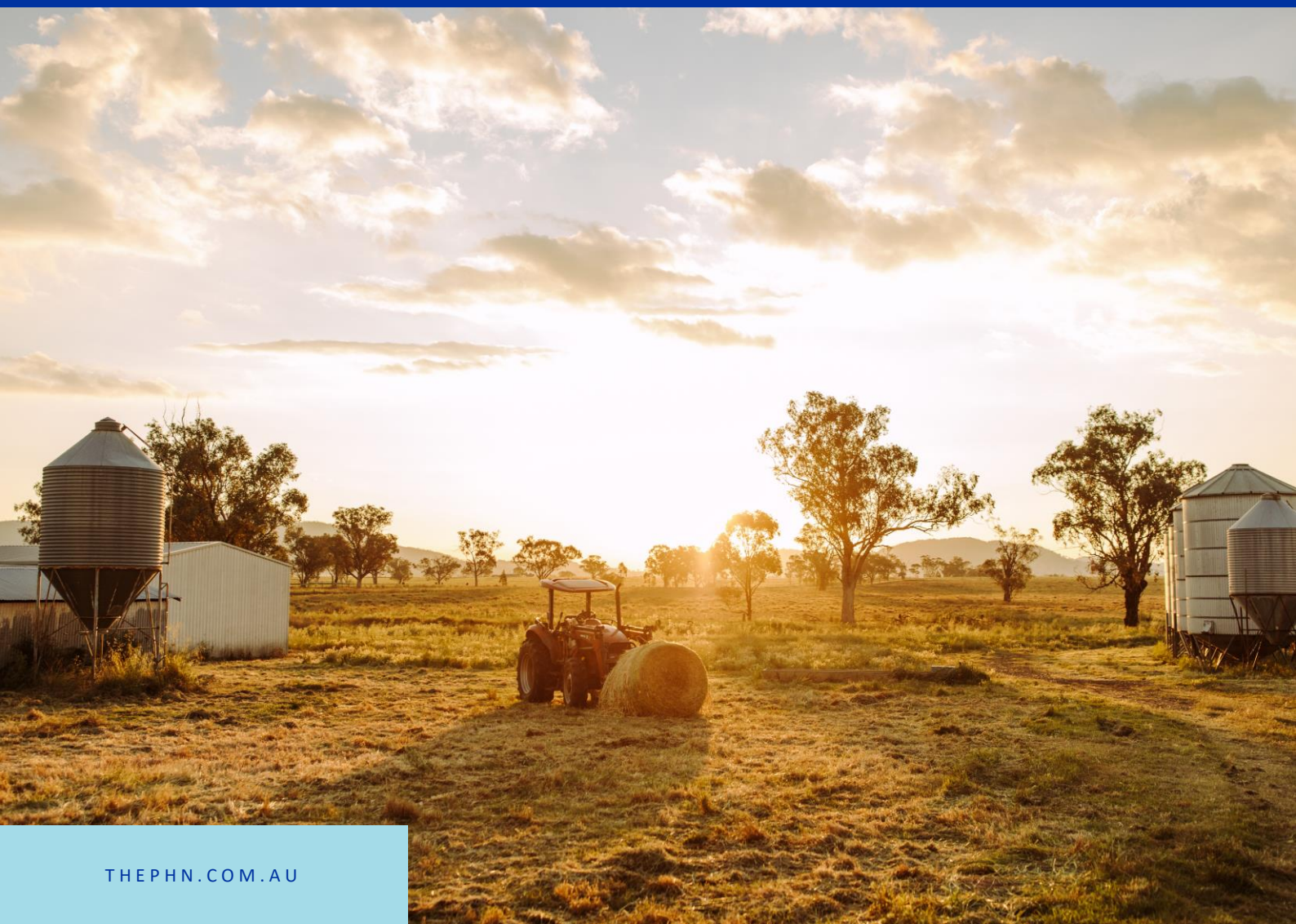
phn
HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

PRIMARY HEALTH NETWORK

Better Health for the Bush

FRAMEWORK AND MODEL OF CARE

11 January 2024



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Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.

