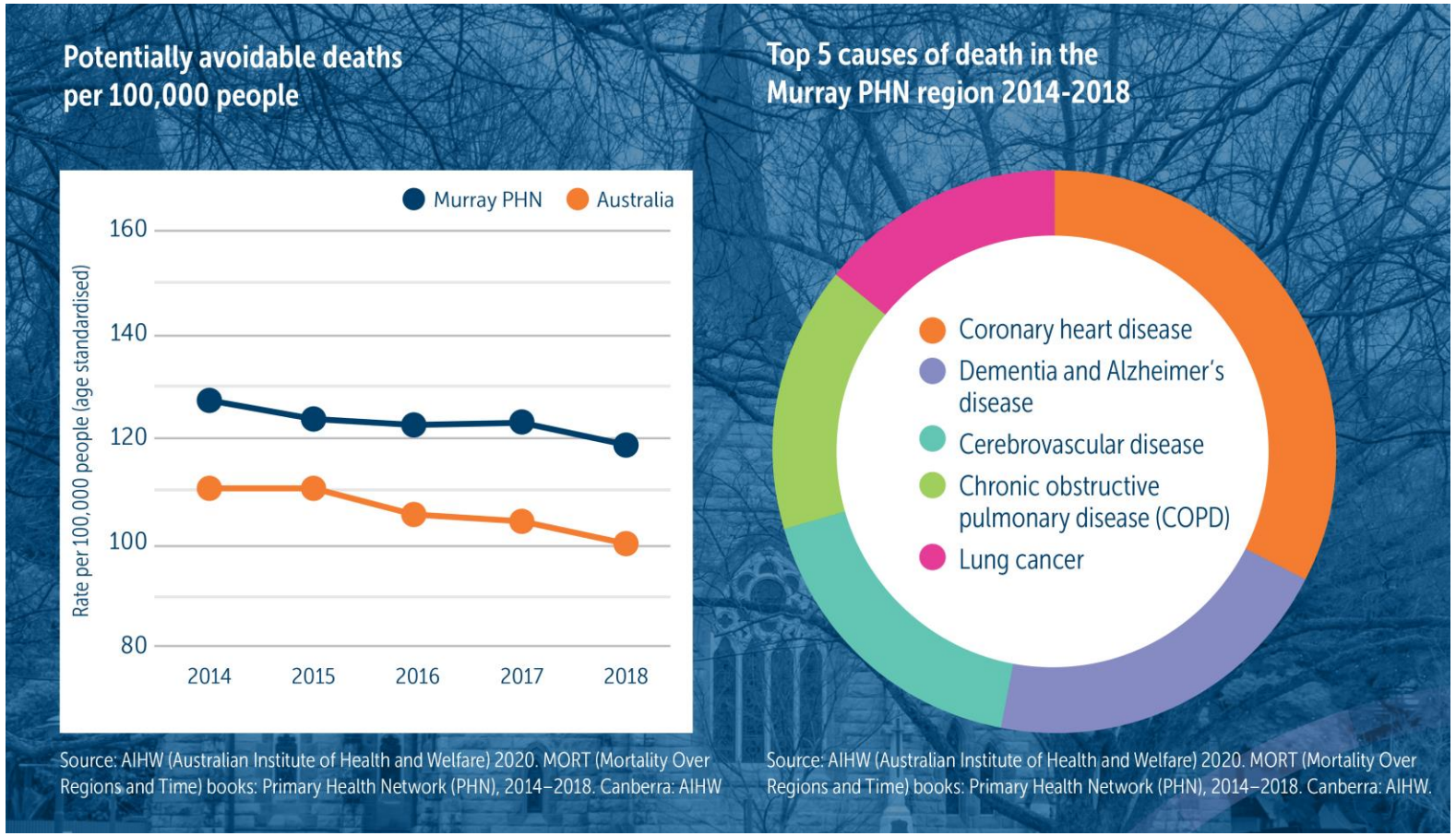
22 LGAs

A third of Victoria's First Nations People

Innovation

Accountability

THE CHALLENGE – WHAT NEEDS EXIST?



