phn
SOUTH EASTERN NSW
An Australian Government Initiative

Rationale for change - Australian context




- Release of PHCAG – Better Outcomes for People with Complex and Chronic Health Conditions (Dec 2015)
- Commonwealth's Health Care Home (HCH) program is part of the fundamental shift
- 10 trial sites across Australia due to commence July, 2017
- SENSW is not a trial site

PHN Innovation funding released (Aug ‘16)

- Align with PHCAG recommendations and the Australian Government’s response
- Activity beyond what PHNs are already funded to do
- Link to local need
- Opportunity to support our general practices to ‘get ready’ and move towards adopting a PCMH model of care
- COORDINARE Board allocated additional funds (Oct ‘16)

Local context - our investigations found




- Same red flags in baseline needs assessment
- Transitioning to a PCMH model requires transformational change
- Change needs to occur at different levels
- Evidence suggests implementation needs extensive external support
- Need to understand local health system readiness for change (motivation and capacity)

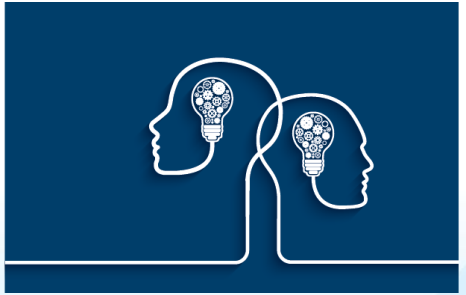
Our objectives

Design and evaluate a pre-implementation logic model to:

- incrementally build the capacity and capability of general practices
- develop, test and inform enhanced PHN support functions required to support this change

Partnership with UoW contracted for independent rigor and evaluation

Our approach



Phase one:

- Extensive stakeholder consultation
- Identify local leaders and areas for workforce upskilling
- Assess the ‘will and skill’ of practices to incorporate the different elements of a PCMH

Phase two:

- Opportunity for practices to work collaboratively with us on areas of interest consistent with level of readiness
- Innovations will be co-designed and trialed in practices

Patient Centred Medical Home: Consultation

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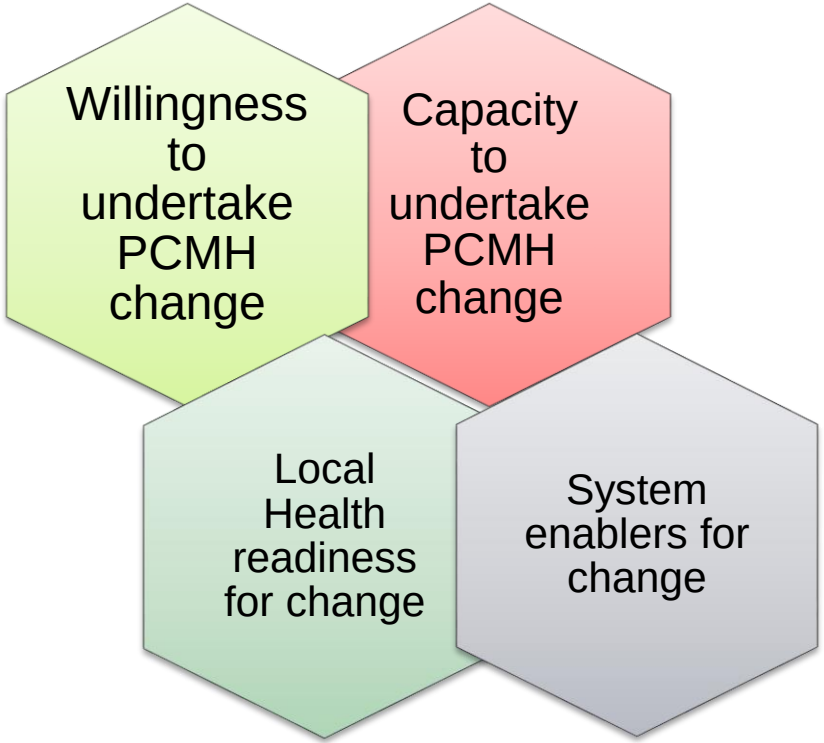
PCMH Consultation

