

Healthier systems, services and people

EMPHN Annual Report

2017–18



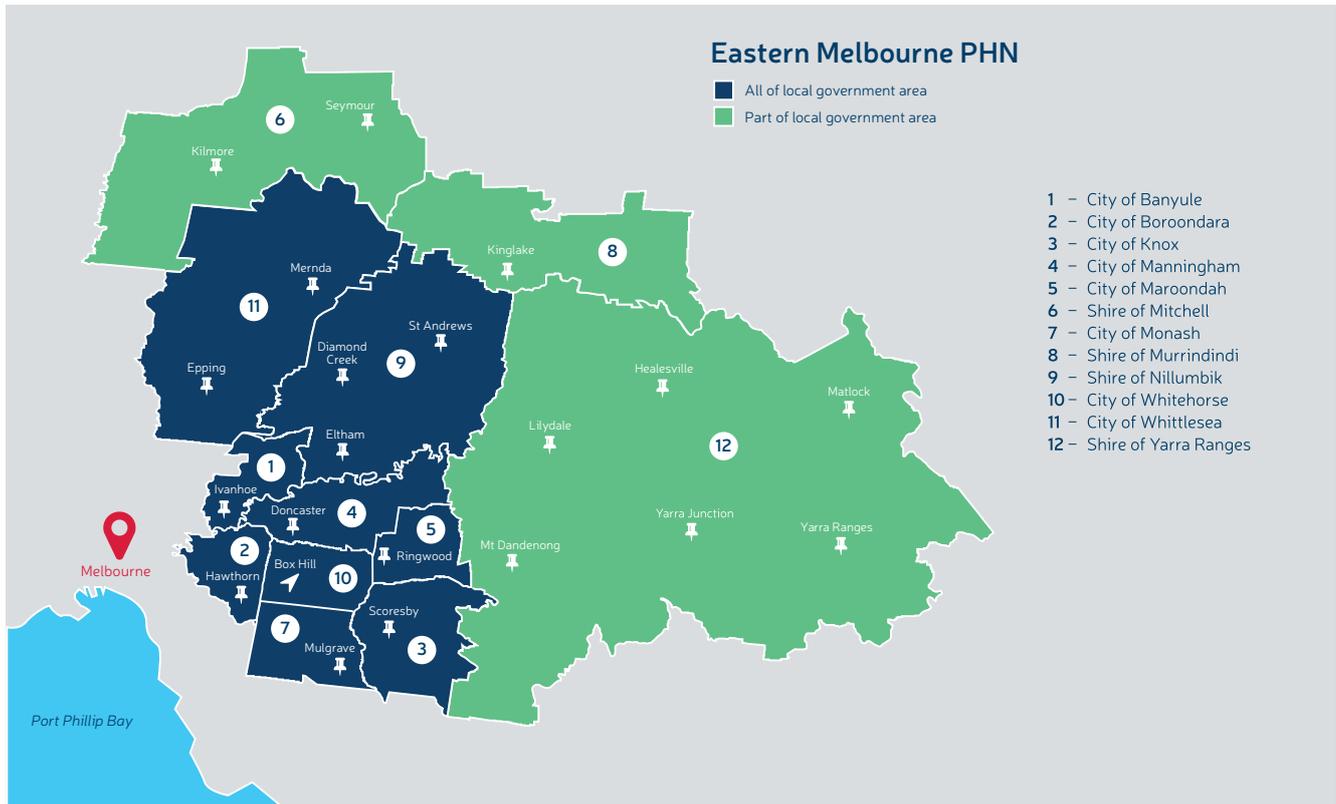
phn
EASTERN MELBOURNE

An Australian Government Initiative

Eastern Melbourne PHN

Eastern Melbourne PHN (EMPHN) is a Primary Health Network funded by the Australian Government to improve the care and support people receive from health services. We work in partnership to improve the way services are connected and to ensure they are easy to access when people need them most. We work closely with health professionals, consumers and carers to scope the gaps, identify emerging community needs and purchase services that address these needs.

We invest in a range of initiatives to make a difference in our priority areas including chronic disease, mental health, alcohol and other drugs, digital health, Aboriginal and Torres Strait Islander health, immunisation and general practice support.



Acknowledgements



Australian Government

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



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



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



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



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Our CEO and executive



Robin Whyte

Chief Executive Officer

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



Anne Lyon

Executive Director Mental Health & AOD

Anne is an experienced senior executive having worked across diverse settings including health, education, government and community sectors. Anne is an innovative leader with the proven ability to develop and implement change management approaches in operational settings. Her experience includes leading and overseeing multi-disciplinary teams in primary health, community, and aged care settings, delivering a broad range of services.



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, 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. He brings passion and a reputation for collaboration, service innovation and patient centred care to his role at Eastern Melbourne PHN.



