



An Australian Government Initiative

Mind your Ps (and Qs) - PHNs

Rural Medicine Australia 2017

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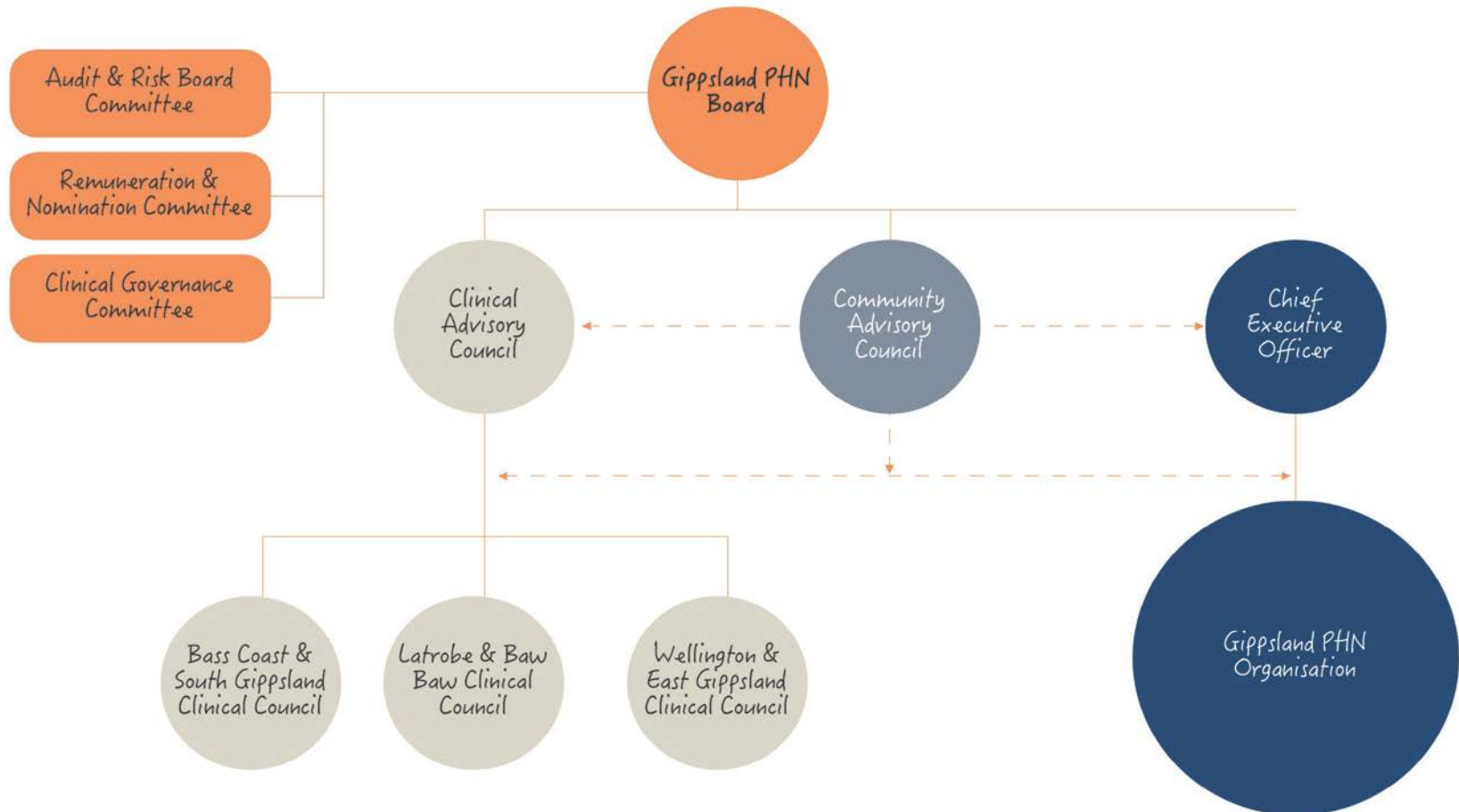
20 October 2017



