Victorian PHN Alliance
Festival of Ideas

The University of Melbourne

21st October 2016

Our session purpose:
How can we further evolve our collective approach to realising high performing primary care across Victoria over the next three years?

This report is a summary of participants comments produced during the ideas forum and has been collated by the session facilitators.

Participants authored a second report of shortlisted ideas called, "Participant Summary of Leading Ideas", at the forum. A third report has also been produced from online contributions prior to the face to face event.

Session hopes

At the start of the workshop participants identified the following hopes for the workshop.

Vision for strengthening Victorian primary care.

Identified agreed priorities and next steps.

Better understanding and a working relationship.

Develop a shared vision for action.

Heard, connected, next steps, activate, energise.

Collaboration and collective impact for positive outcomes.

Shared goals (long-term). Social determinants of health. Build on our separate perspective. Priority setting. Importance of date.

One clear priority per objective together.

In the lead up to the Ideas Festival participants were provided with access to an online space for posting and sharing their thoughts in response to the gather purpose. This document was used to inform a series of conversations in small groups with each of the PHN CEOs. Following the group conversations participants generated a number of themed ideas and tested their support levels for each concept. Participants used a 'love it to loathe it' rating scale to determine leading ideas for the forum.

I love It - I am 80-100% comfortable with this option.
Only minor tweaks, if any, are required. I am very happy.

I like It - I am 60-80% comfortable with this option.
Some small changes required but I am mostly happy.

I can live with It - I am 40-60% comfortable with this option.
Some changes are required but I can accept it as it is.

I will lament It - I am 20-40% comfortable with this option.
There are lots of changes required.

I loathe It - I am 0-20% comfortable with this option.
It needs an overhaul, I can't see it working at all.

Confused

Establish a primary health outcomes framework mechanisms for measuring progress and change

100% (100%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

There is a need to development a primary health outcomes framework. This should involve a scan of approaches across jurisdictions and internationally, with a view to the definition of the desired patient/client, organisation, and system outcomes.

41%

59%
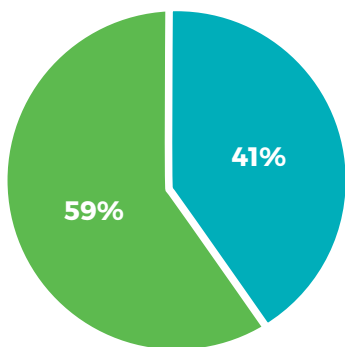
- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

This needs to be collectively owned so that we all hold ourselves accountable to it.

Involve academics in measurements.

Opportunity to use an outcomes framework to remunerate and identify good providers.

WEAKNESS AND CONCERNS

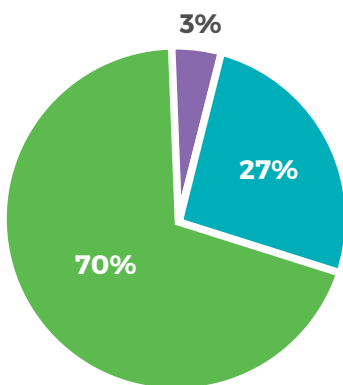Move away from framework, focus on methods and using data in a shared manner to drive actions.

Involve consumer and carer in the measure.

A2 Establish engagement models for stakeholders and service providers

**100%
(96%)**

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

IDEAS

Consultation with service providers

Sheer number of service providers will be challenging so would be good to see how consultation process and platforms will be established and implemented.

Efficient engagement model for primary care stakeholders

Communities of interest approach replicated with service providers.

Increasing level of co-operation and information sharing.

Aim to remove duplicative effort.

Align PHNs to have 2-3 lead program participants on behalf of all PHNs.

STRENGTHS AND OPPORTUNITIES

Key role in facilitating partnerships, ensuring peak bodies/experts are included.

Collective impact.

Make it easier for us to keep track of what multiple PHNs are doing.

This needs to clearly align with PHN needs.

Encourage consistency.

Involve families, carers, circles of support in this.

Strengthen PHNs so stakeholders seek beyond contractual obligations.

Needs to be driven by value proposition.
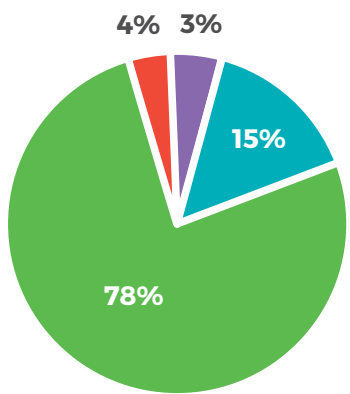
Support developments towards outcomes based funding

97% (92%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Outcomes based funding

Can PHNs and service providers influence government funding models to drive outcomes for care and evaluation?