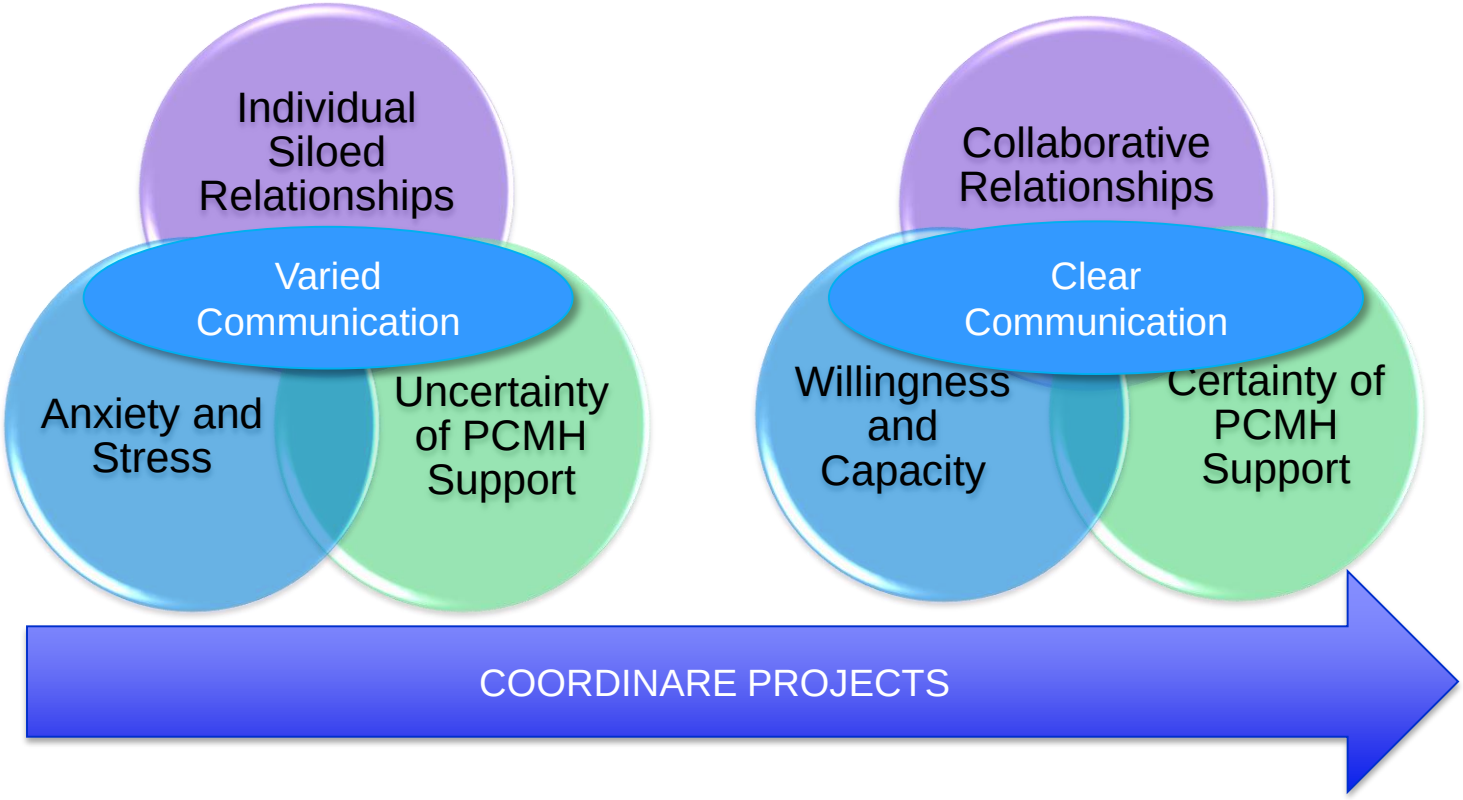
Professions involved in Phase 1 PCMH Consultation	No. involved in interviews and focus groups
Evaluation form from PCMH Workshop	52
GP interviews/focus groups: engaged in COORDINARE PCMH workshops	24
GP interviews/focus groups: not engaged in COORDINARE workshop	33
Practice staff interviews	28
Private Health Insurers interviews	3
Local Health District (N) interviews	3
Local Health District (S) interviews	5
COORDINARE interviews	8
Allied Health* interviews (from North and South)	18
Community Advisory Group	11
COORDINARE Clinical Council and Cluster Group feedback	37
Aboriginal Health	3
TOTAL NO. PEOPLE INTERVIEWED incl. focus groups	**173**