- 15 of the 22 LGAs in Murray PHN have higher avoidable mortality rates for chronic conditions than Victorian averages
- Higher rates of PPH – especially for COPD, CHF and diabetes complications
- Underserviced populations
- Increasing workforce 'fragility'

THE CHALLENGES – MORE SPECIFICALLY…..

Population groups in the Murray PHN region who have been identified as underserviced are those who experience health inequalities, commonly through health inequity:

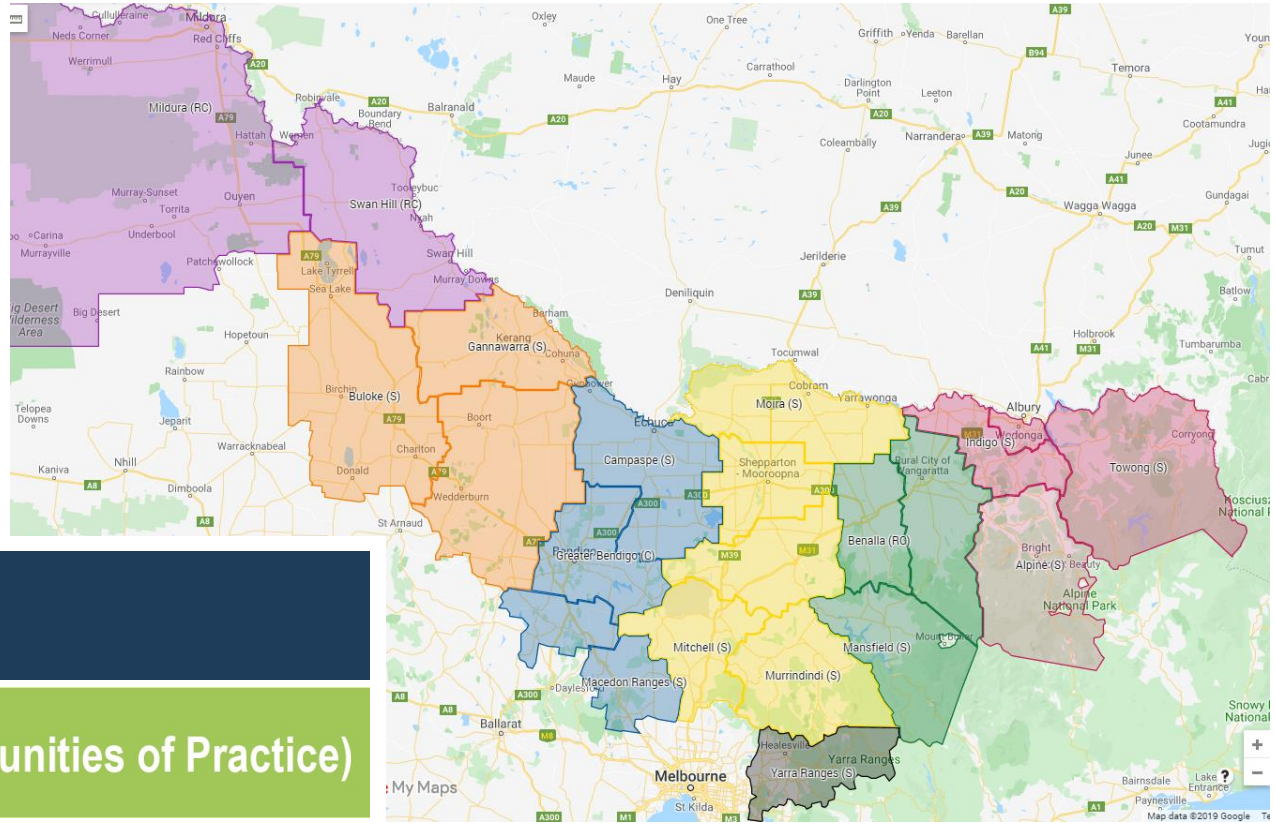
- Legacy arrangements and contracts
  - (previously three Medicare Locals and seven Divisions of GPs)
- Changing health needs
- Inequities in:
  - service mix
  - service frequency
  - contracted $ rates
- Poor integration across providers
- Workforce instability
- Year to year contract uncertainty

THE APPROACH – WHAT DID WE DO?

