



WAPHA
WA Primary Health Alliance

phn

PERTH NORTH, PERTH SOUTH,
COUNTRY WA

An Australian Government Initiative



ANNUAL REPORT 2016/17

Fast Facts



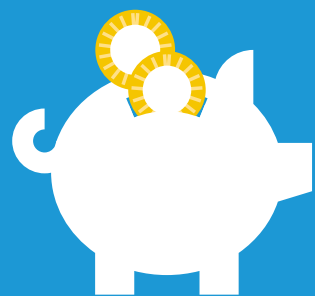
250

services
commissioned

22



health hotspots
identified



**\$67.8
million**

funded programs



300

HealthPathways
milestone reached



39

practices
enrolled in
Comprehensive
Primary Care

Contents

Looking Back, Looking Forward	4
Strategy and Stewardship	12
Stakeholder Engagement	18
Health Planning and Research	28
Person Centred Models of Care	34
Measuring Outcomes	41
Primary Care Capability	42
Our People	48

Looking Back, Looking Forward

Year in review

- Commissioned more than 250 services across WA, including place-based responses to address identified local need, Primary Health Network-wide services to ensure standardised access and state-wide programs to address significant gaps in access;
- Commissioned alcohol and other drug services, focusing on system integration and workforce capacity building;
- Reshaped mental health services to ensure state-wide parity of access;
- Embedded integrated chronic disease programs within general practice and Aboriginal Medical Services;
- Developed an Outcomes Framework to assess the extent to which our commissioning is achieving its intended aims;
- Identified through data analysis 22 hotspot locations across WA that experience poor health and barriers to accessing service;
- Reached the milestone of 300 live, localised pathways on HealthPathways WA;
- Enrolled 39 general practices in our Comprehensive Primary Care program, a new approach to support and enhance general practice;
- Announced shortlisted practices for the Australian Government's Health Care Homes initiative in the Perth North PHN trial site;
- Partnered with WA Health on the Lessons of Locations report and other collaborative approaches with WA's Area Health Services;
- Strengthened our collaborative approach to service planning and commissioning with key partners including Mental Health Commission, Rural Health West and Area Health Services; and
- Became the first Australian National Chapter of The Alliance Against Depression.

HealthPathways coordinator Emily Moore was involved in helping the team achieve 300 localised pathways in 2016-17.



This year WAPHA will deliver its Reconciliation Action Plan, led by Aboriginal health team members Neil O'Donnell, Josh Collard and Annie Young.

Year ahead

- Prioritise specific strategies within the Commonwealth's three waves of health reform (strengthening mental health, workforce, strengthening primary care and preventive care);
- Collaborate with the State Government on the findings of the Sustainability Health Review;
- Continue to work with service providers to embed new models of care;
- Develop our Reconciliation Action Plan;
- Support and prepare general practices and health professionals for the My Health Record opt-out program;
- Deliver a state-wide general practice support program, Practice Assist, in partnership with Rural Health West;
- Strengthen general practice through Comprehensive Primary Care;
- Enhance our data analytics capacity to provide better information to clinicians and providers;
- Support general practice with changes to the practice incentive program and the transition to the Quality Improvement Incentive;
- Continue to build workforce capacity within alcohol and other drugs and mental health sectors;
- Continue to enhance our information management to better understand the factors which impact on the health and wellbeing of communities;
- Update our Population Health Needs Assessment reports to inform our commissioning activities; and
- Implement initiatives in the Australian Government's three Suicide Prevention Trial Sites, including The Alliance Against Depression framework.

About us

WA Primary Health Alliance (WAPHA) is the peak planning and commissioning body for primary health care services in Western Australia (WA).

WAPHA was established in 2015, following the Australian Government's acceptance of WAPHA's innovative proposal to align all three of our Primary Health Networks (PHN) under a single organisation.

This model facilitates a once in a generation opportunity to place primary care at the heart of the WA health system and create the mechanism for integrating services across organisations and across boundaries.

WAPHA's key objectives are to:

- Increase the efficiency and effectiveness of primary healthcare services for people, particularly those at risk of poor health outcomes; and
- Improve coordination of care to ensure people receive the right care in the right place at the right time.

To achieve this, WAPHA is focused on:

- Improving health equity and access by identifying and reducing barriers to access and applying evidence-based monitoring and evaluation;
- Commissioning services in the areas of greatest need;
- Developing person-centred models of care to address priority health gaps and inequities;

- Working alongside general practice to strengthen and sustain higher quality primary care;
- Commissioning services with a focus on quality and value;
- Building strong and sustainable partnerships to improve coordination throughout the patient journey; and
- Strengthening capacity and capability in primary care to ensure the development of a sustainable workforce.

Through maturing strategic partnerships, WAPHA is leading system change across the WA health sector and bringing together a range of organisations that share a common purpose.

Everything we do is underpinned by Population Health Needs Assessments, which ensure an evidence-based approach to planning and commissioning. This ensures that the people who need services the most are prioritised.

WAPHA operates from eight locations, including a Perth office, and seven regional offices in the Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West, and Wheatbelt.

This whole of state organisational model is based on localisation where essential and centralisation were possible. It allows us to reach out to primary care providers in urban, outer metropolitan, regional, rural and remote areas.



WA Primary Health Alliance operates WA's three Primary Health Networks; Perth North, Perth South and Country WA.



Vision

Improved health equity in Western Australia.



Mission

To build a robust and responsive patient centred primary health care system through innovative and meaningful partnerships at the local and state-wide level.



Values

Courage, Humility, Respect, Wisdom, Integrity

Through maturing strategic partnerships, WAPHA is leading system change across the WA health sector.

Chair's report

During 2016/17, WAPHA's second year of operation, we have continued to steward the system change necessary to respond to Western Australia's complex health challenges across the vast geography of our state.

The alignment of WA's three PHNs under one organisation affords a once in a generation opportunity to place primary care at the heart of WA's health system and create a mechanism for integrating services across organisations and across boundaries.

It gives us a state-wide presence and one voice, allowing us to contribute to state-wide agendas, including all important system reform. Just as importantly, our strong regional presence gives us local insight, allowing us to respond to local needs with local solutions.

We should not underestimate the breadth and depth of change that PHNs have been charged to implement by the Australian Government. Minister Hunt himself called out the transformative role of PHNs in strengthening primary care to provide better primary health care and better health outcomes.

WAPHA is instrumental in operationalising the Heads of Agreement between the Commonwealth, States and Territories on public health funding. This has positioned PHNs to have jurisdictional responsibility to support general practice and primary health care.

Key areas of focus that will improve health outcomes for patients and decreasing demand for public hospital services are improving coordination of care, particularly for people with chronic disease, reducing avoidable hospital readmissions and reforming primary care.

WAPHA has already developed strong ties with state-run Area Health Services and other key groups, to make this a reality.

Key achievements

WAPHA is acknowledged as a leader among the 31 PHNs nationally, with whom we gladly share our experience, in particular with regard to reforming mental health and strengthening general practice.

A significant achievement was our rollout of a new state-wide system of Integrated Primary Mental Health Care which has fundamentally changed WA's approach to mental health treatment for vulnerable people.

Additionally, we have partnered with GP leaders to begin to transform general practice. Using an innovative Naïve Inquiry process, we sought the views of general practice teams and consumers, using open questions and without assumptions, to understand and give context to the current practice around the management of chronic conditions in primary care.

This work has informed the development of our Comprehensive Primary Care (CPC) model, which is building capacity and capability in general practice to manage care effectively, resulting in a whole of practice, whole of person approach. It is consistent with and complementary to the Australian Government's Health Care Homes trial for which we have begun to prepare. It will involve 21 general practices in Perth North PHN from November 2017.

Year ahead

Two major themes will play a significant role in shaping the healthcare agenda and our work in the coming year.

WAPHA is well placed to interpret and enable the ongoing rollout of the Australian Government's Three Waves of Health Reform in the WA context. Wave 1 is now complete and included a series of enablers of change such as ground-breaking compacts with peak bodies and organisations, a series of Medicare guarantees and an opt-out model for My Health Record.

The second and third waves will see a series of reforms in public hospitals, mental health and aged care as well as the strengthening of primary care and preventative care. All this is firmly within the remit of the PHNs.

WA's health spend is unsustainable and to control this requires policy development to focus increasingly on the benefits of care in the community, rather than hospitals. Recognising this, the WA Government has embarked upon a Sustainable Health Review.

I echo the words of Robyn Kruk, who is leading the Review, in recognising that no one agency can deliver system change, rather it is a shared responsibility. To achieve this, joint planning by government and health agencies is critical, with the other key ingredients being the redesign of clinical models and pathways, a focus on innovation and integration.

This is an opportunity to acknowledge the key role of primary care in effecting sustainable change.

Sustainability also requires authentic integration between tertiary, secondary and primary care and allow people to be treated where they live, work and play.

Integrated care reduces demand on the hospital system by ensuring people are only admitted when they really need to be in hospital. PHNs are ideally placed to work with Area Health Services and primary care providers to keep people healthy at home.

Currently, no one organisation is responsible for cooperation and integration within local health systems, which is why WAPHA's role as a steward of change and champion of integration is so critical.

I commend the WAPHA Board of Directors, for their ability to think in the broadest of terms about how WAPHA can deliver sustainable, impactful change, for setting an ambitious but highly achievable long-term agenda, and for their insight into some of the most complex issues our health system is facing.

Thank you to the PHN Councils, Clinical Commissioning Committees and Consumer Engagement Committees, the WAPHA executive and leadership team for embracing and stewarding the change necessary to bring us closer to achieving health equity for all Western Australians.

Finally, it would be remiss of me not to mention our funders, the Australian Government Department of Health, whose willingness to listen, support and encourage innovation is allowing WAPHA to make significant improvements to the health and wellbeing to those most in need in our community.



Dr Richard Choong
Chair



WA Primary Health Alliance Chair Dr Richard Choong

We should not underestimate the breadth and depth of change that PHNs have been charged to implement by the Australian Government.

CEO's report

I am delighted that 2016/17 has been a year of significant achievement, as we began to implement a growing number of new and innovative primary healthcare services.

Our state-wide footprint, supported by metropolitan and regional-based teams has allowed us to engage on a state-wide basis when standardisation and scale was important, and on a metropolitan or regional level when local needs were paramount.

This would not have been possible without strong partnerships, as we cannot operate or succeed in isolation. I am especially pleased that our collaboration with state-based health bodies – in particular the Mental Health Commission, Area Health Services and Rural Health West – has led to an understanding of how we can work together to improve health outcomes.

I can report significant progress with regard to the direction for PHNs to improve care for people with chronic and complex conditions, in particular, preparation for the Health Care Homes trial and My Health Record opt out, improved documentation of health pathways, system integration and improvement, and care coordination.

Service planning and delivery

Identifying health and service gaps and inequalities has been guided by health needs assessments, and collaboration with WA Health on the Lessons of Location report. This will allow us to target place-based services and programs to the identified hotspot locations where health status is poorer.

It will inform our service development, investment and decisions on system change and allow us to commission more efficient and effective services, decrease potentially preventable hospitalisations and allow more people to be treated close to home.

We have shaped the structure of supply through constant review and management of the supplier community. Integral to this process is working collaboratively with service providers within a co-design and co-creation framework to develop solutions that best respond to identified needs.

This can prove problematic in country areas, where there is no market, and there are difficulties in recruiting and maintaining a rural workforce. It has led to some delays in commissioning, particularly in alcohol and other drugs services, however working with agencies such as Rural Health West has proved beneficial in mitigating the impact of such shortages.

Other achievements include reaching the milestone of localising 300 HealthPathways and enrolling 39 general practices in our Comprehensive Primary Care program.

We were confirmed as the first Australian National Chapter of The Alliance Against Depression, a community-based framework for tackling depression and suicide. This will assist us in many aspects of our work, particularly suicide prevention.

Integrated and outcomes focused commissioning

Co-designing based on evidence of need, prioritising where we spend money, continuing to monitor, evaluate and develop as well as embedding the voice of consumers in all that we do has been central to our commissioning, thus ensuring our services are patient-centred, integrated and outcomes focused.

