



Proud to
be part of
the pandemic
response

2019–20
Annual Report



**Thank you to
the consumers, staff,
partner organisations
and others who
have contributed
to this report.**



Australian Government



The Australian Government is the principal funding body for Primary Health Networks (PHN).

We acknowledge and pay our respects to the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We recognise and value the knowledge and wisdom of people with lived experience, their

supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Eastern Melbourne PHN values inclusion and diversity and is committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.

*Names have been changed to protect the anonymity of consumers.
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Cover image: EMPHN supported the establishment of four GP-led respiratory clinics in the community to assess and test people for Coronavirus.

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Message from our Chair and CEO

A year like no other

Life as we knew it changed dramatically in March 2020 when, what started as a concerning virus in another part of the world, became a pandemic in Australia that challenged every aspect of our social, health and economic wellbeing.

EMPHN, like many of our stakeholders, adapted to support the pandemic response. This required us to innovate, collaborate and mobilise very quickly to meet this significant public health challenge, while suddenly working remotely indefinitely.

A priority for EMPHN has been to support general practice and primary care more broadly, to enable an effective response. PHNs became a key platform for coordinating the State response with the Commonwealth.

Between January and July 2020, EMPHN supported the establishment of GP-led respiratory clinics for Coronavirus testing and assessment, distributed more than 300,000 pieces of personal protective equipment from the Australian Government's Medical Stockpile, supported the management of outbreaks in residential aged care facilities, and assisted general practices with their uptake of telehealth and COVID pathways, among other initiatives (see pages 10-11).

For all of its challenges, the pandemic also provided great opportunities by becoming the catalyst to accelerate improvements to healthcare that have been discussed for some time in areas such as telehealth, coordinated care pathways, pandemic responses and better care integration across acute and primary care.

These improvements are well aligned to the priorities outlined in our 2020-2025 Strategic Plan (see page 9), an ambitious strategy to integrate and reform the health care sector with our stakeholders. We are keen to maintain momentum taking the learnings and opportunities from the last six months to ensure the benefits are maintained and the advances that have been made are applied more broadly.

The plan was released in late 2019 following extensive engagement with consumers and carers, government, local hospital networks, community health organisations, health care providers, GPs and experts in their fields.

There continues to be strong stakeholder support to partner to achieve the plan's transformative vision and we value the ongoing input of our Community Advisory Committee and Clinical Council in in how we can meaningfully influence this change as a PHN.



Janine Wilson
Chief Executive Officer



Dr Stephen Duckett
Chair

Strengthening our commitment to Aboriginal and Torres Strait Islander peoples

This year we also affirmed our commitment to work in genuine partnership with Aboriginal and Torres Strait Islander peoples and agencies through the development of our Innovate Reconciliation Action Plan (RAP).

By implementing the plan's actions, we will work in ways which respect the strengths of community and self-determination, actively engaging and listening to what is needed and how it can best be delivered.

We look forward to this shared journey to ensure we're commissioning culturally safe and appropriate services to meet local needs and deepen our relationship with Aboriginal Controlled Organisations.

Commissioning highlights

Services EMPHN funded during 2019-20 helped:

- boost immunisation rates, particularly in vulnerable people
- divert non-urgent presentations from emergency departments
- provide culturally appropriate services for Aboriginal and Torres Strait Islander peoples
- reduce the impact of type 2 diabetes on people's lives
- provide a range of mental health initiatives tailored to people's level of need
- support suicide prevention and community support in the aftermath of a suicide
- provide general practice with data and technology to improve patient care
- integrate and help people navigate our mental health and alcohol and other drugs service system.

A sign of what's to come

As we look ahead to 2020-21 and beyond, we will maintain our focus for a strong, integrated primary care sector, strengthening our work with

general practice and community health services in initiatives to integrate care coordinators in the primary health care system to improve wellbeing and quality of life in our community.

We will also be adopting a revised commissioning framework that will embed key principles into the way we do our work of co-designing with consumers and local services providers. This will work to address identified needs, using evidence informed decision-making, strengthening local networks, and ensuring the best outcomes for consumers through rigorous monitoring and evaluation. In line with these principles, we will be reviewing our procurement methods and looking for more contemporary approaches that move away from solely competitive processes to ones that support relationships, innovation and partners working together as a single service system. We believe this will better align to deliver the real change people are looking for in a progressive health system.

The year ahead presents an uncertain climate for everyone, including EMPHN's staff. This will require a continued focus on wellbeing, people and culture, while we embed our new values – courage, working together and integrity – and capitalise on the leaps in health care achieved during an unprecedented 2020,

Acknowledgements

Finally, we gratefully acknowledge the contribution and leadership of our former CEO, Robin Whyte; Executive Director Mental Health and AOD, Anne Lyon; and Board Members Dr Lindsay McMillan and Dr Peter Trye who completed their tenure with EMPHN during this period, as well interim CEO Geoff Lavender.

We also take this opportunity to sincerely thank staff and colleagues who in the face of personal challenges have adapted to different ways of working and have been agile in responding to the changing needs of our community and the health system.

We also thank the contributions of the Board, Executive, staff, Clinical Council and Community Advisory Committee, providers and other stakeholders, many of which are highlighted in in this report.

Janine Wilson
CEO

Prof. Stephen Duckett
Chair

Our executive team

Janine Wilson
Chief Executive Officer
(Since 1 June 2020)

Janine is an accomplished executive with 25 years' experience in the health sector, where she has held strategic, operational, marketing and general management roles. Prior to joining EMPHN on 1 June 2020, she oversaw the establishment and ongoing operation of Telstra Health's National Cancer Screening Register (NCSR), operated on behalf of the Commonwealth Department of Health and supporting screening for cervical and bowel cancer. Prior to her tenure with Telstra Health, Janine held a number of executive roles with the Australian Red Cross Blood Service (now 'Lifeblood') and in the American healthcare system as Director of Strategy for the New York Blood Center. Janine holds an MBA from Melbourne Business School, where she was the recipient of the Helen McPherson-Smith Scholarship.

Also on the executive team during 2019-20

Robin Whyte
Chief Executive Officer
(1 June 2019 - 30 January 2020)

As EMPHN's CEO from August 2016, Robin established the foundations of EMPHN's strategy and governance, the early adoption of innovations particularly in digital health and with EMPHN's partners the roll-out of new services to address health gaps and inequalities.

