

Making a difference

EMPHN Annual Report

2016–17



phn
EASTERN MELBOURNE

An Australian Government Initiative



Contents

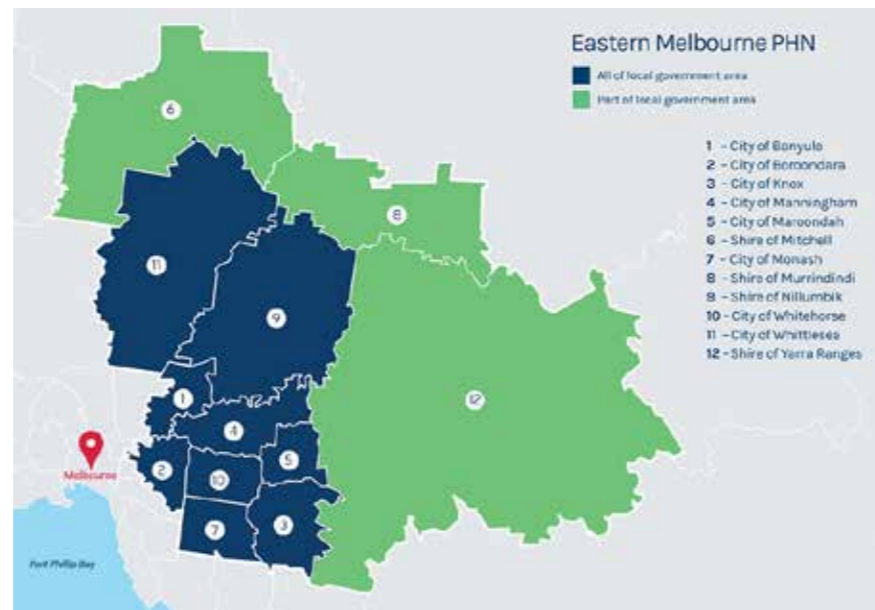
Eastern Melbourne PHN

Eastern Melbourne PHN (EMPHN) is a Primary Health Network established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care, in the right place, at the right time. We work across an area of 3,956 km² comprising a population of more than 1.5 million people across 12 local government areas in east and north east Melbourne.

Since its first year in operation in 2015-16, EMPHN has transitioned from direct service provision to a commissioning organisation that strategically plans and invests in quality primary healthcare services with the goal of making a difference to the health and well-being of the community.


Commissioning requires working with stakeholders and the community to understand local

priorities, co-designing solutions and models to meet needs, and a genuine collaborative approach to working with the sector to implement the changes required.




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Acknowledgements




We acknowledge funding from the Commonwealth Government as the principal funding body for PHNs.



We acknowledge and celebrate diversity in all its forms and recognise the contribution people from diverse background and life experiences make to a strong, healthy and resilient community. We welcome everyone in the community as part of our organisation.



We acknowledge and pay our respects to the traditional owners of the country where we work, the Wurundjeri People of the Kulin Nation. We pay our respects to their Elders, emerging leaders and community members, past and present.



This publication is available in a range of languages. To request a translation, please contact us at comms@emphn.org.au or on (03) 9046 0300.

Cover: Dr Nashwa Botros,
GP at Family Care Medical Centre Mt Waverley

The Dandenong Creek Trail is a popular walking and cycling path in eastern Melbourne.



Chair and CEO's message

The theme of this Annual Report – making a difference – reflects EMPHN's evolution from a newly established organisation in 2015-16, to one that is already positively influencing the health of people in Melbourne's east and north east.

This past year, EMPHN has improved the commissioning of services for the areas in our catchment where they are needed most. As a result we have delivered more mental health, suicide prevention, and immunisation services in Whittlesea; we have placed alcohol and drug addiction clinicians in emergency departments in the after hours; we are supporting our local Aboriginal and Torres Strait Islander organisations to expand their service capabilities; and we are working with local palliative care providers to improve end of life care for our elderly population.

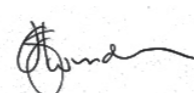
Underpinning this is EMPHN's continued commitment to supporting general practitioners (GPs) and general practices as the cornerstone of healthcare for families. We have worked in partnership with around 2,000 GPs across almost 400 general practices to improve cancer screening and immunisation rates, provide education and professional development, embed quality improvement initiatives, and provide support to adapt to the ever changing general practice environment.

Looking to the future, PHNs offer significant opportunities, including better planning, better data, new paradigms and the potential to build bridges between State and Commonwealth services and programs to improve coordination, integration and efficiency across the health system. At EMPHN, we are also excited about the prospects of leveraging health data and technology to provide improved capacity to focus on patients at risk of adverse health outcomes.

Our philosophy is to bring together every part of the primary healthcare system to facilitate meaningful collaboration that leads to system improvement and better health outcomes. We also acknowledge the critical involvement of a broad range of individuals and organisations who work with us to understand the needs of our catchment and how we can improve primary care and service integration. This includes our Community Advisory Committee and Clinical Council, our collaboratives, health practitioners across the catchment, governments, political leaders and provider organisations for their input in the commissioning process.

In 2016-17, EMPHN had a strong focus on ensuring that not only was our first year of commissioning successful, but we also continued to develop systems and staff capability, and subjected our work to both internal and independent evaluation. Importantly, we have completed our first year of commissioning with a solid financial result while ensuring that we have used the resources made available effectively and efficiently. Our sincere thanks to our staff for their hard work, ensuring a successful first commissioning cycle.

Underpinning these outcomes are good governance and leadership processes, and the work of the senior executive and Board is gratefully acknowledged.



Jim Swinden
Chairperson



Robin Whyte
Chief Executive Officer

EMPHN strategy on a page



Better health outcomes
Better health experiences
An integrated health care system



With our partners, we facilitate health system improvement for people in eastern and north eastern Melbourne.



Leadership
Understanding
Outcomes
Collaboration

Strategic Priorities

Addressing health gaps and inequalities

Enhancing primary care

Leveraging digital health, data and technology

Working in partnerships to enable an integrated service system

A high performing organisation

Goals

- Improved access to the right care, in the right place, at the right time, particularly for at risk and vulnerable groups
- More effective care for people with chronic complex diseases and those at risk of poor health outcomes

- Primary care providers deliver consumer-centred integrated services
- Primary care providers deliver timely, high quality and safe health care

- Health data, economic analysis, planning and evaluation drives impactful service and system development
- Improved use of data and technology to support providers in delivering high quality coordinated care, and consumers in managing their own health

- Joint planning and coordinated investment results in better integrated, consumer-centred, service delivery
- Service system improvement occurs through co-design processes that are consumer-centric, clinician-led and provider informed
- Strategic Commissioning delivers better consumer outcomes and an improved service system

- EMPHN is recognised and highly valued by funders, partners and our community
- A healthy, highly skilled, and sustainable organisation
- Accountable governance, and effective stewardship of commissioned funds and contracts
- Our business systems, processes and infrastructure enable highly effective ways of working together

2016–17 highlights

Strategic priority:

Addressing health gaps and inequalities

- Consulted with more than 450 stakeholders and community members on the Stepped Care Model, paving the way for a staged transition to a new stepped approach to mental health from early 2018.
- Commissioned \$2.5m of services to enable extra front-line staff to support more people aged 12–25 with, or at risk of, severe and enduring mental illness.
- Brought Commonwealth and State investments together in the development of place-based approaches across Whittlesea and Maroondah to prevent suicide with the aim of halving suicide rates by 2025.
- Funded a mobile influenza immunisation service in Whittlesea for hard to reach communities to reduce rates of influenza, particularly among vulnerable people.
- Invested in the Healesville Indigenous Community Services Association (HICSA) to support its plan to become the catchment's first fully-fledged Aboriginal Controlled Health Service.
- Funded Neami National to deliver a low intensity psychological strategies pilot program which uses resources such as apps, group coaching and traditional one-on-one counselling to improve the health of people with mild to moderate depression and anxiety.

- Improved responses to alcohol and other drug (AOD) presentations in emergency departments after hours by funding AOD clinicians to operate during these times, capturing consumers' motivation to change at the time of the event.
- Produced a highly commended guide, *Navigating the transition of PIR to NDIS*, to help consumers and carers transition to the National Disability Insurance Scheme, one of the most significant social reform initiatives in decades.
- Partnered with the Victorian Department of Education and Training, schools and GP clinics in our catchment to start the first phase of the Doctors in Secondary Schools program. The program will be rolled out to 11 schools in EMPHN's catchment, providing young people with better access to primary healthcare services.
- Invested \$900,000 into chronic disease initiatives within general practice.

