

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-175

OUTCOME 5: Primary Care

Topic: MEDICARE LOCALS

Written Question on Notice

Senator Fierravanti-Wells asked:

Further to the evidence given at the hearing, please outline what the criteria was in choosing the first tranche of 15 Medicare Locals? Refer Page 19 Hansard 30 May.

Answer:

As per the 'Guidelines for the establishment and initial operation of Medicare Locals and Information for applicants wishing to apply for funding to establish a Medicare Local' document, the selection criteria and corollary Medicare Locals strategic objectives are listed below:

Criterion 1:

Demonstrated expertise and capacity to address the five Strategic Objectives for Medicare Locals specified above, for the selected catchment area including outlining:

- i. activities currently undertaken and previous achievements which relate to each of the five strategic objectives;
- ii. how these activities can be extended and expanded to meet the needs of a modern primary health care system;
- iii. demonstrated knowledge of the population base, health service architecture and infrastructure, utilisation and other demographic characteristics and health priorities in the proposed catchment area (this should indicate the evidence from which this knowledge is drawn);
- iv. a strategy for development of a population and health service plan to address need;
- v. infrastructure already in place;
- vi. capacity to collect and manage data as appropriate;
- vii. strategies for ensuring appropriate accountability and transparency to the community; and
- viii. indicative personnel and other resources to be allocated to deliver these activities.

Criterion 2:

Proposed governance and operational arrangements, including:

- i. Details of the proposed legal/corporate and organisational structures;
- ii. Experience and skills expertise of the proposed Executive;
- iii. A structure that recognises the diversity of clinicians, services and health care recipients within the modern primary health care sector;
- iv. Structures that encourage and maintain local engagement and responsiveness;
- v. A transition plan, including estimates of costs associated with transition activities;
- vi. Strategy for ensuring appropriate clinical governance;
- vii. Strategy, skills and expertise to manage flexible funding to target services to the local community's specific needs;
- viii. Strategy for establishing effective linkages with other sectors and organisations, including Local Hospital Networks; and
- ix. Strategy for ensuring community engagement and accountability.

The assessment panel will have regard for the desired governance attributes, including broad community and health professional representation, as well as business management expertise; and strong clinical leadership.

Criterion 3:

The financial viability of the Medicare Local including:

- i. Demonstrated record in efficient and effective use of funds of each organisation covered by the proposal;
- ii. The experience and expertise of the organisation's proposed executive team to manage substantial public funds appropriately; and
- iii. Current contractual arrangements.

Criterion 4:

Demonstrated evidence of ability to engage with and form productive relationships with key stakeholders, providing supporting evidence of any current partnerships and operational arrangements, and strategies to improve engagement with:

- i. community organisations;
- ii. Aboriginal and Torres Strait Islander Health organisations;
- iii. workforce organisations;
- iv. general practice;
- v. the broader primary health care sector; and
- vi. research organisations.

Criterion 5:

Strategies and ability to respond to local needs and emerging priorities, including Commonwealth priorities in Aboriginal and Torres Strait Islander health, eHealth and telehealth, mental primary health care, aged care, population health and after hours primary health care.

Criterion 6:

Evidence of ability to build upon a sustained track record of high performance as a Division/s of General Practice or primary health care related organisation, including:

- i. driving improved outcomes and system change in general practice and primary health care through effective practice support;
- ii. improving eHealth and information management infrastructure, including the use of data to improve preventive health and chronic disease management in clinical practice, to measure the effectiveness of health program delivery, and to inform population-based services planning and evaluation;
- iii. effective governance and corporate management;
- iv. demonstrating effective collaborative relationships with other agencies and health service providers to achieved improved referral pathways, health service provision and/ or outcomes, including a demonstrated culture of inclusion across the spectrum of primary health care service provision and local community engagement;
- v. demonstrating compliance with contractual obligations;
- vi. delivering sustained achievement and improvement against national performance indicators for Divisions of General Practice (where relevant) and associated programs; and
- vii. actively sharing expertise and resources with others to promote quality improvement and knowledge transfer across the primary health care sector.