Primary Health Networks (PHNs)

- 31 PHNs commenced July 2015
- Transitioning direct service to commissioning
- Population health planning
- Improving general practice support
- Establishing Clinical Councils and Community Cte's

Clinical Councils & Community



Core Functions

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HEALTH PLANNING

We gather data to determine the unique health priorities of our region



COMMISSIONING

We direct funding to health priorities



SYSTEM INTEGRATION

We work with health professionals to create efficiencies and connectedness in our health system



SUPPORT TO GENERAL PRACTICE

We support general practice and other health professionals

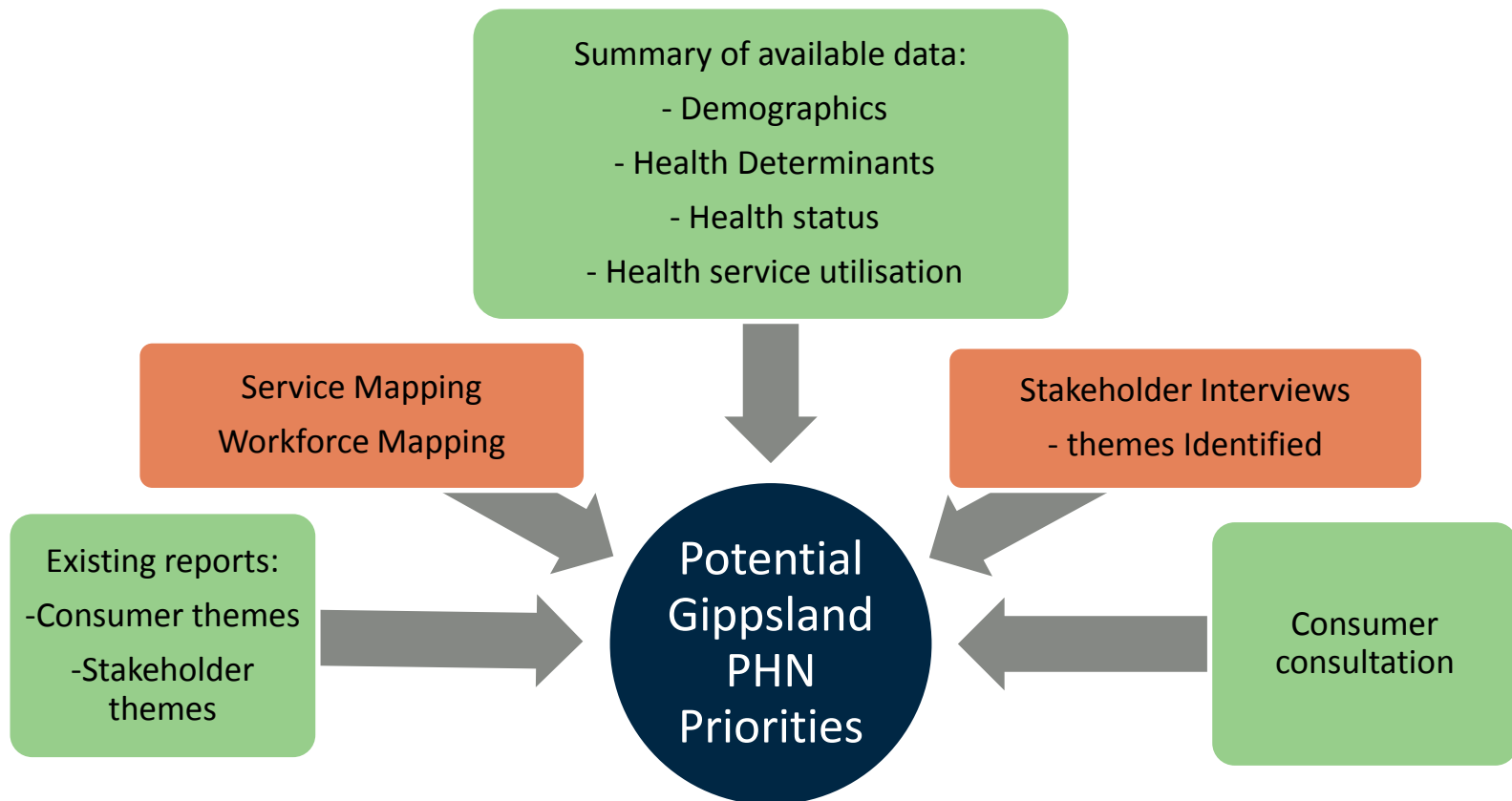


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Needs Assessment – sources of data