Strategic priority: Enhancing primary care

- Supported general practices with national screening programs as well as optimal cancer care pathways and shared care initiatives to improve cancer screening and survival rates in our community.
- Commissioned 36 initiatives totalling approximately \$2.6m to improve access to after hours primary care services, particularly for vulnerable population groups and geographical areas where there were service gaps.
- Developed 106 new clinical care pathways on HealthPathways Melbourne, bringing the total to 441 localised pathways designed to promote more standardised care that is evidence-based and best practice.
- Presented 24 continuing professional development events for general practitioners to meet their need for training and knowledge on a variety of topics.



EMPHN advocates for consistent GP care for consumers like Mike and Joan pictured with Dr Botros.

Strategic priority: Leveraging digital health, data and technology

- Improved the uptake of Population Level Analysis Reporting for General Practice (POLAR GP) software in practices to support quality in primary health services, and provide insights into catchment health needs and local business drivers for general practice.
- Assisted 320 practices to use the national digital health record system My Health Record, with more than 230,000 consumers in EMPHN's catchment signed up to My Health Record by 30 June 2017.
- Piloted the eReferral initiative with allied and community health providers to streamline processes and provide seamless service to consumers.

Strategic priority: Working in partnerships to enable an integrated service system

- Led several co-design processes across a range of initiatives including mental health, suicide prevention, culturally and linguistically diverse communities and general practice to inform service solutions to meet community needs.
- Facilitated collaborative groups including the Better Health North East Melbourne and Eastern Melbourne Primary Health Care Collaborative, focussing on integrating state and federal services to improve the health system and consumer experience through a series of initiatives.
- Began working with practices on the Benchmarking for Practice 2030 initiative to undertake business benchmarking activities to help make practices 'future ready'.
- Provided support to general practices through face-to-face, online and phone support on more than 5,100 occasions.

Strategic priority: A high performing organisation

- Commissioned innovative services and executed 200 contracts during the 2016–17 financial year, demonstrating our commitment to improving the health of the catchment by working with stakeholders to identify needs and co-design services to improve health outcomes.
- Developed a Commissioning Resource Kit to support a consistent and rigorous approach to EMPHN's commissioning to enable our capacity to effect multi-system change for a better consumer experience of our healthcare system.
- Commenced work to become ISO 9001 (International Standards Organisation) certified to help EMPHN achieve its strategic priority of being a high performing organisation.
- Benchmarked our organisational culture through an employee engagement and alignment survey and commenced development of a strategy of continual improvement towards a high performing organisation.



Our CEO and executive



Robin Whyte
Chief Executive Officer

Robin has over 20 years' experience as a senior executive and consultant in the healthcare and related sectors, including CEO roles with primary care, hospital, aged care, and disability organisations. Most recently, Ms Whyte led Frankston-Mornington Peninsula Medicare Local as CEO from its establishment in 2012 until the formation of EMPHN in 2015. Robin has a passion for building successful organisations that deliver great outcomes. She has a demonstrated track record in strategic leadership, combining a keen understanding of the sector environment with an appreciation of what is required to create a high functioning organisation.



Jodi Briggs
Executive Director Innovation & Integration

Jodi has qualifications in nursing and health systems management. She has held previous leadership roles across various organisations in both the acute and community sector in clinical, service redesign and system transformation. With over 30 years' experience in the healthcare industry, Jodi is an improvement orientated executive with a strong interest in building capacity within the health sector to undertake system reform. Her current role at EMPHN is leading the organisation to collaborate and co-design with health service providers and consumers to improve the health system within a commissioning environment.



Angelica Georgaklis
Executive Director Corporate Services

Angelica is an experienced senior executive who has led reform and transformational change in complex organisations across a number of industries. She leads HR, ICT and business services, including contract and project management. Prior to joining EMPHN, Angelica was Director Human Resources and Operational Performance at Northern Melbourne Medicare Local. Angelica was also Group Manager Human Resources at Citywide following senior roles in HR and industrial relations, working with both employers and unions.



Anne Lyon
Executive Director Mental Health & AOD

Anne Lyon is an experienced senior executive having worked across diverse settings including health, education, government and community sectors. Anne is an innovative leader with the proven ability to develop and implement change management approaches in operational settings. Her experience includes leading and overseeing multi-disciplinary teams in primary health, community, and aged care settings, delivering a broad range of services. She brings strong strategic and operational knowledge to the role. She has a demonstrated history of managing change across diverse settings including the public sector, governance, and operational management, and extensive experience in working with multiple stakeholders to influence, negotiate and achieve agreed outcomes.

Our board

Eastern Melbourne PHN has a talented and experienced group of professionals who lead the direction and governance of the organisation.



Jim Swinden
BEc, MAdmin, FCHSM, FCPA, FAICD
Chairperson
Associate Aspex Consulting



Dr Leonie Katekar
MBBS, M.Bioethics FRACMA, GAICD
Clinical Director Medibank Private Ltd



Professor Jane Gunn
MBBS, DRANZCOG, FRACGP, PhD, FAHMS
Chair of Primary Care Research;
Deputy Head Melbourne Medical School,
Head of Department of General Practice,
University of Melbourne and GP



Dr Lindsay McMillan OAM
DHS Doctorate of Health Sciences, MEd, BHA,
Strategic Perspectives in Non Profit
Management (Harvard), FAICD, AFCHSM
Managing Director of Reventure Ltd



Alex Johnstone
BSc (Econ) Accountancy, FCPA (Australia),
GAICD, CPFA (UK)
CEO, IPC Health
Non-executive Director, Dental Health
Services Victoria



Professor Sandy Leggat
BHS (Physical Therapy), MBA, MHS (Health
Administration), PhD, Grad Cert Higher Ed,
FCHSM, GAICD
Health Services Management,
La Trobe University



Tony McBride
BSc, M.Soc Sci, GAICD
Consultant, Community Owned Primary
Health Enterprises



Dr Peter Trye
MB ChB, Dipobs, MPH, MBA, FAFPHM
FRACMA, FRACGP, GAICD
Director Medical Services Angliss Hospital,
Eastern Health and GP



Elizabeth Kennedy
B.A LL.B (Hons) LL.M (Melb), Grad Dip Health
& Medical Law, Solicitor, LIV, ACLA
General Counsel and Corporate Secretary,
Peter MacCallum Cancer Centre
Adjunct Associate Professor (Practice),
Department Epidemiology Preventative
Medicine, Monash University

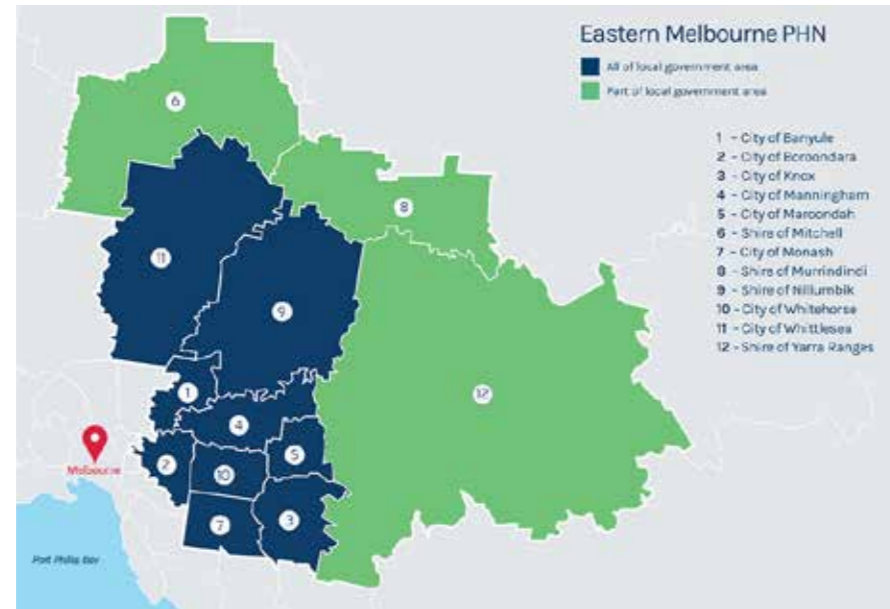
Board representation on EMPHN committees

