Eastern Melbourne - Core Funding
2025/26 - 2028/29
Activity Summary View

CMDT - 1 - Commissioning of Multidisciplinary Teams (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT

Activity Number *

1

Activity Title *

Commissioning of Multidisciplinary Teams (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to commission multidisciplinary teams that address the prioritised need in the region and extend EMPHN's existing role in general practice.

Description of Activity *

In FY26 this activity supported the expansion of the existing Right Care Better Health (RCBH) program to support small and solo general practices to access multidisciplinary team (MDT) staff. This program funds two commissioned providers to deliver nurse-led care coordination for patients with complex and chronic conditions (specifically cardiovascular disease, respiratory conditions, and frailty or high falls risk). Moving forward, RCBH will be decommissioned. Support for small and solo general practices to access multidisciplinary team care will be delivered through EMPHNs OneCare model.

Evaluation and performance (last 12 months)
During the reporting period, RCBH underwent a comprehensive independent economic evaluation conducted by the University of Melbourne. The evaluation assessed program reach, patient experience and outcomes, and value for money. Findings indicated that the model was effective in activating care and delivering a high-quality patient experience for older adults with chronic and complex conditions, particularly in lower socio-economic communities. However, the evaluation also identified limitations in cost-effectiveness without sharper targeting, longer and more intensive engagement, and stronger outcome measurement. These findings have informed EMPHN's future OneCare model (described below).

These findings, alongside routine monitoring and reporting data, informed contract management practices throughout the year and continuous improvement activities. The evaluation findings have also been valuable in informing EMPHN's future OneCare model

Transition, carryforward and alignment with 12MPRs
As reported to the Department in the September 2025 12-Month Progress Report, late confirmation of funding in FY25 impacted general practice recruitment and delayed commencement of RCBH service delivery in some small and solo practices. As a result, delivery of the program in small and solo practices was done at a reduced scale, with six practices participating rather than the originally planned ten. Notwithstanding these constraints, the program was delivered in line with deed requirements by prioritising practices located in regions with the greatest need.

Current year focus and forward plan
In response to the evaluation findings and in alignment with EMPHN's transition to the OneCare model, EMPHN decided to decommission the RCBH program at the conclusion of the current provider contracts, with the program scheduled to end on 30 June 2026. FY26 funding (inclusive of in-year funding and previous carry forward) will be used to complete the current provider contracts and support safe transition to the OneCare model.

FY27 funding that was initially budgeted for RCBH will be redirected to the OneCare model, which will incorporate lessons learned from RCBH's design, implementation, and evaluation. This approach ensures that the needs previously addressed by RCBH continue to be met through effective and innovative integrated, place-based and multidisciplinary care arrangements, while strengthening value for money and long-term sustainability.

OneCare
EMPHN is optimising how services are commissioned through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.

OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.
This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.
The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.

For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions. Through this model, services are commissioned and delivered across four cohorts of Youth Mental Health, Adult Mental Health, People with Chronic Conditions and Complex Needs, and Older People.

People with Chronic Conditions Cohort

While RCBH will conclude on 30 June 2026, the OneCare model will ensure CMDT deed requirements are met through activities focused on the Chronic Conditions and Complex Needs cohort, delivered across the three regions

Funded activities for this cohort will continue to support the commissioning of multidisciplinary staff to support small and solo practices who are unable to recruit MDT staff through other means with the aim to deliver better care to patients with chronic and complex conditions. The services delivered through this activity will aim to:
• Improve access to timely and appropriate care for people with chronic conditions and complex needs
• Address an individual's clinical, physical, and psychosocial needs through a holistic and person-centered approach
• Improve continuity of care and integration across providers, services and sectors
• Improve patient quality of life and self-management
• Reduce avoidable complications, preventable hospitalisations and escalations of care
• Improve the capacity and capability of small and solo practices to support patients with chronic conditions and complex needs
Planned activities till April 2027
• Commission OneCare and align service coverage to the three defined UP regions (North, East and Inner South).
• Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for access to OneCare.
• Strengthen intake and navigation consistency by standardising key intake, triage and eligibility screening processes across regions
• Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework.
• Continued Communities of Practice to drive shared learning and consistency across providers, with participation and learnings structured around the regional model.
• Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination.
• Continued practice support activities aimed to support newly commissioned MDT team and/or other allied health and MDT practices in the catchment, including professional development and training, QI activities, and knowledge-sharing events and forums.
• Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support consistent program delivery.
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the UP framework

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex, comorbid health conditions	138
Aged Care (AC)	136

Activity Demographics

Target Population Cohort

Patients over the age of 18 with chronic and complex conditions, including CVD, respiratory disease, frailty / high falls risk.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

A needs analysis was conducted to understand the relevant challenges and opportunities for the RCBH program in small and solo general practices. This involved the consultation of several small and solo GP practices in interviews.
Furthermore, the OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. The findings from the MDT needs analysis in combination with OneCare consultation will be used to inform the adapted model of care for this new delivery setting.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

The two currently commissioned service providers have been involved in planning and design workshops throughout the program's life cycle to understand the challenges of service implementation and delivery and to identify opportunities for collaboration and improvement. The providers have collaborated with EMPHN in the co-design of the program logic, program

objectives and model of care.

General practices and practice staff involved in delivering the program are routinely engaged by EMPHN to provide continuous improvement feedback via routine reports and surveys. Additionally, practice staff are involved in providing input into the development of capability building activities, such as topic prioritization and agenda setting for the Community of Practice meetings.

The providers and practices will be actively engaged and involved in the upcoming evaluation of the program, providing qualitative and quantitative data to the evaluation team and participating in review and feedback sessions to discuss the implications of the findings and recommendations.

Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2028

Service Delivery Start Date

01/02/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2028 Activity Work Plan
- 30.09.2028 12 Month Performance Report
- 30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2028 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: Yes

Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

CMDT funding has historically contributed to the Right Care = Better Health program. The RCBH program is being decommissioned, with service delivery concluding on 30 June 2026. Providers were notified in February 2026, and contract closure plans have been developed with providers to manage risk, communication, patient safety, and continuity of care. Patient intake will close by 1 April 2026, with limited case-by-case enrolment thereafter to support patients at highest risk. All patients will be transitioned back to their usual GP by 30 June 2026. Provider contracts will remain active until November 2026 to enable final reporting and acquittals.
Activity funding previously directed to RCBH will be redirected to the OneCare model.

Co-design or co-commissioning comments

GPACI-GPM - 1 - General Practice in Aged Care Incentive (GPACI) – GP Matching (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPACI-GPM

Activity Number *

1

Activity Title *

General Practice in Aged Care Incentive (GPACI) – GP Matching (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

MyMedicare - General Practice in Aged Care Incentive (GPACI)

Aim of Activity *

The General Practice in Aged Care Incentive (GPACI) aims to support older people living in Residential Aged Care by ensuring they receive planned, quality primary care services from a regular General Practice and General Practitioner (GP). This initiative was developed in response to the Royal Commission into Aged Care Quality and Safety and the Strengthening Medicare Taskforce.

Description of Activity *

The program will coordinate matching residents in aged care homes with GPs, practices, Aboriginal Community Controlled Health Services, and Aboriginal Medical Services. This includes hiring PHN staff for:
• RACH/practice development, training, and education
• stakeholder engagement, practice collaboration, and communication
• Data collection, reporting, and analysis
• Resource development
• Strategies to improve relationships between primary practice and RACHs.

Key program activities:
• undertake needs analysis of the region to inform design, implement, and monitor
• undertake stakeholder engagement to inform design, including engagement with RACHs, general practices, ACCHSs, Aboriginal Medical Services, and First Nations and Culturally and Linguistically Diverse communities
• develop local processes for implementing and managing the program, such as support to practices to facilitate the scheduling of regular visits to RACHs patients to encourage continuity of care
• develop, in consultation with relevant stakeholders, communication and engagement processes with primary health, aged care and other relevant service providers and consumers
• communicate program process to primary care practices through direct outreach and regular communications channels
• develop and leverage relationships with GPs and practices
• engage ACCHs in delivery of the program
• support to general practices and RACHs to register residents with MyMedicare and formalise relationships with their practice and care team.
• support practices and GPs in initial registration processes to MyMedicare and understand the benefits and requirements of the program, including the incentive payments.
• communicate with RACHs, GPs and practices across the region in relation to the program and other relevant government programs
• Form a virtual community of practice for practitioners, ACCHS and RACH's with the purposes of:
o networking and relationship building
o sharing learnings for the implementation of GPACI and working in aged care including sharing share good news stories
o communicating known clinical and best practice guidelines (RACGP Silver book and Accreditation standards)
o promote RACH processes for new residents and managing incident notifications through use of MOUs.
o support adoption of national resources and tool kits and collect feedback for improvements.
o where appropriate and needed deliver education sessions
• Review and update DHDA live reporting dataset.

• Ongoing engagement with the Department of Health and Aged Care.
• Integration into Strengthening MyMedicare and Aged and Palliative program activity to leverage collaboration and shared learnings.

Performance last 12 months

• Delivered the GPACI – GP Matching activity to support residents living in Residential Aged Care Homes (RACHs) to receive planned, continuous and high quality primary care from a regular general practice and GP, aligned to GPACI, MyMedicare and aged care reform objectives.
• Completed a needs based assessment to identify RACHs having trouble securing regular visiting GPs; used findings to prioritise GP matching activity and targeted engagement.
• Maintained ongoing engagement with RACHs, general practices, GPs and relevant stakeholders, including targeted outreach to priority RACHs and practices; provided updates on GPACI and MyMedicare; and strengthened GP–RACH relationships.
• Supported culturally appropriate and inclusive engagement approaches, including First Nations considerations.
• Refined local delivery and management processes to support effective GP matching and continuity of care, including communication pathways between practices and RACHs and alignment with broader EMPHN aged care, palliative care and MyMedicare initiatives.
• Provided communication, engagement and practice support through regular and targeted updates to general practices and RACHs, supported by education sessions and Lunch & Learn webinars to strengthen understanding of MyMedicare registration requirements, incentive payments and program expectations.
• Delivered practice development, training and education related to GPACI guidelines, MyMedicare, accreditation requirements, and maintenance of organisational registers (including accreditation status and provider details), with tailored support where required.
• Strengthened data collection, reporting and analysis through development and implementation of Power BI reporting to support monitoring, analysis and decision making; used insights to refine targeting of RACHs and GP matching interventions.
• Established and embedded the Strengthening Medicare Advisory Group (SMAG) to support governance, shared learning and program refinement; commenced evaluation of SMAG sessions and progressed development of GP matching case studies to capture impact, challenges and lessons learned.

