



Emerging business trends in primary care: Health reform and Change management

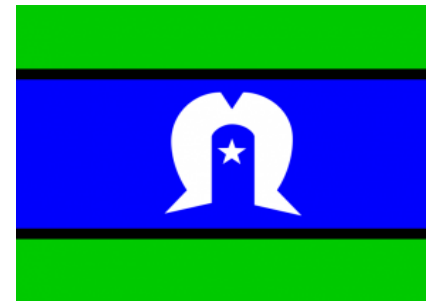
Tuesday October 22nd 2024

The content in this session is valid at date of presentation

Acknowledgment of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



Housekeeping – Zoom Webinar

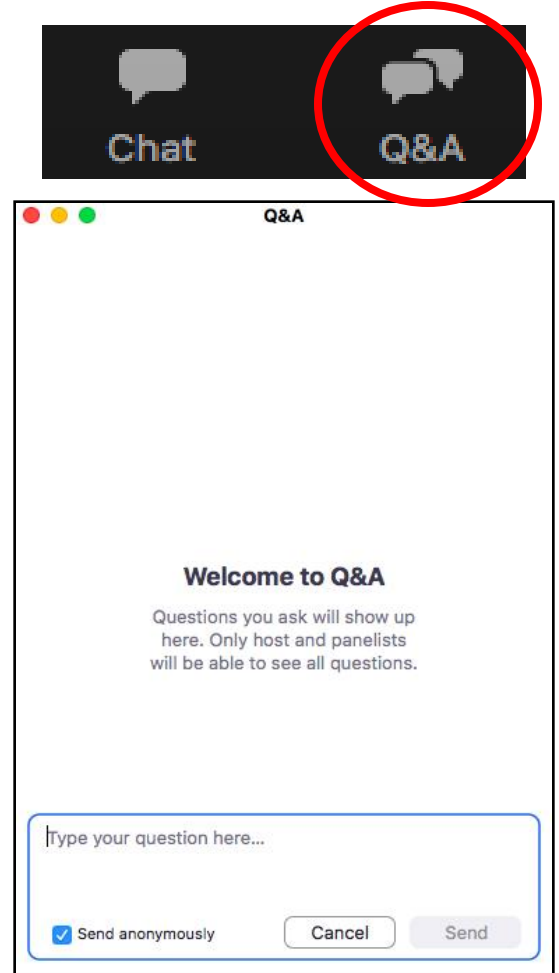
All attendees are muted

Please ask questions via the Chat box only

Questions will be at the end of the presentation

This session is being recorded

Questions will be asked anonymously to protect your privacy



Speakers

Mr Gary Smith AM - Health reform

Gary Smith has over 36 years of experience in managing healthcare practices. He is a former National President of the Australian Association of Practice Management (AAPM) and was awarded Life Membership for his significant contributions. Gary chairs multiple organizations, including Quality Innovation Performance (QIP) and Wentworth Healthcare, and serves on the boards of AGPAL and General Practice Workforce Tasmania. He is involved in several government advisory groups and is on the Executive Board of the Asian Society for Quality in Health Care. Additionally, Gary is an Academic Director at UNE Partnerships, an ISQua Expert since 2017, and has been a surveyor for AGPAL for over 27 years.

Ms Riley O'Hanlon - Change management

Riley O'Hanlon has extensive experience in healthcare standards, compliance, and accreditation. She previously served as AGPAL's Client Liaison Officer for NSW and ACT, where she gained expertise in areas like clinical governance, infection control, and risk management. As National Manager of QIP Consulting, Riley has led the development of standards, resources, and gap assessments for organizations across Australia. She is passionate about standards review and development and has contributed to creating internal quality frameworks and national standards. With a background in pathology, Riley also focuses on mental health, multiculturalism, domestic violence, and suicide prevention. Her approach is patient, collaborative, and client-focused to drive lasting quality improvement.