- 4%
- 3%
- 15%
- 78%

- **Love It**
- **Like It**
- **Live With It**
- **Lament It**
- **Loathe It**
- **Confused**

STRENGTHS AND OPPORTUNITIES

Incentivise quality outcomes.

Good luck! Need wider sector to help advocate for you. Friends of PHNs?

Need shared outcomes?

Don't fund what doesn't work anymore!

WEAKNESS AND CONCERNS

Introduced with adequate lead time.

Should be part of a larger strategy.

That's a challenge not an idea.

Need to be very careful that 'cherry picking' doesn't occur. Patients with the highest need can miss out on these types of models.

Needs a great evaluation framework which is independent.

A4

Maximise opportunities to collaborate on population health planning and data management and utilisation

100% (94%)

support for
Live with it or higher, scores in '()' or leading ideas on Like it and/or Love it.
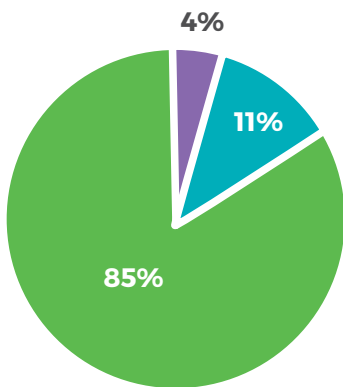
IDEAS

Population health planning

There is a lot of data in different places. How do we get it, analyse it, and use it to improve outcomes?

Recognise limitations in sharing so focus sharing the learnings from the data, at national and local level.

Goal would be to have central cloud based platform everyone could access with permission hierarchy. Some actual data could be on and data summaries.

4%

11%

85%

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

This could be the game changer.

Difficult but an imperative

Pathway to informed choice planning and improving fragmentation.

WEAKNESS AND CONCERNS

Needs to involve with state non-government organisation data.

Should do anyway - not really a stretch.

Think about the level of quality of data from general practice - do we need to go back to basics with them on data quality and use of software?

A5

Consolidate rural workforce efforts including planning, development and strategy

100% (88%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Strengthening the viability of small rural services and the workforces they rely on to ensure continued timely access to appropriate services for their communities

Ensuring that the relationship between the local workforce (including General Practitioners, pharmacists) is properly understood, and that the critical viability factors are identified. Hotspots where service availability is at risk need to be identified and appropriate strategies implemented.
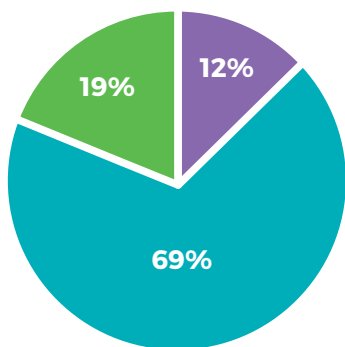
- Love It — 19%
- Like It — 69%
- Live With It — 12%
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

Closer to individual context.

PHNs/Victorian PHN Alliance is positioned to work across jurisdictions (General Practitioners, pharmacists, small rural services).

Access and choice is too large an issue that needs strategy and planning.

Thin markets must be identified and thickened up.

WEAKNESS AND CONCERNS

To achieve will require Town-by-town co-design - good idea, time required.

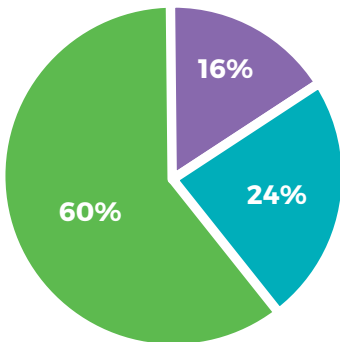Whole health workforce planning, not just rural.

A big task.

Need to think about the competencies - generally all partners here are linked to the health workforce.

Strategy for information management and technology

IDEAS

A strategy for information management and technology

A strategy for the information management and technology that enables:

- The development of data sets for undertaking population needs, risk
- stratification, planning, mapping with outcomes evaluation.
- Protocols for e-referral with secure messaging.
- E-client records to enable clients/patients to move seamlessly within and across networks, services, and regions.