Current year focus (FY26)

• Expand on the initial needs assessment to strengthen insight into GP access challenges within aged care and enable targeted GP matching initiatives.
• Establish collaborative sessions and communities of practice to support shared learning, relationship building and problem solving between practices, GPs and RACHs.
• Use intelligence from forums, stakeholder feedback and data insights to identify education and capability gaps, and to inform targeted training, resources and future program priorities.
• Continue engagement with the Department of Health and Aged Care, Commonwealth Northern Region forums and internal EMPHN working groups to maintain alignment with aged care and primary care reforms.
• Apply learnings from evaluation, needs assessment and collaborative activities to refine delivery approaches and priorities across the annual cycle.

Planned activities to April 2027

• Undertake expanded needs assessments on a scheduled basis to maintain an up to date understanding of RACH GP access challenges and reprioritise outreach as required.
• Deliver targeted engagement with priority RACHs and practices to support regular visiting GP arrangements and continuity of care.
• Continue to strengthen GP–RACH communication pathways and align GP matching work with broader EMPHN aged care, palliative care and MyMedicare initiatives.
• Where needed, provide tailored practice support on GPACI, MyMedicare registration, incentives, program guidelines and relevant accreditation requirements.
• Embed and iterate Strengthening MyMedicare Power BI report to support analysis, decision making and quality improvement, adapting to changes in national and Department policy and priorities.
• Continue SMAG to support governance, shared learning and program implementation, including ongoing evaluation of sessions and dissemination of learnings.
• Develop, finalise and publish GP matching case studies to capture impact, challenges and lessons learned, and use findings to inform continuous improvement.
• Participate in Department and regional forums, and internal working groups, to ensure continued alignment with aged care and primary care reforms through to April 2027.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

General Practice, ACCHO, CLAD communities, RACHs, and Residents

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into

the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
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- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

MyM - 1 - MyMedicare (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

MyM

Activity Number *

1

Activity Title *

MyMedicare (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

MyMedicare

Aim of Activity *

This activity aims to:
- See an increase in general practice accreditation
- See improvements in safety and quality in health care, and
- See improved access of general practice to Commonwealth funded programs such as MyMedicare.

Description of Activity *

MyMedicare is a voluntary patient registration model that has been established to formalise and strengthen relationships between patients, their general practice and preferred general practitioner (GP) to deliver greater continuity of healthcare. MyMedicare provides patients with better continuity of care and easier access to telehealth consultations. MyMedicare also offers practices with more comprehensive information about their regular patients and access to additional funding packages tailored to their health care needs.
To be eligible for MyMedicare, general practices must demonstrate that they meet minimum standards of safety and quality by becoming accredited under the National General Practice Accreditation Scheme (NGPA Scheme). Accreditation offers a range of benefits to general practices including providing opportunity for practices to learn and benchmark their performance, improve organisational capacity to identify and manage risks to patient safety, decrease legal risk, and improve culture and job satisfaction.
Performance last 12 months
EMPHN has strong existing relationships with practices, and experienced general practice facilitators regularly discuss accreditation with accredited and non-accredited practices as part of their practice support role. EMPHN has had good success motivating practices registered for accreditation by encouraging new practices to register for WIP and PIP incentives, therefore, requiring a 12-month completion timeline. Within EMPHN's catchment, we currently have 440 general practices of which 88% are accredited, with a further 1.3% (6 practices) registered for accreditation. December 2025 data indicated 11 practices were identified as being registered for accreditation and through EMPHN support, 5 of these practices achieved accreditation within the desired 12-month period. 100% of general practices have been contacted during the past 12-month period to establish tailored practice support needs and address barriers to achieving accreditation.

Current year focus (FY 2026) and planned activities to April 2027
EMPHN Practice support initiatives to support accreditation include (but is not limited to):
· Data analysis of general practice accreditation status to identify practices that are unaccredited, registered for accreditation or at risk of losing their accreditation status. An action plan to approach 100% of these practices is initiated by each general practice development facilitator and targeted support and mentoring for practices is provided to support the implementation of the RACGP standards
· Gather and analyse qualitative and quantitative data on unaccredited practices to understand the barriers to accreditation. Capture feedback and report on localised or regional issues that may impact general practice accreditation
· Targeted accreditation engagement strategy for new practices, including:
o newly opened practices are contacted by EMPHN support facilitator to discuss registration for accreditation
o discuss benefits of participating in department and EMPHN programs which have a prerequisite of accreditation
o explain process for registering for MyMedicare and claiming PIPs & WIPs to motivate practice to become accredited within 12 months of registering and remain eligible for these incentives
o provide information on accreditation agency options, getting quotes for cost of accreditation, the registration for accreditation process and PIP registration which includes links to forms and Services Australia PIP & WIP information
o initiate regular follow up to ensure progress is being made towards accreditation and compliance for incentive program is maintained
· Assistance for accredited practices to maintain conformance to the accreditation standards and see improvements in safety and quality in health care
· Enhance awareness of resources and supports available through PHNs, Australian Association of Practice Management (AAPM), the accrediting agencies, the RACGP and the NGPA Scheme (managed by the Australian Commission on Safety and Quality in Health Care (ACSQHC)).
A collaborative effort through VTPHNA working groups will support a transition period into the Standards for General Practice (6th edition). Joint activities to share accreditation resources and training opportunities will ensure clear and consistent messaging across PHNs. EMPHN will lead the delivery of webinar series and continue offering mentoring and guidance to support this transition into the new standards.
Forward Plan
EMPHN is transitioning to a segmented, region-based practice support model to deliver a more structured, coordinated and targeted approach to behaviour change interventions. This approach will focus on:
• Implementing regional planning to identify priority needs and tailor support to local practice contexts

• Delivering campaign-based support activities aligned to identified regional priorities to drive measurable behaviour change
• Using benchmarking data from the 2025 EMPHN General Practice Engagement Survey to align support with the EMPHN Strategic Plan and provider experience metrics
• Building on existing foundation practice support models to ensure continuity while enhancing focus and impact
• Co-designing support with general practice and other service providers to strengthen relationships and ensure support is relevant, valued and relationship-based
• Strengthening monitoring, evaluation and reporting through segmentation and regional planning to enable more robust measurement against PHN key performance indicators

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Increase access to affordable primary care and allied health services to provide early assessment, preventative care and referral in the general population.	140

Activity Demographics

Target Population Cohort

General Practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians,

service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
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- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

CF - 1 - EMPHN OneCare (Previously RCBH) (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

EMPHN OneCare (Previously RCBH) (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to provide improved care coordination for eligible patients with complex and chronic conditions in general practice.

Description of Activity *

Program overview
The Right Care Better Health (RCBH) program commissions two community health providers to deliver nurse-led care coordination via general practices to support patients with complex and chronic conditions (specifically cardiovascular disease, respiratory conditions, and frailty or high falls risk).

Evaluation and performance (last 12 months)
In FY25-26, RCBH underwent a comprehensive independent economic evaluation conducted by the University of Melbourne. The evaluation assessed program reach, patient experience and outcomes, and value for money. Findings indicated that the model was effective in activating care and delivering a high-quality patient experience for older adults with chronic and complex conditions, particularly in lower socio-economic communities. However, the evaluation also identified limitations in cost-effectiveness without sharper targeting, longer and more intensive engagement, and stronger patient outcome measurement. These findings, alongside routine monitoring and reporting data, informed contract management practices throughout the year and continuous improvement activities. The evaluation findings have also been valuable in informing EMPHN's future OneCare model (details below).

Current year focus (FY26) and forward plan
In response to the evaluation findings and in alignment with EMPHN's transition to the OneCare model, EMPHN decided to decommission the RCBH program at the conclusion of the current provider contracts, with the program scheduled to end on 30 June 2026. FY26 funding (inclusive of year funding and previous carry forward) will be used to complete the current provider contracts and support safe transition to the OneCare model.

FY27 funding that was initially budgeted for RCBH will be redirected to the OneCare model, which will incorporate lessons learned from RCBH's design, implementation, and evaluation. This approach ensures that the needs previously addressed by RCBH continue to be met through effective and innovative integrated, place-based and multidisciplinary care arrangements, while strengthening value for money and long-term sustainability.

EMPHN OneCare
EMPHN is optimising how services are commissioned through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.

OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.
This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.
The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake

pathways and smoother handovers across care settings.

For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions. Through this model, services are commissioned and delivered across four cohorts of Youth Mental Health, Adult Mental Health, Chronic Conditions and Complex Needs, and Older People.

People with Chronic Conditions Cohort
Core Flex funding requirements will be met through activities focused on the Chronic Conditions and Complex Needs cohort and across the three defined regions: North, East and Inner South. Funded activities for this cohort will aim to:
Improve access to timely and appropriate care for people with chronic conditions and complex needs
• Address an individual's clinical, physical, and psychosocial needs through a holistic and person-centered approach
• Improve continuity of care and integration across providers, services and sectors
• Improve patient quality of life and self-management
• Reduce avoidable hospitalisations and escalations of care
• Improve the capacity and capability of primary care providers to support patients with chronic conditions and complex needs
Planned activities till April 2027
• Commission OneCare and align service coverage to the three defined UP regions (North, East and Inner South).
• Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for access to OneCare.
• Strengthen intake and navigation consistency by standardising key intake, triage and eligibility screening processes across regions
• Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework.
• Continued Communities of Practice to drive shared learning and consistency across providers, with participation and learnings structured around the regional model.
• Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination.
• Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support consistent program delivery.
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the UP framework

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex, comorbid health conditions	138
Aged Care (AC)	136

Activity Demographics

Target Population Cohort

Patients over the age of eighteen with chronic and complex conditions, including CVD, respiratory disease, and frailty / high falls risk.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

The two currently commissioned service providers have been involved in planning and design workshops to understand the challenges of service implementation and delivery and opportunities for collaboration and improvement. The providers have collaborated with EMPHN in the co-design of the program logic, program objectives and model of care.