Angelica Georgaklis

Executive Director Corporate Services (until 29 March 2018)

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

Our board

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



Jim Swinden

BEd, MAdmin, FCHSM, FCPA, FAICD

Chairperson

Associate, Aspex Consulting



Professor Sandy Leggat

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

Health Services Management,
La Trobe University



Dr Leonie Katekar

MBBS, M.Bioethics FRACMA, GAICD

Clinical Director Medibank Private Ltd



Tony McBride

BSc, M.Soc Sci, GAICD

Consultant



Professor Jane Gunn

MBBS, DRANZCOG, FRACGP, PhD, FAHMS

Deputy Dean, Faculty of Medicine,
Dentistry and Health Sciences, Chair of
Primary Care Research, Department of
General Practice, University of Melbourne
and GP



Dr Peter Trye

MB ChB, Dipobs, MPH, MBA, FAFPHM
FRACMA, FRACGP, GAICD

Director Medical Services Angliss Hospital,
Eastern Health and GP



Dr Lindsay McMillan OAM

DHS Doctorate of Health Sciences, MEd, BHA,
Strategic Perspectives in Non Profit
Management (Harvard), AFCHSM, FAICD

Managing Director of Reventure Ltd



Elizabeth Kennedy

B.A LL.B (Hons) LL.M (Melb), Grad Dip Health
& Medical Law, Solicitor, GAICD

General Counsel and Corporate Secretary,
Peter MacCallum Cancer Centre

Adjunct Associate Professor (Practice),
Department Epidemiology Preventative
Medicine, Monash University



Alex Johnstone

BSc (Econ) Accountancy, FCPA, FCPFA, GAICD

CEO, IPC Health

Non-executive Director, Dental Health
Services Victoria

Board representation on EMPHN committees

Finance and Audit Committee: Dr Lindsay McMillan (Chair), Elizabeth Kennedy and Alex Johnstone

Community Advisory Committee: Prof Sandy Leggat (Chair) and Dr Lindsay McMillan

Clinical Council: Dr Peter Trye (Chair), Prof Jane Gunn and Dr Leonie Katekar

Nomination, Remuneration and People Committee: Jim Swinden (Chair), Elizabeth Kennedy, Jennifer Williams and Anne Heyes

Strategy and Commissioning Committee: Prof Jane Gunn (Chair), Jim Swinden, Dr Leonie Katekar and Tony McBride

Quality, Risk and Safety Committee: Elizabeth Kennedy (Chair), Dr Peter Trye and Prof Sandy Leggat

Collaborative groups and Board advisory committees

Community Advisory Committee: Provides a community perspective and advice to the EMPHN Board to ensure that decisions, investments, and innovations are patient centred, cost-effective, locally relevant, and aligned to local care experiences and expectations.

Clinical Council: Our Clinical Council is an advisory group to EMPHN's Board and comprises talented clinicians from across our catchment.

Better Health North East Melbourne: Primary health care collaborative of representatives from organisations based in north eastern Melbourne.

Eastern Melbourne Primary Care Collaborative: Primary health care collaborative of representatives from organisations based in eastern Melbourne.

Chair and CEO's message

The theme for the 2017-18 Annual Report – 'healthier systems, services and people' – reflects EMPHN's growing role in health system redesign and increasing collaboration with the primary healthcare sector to achieve better health outcomes, services and experiences for our community.

The past year has seen the consolidation of EMPHN's role as a health system integrator. Our work to facilitate systems redesign and the commissioning of important new initiatives has built on activities that were established in our initial commissioning cycle. We have matured and learned from the experience of our establishment phase, with improved tools and approaches to make smart investments in the health of our community.

In 2017-18, we began the implementation of our Mental Health Stepped Care Model, invested in youth mental health, funded services targeting misuse of prescription and over-the-counter medications, supported Aboriginal health organisations and commissioned a range of chronic disease initiatives. We also worked closely with general practice, which remains at the heart of good primary care, in areas such as digital health, practice development (Practice 2030), quality improvement and hospital diversion. These are only a small number of examples of the broad range of activities and projects being undertaken by the PHN, and many more are showcased in this report.

In the coming financial year, we will be looking to build on our strong collaboration with stakeholders to co-design initiatives to address gaps in the health system and improve the health of our community. PHNs are well positioned to lead this collaboration in system redesign by bringing the key players to the table, supported by data intelligence and an evidence-based approach.

We take the task of facilitating health system improvements very seriously, which is why we are working to ensure decisions are informed by the right information. This includes having good data and examining the available evidence. Importantly we have been privileged to hear first-hand from consumers, which gives a unique perspective about their health

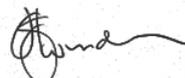
experiences. Throughout many consultation processes, encompassing mental health, chronic disease and medications management, consumers have shared their lived experiences. These personal stories provide powerful messages about community needs and the impact of our initiatives. This report includes the stories of Ron and Eugenie, two people whose health has improved thanks to services we have funded.

