

After Hours Sub-regional Co-design

Collaborative Models for After Hours Primary Health Care

Outcomes Report

Western Victoria Primary Health Network

March 2020

Supporting general practice, commissioning health services into gaps and driving service integration.

Acknowledgement of Traditional Owners

Western Victorian Primary Health Network (PHN) acknowledges the Traditional Owners and Custodians of the land on which we work and live, and pays respect to their Elders past and present.

We acknowledge their significant cultural heritage, their fundamental spiritual connection to country, and value their contribution to a diverse community.

We are proud to embrace the spirit of reconciliation, and learn more from the local Aboriginal and Torres Strait Islander community how best to improve their health, social and economic outcomes.

CONTENTS

1 What We Did

2 What We Learnt

5 CO-DESIGN OPTIONS

Option one: After Hours Primary Care Portal For Consumers (and Support Workers)

Option two: Local Service Provision Continuous Quality Improvement

Option three: Research and Development Models

- The Virtual After Hours Primary Care Service
- The Care Coordination and Workforce Development Model
- Other Innovations

10 Next Steps

What We Did

In October 2019 Western Victoria Primary Health Network (WVPHN) embarked upon an after hours sub-regional co-design process.

The objectives of the process were to:

- Engage after hours stakeholders at a sub-regional level and leverage off existing relationships to gain a deeper understanding of the local after hours landscape, the after hours work that is currently underway and collectively identify key barriers and opportunities to improve after hours service access and integration.
- Work with after hours stakeholders at the sub-regional level to co-design solution based project/s and/or service models that build the capacity of after hours service provision and respond to the needs of the local community.
- Evaluate the sub-regional co-design facilitation process to assess its effectiveness in ensuring stakeholder ideas and needs are central to the design of collaborative models of after hours primary health care and are used to inform the procurement of funding.

Over a five-month period the WVPHN after hours sub-regional co-design project:

- Undertook a literature review.
- Mapped existing after hours primary care service provision, along with after hours pharmacy, pathology and radiology.
- Engaged over 80 General Practices and organisations using four engagement mechanisms: an online forum, a de-identified survey, de-identified phone and in person interviews and workshops.
- Despite an invitation to participate in the after hours co-design process and the range of engagement methods attempted, there was a small level of engagement from Residential Ages Care Facilities (RACFs), which has been identified as a limitation due to short project timelines and a lack of understanding of the PHN's role in after hours cited by stakeholders as common reasons for not engaging.
- Developed three co-designed after hours options for future investment.

What We Learnt

Service providers currently delivering after hours services advised us that:

There are limitations associated with who can be seen as part of after hours primary health care

After hours primary health care is targeted according to the Commonwealth's definition at individuals whose healthcare needs cannot wait until the next available appointment. General Practitioners (GPs) have advised that in many instances they are the first point of contact after hours and are the ones who need to determine if an individual can or cannot wait for services. The inability for individuals to self-triage means that GPs are contacted after hours and in many instances providing services without remuneration, as they do not meet the current Commonwealth guidelines.

There is a perception of incorrect use of after hours primary health care within the aged care sector

GPs expressed concern over the number of aged care phone calls received after hours where the call relates to the entity fulfilling its policy/ procedure requirements instead of being due to an urgent primary care medical need that can not wait until the next available appointment. For example, aged care facilities may have written into their policies/ procedures that a GP needs to be contacted if a resident's medication is missed, or if a resident has a fall. In these instances a nurse may contact the GP after hours for compliance reasons without requiring the GP's services.

The current funding model for after hours primary health care is not optimal

GPs expressed the lack of an appropriate funding model for primary health care after hours limited their ability to deliver a comprehensive after hours primary health care service. Whilst GPs acknowledge After Hours Practice Incentive Payment (PIP) funding as a contribution, they flagged that to run a financially viable after hours primary health care service each after hours primary health care consultation needed to be remunerated, irrespective of urgency. They also flagged that remunerating work already being provided would assist but would not address the needs of individuals who do not have a regular GP Practice, or support communities where there is no after hours primary health care service available.

The delivery of after hours primary health care services is currently seen as difficult

GPs advised that recruitment and retention of the GP workforce is significantly impacted when a Practice provides after hours services either within the Practice or through an Urgent Care Centre (UCC). GPs advised that expectations associated with after hours primary health care service provision is a contributor to GP burnout, especially in rural areas.