INTRODUCTION

Communities in rural regions have poorer health outcomes and access to healthcare compared with New South Wales and Australia. On average, Australians living in rural and remote areas have shorter lives and higher levels of disease and injury. They have poorer access to, and use of, health services compared with people living in metropolitan areas.[1]

With a broader range of scope and lower number of other health practitioners, there is high demand on health professionals in rural regions. These factors contribute to the shortage of health professionals, especially GPs, in rural regions of Australia. The age of health professionals living and working in rural areas is also increasing and this places a further burden on the shortage of health professionals living rurally, as these health professionals retire.[1]

This has led the PHN to set an objective to pilot and implement an innovative model to improve how we attract and retain healthcare providers, working with communities and health professionals to ensure that the solutions fit and work locally.

Better Health for the Bush (BHFTB) is a framework that was developed by the Hunter New England Central Coast PHN (the PHN), in partnership with Hunter New England Local Health District (LHD) and University of New England (UNE). The BHFTB program complements the PHN's vision of Healthy People and Healthy Communities. BHFTB aims to design and implement a localised community-based model to improve delivery of primary health care services and improve the attraction and retention of primary healthcare professionals utilising sustainable solutions that fit and work locally.

In the short term BHFTB will continue to pursue the goals of:

- establishing rural multidisciplinary health teams across PHN's rural footprint;
- Incorporating digitally enabled solutions (where appropriate) to increase equity of access to primary care services;
- supporting localised recruitment packages that attract primary healthcare workers to roles in targeted locations; and
- using evidence through piloting programs and initiatives to address equity of access.

In each targeted rural town BHFTB will work with community to establish a multidisciplinary cross-sector collaboration between the following:

- medical, nursing and allied health practitioners;
- key stakeholders;
- community members;
- health providers;
- aged care providers;
- disability support providers;
- education and training providers;
- local government; and
- non-government agencies.

The aim of these collaborations will be to focus on:

- ✓ identifying service gaps;
- ✓ supporting the development and implementation of new approaches to the coordinated delivery of healthcare across teams and agencies;
- ✓ support and provision of a welcome for new clinicians and their families;
- ✓ supporting a connection between clinicians through education and social events; and
- ✓ helping communities and individuals navigate their way through the health system.

1 OGDEN, JESSICA, ET AL. "RECRUITING AND RETAINING GENERAL PRACTITIONERS IN RURAL PRACTICE: SYSTEMATIC REVIEW AND META-ANALYSIS OF RURAL PIPELINE EFFECTS." MEDICAL JOURNAL OF AUSTRALIA 213.5 (2020): 228-236.

HNECC PHN RURAL FOOTPRINT

This Map demonstrates the local government areas (LGAs) that make up the rural footprint of the Hunter New England Central Coast PHN that will be considered for implementation of Better Health for the Bush.

VISION AND PURPOSE

The HNECC PHN Better Health for the Bush Framework has been developed for the years 2023 to 2028. Aligning the framework with the PHN's Rural Health Access Framework and the PHN's 2023-2028 strategic plan. Those key documents have helped guide the vision and purpose of this framework. The PHN will use this framework to guide our decisions around how we will enhance the rural primary care workforce and incorporate digitally assisted services in a rural setting.

Vision

Healthy people, healthy communities

The PHN's vision is 'Healthy People, Healthy Communities'. Rural specific health strategies are required if rural people and communities living within the PHN's region are to enjoy a level of health and wellbeing that is, at least, equivalent to that enjoyed by metropolitan based Australians. Better Health for the Bush is a rural specific strategy to achieve the PHN's vision in its rural footprint.

