

Codesigning a Community-Led Integrated Health Care model for regional and rural communities

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Network



Who is Gippsland PHN?

- Gippsland PHN covers 6 LGA's in South Eastern Victoria
- Population of approximately 300,000 people
- Gippsland is on the lands of the GunaiKurnai and Bunurong peoples



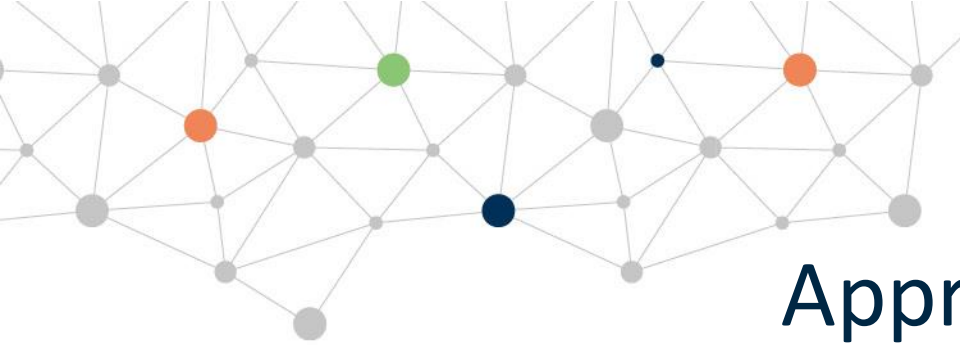
What was the problem, and why was it important to solve (the challenge)?

When compared to other regions in Victoria, Gippsland has:

- High prevalence of chronic conditions;
- High levels of socio-economic disadvantage; and
- Lower access to allied and other health services

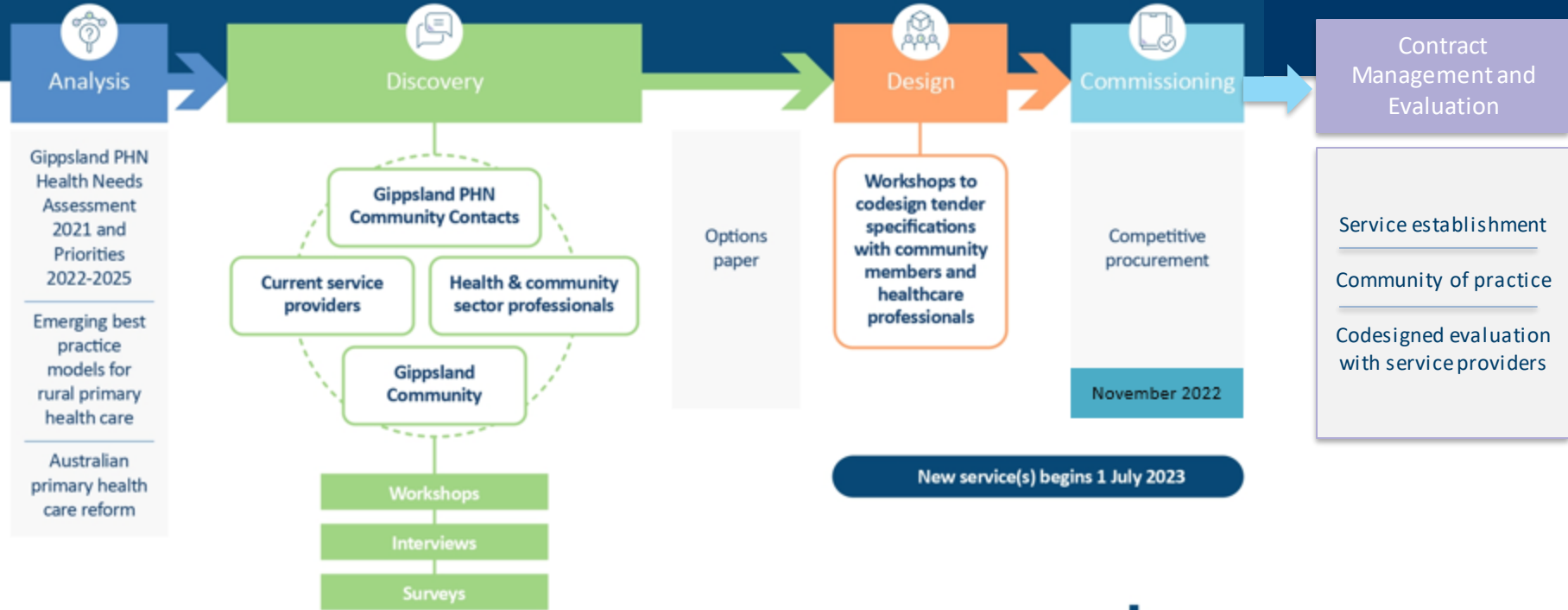
Gippsland PHN wanted to:

- Meet local community need;
- Be underpinned by Australia's Primary Health Care 10-year Plan 2022-2032 and Deloitte Australia's Health Reimagined White Paper; and
- Be future-focused to address regional access barriers and disparities in health outcomes



Approach

Community-Led Multidisciplinary Models of Care Program





The approach: Analysis

- Health Needs Assessment and Health Priorities
- Australia's Primary Health Care 10 Year Plan
- Deloitte's White Paper: Australia's Health Reimagined – The journey to a connected and confident consumer
- Define Community Led Multidisciplinary Health Care





Community Led Multidisciplinary Healthcare - definition

An integrated and collaborative approach to Multi-Disciplinary Models of Health Care whereby the identification of needs, priorities and agenda for change is led by the community experiencing a health need. The health care model is patient-centred and includes professionals from a range of health disciplines working together to deliver comprehensive care that addresses as many of the patient's needs as possible



Learnings from the analysis phase

- Innovation in primary care service delivery needs to occur alongside innovations in technology.
- Improving access to services in Gippsland requires local system design and innovation.
- There needs to be increased access to multidisciplinary care, harnessing the full skills of nurses, pharmacists and allied health professionals.
- Models of care need to build in flexibility and avoid 'one size fits all' rural health 'solutions'



The approach: Discovery

- Seven interviews with representatives from allied health units in rural organisations
- Two online workshops with 10 community members
- Six on line workshops with 42 health and other professionals
- One qualitative survey for community with 27 responses
- One qualitative survey for health professionals with 16 responses
- 28 insights and 32 key priorities offered from engagement activities



Discovery = Insights

- I want support to navigate the system
- I want occasional team meetings with me as the patient, to bring clarity to my healthcare needs
- I want one person who oversees my case. Too much information is lost between professionals
- I want health professionals to know my personal information prior to the appointment, I want them to know my relationship status, my family situation, gender identity
- Digital connectivity and digital literacy are my biggest barriers
- I want access to services in one place as it is very difficult to face access issues when you are feeling unwell or damaged, especially when you are older
- I am a second class citizen because I live in a rural community
- I don't want to have to travel out of Gippsland to access the health care I need
- I don't want to be zoned out of care because of where I live



The approach: Design

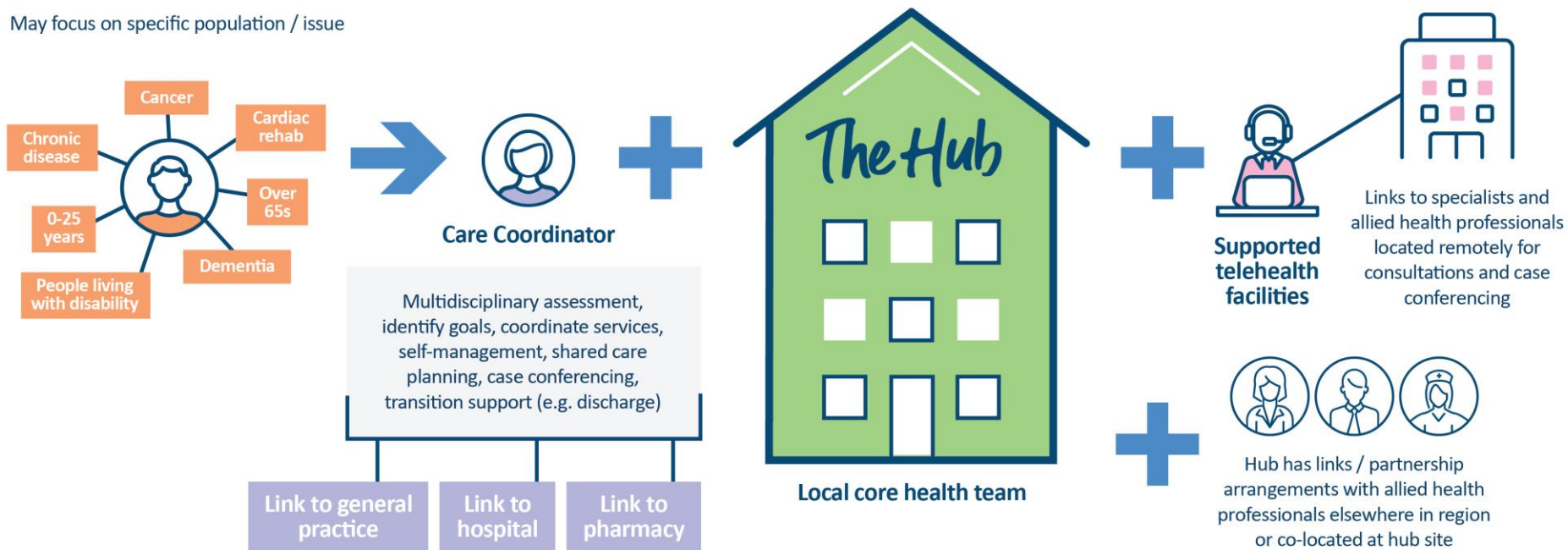
- Options Paper: Four models of care designed; one model chosen to proceed with
- Design of tender approach documents

