



## Appendix 1 | Response to Key Themes

This submission specifically responds to the following themes taken from the Commission's Terms of Reference

The VHA has provided a number of case studies that showcase innovation. These case studies are given as examples of how the the principles of the Reform Commission are already being implemented in practice across Victoria.

The barriers faced by many of the health services that have implemented these programs are funding systems that do not support innovation.

Key examples of barriers faced by health services are funding systems that are focused on specific practitioner groups, for example GPs, focus on throughput (output) rather than on health outcomes and provide perverse incentives for the types of services provided.

In an environment where workforce shortages are having negative impacts on health outcomes, funding mechanisms across all health services and levels of government must support the use of new models of care.

It is more often than not the dedication of local Boards of Governance, CEOs, senior managers, practitioners and local communities that are the enablers for change within the health system. The barriers are the health system itself. It should not be the strength of local relationships that enable change but a combination of local innovation and of the health system itself.

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### A greater focus on prevention to the health system

Transition from a bed-based acute focussed system to appropriate ambulatory and primary health care is needed to reorient the health system. Population health approaches that direct resources to health promotion, prevention, early intervention and primary health care, throughout the health system are required. The VHA has emphasised the need for polices that address holistic health needs and place greater emphasis on a wellness approach (VHAa 2007; VHAb 2007; VHAc 2007; VHAd 2007). Integrated health promotion is making a difference.

#### **Portland District Health – Towards a Healthy Heart**

'Towards a Healthy Heart' is a structured primary prevention program to address the risk factors for heart disease in 'hard to reach men', that aims to reduce the total risk factors for heart disease within the high-risk age group of 30-60 years among blue collar / industrial organisations in Portland, Victoria.

Consultation with industry organisations has enabled clinicians to access clients in work time, with no penalties to employees. In addition, a process of behaviour change was facilitated through engagement, sport, healthy settings and multiple risk factor reduction.



## Improving frontline care to promote healthy lifestyles and prevent and intervene early in chronic illness

The federal government has noted its intention to establish a National Preventative Healthcare Strategy to bring a true preventative focus to the Australian health system (Roxon 2008). Similarly, the recently published Annual Statement of Government Intentions of Premier John Brumby (Victorian Government 2008) places “shifting the focus to prevention” as the first of three critical elements in the planned comprehensive state health reform. The Council of Australian Governments (COAG) has also prioritised preventable and lifestyle diseases in the implementation of its health reform agenda (Victorian Government 2008).

### **Sustainable Farm Families - Western District Health Service**

“No point in a better bottom line if you’re not there to enjoy it” is the motto of Sustaining Farm Families project that is changing the face of farming families and raising the bar on health promotion and early intervention in rural Victoria, Australia and internationally. The Sustainable Farm Families project is an initiative of the Western District Health Service at Hamilton that commenced in 2003. This project has significantly improved health outcomes for farming families over the last five years. The VHA is pleased this project received funding in the Victorian 2008-09 budget, providing for its extension.

The health of farming families is now recognised by families, governments and health providers as an important resource that requires the investment of substantial individual time and funding. This project currently has over 1000 participating farmers with over 100 rural health professionals being trained as a result. This programme is an example of settings based, family centred and holistic health promotion and early intervention.

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## Improving Indigenous Health Outcomes

The 2006 Australian Census reports there are over 30,000 indigenous people living in Victoria, and more than 170 indigenous community controlled organisations (Department of Planning and Community Development 2007) operate in the state. There is often inappropriate and inequitable delivery of care to the indigenous community, despite high levels of poor health and wellbeing.

Reducing systemic structural problems will lead to both improved service provision and access to services, potentially achieving better health outcomes through primary, secondary and tertiary prevention. It is important that this process is culturally appropriate, holistic, inclusive and empowering. Developing human and social capital will lead to improved economic capital and health.