Finance, Audit and Risk Management Committee: Dr Lindsay McMillan (Chair), Jim Swinden and Elizabeth Kennedy,
Commissioning and Clinical Governance Committee: Professor Jane Gunn (Chair), Alex Johnstone, Tony McBride and Dr Peter Trye
Community Advisory Committee: Professor Sandy Leggat (Chair), Dr Lindsay McMillan
Clinical Council: Dr Peter Trye (Chair), Professor Jane Gunn, Dr Leonie Katekar
Nomination and Remuneration Committee: Jim Swinden (Chair), Elizabeth Kennedy, Tony McBride, Professor Sandy Leggat,
Jennifer Williams (independent member)

Our community – socioeconomic demographics

Population diversity

- The EMPHN catchment population was 1.43 million in 2016 (24% of the Victorian population).
- More than 6,800 Aboriginal and Torres Strait Islander people live in the catchment, particularly in Knox, Banyule, Whittlesea-Wallan and Yarra Ranges.
- A higher than average number of people born in countries where English is not the first language live in Monash (China 12.7%, Indian sub-continent 8.9%), Whitehorse (China and Hong Kong 12.9%), and Manningham (China and Hong Kong 11.9%).
- More than 8% of the Monash population are non-English speaking, almost twice the Victorian average (4.5%).



Advantage and disadvantage

- There are areas of relatively low socioeconomic advantage (suburbs of Lalor, Thomastown, Heidelberg West, Millgrove, Warburton, Powelltown, Bayswater, and Bayswater North) located adjacent to areas of relative high socioeconomic advantage (Boroondara, Manningham, Banyule and Nillumbik).
- Chronic disease prevalence across the catchment is overrepresented in areas with relatively low socioeconomic advantage, reflecting a common trend in Victoria and nationally.

Population growth rate

- Population growth is similar across the catchment except in Whittlesea-Wallan where the population is estimated to increase by almost 100,000 people or 43% between 2016 and 2026, the highest growth rate in EMPHN's catchment. The population of Whittlesea-Wallan grew 27.6% between 2011 and 2016.

Age

- Whittlesea and Yarra Ranges have relatively young populations.
- There is an ageing population in the inner east suburbs and the highest number of aged care beds in the Boroondara region.
- Boroondara has the highest number of residents aged over 85 years (3,208, 1.9%) which is higher than both the state and national averages.

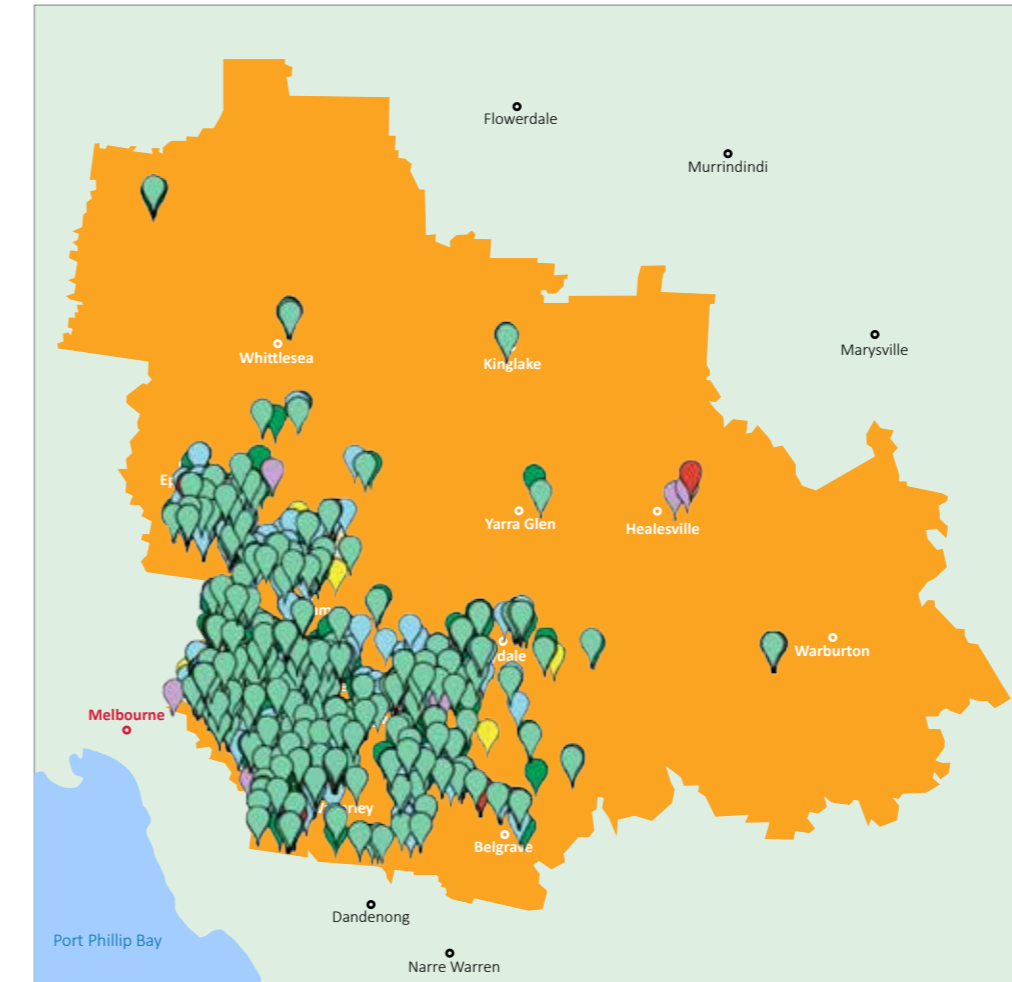
Life expectancy

- Life expectancy at birth is lowest in Knox for both males (79.7) and females (83).
- Life expectancy at birth is highest for males in Boroondara (82.2) and Nillumbik (82.3), and for females in Boroondara (85.8) and Monash (85.8).

Our community – health services

Distribution of health providers in our catchment

Our catchment has a comparatively high number of health service providers. Services are generally located in a pattern similar to our population density. Communities in semi-rural and growth areas can experience access issues.

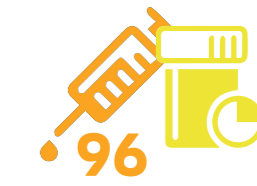


Eastern Melbourne PHN catchment

Eastern Melbourne PHN



GP clinics



Alcohol and Other
Drugs services



Pharmacies



Community
health centres



Hospitals



Psychologists
and
Psychiatrists

Our community – health snapshot

Immunisation rates at 5 years⁵

Whittlesea (96.1%) Maroondah (95.7%) Nillumbik (94.9%)	} Highest in catchment
Manningham (89.4%), Murrindindi# (91.4%) Monash (91.8%)	

Cancer screening participation (%)⁶

Women screened between ages 50–74

1. Breast cancer

Nillumbik-Kinglake (57.1%) - highest in catchment
Whittlesea-Wallan (50.9%) - lowest in catchment
Victoria (52.6%)

Women screened between ages 20–69

2. Cervical cancer

Nillumbik-Kinglake (70.7%)
- highest in catchment
Whittlesea-Wallan (54.0%) - lowest in catchment
Victoria (59.2%)

People screened between ages 50–74

3. Bowel cancer

Nillumbik-Kinglake (44.9%) - highest in catchment
Whittlesea-Wallan (35.7%) - lowest in catchment
Victoria (39.9%)

Hepatitis B rates per 100,000 population⁷

Whitehorse (57.7) - highest in catchment
Yarra Ranges (6.1) - lowest in catchment
Victoria (30.1)



GPs are the cornerstone of healthcare for people like Bianca.

Chronic disease prevalence (age standardised rate [ASR/100])⁸

Arthritis

Whittlesea-Wallan (14.9) - highest in catchment
Boroondara (12.1) - lowest in catchment
Victoria (14.0)

Asthma

Mitchell# (13.0) - highest in catchment
Monash (8.9) - lowest in catchment
Victoria (10.9)

Cardiovascular disease

Mitchell# (17.4) - highest in catchment
Nillumbik (14.0) - lowest in catchment
Victoria (17.0)

Chronic Obstructive Pulmonary Disease

Mitchell# and Murrindindi# (2.0)
- highest in catchment
Boroondara, Manningham and
Monash (all 1.6) - lowest in catchment
Victoria (1.9)

Musculoskeletal conditions

Mitchell# and Murrindindi# (27.7)
- highest in catchment
Manningham (24.2) - lowest in catchment
Victoria (26.6)

Type 2 Diabetes

Whittlesea-Wallan (7.4) - highest in catchment
Nillumbik (3.3) - lowest in catchment
Victoria (4.7)

*State target is 95%. Represented percentages are measured against state target.