James Scott
Executive Director
Strategic Operations

James is a Chartered Accountant and has worked for commercial organisations in the airline and financial consulting sectors and in local government. Prior to joining Eastern Melbourne PHN in 2018, he was the Director Corporate Services at Moreland City Council where he drove significant improvements in financial outcomes and long-term financial planning, implemented major technology upgrades and led large, diverse teams. In addition, he is a board director of the Moreland Energy Foundation Limited (MEFL).



Harry Patsamanis
Executive Director Integrated Care

Harry has worked in healthcare for more than 26 years developing a comprehensive understanding of the health system and the challenges associated with providing true patient centred quality care. Prior to joining Eastern Melbourne PHN in 2018, Harry held a senior role with the Heart Foundation, where he was instrumental in implementing key campaigns in prevention, heart attack awareness, cardiac rehabilitation and heart failure. Harry is a co-author of nine publications and has held advisory roles at a state level in cardiac care.



Nadia Marsh
Interim Executive Director
Communications, HR and Governance
(Since 1 June 2020)

Nadia is a management professional with 20 years of experience gained with health and research institutions in corporate, university and not-for-profit sectors. Nadia is highly experienced in organisational start up, including organisational design, staff recruitment, infrastructure and info tech establishment, and strategic planning. She has held Company Secretary roles within the not-for-profit sector, and senior management roles within the Australian university sector. She has a Masters of Public Health and is a graduate of Australian Institute of Company Directors.



Anne Lyon
Executive Director Mental Health and AOD
(1 June 2019 - 26 June 2020)

Anne Lyon joined EMPHN in March 2017. In collaboration with stakeholders, Anne was instrumental in improving integration of mental health, AOD and suicide prevention service systems through regional planning and implementing EMPHN's Mental Health Stepped Care Model.

Our board and advisory groups

Eastern Melbourne PHN is governed by a Board in accordance with its Constitution

Dr Stephen Duckett

Board Chair; Chair, Nomination and Remuneration Committee; Chair, People, Culture and Values Committee; Member, Strategy and Risk Committee; Member, Clinical Council



Robyn Batten

Board Member; Member, People, Culture and Values Committee; Member, Nomination and Remuneration Committee



Prof. Jane Gunn

Board Member; Chair, Strategy and Risk Committee; Member, Clinical Council



Dr Leonie Katekar

Board Member; Member, Finance, Audit and Value Committee; Member, Clinical Council



Elizabeth Kennedy

Board Member; Member, Finance, Audit and Value Committee



Tony McBride

Board Member; Member, Strategy and Risk Committee; Chair, Community Advisory Committee



Terry Symonds

Board Member; Member, Strategy and Risk Committee



Tim Flowers

Board Member; Chair, Finance, Audit and Value Committee;



Dr Caroline Johnson

Board Member; Member, Strategy and Risk Committee; Member, Clinical Council



Also serving as directors during 2019–20

Dr Lindsay McMillan

(retired 18 November 2019)

Dr Peter Trye

(retired 18 November 2019)

Independent Committee Members

Gabrielle Bell

Member, Nomination and Remuneration Committee; Member, People, Culture and Values Committee

Anne Heyes

Member, Nomination and Remuneration Committee; Member, People, Culture and Values Committee

Taryn Rulton

Member, Finance, Audit and Value Committee

EMPHN's advisory groups to the board provide advice and feedback from a clinical, and consumer and carer perspective.

Clinical Council Members:

Dr Emrana Alavi, Carolyn Bates, Dr Malcolm Clark, Michelle Cornelius, Dr Penny Gaskell, Dr Shelly McIllree, Dr Dean Membrey, Andrew Robinson, Dr Carolyn Royse.

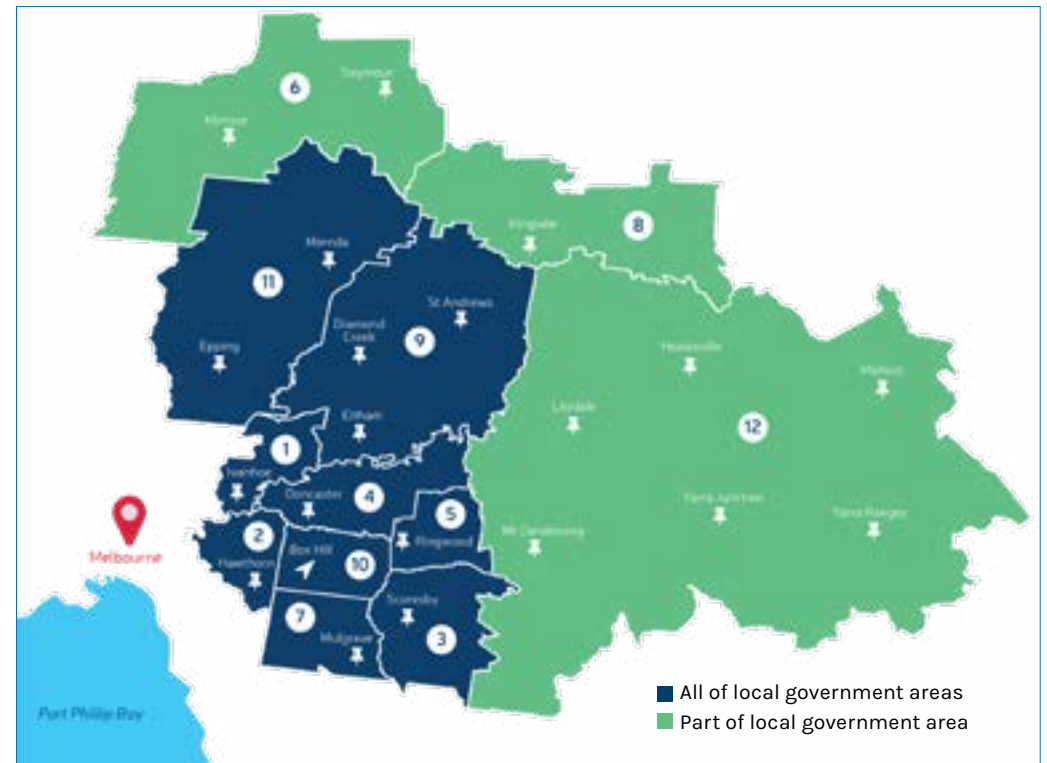
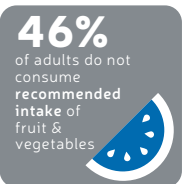
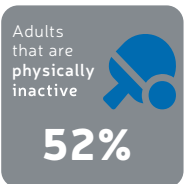
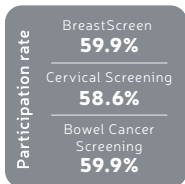
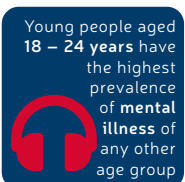
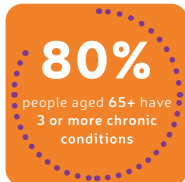
Community Advisory Committee Members:

Sophy Athan, Kevin Feeny, Wina Kung, Heather McMinn, Marie Piu, Hamish Russell, Amelia Walters.

Our community

The Eastern Melbourne PHN (EMPHN) catchment population was 1.43 million in 2016 (24% of the Victorian population). EMPHN has a very mixed catchment. Among some suburbs of high affluence are hot spots of very high need that require a focused response such as:

- pockets of entrenched socioeconomic disadvantage including West Heidelberg and parts of Knox
- lag in access to services in the rapidly expanding northern growth corridor of Whittlesea-Wallan and the Yarra Ranges in the outer-east
- more than 6,800 Aboriginal and Torres Strait Islander people live in the catchment, particularly in Knox, Banyule, Whittlesea-Wallan and Yarra Ranges.



- | | | |
|----------------------|------------------------|--------------------------|
| 1 City of Banyule | 5 City of Maroondah | 9 Shire of Nillumbik |
| 2 City of Boroondara | 6 Shire of Mitchell | 10 City of Whitehorse |
| 3 City of Knox | 7 City of Monash | 11 City of Whittlesea |
| 4 City of Manningham | 8 Shire of Murrindindi | 12 Shire of Yarra Ranges |

What we do

The Australian Government established Primary Health Networks (PHNs) to increase the efficiency of medical services, reduce fragmentation of care and improve health outcomes for everyone, especially for the most vulnerable. There are 31 Primary Health Networks in Australia and six in Victoria.

PHNs work to achieve this goal by improving access to existing services, commissioning new services to improve health outcomes, and supporting GPs and others to innovate and further improve local health care.

Commissioning

By working closely with health professionals, consumers and carers and using health related data, EMPHN identifies emerging community needs and gaps in the health care system.

We develop our commissioning plans informed by our stakeholder engagement and the best evidence available.

Increasingly we are co-commissioning, working with partner organisations to develop new services that address these needs and gaps which is commissioned together.

All of EMPHN's work contributes to the evidence about what works to improve health experiences and outcomes.

Supporting general practice

EMPHN supports general practices with quality improvement, whether that be through professional development, providing practices with summary data reports, or helping practices become future-ready.

Digital health

We use technology to make the broader health system work more efficiently. This includes implementing electronic referral systems, supporting the rollout of My Health Record, and providing resources, such as HealthPathways Melbourne for practitioners to use.

Eastern Melbourne PHN engages regularly with a range of other health professionals and organisations including:

- general practice staff – general practitioners, nurses and practice managers
- local hospitals
- allied health professionals
- community health organisations
- mental health and alcohol and other drugs (AOD) organisations
- pharmacists
- peak professional and consumer bodies
- federal, state and local governments
- social service agencies
- carers
- Aboriginal health organisations
- consumers.

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



Strategic Plan 2020–2025

Our Mission

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

Strategic Priorities

- Addressing health gaps and inequalities
- Enhancing primary care
- Leveraging digital health, data and technology
- Partners working as a single service system
- A high performing organisation

TRANSFORMATIVE STRATEGY

- Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred

Indicator

- Consumers with mental health and AOD concerns experience care that meets their needs and supports recovery

Target

- 60% of patients report improvement in PROMS
- 80% of patients rate good or above on PREMs score

Outcomes

- 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

TRANSFORMATIVE STRATEGY

- Build a positive culture of high performance

Indicators

- Continuous year-on-year improvement in organisational culture
- External recognition of a high performing PHN

Targets

- 2% improvement in organisational culture
- Positive stakeholder engagement survey results

Outcomes

- 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



TRANSFORMATIVE STRATEGY

- Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person-centred
- Increased use of practice-based evidence

Indicators

- Consumers report improved experience with their convenient, multidisciplinary, coordinated care
- Tier 1 and 2 general practices participating in PHN-led, data informed quality improvement

Targets

- 80% of patients rate good or above on PREMs score
- 100%

Outcomes

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

TRANSFORMATIVE STRATEGY

- Ensure commissioning and system change strategies encourage integration from a consumer perspective

Indicators

- Number of significant demonstration projects with pooled Commonwealth and State funding
- Increase in practices participating in an integrated care network

Targets

- Three projects
- Integrated care networks adequately meet consumer needs

Outcomes

- Joint planning and co-ordinated investment results in better integrated, person-centred, service delivery
- Service system improvement occurs through co-design processes that are person-centred, clinician-led and provider informed
- Strategic commissioning delivers better outcomes for people and an improved service system

TRANSFORMATIVE STRATEGY

- Encourage health information continuity between providers

Indicators

- Axe-the-fax, electronic referral communications between general practice and hospitals/specialists

Targets

- 100%

Outcomes

- 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 co-ordinated care, and people in managing their own health

Our Values

- Integrity
- Working together
- Courage

Supporting the pandemic response

The pandemic emerges

On 31 December 2020, the government in Wuhan, China confirmed health authorities were treating dozens of cases of a new virus which later became known as Coronavirus or COVID-19. Surges in cases occurred in Italy and Iran in February and on 11 March the World Health Organization declared a pandemic. On 20 March, Australia joined countries around the world closing its borders to non-residents. As residents returned home, COVID-19 cases increased in Australia while government 'stay at home' restrictions and social distancing aimed to slow the spread of the virus. Restrictions eased before a second wave of infections grew in Victoria from late May, which were attributed to an outbreak at a Melbourne hotel where returned travellers were quarantined. Victoria returned to restrictions in early July to manage the second wave of infections which surpassed case numbers in the first wave.

