



Innovative Models of Care (IMOC)

Networked single employer model for health staff







Innovative models of care case study

The IMOC Program helps organisations trial new ways of providing primary care in rural and remote communities. Funding is for governance, community engagement and program management activities to support innovative health services delivery.

The desired outcomes of the Program are to:

- learn from funded trials and share learnings that will allow other communities to apply place based innovative models; and
- evaluate whether they improve rural practice and lead to better health outcomes.

Summary of the networked single employer model for health staff

 Location:	Tottenham, Tullamore, Trangie and Trundle, New South Wales
 Problem:	Four small, neighbouring towns with no GPs, leaving a gap in healthcare for all 4 communities
 Solution:	<ul style="list-style-type: none"> • A part-time primary care clinic in the Multi-Purpose Service hospital • Single employer model for all health staff • Sharing doctors between the towns.
 Barriers:	<ul style="list-style-type: none"> • Difficult to find enough doctors • Requires funding contributions additional to Medicare benefits, in order to fill market gaps
 Enablers:	<ul style="list-style-type: none"> • Locations are close together • Telehealth services when local doctors are not available • Integrated office functions across locations • Community groups that help make healthcare decisions • Education to help explain how healthcare works
 Funding and resources:	<ul style="list-style-type: none"> • Council of Australian Governments (COAG) Section 19(2) Exemptions Initiative – bulk billing the Medicare Benefits Schedule for eligible services • Existing multi-purpose services infrastructure and resources • In-kind resources from community groups and project partners

About the model

The 4Ts model includes 4 part-time primary care clinics, located in each towns' Multi-Purpose Service (MPS) hospital.

It uses a single employer model delivered in a networked arrangement. The clinics are in 4 towns in Central Western NSW—Trangie, Tottenham, Tullamore, and Trundle.

Western NSW Local Health District (WNSWLHD) was granted a 19(2) exemption under the Health Insurance Act, after all private general practices in the region closed. WNSWLHD is the single-employer for whole-of-healthcare services in these towns.

The service delivers acute, emergency, and primary care services, including GP services. Telehealth supports these services through the Virtual Rural Generalist Service (VRGS).

The model receives revenue through MBS billings utilising a COAG 19(2) exemption that allows Medicare to be billed. The model also receives financial co-contributions from the WNSWLHD.

It is a single-employer model that employs:

- rural generalist medical officers (GPs)
- rural generalist primary care nurses
- administration staff
- medical centre manager.

When attending the primary care clinics, the GP is on call for the emergency and acute inpatient unit co-located in the MPS.

A Virtual Rural Generalist Service (VRGS) also supports doctor or nurse-led emergency services through telehealth when the GP is not in attendance.

Findings

The innovative model of care has increased community access to GP services in all 4 towns. Patient-reported experiences of care achieved a higher rating than elsewhere in the Local Health District, and higher than the NSW average.

The 4Ts model provides:

- stable employment
- professional development
- a supportive environment, including telehealth support.

Other supportive factors of workforce sustainability, include:

- accommodation
- a single employer model
- competitive salaries.

The 4 Ts model provides quality care that meets community needs and is available when it is needed. The model has decreased MPS emergency department presentation rates for non-urgent care. It has also decreased MPS hospital readmission rates, while keeping care close to home.

The model uses some level of state funding to cover delivery costs. Optimising MBS billing opportunities could reduce the need for funding. However, some ongoing state-level financial support may still be required.

Enablers

The close location of the general practices enables networking and a shared workforce across the communities. It also helps integration with the community and other local health district services (emergency care, inpatient, and aged care services).

A single employer (WNSWLHD) recruits and retains medical staff, practice nurses, administrative staff, and a single practice manager. The practices operate under a single practice management and human resources system. This helps provide a coordinated, whole-of-healthcare model, across all 4 towns. Additionally, telehealth and virtual care services provides further support and reduces staff burn-out.

Partnerships and collaborative regional governance are important to enable collaboration with community groups to help inform healthcare decisions.

Investing time and consulting with community is important to improve their health service literacy. This helps people understand what can realistically be provided in a rural GP service.

Current status

The 4Ts model has transitioned to business as usual in WNSW LHD.

The clinics have successfully maintained primary care services in four small rural communities with no private GP practices.

These four part-time primary care clinics are operating at an acceptable loss as they try to optimise revenue.

MORE INFORMATION

For more information about the Innovative Models of Care Program visit health.gov.au/our-work/imoc-program.