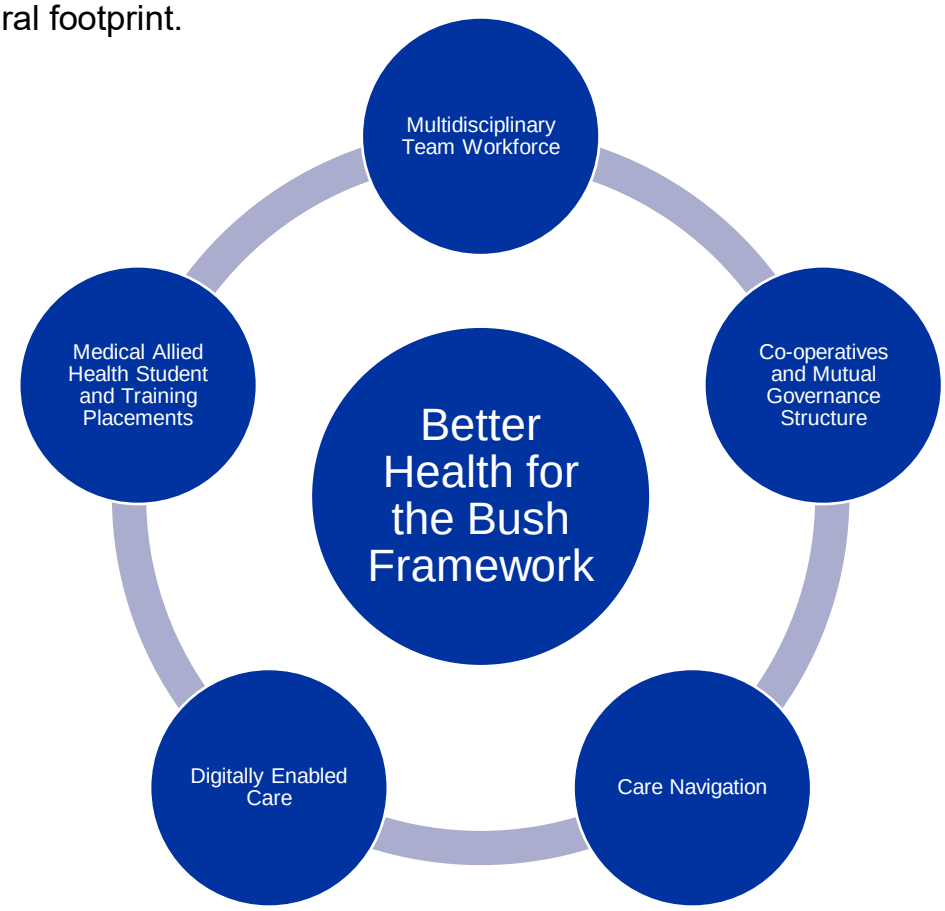
Purpose

Increase equity of access to primary care services

Better Health for the Bush will aim to achieve PHN's purpose to increase equity of access to primary care services by ensuring meaningful collaboration with rural communities and organisations to design, commission and deliver services that improve the equity of access for rural people and communities.

BETTER HEALTH FOR THE BUSH CONCEPTUAL FRAMEWORK

This framework aims to guide design and implementation of a rural multidisciplinary health workforce and increase capacity utlising one or more of the strategies outlined in the diagram below to attract and retain a skilled workforce for communities across the PHN's rural footprint.



The Better Health for the Bush Framework includes the following professionals in its rural multidisciplinary health team:

- General Practitioners
- Allied Health Clinicians
- Nurse Practitioners
- Nurses
- Medical and Allied Health students
- Clinical Assistants
- Aboriginal Health Workers, and
- Care Navigators

A co-operative and mutual governance structure under a not-for-profit model will be considered to empower the community and/or health professionals to participate in the model's development and progression. Best practice of clinical and operational governance will also be considered during the implementation of this aspect of the Framework.

Care Navigation supports primary health care to respond to community needs and enable better navigation of services between health and social care providers in rural towns and communities.

Telehealth and digitally enabled health services enhance and supplement the delivery of primary health care.

Medical and allied health students are given the opportunity to train in a rural setting, rather than having to move to a metropolitan area to gain practical experience. This will support the rural workforce and encourage students to live in a rural community during and after they have completed their studies.