Other webinars in the Emerging business trends in primary care series

- Payroll tax in Victoria and Practice viability – November 13, 2024
- AI and security / confidentiality / privacy - 2025
- Workforce and recruitment – 2025

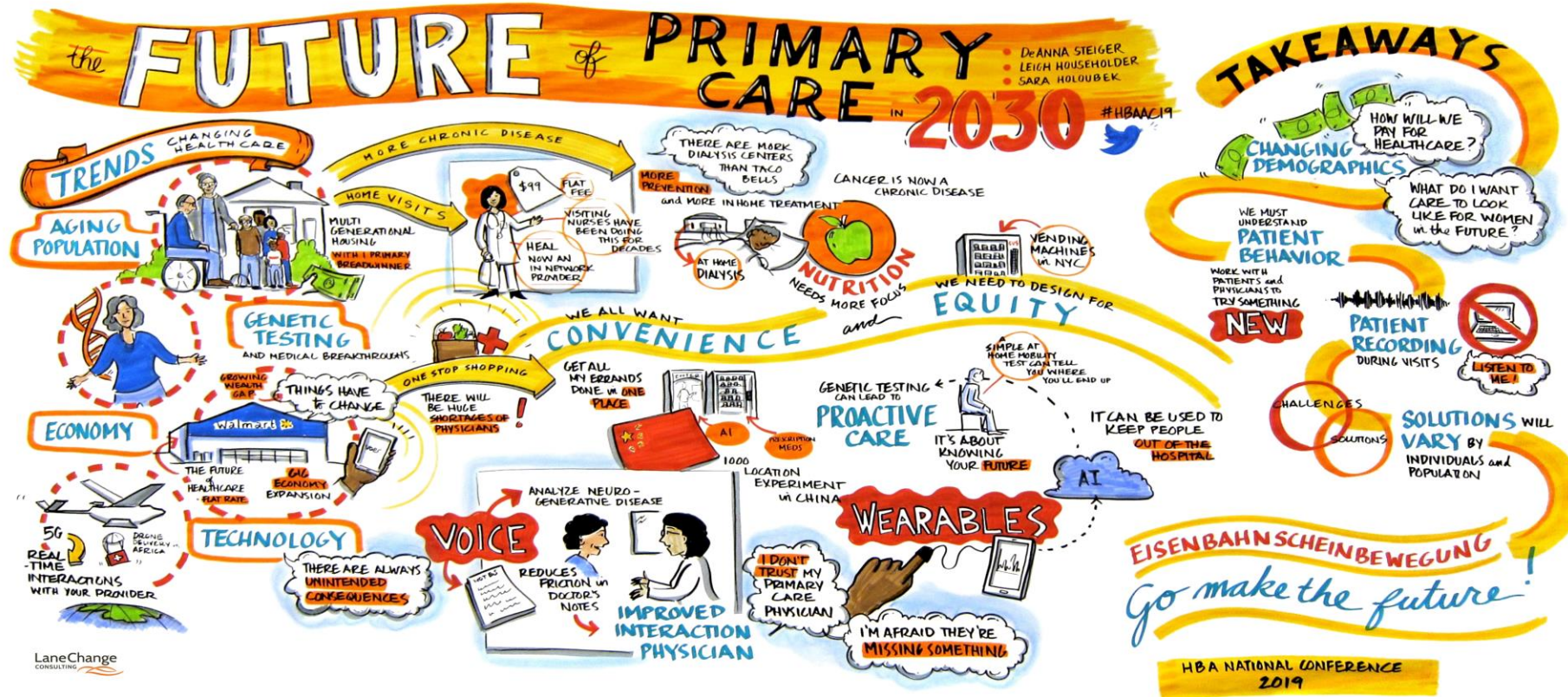
What does our healthcare system look like?