Gippsland PHN Priorities 2016-18

Better Health Services

- Access to services
- eHealth
- Service coordination
- Service quality
- Workforce

Supporting People

- Children 0-14 years
- Disability
- Indigenous Australians
- Low socio-economic status
- Population > 60 years
- Young people 12-25 yo

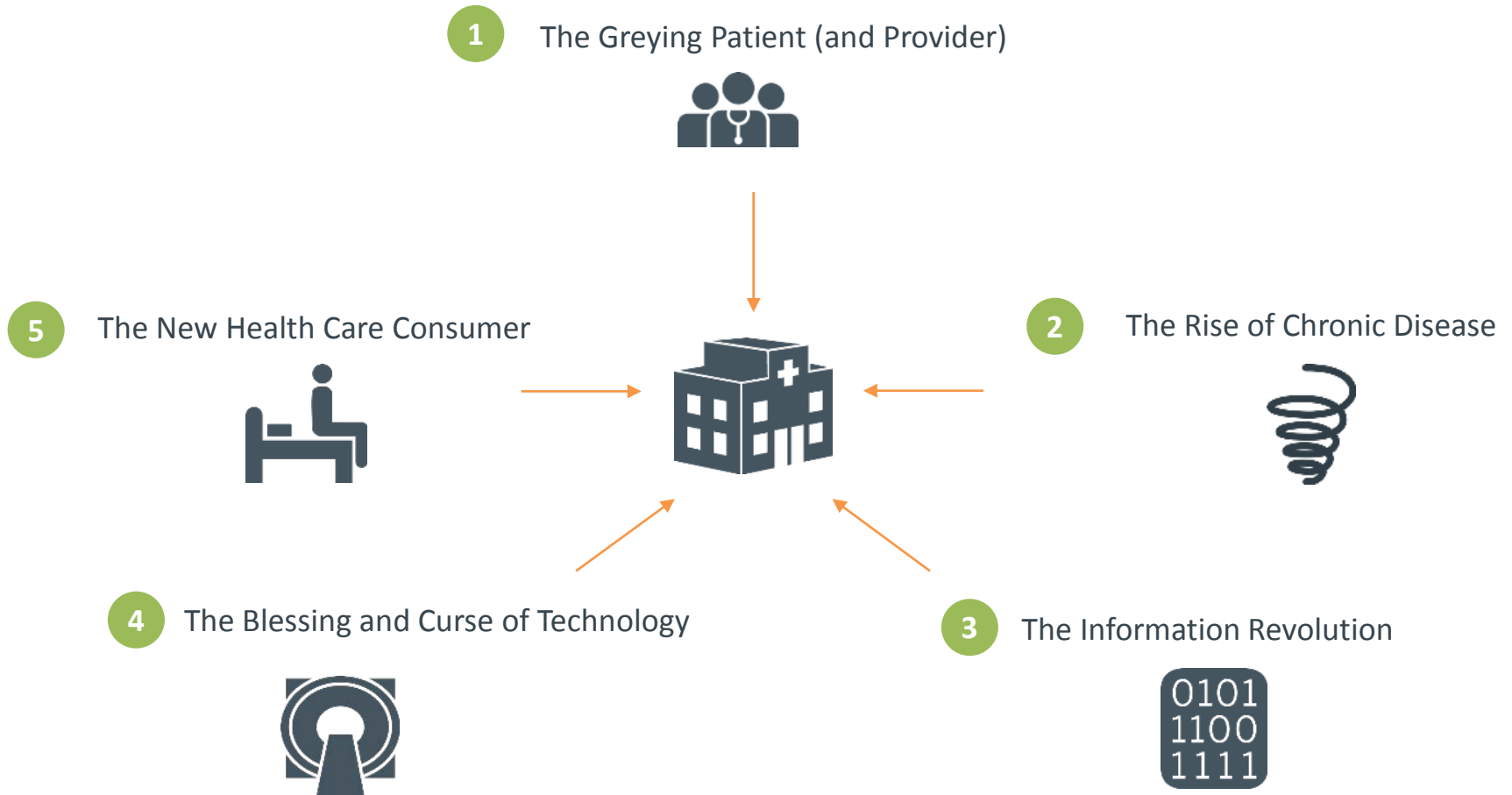
Main Health Issues

- Alcohol and Other Drugs
- Cancer
- Cardiovascular diseases
- Chronic respiratory diseases
- Diabetes
- Immunisation
- Mental health
- Reproductive / sexual health

Areas for Influence: Lifestyle factors, Community Connectedness, Family Violence

Critical Disruptions Shaping Health Care's Future

Five Disruptive Forces Influencing Health Care



Six Strategic Questions for the Coming Decade



How will we navigate the (inevitable) mismatch between supply and demand for our services across the next 10 years?



How can we sustain appropriate investment in costly acute care services in an era of radical budget constraint?



Can we create an information-powered health system quickly enough to meet patient and purchaser expectations?



What model of care do we intend to invest in?



How “patient-centred” are our institutions? How “patient-centred” should they be?



Facing constantly shifting priorities, how can we set long-term strategy for our institutions?



The Challenge

- System not fit for purpose
- The system is set up for acute and minor needs, not managing long-term conditions.
- We are not equipped to work together across sectors or think outside of a specific segment of the continuum.
- The “Perfect Storm”?



More Challenges

- High-risk patient management is insufficient for stemming patient demand.
- Today's rising-risk patients are tomorrow's high-risk patients.
- Policymakers don't yet have definitive answers as to what works and encourage experimentation.
- Many systems and approaches - to identify a new way to care and pay for patients.

Make the right call to get the right care

at night, on weekends and public holidays



1

Your GP or clinic

Call for after hours options



2

Medical advice

Call the **after hours GP helpline** for medical advice and support
1800 022 222

OR



Emergency

Call triple zero **000**

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www.gphn.org.au

Help us achieve a healthier Gippsland...

#tellmaria

Tweet a pic of yourself completing the survey, or like us on Facebook.



This is actually our person who identifies what is most needed to make people in Gippsland healthier.

Her name is Maria.

By answering a few questions you too can tell Maria what you think.

There are great prizes to be won, including iPads and supermarket vouchers - just for telling Maria what you know...

Visit www.gphn.org.au to do a five minute survey.

You can also contact us to get a paper survey or to answer the questions over the phone:
info@gphn.org.au, 03 5126 2899 or on Twitter @gippslandphn

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HealthPathways

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“Networks have a role and capacity to support practitioners to synthesize complexity and crystallise solutions that enhance beyond current capacity

Through a culture of change management, networks create the link between local health services and the big picture of the whole health system”

