RODDAM, Mark

From: GELO, Paula
Sent: Thursday, 14 June 2018 11:24 AM
To: RODDAM, Mark
Subject: REDimed proposal [SEC=UNCLASSIFIED]
Attachments: REDIMED Federal Funding Submission Clarification.pdf

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Total Health Solutions REDIMED

Australian Government
Department of Health

RESPONSE

Investing in sustainable health services and infrastructure for the Indigenous people of Western Australia

An Innovative Initiative between the Commonwealth Government and RediMed Pty Ltd (RediMed)

1 How have you determined the need in the areas where you wish to provide service?

1.1 Targeting Perth metropolitan areas

The RediMed initially identified that 50% of the Aboriginal population live in the East metropolitan and Fremantle area. By further selecting areas of need sourced from the Australian Early Development Census (AEDC), the team chose locations where the prevalence of the **highest at-risk and vulnerable children's cohort** currently exists, and are well evidenced.

Table 1 provides a high level summary of the catchment areas to be serviced by RediMed and the CDF. It describes the number and percentage of children that are developmentally vulnerable.

Table 1: Selected Perth locations to be targeted by the RediMed/ CDF team

Suburb	Vuln 1 (#)	Vuln 1 (%)	Vuln 2 (#)	Vuln 2 (%)	SEIFA score
Beckenham	*20*	*24.4*	*13*	*15.9*	*987*
Canningvale	*100*	*20.7*	*37*	*7.7*	*1,089*
Gosnells	*78*	*26.8*	*28*	*9.6*	*943*
Huntingdale	*25*	*18.0*	*13*	*9.3*	*1,015*
Kenwick	*21*	*20.8*	*12*	*11.9*	*968*
Langford	*31*	*43.1*	*16*	*22.2*	*929*
Maddington	*33*	*20.1*	*17*	*10.4*	*942*
Southern River	*47*	*25.5*	*25*	*13.4*	*1,086*
Thornlie	*81*	*29.8*	*41*	*15.1*	*1,015*
Western Australia	**6,895**	**21.3**	**6,895**	**21.3**	**n/a**

Source: Adapted from AEDC 2015 data

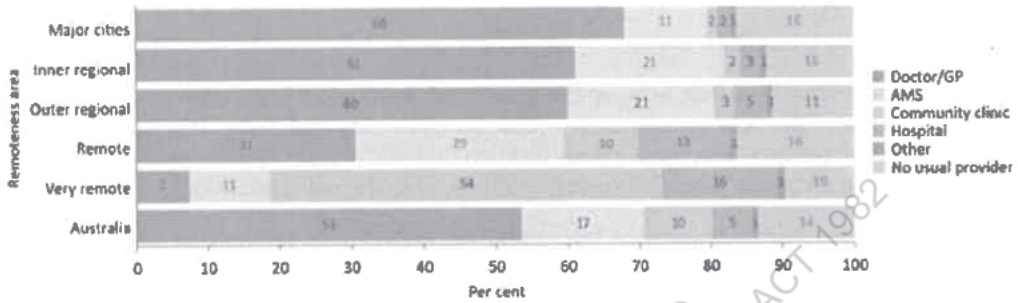
The RediMed team is designed to increase health outcomes through a preventative health program that includes regular in-home visits and continuity of health care.

By identifying the initial catchment areas using the AEDC data, RediMed is able to target those metropolitan areas which require an immediate response.

1.2 Clear preference of Indigenous Australians to use GP services where available

RediMed has also investigated the usual type of healthcare accessed by Indigenous Australians by geographic location. Chart 1 compares the result across the various geographic classification categories. The chart infers that for metropolitan areas, 68% of the Aboriginal Torres Strait Islander (ATSI) population see a GP in preference to a generic Aboriginal Medical Service (AMS) such as Derbal Yerrigan (11%).

Chart 1: Usual source of health-care by type, Indigenous Australians, by remoteness, 2012-2013



Source: ABS and AIHW analysis of 2012–13 AATSIHS

In this regard, anecdotal evidence provided by our interaction with various community and direct contact with ATSI patients in the tertiary hospitals suggests that families were reluctant to use organisations such as Derbal Yerrigan for the following reasons:

1. **Lack of confidentiality and confidence in the current services provided** – The issue of patient privacy and the absence of trust in the services by ATSI people has meant a lower utilisation of generic AMS services.
2. **Lack of bulk billing clinics in the areas of most need** – This is seen as a significant problem for ATSI people who are unable to access bulk billed clinics as appropriate.