We have continued to build our capability as a commissioning organisation through improvements to our systems and processes and have commenced work to be accredited against the International Organisation for Standardisation (ISO) Quality Management Standard, aiming to become accredited by the end of 2018.

At EMPHN, we are proud of the work we do, holding ourselves to high standards and always seeking to improve outcomes. This thinking is driven from the Board, senior executive and all our teams, who we thank for their hard work and commitment.

We also thank the many stakeholders and supporters who partnered with us during the year including our Community Advisory Committee, Clinical Council, health service providers, governments and members of our community.

We are committed to strive for better health outcomes, better health experiences and a better health system for our community.



Jim Swinden
Chairperson



Robin Whyte
Chief Executive Officer

EMPHN strategy on a page



Better health outcomes
Better health experiences
An integrated health care system



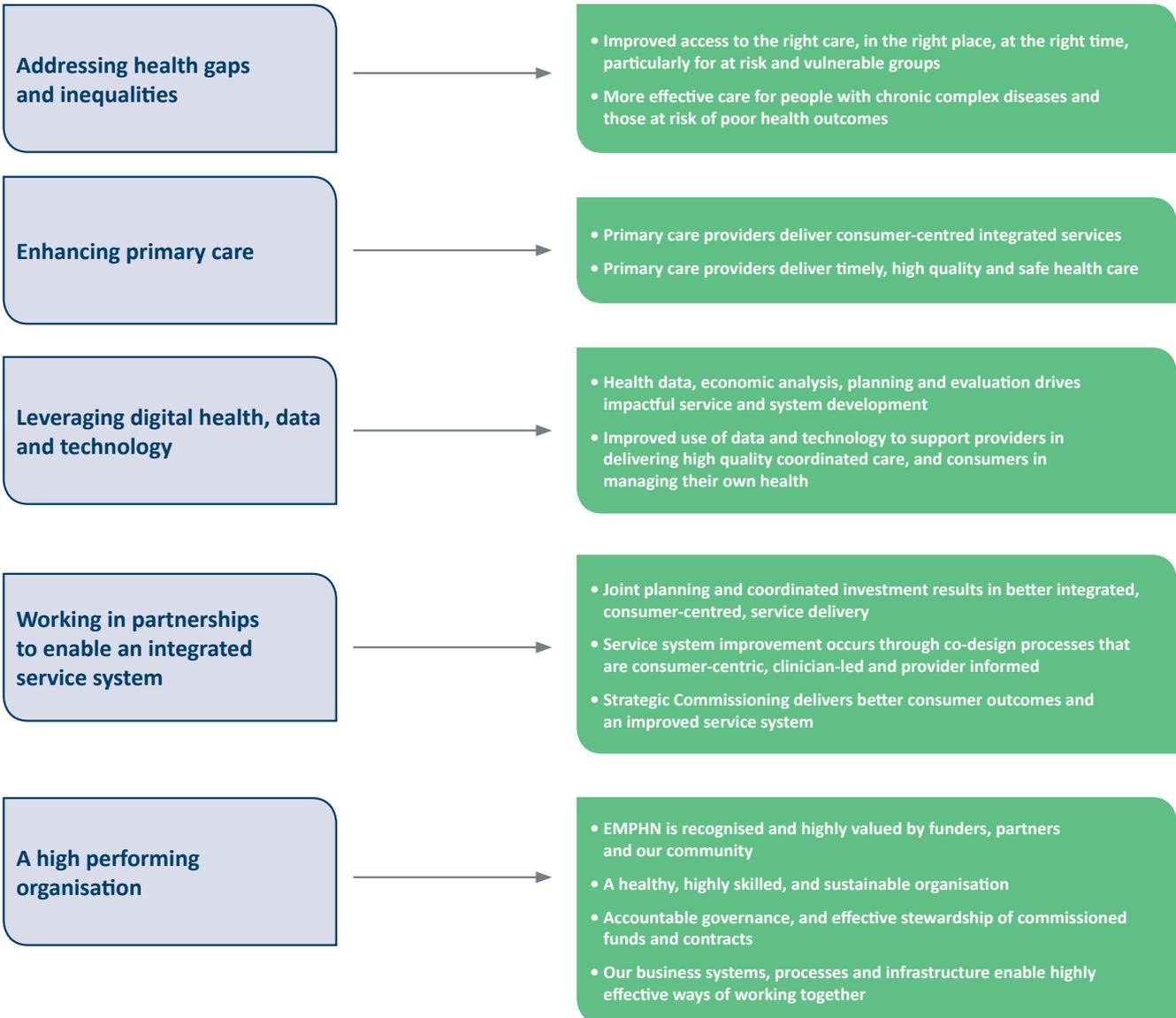
With our partners, we facilitate health system improvement for people in eastern and north eastern Melbourne.