General practices and practice staff involved in delivering the program are routinely engaged by EMPHN to provide continuous improvement feedback via routine reports and surveys. Additionally, practice staff are involved in providing input into the development of capability building activities, such as topic prioritization and agenda setting for the Community of Practice meetings.

The providers and practices will be actively engaged and involved in the upcoming evaluation of the program, providing qualitative and quantitative data to the evaluation team and participating in review and feedback sessions to discuss the implications of the findings and recommendations.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: Yes
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

The RCBH program is being decommissioned, with service delivery concluding on 30 June 2026. Providers were notified in February 2026, and contract closure plans have been developed with providers to manage risk, communication, patient safety, and continuity of care. Patient intake will close by 1 April 2026, with limited case-by-case enrolment thereafter to support patients at highest risk. All patients will be transitioned back to their usual GP by 30 June 2026. Provider contracts will remain active until November 2026 to enable final reporting and acquittals. Activity funding previously directed to RCBH will be redirected to the OneCare model.

Co-design or co-commissioning comments

CF - 4 - Aged Care Health Pathways (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

4

Activity Title *

Aged Care Health Pathways (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:
• support access to the HealthPathways platform by primary care practitioners in the EMPHN region
• promote best-practice care and enhance local clinician's awareness of referral options and services in Aged Care
improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in Eastern Melbourne

Description of Activity *

Key Points:
Funding for this activity will be used for the review, maintenance of clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:
• license a clinical referral pathway platform
• Technical writing
• Clinical editing
• Staff costs

• Engaging relevant health practitioners
• Comms and promotion activities

Suite of pathways to support aged care were reviewed and updated in collaboration with VICTAS, with some work led by Tasmania PHN and others reviewed locally. These will continue to be updated as needed through this pathway sharing arrangement, with updates coordinated across the region to maintain consistency and alignment.
• Partial updates to action feedback received from external users and quality improvement from feedback received via the program quality audit and other channels and stakeholders.
• For pathways due for a full review, subject matter experts (SMEs) other clinical working group members and GP reviewers are engaged to inform the review.
• New pathways may be developed and existing pathways discontinued to address the needs of end-users
It is best practice to consolidate infrequently used pathways where appropriate. This includes merging pathways or removing low value pathways.

• Promotion of pathways through PHN communication channels, HealthPathways newsletter, PHN GP events.

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management, and referral information on a multitude of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by Eastern Melbourne PHN and North Western Melbourne PHN.

EMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

EMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners AU Pty Ltd and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

A key priority for HealthPathways Melbourne will be the maintenance of clinical and referral pathways to support aged care. These pathways will provide GPs with evidence-based guidance on how to support their older adult patents to live safely and independently in the community e.g. Falls prevention and Chronic disease and comorbidity management. In addition, aged care pathways also assist GPs to manage their patients when entering or residing in residential aged care facilities. Aged care pathways are closely developed alongside a suite of Dementia pathways and will also complement other existing suites such as Palliative Care.

HealthPathways Melbourne will continue to work collectively with our Victorian PHN colleagues to undertake this work and will engage closely with key stakeholders, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

The HealthPathways platform offers a single channel to support many messages directed to the primary care audience, which aim to improve health outcomes in EMPHN. EMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement, and utilisation of the pathways by both the end users, but also our health sector partners.

Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140

Activity Demographics

Target Population Cohort

Older adults including people living with dementia and their carers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Monash	21205
Knox	21101
Maroondah	21103
Manningham - West	20702
Whitehorse - West	20703
Yarra Ranges	21105
Nillumbik - Kinglake	20903
Whittlesea - Wallan	20904
Manningham - East	21102
Banyule	20901
Boroondara	20701

Activity Consultation and Collaboration

Consultation

Eastern Melbourne Primary Health Network (EMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

We will continue consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector, local hospital networks and Aged Care providers.

Eastern Melbourne Primary Health Network (EMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

We will continue consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector, local hospital networks and Aged Care providers.

This activity will also include meaningful key stakeholder input in the procurement and program development process including engagement with clinical subject matter experts, service providers, health service partners and people with a lived experience and their networks.

This activity includes meaningful key stakeholder input in the development and maintenance of pathways:
- New clinical guidelines
- Verification of clinical advice on assessment, management and correct referral pathways into hospital and community services.
- Verification of referral criteria into different services
- Local resources to support general practitioners in the management of specific conditions
- Referral information including information on local services, PHN commissioned services and how to refer into these services.
- Usability of pathways

These stakeholders include:
- Local general practitioners and general practice team members
- Hospital specialists working in a variety of settings
- Allied health practitioners working in a variety of settings
- Other health professionals working in a variety of settings

We continue to consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

Consumer perspective is accessed through direct participation and/or insights gained from community engagement activities or literature. Resources from peak bodies and relevant organisations where consumer input has been embedded for increased relevance and insight, which validate and/or address person-centred care such as health literacy, language, and cultural backgrounds, are embedded in pathways.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring, and evaluation of activities:

- Community participants – consumers, patients, carers, and people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives

- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers

Activity Milestone Details/Duration

Activity Start Date

15/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

17/06/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No

Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Continuing Service Provider / Contract Extension

Streamliners New Zealand Ltd will be directly engaged as the licence owner of the HealthPathways platform.

Depending on the suite being developed, key subjective matter experts and general practitioners may be directly commissioned to support the development of the clinical pathways due to their specific skills, knowledge and expertise.

Expression Of Interest (EOI)
Yes, contracting of clinical editors will be done through an open EOI process.

HealthPathways Melbourne is jointly operated by Eastern Melbourne PHN and North Western Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.

CF - 4 - Digital Health Enablement (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

4

Activity Title *

Digital Health Enablement (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Digital Health

Other Program Key Priority Area Description

Aim of Activity *

Enhance primary care by developing digital capabilities, building capacity, and providing resources to ensure the delivery of high-quality, multidisciplinary care that leverages data and digital technology.

Description of Activity *

EMPHNs Digital Enablement program is integrated across multiple PHN programs including General Practice Development (CF6), My Medicare & GPACI initiatives, Quality Improvement (CF5) and other EMPHN programs that interface with General Practice, Residential Aged Care Homes, ACCHOs and Allied Health including Right Care=Better Health (CF1) and Clinical Insights (CF3).
Key focus areas for the program are:
o Support effective General Practice uptake and engagement with key health infrastructure requirements including NASH, PRODA, HPOS and Provider connect Australia. Expanding this use within the Residential Aged Care Homes and Allied Health sectors.
o Effective use of digital health such as telehealth, e-prescribing, e-referral, e-pathology, and My Health Record and
o Leveraging practice and population data and insights to better target populations and improve the quality of care provided to the community.

The core activities delivered within the Digital Enablement program are:
Building Digital Health capability and capacity:
• Provision of multifaceted capability and capacity strategies including but not limited to education, information and updates,

practical guides, tips and walk throughs, face to face visits and virtual team viewer sessions to General Practice and Residential Aged Care Homes.

Practice and Population Data
Support General Practice to:
• Access the POLAR system and use bespoke POLAR data reports by General Practice role to understand their practice population.
• Assists practices to meet their PIP QI requirements.
• Identify patients that are eligible for Health Assessments, Care Plans, Team Care Arrangements and Reviews and Mental Health Treatment Plans
• Provide timely immunisations, screening tests and other preventative health items.
• Identify patient cohorts that may benefit from alternate clinical management- for example deprescribing.
• Understand how to flag and track patients eligible for specific services-Eg Right Care=Better Health (CF-1)
• How to use data to undertake business planning including the use of Multidisciplinary teams.
• Increase data quality and recording to assist with achieving or maintaining accreditation.
Support the PHN to:
• Access deidentified general practice data for the catchment to inform health needs assessments and enable practices to participate in the Clinical Insights (CF3) program.
• Drive a data quality program to increase the quality of the catchment level data.

Performance last 12 months
•Practice enablement and training: Provided ongoing training and support to 374 practices to access the POLAR system and use role-based, bespoke POLAR data reports to understand their practice population.
•Routine reporting to practices: EMPHN reports are distributed quarterly via email to POLAR users (total n=388), which includes 1,552 Practice POLAR reports (388 per quarter), 476 MBS Opportunities reports (119 per quarter), and 388 Indigenous reports (one quarter for this reporting period). Additionally, reports for specific months are provided upon request on an ad-hoc basis.
•Quality improvement and PIP QI support: Supported practices to meet PIP QI requirements through data-driven quality improvement activities, including identifying patients eligible for Health Assessments, Chronic Disease Management Plans and reviews, and Mental Health Treatment Plans.
•Indigenous Health (IH) report and QI activity: Completed development/testing and launch of the IH report (Jan 2026) and commence the associated IH quality improvement activity (from early Mar 2026).
•Preventive health and targeted cohorts: Used data to help practices identify opportunities for timely immunisations, screening tests, and other preventive health items, and to identify cohorts that may benefit from alternative clinical management (e.g., deprescribing).
•Flagging and patient tracking: Supported practices to flag and track patients eligible for specific services (e.g., Right Care = Better Health (CF1). Supported 24 RCBH practices and clinicians using the flagging feature, with 31,479 patients allocated an RCBH flag status. Supported LinkMe+ practices (5 actively using flagging) and clinicians, with 92 patients allocated a LinkMe+ flag status.
•POLAR resources and self-service tools: Maintained and promoted POLAR resources, including walkthroughs from basic installation to complex Management Plan searches for urgent-risk patients (24 POLAR PDF walkthroughs on the EMPHN website and 33 walkthrough videos on the EMPHN YouTube channel). Progressed the POLAR Bookmarks project to convert walkthroughs into selectable bookmarks that automatically apply required POLAR filters.
•Business planning and accreditation: Supported practices to use data for business planning (including multidisciplinary team planning) and to increase data quality and recording to support achieving and maintaining accreditation.

