

# Innovative Models of Care (IMOC) Program - Implementing innovative and integrated models of care across three rural regions in Tasmania

Primary Health Tasmania will be implementing innovative and integrated models of care across three rural regions in Tasmania: a community and systems partners collaboration.

**Round 5: Primary Health Tasmania** Implementing innovative and integrated models of care in Tasmania: a community and systems partners collaboration.

**Location:** Tasmania – Tasman LGA (MM 5), Southern Huon Valley (MM 5), Central Highlands (MM 5-6). Staged implementation from June 2024 to December 2027.

**Funding:** \$1.5 million over 4 years from 2024

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This activity will include the co-design and trialling of three integrated care models:

- Tasman LGA (MM 5) - Implementing a chronic disease integrated care model delivered by a local multidisciplinary primary health care team and centring on health consumers and best practice chronic disease management.
- Southern Huon Valley (MM 5) - Implementing an integrated care model focused on collaboration between pharmacy and general practice.
- Central Highlands LGA (MM 5-6) - Implementing a team based, 'hub and spoke' model, integrating existing health centre primary care providers with off-site health care services.

This grant opportunity will build on regional and population health planning work in these regions. This collaborative process includes needs assessments and wide consultations with providers, consumers, and system partners in each region. This will help in understanding the gaps, challenges, and place-based solutions for each region.

The grant will support the recruitment of a Primary Health Tasmania manager and three project officers, one for each trial site. Each project officer will be co-located with a local service provider. These host organisations will receive funds to set-up and deliver the trial.

Key outcomes will include:

- participation in regional trial activities;
- supervision and guidance on project management and trial activity design and delivery;
- engaging the three regions to collaborate through community of practice type forums, sharing of resources, etc;
- set-up and managing trial governance and liaison with key system partners throughout trial; and
- monitoring and reporting trial progress and evaluation.

Working across three regions enables a structured approach to the sharing of ideas and lessons learned. All models use a multi-disciplinary team leveraging off relationships between local primary healthcare providers to make best use of existing workforces. Private practitioners/business owners, salaried staff and large organisations will collaborate to deliver these models of care. These models require multiple professions, sites, funding mechanisms and governance structures committing to new ways of working together. All organisations are committed to practicing in culturally safe/responsive ways, further enhanced by co-designed and community driven processes inclusive of representation from consumer groups and local health organisations such as Aboriginal Community Controlled Health Organisations.