Leadership
Understanding
Outcomes
Collaboration

Strategic Priorities

Goals





Understanding the health needs of young people, like Bianca, and other groups in the community is important for EMPHN

Our community – demographics

Population diversity

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

Population growth rate

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

Age

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

Advantage and disadvantage

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

Life expectancy

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

Valuing our partnerships

Our commitment to working in partnership to achieve better service integration is a key priority in our strategic plan.

To enable this, EMPHN has committed to supporting two key collaborative groups in our catchment. These groups have meaningful commitment and engagement from senior decision makers across hospital, community health, general practice, PHNs, and the Victorian Government Department of Health and Human Services (DHHS). They have a drive for challenging the status quo to develop innovative solutions to long standing problems.

The Better Health North East Melbourne (BHNEM) collaborative has developed a five-year strategy that will focus its energy for improvement across the system. Over the next five years, BHNEM will engage key stakeholders to address the issues that face frail older people that lead to unnecessary hospital admissions, improving quality of life and wellbeing. At the other end of the spectrum, BHNEM has a commitment to reducing the wait times that children with developmental delay (and families) experience in accessing paediatric specialty input at the Austin Hospital. These initiatives will make a difference to the experience and outcomes for people across the catchment.

The Eastern Melbourne Primary Health Care Collaborative (EMPHCC) has made some great in-roads for people living with diabetes. Integrated Diabetes Education and Assessment Service (IDEAS) clinics have been progressively rolled out across the EMPHN catchment to bring outpatient services into the community, embracing a multidisciplinary approach. These learnings will now be applied to chronic disease management more broadly as we seek to transform the system. This and other key achievements across end of life care, mental health and improved services for high risk patients was showcased at an EMPHCC forum. The forum was also an opportunity to learn from the experience of New Zealand with Professor Les Toop presenting on the successful approach to integration achieved by the Pegasus Group.

Co-design event

The Mental Health and Alcohol and Other Drugs (AOD) directorate have used a co-design approach in the design of new services. Co-design is about working together with our community, recognising that to address complex health problems, collaboration and multiple viewpoints are key. The co-design approach has involved hosting workshops and events with the people who will use the service, including consumers and carers, funders and commissioners, peak bodies and service providers from across the sector. In 2017-18, key co-design events included developing the Mental Health Stepped Care Model and collective impact workshops as part of the Suicide Prevention Place Based Trials. Further co-design work for the new AOD model of care, National Psychosocial Support Measure and Regional Integrated Mental Health, AOD and Suicide Prevention Plan in 2018-2019 are planned.

Workforce development events

The Mental Health and AOD directorate supported the development of GPs and mental health and AOD clinicians by offering a range of events during the year. Key professional development events included Clinical Staging, facilitated by Dr Shane Cross; Mental Health Stepped Care Model sessions, many facilitated by Assoc. Prof. John Mendoza; and a market development workshop for mental health and AOD providers facilitated in partnership with Grant Thornton.

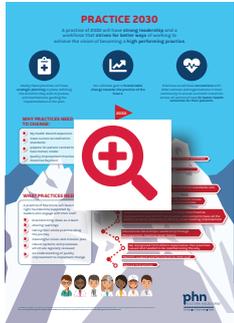
Our commitment to education

EMPHN values the importance of providing high quality resources and education opportunities to build the capacity and capability of our partners. We have been delighted with the level of participation from health professionals across the sector in our events and education activities. This included 370 educational events, 115 of which were face-to-face, with a total attendance of 3,992 people (1,379 GPs and 1,114 nurses).

Key initiatives and highlights

Supporting general practice

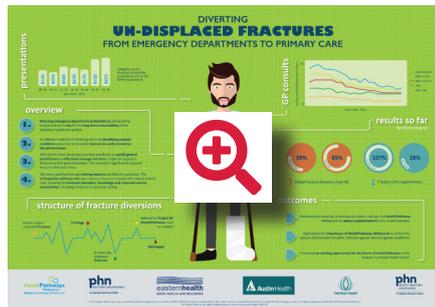
We recognise general practice is central to quality health care. EMPHN works with general practices in a range of areas to optimise patient healthcare and quality business outcomes.



Practice 2030

Practice 2030 aims to align practices to the 10 building blocks of a high performing practice as an internationally accepted template for the future. EMPHN is working to build a network of practices who have a vision for the future, are ready for change and have

the strategies to implement and sustain changes. To support and embed change, EMPHN worked closely with 15 practices to analyse, review and strategise quality improvement activities through Plan-Do-Study-Act (PDSA) cycles, supported by monthly practice visits by an EMPHN facilitator.



HealthPathways Melbourne

HealthPathways Melbourne is a free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions including referral guidance. HealthPathways Melbourne aims to reduce unwarranted variation and accelerate evidence into practice to ensure better, safer care. The pathways have been designed for use during consultation and are jointly developed through a collaboration between hospital clinicians and community clinicians.