EMPHN's role

EMPHN had a number of key roles working closely with the Australian Government Department of Health (DoH) and the Victorian Government Department of Health and Human Services (DHHS), general practice, pharmacy, local hospital networks and healthcare providers.

COVID-19 testing

EMPHN worked with DoH in supporting the setup of four GP-led respiratory clinics within the catchment. Funded by the Australian Government, the clinics tested and assessed people for COVID-19 and were located at:

- EACH, Ringwood
- First Peoples Health and Wellbeing, Thomastown
- Nexus Primary Health, Wallan
- Wellness on Wellington, Rowville

During the second wave, EMPHN helped establish local general practice COVID-19 testing clinics funded by the Victorian Government to provide testing in areas otherwise not well serviced by testing clinics.

Personal protective equipment

With shortages of personal protective equipment (PPE) being experienced worldwide, PHNs Australia-wide distributed PPE from the Australian Government's Medical Stockpile to general practice staff, pharmacists and allied health providers across the catchment.

From 31 January to 30 June 2020, EMPHN distributed 266,400 surgical masks, 34,000 P2 masks and 5,850 donated masks, 306,650 in total. In addition, 120 bottles of hand sanitiser, 2,100 gowns and 2,366 coveralls were also distributed.

Many PPE supplies were gratefully received through fundraising and donation efforts from the community. EMPHN received donations from the Society for Health Administration Programs in Education (SHAPE), La Trobe University as well as RM Coating Supplies.

306,650

masks distributed
in 6 months

Supporting the primary healthcare sector

- Informed by feedback in general practice surveys, EMPHN developed a small grants program to help general practices purchase PPE and equipment to enable them to see, test and treat potential and COVID positive patients safely. In total, 120 grants of up to \$2000 were provided.
- EMPHN were responsible for working with more than 180 residential aged care facilities (RACFs) in our catchment to implement the DoH funded influenza immunisation program and supported outbreaks at facilities by working closely with general practitioners working in the facility and increasing awareness of My Emergency Dr (see page 13).
- Education and training on telehealth, and infection control, prevention and cleaning was facilitated for the local primary healthcare provider workforce.
- General practices and other health providers were supported to adopt telehealth (see page 23).
- HealthPathways Melbourne developed COVID related pathways, which saw a vast increase in usage of the software (see page 22).
- COVID specific Population Level Analysis and Reporting (POLAR) data tool practice reports were provided to general practices (see page 22).
- Acting as a conduit to a single source of truth, EMPHN provided consistent messaging from sources such as the Victorian and Australian Governments, Victorian Chief Health Officer and other reputable sources.
- As a member of the DHHS COVID-19 Representative Group, EMPHN informed stakeholders of issues and risks identified from engaging with the local general practice workforce.
- In response to a drop in patients with chronic conditions attending appointments, EMPHN commissioned a program to enhance skills in general practice nurses to undertake care planning and health assessments in a telehealth environment.

Kathy Tepper, EMPHN Sector Capacity and Workforce Lead, receiving the donation of 10,000 surgical masks from SHAPE President Dr Zhanming Liang.

“I want to put in writing how helpful you have been in providing PPE (surgical masks and N95 masks) over the last month during the COVID-19 pandemic. A big thank you to all of the staff at the EMPHN for all of the support.

Dr Manpreet Heer
Boroondara Health and Wellness Centre



Key initiatives and highlights

Addressing Health Gaps and Inequalities

Youth mental health

EMPHN's communities are set to receive new mental and physical health services for young people from late 2020.

In 2019–20, EMPHN conducted rigorous commissioning processes for headspace Monash, to be delivered by Alfred Health, and the youth health hub based from Lilydale, to be delivered by a consortium led by Inspiro. An extensive engagement process with the local community and service providers was also undertaken for the youth health hub.

Satellite headspaces are also being established in Plenty Valley (operated by Mind through headspace Greensborough) and Lilydale (operated by EACH through headspace Knox).

“Creating a one stop shop where young people can go to get supported and get the help they need, will go a long way to supporting young people and creating brighter futures.”

Josh Bruni
Youth Representative

Josh Bruni, youth representative for the Lilydale youth health hub.



Addressing Health Gaps and Inequalities

Boosting childhood immunisation

In order to address the gap in immunisation rates in the Manningham City Council (MCC) community, a strategy was developed to boost the rate from 89.39% (below state average) for children aged up to 27 months to 92.73% (0.23% higher than the average).

The Council's strategy included the development of an online booking system, a new SMS communication system, Chinese language consent cards, data cleansing, and engagement with maternal health nurses and parents. The program contributed to a 53% increase in vaccines given compared to the previous year and a 42% increase in the number of immunisations at Council immunisation sessions.

53%

increase in vaccines
given compared to
the previous year

Providing access to after-hours healthcare

EMPHN continued to fund free urgent after-hours care with emergency specialist doctors via My Emergency Dr (MyED) phone and video consultations throughout its catchment and to residents living in residential aged care facilities. In 2019-20, 4,896 MyED consultations were received and 87% were handled in situ. MyED helps reduce demand on ambulance and hospital emergency departments for non-urgent after-hours care when a person's usual GP may not be available.

In May 2019, EMPHN funded a new service providing after-hours mental health care, in person or via telehealth. Delivered by Carrington Health, the After-Hours Mental Health Nurse Support service provides access to a mental health nurse when services are limited in the after-hours to help people manage anxiety, stress, depression and grief.

Among others, EMPHN funds services in urban fringe areas to fill gaps in after-hours services including:

- Yarra Valley Community Medical Service After-Hours Clinic in Healesville
- Nexus Primary Health After-Hours Medical Neighbourhood in Wallan.

87%

My Emergency Dr
consultations
handled in situ

EMPHN funds My Emergency Dr to provide free urgent after-hours care.



