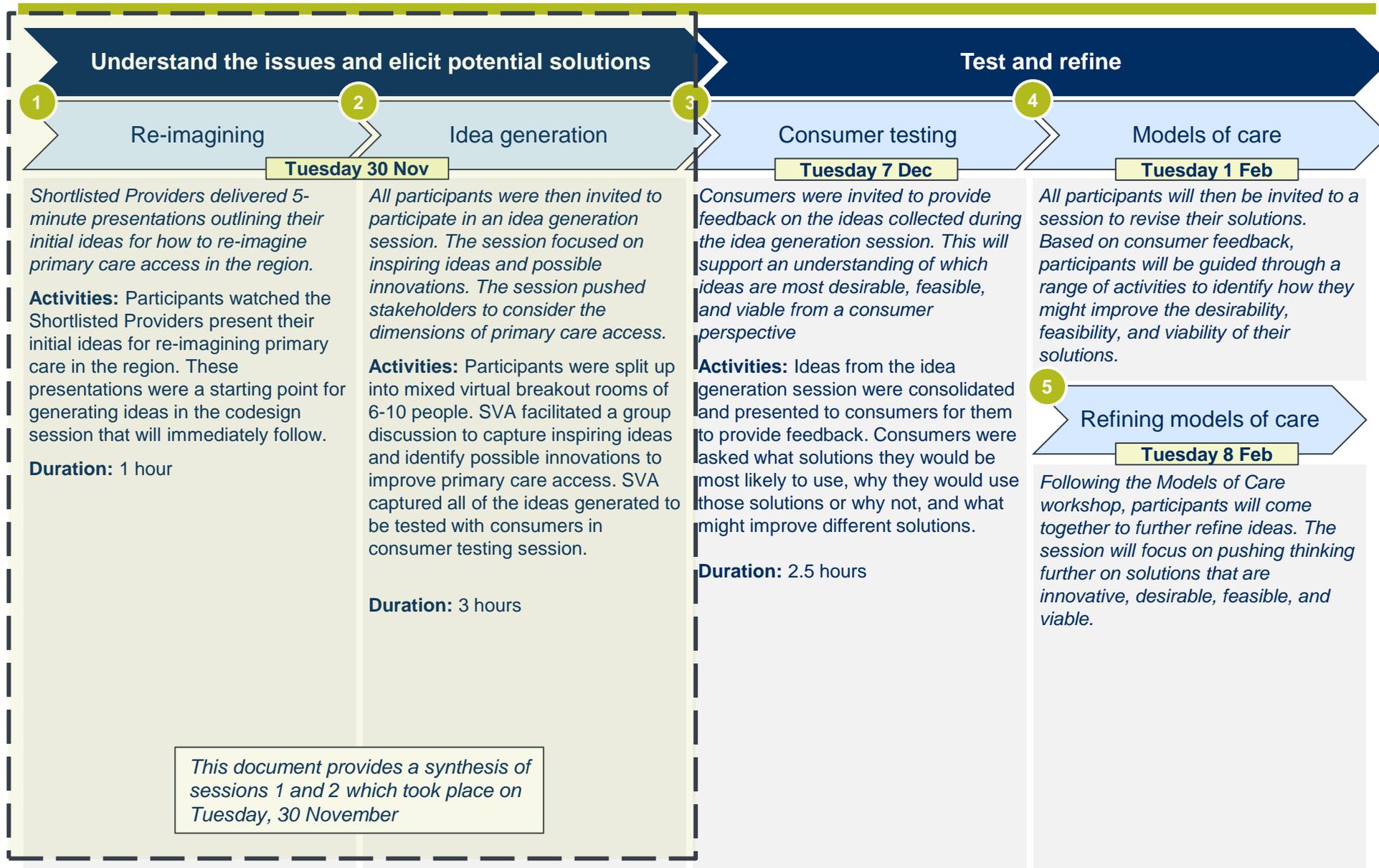


Re-imagining Primary Care Access

Synthesis of Sessions 1&2

December 2021

Social Ventures Australia is facilitating a series of codesign sessions with Shortlisted Providers, consumers, local stakeholders, and experts