During 2017-18, 95 new pathways were completed across 14 pathway suites, including optical cancer care pathways; cardiology; child health; ENT/Otolaryngology, head and neck; infectious diseases; and urology.



Quality Improvement Program – Shape management of type two diabetes

The EMPHN Quality Improvement Program focused on improving the management of people with Type 2 diabetes, involving 45 health care professionals at 14 practices over six months.

The program provided an opportunity for general practices to:

- implement team building activities to improve communication
- build knowledge and skills to analyse and use data to measure change and identify improvements
- use data to ensure care is based on best practice guidelines
- use Model For Improvement and PDSA templates to help visualise their goals
- review and improve Shared Health Summary processes and workflows.

POLAR

POLAR GP

POLAR GP (Population Level Analysis and Reporting for general practice) enables meaningful analysis by general practices of their own identified patient data, which is presented in an easy to use graphical format. EMPHN is providing POLAR GP free to general practices of all sizes within the EMPHN catchment. The number of practices in the EMPHN catchment with POLAR GP installed at July 2017 was 77 and as at July 2018 the figure has nearly doubled to 134.

Mental health

Eastern Melbourne PHN partners with health professionals, consumers and carers to scope gaps in mental health, alcohol and other drugs (AOD) and suicide prevention services, identify emerging community needs and purchase services that address our community's needs.

Mental Health Stepped Care Model

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.

A phased implementation to our Mental Health Stepped Care Model is underway:

- Phase one: north east (service started 15 January 2018) local government areas of Whittlesea, Nillumbik, Banyule and parts of the shires of Mitchell and Murrindindi within the EMPHN catchment.
- Phase two: outer east (service started 2 July 2018) local government areas of Knox, Maroondah and Yarra Ranges.
- Phase three: inner east (service delivery to commence 14 January 2019) local government areas of Manningham, Boroondara, Whitehorse and Monash.



Place-Based Suicide Prevention

EMPHN is delivering two suicide prevention trial site projects in the Local Government Areas of Maroondah and Whittlesea. The Whittlesea trial is in partnership with the Victorian Government. At each of the place-based trial sites, multi-sectoral suicide prevention groups will develop and implement local suicide prevention strategies. EMPHN plans to:

- consult with councils, people with lived experience, the community and service providers
- strengthen capacity for enhanced living
- consider commissioning activities that support existing local structures.



Youth mental health with YETTI, YFLEX, headspace and SHERPA

With one fifth of young people experiencing very high or high levels of psychological distress, EMPHN commissioned \$2.5m worth of services to enable extra front-line staff to support more people aged 12-25 with, or at risk of, severe and enduring mental illness. The programs are delivered by Eastern Health (YETTI- Youth Engagement Treatment Team Initiative) and Neami National (YFlex- Flexible Intensive Mental Health Support for Young People).

EMPHN also funds three headspace centres and the SHERPA project to support youth mental health in our region. The headspace centres which EMPHN funds are located in Greensborough, Hawthorn and Knox and provide early intervention mental health services to 12-25 year olds, along with assistance in promoting young peoples' wellbeing. Youth Support and Advocacy Service runs the Supporting the Health, Education, Recreation and Personal Autonomy (SHERPA) initiative to provide outreach services, day programs, recreational activities, family support and connection to counselling services helping to support and improve the lives of young people aged 12 to 21.

Perinatal depression support an SMS away

Perinatal depression affects one in 10 women during pregnancy and almost one in seven women in the first year after birth. Perinatal depression also affects at least one in 12 fathers during the perinatal period. To support parents to adjust to what can be a particularly challenging time in their lives, EMPHN commissioned Carrington Health to provide support and counselling to new and expectant parents who may be dealing with, or at risk of, perinatal depression. Support is available by SMS, over the phone, video conferencing as well as the more traditional face-to-face support.

Lead trial site for Steps to Wellbeing

The EMPHN catchment was a lead trial site for a low intensity psychological strategies initiative. EMPHN commissioned Neami National to provide the Steps to Wellbeing program, an innovative evidence-based psychological strategies service. Steps to Wellbeing delivers wellbeing coaching for people living or working in the EMPHN catchment aged 16 years and over who experience life stresses or emerging signs of anxiety or depression, and don't already access regular sessions with a psychologist providing similar support. This program is able to deliver clinical services to people across the stepped care continuum by virtue of a team consisting of allied health professionals from social work and occupational therapy backgrounds, and peer workers with a lived experience perspective.

Partners in Recovery and supporting the transition to NDIS

During 2017-18, EMPHN continued to support Partners in Recovery (PIR) consumers in the transition to the National Disability Insurance Scheme (NDIS). PIR is a national mental health initiative which focuses on supporting people to find the health and community services they need to improve their options for recovery. EMPHN commissions and funds this service through a range of community mental health support services. PIR Support Facilitators have been working closely with consumers, carers and families throughout the transition to the NDIS and helping them navigate the system.