Addressing Health Gaps and Inequalities

EMPHN's Reconciliation Action Plan (RAP)

Developed in consultation with stakeholders, EMPHN's RAP was launched in July, celebrated virtually with staff, EMPHN board members, local community Aboriginal organisations and representation from Reconciliation Australia. It included a Welcome to Country by Wurundjeri Elder, Aunty Georgina Nicholson, and, in an EMPHN first, was also livestreamed to Facebook. This plan, and the process EMPHN went through to prepare it, symbolises its move towards a deeper commitment to reconciliation and building relationships across EMPHN's business with Aboriginal organisations and communities.

To ensure EMPHN is commissioning culturally safe and appropriate services that meet local needs, EMPHN is seeking to improve the way in which it engages with Aboriginal and Torres Strait Islander communities.

Three focus areas

- Building connections between EMPHN, Aboriginal community controlled organisations and other partners and non-Aboriginal networks to build trust, better understanding, respect, collaboration and unifying partnerships and relationships.
- In everything we do we support the acknowledgement and recognition of Aboriginal histories, knowledge and cultures. We provide the environment for staff and board members to continue to learn and understand how to respectfully and authentically engage and work with Aboriginal and Torres Strait Islander communities.
- EMPHN recognises and values the knowledge, skills and lived experiences of Aboriginal and Torres Strait Islander peoples in the health sector and will continue to ensure that opportunities are available to support the employment and retention of Aboriginal and Torres Strait Islander peoples and the valued contribution to the Victorian economy.



EMPHN commissioned Amanda Wright to create this artwork in celebration of its Innovate Reconciliation Action Plan March 2020 - March 2022.

“I would like to acknowledge that this a very exciting day for the launch of your RAP. Congratulations, that is definitely a step in the right direction.”

Aunty Georgina Nicholson
Wurundjeri Elder

Aboriginal Health Integrated Team Care (ITC)

KPIs

Assist approximately 140 Aboriginal and Torres Strait Islander clients across the EMPHN region.

Outcomes

ITC providers, EACH, Victorian Aboriginal Health Service, Carrington Health, Banyule Community Health Service and Eastern Health, have responded to support Aboriginal and Torres Strait Islander peoples with chronic health issues through a wide range of initiatives that address their community's needs.

These include:

- information packs
- telehealth
- advocacy and support to continue health care plans and treatments
- continually monitoring and assessing health and wellbeing needs
- support to get food and essential supplies including masks and hand sanitiser
- monitoring for COVID-19 symptoms
- support and advice when COVID-19 symptoms are present.

Commentary

The ITC activity supports Aboriginal and Torres Strait Islander people to manage the impact of chronic disease on their lives.

This is done through comprehensive support that covers their health needs and the social and emotional determinants of health and wellbeing.



EMPHN supports Bubup Wilam for Early Learning, an Aboriginal Community Controlled Organisation in Thomastown.

Acute Diversion, Diabetes Diversion

KPIs

Improve health outcomes for people living with diabetes by providing integrated multidisciplinary team based care in a community setting, and help them self-manage their diabetes at home.

Outcomes

638 referrals and 2640 consultations undertaken. Overall, there was a significant improvement to HbA1c, which reflects average blood glucose levels.

Commentary

Diabetes Diversion work has continued across EMPHN, resulting in improved health outcomes for people living with Diabetes through initiatives such as the Integrated Diabetes Education and Assessment Service (IDEAS) delivered by Carrington Health and partners. IDEAS brings together specialist medical and allied health services to provide integrated multidisciplinary team care.



EMPHN funded a mobile influenza immunisation service to protect vulnerable people from the flu.

Mobile Influenza Immunisation Project 2020

KPIs

Provide flu vaccinations to vulnerable groups including refugees and asylum seekers, people experiencing homelessness, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse communities, as well as provide health education, support and connect clients to local health services.

Outcomes

Rolled out during the COVID-19 pandemic, the City of Whittlesea and EACH (covering the Yarra Ranges and Maroondah municipalities) administered more than 1400 vaccinations in 2020 and counting.

Commentary

Influenza is a highly contagious disease that can be fatal to people in high risk groups. Providing easy and affordable access to the influenza vaccine has been shown to reduce the winter demand at emergency departments and hospital inpatient units. This work has been particularly important due to the pandemic.

Ongoing implementation of Mental Health Stepped Care

KPIs

Delivery of stepped care services utilising a clinical staging approach, by stepped care providers across the EMPHN region.

Outcomes

The total number of unique referrals in 2019–20 was 2,655. The total number of sessions in 2019–20 was 27,377.

Commentary

Mental Health Stepped Care is an evidence-based, staged system of care that includes a range of mental health interventions, from the least to the most intensive. The service is offered catchment wide and delivered by community health services and partners.

Psychosocial Support Service (PSS)

KPIs

To support an overall client target of approximately 490 consumers over a 12-month period. In addition, up to 750 transitioned between 1 July 2019 to 30 November 2019 from the EMPHN funded Psychosocial Transition Program (PTP).

Outcomes

- Neami National has completed 18 months of service and has no waiting list.
- In 2019–20, Neami National PSS supported 248 consumers who newly entered the PSS service.
- Neami National PSS supported a further 385 consumers in 2019–20 who transitioned through the Psychosocial Transition Program (PTP). They were previous consumers of Partners in Recovery, Personal Helpers and Mentors Program, and Day to Day Living.
- 70% of consumers indicated an improvement in wellbeing on completion of the program.

Commentary

PSS provides a consistent service model across the region. PSS supports people experiencing severe mental health issues, not supported by the National Disability Insurance Scheme (NDIS), an insurance support scheme of the Australian Government that funds costs associated with disability.

2,655

unique referrals

in 2019–20

Yumarrala Ngarrdji NDIS project

KPIs

To build National Disability Insurance Scheme (NDIS) capacity of community controlled and mainstream organisations and to identify access pathways and barriers for Aboriginal and Torres Strait Island peoples and communities.

Outcomes

- culturally appropriate NDIS information provided, supporting access to the NDIS, implementation and reviews of plans
- NDIS training for organisations
- co-designing an Aboriginal NDIS engagement model and resources
- developing NDIS business models to become an NDIS provider
- co-designing National Yarning About My Life and My Well-Being NDIS workbook.

Commentary

EMPHN has commissioned Oonah Belonging Place, Wellways and VAHS/EACH to deliver the Yumarrala Ngarrdji project which identifies and addresses the barriers that Aboriginal and Torres Strait Islander peoples face in accessing the NDIS.

