

Charting the course to a healthier community

Highlights from our Annual Report 2015/16



phn
EASTERN MELBOURNE

An Australian Government Initiative



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Acknowledgements

Eastern Melbourne PHN acknowledges the valuable contributions of staff, partners, service users and the community in shaping our work. The principles of co-design and community engagement underpin everything we do.



Australian Government

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



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.



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.



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

Chair/CEO welcome

Welcome to Eastern Melbourne PHN's first annual report – *Charting the course to a healthier community*.

This report captures our work over 2015/16 financial year.

We worked with our partners and communities to understand local needs and design more integrated services that will deliver **the right care, in the right place, at the right time** for the 1.4 million people who live in eastern and northeast Melbourne.

Our purpose is to achieve:

- Better health outcomes for individuals and the community;
- Better experiences of healthcare for both service users and practitioners; and
- A better health system with more integration and fairer access especially for those at risk of poor health outcomes.

The first year for Eastern Melbourne PHN has been one of building on the foundations of the three former Medicare Locals (Eastern, Inner Eastern, and Northern Melbourne) to create a new PHN organisation with robust governance structures, sound commissioning capabilities, and strong local relationships.

During our establishment year we have appointed and convened a Clinical Council and a Community Advisory Committee, put in place a corporate governance charter, completed an initial Needs Assessment for our community, developed a Commissioning Framework, and rolled out our Partnership Framework for co-design and collaboration.

From our new Collaborative Partnerships to our Commissioning Framework, we know that one of the ingredients in our success will be the level of stakeholder buy-in and support we achieve in our formative years.

An important focus of our work is strengthening the primary care system by supporting general practice and other primary care providers. During the transition to the PHN, we have worked hard to ensure our strong ties with general practice have been retained.

We have put in place strong foundations for our work. This includes, creating our Commissioning Framework and 'Commissioning and Re-design Toolbox' and embedding ourselves in the many community and provider networks that make up the health system in eastern and north eastern Melbourne.

We bring together every part of the primary health care system to facilitate meaningful collaboration that leads to system improvement and better health outcomes. We have convened two primary health care collaboratives, Better Health North East Melbourne and Eastern Melbourne Primary Health Care Collaborative. They are region-wide platforms of service providers and organisations working towards shared goals.

Primary care is changing at a rapid pace and Eastern Melbourne PHN is committed to supporting practices, providers and the community to adapt and be active participants fostering best practice.

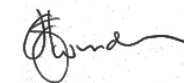
Throughout the very challenging period of establishment for PHNs, our staff have made every effort to ensure continuity of services for consumers and a smooth transition for our clinicians who deliver them. Our staff are to be congratulated for their dedication and resilience, transitioned to the PHN and put into place new service structures.

Special thanks are also due to our partners and stakeholders who have contributed to our work particularly

members of our Clinical Council, Community Advisory Committee and participants in local collaborative structures and forums.

We rely on those who know and experience the local health system, as we deliver locally tailored solutions to meet local need.

We also acknowledge and thank the inaugural Board of Eastern Melbourne PHN for their hard work and dedication.



Jim Swinden
Chairperson



Robin Whyte
Chief Executive Officer

Our Board

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



Jim Swinden

B.Ec, MAdmin, FCHSM, FCPA, FAICD

Chairperson (appointed 1/7/2016)
Associate Aspex Consulting



Dr Kathy Alexander

B.A. Hons (Psych), Grad Dip Public Health, PhD, MAICD

Chairperson (resigned 30/6/2016)
Management Consultant, Non-executive Director,
Porter Davis Homes, MAICD



Professor Jane Gunn

MBBS, DRANZCOG, FRACGP, PhD, FAHMS

**Chairperson, Clinical Council,
Commissioning & Clinical Governance Committee**
Professor of Primary Care Research; 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

Chairperson, Finance Audit & Risk Management Committee
Managing Director of Reventure Ltd



Alex Johnstone

BSc (Econ), CPFA (UK), FCPA (Australia), MAICD

CEO, IPC Health
Non-executive Director, Dental Health Services Victoria



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



Professor Sandy Leggat

BHS (Physical Therapy), MBA, MHS (Health Administration), PhD,
Grad Cert Higher Ed, FCHSM, GAICD

Chairperson Community Advisory Committee
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, GAICD

Director Medical Services Angliss Hospital, Eastern Health and GP

Associate Professor Leanne Raven (resigned 30/11/2015); Dr Linden Smibert (resigned 13/8/2015) and Gabrielle Bell (resigned 30/11/2015) also served on the Board during 2015. We would like to thank our current and past Board Directors for their direction and support in our first year of operation.

Committees:

Finance Audit and Risk Management Committee: Dr Lindsay McMillan (Chair), Jim Swinden, Elizabeth Kennedy and Alex Johnstone (to 1/9/16)

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: Professor Jane Gunn (Chair) and Dr Peter Trye

Nomination and Remuneration Committee: Jim Swinden (Chair), Elizabeth Kennedy, Tony McBride and Jennifer Williams (independent member).