Alcohol and other drugs

EMPHN is helping people in its community to live healthier lives by funding a range of alcohol and other drugs initiatives.

Hello Sunday Morning's Daybreak app

EMPHN partnered with Hello Sunday Morning to provide residents of the EMPHN catchment with free access to its Daybreak app. A June 2018 report from the Australian Institute for Health and Welfare, Alcohol and Other Drug Treatment Services in Australia 2016–17, confirmed alcohol is the drug Australians most commonly seek help for and EMPHN's catchment had the second highest number of alcohol treatment episodes of all Primary Health Networks nation-wide. The app delivers psychosocial counselling and peer support to individuals to reduce problematic alcohol use and address mild to moderate symptoms of depression and anxiety.

Medication Support and Recovery Service

EMPHN funded Connect4Health to deliver the Medication Support and Recovery Service (MSRS), a free service which provides treatment for misuse of prescription and over-the-counter medications that works with the consumer's GP where appropriate. MSRS is one of the only services of its kind in Victoria and aims to support consumers that may be impacted by changes including codeine prescribing and the upcoming implementation of Victoria's real time prescription monitoring system, Safe Script, from late 2018. The service is an initiative of Connect4Health, a consortium including Access Health and Community, Carrington Health and Link Health and Community, in partnership with Inspiro and healthAbility.

North East Recovery and Support Program

The North East Recovery and Support Program helped around 50 people with complex needs and co-occurring AOD and mental health issues in 2017-18, and is based on a successful pilot by St Vincent's Health. EMPHN funded Banyule Community Health to deliver the innovative program, providing people who are often ineligible for alcohol and other drug rehabilitation programs the opportunity to participate in a personalised post withdrawal, eight-week day program focused on building self-sustainable health, wellbeing, emotional and social skills. See page 16 for Eugenie's story on how the program helped her recovery.

Integrated Care

EMPHN is working to improve the health of the community, especially those living with chronic disease and those at risk of poor health outcomes. We do this by working closely with the primary health sector and through a range of digital health initiatives.

Aboriginal health and wellbeing with Bubup Wilam

EMPHN worked to further support the wellbeing of Aboriginal children and their families during 2017-18. As announced by Minister for Indigenous Health, Ken Wyatt AM, EMPHN provided \$842,000 funding to strengthen support services provided at Bubup Wilam Early Learning Aboriginal Child and Family Centre in Thomastown. EMPHN brought together funding streams from mental health, AOD and integrated team care to support this unique organisation.

The additional funding helped build on the organisation's range of services which bring together health, social and emotional development, housing, welfare and education support to improve opportunities for children and their families. Having all these services in one location which is trusted by the community is vital for improving Aboriginal health.



Minister for Indigenous Health, Hon Ken Wyatt AM; Bubup Wilam CEO, Lisa Thorpe; Bubup Wilam President, Tony McCartney; EMPHN CEO, Robin Whyte; and EMPHN Chair, Jim Swinden.

IDEAS diabetes clinics

Three Integrated Diabetes Education and Assessment Service (IDEAS) sites in East Ringwood, Doncaster East and Hawthorn opened to address the chronic nature of Type 2 diabetes.

EMPHN funds Carrington Health and its partners Access Health and Community, EACH and Eastern Health to help more than 1,000 local people manage their diabetes better in the community, rather than hospital settings.

Mobile Influenza Immunisation Service

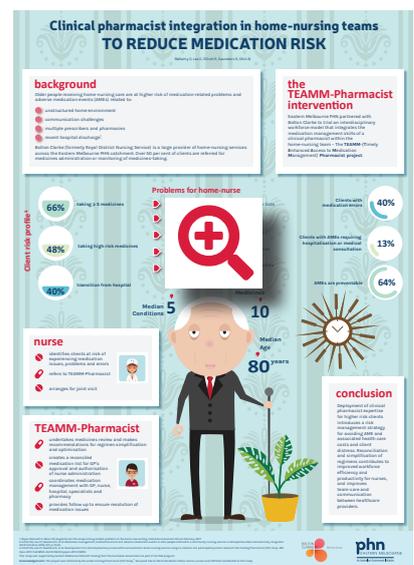
This innovative initiative targets poor immunisation rates amongst Aboriginal and Torres Strait Islander people, refugees, asylum seekers and culturally and linguistically diverse (CALD) communities. Traditionally, these groups miss immunisations because of a lack of access. The project aimed to increase vaccinations in these groups while increasing awareness about the importance of immunisation. EMPHN commissioned local organisations across the LGAs of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse, Whittlesea and Yarra Ranges to deliver the immunisation service at a variety of accessible locations, including community centres and homelessness services. During 2017-18, 5,500 people were immunised through this service. This is another example of how EMPHN is encouraging services to reach out to people who are missing out on essential care, taking services out to people rather than waiting for people to come to the service.