To improve the outcomes of ATSI people accessing appropriate healthcare, RediMed will:

1. Form alliances with the GPs to address the issues in remote areas; and
2. Visit families in homes and provide continuous care so that health problems are detected early, appropriate intervention is put in place to minimise future risks
3. Work with the ATSI people to improve their overall understanding of their specific health issues, need for appropriate care and continuing to improve their health literacy.

2 In regards to community engagement – which communities would RediMed be providing services to?

All ATSI families in the East Metropolitan area would have access to RediMed services. The locations are outlined below as follows:

1. Stratton
2. Midland
3. Midvale
4. Gosnells
5. Langford
6. Kenwick
7. Armadale
8. Maddington

REDiMed will also work collaboratively with regional health service providers where appropriate. Regional and remote locations in the Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern will be able to access specialists through the RediMed bespoke telehealth service.

3 Has RediMed consulted with any of the anticipated communities regarding the proposal? If so which communities and have they agreed to participate?

RediMed has formed a working partnership with the Community Development Foundation (CDF) which is a charity organisation founded by Barry Cable and Jenny Day – both are notable contributors to the development of government policy and programs to expand economic opportunities for Aboriginal people.

CDF, has worked with the families and communities for over fifteen years in the target area. Jenny Day is a Wongi woman with kinship ties across the Yamatji and other tribal areas and is Supply Nation accredited. Barry Cable is a Ngoongar man. Due to the strong ties the CDF has had with the families over time, all families have agreed to participate.

RediMed will continue to work with Glenn Pearson, Head of Aboriginal Health from the Telethon Kids Institute to engage with families across the metro and regional areas.

RediMed is developing the first health assessment clinic within Perth Football Club facility. With their wide catchment area, RediMed will be able to access a significant numbers of families.

4 How will RediMed identify, engage and enrol families in their service?

In order to identify and engage all families, RediMed has contacted sporting clubs such as the Perth Football Club, the NRL and AFL – all of whom have given their support and endorsement of the project.

Tanya Hosch, AFL General Manager of Inclusion and Social Policy, is working with the CDF and RediMed on video productions using AFL Indigenous men and women players to promote the health awareness and health assessment targeted towards the indigenous population. The AFL is committed to "better health for families of the oldest living culture" project, in collaboration with CDF and RediMed.

RediMed has also worked across all local government shires and the Department of Local Government, Sport and Cultural Industries. RediMed will continue to utilise the long track record of engagement experience that CDF has with the families in the target area. In terms of other support, RediMed also sponsors the street banners in Western Australia for Reconciliation Week.

RediMed has been a strong supporter of Western Australia Football League. It was a major sponsor for the Colt division between 2016 and 2017. It had participated in Nicky Winmar Cup. RediMed has also been fostering a relationship with former football stars such as Stephen Michael and Barry Cable to promote health assessment in the ATSI communities and families.

RediMed is also a major sponsor for Madalah – a not for profit organisation which provides transitional secondary and tertiary scholarship of students from regional and remote areas in WA.

5 How will RediMed work with other service providers in these targeted communities?

A key tenet of RediMed's platform for healthcare delivery is to provide the best possible care in terms of quality, safety and efficiency as close to home as can be achieved. For this reason local healthcare providers are essential partners. Key areas of "Health in the Home" program is based on the 10 building blocks of high performing primary care.

Source: WA Primary Health Alliance

The patient centred Medicare Home (PCMH) is rapidly evolving to be the future of primary health care internationally.

Redimed's proposal addresses all these building blocks.

- Model plays a pivotal role in achieving improved health of populations
- Enhanced patient experiences
- Health care costs reductions
- Better support for health professionals

Redimed will use the underpinning principles of the PCM page to develop a comprehensive model to address closing the gap in health.

6 Which other service providers has RediMed consulted?

RediMed has consulted with a number of specialists in cardiology, respiratory medicine, endocrinology, gastroenterology, paediatric and emergency medicine who regularly provide care to ATSI people in Perth and/or regional areas. This consultation was to ensure that specialists would not only support but also to participate in the RediMed model- understanding the special needs and complexities of chronic disease management in the ATSI population. RediMed has also engaged with community nursing and social workers who regularly work with the ATSI population.

RediMed is working with Hon Chris Ellison, Chancellor of Notre Dame University to establish a training centre in the Kimberley and training program for ATSI health workers and practitioners.

RediMed is also collaborating on community engagement with Professor Neil Drew, Chief Executive Officer of Healthinfonet at the Edith Cowan University. Healthinfonet is - the largest indigenous digital health resource in Australia.