100% (84%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

- 16%
- 24%
- 60%

Love It

Like It

Live With It

Lament It

Loathe It

Confused

STRENGTHS AND OPPORTUNITIES

Ensure it has productive analytics/ demand projection capability.

Ensure standards are made for all eHealth tenders to adhere to.

Clearly define what needs to be measured to meet outcomes.

It's a must.

Royal Australian College of General Practitioners eHealth special interest group.

Key bodies looking to improve eHealth software and data collection, including Cancer Council Victoria, and National Digital Health Agency.

WEAKNESS AND CONCERNS

Ensure there are appropriate action to resources to implement.

Needs bilateral agreement - single source.

Lack of insight.

A7 — Support the community and system transition to consumer directed care

**100%
(88%)**

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Consumer directed care and role of PHNs

Can PHNs have a role in defining or identifying quality service providers? PHNs can play an important role in integrating aged care, disability and health services with and on behalf of consumers. Some service providers will struggle in this environment.

Transformation to consumer directed care

Shared provider education. How does consumer direct care differ? How incumbents enhance readiness. PHN role in facilitating coordination of care during transformation.

8%
11%
81%
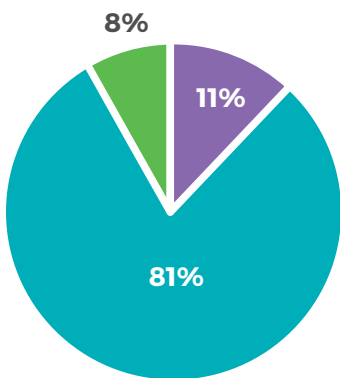
- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

As a philosophy, support it.

This is what it's all about!

WEAKNESS AND CONCERNS

Need to learn lessons from National Disability Insurance Scheme implementation.

Is there evidence that consumer directed care (CDC) works?

Service providers and clinicians need to move around the patient.

Don't forget about he patient's carers.

Families/carers are often the decision makers and this shift and/or increases their role which has both positive and negative impacts. Please consider this in any CDC models.

A8

Lead efforts in support of stratified risk assessment and management

85%

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.
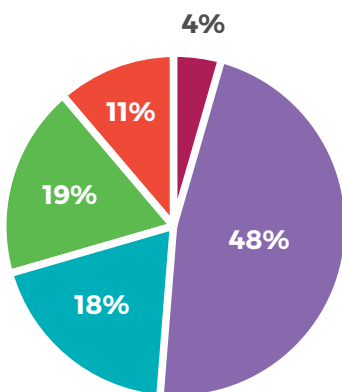
IDEAS

A stratified risk assessment and management strategy

A strategy that enables the level and type of risk to be determined for a range of preventable conditions and which will determine the appropriate management response vis-a-vis primary prevention; early intervention; active management and restoration. Could include 'social prescribing'. Primary prevention needs to include structural elements in local community (e.g. active transport). Links to effective e-referrals are important for secondary and tertiary prevention to ensure follow up.

4%
11%
19%
18%
48%

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

Prevention key to financial sustainable health system.

We need to do this collectively, individual efforts are duplication.

Ensure clinical pathways driven.

We need to prioritise planning and funding.

WEAKNESS AND CONCERNS

Other players that may reconsider they should lead.

This is being done at so many levels including Commonwealth and State Governments. This needs to come together.

A9

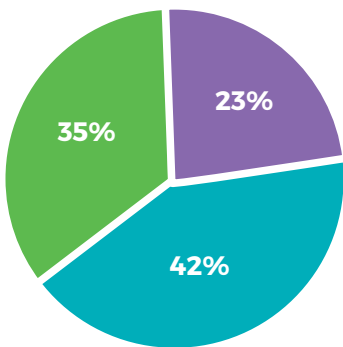# Promote and stimulate primary care innovation

100% (77%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Promotion of innovation in primary health care

Models of service provision are not working well and require reform at multiple levels. Integration with medical neighbourhood needs to be promoted. Integration of services needs to be at level of patient. PHNs need to foster, integrate, and evaluate these models to continually provide patient centre of high quality services.

- 35%
- 23%
- 42%

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

Place based - more together.

WEAKNESS AND CONCERNS

Data to validate/inform.

Needs to be more than medical.

Needs more detail.

More detail required.

Room for innovative and locally designed models of care.

Reform fatigue.

Need examples.