#Disclaimer: Data is sourced by LGA. LGAs only partially within the EMPHN catchment Mitchell (34.7%) and Murrindindi (27.4%), are included but their data as whole-of-LGA will be overrepresented.

Our community – health snapshot continued

Potentially preventable hospitalisations⁹ (bed days)

1. Diabetes complications (123,865)
2. Pyelonephritis (84,587)
3. Congestive Heart Failure (61,354)
4. Dehydration and Gastroenteritis (48,817)
5. Hypertension (47,485)
6. Chronic Obstruct Pulmonary Disease (39,592)
7. Cellulitis (32,167)
8. Iron Deficiency Anaemia (20,975)
9. Convulsion and Epilepsy (15,225)
10. Dental Conditions (13,649)

Hotspot areas for suicide¹⁰

The following LGAs (in order) have the highest annual rate of suicide for the catchment and rates above the state average:

Maroondah
Knox
Whittlesea
- highest in catchment
Manningham
Monash
Boroondara
- lowest in catchment

Mental health – high/very high psychological distress rates for people 18 years and over (ASR/100)⁸

Whittlesea-Wallan (15)
Mitchell# (13.6)
Murrindindi# (12.3)
- highest in catchment
Boroondara (7.3)
Manningham (8.3)
Nillumbik (8.8)
- lowest in catchment
Victoria (11.4)

Alcohol and other drugs ED presentation rates per 100,000 population¹¹

1. Alcohol

Knox (73.5) - highest in catchment
Nillumbik (27) - lowest in catchment

2. Illicit drugs

Yarra Ranges (34.5) - highest in catchment
Whittlesea (16) - lowest in catchment

3. Prescription medication misuse

Boroondara (16.3) - highest in catchment
Manningham (10.6) - lowest in catchment



EMPHN supports general practices such as Nillumbik Medical Centre in Eltham.

References

- ¹Australian Bureau of Statistics, 2016 (SA3)
- ²Department of Immigration, 2016–17 (LGA)
- ³Australian Early Development Census, 2015 (LGA)
- ⁴.id, 2017 (LGA)
- ⁵Victorian Department of Health and Human Services, 2017 (LGA)
- ⁶Australian Institute of Health and Welfare, 2014–15 (SA3)
- ⁷Victorian Department of Health and Human Services Infectious Disease Surveillance Unit, 2017 (LGA)
- ⁸Public Health Information Development Unit, 2011–13 (SA3)
- ⁹Victorian Admitted Episodes Dataset, 2015–16 (LGA)
- ¹⁰Victorian Department of Health and Human Services, 2015 (LGA)
- ¹¹Turning Point, 2012–13 (LGA)

Making a difference: Addressing health gaps and inequalities

EMPHN works to improve health outcomes for consumers in priority areas such as alcohol and other drugs, Aboriginal and Torres Strait Islander health, chronic disease, mental health, cancer screening, immunisation and aged care. Our focus is on improving the health of our community and achieving avoided hospitalisations.

Mental health

EMPHN provides funding to deliver a range of mental health services including:

Mental Health Nursing Services

The Mental Health Nursing Services program provides coordinated clinical care for people with moderate and severe mental illness.

Partners in Recovery (PIR)

PIR provides care coordination and support for people with severe, complex and persistent mental health concerns. EMPHN is the lead agency for PIR in the north, inner east, and east of Melbourne.

PIR will be transitioned into the National Disability Insurance Scheme (NDIS), which began rolling out in the north of EMPHN's catchment in 2016–17.

headspace

EMPHN directly funds three headspace centres, located in Knox, Hawthorn and Greensborough. headspace services provide early intervention mental health services to 12–25 year olds, along with assistance in promoting young peoples' well-being.

Psychological Strategies

Psychological Strategies delivers short term, goal orientated and focused psychological strategies to individuals with common mental health disorders of mild to moderate severity.

Psychological Strategies consists of six separate programs:

- Better Outcomes in Mental Health Care/General Psychological Strategies
- Bushfire and post-traumatic stress
- Perinatal Depression Service – diagnosed perinatal depression
- Child Mental Health Service – 0–11 years
- Aboriginal and Torres Strait Islander Service
- Suicide Prevention Service

In June 2017, EMPHN funded four additional programs:

- Group Therapy – offering participants a safe environment to share their experiences.
- Lead Site – providing tailored care for those with low intensity mental health issues and giving them practical tools for managing their mental health in day-to-day life.
- Low Intensity Model Trial – the trial will provide an efficient and less costly early intervention.
- Perinatal Low Intensity.

Amelia Walters – youth mental health representative



“I’m a youth mental health representative with a unique understanding of the mental health sector having been both a consumer of primary and tertiary care, and as a consumer consultant to headspace national.

I was eager to work on the commissioning of new youth mental health services as I have been very impressed with the design of the Primary Health Network. I am very passionate about facilitating ease of access through stepped care pathways between primary and tertiary services.

I’ve experienced personally the devastating and disorienting gap between primary and tertiary

services and hoped that I could contribute my experiences to influence services to be clear, available and inclusive for all young people.

My greatest contribution during this process has been the translation of my personal mental health experiences, and those of the young people I have worked with, into the tender evaluations in order to ensure that the holistic delivery of care was relevant and tailored to the needs of young people.

I am really excited about the potential synergy that will come from the partnership between Neami National and Eastern Health. I believe this initiative will have profound impact on the young people in east and north-east Melbourne, particularly for its awareness of community context and strong focus on recovery.”

Suicide prevention

EMPHN is working to bring Commonwealth and State investments in suicide prevention to the community. EMPHN will support local communities to develop and implement coordinated place-based approaches to suicide prevention. This includes:

- implementing a range of evidence-based, coordinated strategies at the same time
- multi-sectoral involvement by all government, non-government, health, business, education, research and community agencies
- governance within a local area
- demonstrating sustainability and long-term commitment.

EMPHN will support local community members, groups

and service providers, to work together to reduce rates of suicide and to improve the experiences of people who have been affected by suicide.

EMPHN will be implementing the Place Based Trials in Whittlesea and Maroondah to help local communities prevent suicide. This is a three year initiative.

Youth Severe

In June 2017, EMPHN commissioned \$2.5m worth of services to enable extra front-line staff to support more people aged 12–25 with, or at risk of, severe and enduring mental illness. The programs will be delivered by Eastern Health (YETTI – Youth Engagement Treatment Team Initiative) and Neami National (YFlex – Flexible, Intensive Mental Health Support for Young People) over the coming year.

Mental health services provided 2016–17



	Clients	Sessions	GPs referring
Psychological Strategies	4,300	16,000	870
Mental Health Nursing Services	3,676	17,250	880
Partners in Recovery	1,910	n/a	24*
headspace	2,300	9,100	n/a

After Hours AOD

Since early 2017, EMPHN has funded an alcohol and other drug (AOD) clinician in the emergency department at Austin Health on weekends. The program works with people affected by AOD and their families, supporting them through counselling and connecting them to health, education and other services in the community to reduce the burden of AOD on our hospitals. Similar programs are also operating at Box Hill Hospital and Northern Hospital.

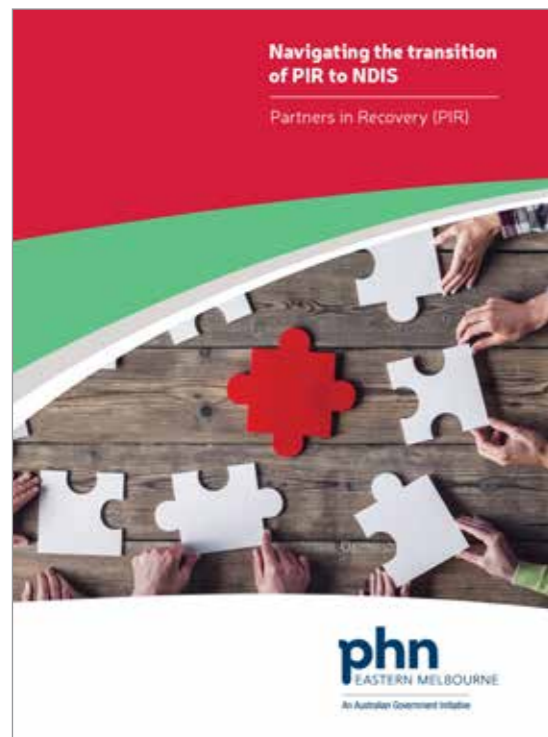
Supporting the transition to the National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a new way of providing support to people with a psychosocial disability that aims to have a positive impact on their everyday life. To support the transition to the NDIS, EMPHN developed a suite of videos and collateral for allied health professionals, consumers and carers.