* Allied Health Professions include: Psychologists; Psychiatric Nurses; Podiatrists; Audiologist; Exercise Physiologists; Dieticians; Occupational Therapist; Pharmacists; Osteopath

Practice and System Readiness for Change



Conceptual requirements for PCMH change



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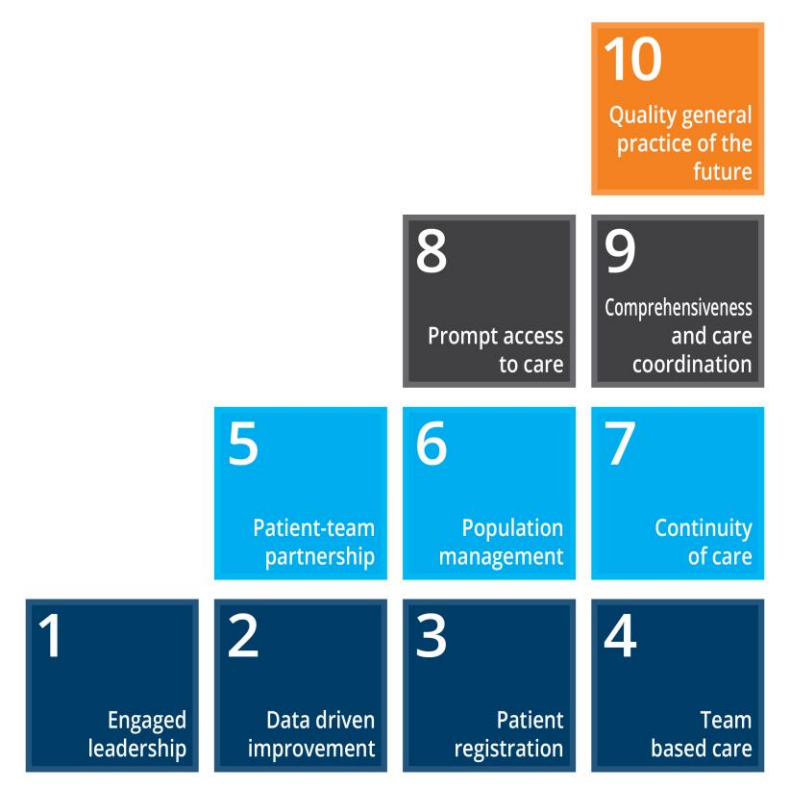
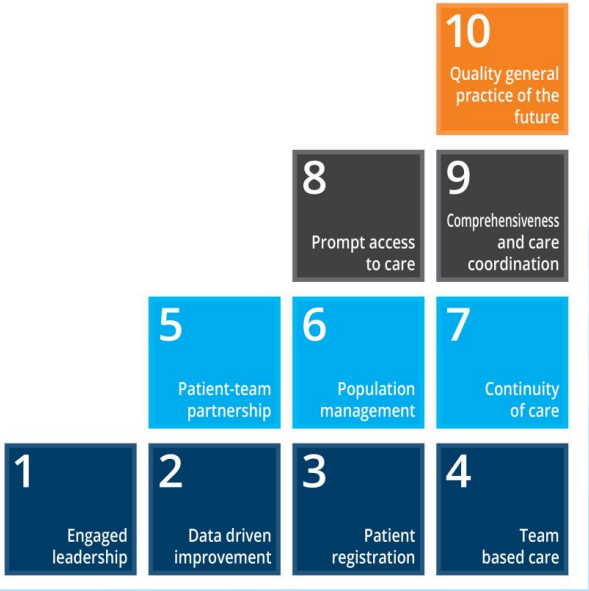
Aligning our support with PCMH building blocks





Engaged leadership

Supporting key stakeholders to be engaged as leaders of organisational change

Data driven improvement

Supporting practices to improve data entry, analysis and use and uptake of My Health Record