Sessions 1 & 2 followed the below agenda

Agenda	Activities	Timing
Acknowledgement of Country	<ul style="list-style-type: none"> We acknowledged and paid our respects to the Traditional Custodians of the land on which we met 	5 minutes
Codesign Session #1 Introduction	<ul style="list-style-type: none"> Julie Sturgess CEO Healthy North Coast welcomed the group Associate Professor Melissa Kang presented research on primary care access for young people Consumer representatives provided insights into their lived experience accessing primary care SVA provided an overview of the day and facilitated a creative thinking warm-up 	10 minutes
Presentations	<ul style="list-style-type: none"> Shortlisted Providers delivered a 5-minute presentation on how they re-imagine primary care access for the region (<i>See summaries on pages 4-5</i>) 	45 minutes
Break		15 minutes
Codesign Session #2 Ideas Generation		
Breakout group 1: Presentation download and discussion	<ul style="list-style-type: none"> <u>Download learnings</u>: participants wrote down all the inspiring ideas they remembered from Codesign Session #1 <u>Discussion</u>: participants discussed their inspiring ideas and other innovations they have thought of (<i>see summary on page 6</i>) 	30 minutes
Breakout group 2: Primary care access brainstorming session	<ul style="list-style-type: none"> <u>Levesque et. al "how might we?" sessions</u>: stepping away from the ideas discussed, participants, considered the dimensions for improving primary care access and specific innovations to improve (a) approachability, (b) acceptability, (c) availability (d) affordability, and (e) appropriateness of primary care access (<i>see summaries on pages 7-11</i>) 	45 hour
Break		10 mins
Breakout group 3: Idea mix and match session	<ul style="list-style-type: none"> <u>Mix and match</u>: in the final session we considered all the ideas for how to improve each dimension of access. We then mixed and matched ideas with each other to develop new solutions <u>Develop models of care</u>: each group then developed 2-4 models of care (<i>see summaries on pages 13-19</i>) 	30 minutes
Group sharing and Codesign Session #2 close	<ul style="list-style-type: none"> <u>Group sharing</u>: all participants reconvened as a group and shared back what they discussed <u>Session close</u>: all participants were informed of next steps 	40 minutes

Five shortlisted providers presented their ideas for how they would re-imagine primary care access in the region (1/2)

Technology-enabled care



- **COVIU** presented a one stop shop digital hub to connect young people from their home directly to skilled clinicians using text, phone or video calls that would offer:
 - Text, phone and video calls including group calls for multi-disciplinary care
 - Access and referrals to local and telehealth providers and national helplines such as headspace
 - Virtual waiting rooms for welcoming receptionists
 - The ability to triage
 - The integration of AI digital tools such as ResAPP
- The solution would additionally offer the option of digitally co-locating services with existing health and social care providers
- And integrate e-health into models of care allowing for hybrid models of care and access to clinical expert advice



- **FOXO** presented a solution to address the clinical siloes that patients experience and provide a platform to support secure, integrated communication between different care providers including:
 - GPs
 - Allied health
 - Pharmacies
 - Indigenous health workers
 - Specialists
- Through a mobile and desktop app Foxo proposes to:
 - Connect the clinical workflows of people, businesses, and systems
 - Share key patient information and media between services
 - Allow for live messaging between clinicians to effectively coordinate care
 - Allow clinicians to access relevant patient history



- **Medibank health solutions** presented a chatbot that would allow for young people to discuss their healthcare concerns online
- Based on the information provided the young person is connected to a professional who completes a phone interview to triage the young person and organise to connect them with a clinician
- The professional is able to schedule and confirm an appointment for the young person over the phone and provide basic health advice for how the young person can manage their health problems until they are able to see the clinician

Five shortlisted providers presented their ideas for how they would re-imagine primary care access in the region (2/2)