7 Has RediMed had any experience in working with Aboriginal organisations in the past?

7.1 Authentic in-house experience of the indigenous sector within RediMed

Dr Kim Hames is a currently a director of RediMed. He also holds a role as a chairman of the board of Madalah Limited. Madalah Limited is a not-for-profit organisation that offers Secondary, Transition and Tertiary education scholarships for Indigenous students from remote and regional communities to West Australia's leading boarding schools and Australian universities. The organisation also manages Nyirrwa Murrgurlayi, Employment and Education Housing Broome. The WA Housing Authority established the Employment and Education Housing Program to address the need for supported accommodation targeting Aboriginal people from remote communities to undertake training and access employment opportunities in regional centres of Western Australia.

Dr Hames entered Parliament in Western Australia in 1993, and in 1996 chaired a committee which produced a report entitled "Provision of Essential Services in Remote Indigenous Communities" which still today provides the basis for how the relevant agencies manage service delivery.

In 1997 Dr Hames was made a Minister under Premier Richard Court with the portfolios of Indigenous Affairs, Water and Housing, all of which had important roles, and required extensive communication, with indigenous communities. He was again made Minister for Indigenous Affairs from 2008 to 2012.

7.2 Strong partnership with the CDF

RediMed and the CDF have formed a strong working partnership. The history of the CDF is one of community engagement with families in these East metropolitan areas since 1999. While the CDF's focus has been on parental engagement and increasing attendance of students in schools, the CDF has always maintained the importance of families in this process. The CDF has always been concerned about health issues present in families that were not being addressed.

Issues such as ear infections, eye infections, skin diseases, anguish and stress in trying to deal with the everyday health issues of family members. Issues associated with limited transport options, inadequate opening hours of Aboriginal Medical Services, the lack of knowledge about health systems and inability to get help for health issues are always prominent issues.

The CDF was approached Dr Hanh Nguyen from RediMed which has the desire to deliver top health care to anyone - regardless of socio-economic status. The CDF recognised the quality of services that RediMed provides and their appreciation for Aboriginal and cultural sensitivities. RediMed was ideally placed to give Aboriginal families an opportunity to achieve better health outcomes via accessing it in their homes.

RediMed provides the strength in forming partnerships to get better access for Aboriginal health in closing the many gaps in health services utilisation.

The CDF has been running for 20 years and have always adopted a consultative approach with families, with a primary focus on education. Relevant government services on Federal, State and Local levels, partnered with the CDF to deliver community engagement to meet their key performance indicators.

Two major programs were developed – Mother of All Sheds (MOASH) buildings which are demountable buildings placed on all school sites with the ethos that these were safe places for Indigenous people to gather and discuss community concerns. There were 18 buildings and they were renowned as centres of excellence. An incentive program called the passport system was developed to value the volunteered hours of community members helping in and around the school.

In addition to the above, the specialists providing support services to RediMed have all worked or trained at Royal Perth Hospital, which is the largest provider of specialist services to ATSI people in Western Australia and therefore one of the largest in Australia. All our specialists are therefore familiar with treating ATSI people and have an intimate understanding of the different cultural and social problems that need to be considered in delivering healthcare to ATSI people.

8 How will RediMed maximise the safety of workers tending to patients in their home?

All patients seen by RediMed staff in-home or in the community facilities will have at a minimum of three staff attending; including a doctor, a nurse/allied health worker and Aboriginal mentor. This approach aims to reduce the opportunity for conflict - particularly as visits will be pre-arranged by the Aboriginal mentor.

At any suggestion of conflict, RediMed staff will immediately withdraw. Police services will only be sought where a withdrawal is not possible. To mitigate the occurrence of this risk, it is expected that all staff will become experienced in dealing with Aboriginal patients. In this regard, all workers will be given cross-cultural training before the program commences.

9 Is there a fee for consumers?

No, there are no 'out of pocket' fees for consumers as all serviced are covered under the Medicare schedule fee arrangements.