Ongoing implementation of region wide approach to suicide prevention and postvention

KPIs

To build individual resilience and capacity for self-help, to improve community and workforce capacity to prevent suicide, and to provide targeted suicide prevention programs and activities to those 'at risk'.

Later phases aim to coordinate a region wide approach to suicide prevention, provide support for people impacted by suicide, and to improve the evidence base and understanding of suicide prevention.



Launching the LifeConnect suicide prevention and postvention service delivered by Neami National.

Outcomes

A number of activities have been delivered to 'at risk' consumer groups. These activities have addressed the background or pre-disposing factors and predisposing negative events.

The service began in May 2019. Since that time 202 consumers who have been bereaved by suicide have received care from a health support worker and other support services. This support has comprised a total of 709 service contacts.

There have also been five community debriefings for community members impacted by a suicide, including support for people in sporting clubs and workplaces.

Commentary

EMPHN has commissioned Neami National to deliver LifeConnect, a region wide suite of suicide prevention and support after suicide services and activities.

Enhancing Primary Care

Supporting General Practice

EMPHN has a holistic approach to working with and engaging general practice.

EMPHN supports general practices to improve quality and safety, by providing professional development, supplying practices with summary data reports and helping practices become future-ready.

In addition to supporting general practices with the pandemic response, see page 10, EMPHN supports:

- practice accreditation
- optimal care pathways for cancer
- practice manager and practice nurse education and training
- immunisation
- My Health Record, telehealth and ePrescribing usage
- quality improvement.

My Emergency Dr

The growth of the My Emergency Dr service, see page 13, as an after-hours response for residential aged care facilities (RACFs), GPs and supported residential services has been evident during COVID-19.

Calls from facilities to the service have increased during this period by 128%. Initial data demonstrated that approximately 60% of callers would have sent patients to an Emergency Department if the My Emergency Dr service was not available.

EMPHN funds the service to provide after-hours telehealth consultations to support RACFs to manage non-urgent issues in the after-hours when a patient's usual GP may not be available.



Dr Arthur Zulman
Templestowe Lower GP.

Health Coaching

KPIs

Delivered by MediCoach, the program aims to develop a more personalised approach to a patient's healthcare goals by building their self-efficacy and confidence.

Outcomes

Twelve clinics were recruited to the program to undertake training and mentoring. Clinics recruited 10–20 patients who had a Body Mass Index (BMI) of 30+.

The clinics provided health coaching and care coordination for 12 months, with a focus on weight loss and improved quality of life.

A tool was used to measure patient functional status (overall wellbeing) at baseline 3, 6, 9 and 12 months.

One hundred and seventeen patients were recruited in total across the program. On average, patients' BMI reduced from 39.1 to 36.6.

36.6
average BMI
(reduced
from 39.1)

Commentary

General practices were recruited to participate in co-designing, testing and using the service delivery model of personalised care.

Through building relationships with patients, practices have been able to maintain a meaningful connection with many of these patients during COVID-19, providing flexible, person centred care.

The Health Coaching initiative up-skilled general practice staff to coach patients to lose weight and improve their quality of life.



Fracture Diversion Project

KPIs

To address the 50% drop in fracture management by GPs with a simultaneous increase in emergency department (ED) presentations, (in the past ten years), EMPHN funded the Fracture Diversion Project to divert non-surgical, simple, un-displaced fractures from emergency departments to primary care.



The Fracture Diversion Project diverts simple fractures from ED to general practice.

Outcomes

In 2019-20, the focus turned to embedding the long term sustainability of the process into the hospital system. Northern Health and Eastern Health took ownership of the process and recruited and trained interested GPs.

- more than 11,000 fractures have been diverted from the EDs to general practice to date
- approximately 90% of simple fractures are currently being diverted away from participating hospitals
- high level of GP satisfaction with this program
- patient survey showed 98% of patients are happy to be treated by a GP in the future due to convenience, reduced waiting time and receiving individualised care
- cost savings for the hospitals for each patient not seen within the hospital system
- financially viable business model for general practices, due to special Medicare item numbers for fractures
- reduction in fracture clinic waiting times for complex fractures
- GPs upskilled in management of simple fractures and provided with long-term opportunity to manage fractures.

Commentary

The project started in July 2017 with the development of a pathway between emergency departments and a team of GPs, with the necessary capabilities and infrastructure to manage simple un-displaced fractures.

This program has demonstrated that integration of primary-care and acute-care is possible, and beneficial for all stakeholders. It has paved the way for future such programs where formalised referral pathways between GPs and local hospital networks could be developed for other clinically appropriate conditions.



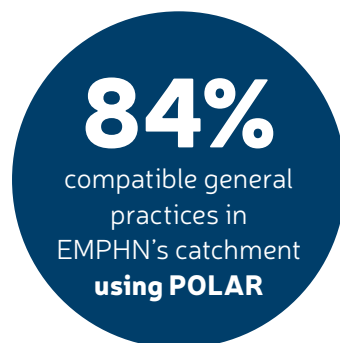
Leveraging digital health, data and technology

POLAR data improves planning and analysis

There has been increased usage of the Population Level Analysis and Reporting (POLAR) data tool, which extracts data from practice software to help general practices with quality improvement, business development and to improve patient-centred care.

In July 2019, 64% of compatible general practices had POLAR installed, which increased to 84% in June 2020. Usage also increased by 223%, from 883 logins in 2018-19 to 1972 in 2019-20.

The number of EMPHN Practice Reports delivered in 2018-19 was 212 compared to 2169 reports in 2019-20, an increase of more than 1000%. In response to COVID-19, practices were provided a specific COVID-19 report for pandemic related planning and analysis.



HealthPathways Melbourne usage soars


HealthPathways Melbourne provides general practitioners with a single website to access clinical and referral pathways and resources.

Each pathway is written for use by GPs during a consultation, providing clear and concise guidance for assessing and managing a patient with a particular symptom or condition.

HealthPathways Melbourne has had significant increases in page views (up 73%), users (up 50%) and sessions (up 84%). The increase this year can be attributed to increased access to the COVID-19 pathways.