Increased access to same-day care

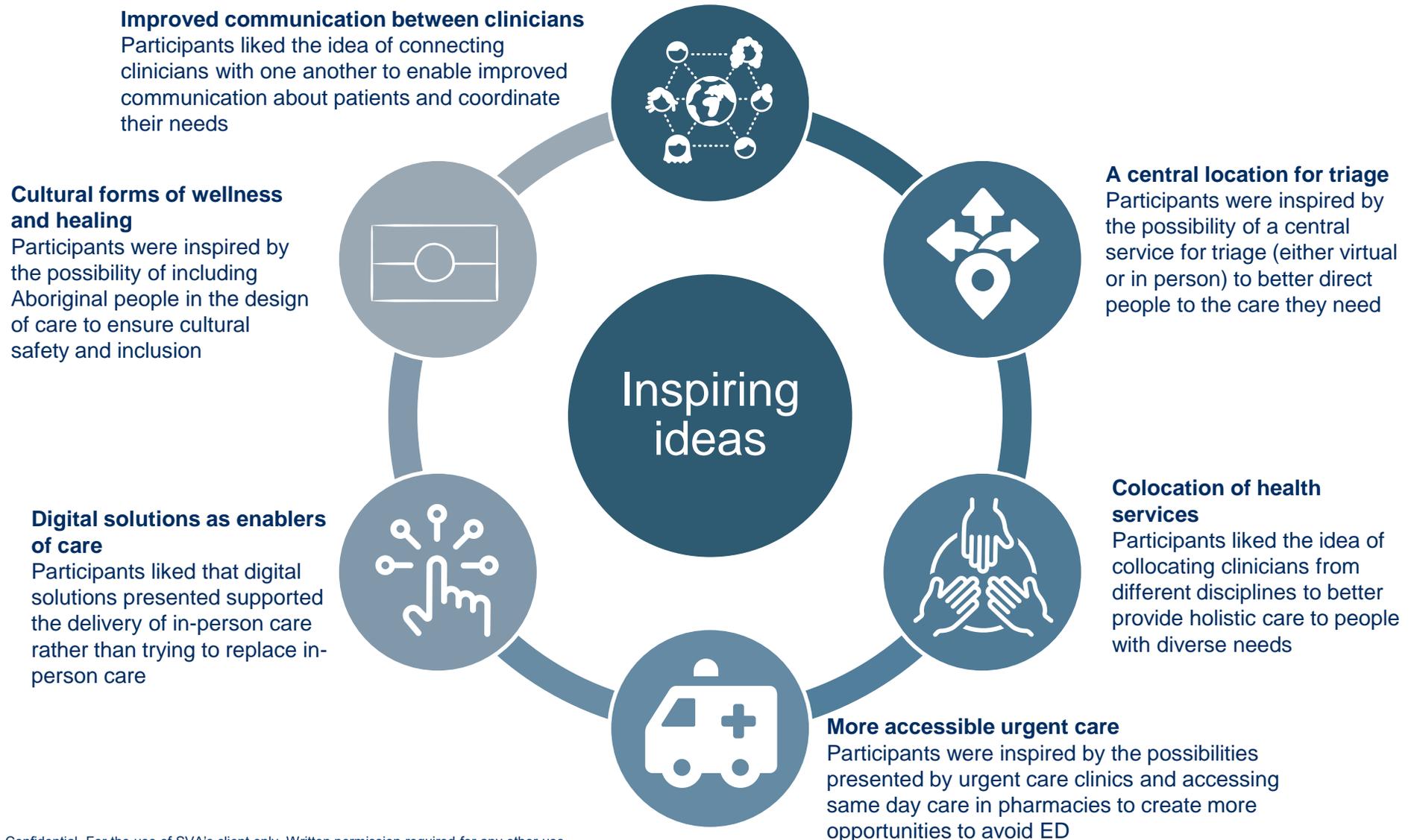


- **Healius** presented the option of establishing an urgent care clinic in Port Macquarie to address increasing low urgency ED presentations. The urgent care clinic would provide:
 - Access to GPs and other allied health equipped to manage low-risk urgent health needs
 - Multi-disciplinary evidence-based interventions more closely aligned with low-risk patient needs
 - Services and solutions co-designed with Aboriginal people to ensure cultural safety
 - Follow up and referral to ongoing primary care
 - Shorter wait times than ED
 - Consumables for patients
 - Ambulance diversion



- **The Pharmaceutical Society of Australia** presented a model whereby consumers can access healthcare by utilising the accessibility and skills of community pharmacists who triage or manage non urgent presentations. To achieve this the society would:
 - Build awareness of the option to visit a pharmacy instead of going to the emergency department for low-risk presentations
 - Provide assessment and triage of patients and refer them on to other clinicians or ED where necessary
 - Develop the capabilities of pharmacists to ensure everyone is practicing according to defined protocols
 - Codesign services with Aboriginal people to ensure cultural safety

All stakeholders were then asked to list the ideas they are currently inspired by



All stakeholders then discussed ideas to improve **the approachability** of primary care services

Stakeholders were asked:

How can people better identify primary care services?