10 How will RediMed complement rather than duplicate services in the proposed area?

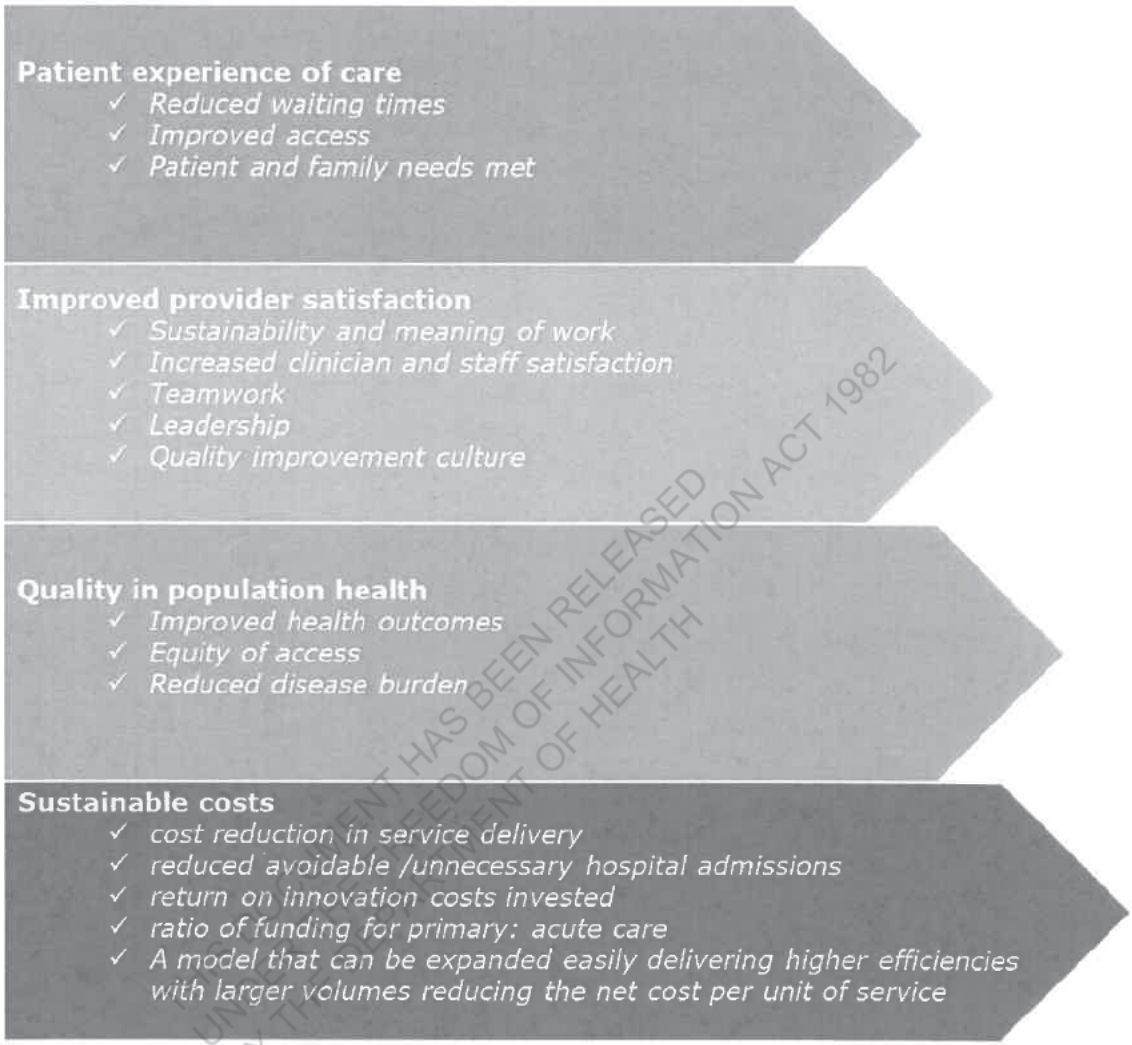
RediMed's service is designed to complement the current service offering – and not duplicate services offered in the proposed area. The strength of this initiative is the patient's pathway into appropriate tertiary care. Presently, RediMed has a team of specialists working in the organisation as part of their multidisciplinary team. As previously discussed these specialists are familiar with treating ATSI people and hold a high awareness of the different cultural and social factors that need to be considered in delivering effective care.

Moreover, RediMed will work with the key families through the CDF, Telethon Kids Institute and sport clubs who will identify and engage families who can access this new program. This co-partnership model will ensure that regular visits and ongoing treatment are provided as appropriate. There will also be a point of contact for after-hours support when necessary. In brief, RediMed will connect the health expertise with the needs of families.

RediMed is also building a specific electronic health record with the ability to link to My Health Record. This will help in the population of data for each My Heath patient record and facilitate the ongoing care post-hospital discharge.

11 What is the expected return on investment?

There are significant benefits associated with the Government co-contributing to this initiative. These are identified as follows:



APPENDIX A

The aim of the community results table is to provide an overview of all the AEDC results that have been geographically mapped for Local Communities located within the AEDC community.

Depending on the category selected, the below table reports on the proportion of children who are either developmentally on track, developmentally at risk or developmentally vulnerable. Relevant data from the Australian Bureau of Statistics (ABS) has also been included as contextual indicators.