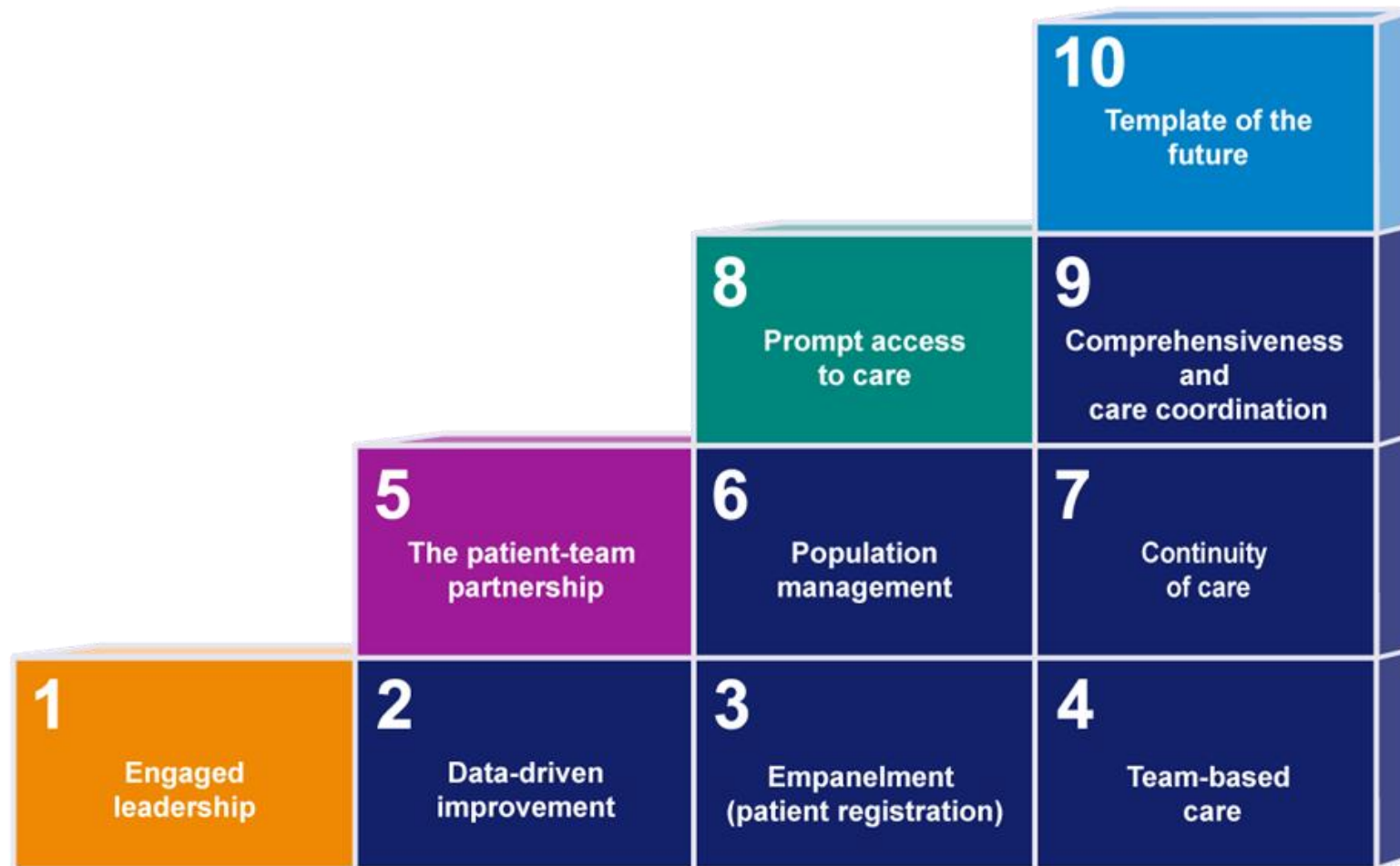
Today and into the future

Presented by Gary Smith AM



The Future of Primary Care





Bodenheimer, T., Ghorob, A., Willard-Grace, R. & Grumbach, K. (2014). *The 10 building Blocks of High Performing Primary Care*. *Annals of Family Medicine*, 12(2), 166-171.

The “BIG” Picture

- Incentive Review
- Scope of practice review
- National Health Reform agreement – whole of government approach
- Working Better for Medicare Review
- MyMedicare Framework – (Voluntary Patient Registration)
- GPACI framework

The BIG Picture in Detail

- **Review of General Practice Incentives**

- *Whether the PIP and WIP promote patient-centred multidisciplinary primary care*
- *Ways to design new blended funding models to better meet the changing primary care needs, including the growth in complex chronic disease.*