Some of the major projects completed in collaboration with other Victorian PHNs include:

- development of the COVID-19 suite covering almost 20 pathways.
- publishing of the statewide referral criteria for public hospitals for Urology, Vascular Surgery, ENT, Head and Neck Surgery, Gynaecology, Gastroenterology and Neurology
- translation of the Optical Cancer Care Pathways into HealthPathways (Phase 1) covering Breast Cancer, Endometrial Cancer, Ovarian Cancer, Basal cell and squamous cell carcinoma, Head and Neck Cancer, Pancreatic Cancer and Familial Cancer.
- development of statewide HIV pathways.



HealthPathways Melbourne supports GPs during patient consultations.



Telehealth

KPIs

Provide advice and support to general practices adopting telehealth for patient consultations.

Outcomes

EMPHN supported 85 general practices registered for the Healthdirect 'video call' telehealth platform pilot program, noting practices chose from a variety of platforms for telehealth.

Commentary

Due to the COVID-19 pandemic and associated restrictions, general practice saw a decrease in face-to-face patient consultations.

The introduction of temporary COVID-19 MBS items for general practices enabled them to provide patient consultations using telehealth (including telephone and video).

eReferrals

KPIs

EMPHN continued its ambitious target to axe-the-fax from the healthcare system by 2025 by supporting and promoting the sending and receiving of eReferrals by general practices to Eastern Health, Austin and Northern Health.

Outcomes

The volume of electronic referrals received by health services specialist clinics dropped only slightly during the early stages of COVID-19 pandemic and increased as hospitals endeavoured to maintain the service using telephone/video-based appointments.

Approximately 70% of eligible practices were sending eReferrals to Eastern Health, Austin, Northern Health, Banyule Community Health and DPV Health. A total of 21,817 eReferrals have been received during 19-20. Since July 2019, EMPHN has been supporting HealthLink SmartForms which is conformant with Best Practice and Medical Director.

The COVID-19 pandemic provided a rapid boost to patient uptake of digital health initiatives such as telehealth.

Commentary

eReferrals, supported by secure messaging delivery (SMD) software, will continue to make a real impact on streamlining communications between health care providers.



EMPHN's digital health initiatives help improve referral pathways and integrate health services to improve patient experiences in our health system.

ePrescribing

KPIs

Support the adoption of ePrescribing accelerated due to the COVID-19 pandemic and the associated government mandated travel restrictions.

Outcomes

EMPHN hosted several ePrescribing webinars to disseminate information to general practices as prescribers, and pharmacies as dispensers. A Community of Interest in EMPHN's catchment was established to trial ePrescribing between a local general practice and their patients, and a local pharmacy.

As one of 30 trial sites across Australia, Eastern Melbourne Primary Health Network has supported end-to-end testing between Amcal Pharmacy Tooronga and Mediscreen Clinic as part of the Australian Digital Health Agency's (ADHA) electronic prescribing community of interest.

Commentary

The COVID-19 pandemic has fast tracked the industry's technology and health sector's uptake of electronic prescribing, paving the way for a smoother and more secure provider and patient experience in the future.

ePrescribing provides a secure method for the transmission of prescription information between prescribers and dispensers, while reducing the likelihood of transcription related dispense errors.

“The patients have been very receptive and embraced the technology. Age is no barrier. The majority of the shared regular patients we have with Mediscreen are older, and they have taken it in their stride.”

Andrew Robinson
Amcal Pharmacy Tooronga Pharmacist



Partners working as a single service system

An integrated plan for our region

A new plan to improve mental health, alcohol and other drug, and suicide prevention service integration across EMPHN's region will be implemented to focus on stakeholder identified gaps in health care.

The key areas identified included:

- improving outcomes for young people
- improving care pathways for people with alcohol and drug issues
- better meeting the needs and improving physical health outcomes for people with severe mental illness with complex needs
- enhancing the mental health response for older people
- suicide prevention
- improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities
- increased support for general practice
- the role of quality and safety and clinical governance in complex integrated care and information management and data sharing.

The Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan aims to connect services and key stakeholders to work together to achieve aims over the coming five years. Key initiatives underway include a business case for a stepped care model for young

people, shared clinical governance framework, lived experience strategy, and establishing data collection and governance processes for system wide evaluation. For more information visit connectingpeople-ourplan.com.au

Helping people navigate mental health, AOD and suicide prevention services

EMPHN's Referral and Access team assisted 748 health professionals, consumers and carers to understand, navigate and access available mental health services in the community in 2019–20 and processed a total of 1,658 referrals to commissioned services.

The Referral and Access team is staffed with Mental Health and AOD clinicians and practitioners that support GPs, consumers, carers and the broader community to understand, navigate and access available mental health, AOD and other whole of person services appropriate to the presenting needs of the consumer.

1,658
referrals processed
to EMPHN
commissioned
services

State Member for Kew, Tim Smith MP; EMPHN Executive Director Mental Health and AOD, Anne Lyon; and Mental Health Commission Chair, Lucy Brogden AM; at the Regional Plan launch in March 2020.

“I appreciate your rapid assistance with this referral. I look forward to hearing how this support helps AA. Your assistance in helping me to process this by going out of your normal duties is a rare experience.”

Carol at Uniting Care



Doctors in Secondary Schools

KPIs

Provide accessible primary health care to students to help reduce unmet needs and assist young people to identify and address any health problems early.



Dr Suki from the
Wheelers Hill Clinic.

Outcomes

The program has been running in nine schools and has helped 1,666 young people, providing 1,382 referrals and 5,065 consultations.

Commentary

COVID-19 and the closure of schools has resulted in some schools moving to a new model of delivery during the pandemic, including offering telehealth appointments.

5,065
consultations
in nine schools

After-Hours Emergency Department Diversion Project

KPIs

Partner with Local Hospital Networks (LHNs) and general practices to implement procedures and protocols to divert patients in Category 4 and 5 presenting at Box Hill emergency department (ED) into primary care.

Outcomes

The program commenced in May 2020 and has already successfully diverted 69 patients from ED to local general practices.

Collaboration between general practice and LHNs has resulted in formalised pathways from ED to primary care to enable patients to access the right care, in the right place at the right time.

Commentary

EMPHN initially conducted a forum for GPs and LHNs to identify issues around patients accessing care for primary care type presentations in the ED. The After-Hours ED Diversion Project Steering Group was formed with representation from Primary Care and EMPHN to develop the model and implementation plan.