Pearce et al, GP Networks as enablers of quality of care, AJPB 2012



POLAR Tools: General Practice Data

GENERAL PRACTICE



POLAR GP

- 83875 PATIENTS
- 83887 ACTIVE
- 70388 VISITS
- 59,742 SCRIPTS
- 82,096 TESTS
- 3,092 IMMUNIS

GRHANITE EXTRACTION IN PRACTICE

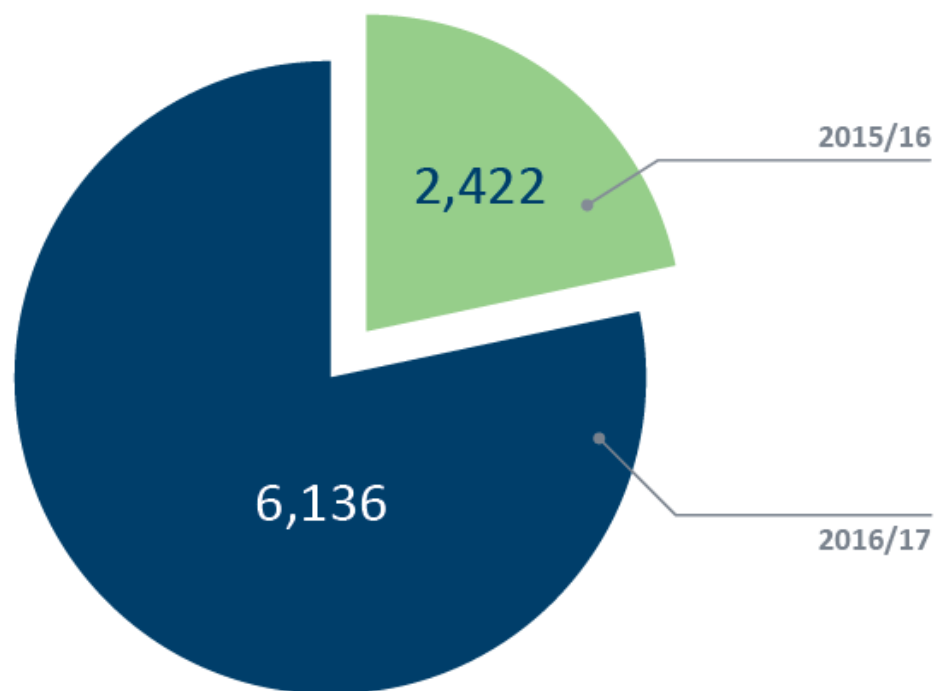




Engagement

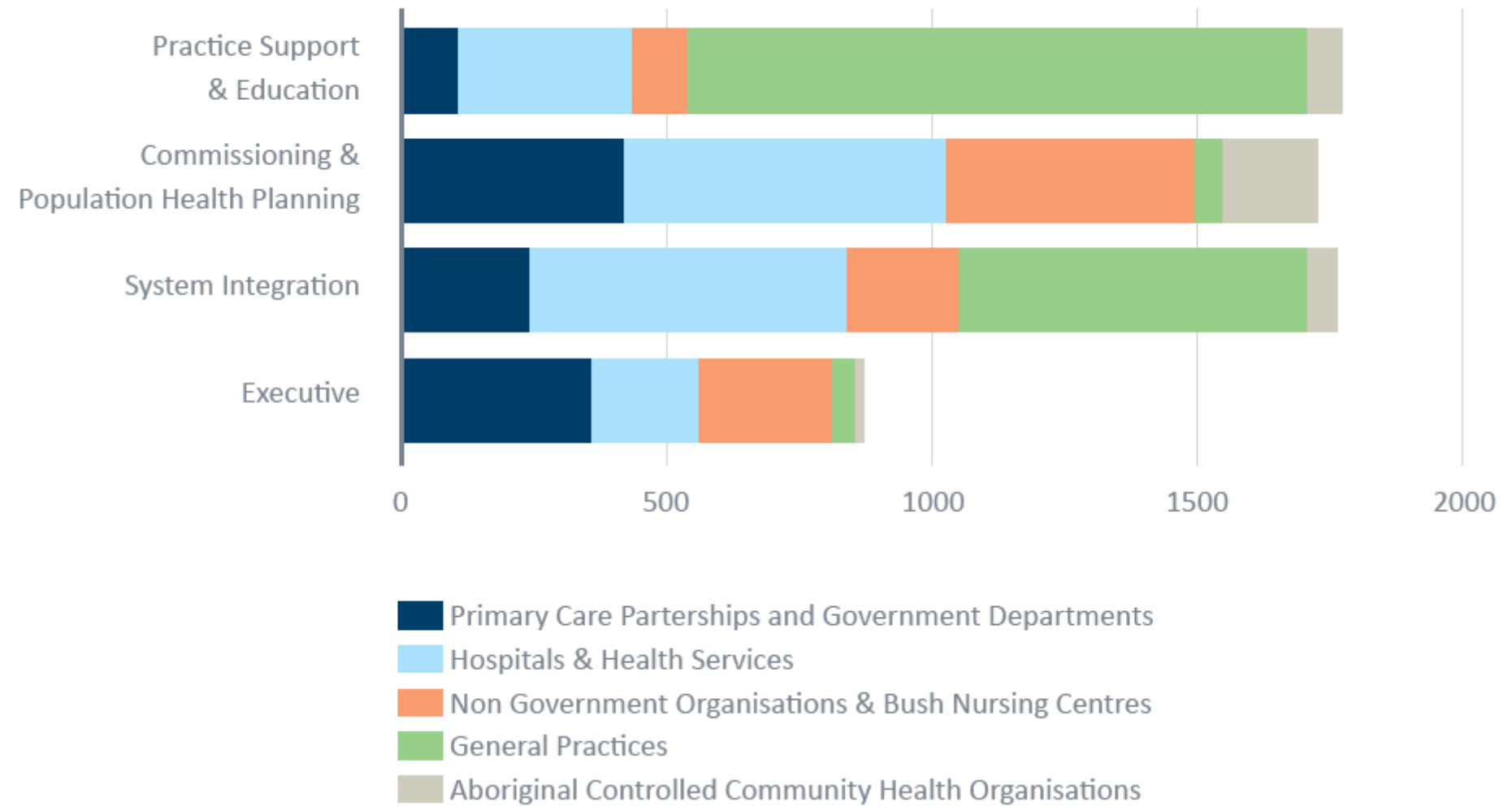
Engagement with professional stakeholders