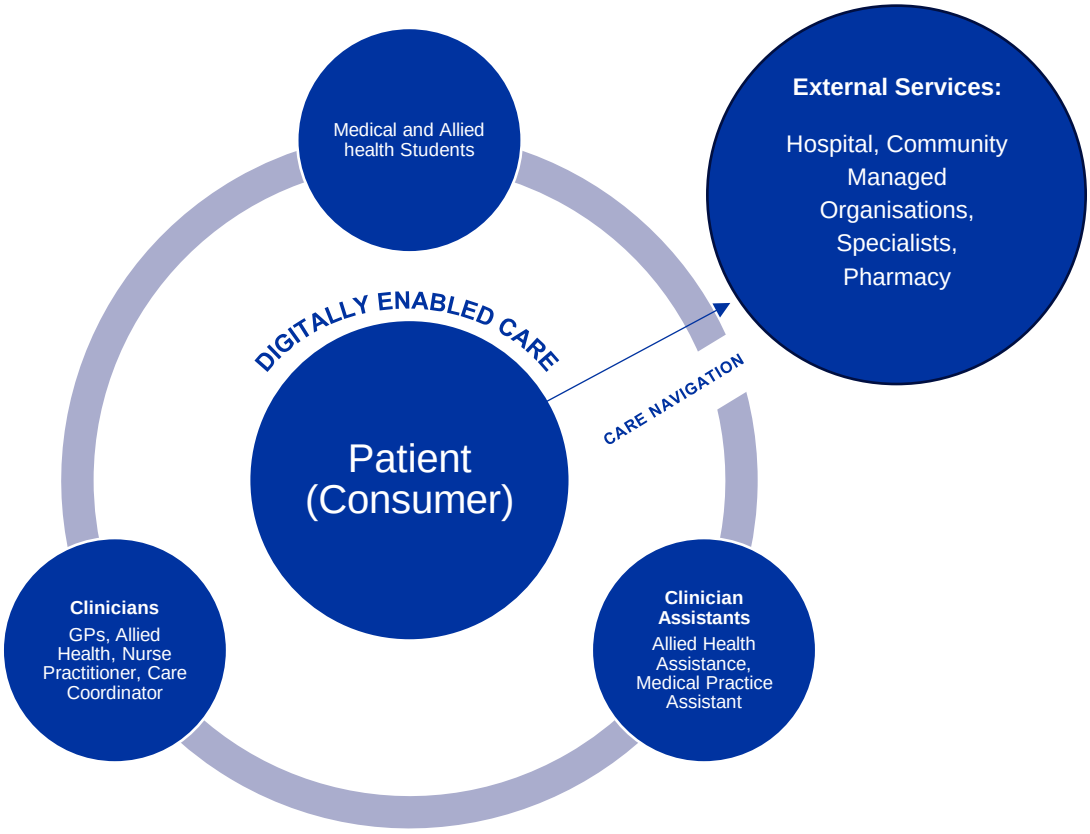
MODELS OF CARE

Two flexible models of care have been derived from the BHFTB Framework. These models of care utilise some or all of the elements listed in the framework above. Each model can be tailored to best suit different rural towns and communities within the PHN.

However, as each rural town and community is unique the model remains flexible to respond to specific health needs. Taking a localised approach the BHFTB program ensures the community have an active role in the co-design of the final model that will be implemented in their town.

MODEL OF CARE, COMPREHENSIVE APPROACH TO RURAL ENGAGEMENT

The CARE Model aims to support communities as well as surrounding towns. This model involves a Rural Multidisciplinary Health Team (RMHT) comprising of General Practitioner(s), Allied Health Clinician(s), Nurses and Care Navigator(s). Delivery of health services can be either face to face or a hybrid of face to face and telehealth services.



Benefits of the model

Rural multidisciplinary health teams reduce burnout and isolation in rural health professionals, which improves attraction and retention of a health workforce in a rural setting. A diverse health team that collaborates creates capacity for individual health professionals to incorporate other fulfilling roles like education and training, supervision, telehealth and multi-site practice. Diverse teams foster a supportive, culturally responsive and safe environment for early career health professionals which improves succession and sustainability of rural health service delivery.