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Two examples of positive Indigenous programmes in Victoria **are**:

**Inner South Community Health Service – Our Rainbow Place**

Our Rainbow Place (ORP) is a health partnership between the indigenous communities within the Inner South and Inner South East of Melbourne. ORP commenced in 1999, based on a response to population health statistics that identified a small but significant population of local indigenous community members whose health status ranked poorest on all contemporary population health measures.

This program operates on a dynamic partnership model in which Inner South Community Health Service resources the program and community elders lead the program. An indigenous steering group directly responds to the expressed needs of diverse communities. ORP offers a range of flexible and evaluated primary health care and health promotion services.

**Gippsland Lakes Community Health – Koori Bubs**

A partnership program between the Lakes Entrance YMCA Swimming Pool, the Bung Yarnda Child Care Centre and Gippsland Lakes Community Health, this program boosts the health of Koori kids in the Gippsland Lakes region through physical activity, education and social interaction.

Under the program indigenous children from Gippsland Lakes, aged between 0 and five, together with family members and childcare workers meet at the local YMCA swimming pool each Monday to have fun in the water, socialise and enjoy a shared lunch.

The program has managed to break through social barriers and facilitate partnerships that provide social activity for the whole family, as well as promoting safe play in the water.

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**Integrating and coordinating care across all aspects of the health sector, particularly between primary care and hospital services around key measurable outputs for health**

The Federal Government has broadly discussed the importance of early childhood education, stating that international research demonstrates that investment in the early years yields high returns measurable in terms of individual achievement, productivity and participation. This approach has been demonstrated already by some of the VHA members.

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### **Inner East Community Health Service – Craig Family Centre**

The Ashburton Craig Family Centre operates within a Neighbourhood Renewal area of Victoria with varying levels of affluence. The centre is located on council land (in order to make better use of land and infrastructure through innovation). This land has scope to be developed further.

The Craig Family Centre (a community child care centre with a separate board) offers occasional childcare with services provided in an environment designed to stimulate physical, social, emotional, language and cognitive development. Co-located within the centre are GP services, nurses, speech therapists, podiatry, health promotion, dental (4 chairs), community development, maternal and child health care services and a toy library.

The centre offers outreach services to the general public and, more specifically, housing commission clients to reconnect people to services, under the auspices of health promotion. This linkage is central to a primary health care model and has given health professionals some unique insights into public health. For example, the centre has gained a broader understanding of the environmental impacts of housing commission environments on asthma presentations, which cannot be solved through clinical interventions. Within this framework, the allied health staff link with the early childhood programs on site, which improves best practice linkages.

Being of low socio-economic status in a wealthy suburb creates unique difficulties. This centre provides an example of practical inclusion, which has high recognition within the local community at an appropriate cost.

### **Eastern Access Community Health – each child**

*each child* offers children and families an opportunity to participate in a child care and preschool centre that incorporates a range of community health and support services including: early intervention, physical development, cognitive/language development, and social and emotional development. The centre was established as a result of a good working relationship between the Local Government Association and community organisations. It has been running for 18 months and includes programmes that build social relationships across families and promote integrated health care through the existing child care system.

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## **Improving the provision of health services in rural areas**

Rural and remote communities face a series of barriers which reduce access to health care. Rural health services that provide emergency and urgent care face critical workforce shortages; therefore the importance of primary health care in rural areas cannot be understated.

The inherent link between the impacts of drought, access to services, promotion of healthy behaviours and social connectivity are paramount. More integrated, multidisciplinary, community based teams acting on a population health model are needed to focus specifically on the demographics and needs of rural areas.

Community-based approaches backed by active inter-sectoral support are integral to success. Many of the determinants of poor health in rural areas are neither genetic nor biological, and are, instead, related to the macro socioeconomic, cultural and environmental conditions influencing individual lifestyles.