Practices advised that after hours primary health care was not a strategic or operational priority for their Practice. Further to this Practice's advised that current after hours primary health care services are seen as an add on service and not part of their core business. This was supported by the lack of enthusiasm in Practices to look at alternative delivery models or to service broader geographical catchment areas outside of their current Practice locations.

Service providers currently accessing after hours services advised us that:

Access to GP services within hours is difficult

Organisations flagged the inability for individuals to access GP services within hours, reporting wait times of 2-3 weeks, meant that UCCs and in some instances Emergency Departments (EDs) had become default primary health care services.

Similarly aged care facilities reported that many GPs visit residents before or after their clinic hours, but very rarely during the day, resulting in aged care facilities being more likely to contact a GP after hours to access services that could have been provided within hours.

The impact of tight appointment times

Some organisations also advised that tight appointment times (15 minute consultations) meant that vulnerable individuals may feel rushed and not understand the information provided during a consultation, resulting in them not acting on their healthcare needs and therefore ending up in the after hours primary health care system, UCC or ED.

Current state after hours primary care service delivery

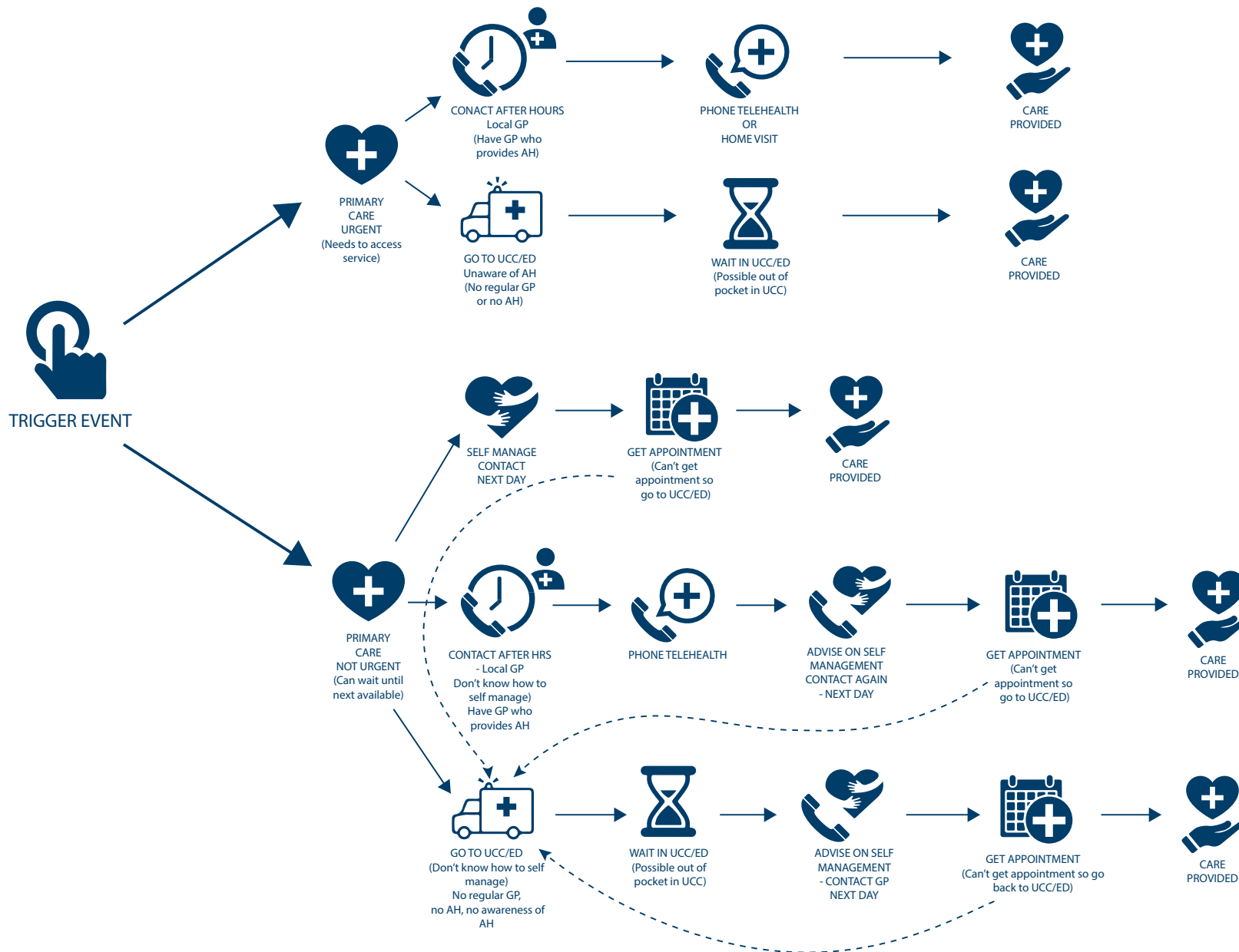


Diagram one: Current State After Hours Primary Care Service Delivery

Co-Design Options