In early 2017, EMPHN launched *Navigating the Transition from PIR to NDIS*, a resource to assist consumers and carers to understand the transition from Partners In Recovery (PIR) to the NDIS.

The booklet was developed with consumers and carers through a co-production and co-design process that respected expertise and experience.

The booklet has been widely used and well received for being informative and easy to understand by all PIR areas, other PHNs, the National Disability Insurance Agency, VicServ, and the Department of Health and was presented at the National PIR and Day to Day Living conference.



Quality Use of Medicines

Quality Use of Medicines (QUM) is one of the four pillars of Australia's National Medicines Policy which aims to achieve best possible health outcomes from medicines use for consumers.

Medicine is the most frequent intervention used in general practice. More than 200 million prescriptions are dispensed in Australia each year, improving health and well-being for the majority.

However, in Australia over 1.5 million people suffer adverse effects from medicines each year, contributing to at least 400,000 GP visits and 230,000 hospital admissions annually.

The Quality Use of Medicines program seeks and promotes innovative strategies to reduce harms and optimise the outcomes from medicines use.

QUM General Practice Educational Visiting Program

Three Royal Australian College of General Practitioners (RACGP) accredited topics were provided upon request to practices throughout 2016–17:

- **Inhaler Devices: Inspiration for Choice** to 36 GPs – a practical hands-on session to explore the features, benefits and limitations of a range of new devices recently released on the Pharmaceutical Benefits Scheme
- **Schedule 8 Management: Permits without Pain** to 94 GPs
- **De-Mystifying Opioid Replacement Therapy: What every GP needs to know** to 72 GPs

Some topics were designed to address the challenges of pharmaceutical drug misuse in general practice and promote a clinical governance approach to accountable prescribing.

Pharmacotherapy Area Based Networks

The QUM program supports the two Pharmacotherapy Area Based Networks (PABNs) active in EMPHN's catchment. PABNs are funded by the Victorian Government's Department of Health and Human Services to support general practice and community pharmacy to manage and treat opioid dependence in the community. A range of educational events, small group peer support, access to specialist support and peer mentors, patient service linkages, and practical service initiation supports have produced positive movement in the number of service providers across the catchment.

Highlights include:

- new pharmacotherapy prescribers and new community pharmacy dispensing services in areas of need including Lilydale, Healesville, Epping, West Heidelberg and Eltham
- existing general practices and community pharmacy service providers increased caseloads with PABN support.



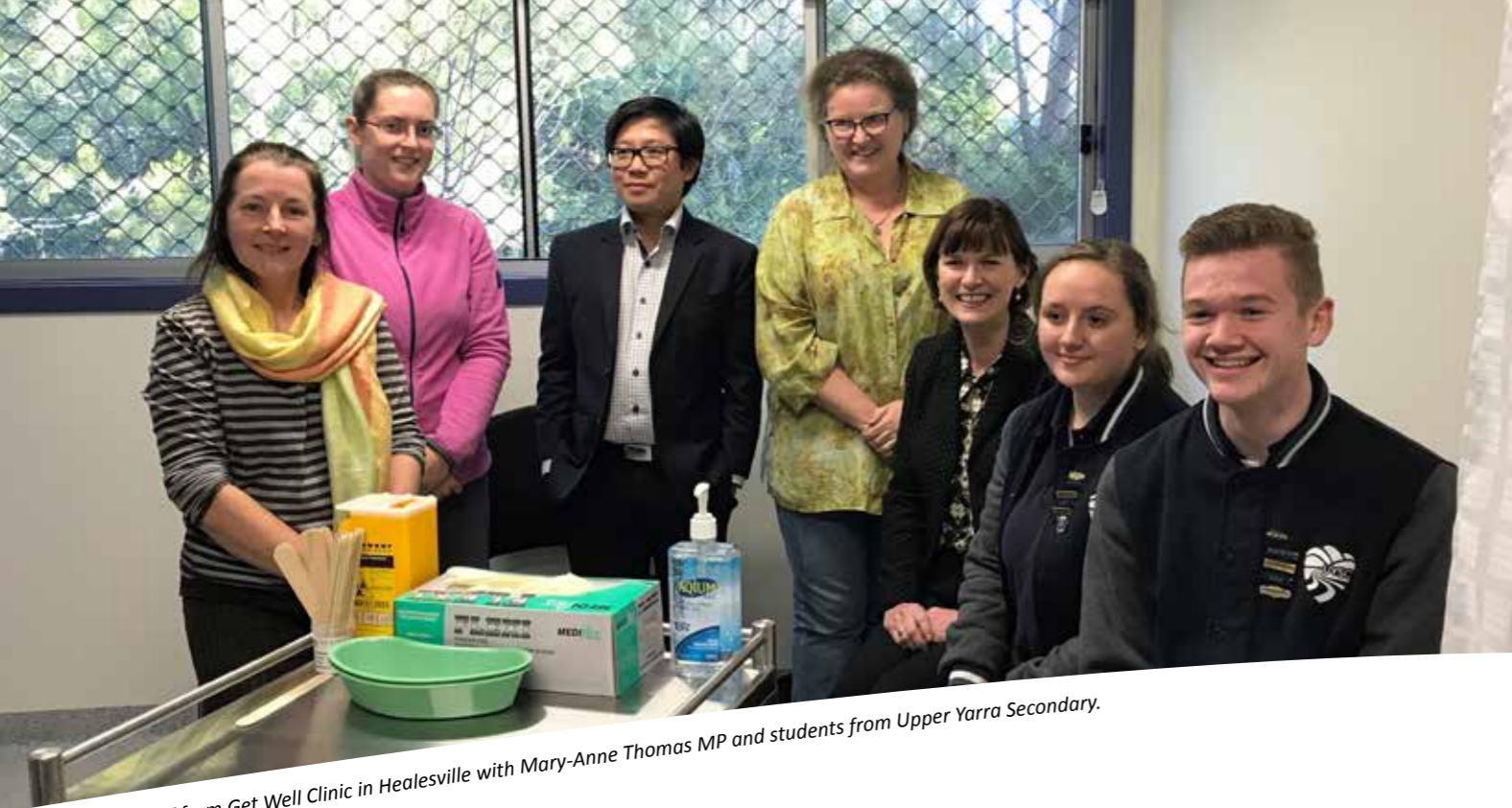
Yong and Rachel at Quality Pharmacy in Epping.

Bob is 54 years old, lives alone and has a history of schizophrenia. He was recently diagnosed with diabetes and has poor blood glucose control. Referred to IDEAS by his GP and seen at Carrington Health, he is feeling much better. Bob finds the support from the IDEAS team has assisted him to feel confident in self-monitoring his blood glucose levels and administering insulin. He now has a better-balanced diet and is learning more about the effect of food on his blood glucose levels.

Avoidable hospitalisations and chronic disease

IDEAS

In June 2017, EMPHN announced the expansion of the Integrated Diabetes Education and Assessment Service (IDEAS). Three new service sites are planned to open for consumers in eastern Melbourne in late 2017 in East Ringwood, Doncaster East and Hawthorn. Diabetes remains the number one cause of avoidable hospitalisations across our catchment.



Staff from Get Well Clinic in Healesville with Mary-Anne Thomas MP and students from Upper Yarra Secondary.

Aged care

Palliative and End of Life care has been the focus of aged care work at EMPHN. Through the Eastern Melbourne Primary Health Care Collaborative (EMPHCC), we have formed the EMPHCC End of Life Care Working Group. The working group is establishing and implementing projects to increase the number of people who are able to die in their place of choice.

EMPHN is also an active participant in the Eastern Metropolitan Region Palliative Care Consortium and the Victorian PHN Alliance Palliative Care and Advance Care Planning Community of Practice.