Needs to go further than just promotion of innovations - do PHN have an advocacy role in leadership/policy development etc?

## A10 Re-focus efforts on health prevention and early intervention

93% (75%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Health prevention and early intervention

Bring back concept of health prevention - analyse community need, disease patterns, services available/gaps, and go straight back to preventative treatments/early intervention at the "root". Also consider secondary prevention.

- 4%
- 3%
- 17%
- 14%
- 62%

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused
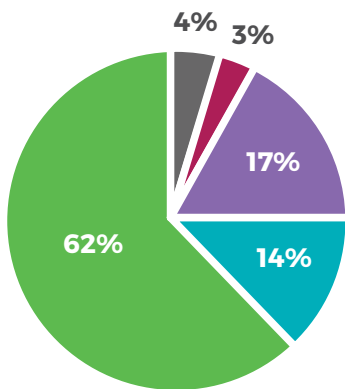
STRENGTHS AND OPPORTUNITIES

Important to move beyond medical model.

Peak bodies and specialist services have a great deal of resource in this space, leverage this.

We can't just deal with the "frequent flyers" - need to prevent this level before it gets to this point.

WEAKNESS AND CONCERNS

A little broad at this stage to like this idea more.

Policy development lacks.

Matter of priorities and timing.

Needs to be done at local level rather than at state wide level.
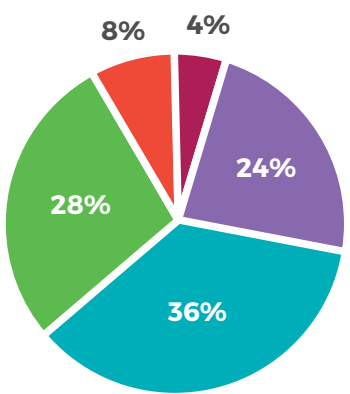
Money pit.

A11

Facilitate the movement from provider to patient centred care

88% (64%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

IDEAS

Addressing death within the community and health system

Advanced care planning, palliative care reforms - improved decision making.

Improved awareness and integration of all elements of end of life decision making.

Improved knowledge for concerns and carers.

Up skilling of the health system to enable a community based response to supporting death.

Cultural change at community level is a precursor.

Wrap-around services with collaborative and timely responses

Identification holistically.

Innovative approach - co-creation.

Sharing information.

Proactive responses.

Exploration of issues most relevant to patient.

Urge PHNs (and Canberra) to forget about condition specific and truly redesign services for people and families' needs

Tipping the table and breaking up the legacy programs to use funding flexibly to achieve health outcomes - prevention, detection, treatment, relapse prevention.

End the "overshadowing": physical and mental health screening, management, treatment, not one or the other

Everyone, starting with General Practitioner, thinks about the whole health of the person and their primary carer.

E.g. long term physical health impacts of mental health medication - regular medication review, honest prescribing.

E.g. chemotherapy patient and carer always and regularly asked about their mental health and wellbeing.

E.g. physical symptoms described by a person with depression are not overshadowed.

STRENGTHS AND OPPORTUNITIES

Carers/families say this is their first point of contact when considering info/advice for person they care for.

This needs to look at patients with multiple issues e.g. physical health for mental health.

General Practitioners need to be more equipped and 'generalist' to provide better care and support.

WEAKNESS AND CONCERNS

Patient centred care needs to start with the patient, but not every patient has a General Practitioner or access to them.

Needs to start with a range of clinicians - not just General Practitioners!

Concept of patient centred care assumes patient is already in health system and not supported away from it.

Don't think the heading reflects the ideas under it.

Explore the notion of healthcare neighbourhoods

96% (62%)

support for
Live with it or higher, scores
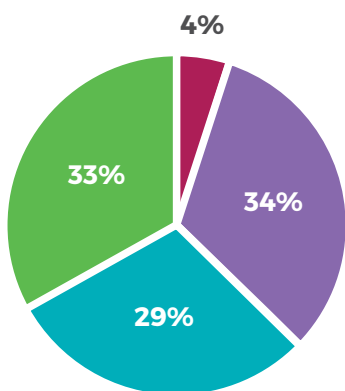in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Healthcare neighbourhoods

Multidisciplinary approach to patient pathways

"It's about people, families and community, people!"

Circles of support are essential to person-centred care: family, guardians, carers, workplaces, community groups. Neighbourhoods can be virtual/online. Services/supports are mobile and go into the neighbourhoods.