Geography	Physical	Social	Emotional	Language	Communication	Vuln 1	Vuln 2	SEIFA score (‡)
Beckenham	9 (11.0%)	9 (11.0%)	8 (9.8%)	5 (6.1%)	11 (13.4%)	20 (24.4%)	13 (15.9%)	987
Canning Vale	32 (6.6%)	30 (6.2%)	33 (6.8%)	20 (4.1%)	58 (12.0%)	100 (20.7%)	37 (7.7%)	1,089
Gosnells	35 (12.0%)	20 (6.8%)	25 (8.6%)	17 (5.8%)	35 (12.0%)	78 (26.8%)	26 (9.6%)	943
Huntingdale	11 (7.9%)	10 (7.1%)	11 (7.9%)	6 (4.3%)	9 (6.4%)	25 (18.0%)	13 (9.3%)	1,015
Kenwick	12 (11.9%)	10 (9.9%)	11 (10.9%)	5 (5.0%)	9 (8.9%)	21 (20.8%)	12 (11.9%)	968
Langford #	12 (16.7%)	15 (20.8%)	10 (13.9%)	12 (16.7%)	13 (18.1%)	31 (43.1%)	16 (22.2%)	929
Maddington	13 (7.9%)	12 (7.3%)	17 (10.4%)	8 (4.9%)	16 (9.8%)	33 (20.1%)	17 (10.4%)	942
Southern River	23 (12.3%)	22 (11.8%)	19 (10.4%)	7 (3.7%)	27 (14.4%)	47 (25.5%)	25 (13.4%)	1,086
Thornlie	44 (16.2%)	36 (13.2%)	33 (12.1%)	28 (10.3%)	37 (13.6%)	81 (29.8%)	41 (15.1%)	1,015

AEDC data collection is greater than or equal to 60% and less than 80% of the ABS five-year-old population; interpret with caution.

Total Health Solutions
REDIMED

Australian Government
Department of Health

APPENDIX B

Financial Budget – Commonwealth Funding Contribution

Consolidated Financial	2018/19	2019/20	2020/21	Total
	$ M	$ M	$ M	$ M
Capital Start Up	1.05	0.00	0.00	1.05
Salaries & wages	1.15	1.17	0.16	2.48
Other goods and services	0.80	0.83	0.84	2.47
Total	**3.00**	**2.00**	**1.00**	**6.00**

Capital	2018/19	2019/20	2020/21	Total
	$ M	$ M	$ M	$ M
Clinic Fit-out x 3	0.75	-	-	**0.75**
Patient Transport Vehicle x 3	0.30	-	-	**0.30**
Total	**1.05**	**0.00**	**0.00**	**1.05**

Other goods and services	2018/19	2019/20	2020/21	Total
	$ M	$ M	$ M	$ M
Accounting, Audits &Reporting	0.08	0.08	0.08	0.24
Cleaning	0.08	0.08	0.08	0.23
Equipment Repairs and Maintenance	0.01	0.01	0.01	0.03
Insurance	0.04	0.04	0.04	0.12
IT Support	0.08	0.09	0.09	0.27
Leasehold Expenses x 3	0.24	0.24	0.25	0.73
Marketing	0.05	0.05	0.05	0.15
MV Expenses	0.05	0.05	0.05	0.15
Staff Uniforms	0.01	0.01	0.01	0.02
Stationery	0.01	0.01	0.01	0.03
Telephone	0.01	0.01	0.01	0.03
Training and Capacity Building	0.05	0.05	0.05	0.15
Travel and Accommodation	0.02	0.02	0.02	0.06
Medical Consumable	0.08	0.08	0.08	0.24
Total	**0.80**	**0.83**	**0.84**	**2.47**

Salaries and wages	FTE	2018/19	2019/20	2020/21	Total
		$ M	$ M	$ M	$ M
Concierge and Administrative staff	6.00	0.36	0.37	0.00	**0.73**
Patient Transport Drivers	3.00	0.20	0.20	0.00	**0.40**
Community Engagement Officers	6.00	0.36	0.37	0.12	**0.85**
Wages Oncost		0.23	0.23	0.03	**0.50**
Total	**15.00**	**1.15**	**1.17**	**0.16**	**2.48**

RODDAM, Mark

From: RODDAM, Mark
Sent: Thursday, 14 June 2018 12:19 PM
To: GELO, Paula
Subject: RE: REDimed proposal [SEC=UNCLASSIFIED]

Thanks Paula – we'll get onto it.

Mark Roddam
First Assistant Secretary
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Australian Government Department of Health

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The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present

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