Objective 1:

Improving the patient journey through developing integrated and coordinated services

To achieve this objective Medicare Locals are expected to:

- i. work to make the health system function seamlessly for patients, though links with Local Hospital Networks, so that primary health care is a part of an integrated health system;
- ii. establish processes to engage effectively with patients, clinicians, Local Hospital Networks, local Lead Clinician Groups, once established, and other stakeholders to identify and remedy service gaps and breakdowns in service integration and coordination;
- iii. work with patients and the local clinical community to develop, monitor and maintain high patient care standards and integrated and coordinated clinical pathways to improve access to services, including after-hours services and telehealth services, provided in the most appropriate setting, and connectedness between services in the local area; and
- iv. improve patient awareness of the availability of services by maintaining and ensuring access to relevant and current service directories.

Objective 2:

Provide support to clinicians and service providers to improve patient care

To achieve this objective, Medicare Locals are expected to:

- i. proactively engage with practitioners across the spectrum of primary health care provision;
- ii. provide practice support to improve the uptake of best practice in primary health care;
- iii. integrate varied provider types and models of care to reflect optimal care coordination; and
- iv. assist primary health care providers to meet safety and quality standards of service delivery, including monitoring and providing feedback to providers on their performance.

Objective 3:

Identification of the health needs of local areas and development of locally focused and responsive services

To achieve this objective, Medicare Locals are expected to have the appropriate expertise in data collection and analysis, strategies and referral pathways to:

- i. maintain a population health database including community health and wellbeing measures, provide input to population health profiles, and undertake population health needs assessment and planning;
- ii. actively participate in the performance and accountability framework of the Government's health reforms;
- iii. undertake detailed analyses of primary health care service gaps and identify evidence-based strategies to improve health outcomes and the quality of service delivery in local area populations, including for disadvantaged or under-serviced population groups;
- iv. conduct joint service planning with Local Hospital Networks and other appropriate organisations; and
- v. facilitate a reduction in inappropriate or inefficient service utilisation and avoidable hospitalisations.

Objective 4:

Facilitation of the implementation and successful performance of primary health care initiatives and programs

To achieve this objective, Medicare Locals are expected to:

- i. improve the focus on prevention and early intervention in primary health care;
- ii. improve service delivery, clinical efficiency and efficacy, and drive appropriate service utilisation;
- iii. coordinate the delivery of local area primary health care reform initiatives; and
- iv. ensure the seamless transition of programs and services from existing Divisions of General Practice operating within the local area, including transfer of funding, staffing and corporate knowledge.

Objective 5:

Be efficient and accountable with strong governance and effective management

To achieve this objective, Medicare Locals are expected to have:

- i. appropriate company, board and senior management structures and processes – to manage risk, ensure compliance with all legal and fiduciary responsibilities, ensure financial viability and accountability, and to attract and retain essential skills across the extent of corporate and primary health care expertise;
- ii. capacity to drive more efficient utilisation of health and administrative resources – including through contract management, resource allocation and acquittal, budget management, and contributing to efficiency and equity across health sectors in the local area;
- iii. sufficient capacity and expertise to effectively and efficiently manage flexible funding to target services to their local community's specific needs;
- iv. mechanisms to appropriately integrate information relating to clinical priorities and governance – including links with Local Hospital Networks and local Lead Clinician Groups once established;
- v. appropriate data collection, performance monitoring and reporting processes – including a commitment to participating within a nationally consistent performance framework and monitoring of definitive outcomes related to Medicare Locals' core business requirements;
- vi. decision making processes that are responsive to local health care needs and accountable across the spectrum of the local community and primary health care providers; and
- vii. capacity to remain flexible and responsive to evolving circumstances.