Current year focus (2025/26)
•Maintain core POLAR support and reporting: Continue training and support for 374practices using POLAR; maintain quarterly distribution of EMPHN Practice POLAR reports, MBS Opportunities reports and Indigenous reports, with ad-hoc month-specific reporting on request.
•Strengthen data-driven QI support for practices: Continue to support practices to meet (e.g., identifying eligible patients for Health Assessments, Chronic Disease Management Plans/reviews, and Mental Health Treatment Plans) and support preventive health initiatives (immunisation and screening opportunities) and targeted cohort identification (e.g., deprescribing, aged care).
•Diabetes uplift: Development and integration of a one-page POLAR report for individuals at risk of or diagnosed with diabetes is underway, including both testing and building phases. Existing quality improvement (QI) resources for diagnosed diabetes will be reviewed and updated as needed, with QI activities also extended to those at risk of diabetes. The new report, updated resources, and an educational session are all planned for rollout in the first half of FY27.

including report/link into the QI102 national training program. Additionally, prepare the Diabetes Management report/activity for implementation in the latter half of 2026.
•PHN population health and Clinical Insights enablement: Support access to de-identified general practice data to inform catchment-level needs assessment and assist GPs and general practices to participate in the Clinical Insights (CF3) program.
•Digital health enablement (ADHA deed support): Provide ongoing support for Provider Connect Australia (PCA), Better Faster Access, My Health Record and the 1800Medicare app.
•Practice enablement and training: Maintained and enhanced self-service resources for POLAR, including regularly updating walkthrough guides in both PDF and video formats. Continued to offer both remote (tele) and in-person support for practices. The new Outcome Health service level agreement oversees POLAR technical aspects, including installation and troubleshooting, allowing EMPHN to concentrate on promoting effective use of POLAR for data-driven results. Continued development of new induction and refresher training modules designed to help practices fully leverage POLAR for data-driven outcomes. The updated training modules will utilise existing EMPHN resources and will be adapted to match users' technical skill levels, providing both basic and intermediate content, along with personalised support to address individual needs.

Planned activities (to April 2027)
•Jul–Dec 2026: Deliver the Diabetes Management QI report/activity and supporting practice-facing resources (including training and facilitator support as required).
•Jul 2026–Apr 2027: Continue core delivery across POLAR enablement and reporting, practice QI support (including PIP QI), and PHN catchment-level data quality uplift and de-identified data access to inform needs assessment and Clinical Insights participation.
•Jan–Apr 2027: Review outcomes and uptake from the IH and Diabetes activities and confirm the next priority report/activity for design and build (e.g., Heart Failure, Chronic Kidney Disease or Palliative Care, subject to organisational priorities). Refresh practice-facing training packages to support ongoing meaningful use of POLAR and QI workflows.

Forward plan
EMPHN is exploring a shift to a more segmented, region based practice support model to deliver a more structured, coordinated and targeted approach to evidence-based behaviour change interventions. This approach will focus on:
• Implementing regional planning to identify priority needs and tailor support to local practice contexts
• Delivering campaign based support activities aligned to identified regional priorities to drive measurable behaviour change
• Using benchmarking data from the 2025 EMPHN General Practice Engagement Survey to align support with the EMPHN Strategic Plan and provider experience metrics
• Building on existing foundation practice support models to ensure continuity and impact, by tailoring the intensity, mix and delivery of interventions to different practice segments and regional contexts
• Co designing support with general practice and other service providers to strengthen relationships and ensure support is relevant, valued and relationship based
• Strengthening monitoring, evaluation and reporting through segmentation and regional planning to enable more robust measurement against PHN key performance indicators

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care - Improve data quality and collection processes to address gaps in knowledge relating to demographic diversity, intersectional data, program effectiveness, and lead indicators.	136
MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139

Activity Demographics

Target Population Cohort

General Practitioners, Practice Owners, Managers, Nurses, and Staff, RACF Managers and Staff, Allied Health Professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

EMPHN regularly seeks feedback and opportunities for codesign improvements to the Digital Enablement Program from key stakeholders, especially General Practice.

CF - 5 - Quality Improvement (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

5

Activity Title *

Quality Improvement (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

To support General Practice, and increasingly Allied Health and Residential Aged Care, to understand and use evidence-based methodologies to improve systems, processes, and patient care to improve patient outcomes.

Description of Activity *

EMPHN QI delivery model provides a standardised approach for all QI activities, events, resources, and programs. Consistent approaches to topics throughout the year aim to build competence in the audience and embed sustainability of quality improvement within practices.
The core activities delivered within the Quality (QI) program are:
• EMPHN has developed packaged QI activities on frequently requested topics to support general practice in delivering improved

health outcomes for patients. These resources are available as a suite on our webpage for practices to access and implement. Each topic offers comprehensive packages, making it easy to utilise necessary tools for QI activities.
• In FY25 EMPHN will enhance this suite in alignment with resources developed through NINCO and the National MyMedicare project. General Practice facilitators promote the adoption of these self-paced modules during their regular contact or through POLAR report feedback.
• In FY25, EMPHN will expand the audience for the foundational QI tools into Residential Aged Care Homes and Allied Health Practices, adapting them as required.
• Support will be provided to practices participating in EMPHNS Clinical Insights (CF3) program to undertake quality improvement activities aligned with the Clinical Insights topic, enhancing overall clinical outcomes and sustainability of interventions.
• EMPHN will collaborate with General Practices to fulfil their PIP QI requirements by promoting the identification of practice needs using POLAR data reports and encouraging uptake of self-guided or supported improvement topics.
Performance Last 12 Months
• EMPHN enhanced its quality improvement (QI) suite by aligning with resources from NINCO and the National MyMedicare project. General Practice facilitators actively promoted the use of self-paced modules during their regular interactions with practices or through feedback from POLAR reports.
• EMPHN collaborated with General Practices to help fulfill PIP QI requirements, encouraging identification of practice needs through POLAR data reports and uptake of improvement topics, whether self-guided or supported.
• Quality Improvement Activity (July – December 2025): Focused on targeting patients at risk of hospitalisation for chronic disease, supporting practices to prioritize these patients for care plans and reviews.
• Hospitalisation Avoidance QI Activity (July – October 2025): Prioritized patients most at risk of hospitalisation using POLAR (Husky or Clinic Summary Report) to complete Chronic Condition Management Plans. 28 practices participated, with 23 receiving a complimentary Husky licence based on webinar attendance or high patient risk.
• Practices were supported with a webinar, a Hospitalisation Avoidance QI Toolkit, POLAR walkthrough, PDSA template example, and personalized guidance from EMPHN facilitators—including the GPIDE Team.
Current Year Focus (2025/26)
• Promotion and support of the Indigenous Health QI Activity, featuring the Indigenous Health POLAR Report, QI toolkit, and resources to enhance quality improvement for Indigenous patients. Further assistance is available to practices upon request.
• EMPHN continues to support ongoing QI activities and collaboration with General Practices, maintaining focus on high-risk patient identification and prioritisation.
• Sustained use of POLAR data and feedback to tailor improvement efforts to current practice needs.
Planned Activities (to April 2027)
• EMPHN will launch a POLAR one-page Diabetes Report in late 2026 to support chronic disease management and QI. A one-page POLAR report for people at risk or diagnosed with diabetes is being developed, alongside updates to QI resources. The new report, revised resources, and an educational session will be introduced in early FY27.
• Additional planned POLAR reports may include Heart Failure, Palliative Care, or chronic kidney disease, depending on priorities identified by EMPHN.
• Where applicable, EMPHN will continue to adapt and expand its QI tools and resources to meet the needs of a wider audience, including those in residential aged care and allied health sectors.
• Ongoing collaboration with practices to meet evolving PIP QI requirements and address emerging clinical priorities.
• Provide support to GPs participating in the EMPHNs Clinical Insights (CI) program (CF3), assisting them with continuous quality improvement (QI) activities aligned with CI topics and helping to enhance the sustainability of their interventions.

Forward plan
EMPHN is exploring a shift to a more segmented, region based practice support model to deliver a more structured, coordinated and targeted approach to evidence-based behaviour change interventions. This approach will focus on:
• Implementing regional planning to identify priority needs and tailor support to local practice contexts
• Delivering campaign based support activities aligned to identified regional priorities to drive measurable behaviour change
• Using benchmarking data from the 2025 EMPHN General Practice Engagement Survey to align support with the EMPHN Strategic Plan and provider experience metrics
• Building on existing foundation practice support models to ensure continuity and impact, by tailoring the intensity, mix and delivery of interventions to different practice segments and regional contexts
• Co designing support with general practice and other service providers to strengthen relationships and ensure support is relevant, valued and relationship based
• Strengthening monitoring, evaluation and reporting through segmentation and regional planning to enable more robust measurement against PHN key performance indicators

Innovative Design & Strategy
Between August and December 2025, EMPHN trialed an AI enabled advice tool to assess its technical, operational and social feasibility within the region. The trial confirmed feasibility across all domains, with strong engagement from 14 general practitioners and nearly 30 PHN staff.

During the trial it was identified that the technical infrastructure used for a clinical or referral advice tool could be leveraged to support other use cases including providing access to quality improvement activities and advice.

EMPHN is now considering an externally facing AI support tool that consolidates essential information, policy updates, accreditation and quality improvement guidance, digital health troubleshooting and clinical and referral support. This solution has the potential to enhance the quality, consistency and timeliness of PHN support by providing 24/7 access to Tier 1 expertise, ensuring practices can access guidance beyond standard business hours. It also reflects the evolving nature of primary care and the increasing need for flexible, responsive support models.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Build GP capability to manage complex, comorbid health conditions	138
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

General Practitioners, Practice Owners, Managers, Nurses, and Staff, RACF Managers and Staff, Allied Health Professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

QI resources material and toolkits are co-designed and tested with the target audience prior to being launched.