Recommended model for Community-led Multidisciplinary Model of Care Program: Health care hubs

A health care hub model provides team-based person-centred care, constructed around locally-based professionals who work together as regionally collaborative, multidisciplinary teams, supported by telehealth where needed.

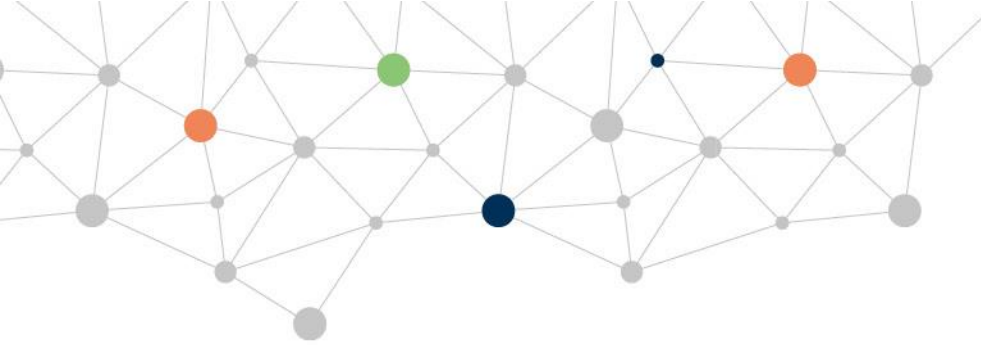
Hubs can be an integrated physical service or co-located services or a virtual integration.

May focus on specific population / issue



The model will support:

- Integrated service delivery
- System navigation
- Continuity of care
- Addressing social determinants
- Workforce satisfaction
- Reducing avoidable hospitalisations
- Care coordination
- Data sharing
- Discharge gaps
- Consumer satisfaction
- Integrating pharmacy



The approach: Commissioning

- Pre-procurement workshops encouraged partnership models = 44 health professionals
- Health Organisation participation booklet designed to enable collaboration discussions and joint tender submissions
- In procurement briefing held and attended by 20 potential tenderers



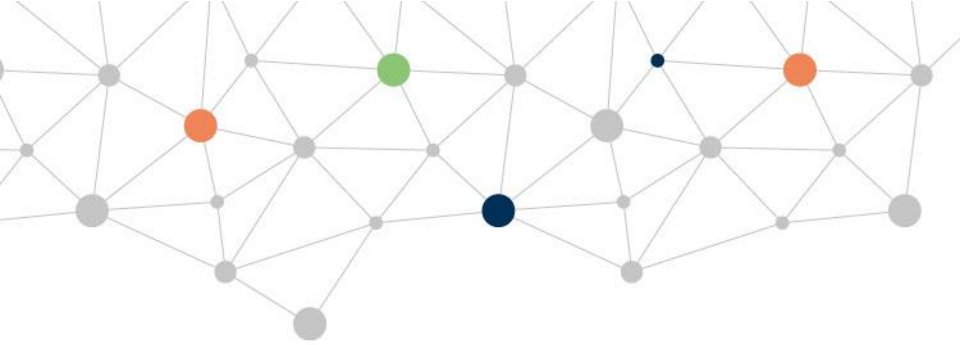
The approach: Contract Management & Evaluation

- Service establishments
- Community of practice
- Codesign of evaluation



Conclusion

- The Community Led Integrated Health Care model builds on local community strengths
- Comprehensive market sounding / engagement activities ensured that communities were empowered to design tailored solutions that reflected the reality of local strengths, challenges and needs.
- The project highlights the value of embedding community leadership and collaboration into all aspects of commissioning models of health care.



Question Time



Gunaikurnai Country - Fairbank- South Gippsland