How can people better reach primary care services?

How can services make themselves more known among priority populations?

How can we improve people's knowledge of when they need primary care?



Make services visible and welcoming

- **Marketing and social media** campaigns
- Important that services are welcoming. Consideration of **“who meets you at the front door”** and consideration of how services can support building relationships of trust

Make care available when and where people need it

- Healthcare services assume people will be compliant and access care at times suitable for providers. Stakeholders suggested that care needs to be available **after hours and on weekends**
- Care also needs to be easily **accessible to people where they are (i.e. community hubs)**

Provide centralised care information and coordination

- Stakeholders suggested that having a **centralised digital location for healthcare information and coordination** would make it easier to find and access the care they need

Promote health education and literacy

- Stakeholders emphasised the importance of **promoting health education and literacy among the younger population**. People need to know when they need care, what help they should seek out, and where they can find it
- Young people would also benefit from **additional information and education around self-care**

Incentivise use of the healthcare system

- Stakeholders suggested that having **incentives for young people to access the healthcare system** such as providing an annual health check could improve the approachability of services

Create culturally safe environments

- Stakeholders explained that it was important to create culturally safe environments and have an ongoing commitment to cultural competency within primary care services to support the approachability of services for Aboriginal and Torres Strait Islander people. This could include creating a **larger Aboriginal workforce, using language and culture in messaging, working with Elders and other community members to promote primary care access, and providing trauma-informed care**

Ensure there are multiple access points for healthcare

- Stakeholders suggested that **having multiple avenues to access care both digitally and in-person** could improve access

All stakeholders then discussed ideas to improve **the acceptability** of primary care services

Stakeholders were asked:

How can primary care services be more culturally appropriate?

How can primary care services be more acceptable to young people?

How can primary care services be more acceptable to Aboriginal communities?



Cultural governance and accountability throughout services

- Stakeholders suggested that implementing **cultural governance and accountability in services** to ensure respect and appreciation for the needs of Aboriginal and Torres Strait Islander people along with CALD groups could improve the acceptability of services to diverse populations



Have a diverse workforce

- Stakeholders suggested that **diversifying the workforce to include people of Aboriginal and Torres Strait Islander backgrounds as well as CALD backgrounds** would make primary care more welcoming and acceptable



Develop cultural capabilities

- Stakeholder suggested developing the **cultural capabilities of healthcare workers** to ensure ways of being, doing, and communicating acknowledge and respect the cultural needs of Aboriginal and Torres Strait Islander people and CALD groups



Engage elders and young people

- Stakeholders suggested increasing the **engagement of Aboriginal and Torres Strait Islander young people and Elders in the design of care** to respect their cultural needs and deliver care that was more acceptable



Schools and sports organisations promoting wellbeing behaviours

- Stakeholders suggested **engaging schools and sports organisations to improve health literacy and understanding of the healthcare system** to reduce knowledge gaps among younger people



Peer support

- Stakeholders suggested **developing peer support networks** that would allow young people to seek care and support from other young people who they know and trust



Enable anonymity

- Stakeholders suggested that **enabling the anonymity** of people seeking care could reduce barriers to seeking care for some people

All stakeholders then discussed ideas to improve **the availability** of primary care services

Stakeholders were asked:

How can we make services physically and virtually available to people across the region?

How can we ensure the healthcare skills and capabilities people need to access are available



Leverage the entire healthcare workforce

- Stakeholders suggested leveraging **nurse-led clinics and pharmacies** to provide care as well as **providing multidisciplinary health pathways and ensuring effective triage**



Cohort-specific primary care clinics

- Stakeholders suggested having **cohort-specific primary care clinics for older people and young people**. This could create more opportunities for young people to access care if they do not have to compete with older people for bookings



Ensure the continuation of telehealth

- Telehealth has improved the availability of services for a range of people. Stakeholders suggested that the **continuation of Medicare funded telehealth** was vital to ensuring the availability of services



Address the digital divide

- Stakeholders reflected that people without access to the internet and digital tools struggle to access care. Stakeholders suggested that measures should be taken to **address the digital divide for those without access**



Provide out of hours care

- Stakeholders repeated that services need to be available **before and after work/school as well as on weekends**



Mental health first aid for teachers and mentors

- Stakeholders suggested that supporting young people to **access basic mental health support through their immediate networks** could improve the availability of mental health support



Shared medical yarn ups

- Stakeholders suggested creating **opportunities for Aboriginal people to come together and discuss health concerns**

All stakeholders then discussed ideas to improve **the affordability** of primary care services

Stakeholders were asked:

How can we make primary care affordable for people to access?