### **Kyneton District Health Service - Rural Maternity Initiative**

The Rural Maternity Initiative (RMI) was created as part of Victoria's Future Directions maternity services policy and provided \$4 million over four years to support the implementation of continuous models of care in rural health settings. The project funded 27 rural Victorian health services over four years and, of these, 19 successfully implemented the prescribed model of care within the evaluation period. A total of 1278 babies were born in the program period.

The program:

- More effectively utilizes scarce human resources;
- Assists access to ongoing education and training for midwives, GPs and obstetricians, who practice in rural areas; and
- Develops sustainable models of care to meet current and future community demands.

RMI funding offers flexibility for rural health services to implement models of care suitable to local circumstances. Results were positive with significant improvements in clinical measures and in staff/patient satisfaction. Correlation between satisfaction with care and accessing care close to home was important.

The evaluation found rural health services must adapt and embrace change in order to provide maternity services to rural women and families. Importantly, health services regarded as "adequate" the funding amounts allocated to implement the project and the VHA believes this was strongly correlated to the targeted nature of the funding.

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## **Integrating acute services and aged care services - how to improve the transition between hospital and aged care**

The VHA supports the need to re-engineer the health system toward illness prevention. This is needed to more effectively address the future demand impacts stemming from the burden of chronic illness management. To ensure chronic illness management and other population health issues are reflected in health policy, programmes that ensure healthy ageing are required. To do this, the VHA encourages the "active service model", currently being trialled for HACC services in Victoria. This model emphasises person-centred, timely and flexible interventions to maintain independence.

### **Well for Life Initiative**

The Well for Life program aims to improve the health and wellbeing of frail older people in aged care settings by improving nutrition and increasing levels of physical activity. A number of rural and regional health services have received funding for the Well for Life initiative, supporting health services to improve nutrition and physical activity for residents. This settings based health promotion strategy instigates health promotion policies and procedures to focus on healthy ageing and increasing socialisation.



## Maintaining a well credentialed and sustainable health workforce

A radical transformation of the health workforce is looming due to pressures on the public healthcare system caused by the dual impact of an ageing population and an ageing workforce. There is a need to create multidisciplinary teams of health professionals to transcend traditional workplace structures. The current mono-disciplinary approach does not allow sufficient flexibility to meet future challenges in the public healthcare system. Health roles and new professions are expanding and empirical evidence supports the VHA's belief that the use of teams in healthcare can improve both the quantity and quality of health care services (Mickan 2005). These teams must be harnessed sector-wide.

Fundamental workforce innovation is necessary, including changes to scope of practice and job redesign (Del Mar and Dwyer 2006) that will ultimately disrupt historical hierarchies. However, the end result, a more efficient, effective and sustainable health system will be undeniably beneficial for all.

There is a significant barrier to workforce transformation. Existing government funding models continue to stymie innovation in healthcare delivery. Many dedicated health professionals have worked for years to find systems and solutions to better meet their communities' health needs only to be blocked by archaic funding systems.

### **Bendigo Community Health Service – Nurse Practitioner**

In 2003, the Rural Men's Health Nurse Practitioner Project was established at Bendigo Community Health.

The project is designed to assist men to access health services in a regional centre, where the demand for GP's is extremely high, and to ensure that services are delivered in a responsive manner. This included a Men's Health and Wellbeing Clinic, open one evening per week, providing after hours GP services to working men.

Consultations are 40 minutes to allow time for discussion of lifestyle choices, positive health interventions and an educative approach. The fact that the service operates after hours, offers education and screening services in the one place at the one time has improved access for working men. The model has successfully engaged a 'hard to reach' target audience and meets the health needs of rural men.

Bendigo Community Health Service believes the Rural Men's Health Nurse Practitioner model has the potential to reduce the demands on an over-burdened rural health system. This service is funded by Bendigo Community Health Service. The implementation of models similar to this are limited due to limitations in access to funding sources.