The WVPHN after hours sub-regional co-design process with stakeholders developed three potential options for investment that address some of the after hours challenges identified; an after hours primary care portal for consumers, continuous quality improvement activities and research and development opportunities.

Option One: After Hours Primary Care Portal for Consumers (and Support Workers)

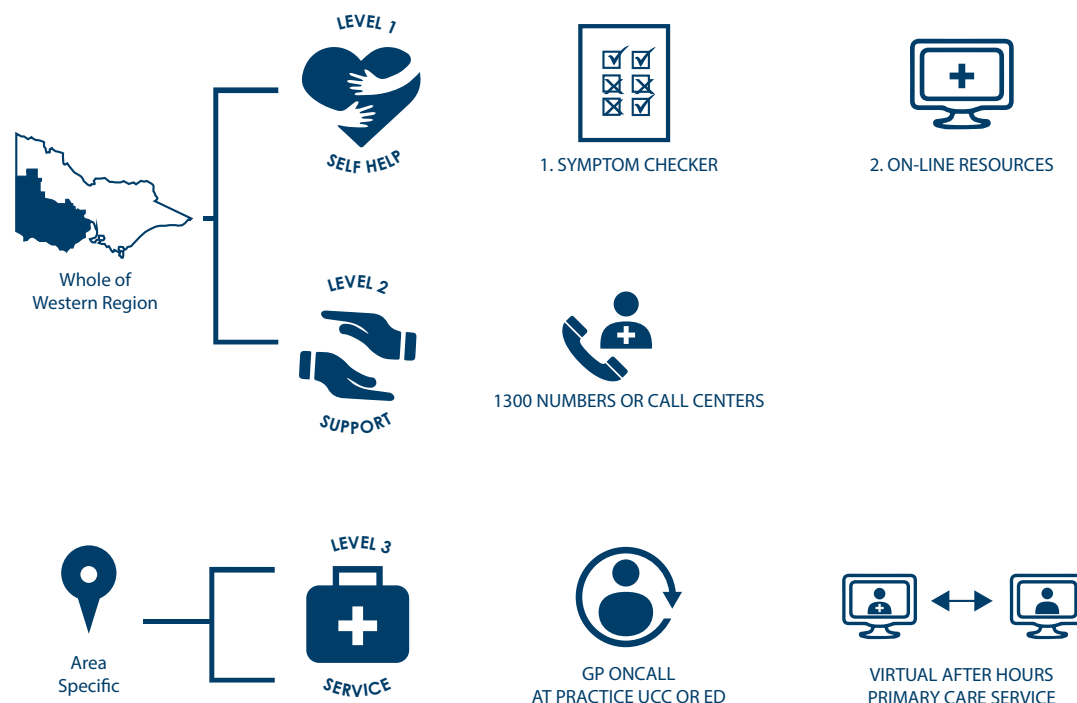


Diagram two: After Hours Primary Care Portal for Consumers (& Support Workers)

A preliminary description of the portal incorporated the following:

- The portal would be split into three levels based on need. Level one, self-help, level two, support and level three, service
- An individual would progress through the levels until their needs were met and they could take action as required
- Each level would incorporate existing resources available within the healthcare system
- The portal would not be a substitute for care that needs to be provided by an UCC or ED and would incorporate the appropriate warnings for individuals to escalate their care needs. For example, calling 000 in emergency situations

Level one Self-Help

An individual would be able to access the after hours primary care portal and enter details regarding their current health situation utilising an application like the symptom tracker. Based on the information entered the individual would then be directed to resources to support meeting their health needs. For example, the Better Health Channel, the Royal Children's Hospital

For example:

- Information entered into a symptom checker
- Health information provided from credible and recognised health information providers

Level two Support

Based on the information provided at level one an individual would be able to speak with a specific service provider over the phone and provide further details regarding their current health situation if they were concerned or did not understand the information provided.

