



Innovative Models of Care Program

About the Program

The Innovative Models of Care Program (IMOC) addresses chronic workforce shortages and improves patient access in rural, regional, and remote locations.

The IMOC Program:

- trials new, multidisciplinary models of primary care
- finds which models work where and why
- tests whether they are financially sustainable.

IMOC aims to attract and keep rural health professionals. It also encourages:

- health professionals to work to their full scope of practice
- multidisciplinary team-based models of care
- different employment models for health care professionals
- sharing of healthcare resources between small, connected communities.

Program trials

The Program has funded several trials:

2020–21: funding awarded to the New South Wales Rural Doctors Network (RDN) for 5 trials across Western and Southern NSW (Round 1).

2021–22: funding awarded to GP Down South to trial a model of care in the Warren Blackwood region of Western Australia (Round 2).

2022–23: funding awarded to Beechworth Health Service and Outback Futures Ltd (Round 3).

2023–24: funding awarded to 6 organisations (Round 4).

2023–24: final round of funding awarded to 11 organisations (Round 5).

Trial learnings



















The Round 1 RDN trials have provided many lessons, including:







- Involve the community in the co-design process from the start.
- Use partner organisations with existing relationships and trusted working arrangements.
- Communities that decide they need change are often ready to try something new.
- Involve the community throughout the project.
- Make sure the project timeframes match to the project scope.
- Often one organisation will take a lead role in developing the model, with strong support from other project partners.
- Strong governance helps to keep the project objectives clear and the processes consistent throughout the trial.
- Awareness of community health systems (health literacy) can help reduce project barriers.
- Plan for common barriers including project timelines, difficulty recruiting personnel, and a lack of community ownership.
- Find common themes to make sure place-based planning and co-design are successful.
- Increasing community access to GP services provides service-level continuity of care, and quality healthcare when it is needed.
- Reduced hospitalisations can lead to improved patient experiences and a smoother experience for healthcare providers.
- Telehealth can help access to these services by reducing patients' travel.
- Patients experience more positive health outcomes when they are more engaged in their own health, have improved access to care, and less treatment delays.
- Innovative models can give health practitioners flexibility, work-life balance, and rewarding professional experiences.

These lessons will help organisations and communities work together to provide community-based healthcare solutions for rural, regional and remote areas.

Results from the first round of IMOC trials

The IMOC Program is helping us find effective ways to provide primary health care to people who live outside of major centres. See below for an outcome summary for the first round of IMOC funding.

| The 4 Ts | | Canola fields | | Lachlan Valley | |
|--|---|--|---|--|--|
|  Location | Tottenham, Tullamore, Trundle and Trangie |  Location | Canowindra |  Location | Condobolin, Parkes and Forbes |
|  Problem | Four small, neighbouring towns with no GPs, leaving a gap in healthcare for all 4 communities |  Problem | An ageing GP workforce combined with high-risk patients who live with chronic health conditions. |  Problem | <ul style="list-style-type: none"> • Health workforce shortages across three towns • A gap in healthcare and long wait times to see a GP |
|  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 |  Solution | A multidisciplinary team-based care model led by GPs. The team coordinates the care of patients with chronic health conditions. |  Solution | Co-design of a shared health workforce model of care across the region |
|  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 |  Barriers | <ul style="list-style-type: none"> • No shared IT systems across the team • Changes in deliberate team-based care personnel |  Barriers | <ul style="list-style-type: none"> • Not enough GPs who can supervise which limits use of international medical graduates and registrars • Time required to establish cooperation between towns |
|  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 |  Enablers | <ul style="list-style-type: none"> • An understanding of the integrated care model • Health practitioners who work well together |  Enablers | <ul style="list-style-type: none"> • Regional GP recruitment campaign • Collaborative governance and improved communication • Engagement and advice from National Rural Health Commissioner |
|  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 |  Funding and resources | <ul style="list-style-type: none"> • Medicare Benefits Schedule billing of patient health care plans and case conferences • Nearby health teams working in the Local Health District, NSW Ambulance, and pharmacy |  Funding and resources | <ul style="list-style-type: none"> • Medicare Benefits Schedule billing. • Recruitment support from the Rural Doctors Network and partners |

| Snowy Valleys trial | |
|--|---|
|  Location | Tumut, Tumbarumba, Batlow, Gundagai, Finley and Adelong |
|  Problem | <ul style="list-style-type: none"> Chronic disease health issues in the community including respiratory illness and diabetes |
|  Solution | <ul style="list-style-type: none"> A team of health professionals consult a group of patients with a common health condition, involving peer-to-peer sharing |
|  Barriers | <ul style="list-style-type: none"> To be financially viable appointments require 8+ participants Group appointment may not appeal to some people GP's providing care to non-regular patients |
|  Enablers | <ul style="list-style-type: none"> Supportive practice and project management Collaboration between health practitioners Community engagement and health system education |
|  Funding and resources | <ul style="list-style-type: none"> Medicare Benefits Schedule group billing |

| Wentworth trial | |
|--|--|
|  Location | Wentworth, Dareton, Buronga, and Gol Gol |
|  Problem | <ul style="list-style-type: none"> General practices closed in Wentworth. With a population of 1500, the closure left a gap in primary healthcare |
|  Solution | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Medicare Benefits Schedule group billing |

More information

Visit www.health.gov.au/our-work/imoc-program