Our robust process starts with health needs assessments to allow evidence-based commissioning and service co-design, followed by a disciplined and transparent tendering process, and ending with a rigorous outcomes evaluation framework.

Our commissioning cycle is underpinned by continuous feedback that allows us to assess the effectiveness, value for money, sustainability, scalability and replicability of our commissioned services, and where they can be improved.

We have commissioned 250 primary care services in mental health, alcohol and other drugs, chronic disease and Aboriginal health.

Of particular note is our innovative approach to Integrated Primary Mental Health Care, with a range of programs rolled out across WA – from metropolitan areas to regional, rural and remote communities – available online, by phone or face-to-face to best meet the individual's needs and circumstances.

This has already made a significant difference to the lives of some of the most vulnerable people in WA's communities whose access to appropriate treatment was previously limited, due to availability, affordability or location.

Two services are addressing particular gaps in primary mental health care: MH Connex, a care management program for people experiencing some of the most severe and complex mental health concerns, and PORTS, a state-wide service for people experiencing anxiety, depression, or substance use problems.

While not directly related to commissioning, it was an honour to be named as a finalist in the AIM WA WestBusiness Pinnacle Awards in the Emerging Business Excellence category, in recognition of our outstanding results that demonstrate leadership and commitment to excellence. Well done to our wonderful WAPHA team.

Year ahead

We will begin to reap the benefits of the relationships we have nurtured and, as the quantitative and qualitative data starts to flow through from our services, I am confident this will validate our methodology and make these relationships even stronger.

I look forward to the findings of the State Government's Sustainable Health Review, which we believe holds great promise for deeper partnering and collaboration between state and federal health agencies.

Many worthwhile initiatives the Australian Government has tasked us to implement will progress, including the My Health Record opt-out program, the Health Care Homes trial, and three Suicide Prevention Trial Sites.

WAPHA will work with interested general practices to ensure their compliance with the new Quality Improvement Practice Incentive Program. This will allow them to use information to drive quality and encourage patient-centred care, as well as informing regional planning and health policy development at a national level. This means a stronger focus on quality measures and improvement, with WAPHA providing increased support with data management, extraction and interrogation.

I will finish with a triple thank you: to our Board for their wise counsel, to our executive for their support and energy, and to our entire WAPHA team for their tireless work and commitment to our values, their fellow team members and the WA community.

Learne Durrington
Chief Executive Officer

WAPHA Chief Executive Officer Learne Durrington (centre) with general manager place-based commissioning and engagement Linda Richardson (left) and general manager state-wide commissioning and clinician engagement Bernadette Kenny (right).



Strategy and Stewardship

Strategic Plan and priorities

WAPHA's inaugural Strategic Plan emphasised the establishment of the organisation as a key stakeholder in the WA health system, setting out 'what WAPHA is'.

With the growth and development of WAPHA and our role as an important agent for system change, it was evident our staff and stakeholders needed to better understand 'what WAPHA does' and how they contribute to achieving our vision.

This year, WAPHA carried out extensive internal and external engagement to develop our Strategic

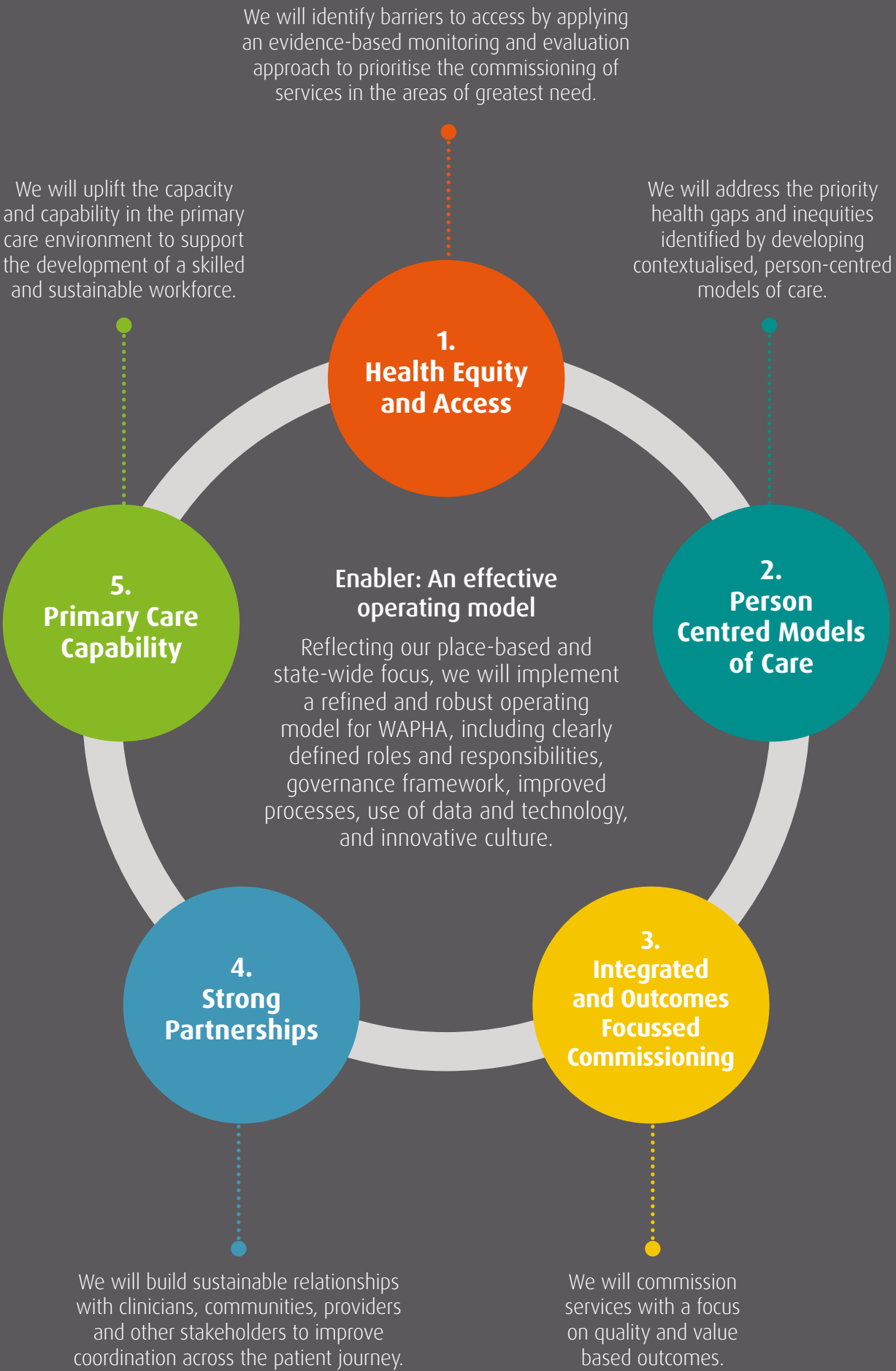
Plan 2017–2020, which is action-oriented and embedded in our organisational structure and operations.

Our strategic objectives, strategic priorities, key activities and milestones align with WAPHA's vision and mission to improve the primary care system and health outcomes for Western Australians.

In particular, WAPHA's five strategic priorities and one key enabler will assist us to move from an 'evolving and reactive' to an 'integrated and proactive' organisation by mid-2020.



Our five strategic priorities



Stewardship

Statement of Profit or Loss and Other Comprehensive Income FOR THE YEAR ENDED 30 JUNE 2017

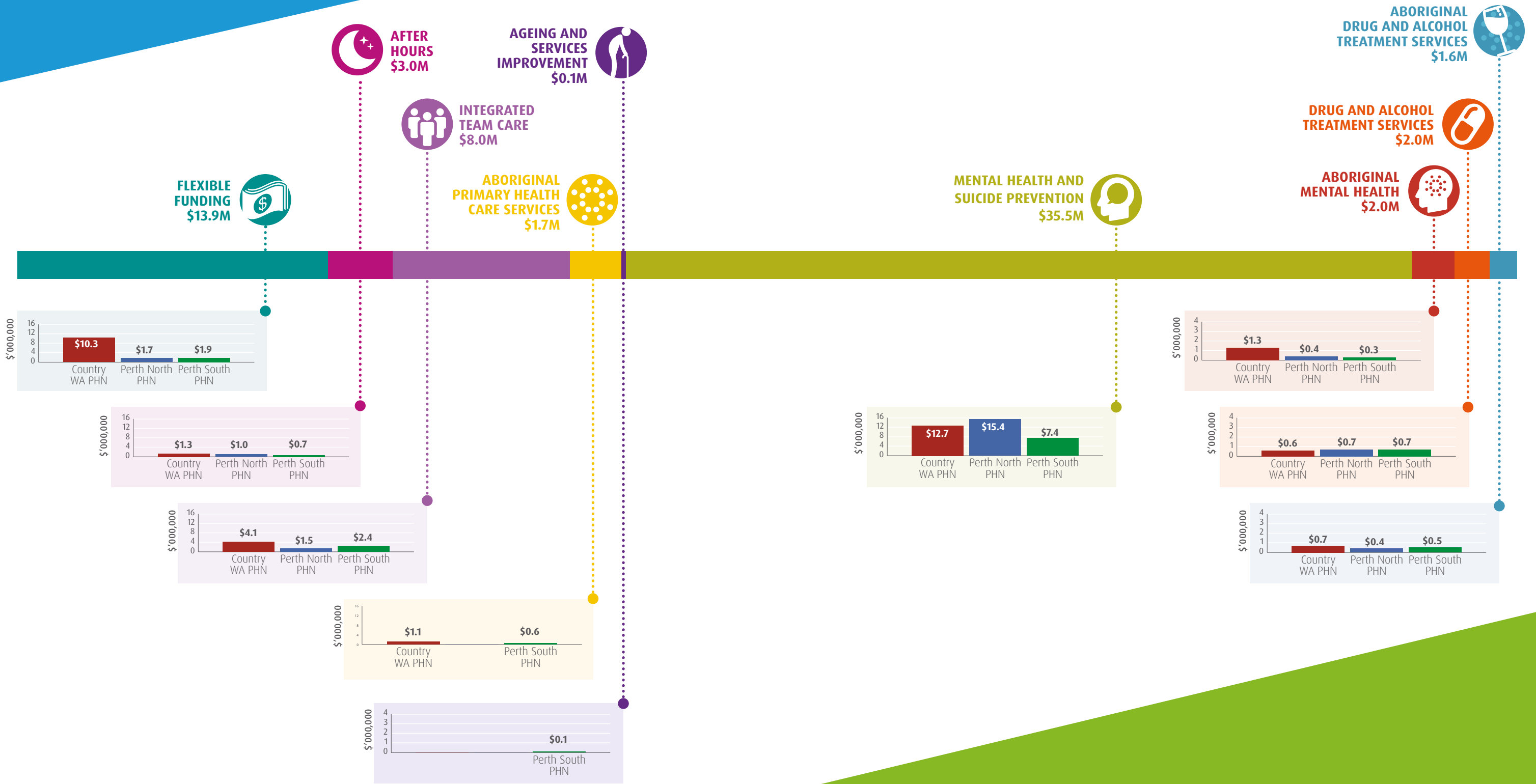
	30 June 2017	30 June 2016
	\$	\$
OPERATING REVENUE		
Government grants	84,829,015	51,847,102
Investment income	1,248,864	427,027
Other income	1,020,231	1,001,183
Total Revenue & Other Income	87,098,110	53,275,312
OPERATING EXPENSES		
Support Services Expenses		
Program expenditure	(67,827,321)	(40,093,340)
Employee benefits expense	(11,711,030)	(7,300,369)
Other employee costs	(959,276)	(371,853)
Motor vehicle expenses	(433,538)	(319,898)
Occupancy related costs	(1,005,853)	(611,084)
Depreciation & amortisation	(390,460)	(200,066)
Communications & IT	(829,627)	(561,309)
Travel expenditure	(449,488)	(333,927)
Councils & Committees	(74,539)	(212,192)
HealthPathways	(644,673)	(732,971)
Administration, consultants & finance	(1,524,832)	(235,889)
Advertising & promotion	(523,215)	(292,702)
Population health	(662,841)	(644,442)
Other expenses	(212,813)	(159,135)
Total Expenses	(87,249,506)	(52,069,177)
Net Operating Surplus/(Loss) for the year	(151,394)	1,206,135
Total Comprehensive Income for the year	-	-