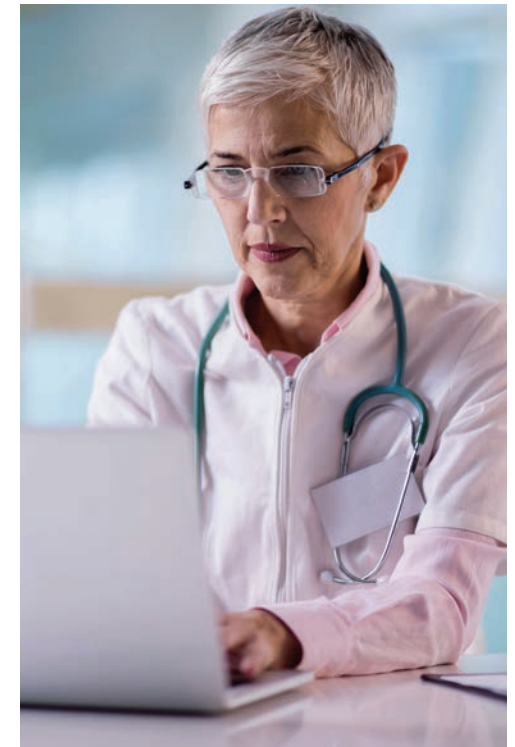
2015/16 Highlights

- Established the Eastern Melbourne PHN organisation, including staff recruitment and developing the policies, systems and infrastructure needed to deliver on our strategic objectives.
- Developed the framework and methodology for service improvement and re-design, including our Commissioning Framework, Collaborative Approach, Contract Management System and flexible project-based working methods.
- Recruited our first Clinical Council and Community Advisory Committee and integrated their roles into our commissioning and service improvement methodologies.
- Established two new primary health care collaboratives in the Austin Health and Eastern health catchments – known respectively as Better Health North East Melbourne and the Eastern Melbourne Primary Health Care Collaborative.
- Connected our collaborative work with existing reform structures in the Northern Health and Monash Health catchments.



- Supported a range of innovative health partnerships, including two pharmacotherapy networks, the After Hours Health Care Melbourne ED Diversion Campaign, and the Outer North and Eastern Refugee Health Networks.
- Worked in partnership with Eastern Health, Northern Health and Austin Health to provide training to aged care staff, GPs and locum services, resulting in reduced emergency admissions from aged care.
- Participated in a range of service pilots and research projects, including the Benetas Frailty Assessment Tool Pilot, (The University of Melbourne).
- Expanded the HealthPathways Melbourne partnership to encompass more clinical partners, and increased pathways.
- Commissioned 17 innovative After Hours Grants Programs in general practice and pharmacy that have delivered improvements in quality and accessibility of care.
- Commissioned visiting GP services to provide at-home care to 3,500 aged care residents, improving health outcomes and avoiding thousands of potential emergency admissions.
- Provided in-practice support around pharmaceutical drug use and misuse through our specialist Quality Use of Medicine program.
- Continued to fill one of our largest service gaps by transitioning the Eastern Ranges After Hours Medical Service after hours GP clinic from Eastern Melbourne Medicare Local and then successfully transitioned it into an existing local general practice.

- Achieved a significant increase in eHealth Practice Incentive Program compliance, take-up of My Health Record and Shared Health Summaries through dedicated support for general practice around digital health.
- Started a roll out of an enhanced and fully-funded clinical audit tool to support better practice-level and catchment-based planning through better use of data.



Eastern Melbourne PHN Strategy on a page

Vision

Achieving a better primary health care system for eastern and northern eastern Melbourne





Role

Our role is to facilitate primary health care system improvement and redesign

Purpose

We are here to deliver:
Better health outcomes,
Better health experiences,
A better health system

Strategic Objectives

 Committed leaders	 Investment decisions	 Care processes	 Delivery
<p>1. Leaders are committed to system improvement</p> <ul style="list-style-type: none"> > Joint forecasting and planning occurs > Outcomes and evidence are translated into action > Innovation and change capacity is enhanced 	<p>2. Investment decisions are targeted for highest impact</p> <ul style="list-style-type: none"> > Consumers and providers (including GPs) are engaged > Service needs are prioritised and identified gaps are filled > Improvement proposals are based on best evidence 	<p>3. Care processes are codesigned for efficiency and results</p> <ul style="list-style-type: none"> > Analyse and codesign with partners > Procure and performance manage services > Services are integrated and well coordinated 	<p>4. An organisation that delivers on its promise</p> <ul style="list-style-type: none"> > Capable, responsive people > Stewardship of commissioned funds > Collaborative governance mechanisms > Engaged communities > Change and improvement methodologies > Robust, shared data Innovative research partnerships

Business Plan



Values

 Leadership	 Understanding	 Outcomes	 Collaboration
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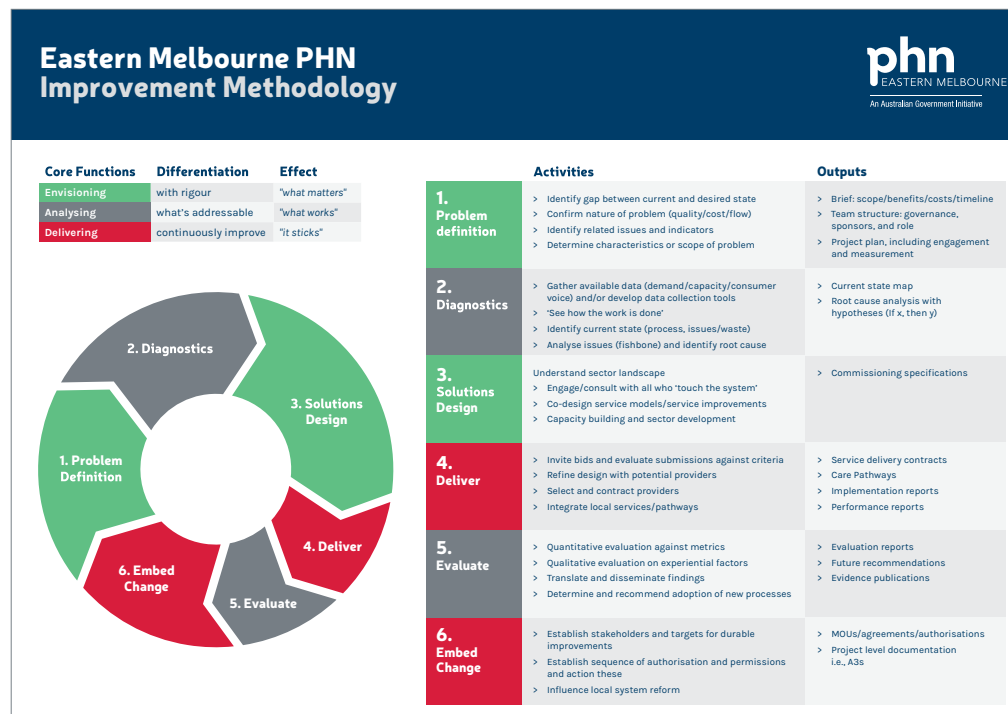
Re-designing healthcare to meet local needs