Based on the information the individual would then be directed to resources to support meeting their health needs. Level two (support) would enable an individual to speak directly with a person to seek further assurance and advice about their healthcare needs.

For example:

- 1300 hotline numbers like (Nurse on-call, GP on-call, Maternal Child Health, Lifeline etc)

Level three Service

Based on the information provided at level one and two an individual would either be directed to the nearest local after hours primary healthcare service, UCC or ED to access resources to meet their health needs based on their geographic postcode.

For example:

- Access to existing/ nearest service providers based on geographic location
- Access to a virtual after hours primary health care service (refer to Option 3 – Virtual After Hours Primary Care Service)

Further to the potential benefits of individuals accessing the right care at the right time in the right location, the data gathered from individuals utilising the portal would provide unique insights into the what, why and how of primary health care after hours needs across the western Victoria region. This intelligence could assist with future healthcare procurement processes as well as building a better understanding of the care needs/requirements of local communities and the tailoring of local responses.

Option Two: Local Service Provision: Continuous Quality Improvement

The Local Service Provision, Continuous Quality Improvement focuses on shared continuous quality improvement activities that would ensure after hours primary health care service delivery models meet evidence based best practice.

Ten primary continuous quality improvement areas were identified with four secondary quality improvement areas. This option provides opportunity for collaboration across Practices and organisations where they are looking to implement similar continuous quality improvement activities.

The following table provides the ten primary and four secondary areas in which continuous quality improvement activity could be undertaken.

Primary Design

1. The model needs to be provided by a workforce that incorporates general practitioners, nurse practitioners and/or nurses
2. The model needs to incorporate collaborative relationships with UCC/ED services
3. The model needs to incorporate collaborative relationships with pharmacy, radiology and pathology services
4. The model needs to electronically share information across service providers
5. The model needs to incorporate opportunities for face to face service provision
6. The model needs to incorporate opportunities for virtual service provision
7. The model needs to be financially sustainable using Medicare billing, private health insurance and out of pocket
8. The model needs to provide a portal to health information/ a triage process that will assist in navigating individuals to the correct service in the first instance
9. The model needs to be supported by a sophisticated marketing, social awareness campaign, and behaviour change process for when and how to access after hours primary care services
10. The model needs to have a comprehensive data capture, analysis and reporting structure

Secondary Design

1. The model needs to incorporate collaborative relationships with mental health, drug and alcohol service providers and aged care
2. The model needs to be delivered by a localised (in region) workforce
3. The model needs to incorporate digital enablers. For example, on-line booking app, triage app, follow up text messaging, etc.
4. The model needs to incorporate the opportunities for service provision to be provided in the clients home

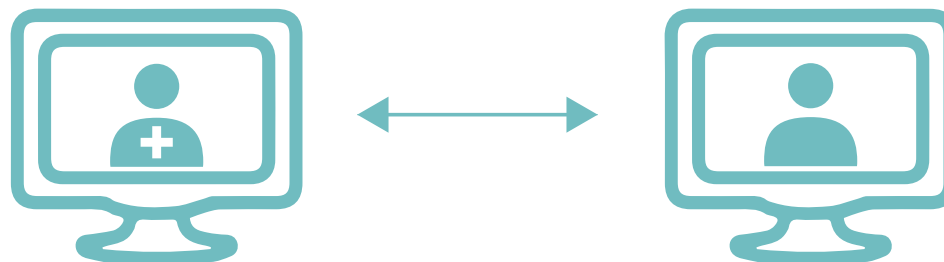
Option Three: Research & Development Models

The focus of the Research and Development (R&D) Models is to provide opportunities for Practices and organisations to test and trial projects and/or innovations that will improve the performance of the after hours primary health care system. These projects provide an opportunity to test new models of care, test new business models, and build the capability and capacity of the workforce. Whilst projects are not limited to these areas Practices and organisations are encouraged to trial new projects/ innovations that have not been implemented before.