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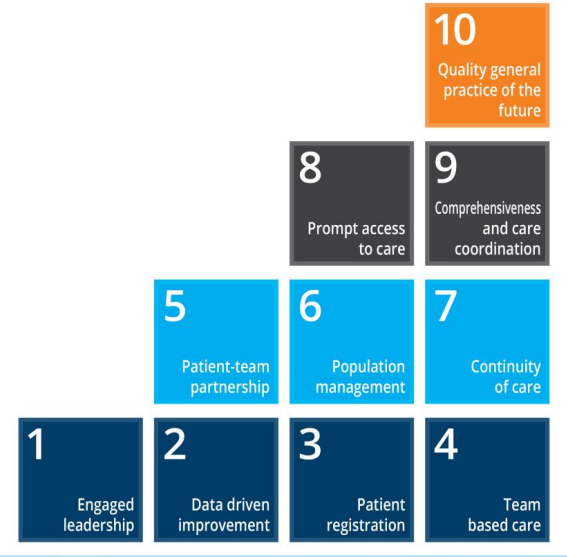

Team-based care

Supporting team-based, multidisciplinary care

Patient-team partnership

Supporting practices to engage patients in their own care

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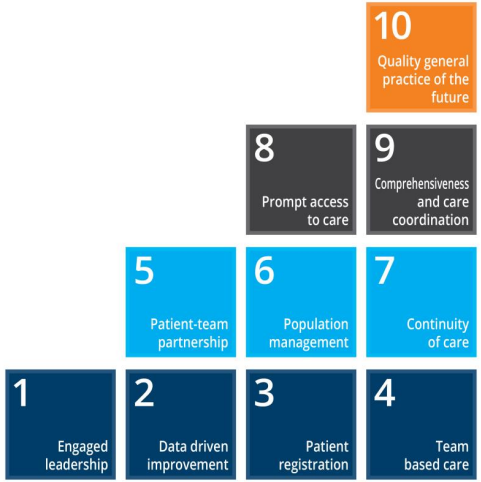

Population management

Enabling practices to provide complex care management

Continuity of care

Coordinating care across all elements of the health care community including discharge planning, referrals and care coordinators

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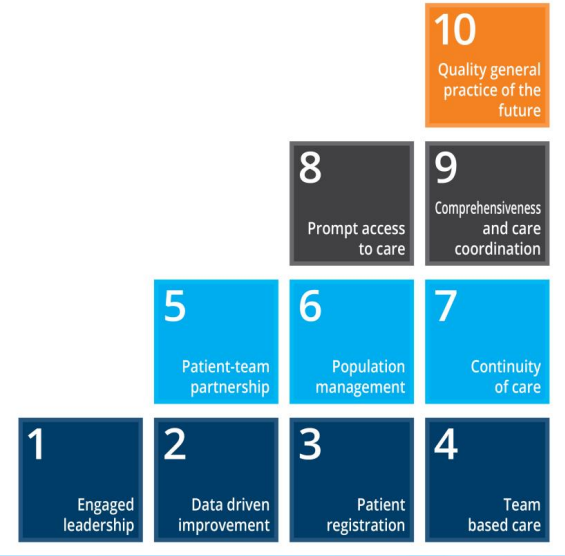

Improved access to care

non-face-to-face services, after-hours options, digital health and home-monitoring devices

Comprehensiveness and care coordination

whole-person care provided by a team of care providers

Out of scope

- Risk stratification
- Patient enrolment/registration
- Alternate payment models

Next steps

- Phase 2 informed by UoW framework and report
- Opportunity for practices to receive tailored support
- Broadly all practices will be supported
- Selected practices will co-design and trial innovations supported by the PHN ($)
- Facilitate communities of interest and peer networks
- UoW will evaluate PHN role in providing support to practices

What we hope to have at the end



Practice level	**Tools and other support for practitioners and consumers to transition to a PCMH approach; improved provider experience**
Community / consumer level	**Improved experience of care; better coordination of care; enhanced access; patient empowerment**
System level	**An evaluated model of support that enables practices to transition to a PCMH approach**

How to get involved

- Information about the project will be available in the coming weeks on the website and in the newsletter
- You can express interest on your evaluation form, by contacting your Health Coordination Consultant or speaking with COORDINARE staff today