We have put in place strong foundations for our work. This includes creating our Commissioning Framework and 'Commissioning and Re-design Toolbox' and embedding ourselves in the many community and provider networks that make up the health system in eastern and north eastern Melbourne.

Our approach is a holistic one. It involves a deep dive into community need and sentiment, expert capacity to design

improvements; and a genuinely collaborative approach with the sector and consumer champions to implement change so that it sticks.

Our Commissioning Framework provides staff and stakeholders with a shared and transparent approach to decision making in an environment of collaboration and co-design.



PHN commissioning principles

- 1. Understand the needs of the community** by engaging and consulting with consumer, carer and provider representatives, peak bodies, community organisations and other funders.
- 2. Engage potential service providers** well in advance of commissioning new services.
- 3. Focus on outcomes** rather than service models or types of interventions.
- 4. Adopt a whole of system approach** to meeting health needs and delivering improved health outcomes.
- 5. Understand the fullest practical range of providers** including the contribution they could make to delivering outcomes and addressing market failures and gaps.
- 6. Co-design solutions;** engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders to develop outcome focused solutions.
- 7. Consider investing in the capacity of providers and consumers,** particularly for hard to reach groups.
- 8. Ensure procurement and contracting processes are transparent and fair,** facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia-building where appropriate.
- 9. Manage through relationships; work in partnership,** building connections at multiple levels of partner organisations and facilitate links between stakeholders.
- 10. Ensure efficiency and value for money.**
- 11. Monitor and evaluate** through regular performance reporting, consumer, community and provider feedback and independent evaluation.

Our stepped care model

We are implementing a Stepped Care Model, and our Clinical Intake and Community Engagement Team (CICET) and current services are well placed to articulate the model.

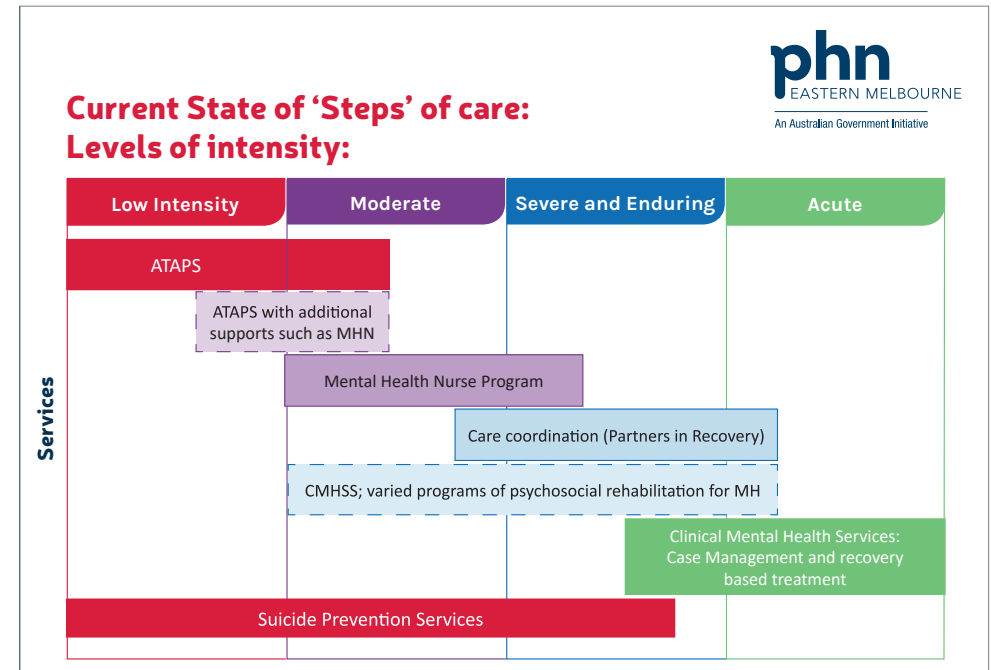
In short, this means that there are different support options for people with different levels and types of need and there are clear pathways between these options as an individual's needs change.

Our Stepped Care Model also connects with other community and clinical mental health services.

Each support option is based on best evidence mental health prevention and recovery and the connections between support options are integrated.