Watch the video at: <https://youtu.be/QGTgdbwQ5il>

TEAMM-Pharmacist (Timely Enhanced Access to Medication Management)

A partnership between Eastern Melbourne PHN and Bolton Clarke (formerly RDNS) helped older people referred for home nursing support who are at risk of experiencing medication errors and adverse medication events. Medication errors occur in up to 40 percent of this population. Around 13 percent experience an adverse medication event requiring hospitalisation or medical consultation. The TEAMM-Pharmacist program aimed to improve quality of care and medication safety for older home nursing clients referred for medication management, by providing timely access to a clinical pharmacist who visits them in their home. See page 17 for Ron's story.



Consumer videos

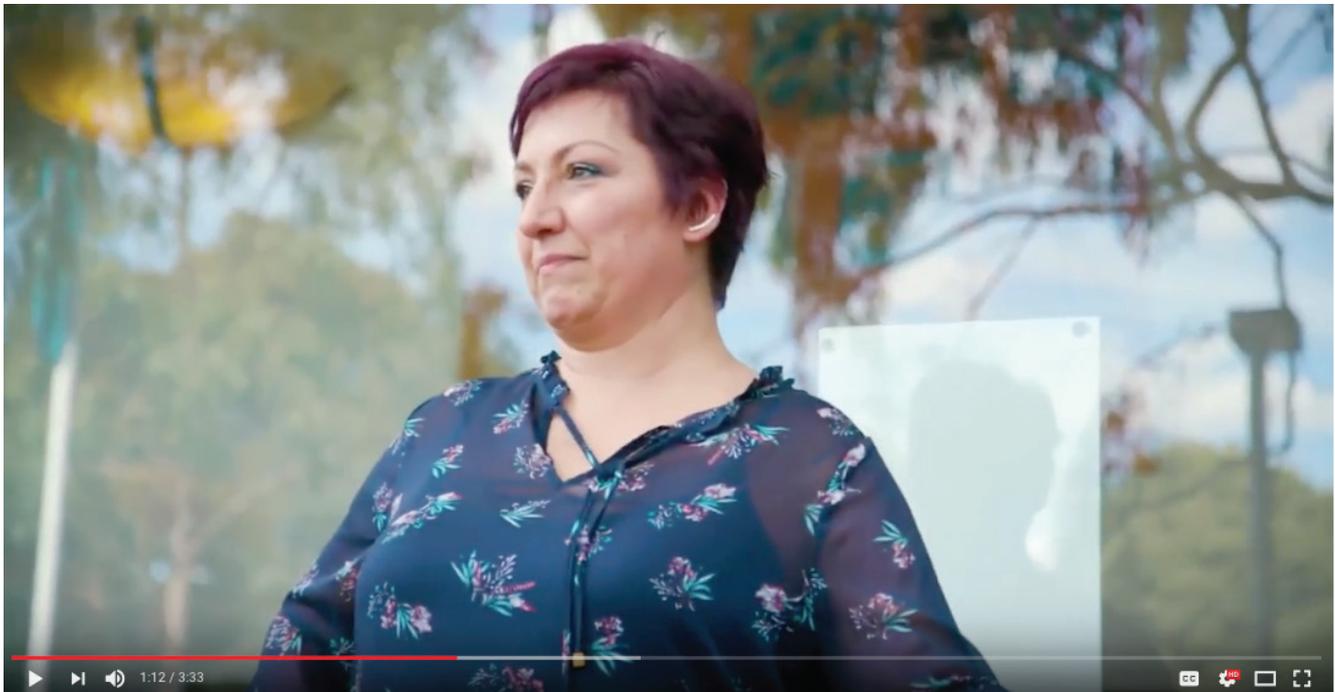
Eugenie's story

The North East Recovery and Support Program, funded by EMPHN and delivered by Banyule Community Health, is a holistic, personalised, recovery-focussed withdrawal and rehabilitation program for people with chronic alcohol and other drug misuse issues.

The eight-week program recognises alcohol and other drug misuse rarely occurs in isolation and is often symptomatic of a complexity of mental, physical and social health issues.

Working with a collaborative team, the initiative aims to provide people with tools to improve their quality of life, and contribute to their community in a self-sustainable way.

Eugenie completed the program in late 2017. This is her story.



Watch the video at: <https://bit.ly/2L745y7>

“ The fact is when you are desperate and want to change and such an amazing concept is given to you, you take it. ”

- Eugenie, 44

Ron's story

TEAMM-Pharmacist (Timely Enhanced Access to Medication Management) was a clinical pharmacy service delivered by Bolton Clarke to improve medication management for older clients at risk of experiencing adverse medicine events.

The TEAMM-Pharmacists worked alongside the Bolton Clarke nurses to reconcile medicine lists, review and document medicines use in the home, provide medicines support and education to clients and family/carers, and coordinate medication management between the general practitioner team, nursing team, hospital, specialists and community pharmacy.