Through the aged care grants program, EMPHN funded two projects in 2016–17 that will work towards increasing the number of advance care plans that are completed in a community based setting for patients with chronic disease.

EMPHN has also provided information to GPs on the changes to the aged care system, including significant changes with the introduction of the Commonwealth Home Support Programme.

Access to primary healthcare

Doctors in Secondary Schools

In June 2017, a GP clinic opened at the first of 11 schools in EMPHN’s catchment. Upper Yarra Secondary was selected as part of the Doctors in Secondary Schools program, run by the Victorian Department of Education and Training in partnership with Victoria’s six PHNs.

Doctors in Secondary Schools aims to address the issue that young people are often the lowest users of healthcare services due to cost, transport and appointment times.

By making healthcare more accessible to students at what can be a particularly challenging and stressful time of their lives, the Doctors in Secondary Schools initiative aims to help identify and address health issues early before they affect their studies, and build trust and rapport between young people and GPs.

Aboriginal and Torres Strait Islander health

EMPHN’s Aboriginal Health and Well-being Program aims to support Aboriginal communities in eastern and north eastern Melbourne through initiatives that provide better access to health and well-being services, and which provide greater opportunities for Aboriginal communities to develop services to meet their communities’ needs. The framework for achieving these objectives is aligned to wider efforts to close the gap in life expectancy and health outcomes between Aboriginal people and non-Indigenous Australians.

In 2016-17 EMPHN:

- invested in the Healesville Indigenous Community Services Association to support its plan to become the catchment’s first fully-fledged Aboriginal Community Controlled Health Service
- supported individuals and Aboriginal communities to plan, implement and develop services
- ensured Aboriginal people had the opportunity and were encouraged to participate on EMPHN tender evaluation panels, its Clinical Council and contribute to the Community Needs Assessment
- worked with Aboriginal Community Controlled Organisations and their chosen partners

For Aboriginal people who do not wish to access Aboriginal-specific services, EMPHN:

- resourced strategically located Aboriginal-specific community engagement, outreach and facilitation support to link people into services
- supported communities to work with mainstream services to improve their capacity to deliver culturally safe services
- supported cultural strengthening programs which are incorporated into the service mix so community social and emotional well-being can flourish.

“ It creates a safe place for students to go for consultations in complete privacy. ”

– Claire, Upper Yarra Secondary School vice-captain talks about the Doctors in Secondary Schools program



EMPHN supports Aboriginal and Torres Strait Islander communities to develop services to meet their needs.

Making a difference: Enhancing primary care

EMPHN aims to provide support to general practices to enable a better primary healthcare system and ensure EMPHN initiatives have strong engagement with general practice.

General Practice Engagement

EMPHN supports general practice by delivering in-practice education on a range of topics relevant to both the national and EMPHN catchment health priorities, and the needs of general practice itself. EMPHN also supports practices in quality improvement activities to improve primary healthcare outcomes.

EMPHN has also supported general practices with Commonwealth Government policy such as the Patient Centred Health Care Homes initiative and the Quality Improvement Practice Incentives Program.

EMPHN has delivered pilot projects such as Benchmarking Practice 2030 and Business Benchmarking with Medical Business Network, as well as quality improvement activities.

In addition EMPHN has driven the uptake of Population Level Analysis and Reporting for General Practice (POLAR GP) software to capture population health data, and scoped the viability of a patient portal to support centred self-management among other key initiatives.

At EMPHN, we consider GPs to be at the heart of patient centred care. To support this, our GP engagement program regularly seeks general practice perspectives on service planning and design.

Cancer screening

Breast, bowel and cervical cancer screening rates are a national priority for PHNs. At EMPHN, our focus on cancer screening is encompassed in a screening to survivorship approach. This approach allows EMPHN to support general practices with the national screening programs as well as optimal cancer care pathways (OCPs) and shared care initiatives.

Benchmarking for Practice 2030

EMPHN is working with 15 general practice (GP) clinics on a pilot project – Benchmarking for Practice 2030. The project aims to build the capacity of GP clinics

to prepare for change, and develop the leadership, innovation skills and continuous quality improvement practices to embrace change.

General practice is in a prime position to drive change in the delivery of integrated healthcare in the future, keeping patients at the centre of care. A range of GP clinics representing geographic and demographic differences throughout the catchment have been selected to participate in the initiative.

Benchmarking for Practice 2030 focuses on fostering leadership, and improving care, systems, processes and data use so GPs are able to readily adapt to change in the future.

After hours

In 2016–17, EMPHN's After Hours program commissioned a significant number of services to improve the community's access to after hours primary healthcare.

Key initiatives include:

- After Hours Mental Health for Young People**
 Led by EACH in collaboration with headspace Greensborough and Hawthorn, the initiative builds the capacity of young people and their families to better manage emerging mental health issues after hours.
- Residential Aged Care Facility Visiting GP Service**
 Doctor Doctor and Lifelong Healthcare were commissioned to provide after hours GP services to outlying catchments. Economic modelling determined that the intervention saved \$505,359 by treating patients in the facility in the after hours rather than transporting them via ambulance to an emergency department.
- CALD/Refugee After Hours Community Education**
 MIC, EACH and Community Connections were commissioned to provide after hours community education sessions on the right place, right care, right time for culturally and linguistically diverse and refugee communities.



EMPHN's fracture management initiative builds the capacity of general practice to manage fractures in our community.



397
General Practices



1,972
General Practitioners

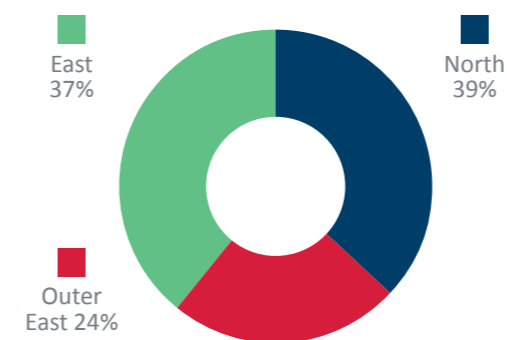


764
Practice Nurses

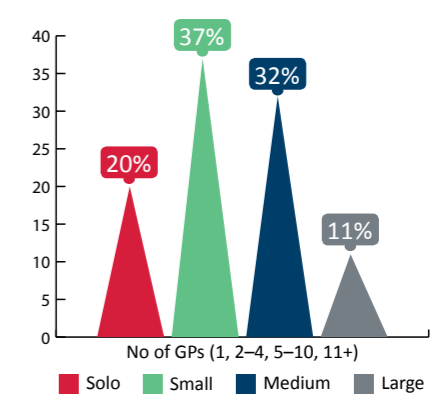


362
Practice Managers

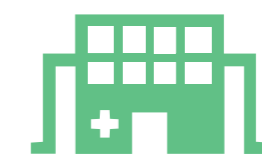
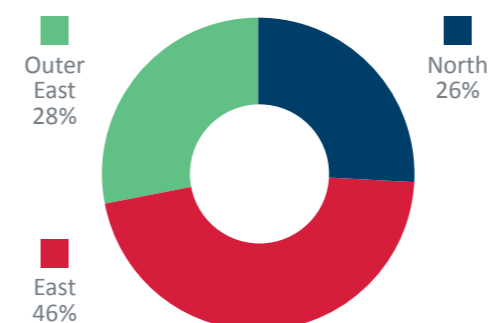
Practice location



Practice size



Number of GPs by region



5,138
engagements with
general practice
in 2016-17

Making a difference: Leveraging digital health, data and technology

EMPHN is proud to be one of the leading PHNs in Victoria in the uptake and use of digital health, data and technology to improve patient care and identify and analyse the health and service needs of its catchment.

HealthPathways Melbourne helps health professionals

In June 2017, [HealthPathways Melbourne](#) was relaunched to improve its user-friendliness for GPs. HealthPathways Melbourne is a free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions including referral guidance.

HealthPathways aims to reduce unwarranted variation and accelerate evidence into practice to ensure better, safer care.

The pathways have been designed for use during consultation and are jointly developed through a collaboration between hospital clinicians and community clinicians.

HealthPathways Melbourne is a collaborative program run by Eastern Melbourne PHN, and North Western Melbourne PHN, and is supported by participating primary care clinicians and consumers.