Our existing services can be mapped against this model:



A truly collaborative approach

Eastern Melbourne PHN brings together every part of the primary health care system to facilitate meaningful collaboration that leads to system improvement and better health outcomes. We have brought together two primary health care collaboratives, Better Health North East Melbourne and Eastern Melbourne Primary Health Care Collaborative. They are region-wide platforms of service providers and organisations working towards shared goals.

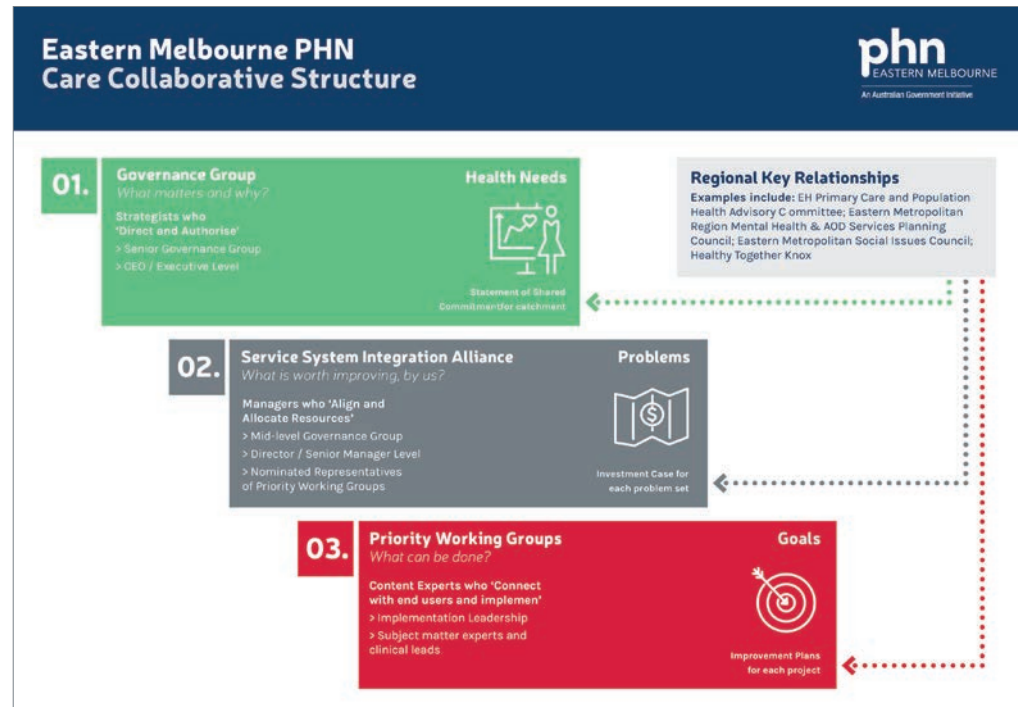
Their focus is on enhancing primary health care services in community based settings to support the management of chronic disease and complex conditions for people at risk of poor health outcomes across the catchment.

This will necessitate improved alignment of primary and secondary service providers in the shared objective of slowing the progression of chronic and complex disease to prevent deterioration and reduce avoidable hospital admissions through improved community based models of care.



“
 Better Health North East Melbourne is an exciting collaboration. My community health colleagues and I are pleased to be working strongly and productively with Austin Health, PHNs and the Victorian Government. By working together better, we will improve health services and the health of the people and communities we serve
 – Brendan Walsh, Chairperson, Better Health North East Melbourne
 ”

EMPHCC is an important lever for health system reform because it brings together primary, secondary and tertiary health service providers with a shared vision and objectives to deliver improved patient outcomes. It will enhance alignment across different layers of the system to improve the health outcomes of communities in the east. There is genuine goodwill and commitment within the group and with the solid foundations we've created, I am very confident we can deliver real results over the next 12 months and beyond for our community.
 – Matt Sharp, Eastern Health



Our community – health hotspots

Immunisation rates at 5 years¹

Mitchell# (97.4%)	} Above target° (>98%)
Maroondah (95.2%)	
Whittlesea (95.4%)	
Boroondara (90.6%), Manningham (90.8%)	} Below target° (<98%)
Nillumbik (90.7%)	

Cancer screening participation (%)²

Women scanned between ages 20–69

1. Breast cancer

Nillumbik-Kinglake (59.9%) - highest in catchment
Whittlesea-Wallan (51%) - lowest in catchment

Women scanned between ages 20–69

2. Cervical cancer

Nillumbik-Kinglake (71.9%) - highest in catchment
Whittlesea-Wallan (56.9%) - lowest in catchment