How can we make primary care affordable to deliver?



Continued Medicare funding and a better understanding of what is available

- Stakeholders suggested that **bulk billing and free telehealth** need to continue to be available. People also need a **better understanding of what is funded**, especially Aboriginal people and the services available to them



Expand Medicare

- Stakeholders suggested areas where **Medicare could be expanded** including **for traditional healing, additional funding for vulnerable cohorts, and for people who do not currently have access such as immigrants**



Integration of services

- Stakeholders suggested **integrating services to pool resources and reduce costs**. This could also ensure people are triaged better and receive more holistic care



Increase transparency about costs

- Stakeholders reported that young people often hesitate to access care because they don't know what the cost will be. There needs to be **greater transparency about what people need to pay for and what is freely available**



Leverage unused capacity

- Stakeholders suggested **leveraging nurses and pharmacists to provide care at a lower cost**



Provide a health care access scheme for young people

- Stakeholders suggested developing an NDIS-style model for young people that would **allocate funding for young people to access healthcare**



Reward healthy behaviours

- Stakeholders suggested developing a system where **people are rewarded for healthy behaviours** to reduce burden on the health system and provide expanded access

All stakeholders then discussed ideas to improve **the appropriateness** of primary care services

Stakeholders were asked:

How can we ensure that people can choose acceptable and effective primary care services that meet their needs?

How can we ensure that care is patient-centred and considers the unique needs of different people and groups?



Interpersonal approaches and trauma-informed care

- Stakeholders suggested that there should be **ongoing training for clinicians to provide patient-centred care**. They suggested that **clinicians should work with consumers to design their care and develop a comprehensive wellness and care plan**



Ensure communication between all people involved in someone's care journey

- Stakeholders suggested care would be more appropriate if **clinicians could communicate and coordinate care amongst each other to provide more holistic support**
- It was also suggested that **people's personal support networks could be more included** in their healthcare journey (i.e. family, friends etc.)



Aboriginal-led solutions for Aboriginal people

- Stakeholders suggested that expanding the availability of **Aboriginal-led solutions for Aboriginal people including access to traditional healing and group "yarn ups"** would make care more appropriate for Aboriginal and Torres Strait Islander people



Expansion of non-clinical roles and lived experience support

- Stakeholders suggested that increasing the **availability of people who could provide non-clinical support for people and lived experience support** could address people's more holistic social and emotional needs



Continued availability of healthcare in different modes

- Stakeholders suggested that it was important to ensure people could continue to **access care face-to-face, through telehealth, and through other modes** to ensure people could engage with healthcare in whichever way they feel most comfortable

Following the discussion all stakeholders worked together to develop new models of care

Seven concepts emerged which are detailed on the following slides



Concept 1: Digital hub – key elements

1

Access and mode of delivery

Centralised AI entry point from multiple starting points

- Social media links
- PHN/LHD websites
- 1800 phone and text line
- Community service providers

Provides triage in terms of time criticality and appropriate point of care, considering local resources and availability

Service delivery via:

- Phone
- SMS
- Video



2

Contextual Care

Coordination of GPs, Social and community workers and LHD will allow embedded data analytic insight generation and evaluation to fully understand who benefits from what to optimise outcomes

4

Enablers

Collaboration

- Network of primary care services sharing data on appointment availability, service capability and mode of delivery - linked to AI entry point
- Colocation of services – clinical, community, pharmacy

Adequate funding

Not restrictive in delivery of service provided it is evidence based and achieves positive/quality health outcomes for the consumer and community

Digital solutions

- Multi platform
- Interoperable
- Digital triage
- Multifaceted comms



3

Benefits

For the consumer

- Referrals to in-person consults.
- Information on local services
- System navigation and understanding
- Health education
- Access to non out of pocket clinicians
- Remembers you and your data on subsequent interactions
- Advantages of contextual care
- Referrals made to specialists based on distance to patient and lengths of waiting time

For Health & Social Systems

- Secure messaging ability and ability to view/share record keeping
- Use of AI from booking, triage, and digital tools within a call
- Collection of data that can be shared with the patient to improve their understanding of their conditions but also anonymised for PHN data analysis
- Addresses needs of both health and wellness promotion and illness/injury management.