Collaborative design

- Clear commissioning intent
- Clustered provider workshops
- Keep/ Stop/ Start/ Change
- Capacity building – planning
- Truly listened

Clustered geographies = regional integration



Direct Service Delivery (CDM Allied Health)

Building Integrated Care (skilled workforce and Communities of Practice)

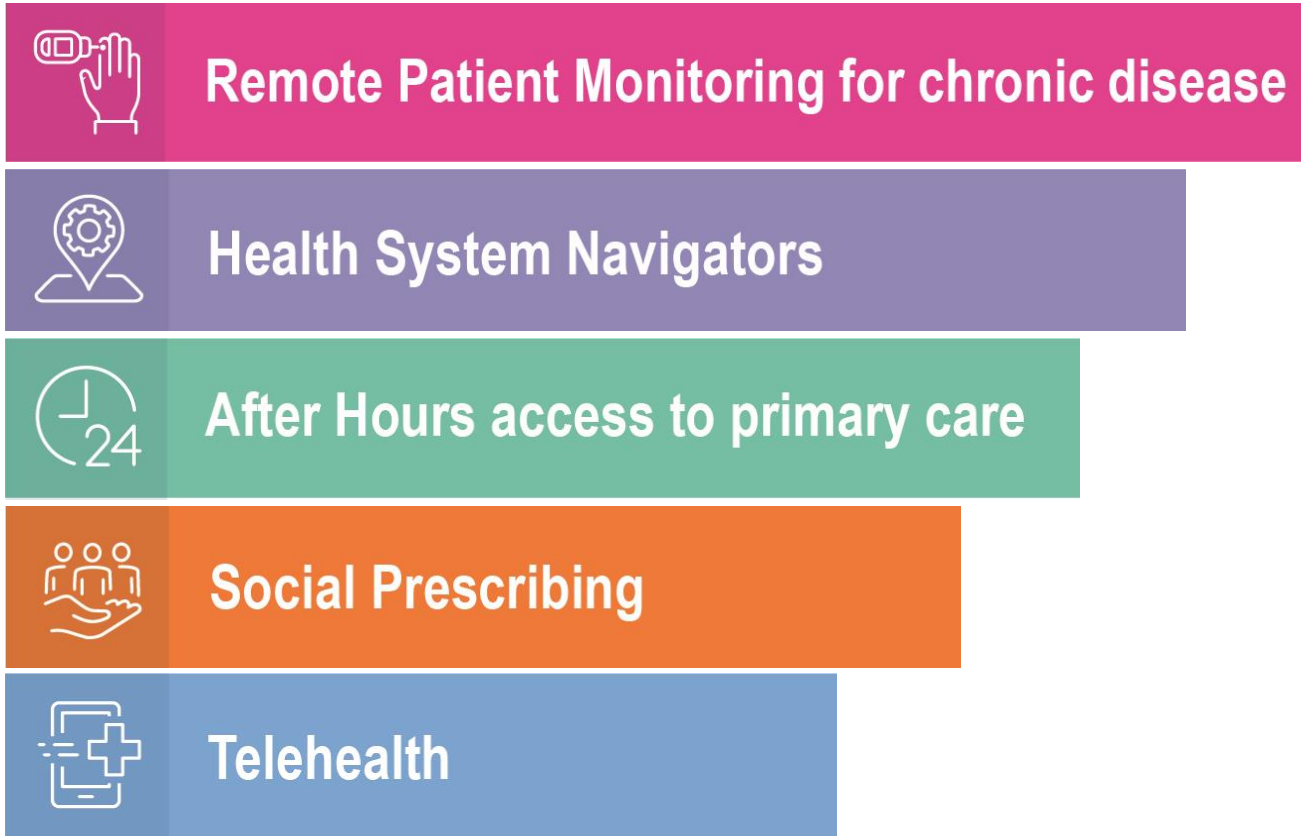
THE APPROACH – WHAT DID WE DO?

Unit price equity

Direct service rates based on:

- Contracted averages
- MBS rates
- DVA payments
- Insurance rebates
- Fee schedules (peak bodies)

Wrap around commissioning



THE APPROACH ….