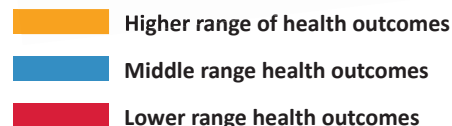
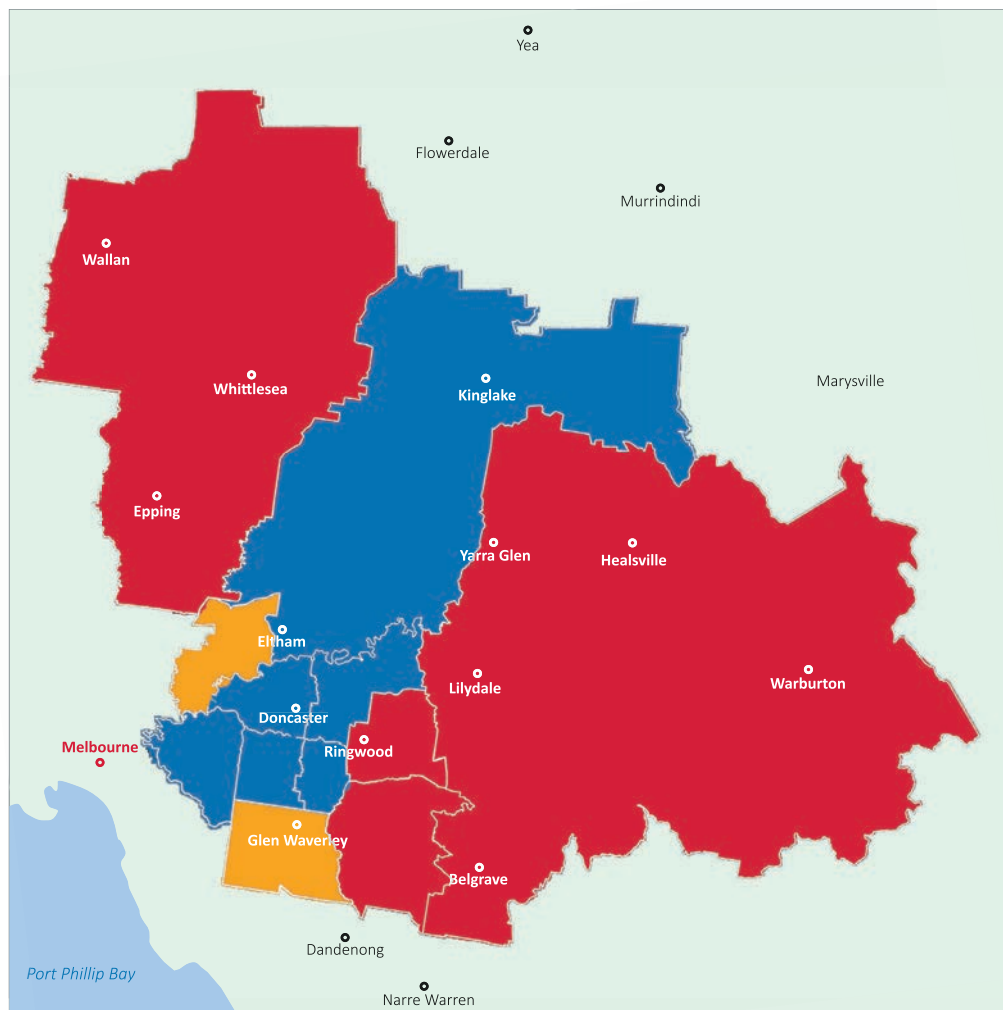
People scanned between ages 50–75

3. Bowel cancer

Boroondara (35.2%) - highest in catchment
Nillumbik-Kinglake (27.8%) - lowest in catchment

°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.



Chronic disease prevalence (age standardised rate)

Arthritis

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

Asthma

Nillumbik-Kinglake (12.2) - highest in catchment
Monash (9.8) - lowest in catchment

Cardiovascular disease

Whittlesea-Wallan (17.2) - highest in catchment
Boroondara (14.3) - lowest in catchment

COPD

Banyule all, Maroondah, Nillumbik-Kinglake, Whittlesea-Wallan, Yarra Ranges, (1.9) - highest in catchment

Boroondara, Manningham and Monash all (1.6) - lowest in catchment

Musculoskeletal conditions

Whittlesea-Wallan (27.4) - highest in catchment
Manningham (24.2) - lowest in catchment

T2 Diabetes

Whittlesea-Wallan (5.8) - highest in catchment
Maroondah and Yarra Ranges both (3.5) - lowest in catchment

Hepatitis B rates per 100,000 population³

Monash (51.7) - highest in catchment
Yarra Ranges (1.3) - lowest in catchment

Our community – health services

Below shows the distribution of health providers in our catchment

Our catchment has a comparatively high number of health service providers. Mapping them illustrates that services are generally located in a pattern similar to our population density. However, it also illustrates the access issues for communities in our outer regions.



 Eastern Melbourne PHN catchment

Eastern Melbourne PHN



GP clinics



**Alcohol and Other
Drugs services**



Pharmacies

10 Centres at



**Community
health centres**



Hospitals



**Mental health
services**

General practice bulk billing rates

Whittlesea-Wallan (98%), Knox and Whitehorse (90%), Manningham and Monash (89%) - *highest in catchment*

Boroondara (71%) Banyule (82%) Nillumbik-Kinglake (83%) - *lowest in catchment*

Key services snapshot

Partners in Recovery (PIR)

Service coordination for those with severe mental health issues

1,090 clients

Top 2 LGAs – Whitehorse (153) and Whittlesea (115)

Top areas of improvement – Mental health, housing, physical health, employment, drug use, education and alcohol use

58.7% female

54.3% aged 35–54

Care Coordination and Supplementary Support program

For Aboriginal and Torres Strait Islander people

95 total adult and children clients with chronic conditions

1,994 sessions of support provided and brokered, including provision of necessary equipment

75 participating GPs

37 other participating health services

Access to allied psychological services (ATAPS)

**People accessing ATAPS
3,228 clients**

Top LGAs – Whittlesea (551), Yarra Ranges (461)

19,966 sessions

63.2% female

29.5% aged under 18

74% experienced an overall improvement in their mental health (of clients with measurable data)

ATAPS support streams

Supporting

Adults (26 and over) – 1,479

Children and adolescents (0-25 years) – 1,393

Suicide prevention – 221

Perinatal depression – 89

Bushfire – 76

Aboriginal and Torres Strait Islander group – 29



Mental Health Nursing Incentive Program (MHNIP)

**People accessing MHNIP
2,344 clients**

Top 2 LGAs – Yarra Ranges (487), Knox (376)

64.4% female

37.9% aged 35–54

“

This is the first time I have spoken to anyone for my mental health problem, and it has given me a good understanding of the services which are available in my area.