HealthPathways Melbourne:

- promotes more standardised care that's evidence-based and best practice
- improves the patient journey by providing GPs with evidence-based advice that helps their patients receive the right care, at the right place, at the right time
- reduces demand on acute services and encourages more conditions to be examined and managed in primary care.

Identifying health and service needs with POLAR GP

EMPHN provides [Population Level Analysis and Reporting for General Practice \(POLAR GP\)](#) software to general practices free across its catchment. In 2016–17, 62 of the 272 eligible general practices in EMPHN's catchment use POLAR GP, which provides insights to enable better clinical, business and accreditation planning.

POLAR GP also enables meaningful analysis by general practices and EMPHN of patient data, which helps EMPHN identify population health needs and provides valuable information for its Needs Assessment. The Needs Assessment is a Commonwealth Government Department of Health requirement to identify and analyse health and service needs within PHN catchments and prioritise activity to address those needs.

eReferral Pilot Project

EMPHN led Victoria's pre-eminent eReferral Pilot Project. EMPHN engaged 85 practices to prove interoperability between BPAC and HealthLink Solutions with 283 eReferrals sent over a three-month period to Eastern/Austin Health, Banyule Community Health, Carrington Health, Plenty Valley Community Health and Northern Health. The successful pilot will be rolled out throughout the catchment to hospitals and community health services.

PIP Digital Health Incentive



276 out of **397** Practices are registered for ePIP

POLAR GP



62 out of **272** Practices are using POLAR GP

My Health Record (MyHR)



237,408 Consumers signed up as at 18 June 2017



320 out of **397** Practices are registered for My Health Record

HealthPathways Melbourne



450+ total pathways 2016–17
100+ new pathways 2016–17

Supporting patient take-up of My Health Record

"We have had patients on a holiday in Queensland, when something has gone wrong. They go see a doctor and give them permission to login to their My Health Record, and they've had access to all their medications and other important information.

There's no argument against it really. If you've got special conditions for example or allergies, it could just save so many lives."



Sarah Crowe, Assistant Clinic Coordinator, North Mitcham Clinic

Making a difference: Working in partnership to enable an integrated service system

EMPHN's role is to facilitate healthcare system improvement and redesign. Our Commissioning Framework provides staff and stakeholders with a shared and transparent approach to decision making in an environment of collaboration and co-design. Our priorities are informed by the Community Advisory Committee and Clinical Council.

Collaboratives

EMPHN facilitates two primary healthcare collaboratives focussed on integrating state and federal services to improve the health system and consumer experience:

- Better Health North East Melbourne (BHNEM)
- Eastern Melbourne Primary Health Care Collaborative (EMPHCC)

BHNEM collaborative members include Austin Health, Banyule Community Health, Department of Health and Human Services, Eastern Melbourne PHN, general practice, healthAbility (previously Nillumbik Community Health), North Western Melbourne PHN, and Your Community Health (previously Darebin Community Health), and works across three municipalities including Banyule, Nillumbik and Darebin.

During 2016-17, BHNEM collaborative Governance and Alliance group representatives met on 27 occasions, resulting in the establishment of working groups focussing on projects specifically associated with paediatrics, people with chronic care and complex needs, and pre-complex chronic care patients.

EMPHCC membership includes Connect4Health, Department of Health and Human Services, EACH, Eastern Health, Eastern Melbourne PHN and general practice, and works across seven municipalities including Boroondara, Knox, Manningham, Whitehorse, Monash, Maroondah and Yarra Ranges.

During 2016-17, EMPHCC Governance and Alliance group representatives met on 24 occasions, resulting in the establishment of working groups focussing on projects specifically associated with integrating mental health

services, end of life care, Integrated Diabetes Education and Assessment Service (IDEAS) expansion clinics, people with chronic care and complex needs, as well as pre-complex chronic care patients. The EMPHCC also developed and began implementing priority areas of its Primary Health Strategic Plan 2017 – 2018.

Working with stakeholders to identify and respond to community needs

EMPHN's Commissioning Framework is reinforced by both a commitment to stakeholder engagement and commissioning principles. A central part of our approach to stakeholder engagement is a robust Stakeholder Engagement Framework which takes community needs into consideration. Our commissioning principles have a similar focus as a key principle is to 'manage through relationships and work in partnerships'.

EMPHN's commitment to collaboration has been fundamental to the structures and processes developed, such as the collaborative structures in the east and north, partnering with local hospital networks, community health, primary care partnerships and the Victorian State Government. This platform enables our capacity to effect multi-system change for a better consumer experience that addresses need and is demonstrated through agreed priorities and partnership projects.

Aside from this platform, EMPHN has a commitment to consulting service providers and consumers. We create co-design opportunities with them through planned activity, engaging established networks and via our Community Advisory Committee and Clinical Council, who provide an advisory role through the commissioning process.

EMPHN Clinical Council

EMPHN's Clinical Council was formed early in 2016 with GP-led membership consisting of 17 health clinicians and professionals across EMPHN's catchment. Members have provided expert advice to assist in the development of local strategies and opportunities to improve the integration of care, help maximise broad ongoing clinical engagement across the region and to support the decision making of EMPHN. Clinical Council members have also participated in a range of commissioning activities and provided valuable insight on EMPHN's committees and working groups.



12
EMPHN
Clinical Council
members

Andrew Robinson, Pharmacist and Clinical Council Member

"I joined the Clinical Council because I felt strongly that pharmacy was truly 'primary health' and was not represented in the greater group of council members. If pharmacy can help the PHN improve access to health and improve health outcomes, then pharmacy needs to be able to share our experiences and skills with the general practice network and other healthcare providers in the region to try and build a seamless experience for patients."



Andrew Robinson

Marie Piu, Community Advisory Committee Member



"I joined the committee because I am passionate about advocating for a health system

which supports consumers, families, friends and service providers working together in partnership to strengthen outcomes for people facing mental health and well-being challenges.

The committee provides the opportunity to hear the views and reflect on the experiences of end users of primary and acute health services in order to ensure that they are responsive and accessible to those living and working in the region.

The Community Advisory Committee provides a mechanism through which EMPHN can:

- check its understanding of the needs of the community to tailor service responses
- measure the efficiency of services being provided by engaging and consulting with consumers and their families and friends, supporting them in their healthcare journey.
- co-design solutions."



EMPHN partners with stakeholders to facilitate healthcare system improvement and redesign.



12

EMPHN Community
Advisory Committee
members

EMPHN's Community Advisory Committee

EMPHN's Community Advisory Committee was also formed early in 2016. The Committee consists of 12 members, predominantly consumers and carers from across our catchment as well as board members. During the past year, Community Advisory Committee meetings have been held regularly and members' advice has been sought on a range of health related projects and activities with the main purpose of informing EMPHN's Board on health related matters from a consumer and carer perspective. EMPHN's Community Advisory Committee contributes to a variety of commissioning activities and provides valuable insight on many EMPHN projects.

Consistent with the principles of the International Association for Public Participation (IAP2), the Committee provides a conduit to ensure that the Board's actions are informed by local health issues, and consumer and carer experiences and expectations.

Our co-design approach

The 2016–17 financial year saw EMPHN undertake the commissioning process in earnest following its establishment and transition during 2015–16. As part of this process, EMPHN led several co-design discussions across a range of activities.

Key co-design activities included:

- working with CALD carers and organisations to develop specifications for a project to support CALD carers to continue their caring role
- commencing co-design discussions with a range of consumers, providers and clinicians in the development of the Mental Health Stepped Care Model
- commencing work with local general practices to develop a 'General Practice of the Future Model'
- collaborating with a range of clinical and non-clinical service providers as clinical editors and contributors to health pathways developed for sexual health, intimate partner violence, a range of clinical diagnoses and more.

Our co-design approach is varied and driven by the commissioning principles, including 'manage through relationships, work in partnerships' and 'investing in the capacity of providers and consumers' to ensure solutions developed have investment and ownership from those that touch the system.

Making a difference: A high performing organisation

In 2016–17, EMPHN has focussed on consolidating and further strengthening the foundations of its people, culture and performance that were built in our initial year of operation.

EMPHN's professional team are committed to making a difference to the primary healthcare system, and health and well-being of our community.

Our talented and passionate staff bring a variety of experience and specialist skills to contribute to EMPHN as a high performing organisation.