Statement of Financial Position AS AT 30 JUNE 2017

	30 June 2017	30 June 2016
	\$	\$
ASSETS		
Current Assets		
Cash and cash equivalents	48,658,300	27,453,247
Trade and other receivables	6,211,337	1,590,368
Other assets	7,039,442	489,591
Total Current Assets	61,909,079	29,533,206
Non-Current Assets		
Other receivables	61,056	51,355
Plant and equipment	447,793	576,039
Intangible assets	35,766	69,211
Other assets	-	189,516
Total Non-Current Assets	544,615	886,121
TOTAL ASSETS	62,453,694	30,419,327
LIABILITIES		
Current Liabilities		
Trade and other payables	16,954,076	3,976,533
Provisions	497,165	327,352
Other liabilities	43,851,974	24,808,105
Total Current Liabilities	61,303,215	29,111,990
Non-Current Liabilities		
Provisions	16,294	21,758
Total Non-Current Liabilities	16,294	21,758
TOTAL LIABILITIES	61,319,509	29,133,748
NET ASSETS	1,134,185	1,285,579
EQUITY		
Retained earnings	1,134,185	1,285,579
Total Equity	1,134,185	1,285,579

Commissioning snapshot

In 2016/17, WAPHA commissioned programs and services across nine program areas, totalling \$67.8 million. The graphs below illustrate the committed program expenditure per PHN region.



Stakeholder engagement

WAPHA prioritises the development of relationships with key strategic stakeholders including government, peak bodies, health providers, social services providers, consumer groups, Aboriginal groups and communities, and the wider community.

Since our inception, we have established and matured connections across various levels within a range of partner organisations, and between these organisations to encourage relationships that can be sustained without our direct involvement.

This engagement is critical to our commissioning process, when we use stakeholder engagement to identify needs and develop co-design solutions. After commissioning, we give intensive support to providers to enhance coordination and collaboration during the early stages of service delivery.

We use the International Association for Public Participation (IAP2) principles, a tool for planning and delivery best-practice engagement, in the application of our Stakeholder Engagement Framework.

Stakeholder engagement was a focus for WAPHA to inform our commissioning activities.



Strong partnerships

Over the past 12 months, we focused on developing quality and sustainable relationships with organisations including:

- Aboriginal Health Council of Western Australia
- Australian Primary Health Care Nurses Association
- Diabetes WA.
- Health Consumers' Council
- Pharmaceutical Society of Australia
- Pharmacy Guild
- Private Health Insurers
- Royal Australian and New Zealand College of Psychiatrists
- Rural Health West
- The Royal Australian College of General Practitioners (WA)
- WA Association for Mental Health
- WA General Practice Education and Training
- WA Health
- Western Australian Network of Alcohol & other Drug Agencies

Workshops with commissioned health service providers increased their ability to effectively improve the consumers' care experience.

CASE STUDY

Health Consumers' Council

Consumer engagement informs our commissioning approach and our efforts to build a patient-centred primary health care system.

WAPHA has partnered with the Health Consumers' Council to improve our consumer engagement activities across regional WA.

They delivered training to all WAPHA's country-based regional coordinators to build their capacity to promote patient experience tools such as Patient Opinion, appropriately engage with Aboriginal communities and share successful consumer engagement techniques with our commissioned service providers.

Each WAPHA regional office hosted activities to engage consumers, particularly vulnerable, under-served and hard to reach groups including:

- Youth in conjunction with Zumba classes;
- Aboriginal community at a community barbeque and NAIDOC events;
- Farming communities at field days;
- Carers;
- People with chronic conditions at focus groups; and
- Mothers' groups.

Workshops with commissioned health service providers increased their ability to effectively engage consumers in service design, review and delivery, and – ultimately – improve the consumers' care experience.

We subsequently experienced an increase in the number of community members registering their interest to be involved in WAPHA consultations and willing to give feedback on health services.



Federal Health Minister Greg Hunt
and Member for Canning Andrew Hastie with WAPHA
general manager state-wide commissioning and clinician engagement
Bernadette Kenny at the announcement of a new headspace centre in Mandurah.

Federal and state government relations

Government engagement

Engaging with federal and state government, and their respective agencies, is a priority for WAPHA.

As a federally-funded body and operator of WA's three PHNs, we are charged with leading or supporting a number of Australian Government reforms, such as Health Care Homes, My Health Record opt-out, Stepped Care, Integrated Team Care, immunisation and cancer screening campaigns and other initiatives, as they arise.

As WA's peak primary health care planning and commissioning body, WAPHA is involved at a state government level to ensure co-ordination of the development and delivery of services in the primary care setting, particularly in mental health, AOD and chronic disease.

WAPHA is increasingly involved in discussions at both a federal and state government level to contribute to, and help inform, the significant health care challenges, opportunities and reforms in WA.

Our close working relationships with Federal MPs across WA ensures they are fully briefed on our activities. This allows them contribute knowledge of their electorate's healthcare needs to inform our planning and commissioning processes.

In the past year, highlights of our government engagement activities include:

Federal:

- Contributed to the redesign of the Practice Incentive Program (PIP);
- Informed a regional approach to the My Health Record expansion in partnership with the Australian Digital Health Agency;
- Informed the planning and implementation of the suicide prevention lead sites and trial sites; and
- Advocated the perspective of WA GPs on Health Care Homes to the Department of Health.

State:

- Met regularly with the relevant ministers and shadow portfolio holders to discuss current health sector matters and opportunities;
- Engaged with all levels of government – ministers, policy advisors, the Director General of Health, Health Networks, Area Health Services, Centre for Communicable Diseases – to discuss issues common to primary health care and hospital care;
- Refined the approach and methodology of a report on the link between location and health care outcomes, in conjunction with WA Health's Epidemiology branch; and
- Made a submission to the Inquiry into Aboriginal Youth Suicides.
- Participated in a statewide Aboriginal Health planning forum

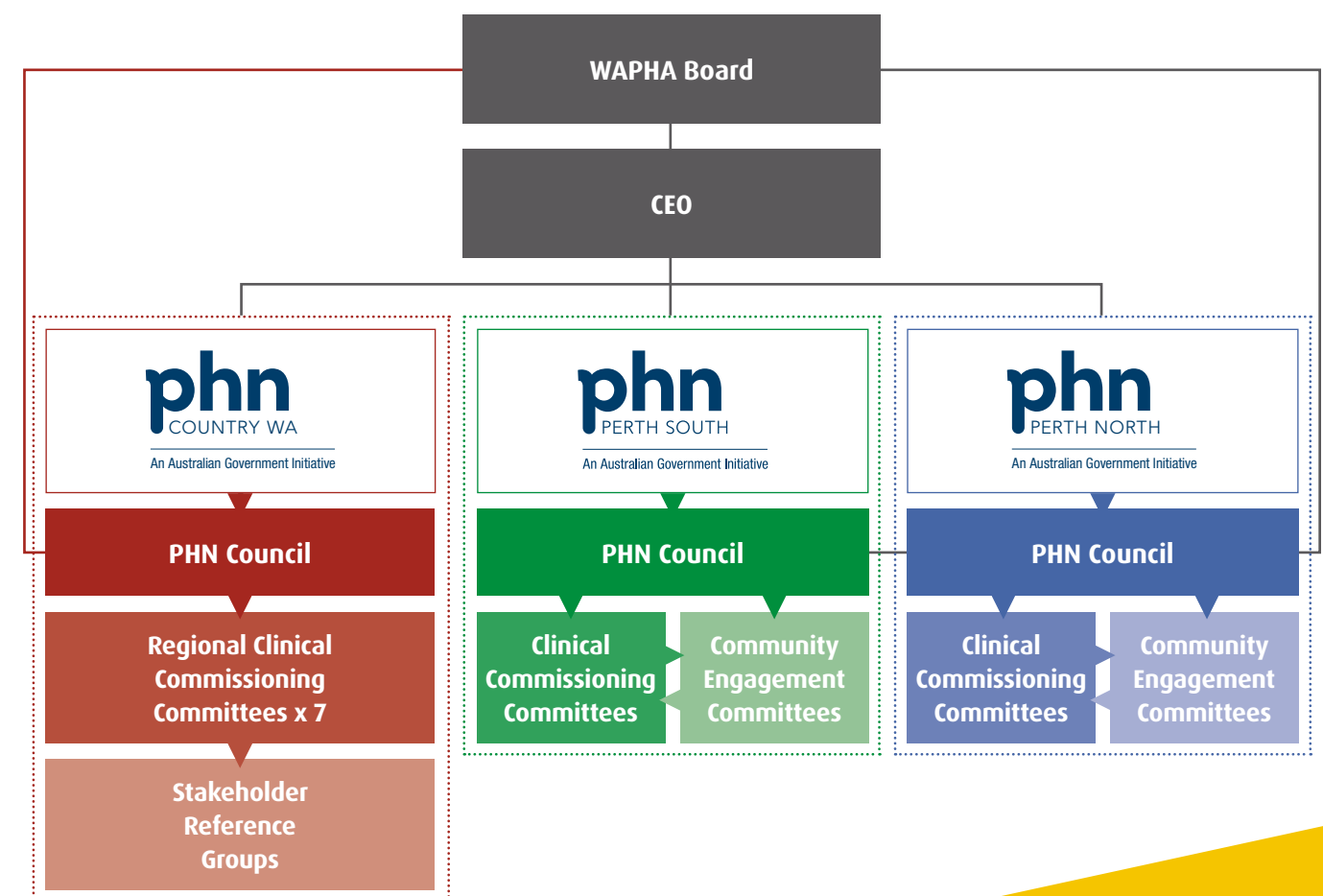
Councils and committees

WAPHA is committed to understanding the health and social needs of the community so we commission services that build healthier communities, empower individuals and deliver a sustainable primary health care workforce and system.

The people best placed to support this commitment are health professionals and the community.

This year, we continued to draw on the experience and expertise of our advisory groups which provide a clinical perspective and community voice to inform our commissioning.

Committee and council structure





South West Regional Clinical Commissioning Committee members have informed commissioning activities for the region.

CASE STUDY

South West Regional Clinical Commissioning Committee

The South West Regional Clinical Commissioning Committee (RCCC) embeds clinical leadership at the heart of commissioning activities for WAPHA in the region.

This collaborative group has had consistent membership since WAPHA's inception.

Members represent both inland and coastal regions of the South West with a broad range of backgrounds including medicine, nursing, allied health, mental health, Aboriginal health, population health across general practice, WA Country Health Service, private allied health practice and non-governmental organisations in the community sector.

"The RCCC has given me the opportunity to provide local input into the design and commissioning of programs in our region which address our areas of priority identified in the Population Health Needs Assessment for the South West.

"The impact of the work carried out by the RCCC over the past year has improved access to services, mental health care and coordination of care for Aboriginal people. Access to health care for chronic disease clients who previously had financial barriers to accessing specialist services in the region has also improved."

Dr Stephen Arthur, South West Regional Clinical Commissioning Committee chair, GP and South West Aboriginal Services senior medical officer.

Advisory groups, forums and workshops

We have continued to engage with clinicians, health care providers and community members to ensure our work and activity is informed by those working within and across the health sector.

This engagement has been key to our success in developing new and innovative models of primary health care.

Topics covered included immunisation, My Health Record, telehealth, general practice support, primary mental health care and Aboriginal health.

We also hosted forums and workshops to inform stakeholders about government policy developments

and primary health care related initiatives at a Commonwealth and State level.

Topics covered included data, Health Care Homes, health policy and treating alcohol and other drugs in primary care.