Three R&D areas were identified as part of the co-design process:

- The Virtual After Hours Primary Care Service
- The Care Coordination and Workforce Development Model
- Other Innovations

A) The Virtual After Hours Primary Care Service



The Virtual After Hours Primary Care Service would involve the use of telehealth for patients to access after hours primary health care services from a GP and/or Nurse Practitioner. This option is not a substitution for individuals who need to access UCC or ED services. Similarly, this is not an option intended to be a substitution for in hours primary health care services. The model would connect with My Health Record, e-prescribing and other electronic interfaces.

Individuals would be able to access the service from their own home. Support workers would also be able to facilitate access to this service on behalf of their clients. Further to this UCCs and ED may opt to use this service when identifying a client with a primary health care need.

This option would be used as a proof of concept model that could then be used to form an evidence base to advocate, prepare for and respond to change at a Commonwealth level in relation to the use of telehealth to support the after hours primary health care system.

B) The Care Co-Ordination and Workforce Development Model



The Care Co-ordination and Workforce Development Model focused on building capability and capacity in the in hours period therefore reducing demand on primary health care services in the after hours period. This option recognised that in some geographic areas frequent users of the after hours primary healthcare system could be identified and better supported around their health care needs based on the social model of health.

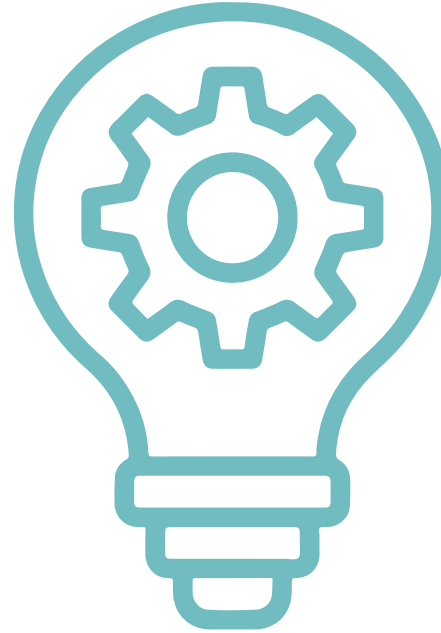
This option would see a care coordination role to support and coordinate a range of services that would support the individual with a focus on the holistic health of the individual. This option would include social prescribing, care planning, health promotion, linking to services and crisis support and could potentially be supported by the existing in hours or after hours workforce to ensure sustainability. Consideration could also be given to other sustainable models that build the capacity of the after hours workforce as part of this option including up skilling pathways to build the capacity of the after hours

workforce with a particular focus on nurses.

It would be envisaged that whilst the concept could be piloted at a sub-regional level, the expectation would be that the concept is scoped to expand across multi sub-regional areas, or whole of region, beyond the life of the funding. Consideration could also be given to how this aligns with other existing WVPHN funding streams or if this concept could be incorporated into existing or planned programs of work.

This option would be used as a proof of concept model that could then be used to form an evidence base to advocate, prepare for and respond to change at a Commonwealth level in relation to the after hours primary health care system or for co-investment by Practices and/or organisations that adopt and see the return on investment from this approach.

C) Other Innovations



Other Innovations was seen as an opportunity to support new projects that enhance after hours primary health care services that were not identified as part of the co-design process.

This option includes piloting of sustainable models that increase access to primary health care services in the after hours period beyond the life of funding for example, increasing or extending service availability in the after hours and/or in hours period or building

the capacity of the after hours workforce and could include other sectors such as mental health, alcohol and other drugs and aged care.

Projects will be required to align with one or more of the after hours continuous quality improvement areas as these represent best practice for the delivery of after hours primary care services.

Next Steps

WVPHN are planning to tender a series of after hours procurement opportunities consistent with the options created through the after hours sub-regional co-design process.

Due to the recent COVID-19 pandemic, WVPHN has made the difficult decision to suspend the After Hours Co-design activities until further notice.

WVPHN is committed to supporting the design and implementation of sustainable after hours service models and we will make funding available when there is greater capacity for western Victorian primary health care providers to be involved.

Once issued, these procurement opportunities will be available at:
<https://www.tenderlink.com/westvicphn>

Practices and organisations are encouraged to submit applications for funding. If you would like assistance with the application process please contact: afterhours@westvicphn.com.au