A high performing organisation

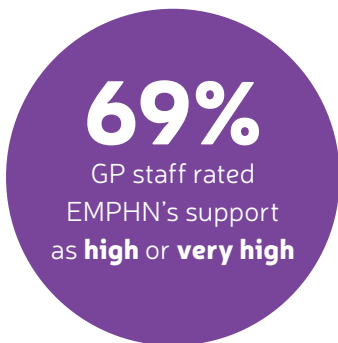
Our five-year vision

In September 2019, EMPHN's Strategic Plan 2020–25 (page 10) was endorsed. It provides a clearly articulated strategy for achieving EMPHN's vision under its five strategic priorities:

- addressing health gaps and inequalities
- enhancing primary care
- leveraging digital health, data and technology
- partners working as a single service system
- a high performing organisation.

Each strategic priority includes transformative strategies to achieve the strategic priorities.

The plan is deliberately ambitious and aspirational in order to aim to accomplish the best outcomes possible.



Engaging primary healthcare providers

In 2019, 380 general practice staff and 90 allied health providers (AHPs) responded to EMPHN's stakeholder engagement survey.

Feedback was compared to surveys in 2018 and showed a 15% increase in GPs using SMS with patients and a 9% increase in electronic discharge summaries.

The My Health Record uptake was 83% for GPs and 17% for allied health, above the benchmarks of 56% and 4% respectively.

In terms of engagement with EMPHN, 69% of GP staff rated support as very high or high (compared to 50% in 2018) and 46% of AHPs also rated our support as very high or high (compared to 39% in 2018).

DPV Health Medical Centre staff at their COVID-19 testing clinic.



Skills Development

KPIs

Build skills and capacity across the organisation.

Outcomes

Staff participated in a range of skill development sessions focussed on IT programs, project management and commissioning In 2019-20.

All Executive and Senior Leaders participated in leadership development programs. All employees participated in risk management and related system training.

Commentary

Remote working disrupted traditional education and training practices in 2019-20, with staff digital literacy skills rapidly developing through formal and informal learning opportunities.

Cultural Awareness

KPIs

Build a better organisation by developing and embedding cultural awareness.

Outcomes

A further 10% of EMPHN's workforce participated in Cultural Awareness Training.

Commentary

Cultural Awareness Training is offered to new staff and existing employees as a refresher, reflecting EMPHN's priority of addressing health gaps and inequalities for Aboriginal and Torres Strait Islander peoples.

Workplace Improvement

KPIs

Build and develop a positive and engaging workplace.

Outcomes

Consultation with 98% of staff was undertaken to identify key activities to further improve culture.

Commentary

A range of initiatives are planned or underway focusing on reward and recognition, diversity and inclusion, leadership, capability development, performance appraisal and engagement.

Workplace Improvement

KPIs

Develop and embed new values and behaviours.

Outcomes

After extensive consultation with staff, our new values of Integrity, Working Together and Courage were chosen and approved by our Board in 2019-20.

Commentary

In 2020-21, EMPHN will embed the new values and associated behaviours as the foundations of its culture.

Employee Wellbeing

KPIs

Ensure the wellbeing of staff during the COVID-19 pandemic.

Outcomes

86% of staff were positive about working from home and the majority (95%) felt they had adequate communication about working from home by EMPHN.

Commentary

With the onset of the COVID-19 pandemic, EMPHN moved the majority of its workforce to work from home.

A new approach to employee health, safety and wellbeing was required as working from home became the new normal in 2020.



Financial statements

	2020	2019
	\$	\$
Revenue		
Rendering of services	45,632,902	41,933,243
Other income	2,582,570	1,817,645
Total	48,215,472	43,750,888
Expenses		
Service delivery expenses	37,220,739	32,767,962
Occupancy	730,091	743,138
Employee benefits	8,140,810	7,188,990
Depreciation	76,687	97,831
Computer licences and support	688,432	1,054,606
Finance costs	6,567	-
Other expenses	1,126,726	1,422,225
Total	47,990,052	43,274,752
Surplus before income tax	225,420	476,136
Income tax expense	-	-
Net surplus for the year	225,420	476,136
Other comprehensive income	-	-
Total comprehensive income for the year	225,420	476,136

EMPHN engaged with stakeholders from general practice, community health services, government, local hospital networks, and consumers and carers in September 2019 to continue the conversation around transforming primary healthcare



	2020	2019
	\$	\$
ASSETS		
Current Assets		
Cash and cash equivalents	10,163,548	15,206,160
Investments	24,000,000	18,000,000
Trade and other receivables	546,666	269,553
Other assets	1,031,228	719,012
Total Current Assets	<u>35,741,442</u>	<u>34,194,725</u>
Non-Current Asset		
Property, plant and equipment	935,396	153,754
Intangibles	470,000	-
Right of use assets	1,754,205	-
Non- Current Assets	<u>3,159,601</u>	<u>153,754</u>
TOTAL ASSETS	<u>38,901,043</u>	<u>34,348,479</u>
LIABILITIES		
Current Liabilities		
Trade and other payables	4,814,202	3,949,477
Lease liabilities	335,507	-
Contract liabilities	28,282,812	27,334,536
Provisions	504,116	432,919
Total Current Liabilities	<u>33,936,637</u>	<u>31,716,932</u>
Non-Current Liabilities		
Lease liabilities	2,112,643	-
Provisions	299,053	304,257
Total Non-Current Liability	<u>2,411,696</u>	<u>304,257</u>
TOTAL LIABILITIES	<u>36,348,333</u>	<u>32,021,189</u>
NET ASSETS	<u>2,552,710</u>	<u>2,327,290</u>
Members Funds		
Accumulated Surplus	2,552,710	2,327,290
TOTAL MEMBERS FUNDS	<u>2,552,710</u>	<u>2,327,290</u>



EMPHN supported First Peoples Health and Wellbeing in Thomastown to become a respiratory clinic for COVID-19.

phn

EASTERN MELBOURNE

An Australian Government Initiative



EMPHN's staff work closely with GPs, specialists, pharmacies and other health services to build capacity to deliver high quality patient-centred care and improve health outcomes.