These events were also used to translate the policy landscape for the local context, elicit feedback and advocate to Commonwealth and State governments.

Our consultation with clinicians, practice managers and consumers informed our Emergency Alternatives campaign.

CASE STUDY

WAPHA wins award for best consultation process

In May, WAPHA's Wheatbelt team won the Moorditj Djinda Best Consultation Process Award for an after-hours consultation, in partnership with the Wheatbelt Aboriginal Health Advisory Council and Northam Hospital.

As a result, WAPHA funded an Aboriginal primary health liaison position for a 12-month trial period to support Aboriginal people who present to emergency departments to allow them to access more appropriate primary health care services.

WAPHA was nominated under the same category for its Integrated Team Care and Aboriginal Primary Mental Health consultation processes.



WAPHA's Wheatbelt team won the Moorditj Djinda Best Consultation Process Award for an after-hours consultation

Provider partnerships

WAPHA has adopted an integrated, system-wide commissioning model that focuses on quality, outcomes and value.

We utilise partnerships and lead the collaboration of different interest groups to co-design new and different models of care.

Sometimes, this requires us to commission using a partnership approach, as each partner organisation has specific skills and experience that might not otherwise be available and which, when combined, result in a more effective service.

Improving access to primary health care

Our Population Health Needs Assessment identified that while vulnerable population groups most in need of health care are unlikely to access a GP, they are likely to access a social service such as housing, counselling or home care support.

WAPHA commissioned Ruah Community Services and Silver Chain to implement Improving Access to Primary Health Care, a service that reaches out to vulnerable groups via community service organisations in the Perth region.

The resulting innovative service model embeds primary health professionals in community service organisations, integrating primary health, mental health and social services to support all of an individual's care needs.

It also improves the capacity and knowledge of community organisations to recognise and address their clients' physical health concerns.

Mainstream Integrated Systems of Care

We established an Integrated Systems of Care program to address problematic alcohol and other drug use and mental illness in the Perth South and Perth North PHN regions.

Delivered by Neami National and Richmond Wellbeing, the program is improving the health and wellbeing of vulnerable people with co-occurring problems by increasing:

- Access to evidence-based treatment and support that recognises the health of the whole person;
- Integration and collaboration to improve the patient journey; and
- System capacity to provide timely, holistic, person-centred services that meet the unique needs of vulnerable and disadvantaged people.

Achievements:

- Established key activities to support program governance and implementation;
- Started service provision with a focus on building capacity, improving access and care integration;
- Collaborated and shared information on stakeholder engagement and co-design activities that led to a consistent metropolitan-wide approach;
- Facilitated a co-design process to identify the need for additional services in identified locations; and
- Started a second phase of co-design, to identify future priority needs.

Workforce capability

Grow Local program

WAPHA commissioned Grow Local, a new mental health training program which is being undertaken by 45 people from around the Goldfields.

The Certificate IV in Mental Health will increase the number of mental health workers locally and encourage more people to access mental health services, given their sense of cultural safety.

This will strengthen the suicide prevention work currently being undertaken in these communities and is a response to the challenges of recruiting and retaining culturally appropriate mental health workers in the region.

When the participants graduate, they will strengthen the region's existing WAPHA funded mental health workforce.

WAPHA engaged the Australian Medical Association WA (AMA) training division to design and deliver the training in Kalgoorlie, Leonora and Norseman.

The program is jointly funded by WAPHA and the University of Western Australia's Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

The Goldfields Alliance

BEGA Garnbirringu, Hope Community Services, Goldfields Rehabilitation and WAPHA formed the Goldfields Alliance to provide holistic social, emotional and wellbeing support to residents in Kalgoorlie, Leonora, Laverton and neighbouring communities.

Their focus is on mental health, alcohol and other drug support, and the suicide prevention needs of the region's Aboriginal population.

Achievements:

- Recruited a counsellor in Leonora;
- Opened a clinic for social, emotional and wellbeing clients in Kalgoorlie, which is run by a psychologist and clinical lead for the Alliance, and supported by a team of counsellors;
- Recruited an intake and outtake counsellor to provide assertive follow up for potential clients and program graduate, to outreach into the Northern Goldfields, and to build strong community relationships;
- Established regular meetings of the alliance partners and formal referral pathways and communication channels; and
- Established a process for "warm" handovers between services, avoiding the need for clients to repeat their histories.



Online engagement is an increasing focus to ensure our service planning is informed by consumers, service providers and other stakeholders.

Online engagement

WAPHA engages with stakeholders in a variety of ways to encourage open conversation and input from those affected by our work.

Over the past year, we have strengthened our online engagement, with about a quarter of a million visits to our website, and more than 1200 new followers on social media.

Through Primary Health Exchange, our online engagement tool, we have engaged with communities on more than 40 projects.

This includes the design and implementation of our Integrated Team Care program, a state-wide service aimed at improving health outcomes for Aboriginal and Torres Strait Islander people.

Stakeholders complimented our use of online engagement which increased the transparency of the procurement process and allowed greater community involvement in service design.

Primary Health Exchange provided a hub of information to support service providers throughout commissioning and has been further developed to facilitate a community of practice between contracted service providers to allow them to hold discussions and share ideas.

Online engagement for new mental health, alcohol and other drugs and chronic disease programs has also been supported through Primary Health Exchange.

This led to a shared understanding of the principles and evidence underpinning our commissioning approach, supported stakeholders when responding to tender opportunities and improved communication with the community.

Sponsorship and community events

One of the ways we seek to build strong partnerships and support the community is by sponsoring organisations, events and awards that support and strengthen our vision for improved health equity in Western Australia.

Major sponsorships this year included:

- Mental Health Week 2016
- NAIDOC Perth Awards 2017
- WA Health Excellence Awards 2016
- Australian Healthcare and Hospitals Association Data and Innovation Day
- Australian Healthcare and Hospitals Association Mental Health Day
- Rural Health West Annual Conference
- Linkwest Conference

Within our place-based teams, WAPHA supported local events, field days and festivals which promote connected and healthy communities.



WAPHA's Aboriginal health project officer Josh Collard, Narelda Jacobs and Trevor Stack at the NAIDOC Perth Awards 2017.

Health Planning and Research

Health planning and research underpin all WAPHA's commissioning activities.

We work with Curtin University to develop Population Health Needs Assessment reports which draw from a range of data sources, community consultation and market analysis.

The reports include an analysis of priority locations (hotspots), which are geographical areas with poorer health status, a greater number of risk factors for poor health and higher rates of potentially preventable hospitalisations (PPHs).

A range of indicators is used to determine the hotspots including the social, cultural and economic determinants of health and relative disadvantage of local communities.

This year, WAPHA produced an updated Population Health Needs Assessment report (Phase 2: 2016-2017) for each PHN region.

Deeper analysis into each PHN sub-region showed trends, such as the volume of healthcare utilisation in primary care and tertiary care (PPHs and non-urgent emergency department utilisation).

Expenditure for conditions that may be treatable in primary care before progressing to acute care, was also considered.

The reports provided an overview of current patterns and trends in health demand, service supply and health service priorities for each PHN region. They also contributed to the development and implementation of our annual Activity Work Plan to address national and PHN specific priorities relating to patient needs and service availability gaps.

We work with Curtin University to develop Population Health Needs Assessment reports which draw from a range of data sources, community consultation and market analysis.

CASE STUDY

Pilbara

Diabetes has a significant impact on the health of the Pilbara region's residents. Our Population Health Needs Assessment identified the following:

- Diabetes complications are the leading cause of chronic condition PPHs in the Pilbara, at 2.1 times the state average.
- Diabetes as a cause of avoidable death in the Pilbara is 3.2 times the state average.
- From 1998 to 2007, the mortality rate due to diabetes for Aboriginal people living in the Pilbara region was 19.1 times higher than that of the total WA population.

WAPHA partnered with Diabetes WA to develop the Pilbara Diabetes Management Strategy which includes the training and qualification of health professionals in the Diabetes Education for Self-Management for

Ongoing and Newly Diagnosed (DESMOND) program and Walking Away, a free interactive group education program for people who are at risk of developing type 2 diabetes.

The training has allowed health professionals to focus on preventative care as well as treatment.

In addition, WAPHA supported Diabetes WA in the National Health and Medical Research Council's funded trial for the adaptation of the DESMOND program for Aboriginal people. The trial, which will be run in the Pilbara, will determine how to enable long-term sustainability and fidelity of the program in regional, rural, remote and Aboriginal community contexts.

Our Population Health Needs Assessments, produced in partnership with Curtin University, provided an overview of current patterns and trends in health demand, service supply and health service priorities for each PHN region.



CASE STUDY

Chronic pain

Our Population Health Needs Assessment identified musculoskeletal disease as one of the most prevalent chronic conditions in people living in the Perth metropolitan area. It also noted the limited availability of group chronic pain education.

In addition, during the development of the lower-back pain health pathway, we identified a gap in referral options for GPs.

WAPHA carried out a detailed co-design process with clinicians and community members with an interest in chronic pain. The group reviewed existing community pain management services, aiming to provide equitable access to community-based pain management support.

In early 2018, a new chronic pain program will be implemented across Perth North and Perth South PHNs. This will build the capacity of GPs, strengthen connections with allied health professionals, reduce referrals to tertiary pain clinics, improve self-management strategies and increase people’s confidence to discuss their condition with healthcare providers.

WAPHA will develop a ‘pain-related’ health pathway to support appropriate management and referrals.

CASE STUDY

Primary mental health emergency department diversion

A lack of suitable after-hours services for Pilbara residents living with mental health issues was identified through our Population Health Needs Assessment.

Emergency departments were the only treatment option in the evening, and there was limited access to counselling and psychological services at the weekend.

Of the 45,753 emergency department presentations at Pilbara hospitals in 2013, 70 per cent were for non-urgent or semi-urgent conditions compared with 66 per cent in all of country WA and 57 per cent for the state.

WAPHA funded WA Country Health Service to provide an after-hours mental health clinician based in the emergency department of both major Pilbara hospitals.

The position has a strong clinical focus including treatment, support and coordination of mental health care, ensuring the patient has better therapeutic support and improved follow up care to community-based services.

Services are provided at Hedland Health Campus in South Hedland and Nickol Bay Hospital in Karratha, with regional video conferencing links to inland hospitals in Tom Price, Paraburdoo, Newman and Onslow, as well as Marble Bar and Nullagine Nursing Posts.

Expected outcomes of the new service include:

- A reduction in transfers to the Broome inpatient facility;
- Fewer unnecessary mental health admissions to hospital;
- Improved ability of emergency departments to provide appropriate care for mental health patients; and
- Follow up of patients during daytime hours, and appropriate triage and referral to other community services.

Naïve Inquiry

WAPHA, in partnership with Curtin University and the Health Consumers’ Council, explored consumer experiences of chronic conditions management in primary care.

This was the second stage of the Naïve Inquiry conducted in 2016 with GPs and practice teams.

Consumer perspectives on chronic conditions management within primary care were captured through focus groups held in priority metropolitan locations identified from the 2016 Population Health Needs Assessments, as well as several country areas.

To qualify, participants had to have at least two chronic health conditions and be supported by a GP Care Plan.

The focus groups identified the following themes:

- Importance to consumers of the relationship with their GP;
- Value of pharmacy support;
- The internet as a source of information alongside professional care; and
- Shared health records to aid care planning and management across multiple providers.


The themes and learnings will inform the design and implementation of chronic conditions management approaches while bringing the consumers’ voice to the fore.

Consumers told us they value...

 A long term relationship with a GP who is a good listener

.....
 Pharmacists, as a source of accessible and appropriate advice in addition to medication expertise


.....
 “Dr Google” as a source of information, used best as a way to empower communication with health professionals

.....
 Allied Health and care plan services that are individually tailored and deliver therapeutic clinical care

Consumers would like to see...

 Electronic health records shared between health providers and patients


.....
 Bulk billing and no fee gaps

.....
 Appointments and waiting Separation for chronic condition patients to reduce infection risks Flexible contact with Primary Care outside the clinic appointment model

Consumers told us they are concerned about...