## Providing a more seamless experience across public and private sectors

As stated in the VHA position statement “Creating Healthy Communities: Reforming Primary Health Care in Australia”: VHA believes that in order to address the health needs of Victorians, a cohesive framework that aligns both Federal and State funding models and strategies is required. Within the new State/Federal paradigm there is the opportunity for unparalleled change within the Australian health system. This provides the state government with the opportunity to build upon an already well integrated and operational system of community health services.

### **General Practitioners in Community Health Services Strategy**

The General Practitioners in Community Health Services Strategy sought to improve access to general practice, particularly for Victorians experiencing difficulty in accessing a GP, providing genuine service integration and coordination between GPs and Community Health Services. This strategy was based on relationship building to establish smooth referral pathways and care planning processes. 18 projects were funded based on sharing of information, communication between practitioners, growing focus on multidisciplinary care and funding to support GPs to take a team approach.

Through this strategy Community Health Services in a number of rural towns were able to bring bulk billing back into communities. This has is a significant outcome for many communities in an environment of workforce shortages and increasing co-payments for clients.

Victoria has an established network of Community Health Services which provide a broad range of primary health care in every local government area. This sector is a vibrant and dedicated platform for the delivery of expanded primary health care. Both the Federal and State governments have indicated further reforms towards prevention, wellness and broad health promotion. This reorientation of health services in contemporary policy will certainly have an impact for future generations and for future service delivery.

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## Providing advice on the framework for the next Australian Health Care Agreements (AHCAs), including robust performance benchmarks

A focus on prevention through systemic healthcare reform based on population health principles is needed urgently if the public health sector is to meet future demand projections. Typically, primary health care has a broader population health focus than hospital and specialist care providers which needs to be nurtured, funded, resourced and encouraged. The upcoming ACHA provides an opportunity to incorporate this approach into the framework of intergovernmental agreements. The VHA has called for the introduction of population health key performance indicators (KPIs) as a means to reorient health services. An articulated set of KPIs and mandated population health reporting will lead to improved health promotion, prevention and early intervention campaigns and will also provide an alternative benchmark to the current media fixation with hospital waiting lists.



## Increasing access to services

The VHA supports the use of population health statistics to inform and guide public health policy to improve the overall health of populations. Consultation with our members has identified data collection as a barrier to population health approaches at a service level. For a shift towards prevention and primary health care to occur, any data collected must be distributed sector wide in an accessible and appropriate fashion.

### **Whitehorse Community Health Service – Population Health in Whitehorse**

Whitehorse Community Health Service (WCHS) undertook a survey in 2004 of health and determinants of health - modelled on the Victorian Population Health Survey (VPHS). The resultant model is the first of its kind in Victoria.

Standout survey features included:

- It produced data now used by a partnership of local stakeholders able to impact the community's health status, and a reference group was formed to utilise this data more broadly;
- It provided an insight into how services can better allocate resources for the planning and delivery of health services;
- It gave organisations the capacity to compare state-wide figures to local data;
- The small area data provides policy makers and project workers with more precise planning and evaluation capacity;
- Health risks were identified amongst low socio-economic status groups, culturally and linguistically diverse groups and seniors;
- WCHS used additional data sources to confirm policy directions and synergies with partners such as the Whitehorse Municipal Public Health Plan and Inner East Primary Care Partnership Community Health Plan (draft);
- It allowed integration with the 2006 – 2009 WCHS Health Promotion Plan

Drawbacks:

- The process was both costly and time consuming and relied on substantial financial and in-kind support from external stakeholders.

The VHA believes the model utilised by Whitehorse Community Health Service has the potential to be successful on a broader basis. It enabled the key decision makers in Whitehorse to access specific data on the social determinants of health, which adds to the available evidence base and supports a more holistic approach to planning. However, if this approach is to be replicated, cost effective mechanisms for data collection must be systematically built.



