



Innovative Models of Care (IMOC)

Aboriginal Community Controlled Health Organisation-led shared GP model







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 ACCHO-led shared GP model

 Location:	Wentworth, Dareton, Buronga, and Gol Gol, New South Wales
 Problem:	General practices closed in Wentworth. With a population of 1500, the closure left a gap in primary healthcare
 Solution:	Aboriginal Medical Service (AMS) led primary care clinic for the whole community, networked sites, salaried model for GPs
 Barriers:	<ul style="list-style-type: none">• Recruiting and retaining health workforce• Community acceptance of AMS offering their GP services
 Enablers:	<ul style="list-style-type: none">• Partnerships with the council and Rural Doctors Network• Commitment from Coomealla Health Aboriginal Corporation staff and Board
 Funding and resources:	Medicare Benefits Schedule group billing

About the model

In 2018, two local general practices closed, leaving the area with no private GP practice options.

As a result, the Coomealla Health Aboriginal Corporation (CHAC) partnered with Wentworth Shire Council to open a primary care clinic in Wentworth that would serve the whole community. CHAC's Wentworth Clinic ensures all members of the Wentworth community have access to holistic primary healthcare.

The model is a network of two clinics based in Dareton and Wentworth, with outreach services to other communities including Buronga, Gol Gol, Euston, and Balranald (all MM5).

The clinics share the same IT system, with the main office at Dareton providing corporate services. This allows CHAC to share clinicians between locations.

The clinic at Wentworth provides GP services and some part-time allied health services. All services at the Wentworth clinic are bulk billed. They also offer extended GP appointments to improve the quality of care.

MBS billing is possible through an Indigenous 19(2) exemption of the Health Insurance Act to allow an Aboriginal Community Controlled Health Service to bill Medicare. The Wentworth Clinic is 100% funded through MBS billings.

It uses a salaried model for GPs; however, doctors can choose to be on a contract and receive a part of their Medicare revenue.

The grant funding was used to:

- develop a communication, engagement and project plans
- engage with the community
- support system re-design and model development.

A community health system awareness campaign was also developed. It included video, digital, and printed materials. The campaign informs the local community of the primary care services available and explains how to use the service.

Findings

Rural Doctors Network's (RDN) analysis found that CHAC has maintained a quality service in Wentworth since 2020, even though there were challenges.

A major challenge is the instability of the GP workforce. Five part-time GPs have supported the model over this time with the clinic open for an average of 3.65 days per week. The clinic also offered Wentworth an average of 0.8 full-time equivalent doctors.

There are strong referral linkages to several of allied health practitioners in CHAC and at a nearby NSW Health facility.

The trial showed this model was able to attract several GPs to Wentworth and maintain a quality primary care service in the town. The clinic also provides some part-time allied health services, helping to give multidisciplinary care to an ageing community with high levels of chronic disease.

The model has proven it can be financially sustainable, but it relies on a stable GP workforce which continues to be a challenge.

Key enablers

The Wentworth Clinic is 100% funded through MBS billings, through an Indigenous 19(2) exemption.

The salaried model for GPs was also an enabler. However, doctors can also choose to be on a contract and receive a part of their Medicare revenue.

The ICT system at the Wentworth Clinic uses the same network as the Dareton Clinic. This was possible through the Telstra Communicare practice management system.

The council provided the contact for the initial GP at Wentworth, and RDN provided support in the recruitment process.

A second doctor was recruited six months later as a Remote Vocational Training Scheme (RVTS) targeted registrar. This recruitment possible through a partnership between RVTS, RDN, and CHAC.

Several other doctors also supported the Wentworth Clinic at different times.

Current status

CHAC's Wentworth clinic continues to operate part-time as they try to recruit more GPs. It has upheld a primary care service in the town since 2020.

The clinic is 100% funded through Medicare and needs at least 1.5FTE of GPs to be financially sustainable.

CHAC intends to continue offering the clinic and relies on supportive partnerships to be successful.

MORE INFORMATION

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