# Innovative Models of Care (IMOC) Program – Primary Care Rural Integrated Multidisciplinary Health Service (PRIM – HS) Mareeba Community Primary Care Trial

Mareeba and Communities Family Healthcare will deliver the Primary Care Rural Integrated Multidisciplinary Health Service (PRIM – HS) Mareeba Community Primary Care Trial: testing flexible employment models including a single or primary employer model.

**Round 5: Mareeba and Communities Family Healthcare** Mareeba Community Primary Care Trial  
**Location:** Mareeba QLD   
**Funding:** $1.6 million over 4 years from 2024

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The activity will trial the National Rural Health Alliance (NRHA)’s Primary care Rural Integrated Multidisciplinary Health Service (PRIM-HS) model. Mareeba and Communities Family Healthcare (MCFHC) has worked with the National Rural Health Alliance (NRHA) on the development of this model.

This PRIM-HS model overcomes many of the barriers to attracting and retaining a rural health workforce by bringing all rural stakeholders including local government, community, health service clinicians, hospital and health services and industry together. Together stakeholders will discuss, plan and work to provide the services needed by a local community.

This is done by providing a community grass roots approach to secure, ongoing employment.  The grant will support the co-design, development and testing of flexible employment models. These models recognise the complex relationship between people, place and health and the role communities play to identify needs and come up with solutions which are fit for purpose. The identified priority workforce for the Mareeba community includes psychology/mental health, general practitioner, social services, and other allied professions.

The PRIM-HS model  recognises the importance of community-led, population health need and fit for purpose priority setting and prioritises developing models of health care that meet these needs. MCFHC will recruit a team to manage the project. The grant will also support travel costs, consultation, training, health system literacy, and community engagement activities. This will allow testing of flexible employment models that were explored through planning workshops.

Through training and sharing of what is learnt, employment conditions and the working across of several sites, positions can be tailored to the population, clinician and local services, to sustainably recruit and retain health professionals.

Integration will increase understanding of how employment conditions and community can increase attractiveness of roles across the Mareeba community and surrounding areas.

Project stages:

* Project management: through the entire project phase, reporting framework, evaluation plan to align with IMOC objectives, regular progress meetings.
* Project establishment: appoint project team to finalise implementation approach to match completed co-design. Launch the trial, including evaluation.
* Flexible employment models: develop and test flexible employment models involving multiple organisations and document suitable employment conditions.
* Innovation in multidisciplinary care; setting the ground for the development of health services, offered in line with community needs and health care gaps
* Financial sustainability: review health service funding options and increase awareness and expertise in accessing funding.

MCFHC and NRHA will collaborate to develop an evaluation plan at the beginning of the trial. Evaluation will be ongoing. The approach will consider adaptability in rural settings and be based on the action research model. This will reflect on actions taken and assess effectiveness against the project outcomes outlined below.

Expected outcomes and benefits:

* A sustainable model of a grass roots led multidisciplinary primary health care for the Mareeba community, including high-risk groups.
* Improved primary health care through population based, patient-centred and coordinated care.
* Improved health outcomes through culturally safe, quality care for people with acute/chronic conditions and a focus on health promotion/preventive health checks.
* A sustainable,  skilled and appreciated health workforce supported to deliver high-quality care.
* Health care and health system literacy in community, through inclusion in planning and sharing of process

Services start date is 1 June 2024.