CF - 6 - General Practice Development (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

6

Activity Title *

General Practice Development (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

The General Practice Development Education activities aim to support and enhance the capabilities of primary healthcare staff through delivery of various initiatives and events to enhance the quality of care and improve health outcomes in primary care.

Description of Activity *

EMPHN has had a long-standing commitment to offer education and collaborative networking opportunities for primary care providers to enhance capacity and capability building. Education activities are informed by practice needs assessments, engagement insights and system priorities, and are delivered using a mix of structured and flexible formats to suit the operational realities of general practice. Education activities support general practices to meet current standards, respond to evolving system priorities and deliver high-quality, patient-centred care.

Performance last 12 months
Insights into the effectiveness of EMPHN education offerings has been established through the EMPHN General Practice Engagement Survey and Allied Health Engagement survey conducted in November 2025. These surveys provided a baseline to assess whether EMPHN is delivering on its strategic intent in primary care and to benchmark performance across engagement and education areas. Results of these surveys has provided insights into:
• Current education engagement performance
• Benchmark information for key PHN Performance Measurement and Reporting and strategic indicators including understanding

if stakeholders value what we do (Net Promoter Score)
• Segment approach for targeted education activities to meet general practice needs
Education ratings received from Practice Managers, Practice Nurses and Allied Health sit well above benchmark ratings with GP ratings improving by 13%. Provider satisfaction with EMPHN delivered events has consistently rated above 93% for the 12 month reporting period.

Current year focus (FY 26) and planned activities to April 2027
Ongoing delivery of activities will include:
• Practice Nurse Education Day offering education and training opportunities to enhance the knowledge and skills of practice nurses in various areas of healthcare, ensuring they are well-equipped to deliver to their scope and high-quality care to patients.
• Practice Manager Day to enhance the knowledge and skills of practice managers in various aspects of medical practice management, ensuring they are well-equipped to handle the complexities of their roles.
• Online webinar training for targeted general practice segments to increase skills, knowledge, and confidence leading to improved primary care
• Expansion of education offerings to support Multidisciplinary team approach and include Allied Health collaboration opportunities with general practice

EMPHN will have a key focus on supporting general practitioners (GPs) in maintaining and enhancing their professional knowledge, expertise, and competence through a series of RACGP CPD offerings. This will be achieved through:

• Maintaining RACGP CPD Provider registration status
• Completing CPD representative training for new staff and ongoing training for CPD representatives
• Design and delivery of campaign approach offerings in identified priority areas for General Practitioner continual professional development (RACGP CPD)
• CPD opportunities through consultation with the Eastern Melbourne GP Engagement Alliance members
• Statewide education opportunities delivered through a collaborative approach across the VTPHNA working groups

Forward plan
Feedback from the general practice and allied health surveys and event evaluations will be instrumental in shaping initiatives to strengthen connection and support for general practice, and identify new, meaningful ways to tailor education offerings. Delivery of targeted campaign educational approaches will be aligned to key initiatives and activities through the Strengthening Medicare reform and other priority areas to meet regional needs across the catchment.
To support effective and efficient education offerings, EMPHN has initiated enhancements to the Customer Relationship Management (CRM) system to capture consistent education processes and procedures across this organisation. Further planned enhancements will accurately record provider satisfaction through net promoter score ratings and enable ongoing continuous improvement to ensure engagement activities are meeting provider needs.

Innovative Design & Strategy Additions:
Between August and December 2025, EMPHN trialled an AI enabled advice tool to assess its technical, operational and social feasibility within the region. The trial confirmed feasibility across all domains, with strong engagement from 14 general practitioners and nearly 30 PHN staff.

During the trial it was identified that the technical infrastructure used for a clinical or referral advice tool could be leveraged to support other use cases including providing access to quality improvement activities and advice.

EMPHN is now considering an externally facing AI support tool that consolidates essential information, policy updates, accreditation and quality improvement guidance, digital health troubleshooting and clinical and referral support. This solution has the potential to enhance the quality, consistency and timeliness of PHN support by providing 24/7 access to Tier 1 expertise, ensuring practices can access guidance beyond standard business hours. It also reflects the evolving nature of primary care and the increasing need for flexible, responsive support models.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Incentivise primary care for GPs, nursing, and allied health providers as a career, thereby increasing availability of the primary care workforce.	140
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140

Activity Demographics

Target Population Cohort

Primary Health Care Providers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

EMPHN undertakes consultation with providers through General Practice and Allied Health Engagement Surveys, GP education needs survey and end of activity evaluation surveys to assess the education needs of providers for capacity and capability building. GP leads are consulted through the RACGP CPD process to ensure activities meet providers needs and deliver on relevance to general practice.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN collaborates with other PHNs from Victoria and Tasmania through the VTPHNA workforce development working group. A bi- monthly working group meeting provides an opportunity to discuss shared CPD education opportunities across shared priority areas. EMPHN also leads the Eastern Melbourne General Practice Engagement Alliance with Hospital General Practitioner Liaison Officer representation from across seven hospitals. EMPHN works with these representatives on joint educational CPD activities.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Contractual Milestones
Jul – Oct 2025 4-part webinar series - Your journey to become a high performing Practice Manager
Aug 2025 - GP training on MDT and CCM
Nov 2025 - The nurse's contribution to GPCCMP development and patient engagement
Nov 2025 - Measles Update
Dec 2025 - Understanding the New GP Chronic Condition Management Plan Framework for Allied Health Providers
Feb 2025 - GP engagement alliance collaborative GP event
Apr 2026 - Primary Care CVD Virtual Roadshow
May 2026 - Practice Manager Day
May 2026 - Practice Nurse Day

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

CF - 7 - Care Synergy (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

7

Activity Title *

Care Synergy (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Hospital and primary care integration

Description of Activity *

EMPHN has led multiple initiatives to strengthen primary care-hospital integration, including hospital avoidance programs and GP education, as required by the Core Deed. However, these efforts have often lacked strategic coordination, end-user input (GPs, consumers), and cross-hospital learning. Despite this, strong relationships have been built with hospitals across the region.
Care Synergy is EMPHN's co-commissioning initiative designed to strengthen integration between hospitals and primary care. It was developed in response to longstanding system fragmentation and feedback from general practice highlighting gaps in coordination, communication, and partnership with hospitals.
The initiative brings together hospital executives, general practitioners (GPs), GP liaison officers and system partners to jointly identify shared priorities and time-limited projects that drive system improvements, care coordination and cross-setting integration, with successful outcomes scaled across the catchment. Care Synergy is now an established and structured mechanism for cross-sector collaboration, supported by agreed governance, investment principles and priority focus areas.
By anchoring investment decisions in GP perspectives and system-wide priorities, Care Synergy shifts away from isolated hospital-driven initiatives toward a more integrated, collaborative, and sustainable approach to health system improvement
Progress to Date
Through two rounds of investment, Care Synergy has transitioned from a pilot collaboration to a repeatable model for system improvement. The forum is functioning as intended, with strong engagement from hospital and general practice stakeholders and high levels of satisfaction reported by members.
The initiative is demonstrating value beyond individual projects by:
• Strengthening relationships and trust between hospitals and general practice
• Increasing GP involvement in service design and decision-making
• Cross-hospital learning and adoption for improved value for money and shared insights
• Supporting more coordinated and strategic use of funding
• GP confidence that EMPHN is actively driving better integration between hospitals and primary care.
In order to direct the focus of the forum, four initial 'areas of interest' were provided, as identified from the EMPHN general practice engagement survey. The areas of interest will continue to provide direction for subsequent activity and include:
• GP liaison support for clinical pathways and education
• Enhancing clinical handover (e.g. hospital discharge summaries)
• Hospital avoidance or diversion (i.e. keeping people well in the community)
• Care in partnership (i.e. effective use of specialist outpatients
Proposals for funding and development to the CareSynergy forum must align with the following criteria co-designed by the forum:
Sustainability and scalability – projects must outline long-term impact and expansion potential.
• Evaluation – measurable patient outcomes must be demonstrated
• GP involvement – GPs should be engaged throughout the project lifecycle.

• Partnerships – emphasis on collaborations, especially between hospitals and GPs.
• Value for money – leveraging existing funding and improving cost-effectiveness.
• Value for general practice – clear benefits for GPs, such as time savings or financial sustainability.
• Alignment – projects must complement existing health system priorities.
Projects funded from the previous financial years will continue to be evaluated and scaled where appropriate.
Round 1 Projects
Round 1 projects focused on improving information flow, communication, and care coordination between hospitals and general practice—areas consistently identified by GPs as key system gaps.
The portfolio included initiatives such as:
• Improved clinical handover and event summaries to ensure GPs receive timely, relevant information following hospital interactions
• Two-way communication and referral visibility tools to provide GPs with greater transparency on referral status, wait times, and access to specialist advice
• Digital solutions to enhance shared care, including early-stage GP portal and data-sharing concepts
• Supported discharge models to enable more appropriate care in the community and reduce unnecessary hospital utilisation
Round 2 projects
FY26 funding was focused on scaling the initial projects, in addition to designing a hospital diversion project. Despite delays in receiving carry forward funding, contracts for all projects are fully executed and on track to expend funds in FY26.
Hospital Outpatient Diversion Partnership (GP-led – Eastern Health)
A GP-led model to divert clinically appropriate patients (e.g. skin biopsies, Mirena procedures) from hospital outpatient clinics into general practice, supported by business case development and financial modelling to enable scalable GP-led service delivery. Design underway, including consultation with EMPHNs Consumer and Community Council. Delays in contract signing due to complex partnership arrangements between EMPHN, Eastern Health and GP.
Supported Discharge Platform (St Vincent's Hospital Melbourne)
A structured clinical handover model that transitions suitable patients from specialist outpatient care back to general practice with clear management plans, resources, and pathways for re-escalation, supporting continuity of care in the community. Scale up of Round 1 project.
Event Summaries and Referral Status Messaging Extension (Eastern Health)
An expansion of digital referral and communication systems to provide GPs with real-time referral status updates and a broader suite of clinical summaries, reducing administrative burden and improving care coordination. The project also includes adoption of the Waitlist algorithm developed by NEMHSP/Austin Health in Round 1.
GP Portal (Austin Health)
A co-designed digital portal integrated with statewide CRM to enable secure, multi-directional communication and shared visibility of patient information, supporting coordinated care and scalable adoption across health services.
Future plans
The next phase of Care Synergy will focus on:
• Scaling successful initiatives across the catchment
• Strengthening evaluation and evidence generation
• Enhancing dissemination of outcomes and learnings to stakeholders
• Continuing to refine the co-commissioning model to maximise system impact and value for money