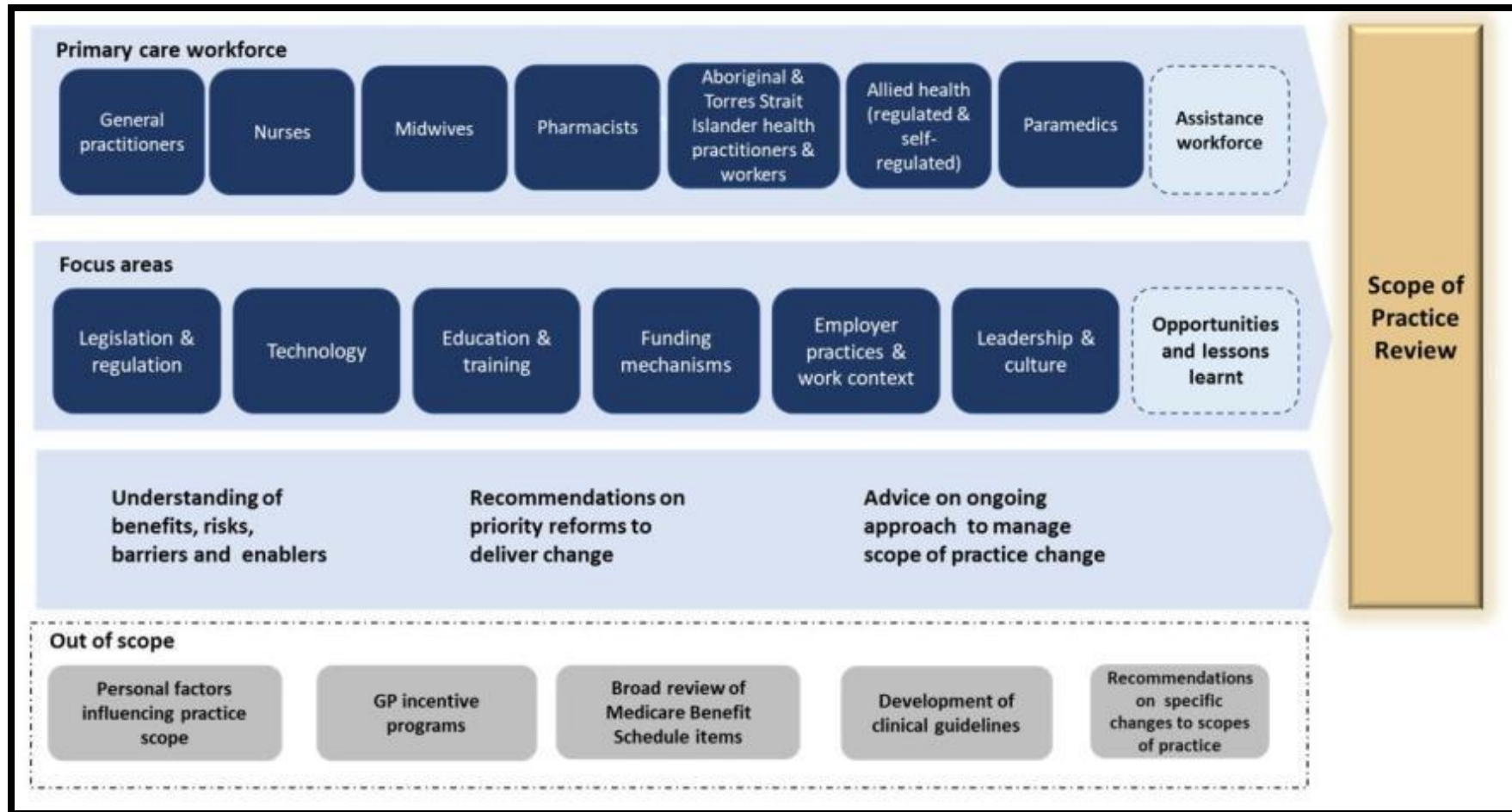
<https://www.health.gov.au/sites/default/files/2024-08/review-of-general-practice-incentives-consultation-briefing-paper.pdf>

- **Scope of Practice Review**

- *Examines the barriers and incentives healthcare practitioners face working to their full scope of practice in primary care.*
- The review is exploring the system changes and practical improvements needed to support greater productivity and improved, safe and affordable care for patients.
- With the right technology, innovation and regulation in place, the health care system can gain the full benefit of professional skills and expertise.

