

GPV produces Health Reform Updates to help keep our division members up to date with developments in health reform. The updates are emailed to Division Chairs and CEOs and are posted on the GPV website, so divisions are welcome to share any information they wish to with other stakeholders.

See: www.gpv.org.au/resources.asp?type=42, or www.gpv.org.au > Resources > Health Reform Updates

Tranche 1 Medicare Locals

The Prime Minister and the Minister for Health launched the first 19 Medicare Locals at Parliament House in Canberra on 25 August. The launch began with a short film featuring three Medicare Locals, (one of them Barwon) and their plans for improving population health in their areas. The video can be viewed from a link on this page:

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/medilocals-lp-1>

The session included presentations from 5 more Medicare Locals (one of them Inner East Melbourne) about their progress to date and plans. A brief overview or profile of each the funded Medicare Locals can be seen on the yourhealth website at:

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/medilocprofiles>

The Prime Minister thanked the Medicare Locals Chairs and CEOs for being in the forefront of health reform. She stated that the COAG agreement will change forever the way hospitals will work, will address the big problems we face in health, and will support more transparency, as Local Hospital Networks start to work. She emphasised that we need to start the work in primary health care, as Australia has high hospitalisation rates internationally which have to be addressed.

“Medicare Locals will join together the primary care system so people get the care they need, the burden has moved to chronic and complex conditions; the system need is to join up the services, identifying where there are service gaps and filling them, with better coordination, meeting after hour’s needs and aged care needs.”

The Minister for Health and Ageing described the advent of Medicare Locals as an opportunity to take primary care reforms to next level. She emphasised that Medicare Locals are a fundamental part of the health reform strategy, and an opportunity for patients across the country.

The new Deputy Secretary of the Department of Health and Ageing, David Butt also spoke and stressed that primary care is the most cost effective care, the first point of contact, and has a range of providers. He said that the move is from managers of programs and projects to Medicare Locals becoming system managers of primary health care.

That afternoon, Department of Health and Ageing officials confirmed that they expect to announce 15 more Medicare Locals to start operation from 1 January 2012, with a third tranche from 1 July 2012. The assessment of the applications in response to the Invitation to Reply, which closed on the 19th July, is nearing completion. There were 48 applications for 43 MLs across the country. Victoria has 13 not yet funded. The Department is seeking national consistency from the network, and intends to roll out programs and initiatives across the network, not take a competitive approach to funding. They are building the capacity to implement primary care reform through Medicare Locals.

It is likely that the announcement about Tranche 2 and Tranche 3 Medicare Locals will be made in October, after the Minister has considered the recommendations and finalised her decision.

Department officials described the changes within the department to reduce the number of funding streams from around 160 to 18, with flexible funds bringing economies of scale and efficiencies. The Primary and Ambulatory Care Division includes responsibility for Medicare Locals, divisions, GP super clinics, practice incentive payments, some grants and rural health. There is a long-term aim to bring that flexibility to the way Medicare Locals are funded.

The performance and accountability contracts with Medicare Locals through the annual plans and processes are the substitute for a performance framework at the moment. That framework is being finalised, and will be challenging to meet: it will be a mixture of Medicare Locals reporting on contracts and the National Health Performance Authority obtaining data and publishing Healthy Communities reports.

Medicare Local National Body (MLNB)

AGPN and the SBOs met to discuss the response to the Minister's Invitation to Form a National Organisation for Medicare Locals. The invitation outlined roles as a lead change agent for the Medicare Local network and to support Medicare Local performance. The response to the invitation is due on 17 October. AGPN and the SBOs are working with PricewaterhouseCoopers and Carla Cranny & Associates to prepare the response. A summary of the brief is available here: <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/medilocal-nationalbody>

Population Health Planning: The Victorian Data Sources

On Friday 2 September GPV held a workshop to provide divisions and Medicare Locals with many of the data sources for population health planning in Victoria. One of the first speakers was Ms Jan Black Policy Adviser with the Municipal Association of Victoria. Jan outlined the local Health and Well Being plans that local government is required to prepare, and encouraged Medicare Locals to work with their local government bodies in preparing their plans, to share information and participate together in community consultation. Under the COAG Agreement, the States and the Commonwealth are committed to undertake bilateral work to develop state specific plans for GP and primary health care (by July 2013). (Schedule E3)