This innovative approach aimed to improve the wellbeing of clients, like Ron who features in a new video about TEAMM-Pharmacist.

Watch the video at: <https://bit.ly/2BrtVx1>



“ I’ve felt the best I have in two years... It’s changed my life, I’m 100 percent better off than what I was. ”

- Ron, 68

Financial statements

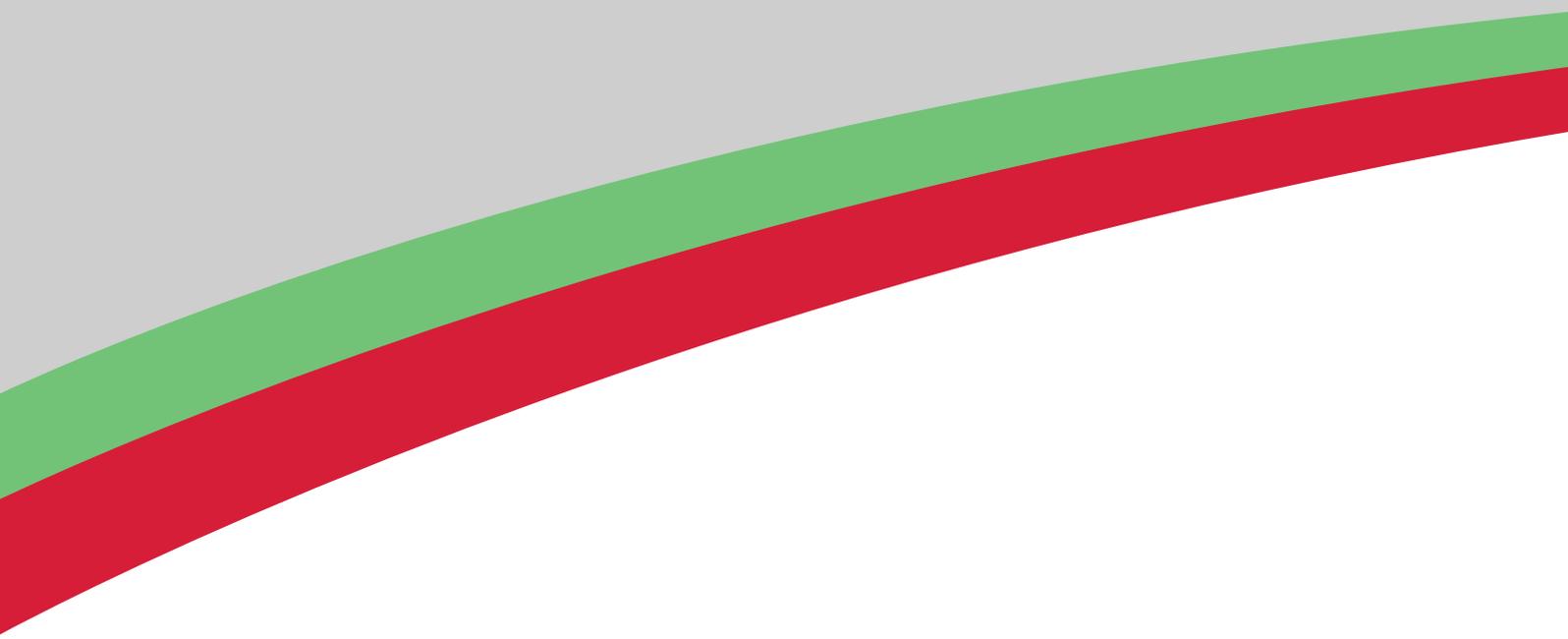
Summarised statement of profit or loss and other comprehensive income

	2017/2018 \$000's	2016/2017 \$000's
Revenue		
Rendering of services	41,966	37,065
Other income	1,305	1,163
Total revenue	43,271	38,228
Expenditure		
Service delivery expenses	31,910	27,682
Employee benefit expenses	7,614	7,286
Office and occupancy expenses	2,536	1,801
Other expenses	764	639
Depreciation and amortisation expense	150	84
Total operating expenditure	42,974	37,492
Operating surplus	297	736
Other comprehensive income	-	-
Total comprehensive income	297	736

Summarised statement of financial position

	2017/2018 \$000's	2016/20157 \$000's
Assets		
Cash and cash equivalents	23,308	19,449
Trade and other receivables	878	174
Other assets	412	413
Total Current Assets	24,598	20,036
Equipment and furniture	258	259
Total Non Current Assets	258	259
Liabilities		
Trade and other payables	1,760	3,736
Other liabilities	17,342	11,157
Provisions	3,792	3,735
Total Current Liabilities	22,893	18,628
Provisions	111	113
Total Non Current Liabilities	111	113
Net Assets	1,851	1,554
Equity		
Retained earnings	1,851	1,554
Total Equity	1,851	1,554

We engage with all public hospitals in our area, including The Austin, to create integrated healthcare solutions



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