 Low levels of awareness and promotion of allied health care plans Generic education formats

.....
 The cost of care, which can affect care choices

.....
 Rarer conditions where there is a Perth v East Coast knowledge gap Lack of diagnostic and care pathways

.....
 People in the community who are socially isolated and lack support and advocacy in their journeys

Hotspots report

Potentially Preventable Hospitalisations (PPHs) accounted for approximately six per cent of all hospitalisations in Western Australia from 2010 to 2014 and cost \$352.6 million per year.

To investigate and improve the situation, WA Health and WAPHA collaborated to produce a report titled *Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia*.

The report’s objectives were to identify:

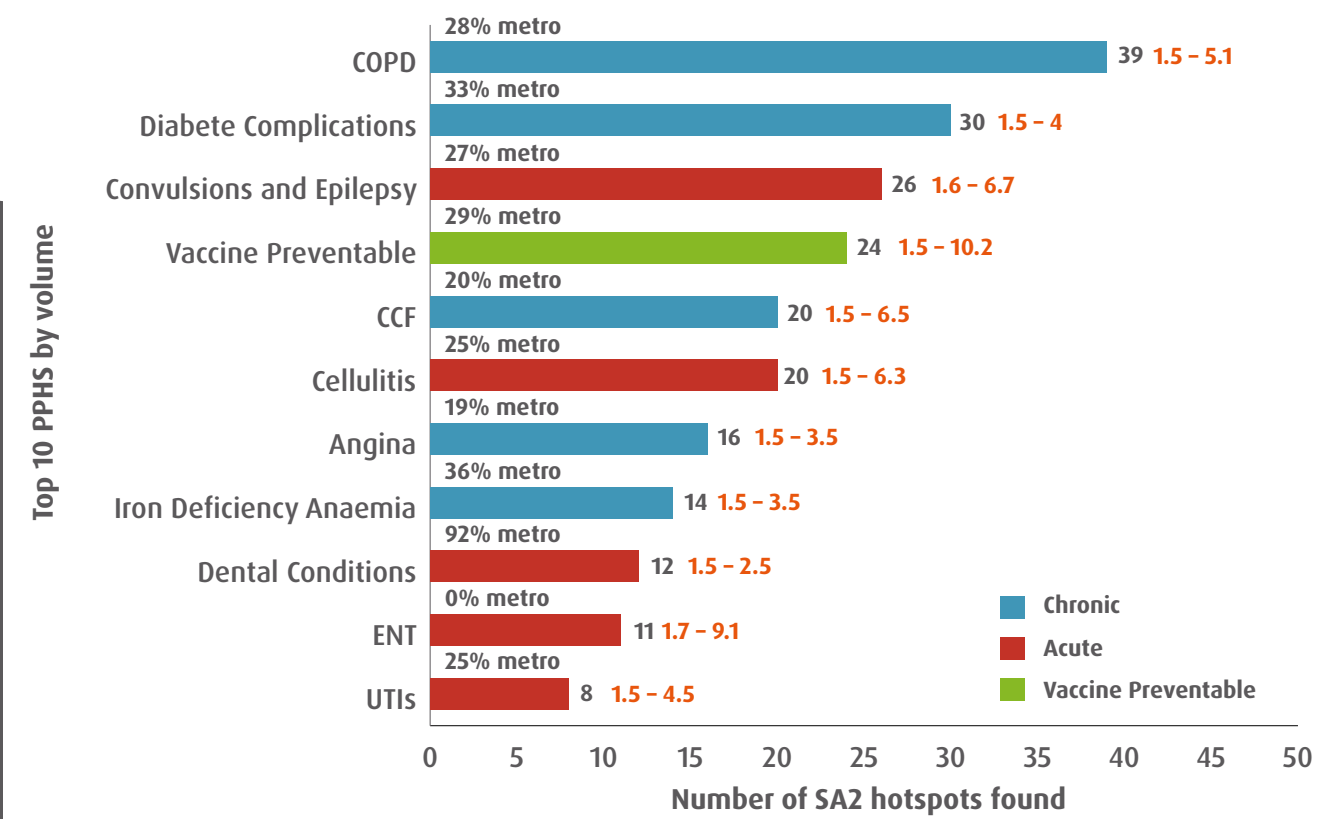
- Current evidence about geographic health inequalities;
- Places with very poor, but potentially preventable, health outcomes through targeted primary healthcare interventions;
- When place-based approaches can be effective where location is a direct risk factor; and
- Opportunities to better target health and broader services to those most in need.

Using WA hospital admissions data sets, the report identified places in WA with PPH rates markedly higher than the state average over four, three-year rolling periods.

The report is a collaborative first step in building an evidence base to identify the small areas of WA where health inequalities are entrenched and, without intervention, are likely to endure.

WAPHA will use the report as a planning tool for future commissioning activities to ensure the appropriate services are delivered in the right places.

Number of hotspots per potentially preventable hotspots condition (top 10 potentially preventable hotspots and vaccine-preventable)



*An SA2 is Statistical Area Level 2 which is a medium-sized general purpose area built up from SA1s. SA2s have an average population of 10,000.



WAPHA’s general manager strategy and health planning, Chris Kane, and principal advisor and research director Dr Daniel Rock, were involved in the *Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia* report, produced in partnership with WA Health.

Top 10 potentially preventable hotspots

The top 10 PPH conditions by volume and vaccine-preventable PPHs are listed in the adjacent graph in descending order of the number of hotspots found for each condition. Above each bar is the percentage of those hotspots located in the metropolitan area. Generally, around 70 per cent of hotspots for each condition occur in country WA. The range of Standardised Rate Ratio, the hospitalisation ratio used to compare the rate of the area to the state average, found by type of PPH is depicted in orange on the right.

Potentially Preventable Hospitalisations (PPHs) accounted for approximately six per cent of all hospitalisations in Western Australia from 2010 to 2014 and cost \$352.6 million per year.

Person Centred Models of Care

WAPHA is committed to addressing identified priority health gaps and inequities by developing contextualised, person centred models of care.

This means we will:

- Design integrated models of care which address the needs of people in priority groups, in particular mental health, alcohol and other drugs, suicide prevention, Aboriginal health, population health and chronic disease, and aged care;
- Utilise digital health and online platforms effectively to improve continuity and access to care; and
- Develop WAPHA's approach to co-designing services in genuine partnership with providers and consumers.

Thirty-nine practices in areas with a high prevalence of chronic and complex conditions across Perth South PHN and Country WA PHN committed to becoming a Partnership Practice.

Comprehensive Primary Care

A new partnership approach called Comprehensive Primary Care (CPC) was co-designed by WAPHA and GPs to enhance general practice.

Thirty-nine practices in areas with a high prevalence of chronic and complex conditions across Perth South PHN and Country WA PHN committed to becoming a Partnership Practice.

Our CPC team worked intensively with the practices to identify and understand their needs. They used the Patient Centred Medical Home Assessment (PCMHA) tool to develop and implement a Partnership Plan.

As a result, the following activities will be implemented:

Diabetes allied health services will provide GPs with the services of an allied health care team who will support and guide Type 2 diabetic patients to achieve their health goals.

Non-dispensing pharmacists will place pharmacists in general practice as part of an integrated care team who will improve patient health outcomes, deliver clinical pharmacy and education services, and work closely with community pharmacies to ensure continuity of care.

CareFirst will provide a six-month behavioural change program for people diagnosed with one of five chronic conditions, as a joint initiative of WAPHA, Medibank and HBF.

Integrated Team Care

WAPHA has developed an Integrated Team Care program to help improve health outcomes for Aboriginal and Torres Strait Islander people and contribute to Closing the Gap in life expectancy.

The program allows better coordination of care for Aboriginal and Torres Strait Islander people with chronic disease who require multidisciplinary care, and improves their access to culturally appropriate mainstream primary care.

Country to City: Improving patient transitions

Stakeholder engagement found that transitions for Aboriginal people from country regions to metropolitan Perth were fragmented, inconsistent and contributed to poor health and wellbeing.

In May, WAPHA started a state-wide project to understand the scope and scale of the issues by:

- Obtaining quantitative and qualitative data about the number of patients and the health outcomes of Aboriginal people transferred from the country to Perth for specialist health care for a chronic disease;
- Understanding organisational roles and responsibilities for each part of the Integrated Team Care patient transition between regions; and
- Identifying gaps in capacity and capability of patient transitions, as well as areas of good practice.

The project's second phase will develop and implement solutions to improve Integrated Team Care patient transitions and will be trialled in 2018.

Integrated Primary Mental Health Care

As part of the Australian Government's mental health reforms, WAPHA began to implement Integrated Primary Mental Health Care.

This new approach better addresses the needs of the 20 per cent of Australians who experience mental ill health.

WAPHA is using a stepped care model to allow vulnerable people to easily access mental health support at the right level and at the right time, wherever they live.

This change is helping GPs connect their patients with better, more targeted mental health services.

WAPHA commissioned a number of new alcohol and other drugs, suicide prevention and mental health services.

Alcohol and other drugs

Integration between alcohol and other drug services, mental health and primary care is at the core of WAPHA's health services and approach to commissioning alcohol and other drug services.

We have focused on collaborative approaches to build on the strengths of existing initiatives and provide more responsive support to those affected by alcohol and other drug use.

Priorities included increasing access to specialist community treatment and support such as counselling, workforce capacity building, and the development of activities for generalist health and primary care practitioners.



Mental health

Lead Site

Perth South PHN was selected as one of 10 Lead Sites across Australia to trial innovative approaches to the planning and integration of stepped care in primary mental health. Our approach is aimed at ensuring vulnerable people can easily access mental health support at the right level and at the right time, wherever they are in WA.

WAPHA will recruit general practices to participate in the trial that aims to change GP referral behaviours, and improve the uptake and treatment of low intensity interventions for people with, or at risk of, mild to moderate mental illness and experiencing social isolation.

The trial intends to reduce a person's risk of depression or severity of social isolation by identifying the most appropriate low intensity intervention.

Suicide prevention

WAPHA was selected to run three of the Australian Government's 12 Suicide Prevention Trial Sites, areas with higher than average suicide rates where better mental health services are required. This initiative will identify issues and deliver a tailored response to a community or individual need.

In February, WAPHA became the first Australian National Chapter of The Alliance Against Depression, a community-based intervention which targets the improvement of care and optimisation of treatment for patients with depression to prevent suicide.

We will use this approach in two of the three Suicide Prevention Trial Sites, each of which has a different focus:

- Midwest – Males in the 25 to 54 age range inclusive of Aboriginal communities in Geraldton, Carnarvon, Meekatharra, Mullewa, Mt Magnet and Morawa;
- Rockingham/Kwinana/Mandurah – Youth.

WAPHA will integrate recommendations made from the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Projects (ATSISPEP) into the third Suicide Prevention Trial Site in the Kimberley, which focuses on Aboriginal suicide prevention in Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra and Wyndham.

Other suicide-related programs commissioned include:

- Social and emotional wellbeing programs, recognising the need for individuals to be connected to family, community, country, spirituality, kin and ancestry;
- ALIVE, a program in the metropolitan area providing follow up care for people who have attempted to take their life or at risk of suicide. This program works closely with hospitals, specialised mental health services and primary care; and
- Active Response Bereavement OutReach (ARBOR), a postvention program to support people bereaved after suicide with short to medium term counselling, referral, volunteer peer support and support groups.

headspace

On 1 July 2016, WAPHA took over the management of WA's 11 headspace centre contracts and the headspace Youth Early Psychosis Program.

Over the past year, we completed all administrative and human resource activities necessary to ensure the smooth running of the centres and their programs.

We have worked with other providers to better integrate headspace centres into broader primary healthcare services through active engagement of headspace centres and data in health needs analysis, service mapping, health pathway development and PHN activity planning.

Mental health reform

In line with Australian Government policy to reform the primary mental health care sector, WAPHA commissioned two new programs, Practitioner Online Referral Treatment Service (PORTS) and MH Connex, and implemented seven regional Mental Health Portals.