The extensive list of tables and mapping systems for population health data which were showcased at that workshop are now available on the GPV website under Population Health: <http://www.gpv.org.au/content.asp?cid=10.36&t=Population>

One of the highlights was the Arthritis Map of Victoria which very impressively has the Medicare Local boundaries included. It was noteworthy that the data on service providers came from the Human Services Directory and the divisions, Medicare Locals and other stakeholders have a key role in keeping this data up to date so that it is useful for planning. Participants were keen to see the map extended to cover all chronic diseases and relevant services. Below is the direct link at www.arthritismap.com.au:

www.arthritismap.com.au/healthplanning/index.html#zoom=7&lat=-36.597889133000000&lng=145.3381347649999500&directory=undefined&mapbase=roadmap

Medicare Locals and Aboriginal Community Controlled Health Services

On Monday 29 August a meeting was held at GPV with Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the CEOs and other representatives of several Aboriginal Community Controlled Health Organisations (ACCHOs) and the representatives of the funded Medicare Locals. VACCHO approached GPV to hold the meeting jointly to showcase examples of good partnership and practice support work leading to health outcomes. Northern Melbourne led discussion on approaches to partnership and linkages, while Murray Plains Division presented the joint work they have done with Njernda Aboriginal Co-operative. The meeting considered ways to support effective partnerships between the sectors and a draft

document will be prepared for stakeholders (both ACCHOs and Medicare Locals/Divisions) to consider. Participants committed to ongoing discussion, to working together to ensure that Aboriginal health will be a priority for the Medicare Locals, and to establish structures that enable real participation in decision-making in Medicare Locals for the Aboriginal community.

Allied health peak organisations

GPV held its most recent meeting with representatives of Allied Health Peak Organisations on 8 September. Participants heard about developments in health reform, including some details from two of the Tranche 1 Victorian Medicare Locals about their local approaches, and about some of the division programs that involve allied health professionals.

Lead Clinicians Groups

A representative from the Commonwealth DoHA state office provided some further details about Lead Clinician Groups. The national group is intended to provide advice to the Minister on multidisciplinary and multi-sector health issues, to provide national clinical guidelines and to be a national forum for engagement of senior clinicians. There may also be time-limited working groups to focus on specific health issues. Local Lead Clinician Groups are intended to work across primary care and acute care sectors to improve communication and help implement national guidelines at the local level. The Local Groups will be multidisciplinary; 75% of their members will be practising clinicians; there will be 2 consumer representatives and appointments are to be jointly agreed by the Medicare Local and the Local Hospital Network. This will present some challenges in Victoria, where there will be 17 Medicare Locals and 86 Local Hospital Networks, instead of MLs and LHNs which align. 85% of the funding (\$56 million over four years) is expected to go to the Local Groups.

Allied health involvement in Medicare Locals

After hearing about two specific models for the Medicare Locals in Inner East Melbourne and Barwon, participants raised an issue that may affect allied health professionals' participation in and membership of some Medicare Locals. Some Medicare Locals are considering that membership will be open to allied health providers whose professions are registered through the Australian Health Practitioner Regulation Agency (AHPRA). It is important that Medicare Locals (and others) recognise that the core role of the National Boards is to protect the public, and that therefore national registration is not considered necessary for some professions that are not considered to represent potential high risk to the public. AHPRA currently supports national boards for ten health professions, but Medicare Locals should not take those ten as a default limit. There are other health professions that are also an important part of primary health care (some of which are pursuing models for self-regulation) and both the professionals and the Medicare Locals would benefit from their involvement.

Participants agreed that they value highly the opportunity to meet as a state-wide group. They would also welcome information on all Medicare Locals, so that they can identify opportunities for engagement in various ways: as members, as participants in advisory structures and in governance.

Participants also expressed interest in the eHealth support that has been provided to general practice being extended to allied health providers.