As the health needs and challenges will vary between each rural town, this model will adopt multidisciplinary health teams that are suitable for the town they service. This model will include all team members and the patient in decision-making to enable continuity of care. The team could also scale up support in times of natural disasters or other events that place high demand on the health system. A network can be established for professional development and to foster collaboration between the team and surrounding external primary health professionals. An agreement between providers may be used to outline how the team will operate, for example team structure, collaboration process as well as facility usage.

Features of the approach include;

Primary Care Coordination - Registered nurse develops a care plan and supports the coordination of treatment for people with multiple chronic conditions.

Medical and Allied Health Students - Medical and Allied Health students will be connected into this model to deliver services under appropriate supervision. Structured remote supervision models will be used to allow students to provide care to the patients whilst being monitored remotely.

Clinical Assistants - Allied Health Assistants and Medical Practice Assistants could be employed to further support the Health Hub. Student placements may be made available to training Allied Health and Medical Practice Assistants.

Care Navigation – Care delivery enabler who connects the patient with external health services like specialists, hospitals, pharmacies, aged care services and social services.

Digitally Enabled Care – Technology can be progressively integrated into the model to allow clinicians and patients time to learn and adopt innovative technologies. Technologies integrated into the model may include a self-diagnostic booth where patients can take basic health measurements.

Supervision glasses with cameras above the lens can be used by medical and allied health students for remote supervision. Patient self-management tools can also be used to provide tailored healthcare support to patients outside of their usual appointments with clinicians.

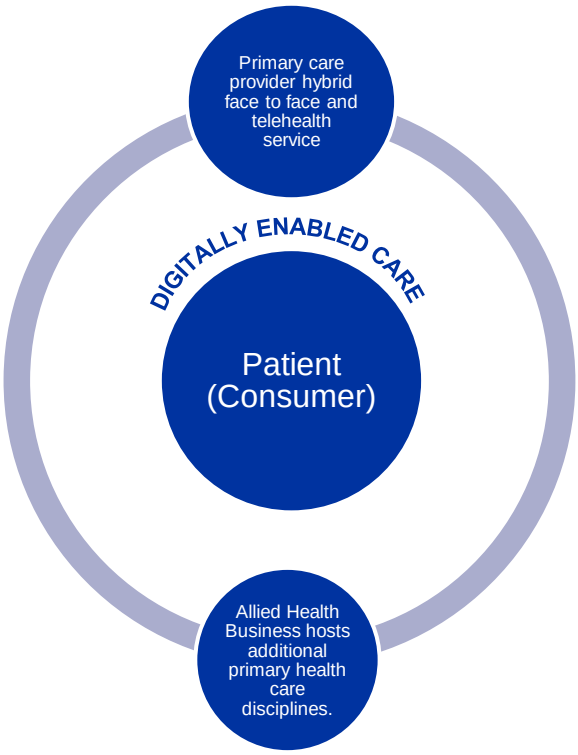
MODEL OF CARE, SMALL TOWN ENGAGEMENT MODEL

STEM aims to support small rural towns with populations of less than 1,000 people. This model is where an existing allied health business hosts another primary care provider that creates a multidisciplinary team and provides a boarder scope of services to the small community

The allied health business has a room that meets Health Hub requirements, and the visiting GP uses it for face to face consults. Visiting GPs provide face to face appointments for new and existing patients every 3 to 6 weeks and telehealth services to existing patients at other times.

Allied health businesses can range from Pharmacy to Physiotherapy, this will be determined by the businesses that are available, keen to partner with a GP and who have a space available for a Health Hub.

This model may also include a hub and spoke arrangement, where the patient can utilise the allied health business as a hub to connect in with spokes which include GPs, specialists and other allied health services.