PORTS

PORTS is a referral pathway for patients with mild to moderate anxiety, depression or problematic substance use to access treatment delivered online, by posted workbooks, telephone or face to face, depending on their needs and circumstances.

Access Macquarie Limited developed this virtual mental health clinic and is working with service providers across WA to ensure the most vulnerable people have access to psychological services, wherever they live.

MH Connex

MH Connex is a nurse-led mental healthcare management service provided by telephone or face to face.

WAPHA commissioned Medibank Private and Richmond Wellbeing to design a new service to help GPs motivate patients to commit to their mental health treatment plan.

The service is available to GPs operating in Perth metropolitan postcodes where residents have high levels of unmet mental health need. This initiative will link people to other services and support in their community to promote sustainable, long-term recovery.

Mental Health Portals

WAPHA commissioned seven Mental Health Portals across the Country WA PHN for people who are financially disadvantaged or living where there is no access to targeted primary mental health treatment.

Treatment options include face-to-face counselling, online therapy supported by phone sessions, and other forms of care including group and community support.

Collaboration with service providers ensures services are of an equally high standard and consistent, while allowing for innovation that recognises the differences within each region.

The Mental Health Portals provide a better range of therapy support at different levels of intensity and help more people with a mental illness to access the right level of care at the right time in their local community.

Stakeholder engagement was carried out during the implementation of primary mental health services, including PORTS.



“We know that there has been a great deal of unmet need in the Goldfields region, so we are pleased to be able to deliver help to people who need it. We will be working closely with GPs within the community to help them connect their patients to the most appropriate mental health services.”

Centrecare executive manager Awhiora Nia Nia, Goldfields Mental Health Portal.



WAPHA Midwest regional manager Jodie Green with Panaceum Group chief executive officer Richard Sykes of Panaceum Group, who were contracted to coordinate a new chronic disease service in the region.

Other mental health activities

We continued to progress the *Integrated Atlas of Mental Health, Alcohol and other Drugs* which maps government funded and non-government organisations' mental health, alcohol and other drugs services in Western Australia. The completed *Atlas* will enable service planning and allocation.

We began the Hospital Transition Pathways Project which maps existing pathways for mental health patients during admission, inpatient, discharge and follow up. This will identify issues resulting in poor quality service and experience. The project will make recommendations to improve patient treatment and experience.

Integrated Chronic Disease Care

WAPHA has commissioned Integrated Chronic Disease Care services throughout regional WA to improve care for individuals at risk of chronic disease.

Our Population Health Needs Assessment revealed:

- Diabetes complications were a leading cause for people presenting to hospital emergency departments in the region; and
- Potentially preventable hospitalisation rates for chronic conditions were 5.6 times higher for Aboriginal people compared with non-Aboriginal people in the Midwest.

In the Midwest, stakeholder consultation began in August 2016 and members of the Midwest Regional Clinical Commissioning Committee formed a sub-group to design a care model for chronic disease.

WAPHA has commissioned the Panaceum Group to coordinate the new service which includes care coordinators and local private allied health services such as dietetics, diabetes education, podiatry, exercise physiology and physiotherapy.

The service also involves teams of health professionals who travel to remote areas to coordinate care and support individuals to manage their chronic conditions, with GPs remaining at the centre of their patients' care.

“The ICDC has assisted my patients greatly as it has reduced their travelling time and cost significantly. I have been pleasantly surprised by the uptake by patients who have otherwise not engaged in these services previously. As a result, my patients have a greater understanding of their chronic health conditions, and are better placed to improve their ongoing health.”

Dr Sasha Risinger from Three Springs Family Practice

“The new service has been a breath of fresh air since it was introduced to the Carnarvon Medical Centre. This has improved the personalised care provided to our patients with Chronic Disease. It has certainly pushed us closer to addressing their full range of needs and supporting them to self care.”

Dr Nnaemeka Eze from Carnarvon Medical Centre





Silver Chain's Matthew Franklyn, Angela McMahon, Leanne Gregory and Clare Haymes are delivering the Integrum Aged Care + service, aimed at supporting people to manage their health during their final years.

Peri End of Life

The Peri End of Life primary care model centres on a dedicated, community-based primary care practice specialising in better management of people during their final years.

The service includes:

- General practice
- Specialist care
- Allied health
- Aged care
- Hospital admission/discharge co-ordination
- Psychological and spiritual counselling
- Remote monitoring
- Home nursing
- Rapid response nursing/medical care
- Family support.

There are strong links between Commonwealth strategy and this innovative project which integrates care between primary, tertiary and allied health providers, and links to other necessary support to keep people well and allow them to remain in the community.

The operating model was informed by international best practice with input from McKinsey, Silver Chain, WAPHA, subject matter experts from across the sector, consumers and carers.

In partnership with Silver Chain and Integrum Aged Care +, WAPHA will deliver and test the Peri End of Life primary service across the Perth North and Perth South PHN regions, demonstrating best practice care for clients in their last two to three years of life.

This will build capacity in primary care to manage chronic and complex patients, improve their care, case management and the patient experience.

The pre-trial period will deliver the first clinic in September 2017, with a larger trial due to start in February 2018.

In partnership with Silver Chain and Integrum Aged Care +, WAPHA will deliver and test the Peri End of Life primary service across the Perth North and Perth South PHN regions.

Measuring Outcomes

Outcomes Framework

WAPHA developed an Outcomes Framework to assess how well our commissioning is achieving its intended aims.

It sets out our approach to monitoring and evaluating our commissioning activities.

With our direction and support, commissioned service providers have started to use the Framework to monitor and evaluate their services.

WAPHA consulted widely with clinicians, providers, patients and community organisations to determine the most meaningful outcomes and indicators.

Five outcome domains, which align to the five priority areas determined by our Population Health Needs Assessments, are outlined in the Outcomes Framework. These represent the system changes we intend to make within primary care through our commissioning activities:

- 1. Building capacity within the place**
Place-based, flexible design that works for local providers and meets local needs
- 2. Increased accessibility and reduced inequity**
Increase access for vulnerable, underserved and hard to reach groups
- 3. Providing care coordination**
Simplify access and navigation; coordinate across the continuum; bring together health and social care stakeholders
- 4. Delivery of services with a person-centred approach**
Holistic care involving GPs and support services in partnership with the people they care for
- 5. Creation of locally sustainable health systems**
Increase use of early and low intensity interventions and stepped care community based approaches for better individual and population health

WAPHA took a three-phase approach to developing Outcome Measures:

1. Developing tools to guide providers and gather information;
2. Working with providers to develop and refine the tools; and
3. Aggregating outcomes and developing common measures.

WAPHA consulted widely with clinicians, providers, patients and community organisations to determine the most meaningful outcomes and indicators.

Primary Care Capability

WAPHA implemented a place-based approach to capacity building and change management strategies to support GPs and general practices to improve access and quality of care for their patients.

Initiatives include:

- Onsite information and training for practice staff related to Commonwealth, WAPHA and state priorities and funded initiatives;
- Onsite and telephone support for new practices during establishment;
- Training and networking events for GPs, nurses and practice managers in partnership with other peak bodies and organisations;
- Practice Connect and GP Connect newsletters; and
- Opportunities for GPs and practice staff to engage in system and service design and to improve links with other services.

My Health Record

WAPHA has strongly advocated the use of My Health Record since its relaunch in March 2016 and supported general practices in its use.

To date, more than 75 per cent of general practices in WA have registered to use My Health Record, and GPs have uploaded more than 65,000 shared health summaries during the past year.

WAPHA's primary health liaison officers have educated practice staff on how to encourage patients to register and upload documents to the system.

More than 100 hospitals in WA can now upload discharge summaries to the My Health Record system. They have added nearly

30,000 discharge summaries to the 353,000 clinical documents uploaded to the My Health Record system by WA providers in the past year.

This has benefited patients who travel from regional and remote areas to receive treatment in Perth. With a My Health Record, their discharge summary and other information are immediately available to their next healthcare provider.

The My Health Record system is set to rapidly expand as the system moves from an opt-in model of patient registration to opt out. By the end of 2018, every Australian resident will have a My Health Record, unless they actively choose to opt out.

The decision to switch to opt-out was driven in part by the results of an opt out trial delivered by WAPHA in 2016 in conjunction with Precedence Health Care and IPN. The trial proved that while the My Health Record system is effective in increasing access to patient information and is well supported by both clinicians and patients, the opt-in method required significantly more money and resources to achieve the same outcomes as opt out.



Sandra Motteram and her daughter Eliza Leake access their health record on a phone with Digital Health Agency chief executive officer Tim Kelsey and chief medical adviser Meredith Makeham.

By the end of 2018 every Australian resident will have a My Health Record, unless they actively choose to opt out.



*Clinician liaison officer
Danelle Robertson and HealthPathways
coordinator Sue Gedeon discuss localising care pathways
to improve the patient journey through the healthcare system.*

HealthPathways WA

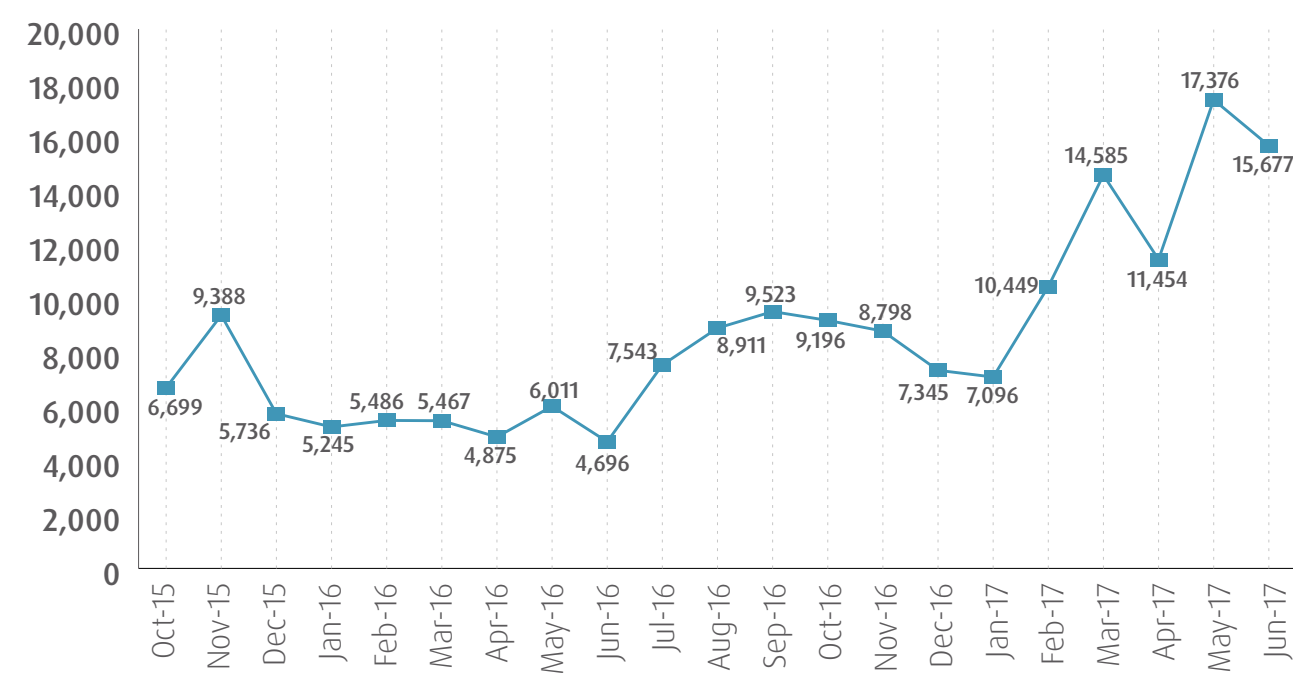
WAPHA's HealthPathways WA team has continued to localise pathways in Western Australia to help clinicians navigate their patients through the complex primary, community and acute healthcare system.

The team also began the review process for published pathways.