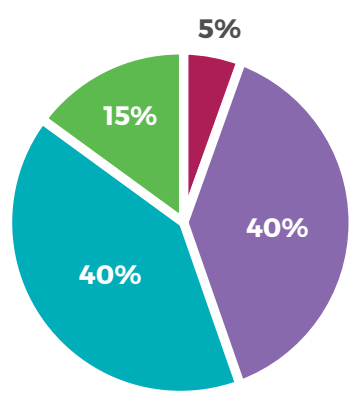### WEAKNESS AND CONCERNS

Agree but not priority strategy.

4%

33%

34%

29%

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

Establishing a needs based funding model framework

95% (55%)

support for
Live with it or higher, scores
in '()' or leading ideas on Like
it and/or Love it.

IDEAS

Equitable distribution of funding based on need

Access to services according to urban, rural, remote need state-wide planning.
PHNs can play an important role in integrating aged care, disability, and health services with and on behalf of consumers.

Increased incentivisation for quality of care for providers and consumers

Linking profitability and quality.
Motivation for change - reward for delivery of quality care.
Models of care need to be reformed.
Common principles across all PHN to underpin this.

Aligning funding systems to work for quality healthcare

Pooling state/NFP private funds for outcomes - driven by data.
Focusing bilaterals for healthcare.

- Love It
- Like It
- Live With It
- Lament It
- Loathe It
- Confused

STRENGTHS AND OPPORTUNITIES

Take into account weighting for regional/remote/Indigenous/Culturally and Linguistically Diverse; lesbian, gay, bisexual, trans, and/or intersex; communities.

Take a family based approach to holistic care.

Better model to address need.

WEAKNESS AND CONCERNS

Does this need to focus on goals, strengths, outcomes?
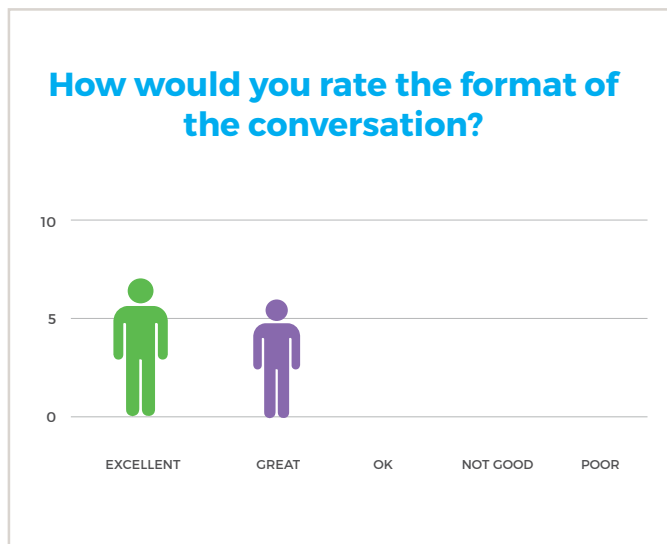
Who will fund this?

Connect with outcomes.

Align with community level goals, strengths and outcomes.

Data availability.

Session evaluation

Participants were invited to complete some feedback on how useful they found the ideas forum.

How would you rate the format of the conversation?

10
5
0
EXCELLENT   GREAT   OK   NOT GOOD   POOR

Did you have an opportunity to contribute to the discussions?

10
5
0
AMPLE   LOTS   OK   SOMEWHAT   VERY LITTLE

What did you like most about the conversation today and why?

Dynamic, inclusive, valuable, opportunistic.

Small group discussion.

Left with an outcome.

Process allowed for inclusive dialogue.

Movement - kept us on our feet both physically and metaphorically! Good, engaging format.

Good pace - moved it right along.

Process and format.

Roundtable discussions.

Honesty and shared vulnerabilities in relation to where from here.

Collaboration, outcomes.

Ability to meet variety of different stakeholders.

Informative and action oriented.

Moving around - meeting many people.

What improvements, if any, could be made to how we worked together today?

Longer time allocated for 3 [Longer time needed for conversations]

More time for speed dating session.

Maybe introduce who is in attendance today i.e. organisations.

Introductions - more time!

More connections to pre-work.

phn
VICTORIAN
ALLIANCE
An Australian Government Initiative

www.vphna.org.au

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For copies of additional reports or any additional information, please contact the Victorian PHN Alliance on **info@vphna.org.au.**