- MHNIP client

”

“

I believe my client would have required public mental health services if not for the care provided by the mental health nursing service.

- Local GP

Eastern Ranges After Hours Medical Service

Serving people after hours

Patients presenting to Healesville – 1,260

Patients presenting to Upper Ferntree Gully – 600

Mental health, suicide prevention, and alcohol and other drugs support

Mental health, suicide prevention and Alcohol and Other Drugs (AOD) support are important services commissioned by Eastern Melbourne PHN.

Our direct clinical services were initially inherited from the Medicare Locals and included: psychological treatment and service coordination programs for people with complex needs and enduring psychological disability; people on low incomes; children and adolescents; Aboriginal and Torres Strait Islander people; women experiencing perinatal depression; and those at risk of suicide.

During our first year, we transitioned direct clinical services to community providers and as of 1 July 2016 took over responsibility for suicide prevention, headspace centres and AOD service delivery.

In the next phase, as we make the transition to a Stepped Care Model (see p.10), we will evaluate these services and identify the gaps and how best to respond to them, as we continue to consult with mental health consumers, providers and the community.

We also have a dedicated mental health focus to our work with Aboriginal and Torres Strait Islander people, seeking to better understand their needs and how to commission culturally safe and appropriate services.

ATAPS*



allied health practitioners



specialist intervention provider organisations

MHNIP*



credentialed mental health nurses

PIR*



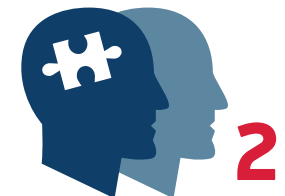
complex care coordination provider organisations

headspace



headspace centres providing youth support

SP*



suicide prevention and support provider organisations

*Access To Allied Psychological Services / Mental Health Nurse Incentive Program / Partners In Recovery / Suicide Prevention

“
PIR is helping to save lives. The vast majority of consumers we spoke to had experienced a major turnaround in their life because of PIR, and multiple people said they wouldn't be alive without the program.
– Evaluation (Red Panda) ”

“
I don't know how long he could have gone on like that. He had terrible thoughts all day that he couldn't bear and was drinking to stop those. I don't know where we'd both be without [PIR]. I'd hate to think about it actually.
– Carer comment ”

“
Yes, my housing needs, health support needs, DHS, corrections all worked well together to support my needs. The PIR worker does a fantastic job emailing everything through and making things simple.
– Consumer comment ”

“
I have gone from having relationship problems and being homeless, to having two jobs, renting a unit and living independently.
– Consumer comment ”

General practice support

General practice is the backbone of Australia's health system. Eastern Melbourne PHN employs highly professional and qualified general practice engagement, education and workforce development teams.

They provide: phone support, practice visits, in-practice training, group training, webinars and support around recruitment, preparing international medical graduates, student placements and fund the POpulation Level Analysis and Reporting tool (POLAR GP) – a clinical assessment and reporting tool. Every one of the 1,000 plus GPs in our catchment has an engagement officer ready to help as needed.

Our staff provide information and support in areas of:

- Clinical support, including immunisation, cancer screening, chronic disease management and disease prevention;

- Business support, including practice accreditation, recruitment and training of non-clinical staff; and
- Integration and improvement support, including: quality improvement; clinical assessment tools; patient centred health care home reforms; professional development; and group and in-practice training via face-to-face and webinars. Education events cover topics including vaccine and cold chain management, infection prevention and control, sterilisation, triage, customer service and dealing with difficult and challenging behaviour.

The majority of the work of our Digital Health Team is also focused at listening to and supporting practices to equip themselves for the future demands of patients and a fast-changing health system.



engagements with general practice



appointments with GPs, practice managers and other staff



engagements around ePIP and digital health support



in-practice training sessions



group training events



webinars

Practice 2030

Eastern Melbourne PHN is committed to supporting practices to adapt to change, and involving general practice in design and implementation so that we see the right kind of change.

A significant aspect of health care reform is the patient-centred health care home: the principles of which we are already supporting. Eastern Melbourne PHN is committed to ensuring our practices are ready and able to implement this important reform.

The pace of change in health care is rapidly escalating. Practice 2030 is a program that integrates and directs the work of different teams in their work supporting GP practices in relation to both their clinical care and business sustainability.

Other key trends already emerging are cloud-based patient portals; the concept of 'accountable care organisations'; chronic disease management; flexible models of care; voluntary patient enrolment; greater data sharing; risk stratification; alternative payment methods/incentives; and enhanced monitoring of clinical outcomes and patient satisfaction.

Practice 2030 is being developed through the following process:

1. Benchmarking the current state of general practice in our catchment;
2. Articulating a vision for general practice based on the ten building blocks of high performing primary care;
3. Working with general practice, consumers, universities, and technologists to understand what the future changes are likely to be; and
4. Co-designing with general practice an action plan, broken down into five-year phases, that will support our practices to transition sustainably from where they are now to the place they need to be as of 2020, 2025 and 2030.

Practice 2030 will be the driver of our practice engagement, education/training and digital health priorities in the future. There will be a clearly articulated vision and plan for where we are going that has been created by and for our local practices and consumers.