Introduced PREMS & PROMS

- All providers
- All services
- Same tool
- Multiple collection methods
- One portal
- PHN analysis
- Shared results

Introduced Communities of Practice

- Clustered
- Lead entities
- Contracted – both ends
- Reporting
- Sustainability

THE APPROACH ….

Introduced Folio checklists and reporting

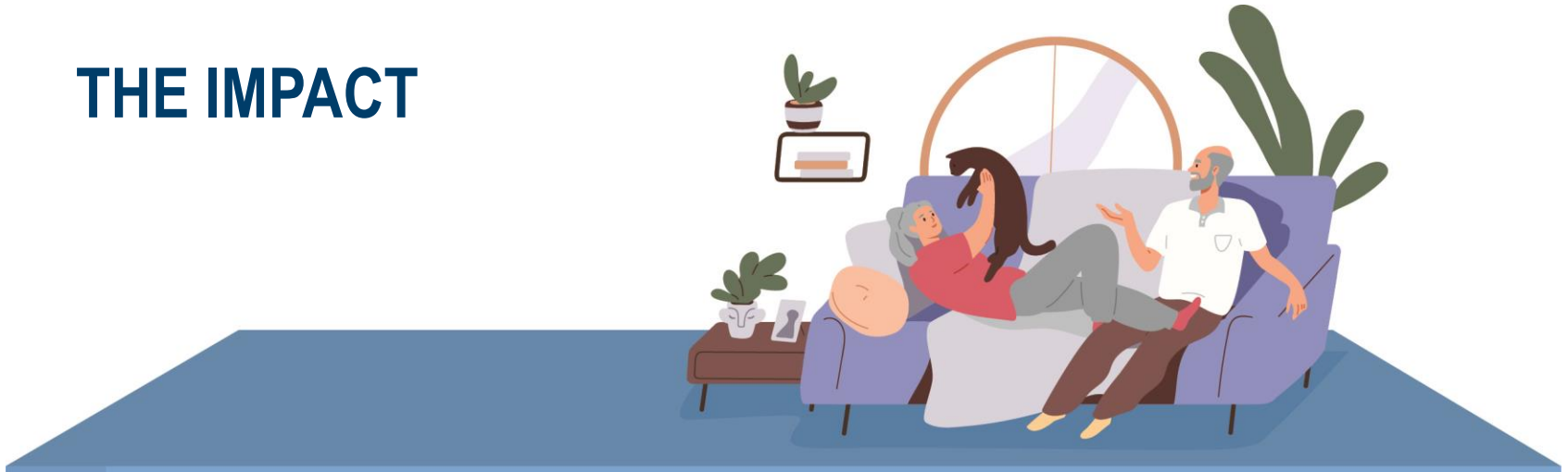
- Against targets
- Against performance indicators
- CoP reports
- Integration activities and system insights
- Applied PDSA approach to tweaking and improving reporting quality

Consistent schedules

- Same schedule for all
- Intentional/ explicit integration expectations
- Specific targets / service mix / geographies
- ‘Socialised and tested’ with providers
- Accompanied by contract management ‘cheat sheets’ specifying changes in service levels / funds/ expectations.

= No delays in execution and no complaints

THE IMPACT



- Telehealth
- After Hours access to primary care
- Building Integrated Care (skilled workforce and Communities of Practice)
- Social Prescribing
- Remote Patient Monitoring for chronic disease (people in their own homes)
- Health System Navigators
- Direct Service Delivery (CDM Allied Health)

A layered and integrated suite of CDM activities to address health system levels of:

- Patient
- Practitioner
- Practice
- Organisations

&

Increased ability to measure outcomes

THE LEARNINGS – FOR US AND OTHERS

1. A mix of specified elements and collaboratively designed elements equals an effective use of time / $ / local knowledge / system knowledge
2. Longer contracts provide improved workforce stability, increased continuity of care and happier consumers
3. Communities of Practice had mixed success
4. Relational commissioning most appropriate in rural or regional context (i.e. thin market)
5. Wrap around / combined commissioning approaches
6. Reporting – importance of accuracy and consistency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