BETTER HEALTH FOR THE BUSH FRAMEWORK CARE DELIVERY ENABLERS

Care Navigation

Care Navigation is a non-clinical service that involves helping patients find and obtain the medical and social services that they need. Care Navigation empowers patients to better understand how to navigate the health, aged care and social services system. [2]

Digitally enabled care

Digitally enabled care includes telehealth & telemedicine, mobile health applications, electronic prescribing, robotics and artificial intelligence. Digitally enabled care has the potential to lead to better rural health and health outcomes for patients and better provision of services from rural health care providers. With increased access to digital health care, rural people may not be required to travel as often to get the healthcare they need. [3] [4]

Data sharing

Digital health technology helps primary health care providers to practice patient-centred care, ensure continuity of care and reduces wait times. This is achieved through increasing efficiency in accessing health data, offering real-time decision support and providing digitally enabled patient screening and medication alerts. [5]

Dynamic workforce

A health workforce is dynamic when it integrates hybrid face to face and telehealth services, trains the upcoming workforce and fosters multidisciplinary teams. This allows a workforce to be sustainable and improve their capacity and knowledge to deliver high quality health care to rural patients. [1] [6] [8]

Partnerships

BHFTB has been developed in partnership with Hunter New England Local Health District and University of New England. The models of care will involve further partnerships with primary health care providers and key community stakeholders where the model is implemented. These partnerships will strengthen and empower rural communities to lead health service delivery in their community. [7]

Medicare billings and incentives

Appropriate and effective Medicare billing procedures ensure that patients receive appropriate care and practices are financially viable. BHFTB Health Hubs will apply effective Medicare billing procedures to support the sustainability of primary health care in rural communities.

Monitoring, evaluation and continuous improvement

Each model of care will undertake a process and impact evaluation to ensure continuous improvement can be applied to the implemented model/s as well as future models that will be implemented in other communities. [8]

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2 G. BHANDARI AND A. SNOWDON, **"**DESIGN OF A PATIENT-CENTRIC, SERVICE-ORIENTED HEALTH CARE NAVIGATION SYSTEM FOR A LOCAL HEALTH INTEGRATION NETWORK," BEHAVIOUR & INFORMATION TECHNOLOGY, VOL. 31, NO. 3, PP. 275-285, 2011.

3 AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE, "DIGITAL HEALTH," AUSTRALIAN GOVERNMENT: AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE, CANBERRA, 2022.

4 AUSTRALIAN DIGITAL HEALTH AGENCY, "AUSTRALIAN DIGITAL HEALTH STRATEGY," AUSTRALIAN GOVERNMENT: AUSTRALIAN DIGITAL HEALTH AGENCY, CANBERRA, 2022.

5 AUSTRALIAN DIGITAL HEALTH AGENCY, "CONNECTING AUSTRALIAN HEALTHCARE: NATIONAL HEALTHCARE INTEROPERABILITY PLAN 2023-2028," AUSTRALIAN GOVERNMENT: AUSTRALIAN DIGITAL HEALTH AGENCY, CANBERRA, 2023.

6 NSW REGIONAL HEALTH, "NSW REGIONAL HEALTH STRATEGIC PLAN 2022-2023," NSW HEALTH, SYDNEY, 2022.

IMPLEMENTATION

For each region that BHFTB is implemented, a model of care specific to that area will be developed. The area specific model of care will align with this framework's vision and purpose and will be developed in consultation with the local community.

Local government areas and rural towns identified for the implementation of a BHFTB model will occur through various pathways including an equity data analysis, expression of interest and direct approach proposals to pilot innovative models.

The governance of this framework is reported through the HNECC Limited Board. The establishment of a reference committee will be considered, which would report to the HNECC Limited Board. This reference committee will be made up of key stakeholders supporting and advising on the implementation of this framework and it's models of care.

CONCLUSION

The PHN is committed to improving the health outcomes of rural people in our community. The PHN will walk side by side with rural people, building authentic partnerships. We believe that by working together, we can help build a future where equity is recognised and valued in all aspects of rural health.

The PHN understands that it is important for to have a structure and culture that values respect, innovation, accountability, and integrity. By deepening our understanding and capability, we can make a real difference in the lives of rural people and help build a healthier future for all.

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