## Addressing overlap and duplication including in regulation between the Commonwealth and states

The organisation of health services across Australia is heterogeneous, duplicative and overlapping. Despite this, many small and medium sized initiatives funded from various sources are excellent examples of addressing local needs. In reorganisation of the Australian health system it is important to build on the positive structures and outcomes that are currently being achieved – not to put them at risk.

The Medical Benefits Scheme's (MBS) funding follows practitioners and promotes the delivery of services to less complex clients. For state governments, this leaves pockets of the community without access to effective services. Many state governments, in particular the Victorian Government, have filled this gap with state based services.

State based primary health care services in Victoria are provided through over 100 community health centres across the state. These services provide access to primary health care to all Victorians, particularly those from lower socio-economic backgrounds.

Funding for primary health care service by two levels of government without a cohesive national primary health care policy has caused systemic duplication and over regulation. Up until recently the Federal Government has utilised the MBS as its major policy tool in addressing these issues. The MBS is a funding system, not a policy mechanism. This has only increased the complexity of the primary health care system.

In order to achieve the vital reorganisation required in Australia the models developed internationally, particularly in New Zealand and the United Kingdom need to be investigated. This would inevitably lead to the development of a new form of primary healthcare organisation to address the primary care needs of Australians.

To engage with all the key stakeholders during a service reorganisation of primary health care will require a localised approach, rather than a prescriptive policy directive.

Tertiary facilities are best placed to deliver tertiary-level services. Their size and inherent complexity makes them ill-placed to address the fluidity of local environments and community primary health needs. A strategic focus needs to be placed on primary healthcare services, delivered by the community – to the community.

These organisations must be community managed, through an effective governance structure that engages with all stakeholders. These organisations should have responsibility for the health of their population; supported by appropriate funding mechanisms.

The roles, responsibilities and functions of all agencies must be carefully mapped and guided by a comprehensive primary healthcare policy for all Australia. This policy must include a shared understanding of primary healthcare, a framework for outcomes and a compact between all stakeholders.

Relationships between state, federal, local government and local communities must be clearly articulated and developed. The service delineations between primary and secondary prevention must also be better clarified and understood.



## Safety and Quality

The provision of safe and high quality services to consumers is a major concern within the health sector. The governance arrangement of health services in Victoria expressed through local boards of management provide for this.

The community health sector in Victoria recognised the difficulty associated with addressing clinical governance in primary health settings in particularly that safety and quality is not addressed as robustly as in the tertiary sector. The VHA is developing resources and tools for clinical governance in primary health care settings to address these issues.

### **VHA Clinical Governance in Community Health Project**

The VHA community health membership recognised the need to establish uniform systems of clinical governance in community health to address the changing profile and strategic development of this sector. The Clinical Governance in Community Health project began in 2005 with consultation with the sector on the development of a Clinical Governance Framework and accompanying tools for use in Community Health Services across Victoria.

The objectives of the project are to:

- Develop a Clinical Governance Model and accompanying tools applicable to Community Health Services across Victoria
- Support sector wide education strategies around Clinical Governance
- Support the sector in promoting current and future work undertaken by Community Health Services around Clinical Governance
- Develop an advocacy role to share resources and facilitate networking

The project has funding from the Department of Human Services (DHS) and is focussed on four key areas:

1. [Clinical Risk Management](#)
2. [Board Reporting](#)
3. [Credentialing and Scope of Practice](#)
4. Clinical Indicators

The VHA supports the results of this program being rolled out across Australia.



Victorian Healthcare Association

## Notes

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2. Del Mar, C. B. and N. Dwyer (2006). "A radical new treatment for the sick health workforce." *The Medical Journal of Australia* 185(1): 32-34.
3. VHAa (2007). *Creating Healthy Communities: Reforming the Australian Health System*, <http://www.vha.org.au/uploads/Australian%20Health%20system.pdf>
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5. VHAc (2007). *A Whole of Health Approach*. <http://www.vha.org.au/uploads/Whole%20of%20Health.pdf>.
6. VHAd (2007). *Directions 2007*.