The uptake of HealthPathways continued to increase in 2016/17 with page views double the 2015/16 number.

Engagement and collaboration with the secondary and tertiary health system has grown through several major projects driven by WA Health, with HealthPathways utilised to communicate service and policy changes to GPs.

Number of page views since launch



Endoscopy project

HealthPathways WA collaborated with WA Health's Central Referral Service (CRS) to prepare GPs for changes to endoscopy referrals.

HealthPathways WA established an endoscopy working group of GPs and gastroenterologists to guide the development of endoscopy and gastroenterology pathways. The Endoscopy Requests pathway was published in January 2017 alongside the CRS referral form.

Since the pathway was published, it has had 775 views, and there has been a significant reduction in the number of patients on the public waitlist.

Ear, nose and throat project

In advance of changes to non-urgent ear, nose and throat (ENT) referrals, HealthPathways WA and WA Health collaborated to manage referrals to ENT specialists at tertiary public hospitals.

HealthPathways localised several ENT pathways to assist GPs to optimise the management of patients within primary care before referring them for specialist input.

The referral inclusion/exclusion criteria were published on the non-acute ENT assessment request page in preparation for the changes.

From 1 July, when the CRS rejects an inappropriate ENT referral, the GP will be directed to access the ENT pathways and referral criteria on HealthPathways.

Education events

The HealthPathways WA team hosted education events for GPs on recently published pathways.

These events also aimed to increase the use of HealthPathways by GPs and promote links between primary, secondary and tertiary care.

2016/17 HealthPathways education events

Education Event	Partner Organisation
Chronic Disease Management	Armadale Health Service
Chronic Obstructive Pulmonary Disease	Fiona Stanley Hospital
Creating Effective HealthPathways Webinar	Royal Australian College of General Practitioners (RACGP)
Diabetes	St John of God Midland Public Hospital
Endoscopy	Osborne Park Hospital
Hepatitis C: Community-Based Treatment	Fiona Stanley Hospital
Headaches, Constipation, and UTIs in Children	Armadale Health Service

Over the past year:

148
pathways
localised

14
pathways
reviewed



127,953
page
views

7553
users

1834
new
users

273
attendees at
education events



Immunisation

WAPHA has continued to improve immunisation coverage in WA by providing regular support and training on the Australian Immunisation Register (AIR) to general practice immunisation providers.

Many practices generate monthly overdue immunisation reports which facilitate a targeted recall process and encourage regular cleansing of immunisation data to improve state-wide coverage.

WAPHA reviews overdue immunisations by general practice and targets training and support for practices with high numbers of overdue immunisations.

This model seeks to build capacity for general practice to access and manage their own immunisation data and schedule recalls.

In collaboration with Metropolitan Communicable Disease Control, WAPHA held seven AIR training sessions in April with 240 attendees.

WAPHA also worked closely with key stakeholders, including the Communicable Disease Control Directorate Prevention and Control team, who provided support with immunisation data analysis and the approval of our immunisation pathway for HealthPathways.

Cancer screening

WAPHA worked with primary healthcare providers to increase their capacity to promote cancer screening and support patients to access cancer screening services.

Our focus areas were promotion of the national programs for bowel, breast and cervical cancer screening.

We partnered with relevant state programs to help promote awareness campaigns and support any messaging and changes to general practices.

Postcode participation data for the cancer screening programs was reviewed which informed the delivery of resources and areas of need for future health promotion activities and awareness campaigns.

We also promoted the National Bowel Cancer Screening program.

A targeted approach was carried out for this program, with analysis of postcode participation data aimed at increasing completion of the bowel screening kits sent to patients.

WAPHA also assisted in regional promotion and awareness of BreastScreen WA's mobile screening mammography service by circulating time and location details to general practice and community stakeholders.

The year ahead

WAPHA will transition from transactional practice support to a partnership approach through meaningful engagement with general practice through our Enhanced Practice Support (EPS) activity. This will offer a number of initiatives designed to build the capacity and capability of participating practices to transition to sustainable business models.

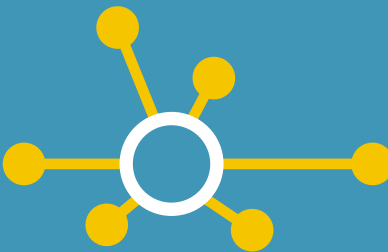
WAPHA has partnered with Rural Health West to develop a state-wide practice support service, Practice Assist, scheduled to launch in October 2017.

The service will be a one-stop-shop for general practice offering a toll-free help desk, practice support visits from primary health liaison officers, a dedicated website, educational webinars, networking events and regional workshops.

The activities described above will build the capacity of primary care in Western Australia to holistically manage chronic and complex patients in the community.



More than 3000
practice visits across
the three PHNs



Over 180
practices are now sharing
data with WAPHA to inform
population health planning



Over 900
people attended general
practice events

Our People

In our second year of operation, we continued to invest in our staff through a culture program, training, development and work health and safety initiatives.

The importance of staff engagement and fostering an engaging work environment is crucial to achieving our organisational goals.

Our workforce capability

We offered training and development at all levels of the organisation to meet skills and knowledge gaps. This included our leadership development program and role specific capability training.

We also implemented an online performance management program allowing managers and staff to identify more targeted training and development requirements.

Our culture

WAPHA has continued to develop and maintain a positive workplace culture that aligns our staff's efforts with organisational strategic priorities.

Our cultural development program helps staff to align their behaviours to a set of preferred organisational behaviours. It is coordinated and delivered by culture advocates, who are role models and ambassadors for the program.

Each month the culture advocates facilitate a meeting with their teams to support organisation-wide programs aimed at promoting and enhancing our culture.

Our organisational wide culture pulse score has been maintained at 76 per cent.

Our reward and recognition program

WAPHA's reward and recognition program allows staff to recognise their colleagues for actions that support the organisation's strategic objectives. Once a month, a staff member is recognised for their efforts, which align to one of our four signature behaviours:

- We work as one team.
- We transform complexity into simplicity.
- We work courageously with shared purpose.
- We listen, learn and respond.

Country staff were recognised for transforming complexity into simplicity by finding innovative ways to overcome the challenges of working in rural and regional locations. Across the organisation, staff were also recognised for working as one team by collaborating across teams and program areas to achieve organisational goals and objectives.