The number of our engagement activities captured with our professional stakeholders has grown by over 150% in the past year from 2,422 interactions in 2015/16 to 6,136 interactions in 2016/17.





Program engagement by sector 2016/17

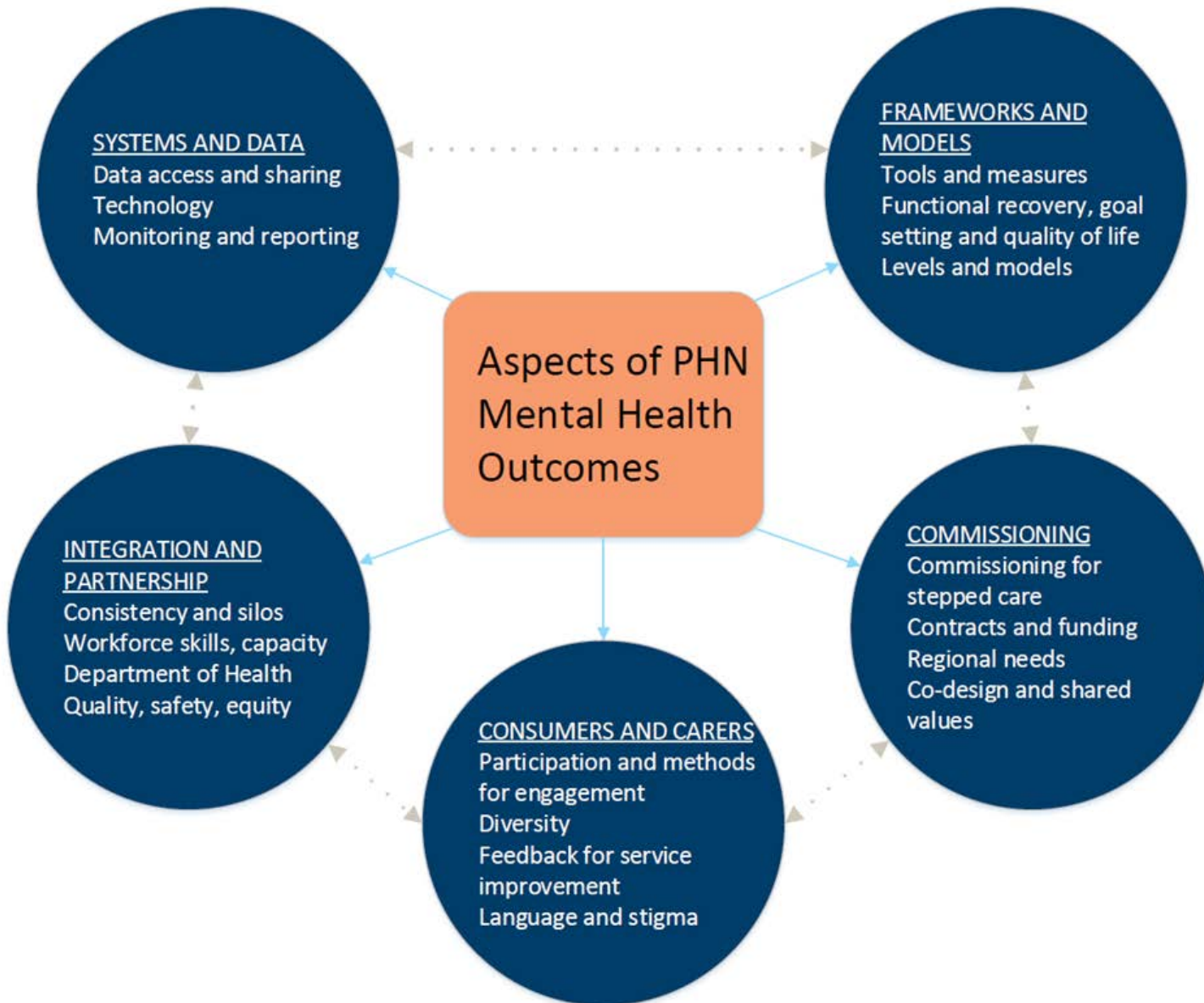




Evaluating the PHN Program

- 2 year formal evaluation by consortium
Ernst & Young (EY), Centre for Primary Health Care and Equity (CPHCE), University of NSW (UNSW), Southern Academic Primary Care Research Unit (SAPCRU), Monash University
- Surveys (beginning, mid term and end point)
- Interviews and deep dives (eg after hours)
- Observational case studies in four PHNs
- Stakeholder forums

National PHNs – Evaluation







The Community Voice

“We have a fragmented system,
community is not engaged well”

“Public transport – we get 2 buses a
day... too hard ... there are
programs... but how do you get onto
that... I have no idea”

“turn system upside down”

“better quality mental health
services and an easier system”

“Everything is in Melbourne... if they
come here it’s very hard to get into”

“More training opportunities so I can
get a job”

“It’s too confusing who does what,
people get confused”

“More GPs ... you can’t get in”

“Rural health claiming for \$ for visits
to specialists”

“Stop talking about video
conferencing/consulting and do it”

“GPs are too expensive to call after
hours”





The Clinical Voice

“Service coordination and engagement is important ... it takes good leadership”

“Is it too complex to engage? Need to simplify to help engagement”

“Community do not have sufficient information to engage well”

“Care can be simplified, use PHN health pathways and guidelines”

“Increase health literacy driven by community”

“Workforce is brittle”

“Poor quality of hospital letter writing that’s relevant and on time”

“Do we need to scrap old ways of communication ... technology exists”

“Plethora of IT systems that don’t connect”

“Pt transfers from hospital to nursing home... GP has no idea ... DS comes far too late”

“Information... the revolution isn’t in the future, it’s here now”

“No GPLO in the hospital, need to have one”



The PHN Orchestrator

- Support and facilitate engagement and collaboration
- Forge relationships including community/consumers
- Focus on patient outcomes in driving programs and commissioning
- A once in a life time reform, beware we don't cripple it with process and bureaucracy
- Will government let it run its course to demonstrate outcomes and achievements?