Concept 2: Pharmacy entry point – key elements



1 Access through pharmacies

Expand pharmacists scope of practice

- Use AI structure/framework to enable triage of medical problem in the pharmacy- whether acute/chronic, and then treat or refer to other health provider.
- Pharmacists can provide screening, diagnostic testing, preventative health, management of common conditions, patient education, injections and vaccinations
- This in turn would take a lot of pressure off the doctors and hospitals. The use of electronic recording of each interaction would help a smooth journey for the patient.
- Pharmacists are currently free to the people and the government
- Pharmacists are physically available and accessible in every town.
- Pharmacies could look to engage and employ Aboriginal people in community to support cultural safety
- Young people could be encouraged to attend to go to their pharmacy first for an assessment to see if they need to go to the doctor or not
- Telehealth rooms could be created in pharmacies to create access to GPs and specialists not available in the community

2 Benefits

For the consumer

- Pharmacies are embedded in communities and have touchpoints with most people
- Pharmacists are often known in a community and people have pre-existing relationships of trust
- Pharmacies are considered easy to access and somewhere you can have a quick conversations

For Health & Social Systems

- GPs are less burdened with lower acuity problems



3 Enablers

Ensuring pharmacies have scope and skills

- Pharmacies would need to be given the scope and pharmacists would need to be verified as having the skills to provide care and care coordination

Localised care coordination

- Pharmacies would need to have knowledge of available services and the ability to refer and direct people to services

Digitally supported

- There would need to be support from digital tools to enable triage and connect to services



Concept 3: Urgent care centres – key elements



1 Access by creating options other than EDs

An urgent care service could be established and co-located at existing medical centres to address minor accident and illness.

The service would provide:

- Access to GPs and other allied health equipped to managed low-risk urgent health needs
- Multi-disciplinary evidence based interventions more closely aligned with patient needs
- Services and solutions co-designed with Aboriginal people to ensure cultural safety
- Follow up and referral to ongoing primary care
- Shorter wait times
- Bulk billing

2 Benefits

For the consumer

- Creates a location where urgent issues can be addressed without dealing with the wait times and complexities of the ED
- Bulk billed service that is completely free and affordable

For Health & Social Systems

- Reduction in low-urgency presentations to the ED

3 Enablers

Visibility and awareness

- Need to ensure that people are aware of the urgent care centre and have trust in the centre to provide adequate care

Shorter wait times

- Need to ensure the service has shorter wait times than the ED

Availability of Doctors

- Need to ensure the capacity and skills are available to provide quality care



Concept 4: Aboriginal-led care – key elements



1 Access through increased cultural safety

Create more opportunities for Aboriginal people to access care that is culturally safe

- Ensure services are visible, welcoming, and open with an Aboriginal workforce that is known and connected to the community
- Create opportunities for interpersonal experiences, trauma-led care, and opportunities to engage with non-clinical Aboriginal support people in the clinical context
- Create different access options and different formats for accessing healthcare, for example shared medical “yarn ups” that are Aboriginal-led or peer-supported learning for groups of young people who can share their lived experience with health issues and the health system
- Create cultural governance and accountability through services
- Increase access and availability to technology by addressing digital poverty and providing digital tools to Aboriginal people
- Respect traditional healing methods and have traditional healing methods covered by MBS or another funding mechanism,

2 Benefits

For the consumer

- Increased accessibility to affordable, culturally safe care
- Improved experiences of the healthcare system and increased willingness to engage with the healthcare system
- Improved health and wellbeing of Aboriginal people and communities

For Health & Social Systems

- Increased awareness and understanding of the needs of Aboriginal people
- Increased connections with Aboriginal people and communities
- Reduction in poor health outcomes for Aboriginal people

3 Enablers

Addressing digital poverty

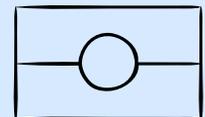
- Ensuring that Aboriginal people and communities are connected to the internet and can easily access digital technologies to remain connected and accessible