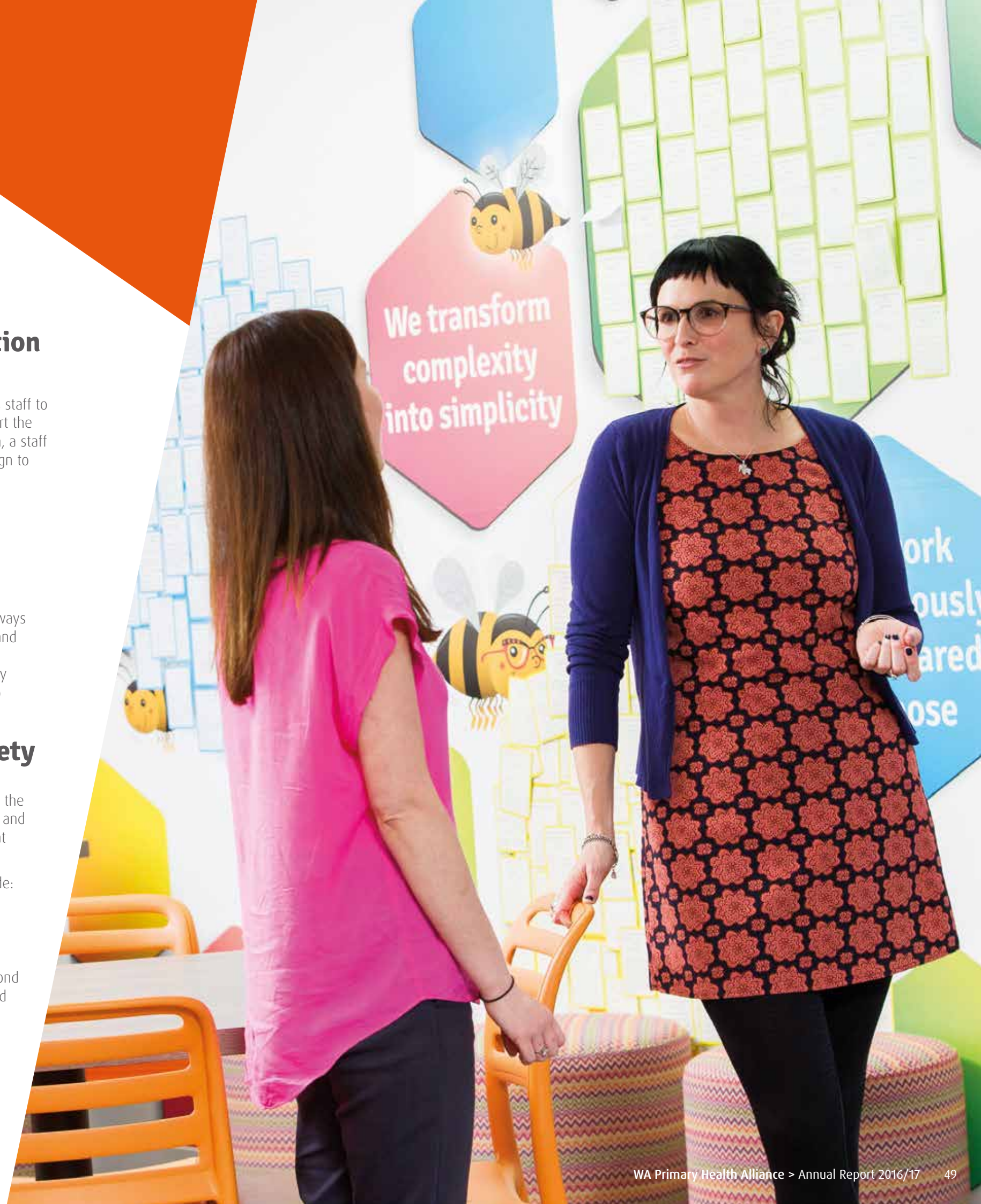
Our work health and safety

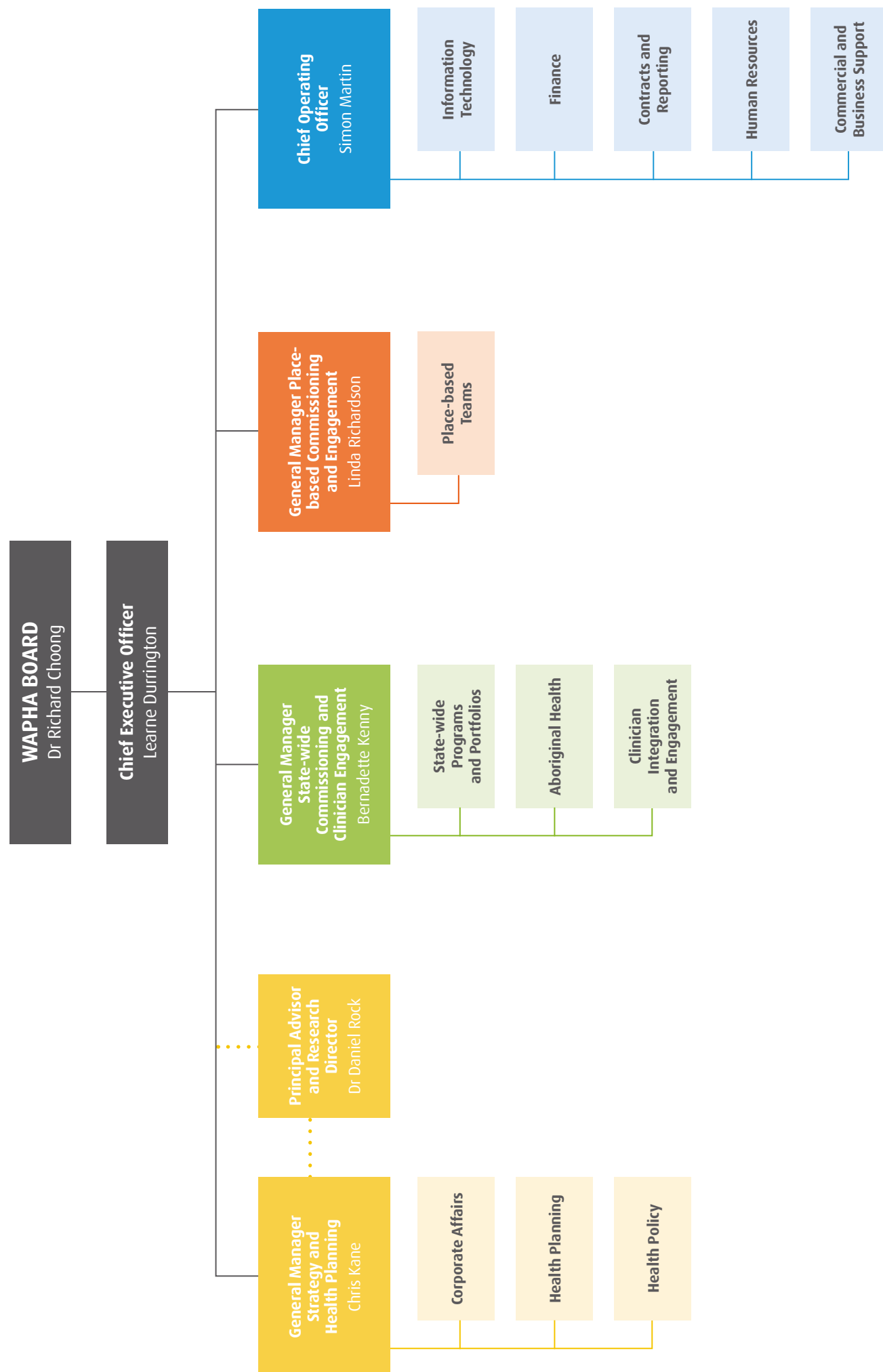
The health and safety of our staff is paramount. Work health and safety is embedded throughout the organisation via our staff-appointed Work Health and Safety Committee who implement strategies that embed a culture of safety.

Initiatives implemented by the Committee include:

- Resilience training;
- Driver safety training;
- First aid training;
- Training for the Committee members by Beyond Blue on "Mental Health in the workplace"; and
- Regular training for designated fire wardens.

Through our cultural development program, staff can recognise their peers for outstanding effort through the reward and recognition program.





Governance

Structure

WAPHA recognises the importance of good governance to ensure strong management, optimal performance, responsible stewardship of public money, meaningful public engagement, and ultimately, good outcomes.

WAPHA is led by a skills-based Board comprising of eight directors who bring a unique perspective on integrated primary health care across WA.

The Board meets bi-monthly and is supported by a committee and council structure which makes recommendations to the Board on policy, strategy, risk management and governance.

The organisation, led by the Chief Executive Officer, has four portfolios which are responsible for operationalising Board decisions and delivering against our strategic objectives. The portfolios are Strategy and Health Planning, State-wide Commissioning and Clinician Engagement, Place-based Commissioning and Engagement, and Corporate Services.

Finance, Audit and Risk Management Committee

The Finance and Risk Management committee is a sub-committee of the Board and meets quarterly. Its role is to assist the Board in overseeing WAPHA's audit, compliance, finance reporting and risk management functions.

Membership: Tony Ahern (chair), Rod Astbury, Stephen Wragg and Simon Martin (company secretary).

Nominations, Remuneration and Governance Committee

The Nominations, Remuneration and Governance Committee is a sub-committee of the Board and meets quarterly. Its role is to assist the Board in overseeing WAPHA's governance arrangements, including its governance framework and the performance evaluation, remuneration and succession planning for the Board, the Chief Executive Officer and the senior management team.

Membership: Stephen Wragg (chair), Anne Russell-Brown, Dr Marcus Tan, Dr Damien Zilm and Simon Martin (company secretary).

PHN Councils

Each PHN has a PHN Council as its strategic advisory body. The PHN Councils report to, provide recommendations and inform the WAPHA Board about opportunities to improve medical and healthcare services through strategic, cost effective investments and innovations.

Perth North PHN Council chair: Anne Russell-Brown

Perth South PHN Council chair: Dr Marcus Tan

Country WA PHN Council chair: Dr Damien Zilm



Board

Chair

Dr Richard Choong

MB Bch BAO (NUI), LRCSI & PI, FRACGP, FAMA

Dr Richard Choong is the principal General Practitioner of an outer metropolitan general practice in Perth. He is also Chair of the Australian General Practice Accreditation Limited (AGPAL) Board and maintains a strong focus on not-for-profit organisations, health promotion charities and medical research foundations. Richard is a past president of the Australian Medical Association WA.



Director

Tony Ahern

ASM, BBus, MBIS, MAICD

Tony Ahern is the CEO of St John Ambulance WA. Tony sits on the Board of the Council of Ambulance Authorities and is the Chair of the WA Emergency Services Volunteers Hardship Assistance Scheme.



Director

Rod Astbury

GAICD, MBA, MA Public Policy, BSW, BA

Rod Astbury is the Chief Executive Officer of the Western Australian Association for Mental Health. He is an executive Director of Community Mental Health Australia and a member of the WA Mental Health Advisory Council. Previous roles include managing the Western Australian and Northern Territory operations of the Australian Red Cross Blood Service and investment programs for the Mental Health Division. Rod is a former Director of the Perth Central and East Metropolitan Medicare Local.



Director

Professor Rhonda Marriott

Dip Psych Nsg, BSc Nsg, PGDip Mid, MSC Nsg, PhD

Professor Rhonda Marriott is a senior researcher with expertise in Aboriginal maternal and child health and a Professor of Aboriginal Health and Wellbeing in the School of Psychology and Exercise Science at Murdoch University. A registered nurse for 44 years and a midwife for 26 years, Rhonda was the first Indigenous Head of a University School of Nursing in Australia. She has a passion to improve the social and emotional wellbeing outcomes of Aboriginal people and has expertise in Aboriginal health research combining community participatory action research methods with Aboriginal 'yarning' and 'dadirri' techniques.



Rhonda is WAPHA's Board representative liaison for Aboriginal Health Council of Western Australia and Board sponsor for the Reconciliation Action Plan and state-wide Aboriginal health planning committees and forums.

Director

Anne Russell-Brown

Dip. Teach, GAICD, Grad Dip LCC

Anne Russell-Brown is an experienced community services executive and independent director. Before retiring in 2015, she was Group Director Social Outreach at St John of God Health Care. Anne is a former member of the Social Enterprise Fund Advisory Group; and was previously on the boards of Fremantle Medicare Local, Western Australian Council of Social Service, Western Australian Network of Alcohol & Other Drug Agencies, and Protective Behaviours WA. She is a former member of the Centre for Social Impact Advisory Council (UWA) and a Rotary International Paul Harris Fellow. Anne was the 2004 WA Telstra Business Woman of the Year.



Director

Dr Marcus Tan

MBBS, FRACGP, MBA (Exec), FAICD

Dr Marcus Tan is a healthcare executive and company director. He is the CEO and Medical Director of Health Engine and an active leader in the innovation and technology space.

Marcus is a Fellow of the Royal Australian College of General Practitioners, an Executive Council member of the Australian Medical Association, and an Adjunct Associate Professor in Health Leadership and Management at Curtin University. His previous roles include membership of the Governing Council of the South Metropolitan Area Health Service, Board Director of Giving West and Chair of Perth Central and East Metro Medicare Local.



Director

Stephen Wragg

B.Pharm, MPS, MAICD

Stephen Wragg is a Community Pharmacist and President of the Pharmacy Guild of Australia (WA Branch). He is also a National Executive for the Pharmacy Guild of Australia, Director of Guildlink Pty Ltd; a Member of the Australian Digital Health Agency's Clinical and Technical Advisory Board; and Managing Director of the Professional Pharmacy Services Group.



Director

Dr Damien Zilm

MBBS, FRACGP, FACRRM, MAICD

Dr Damien Zilm is a General Practitioner and a Fellow of the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners. He is the Chair of WA General Practice Education and Training. Damien practices in Laverton, Leonora and Northam and with the WA Country Health Services Telehealth Service. He is a supervisor with WA General Practice Education and Training and the Remote Vocational Training Scheme. Damien works occasionally at St John of God Murdoch Hospital and at Bassendean Total Health Care. He is the immediate past Chair of the Goldfields Midwest Medicare Local and past Chair of Goldfields Esperance GP Network.



courage

Executive team

Chief Executive Officer

Learne Durrington

Learne is known as a strategic leader and has a strong blend of skills and knowledge gained in her roles in government and not-for-profit sectors. With a background in health, mental health, primary care and human services she is purposeful in articulating the importance of collective impact as a basis for improving outcomes.

Learne leads with the premise that complex and 'wicked' problems cannot be solved through traditional approaches, nor can an organisation on their own address system fragmentation and increasing inequality. Thus collaboration, partnership and integration are key.

Learne is an A/Adjunct Professor of Health Sciences, holds a Masters Degree in Public Policy and an Honours Degree in Social Work, is a Fellow of the Australasian College of Health Service Management and a Graduate of Australian Institute of Company Directors. Learne is regularly invited to speak at national and state conferences on topics of her expertise.



Chief Operating Officer

Simon Martin

Simon has more than 25 years' commercial experience, with his previous roles including CEO of Cystic Fibrosis Australia, general manager of Network Ten Perth and finance manager of Network Ten Perth and Adelaide.

He has developed strong skills in all facets of business leadership including strategy development and implementation, sales, marketing, operations, human resources, legal, finance and information systems.

Simon is the Vice Chair of Breast Cancer Care WA, Vice President of Cystic Fibrosis WA and a member of the Olympic and Commonwealth Games Team Appeal Committee.



General Manager Place-based Commissioning and Engagement

Linda Richardson

Over the past 30 years, Linda has gained experience in working with communities to identify needs and plan and develop programs and services which meet them.

She has held executive and management roles in state and local government and worked in state-wide coordination roles with non-government organisations.

Having lived in several Wheatbelt and Midwest towns, and in the Pilbara, Linda has first-hand knowledge of the challenges experienced by those living in rural and remote parts of WA.



General Manager State-wide Commissioning and Clinician Engagement

Bernadette Kenny

Bernadette has 25 years' experience in the health sector. She previously worked for Medibank Health Solutions where she was responsible for managing their government and corporate contracts, including telephone, online and integrated care portfolios across WA. Bernadette has a track record of working in partnership to deliver innovative solutions to meet population health and local community needs.



General Manager Strategy and Health Planning

Chris Kane

Chris has almost 30 years' experience in the health and education sectors, most recently she worked as Executive Officer with the Australian Medical Association WA. In this position Chris has worked in a range of health policy areas including Aboriginal health, mental health, immunisation, road safety, workforce, e-health and alcohol and other drugs. Through her work in the health policy field, Chris has developed strong relationships with clinicians, academics, state and federal governments, NGOs and the private sector. She has a Bachelor of Arts and a Master of Commerce from the University of Western Australia.



Principal Advisor and Research Director

Dr Daniel Rock

Danny is an epidemiologist, a Fellow of the Royal Society for Public Health and an adjunct Professor in the School of Psychiatry and Clinical Neurosciences, The University of Western Australia.

Prior to his current appointment he held several senior health service executive and clinical research positions most recently as Deputy Executive Director, North Metropolitan Health Service Mental Health, the Director of the NMHS MH Clinical Research Centre, and a Clinical Professor in the School of Psychiatry and Clinical Neurosciences and the School of Population Health, UWA. Danny was the Co-Director of the WA Centre for Clinical Research in Neuropsychiatry based at Graylands Hospital.



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WAPHA
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,
COUNTRY WA

An Australian Government Initiative

This information is available in an alternative format on request : (08) 6272 4900

Acknowledgement

WA Primary Health Alliance would like to acknowledge the traditional custodians of the country on which we work and live and recognise the continuing connection to land, waters and community.

Disclaimer

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