Our 2016–17 highlights included:

- introducing a new salary classification structure aligned to the core competencies required in a commissioning environment
- investing in employee training which targeted commissioning competencies
- undertaking an employee alignment and engagement survey to assess staff alignment with organisational strategy to highlight strengths and influence performance improvement initiatives
- continuing to improve IT infrastructure through the development of a roadmap, relaunching the organisational intranet and document management system, significant advances in improving functionality of our CRM database, and appointment of a managed service provider for IT support
- embedding our strategic priorities throughout the organisation through the development of EMPHN's Strategic Plan 2017–22
- further improving our performance management program to ensure clear alignment between individual performance and achievement of organisational strategies.

“ We have built strong relationships with our general practices through face-to-face specialised engagement, developed with a great sense of autonomy. ”

Development of the Commissioning Resource Kit

In line with our commitment to quality improvement, EMPHN developed a consolidated method to support a consistent and rigorous approach to commissioning. The Commissioning Resource Kit and Commissioning Activity Plan master template were developed to ensure we consistently apply our Commissioning Framework. The Framework is an interaction of our problem prioritisation approach, annual planning cycle, commissioning cycle and is underpinned by our Stakeholder Engagement Framework and collaborative commissioning principles.

“ In my everyday role, as suicide prevention project officer, I keep informed of best practice standards and engage with local stakeholders and members of the community. I am seeking input, at all levels, from people with lived experience of suicide and the wider community. ”

Kirsty, Danika and Michelle are passionate about improving the healthcare system.



EMPHN employs staff like Stuart and Richard to deliver a range of initiatives in primary healthcare.

Our staff

Michelle MacCallum, Project Officer Place-Based Suicide Prevention

“To me, in my role, being part of a high performing organisation means that the work we do is informed by evidence, that we act with integrity and ensure that the services we commission adhere to best practice and are responsive to consumer need.

In my everyday role, as suicide prevention project officer, I keep informed of best practice standards and engage with local stakeholders and members of the community. I am seeking input, at all levels, from people with lived experience of suicide and the wider community. The initiative will identify gaps and strengthen existing services and community responses to suicide as well as build community resilience.”

Danika Gasparini, Population Health Officer

“My role in contributing to a high performing organisation involves sourcing and analysing reliable population health and health system data to inform our regional needs assessment, and support the health planning of our stakeholders. This work requires me to liaise with our own teams and external stakeholders to identify and address health issues and service gaps across the region. What I find particularly interesting is the diversity within Eastern Melbourne PHN’s large catchment area. Our region has widespread variation in age distribution, socioeconomic status, ethnicity and access to services.

When interpreting health data, it is important to consider these factors, which influence peoples’ experiences of health, rather than taking figures at face value. We place emphasis on a consultative approach. Understanding the story behind the statistics ensures that the organisation designs appropriate commissioned primary healthcare service responses that are evidenced by data and lived experience.”

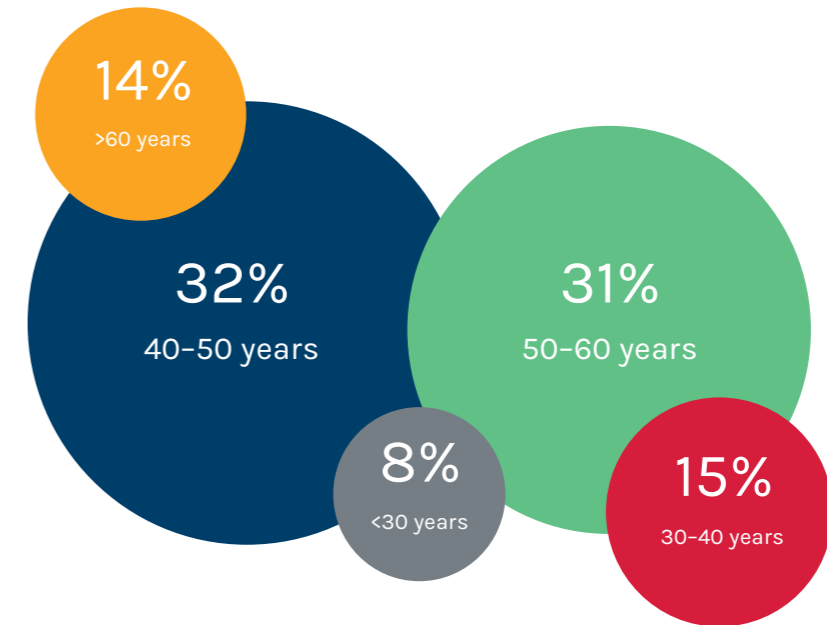
Kirsty MacDougall, Digital Health Officer

“Being part of a high performing organisation means knowing that the digital health team are providing our GP practices with excellent digital health expertise in the areas of My Health Record, Electronic Referral and Population Level Analysis and Reporting for General Practice (POLAR GP) software.

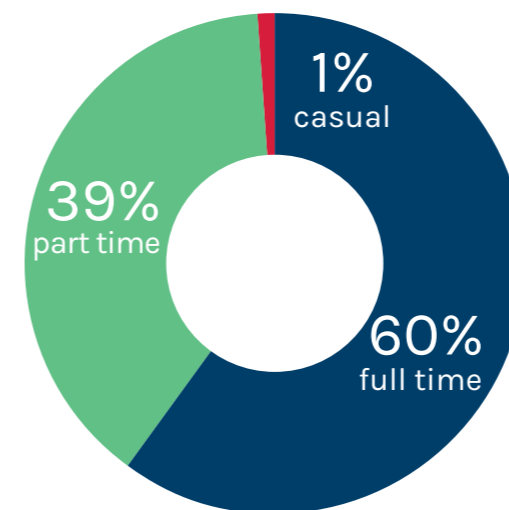
We have built strong relationships with our general practices through face-to-face specialised engagement and developed with a great sense of autonomy.

Practices have provided regular feedback on the services by the Digital Health team, particularly the training and support provided to embed digital health into their practices.

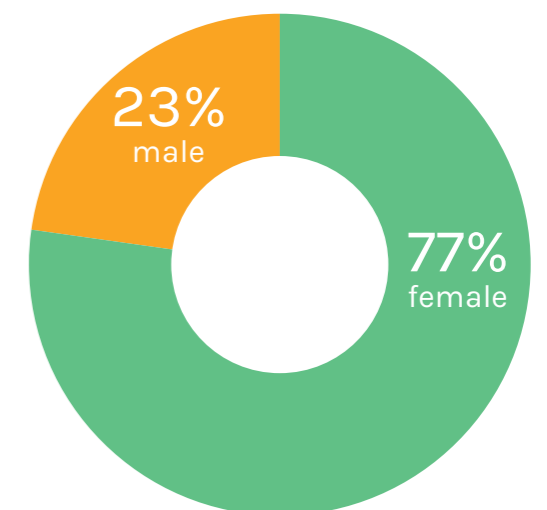
Working across teams within the organisation has meant that we have been able to embed our digital programs to ensure GP practices are working towards building high functioning digital practices.”



Age profile
includes Board members



Employment status
includes Board members



Gender mix
includes Board members

Financial statements

Summarised statement of profit or loss and other comprehensive income

	2016/2017 \$000's	2015/2016 \$000's
Revenue		
Rendering of services	37,065	29,937
Other income	1,163	700
Total revenue	38,228	30,637
Expenditure		
Service delivery expenses	27,682	17,741
Employee benefit expenses	7,286	8,446
Office and occupancy expenses	1,801	2,976
Other expenses	639	616
Depreciation and amortisation expense	84	41
Total operating expenditure	37,492	29,820
Operating surplus	736	817
Other comprehensive income		
	-	-
Total comprehensive income	736	817

Summarised statement of financial position

	2016/2017 \$000's	2015/2014 \$000's
Assets		
Cash and cash equivalents	19,449	8,809
Trade and other receivables	174	670
Other assets	413	125
Total Current Assets	20,036	9,604
Equipment and furniture	259	143
Total Non Current Assets	259	143
Liabilities		
Trade and other payables	3,736	3,383
Other liabilities	11,157	4,571
Provisions	3,735	828
Total Current Liabilities	18,628	8,782
Provisions	113	147
Total Non Current Liabilities	113	147
Net Assets	1,554	818
Equity		
Retained earnings	1,554	818
Total Equity	1,554	818



For more information

18-20 Prospect Street
(PO Box 610) Box Hill, VIC 3128

Phone 9046 0300
www.emphn.org.au



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