Funding for traditional healing and peer support

- Ensuring that traditional healing and peer support are funded to ensure a culturally safe environment for Aboriginal people in a clinical setting

Ongoing commitment to cultural competency

- Cultural awareness
- Cultural humility
- Cultural safety



Concept 5: Youth health access scheme – key elements



1 Access through increased incentives

Proactive scheme to support youth access through:

- Young people could be given priority access to walk-in GP appointments
- They could be provided with a free annual health check that they are reminded of and is arranged at an easily accessible location
- Young people could be provided with access to x2 free allied health visits facilitated through an online service system such as Service NSW with regular reminders and notifications
- Young people would be notified the sign-up for a GP and receive ongoing free healthcare

NDIS-style funding model

- Young people select the care they need and want
- They know what funding they have and what they can pay for

Locations where young people's care is prioritised

- Could arrange for GPs where youth have priority access
- Could establish a youth health centre
- Could provide additional access through a prioritised digital service

2 Benefits

For the consumer

- Facilitated introduction to the primary care system
 - Develop knowledge of available services
 - Develop comfort accessing services
 - Schedule health care into life
- Care is affordable
 - Young people know what care costs and what they have to spend on their care

For Health & Social Systems

- Diversion of young people away from ED
- Visibility on who is using check-ups and who is not using check-ups (additional data narrative)



3 Enablers

Prioritised access

- Could have specialised youth health centres providing primary care across the spectrum along with minor accident and injury support
- Could have GPs in different locations that prioritise youth health

Flexible timing / locations

- Arrange for 24/7 accessibility
- Provide services in schools / at sports grounds

Supported transport

- Need easy ways for young people to access physical locations without needing assistance from parents / carers



Concept 6: Community peer model – key elements



1 Access through trusted peers in the community

Peer workers can deliver frontline care coordination and triage in their local community

- We could train and support a team of young people or existing social workers as peer workers to provide health information, care coordination, and triage in the community
- These young people would build expertise in service availability and could be supported with digital tools to connect people to primary care services
- They would have direct links with school counsellors, practice nurses, GPs and other health services to provide effective referral pathways
- Peer workers could also provide mental health first aid

Peer workers could be available through:

- In-person support at schools, community hubs (i.e. skateparks), or community events
- Peer workers could also connect through secure chat, text-messaging, and be available through social media platforms (i.e. Instagram direct messaging)

2 Benefits

For the consumer

- Trusted peers available in the community
- Referrals to in-person consults.
- Information on local services
- System navigation and understanding
- Health education
- Access to non out of pocket clinicians
- Knows you and your challenges
- Advantages of contextual care
- Referrals made to specialists based on distance to patient and lengths of waiting time and trust

For Health & Social Systems

- Low-cost workforce supporting care navigation in community
- Diversion away from EDs
- Improved health literacy



3

Enablers

Community-based

- Ensure peer workers are visible and available where people are
- Ensure peer workers are trusted members of the community that can connect with young people and diverse communities

Localised care coordination

- Ensure peer workers have knowledge of quality care available in community, referrals to trusted specialists nearby and can provide helpful guidance on how to navigate health supports long term

Digitally supported

- Secure chat, text-message, and social media for easy access
- Digital tools for navigation and triage



Concept 7: Transition to independence in health care – key elements



1

Easy to access, free and confidential

- Ongoing health education, self care advice, medical and referral advice, social prescribing and service navigation support
- F2F support and education to develop lifelong health habits
- Location in schools or community hubs

Navigation and self-care

- Young persons has what they need and knows what they need to do even if there is no one at the school service
- The health plan/education gives confidence and clarity
- *Note: Some students may only need one or two touch points and be ready to self-navigate/care*

2

Benefits

For the consumer

- Talk to the same person every time and trust when referred to see someone else
- Clinician remembers young persons situation and gives advice. Young person more confident seeking help
- Work together on a health plan

For Health & Social Systems

- Reducing pressure on ED and working parents
- Normalising health help seeking
- Improving health literacy

3

Enablers

Digitally connected – Multi-disciplinary

Service delivery supported by a digitally connected multi-disciplinary network of health professionals providing care and communicating with each other.

Clinician-young person relationship

Importance of key resources/point of contact to enable confidence and relationship building

Referral

- No wrong door policy. F2F, text, email, phone
- Service embedded in school community