

Innovative Models of Care (IMOC) Program – CP@clinic

Sunraysia Community Health Services will deliver the CP@clinic: a Community Paramedic co-ordinated care model across four community health services.

Round 4: Sunraysia Community Health Services Community Paramedic co-ordinated care

Location: Rural and remote Victoria (MM3-6)

Funding: \$1.4 million over 4 years from 2024

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The activity will implement and evaluate CP@clinic - a Community Paramedic co-ordinated care model across four Community Health Services in rural and remote Victoria. The model will be led and staffed by a community paramedic workforce and other qualified health clinicians to complement the community paramedic team. This project is the first international adaptation of CP@clinic, an evidence-based community paramedic initiative, developed by McMaster University in Canada. CP@clinic was successfully piloted at Sunraysia Community Health Services during 2022-2023 and evaluated by La Trobe and McMasters Universities, in preparation for a larger trial to upscale the program and evaluate for efficacy.

The trial aims to improve access to primary care for vulnerable people with complex needs, reducing ambulance callouts, Emergency Department presentations and improving chronic disease measures and quality of life. This will be achieved through regular drop-in clinics for health checks, chronic disease screening, health education, management, service navigation and onward warm referrals and shared care with GPs, nurses, allied health, and mental health workers.

The four locations are:

1. Sunraysia Community Health Services (Mildura and surrounds MM3-6, pop.59,000)
2. Northern District Community Health (Kerang MM5, pop.10,400)
3. Primary Care Connect (Shepparton MM3, pop. 67,070)
4. Gateway Health (Chiltern MM5, Wangaratta MM3, Corryong MM5 pop. 44,800)

The project will be evaluated by the Violet Vines Marshman Centre for Rural Health Research (La Trobe University) and the Community Paramedicine Research team at McMaster University. The grant will support the salaries of key personnel to provide project coordination, administration and evaluation as well as paramedic training, consumer codesign and advocacy to develop and expand the role of paramedics in primary care.

The project is:

- Place-based: overcomes transport barriers by delivering services in easy to access, safe community spaces where people with the greatest need live.
- Multidisciplinary: embedded in community health services, protocols to assist speedy referrals, focused on navigation to help access the right person at the right time
- Health workforce-focussed: makes use of an existing, available, and underutilized health workforce.
- Trial-ready: the program has already been piloted and is based on a well-evidenced program, with ongoing support from the original developers of the model.

- Community-led: developed in response to community concerns about healthcare access; continues to adapt to ongoing community conversations.
- Equitable: operates within a social determinants of health model to provide a wide range of supports and develop trust in communities who do not typically access healthcare services.

Trial activities commenced April 2024.