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140

Activity Demographics

Target Population Cohort

Consumers and general practitioners

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

A requirement of each project funded through Care Synergy is consumer and GP consultation. This will be led by each project.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

As mentioned above, collaboration underpins this activity. Key collaborators include executives from multiple hospitals, GP Liaison Officers, GPs, and the North East Melbourne Health Service Partnership.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

- May 2026 Forum 1
- August 2026 Evaluation
- August 2026 Forum 2

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Co-commissioning between EMPHN, local hospitals, GPs, GP Liaison Officers. Plans for incorporating consumers is underway

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CF - 8 - Clinical Insights (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

8

Activity Title *

Clinical Insights (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Our goal is to build a scalable quality measurement and feedback platform. Through this we aim to improve clinical care in general practice by providing clinicians with personalised feedback on their clinical practice, enabling them to identify evidence–practice gaps and take action

Description of Activity *

PHN support of general practice tends to focus on business and process related activity (e.g. registers, data quality, billing, Standards, etc). GPs have highlighted in the recent EMPHN GP engagement survey they expect support that better meets their needs and provides better clinical support to drive quality care.
EMPHN has access to clinical data from 369 of 437 practices (84%) in our catchment. However for the most part, the use of these data is currently limited to PIPQI reporting.
The Clinical Insights program aims to leverage existing clinical data to create a new quality measurement and feedback system with integrated CPD offering. This will enable GPs to fulfill their CPD requirements and support quality improvement, while driving demonstrable change in clinical care.
This program involves measuring and feeding back clinical performance data to clinicians. It relates their performance to a comparator, (such as professional standards, evidence-based targets, peer groups) with the aim of improving patient care.
It is based on the principle that clinicians may be unaware of discrepancies between their current practice and evidence-based guidelines, and that visualizing this information can stimulate behaviour change and improve patient outcomes.
The objectives of this project are:
• Enhanced engagement with GPs
• Expand the utility of EMPHN's clinical data for different audiences.
• Improve quality of care through measurable clinical outcomes (e.g. change in use of medicines, tests or referrals).
• Promote learning culture and continuous improvement.
• Advance the evidence base with respect to audit and feedback in general practice.
A pilot of the Clinical Insights program was conducted in FY26. The pilot was designed and implemented in partnership with leading experts in audit and feedback, an expert working group of local GPs, and a data and technology partner. The two topics selected for the Clinical Insights pilot were secondary follow-up after a stroke and screening for chronic kidney disease.
A formal evaluation by Monash University focused on the feasibility, acceptability, and user experience of the pilot. The evaluation concluded that a PHN-led clinical quality measurement and feedback system is technically feasible, highly acceptable, and valued by both GPs and non-GP practice staff as a mechanism to support clinical reflection and quality improvement in general practice. Every respondent indicated an interest in receiving future Clinical Insights reports, while four out of five GPs believe the report can contribute to improved patient care and are likely to use the reports in the future.
Following the success of the pilot, EMPHN is currently planning and scoping requirements to transition from pilot to scale-up of Clinical Insights. Over the next 12 months, this will include detailed planning, development, and implementation of Clinical Insights across the catchment. Planning will establish the governance, operational, financial, and evaluation foundations required for responsible expansion. EMPHN will continue to work in partnership with an expert working group of local GPs to ensure clinical relevance and credibility, a technology and data delivery partner, and a research partner to implement an embedded evaluation element. The two topics used in the pilot will be retained as the initial topics for program expansion. A process for prioritisation and alignment of future topic selection with EMPHN's other quality improvement-related activities will be developed to enable the continued delivery of Clinical Insights.
Several manuscripts are in development with a view to share lessons with other PHNs and stakeholders.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex,	138

comorbid health conditions	

Activity Demographics

Target Population Cohort

General Practitioners

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Given this is a GP focused activity, we continue broad consultation with GPs and the Clinical Council to seek input into topics of interest, key messaging, and delivery mechanisms. We will also consult with relevant peak bodies to leverage publicly available materials and co-brand where possible.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions.

Given the strategic nature of this activity, we formed an Expert Working Group consisting of GPs and behavioural scientists for co-design. Kidney Health Australia and the Stroke Foundation were also involved during the pilot design and will remain engaged through the scale up phase. Planning is underway for a joint NHMRC partnership grant to continue to evolve this program

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
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- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

This activity is co-designed with local GPs who form our Expert Working Group. This group helps shape the design and implementation and direction of the activity.

CF - 10 - Dementia Health Pathways (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

10

Activity Title *

Dementia Health Pathways (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:
• support access to the HealthPathways platform by primary care practitioners in the EMPHN region
• promote best-practice care and enhance local clinician's awareness of referral options and services in aged care
• improve collaboration and integration across the health care and other systems

to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in eastern Melbourne.

Description of Activity *

Key Points:
Funding for this activity will be used for the review, maintenance of Dementia clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:
• license a clinical referral pathway platform.
• Technical writing
• Clinical editing
• Staff costs
• Engaging relevant health practitioners
• Maintenance of Dementia consumer resources including the Dementia Directory

• Comms and promotion activities to promote dementia clinical and referral pathways, dementia consumer resource including the Dementia Directory

A suite of dementia support pathways was reviewed and updated in collaboration with VICTAS. The review was led by Gippsland PHN and informed by local consultation with specialists, local GPs and Carers Victoria.

HealthPathways Melbourne (a partnership between EMPHN and NWMPHN) is the lead region for pathway maintenance. Pathways will continue to be updated through this shared arrangement, with updates coordinated to ensure consistency and alignment. A further review will occur following the release of the updated Dementia Guidelines (expected November–December 2026). In addition, partial updates may be undertaken to address feedback received from external users and quality improvement from feedback received via the program quality audit.

• Attendance at Dementia Australia sessions where these are available, to inform any improvements.

• Attendance at National Dementia Conference to gain insights to improve pathways
• For pathways due for review in the relevant period (as pathways come up for review as part of the review cycle), subject matter experts (SMEs) and other clinical working group members and GP reviewers are engaged to inform the review. Partial updates are also done where necessary to action feedback/updates outside the review cycle.

• Active promotion of pathways through PHN communication channels, HealthPathways newsletter, PHN GP events, external events.

• Dementia Consumer Resources including a Dementia Directory will be maintained and promoted to clinicians and consumers.

• Seek clarification and advice as needed. No barriers from previous period reporting.

• Monthly meetings with VICTAS teams to discuss further collaboration opportunities, including sharing of resources developed by other regions.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140

Activity Demographics

Target Population Cohort

People living with Dementia and their carers.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Monash	21205
Knox	21101
Maroondah	21103
Manningham - West	20702
Whitehorse - West	20703
Yarra Ranges	21105
Nillumbik - Kinglake	20903
Whittlesea - Wallan	20904
Manningham - East	21102
Banyule	20901

Boroondara	20701

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

This activity includes meaningful key stakeholder input in the development and maintenance of pathways:
- New clinical guidelines
- Verification of clinical advice on assessment, management and correct referral pathways into hospital and community services.
- Verification of referral criteria into different services
- Local resources to support general practitioners in the management of specific conditions.
- Referral information including information on local services, PHN commissioned services and how to refer into these services.
- Usability of pathways

These stakeholders include:
- Local general practitioners and general practice team members
- Hospital specialists working in a variety of settings.
- Allied health practitioners working in a variety of settings.
- Other health professionals working in a variety of settings.

EMPHN consults with dementia peak bodies as appropriate such as Dementia Australia, Carers Australia, Dementia Support Australia, Dementia Training Australia, and the Australian Dementia Network (ADNeT).

We continue to consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

Consumer perspective is accessed through direct participation and/or insights gained from community engagement activities or literature. Resources from peak bodies and relevant organisations where consumer input has been embedded for increased

relevance and insight, which validate and/or address person-centred care such as health literacy, language, and cultural backgrounds, are embedded in pathways.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring, and evaluation of activities:

• Community participants – consumers, patients, carers, and people with lived experience, priority populations, community leaders
• Health care professionals
• NWMPHN regional and strategic partnerships and collaboratives
• Local health services and hospital networks
• Community health services
• General practice
• Residential aged care facilities
• Pharmacy
• Allied health
• Community-based organisations
• Research institutes
• Academic and training institutions
• Peak and professional bodies
• Victorian Department of Health
• Local government
• Other PHNs
• Media
• Other identified providers

Activity Milestone Details/Duration

Activity Start Date

15/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

17/06/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan

- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 1 - Population Health Planning (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

Population Health Planning (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support population health planning & revising health needs assessments.

Description of Activity *

This activity seeks to support the PHN in its core functions related to health planning and needs assessments. HSI funding is primarily used for PHN staffing costs associated with the delivery of HSI activities. It supports outputs such as:

- Health planning and health needs assessments (including dissemination of findings from the recent catchment wide HNA)
-Market analysis of the factors and drivers of access to care
- Program evaluations
- Stakeholder engagement and communication
- Strategy and service design
- Program delivery and service enhancement
- Integrating performance reporting and business insights into health planning
- Governance, risk, and compliance

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

Population health planning

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Specific stakeholders consulted as part of population health planning activities are detailed in the relevant AWP. In 2024 EMPHN updated the catchment wide HNA and consulted with community health providers, Clinical Council, Community Council, local clinicians, service providers, ACCHOs, LHNs, consumer and community members, and peak bodies. Consultation with these groups continues as part of the on-going work plan.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Specific collaborators include community health providers, Clinical Council, Community Council, local clinicians, service providers, ACCHOs, LHNs, consumer and community members, and peak bodies. Collaboration with these groups continues as part of the on-going work plan.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 2 - System Integration and Stakeholder Engagement (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

System Integration and Stakeholder Engagement (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support system integration and stakeholder engagement

Description of Activity *

This activity seeks to support the PHN in its core functions related to system integration and stakeholder engagement. Funding is primarily be used for staffing costs associated with the delivery of HSI activities. It supports outputs such as:
- Engaging with local GPs, allied and community health professionals, nurses, community pharmacy and pharmacists, specialists, Aboriginal Community Controlled Health Organisations, peak bodies, service providers and consumer groups
- Administration of WiseCrowd, a consumer and community panel made up of people with a personal or professional interest in improving healthcare in our region
.
- Engagement with LHNs to design systems level solutions informed by those delivering care, and focused on meaningful, scalable improvements.

