

Innovative Models of Care (IMOC) Program – Comprehensive Approach for Rural Engagement (CARE) Model

Hunter New England and Central Coast PHN will deliver the Comprehensive Approach for Rural Engagement (CARE) Model: a place-based and person-centred multi-disciplinary health team.

Round 4: HNECC PHN Comprehensive Approach for Rural Engagement (CARE)

Location: Glen Innes NSW (MM4)

Funding: \$1.5 million over 4 years from 2024

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The activity will implement the Comprehensive Approach for Rural Engagement (CARE) Model: a place-based and person-centred multidisciplinary health team in Glen Innes NSW. The Glen Innes Health Hub features a rural multidisciplinary health team consisting of General Practitioners, Allied Health Clinicians, Nurses, Medical and Allied Health students, Clinical Assistants and Care Navigators.

The delivery of primary health care services will be provided through face to face and/or a hybrid of face to face and telehealth services. To ensure holistic care, a care navigator will connect patients with external health services: specialists, hospitals, pharmacies, and social services. This empowers patients to better understand how to navigate the health and social services system. The project also incorporates a medical and allied health student pipeline provided through the University of New England faculty of Health and Medicine. This will allow students to deliver primary care under appropriate regulatory supervision.

The grant will support the recruitment of a project lead and project officer to oversee and manage the trial. The grant will also support the provision of digital health technology, IT systems maintenance, resources, evaluation, consultancy and training for digital health, process and clinical education. This technology will be used to train medical students in the Health Hub with remote supervision when required. Patients will receive additional support outside of their face to face and telehealth appointments through tools that allow effective self-management. The multidisciplinary team will also work with local general practices hospital and community health services to provide patient-centred care to health consumers in Glen Innes.

Local co-design began in 2019 in collaboration with Hunter New England Local Health District (HNE LHD), local Glen Innes GPs, other local health professionals and community stakeholders. The model will also leverage existing working partnerships with Rural Doctors Network, HNECC PHN Community Advisory Councils and Rural Clinical Councils (incorporating First Nations representation). This model also involves implementing a co-operative, member owned, not-for-profit governance structure to foster community ownership and investment. This will also allow the service to evolve to meet the changing health needs of the region, whilst being stable and economically viable.

The evaluation process will include:

- Process evaluation - to assess and understand how well the program has been implemented and identify how delivery could be improved.
- Summative (Outcome) evaluation - to assess the overall performance of the program against its objectives.
- Economic evaluation to identify the net benefit of the program to the community and the value it delivers.

Trial activities will commence in the second half of-2024.

For more information visit: [Glen Innes Comprehensive Approach to Rural Engagement \(CARE\) Model](#)