Ten building blocks of high performing primary care

1. Engaged leadership

Creating a practice-wide vision with concrete goals and objectives

2. Data driven improvement using computer-based technology

Data systems that track clinical outcomes and patient experiences

3. Empanelment

Linking each patient to a patient care team and GP

4. Team-based care

Team care will be an essential factor in the future of general practice

5. Patient engagement

Sharing decisions and information with patients in an equal partnership

6. Population management

Proactively managing patient needs, health coaching and complex care management

7. Continuity of care

Improved preventative and chronic care management and improved patient experiences

8. Prompt access to care

Patient satisfaction and access for disadvantaged groups

9. Comprehensive care coordination

The capacity of a single practice to provide most of what a patient needs

10. Template of the future

The new model of primary care, using technology and a variety of consultation methods to provide patient-centred care in the context of changing patient expectations



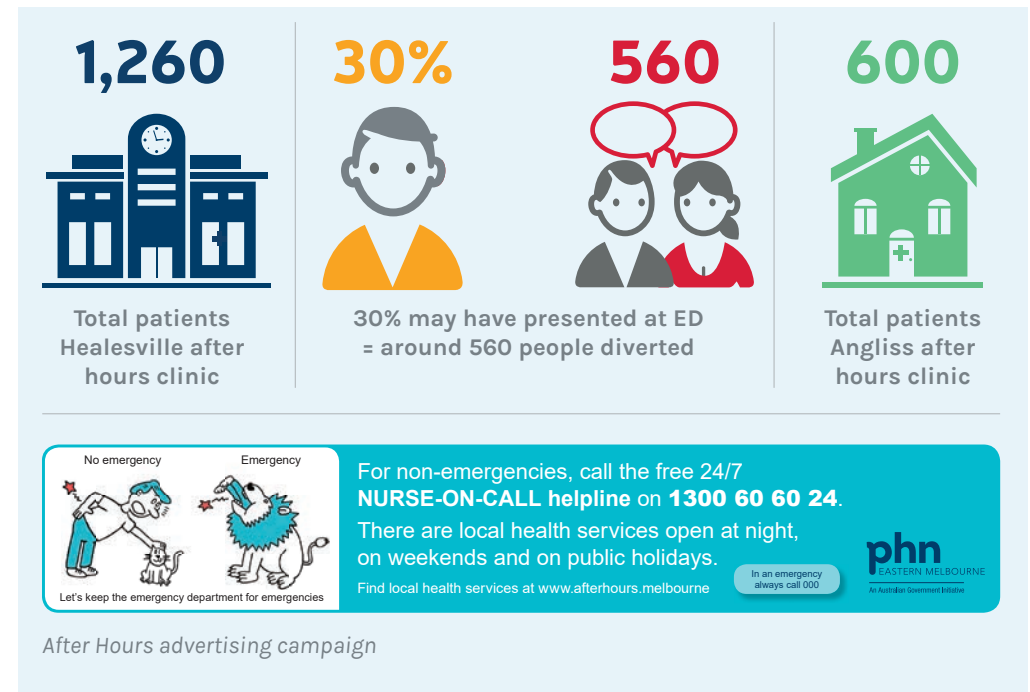
After hours primary care

Eastern Melbourne PHN's After Hours Primary Care Program aims to both support improvements in after hours care and influence consumer behaviour to use local services, rather than the overburdened emergency system.

The following projects and initiatives were a few of the highlights of our work in the last year:

- Funding after hours GP clinics in Upper Ferntree Gully and Healesville as the Eastern Ranges After Hours Health Service (ERAHHS);
- Funding 17 diverse after hours projects to expand quality after hours care, including:
 - o A focus on vulnerable groups in the community;
 - o Supporting the purchase of necessary security and other equipment to allow after hours services to be provided safely and to patients with disabilities;
 - o Supporting the purchase of medical equipment to allow a greater range of clinical, chronic disease management and some emergency services to be provided in-practice;
 - o Subsidise employment of practice nurses in targeted areas;
 - o Subsidise employment of GP consulting hours in targeted areas;
 - o Support Culturally And Linguistically Diverse (CALD) specialist practices to offer after hours care;
 - o Extending pharmacotherapy prescribing and dispensing;
 - o Assisting with weekend discharges from hospital;
 - o Mental health nurses trial in after hours; and
 - o Trialling use of a mobile app and priority appointments for mental health support.
- Informing migrants, refugees and other culturally and linguistically diverse community members through nearly 70 education sessions;
- Producing and distributing fridge magnets in English and 10 other community languages, including Arabic Farsi, Hakka Chin, Hindi, Karen, Simplified Chinese, Sinhalese, Tamil, Traditional Chinese and Vietnamese;

- Increasing community services awareness of after hours service with the development of a Melbourne-wide advertising campaign in partnership with North Western Melbourne PHN and South Eastern Melbourne PHN, including brochures, website, print, radio, and other media.



Digital health

Health care is changing every year and the overwhelming trends driving this change are digital health and new technologies.

Eastern Melbourne PHN is committed to supporting practices, providers and the community to adapt and be active participants fostering best practice.

Digital health plays an important role in improving referral pathways and more closely integrating health services in order to improve the health system.