As EMPHN implements the OneCare commissioning model, integration will be a key priority. The goal is to drive better integration between general practice and hospitals by building collaborative structures where decisions are jointly shaped by GPs, hospitals, and the PHN. Key integration activities will include:
• Catchment-based annual planning forum with LHNs and regional partners to establish shared priorities, align initiatives, and reduce duplication across the system
• Care Synergy collaboration, enabling joint identification, prioritisation, and co-investment in cross-sector projects that strengthen care pathways and integration
• Facilitated quality improvement across the three OneCare regions, focused on sharing insights between providers to improving coordination, continuity of care, and system efficiency

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

Population health

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current

- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 3 - PHN Practice Support (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

PHN Practice Support (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

PHN commissioning and organisational operations

Aim of Activity *

EMPHN's practice support delivers initiatives designed to help general practice and primary healthcare businesses meet current standards, adapt to evolving priorities, and stay informed about best practice principles. These efforts aim for general practice and primary care settings to demonstrate measurable and sustained improvements in key clinical and system performance indicators leading to enhanced quality of care and improved patient outcomes.

Description of Activity *

EMPHN provides foundational primary care support to help general practices operate effectively, meet required standards and adapt to priority health system changes through various initiatives and resources. Delivered by General Practice Development Facilitators, this support focuses on strengthening practice operations, supporting adaption to evolving priorities and promoting awareness of best practice principles.

Performance last 12 months
Results of the 2025 EMPHN General Practice Engagement Survey highlighted that EMPHN practice support performance ratings have improved since 2023, exceeding PHN benchmarks, with practice support consistently identified as the highest valued function. Enhancements to Customer Relationship Management (CRM) were completed in 2025 to allow additional practice and practitioner data fields to be captured and used alongside segmentation. EMPHN introduced the use of a segmentation model replacing practice tiering to enable a targeted approach helping teams match support and program opportunities to the right

providers and practices.

Current year focus (FY26) and planned activities to April 2027
EMPHN practice support covers, but not limited to:
- Tailored support through completion of practice needs assessments with each general practice every 2 years to identify the specific needs and gaps in services and challenges faced by practices in delivering high-quality care
- Guidance for practice opening and closing.
- Practical support to help general practices achieve and maintain accreditation including encouraging new practices to register for accreditation under the National General Practice Accreditation Scheme.
- Registration for programs led by the Department of Health and Aged Care, such as MyMedicare, Workforce Incentive Program (WIP) and Practice Incentive Payment (PIP)
- General Practice workforce capability and capacity building for practice nurses and practice managers
- Quality Improvement activities to meet PIP QI
- General practice training and guidance on Infection prevention control, cold chain management, immunisation, and chronic disease management
- Ongoing updates and communication through fortnightly primary care bulletin and facilitation of basecamp for practice nurses and practice managers
- Utilisation of POLAR data and EMPHN practice report to identify areas for improvement
- support general practice awareness of and integration with local health services including PHN commissioned programs and community and acute services to support integrated person-centred care, including a greater focus on multidisciplinary care approach through integration of general practice, allied health and aged care.

Forward plan
EMPHN is exploring a shift to a more segmented, region-based practice support model to deliver a more structured, coordinated and targeted approach to evidence-based behaviour change interventions. This approach will focus on:
• Implementing regional planning to identify priority needs and tailor support to local practice contexts
• Delivering campaign-based support activities aligned to identified regional priorities to drive measurable behaviour change
• Using benchmarking data from the 2025 EMPHN General Practice Engagement Survey to align support with the EMPHN Strategic Plan and provider experience metrics
• Building on existing foundation practice support models to ensure continuity and impact, by tailoring the intensity, mix and delivery of interventions to different practice segments and regional contexts
• Co-designing support with general practice and other service providers to strengthen relationships and ensure support is relevant, valued and relationship-based
• Strengthening monitoring, evaluation and reporting through segmentation and regional planning to enable more robust measurement against PHN key performance indicators

Innovative Design & Strategy Additions
Between August and December 2025, EMPHN trialled an AI enabled advice tool to assess its technical, operational and social feasibility within the region. The trial confirmed feasibility across all domains, with strong engagement from 14 general practitioners and nearly 30 PHN staff.

During the trial it was identified that the technical infrastructure used for a clinical or referral advice tool could be leveraged to support other use cases including providing access to quality improvement activities and advice.

EMPHN is now considering an externally facing AI support tool that consolidates essential information, policy updates, accreditation and quality improvement guidance, digital health troubleshooting and clinical and referral support. This solution has the potential to enhance the quality, consistency and timeliness of PHN support by providing 24/7 access to Tier 1 expertise, ensuring practices can access guidance beyond standard business hours. It also reflects the evolving nature of primary care and the increasing need for flexible, responsive support models.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

General Practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN undertakes a general practice survey that is a crucial tool for EMPHN to engage with general practices, gather valuable insights, and continuously improve the support and services provided to enhance the quality of care in the region. The survey provides opportunity to enhance practice support engagement by:

• Collating feedback from general practices to evaluate how well various programs and initiatives are being delivered. This includes understanding the success of these programs and identifying areas for improvement
• understanding the challenges faced by general practices,
• gain insights on specific programs and activities such as PIP, WIP and practice accreditation
• Identify areas for support, education, and collaboration

EMPHN provides opportunities for practice staff to collaborate and share learnings through providing Basecamp forums for practice nurses and practice managers, networking events and opportunity for feedback to PHN through practice support appointments, practice needs assessments, event evaluations and CEO practice visits.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 4 - PHN Data Governance (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

4

Activity Title *

PHN Data Governance (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

PHN data governance and operations

Aim of Activity *

To support EMPHN in commissioning and organisational operations.

Description of Activity *

This activity details EMPHN's approach to improve:

1. Data Skills
• Access and use of Primary Health Insights. All of EMPHN's program and clinical data assets were transitioned to PHI by end of June 2025. Parallel reporting took place until end of 2025 to ensure fidelity. Upon successful transition, Brennan IT data warehouse has been decommissioned at the end of 2025.
• EMPHN has recruited a data integration specialist, as a result BIA now has three data scientists and two data engineers. Data integration specialist brings in specific skills concerning the operationalization of developed insights as digital clinical support tools.
• Data Governance Framework is being revised and updated with implementation of the framework beginning in Q1 of FY26.
• Provide support and ongoing reporting analytics and dashboards for monitoring, evaluation and planning of business, project, and commissioning activities; including the provision and sourcing of appropriate data to support Commissioning requests and decisions; and administrative support to PHN Program managers and providers regarding the PMHC MDS, and external data collection systems.
• EMPHN has evaluated, Diabetes Data, GP Data, Chronic Kidney Disease. In relation to Diabetes, preliminary performance dashboards have been designed to support GP Practice Engagement to improve high AUSDRISK cohort testing to meet clinical guidelines, and address health equity concerns.

2. Infrastructure
• EMPHN is creating a data asset for business optimisation. This includes infrastructure to link data sets between GP and Hospitals to create a complete view of patients. This data set will help demonstrate the wider needs of EMPHN's catchment and bring quantitative analytics to program evaluation, needs assessment and coordinated care.
• EMPHN is establishing a data sharing agreement with Southeast Melbourne PHN. This has been taken to the RED Executive for other interested PHNs. These agreements will reduce gaps in data of EMPHN's population and provide accurate insights relating to patient's behaviour and needs.
• EMPHN also provides research institutions and consultants de-identified data as part of health needs assessment and analysis where appropriate and adequately controlled.
• EMPHN is constructing a whole new data collection associated with OneCare, as an expanded and enriched version of PMHC dataset collected by DOHAC. This data collection is being created in such a way that it can be incorporated into EMPHN's linked dataset curated and housed by CVDL.
• As part of the OneCare Dataset, EMPHN is incorporating advanced and close-to-source data validation which will examine not only syntactic fidelity but also content accuracy, in light of EMPHN's PMHC experience and learnings.

3. Security Controls and Management capabilities
• Cybersecurity measures from PHI are being leveraged.
• Data governance access controls, release policies and procedures are applied to EMPHN data resources. These controls reduce the exposure to disclosure risks and appropriately safeguard confidential data.
• EMPHN has had an audit of its data governance and security processes and is in the process of addressing the findings via IMDG

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

EMPHN Staff

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN primarily consults and collaborates with Nexon to implement best practices within the Data Governance sphere.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN primarily consults and collaborates with Nexon to implement best practices within the Data Governance sphere.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 5 - Emergency Preparedness Protocols (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

5

Activity Title *

Emergency Preparedness Protocols (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Emergency Preparedness for Primary Care Services

Aim of Activity *

The aim of this activity is to maximise the capacity of localised primary care services to manage emergency preparedness, response and recovery ensuring a coordinated and effective primary care health response in the event of an emergency or disaster.