A few of the digital health projects we are working on include:

- Strong support for HealthPathways Melbourne (a web-based clinical care pathway), including its expansion into the outer east and north and developing a smart new brand identity for launch in 2017;
- Collaborating with health services in the participation of the Department of Health and Human Services funded eReferral Project;
- Pushing to improve online referral pathways between GPs, specialists and other health providers;

- Engaging practices and supporting them to upload Shared Health Summaries via the My Health Record system and the other requirements of meeting the Practice Incentives Program (PIP) Digital Health Incentive;
- Rolling out a new Clinical Audit Tool, POLAR GP, and fully funding it for practices in our catchment;
- Supporting and promoting a single source of services information, in the National Health Services Directory with the aim of improving its accuracy and uptake; and
- Supporting practice uptake of secure messaging and telehealth technologies to improve patient access and the security of their personal information.



local practices are Practice Incentives Program eHealth compliant



general practice support engagements around digital health and Practice Incentives Program eHealth



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practices in first phase of POLAR GP* clinical audit tool rollout



*Population Level Analysis and Reporting tool

Our organisation and employees

Eastern Melbourne PHN has focused its first year on building strong foundations.

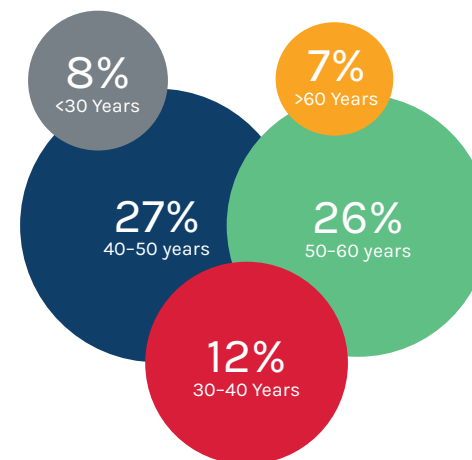
We are delivering on our vision of a better primary health care system in eastern and north eastern Melbourne. Much has been achieved, with other work continuing including several critical projects due for completion prior to the end of 2016.

Highlights include:

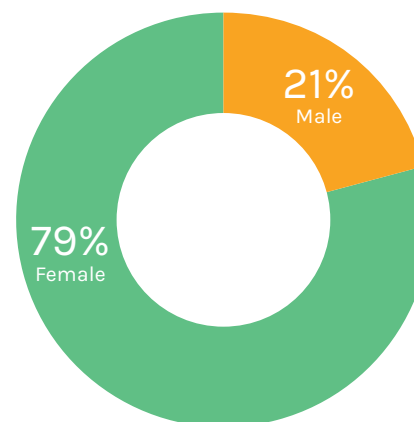
- Transitioning from an interim Board to our current governance structure;
- Re-structuring the workforce from our three predecessor organisations and commissioning out direct clinical services;
- Relocating staff from previous Medicare Local offices and consolidating in three locations in Box Hill, Croydon and Bundoora;
- Re-branding to better communicate our future focus and innovative approach to system improvement and reform;
- Re-developing the website and external communications channels;
- Creating a strategic plan that commits Eastern Melbourne PHN to 'delivering on its promise' as a PHN;

- Implementing robust recruitment, induction and performance management programs;
- Developing staff-defined values and behaviours and commencing work to embed them in the business, including our performance, learning and developmental programs;
- Developing capabilities for employees and the organisation to fulfil the strategic plan;
- Carrying out a comprehensive Information Communications Technology review and creating a Future Road Map including Infrastructure, Knowledge Management, Internal Communications, a Customer Relationship Management system, Data, Business Intelligence and Information Communications Technology governance;
- Implementing rigorous and transparent systems for financial control, contract management, tendering, conflict of interest, and project management;
- Meeting all Commonwealth deadlines and requirements.

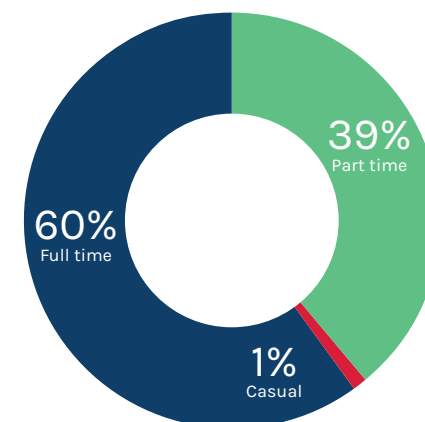
Age profile



Gender mix



Employment status



Summarised statement of profit or loss and other comprehensive income

	2015/2016 \$000's	2014/2015* \$000's
Revenue		
Rendering of services	29,937	4
Other income	700	19
Total revenue	30,637	23
Expenditure		
Service delivery expenses	17,741	5
Employee benefit expenses	8,446	
Office and occupancy expenses	2,976	17
Other expenses	616	
Depreciation and amortisation expense	41	-
Total operating expenditure	29,820	22
Operating surplus	817	1
Other comprehensive income	-	-
Total comprehensive income	817	1

*Note: Commissioned operations 14/15.

The comparative yearly figures (2014/15) to 2015/16 are included as a guide only.

Summarised statement of financial position

	2015/2016 \$000's	2014/2015 \$000's
Assets		
Cash and cash equivalents	8,809	3,568
Trade and other receivables	670	-
Other assets	125	1
Total Current Assets	9,604	3,569
Equipment and furniture	143	-
Total Non Current Assets	143	-
Liabilities		
Trade and other payables	3,383	324
Other liabilities	4,571	3,244
Provisions	828	-
Total Current Liabilities	8,782	3,568
Provisions	147	-
Total Non Current Liabilities	147	-
Net Assets	818	1
Equity		
Retained earnings	818	1
Total Equity	818	1



Contact us

Find out more or stay in touch

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