Description of Activity *

a. Prepare and maintain emergency preparedness protocols that support the localised context of Eastern Melbourne PHN's region. EMPHN will:

 Develop localised EMPHN Emergency Management Framework in collaboration with the local/ regional committee members and primary care stakeholders.
 Distribute emergency preparedness materials to primary care providers via various communication channels to enhance readiness and response capability.
b. Update protocols annually in line with Emergency Preparedness Policy Guidelines provided by the Department of Health and Aged Care

c. Engage regularly with local and district stakeholders relating to emergency preparedness, planning, response, and recovery.
 Participate and contribute to planning at quarterly Eastern Metropolitan Relief and recovery sub-committee meetings hosted by Emergency Recovery Victoria and the Victorian Health Sector resilience network.
 Attend quarterly East and North Department of Health Emergency Management Team meetings to contribute to local knowledge and support planning efforts.
 Leverage off existing partnerships with Aboriginal and Torres Strait Islander health and community organisations to incorporate First nations knowledge and experience in emergency preparedness, response and recovery.
d. Integrate and coordinate health services in your local region to prepare for the event of a natural and/or health emergency situation. EMPHN will:
 Develop and maintain a comprehensive registry of:
o primary care providers who can be mobilized during emergencies and disasters
o Residential Aged care Homes, Medicare Urgent Care Clinics and other community organizations to support their preparedness and recovery in the event of an emergency or disaster
 Participate in emergency/disaster scenario planning in collaboration with local/regional emergency management committee, LHN's incorporating infectious disease and climate related disaster scenarios relative to the risk profile within the EMPHN catchment as required
 Collaboration on emergency/disaster planning and preparedness with Local Hospital networks (LHN)to identify critical stakeholders, role and responsibilities, clear procedures, and establish robust communication pathways as part of preparation.
 Participate in post emergency/disaster event review to support continuous improvement

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Aged Care (AC)	136
Mental Health (MH) and Suicide Prevention (SP)	139
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

Primary Care Providers including General Practices, Pharmacy and Residential Aged Care Homes Providers.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN regularly attends the Eastern Metro Relief & Recovery Sub-Committee Meeting hosted by Emergency Recovery Victoria and the Victorian Health Sector Resilience Network

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed. EMPHN works with General Practices registered in the catchment to provide support and services to the community.

EMPHN is part of the VTPHNA Emergency and Disaster Management Working Group which was established in 2023 with the VTPHNA CEOs endorsing the collaborative approach to emergency response and recovery planning. This working group was initially established as the VTPHNA Covid Response Working Group and has now adapted to support broader emergency response planning, management and recovery.

Activity Milestone Details/Duration

Activity Start Date

30/06/2025

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 6 - Business Intelligence and Analytics (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

6

Activity Title *

Business Intelligence and Analytics (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The Business Intelligence and Analytics until will provide data and data systems to ensure
1. Collaborative health planning for core commissioning activities.
2. Supporting EMPHNs monitoring & evaluation framework via secure data collection and reporting.
3. Supporting DOH performance framework by collecting data as per defined KPIs.
4. Supporting EMPHs operational reporting with key insights on EMPHNs 5 year strategic plan.

Description of Activity *

The Business Intelligence and Analytics team
1. Creates data collections and linkages and applies advanced statistical learning methods to extract insights that support EMPHN to achieve its strategic objectives, meet or exceed relevant Federal and State government funding objectives, commissioning objectives and help create an outcome-optimised Primary Care setting within EMPHN's catchment. CVDL has already constructed

a linked data asset which is currently undergoing its periodic data refresh. Business Intelligence and Analytics (BIA) team has acquired ethics approval to use the dataset for mental health evaluation and suicide risk prediction for improved preventative intervention.
2. Builds operational pipelines in partnership with stakeholders to bring analytic insights into the clinical setting to realise the patient outcome / system efficiency improvement potential these insights embody. BIA team is currently working with clinical engagement teams to support real-time alerts in the GP setting for patients at high risk of diabetes without a recent HbA1c test as per clinical guidelines.
3. Brings a patient-level, empirical, data-driven approach to health needs assessment – one which captures passive needs (in other health tiers than Primary), as well as active needs in terms of primary care activities that influence/reduce health needs in later tiers of healthcare. This function informs program and commissioning, covers service access trends, service mapping and forecasting. BIA is undertaking a joint pilot project with AIHW to better understand health needs of patient cohorts.
4. Secures and maintains EMPHNs data assets, undertakes deeper scientific explorations on issues to inform EMPHN, its stakeholders and collaboration partners in order to optimize the efficacy of the organization as a whole. BIA has produced Diabetes and CKD testing predictors for patients in the high risk category and has created GP performance reporting dashboards to be utilized to inform GPs, drive up testing rates including among the vulnerable populations, and evaluate the impact of this initiative in hospitalization patterns.
5. Conducts statistical analyses to evaluate the efficacy of programs initiated by EMPHN spanning immediate to long term outcomes including in other tiers of health, understanding what benefit is generated for which patient type, and creating an empirical and interpretable basis for ongoing improvement. An evaluation plan has been put together for OneCare to be supported by linked data analytics which will reach into any gains in hospital avoidance, lead to improved patient selection and provide reliable feedback on shorter term clinical improvements.
8. Supports digital health functions with GP and PIPQI data management.
9. Supports 12 monthly reporting functions with data evidence.
10. Supports data privacy assessments and secure data collection.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

Whole of EMPHN catchment

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

Collaboration with other Victorian PHNs to collect state wide data for Head to Help and Head to Health Programs. We continually seek ways to add value to our trusted relationship with practices and to support them to improve patient care and outcomes. GP data is a high value investment supported by our use of POLAR and associated data collection, storage and reporting infrastructure. We will join Primary Health Insights (PHI) to utilise this national data storage and analytics solution for primary health care data allowing greater collaboration for insights, research, and commissioning to inform patient health needs, experience, and outcomes.

Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DHDA Needs Assessment is current

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 7 - PHN Care Navigators - Endometriosis and Pelvic Pain (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

7

Activity Title *

PHN Care Navigators - Endometriosis and Pelvic Pain (May 2026)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the provision of care coordination, system navigation and referral support for eligible patients with endometriosis and pelvic pain, enabling timely access to appropriate services and supporting integration across the primary care system, delivered in a person centred and trauma informed manner.

Description of Activity *

As Lead PHN for the Endometriosis and Pelvic Pain (EPP) Care Navigator program, EMPHN will:
· Facilitate cross-PHN governance and coordination, including ongoing engagement with participating PHNs and the Department to foster alignment, shared learning, and continuous improvement throughout the establishment and implementation of the program.
· Coordinate the development of statewide bidirectional referral pathways with referral pathways with tertiary services, allied health, primary care and community services
· Develop and distribute statewide communication as necessary.
· Maintain consistency in both service delivery and reporting procedures.

Care Navigation program
· EMPHN will commission an Endometriosis and Pelvic Pain Clinic (Each) to deliver the Care Navigation program
· This activity will be co-commissioned with SEMPHN and NWMPHN to deliver a coordinated response across metropolitan

Melbourne, with EMPHN serving as the lead organisation for this activity.
· The Care Navigation service will be delivered by an AHPRA registered Division 1 Registered Nurse Care Coordinator with experience across primary care/community health (preferably with sexual and reproductive health, women's health, endometriosis and pelvic pain)
· Provide trauma informed, person centred navigation as a single point of contact, primarily via telehealth with in person as clinically indicated and undertake an initial assessment, education and support, and coordinating/referring across primary, specialist and hospital services
· Patients can access the service through several referral options (including self referral, internal referrals and health professionals), following a "no wrong door" approach. A Registered Nurse triages referrals, then the Care Navigator contacts patients and provides support through a mix of booked appointments and check ins, with follow up tailored to clinical and psychosocial needs.
· Triage will identify urgent/high risk clinical, psychosocial and mental health needs, enabling immediate support and rapid linkage to appropriate specialist or emergency pathways as required
· Bi-directional pathways will be established with the Women's Health Victoria hotline, tertiary hospital specialist clinics, pain clinics, General Practice, Allied Health, Community Health, mental health services and other supports as identified to support the ongoing case management for these women
· Patients will transition out of the EPP Care Navigator service through a planned step down process, including a documented handover to the patient's regular GP (or ongoing lead clinician), confirmation of onward referrals and follow up arrangements, and provision of a patient summary and service contacts, with clear re-entry pathways if further navigation support is needed.
· EMPHN will contract manage Each through scheduled performance check ins and review meetings, monitoring delivery against KPIs and service standards, overseeing data collection and reporting to the Department/partner PHNs, providing implementation support, and proactively managing issues, risks and quality matters, including escalation where required.

Needs Assessment Priorities *

Needs Assessment

EMPHN Needs Assessment 2025/26 - 2027/28

Priorities

Priority	Page reference
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed. EMPHN works with General Practices registered in the catchment to provide support and services to the community.

Activity Milestone Details/Duration

Activity Start Date

30/04/2015

Activity End Date

29/06/2027

Service Delivery Start Date

2026

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report - HNA is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report - HNA is current

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CF-COVID-PCS - 1 - COVID-19 Primary Care Support (May 2026)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

1

Activity Title *

COVID-19 Primary Care Support (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the Covid-19 vaccine and treatment strategy in primary care and aged care sectors.

Description of Activity *

Performance
EMPHN has completed activities in accordance with actions for this focus area including:
• guidance and expert advice to GPRCs, General Practices, Aboriginal Community Controlled Health Services (ACCHs), residential aged care facilities (RACF), and governments on local needs and covid – 19 issues;
• coordinate the vaccine rollout within RACFs as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners and consistent reporting (refer separate activity on RACF vaccinations).
• coordinate the delivery of vaccination services to RACFs in their areas
• Respond to and support RACFs with Covid-19 outbreaks.
• support vaccine delivery sites' operation, including ongoing quality control support; and support vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for GPRCs and General Practices interested in participating, and ensuring consistent communications to local communities.

Current year focus (FY26)
• Disseminate information as requested by the Department about the COVID-19 vaccination program to general practices who are/or would like to participate in the COVID-19 Vaccination Program including Provider Bulletins
• Field general and policy-related enquiries from general practices about the COVID-19 vaccination program

Forward Plan
This activity will cease on 30 June 2026

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138

Activity Demographics

Target Population Cohort

Aged Care and vulnerable communities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and

through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Activity Milestone Details/Duration

Activity Start Date

30/12/2020

Activity End Date

29/06/2026

Service Delivery Start Date

31/12/2020

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

Co-design or co-commissioning comments