<https://www.health.gov.au/our-work/scope-of-practice-review>

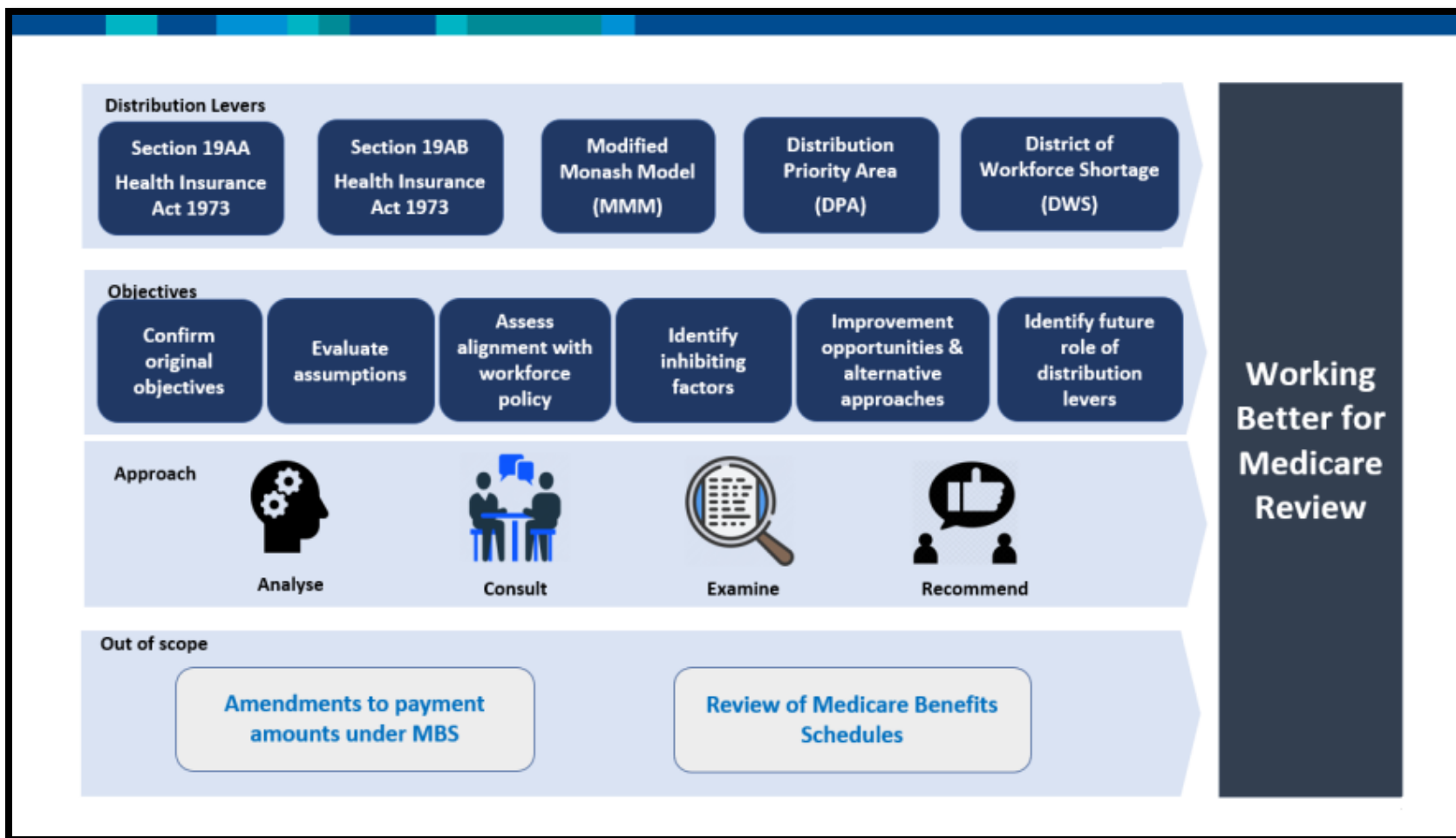
Scope of Practice Framework



The “BIG” Picture

- **National Health Reform Agreement (NHRA)**
 - *Agreement between the Commonwealth and State and Territory Governments.*
 - *It commits to improving health outcomes for Australians, by providing better coordinated and joined up care in the community and ensuring the future sustainability of Australia’s health system. It is the key mechanism for the transparency, governance and financing of Australia’s public hospital system.*
 - *Primary care will have a role with PHN’s and Local Government.*
- **Working Better for Medicare Review**
- ***The Working Better for Medicare Review examines the effectiveness of our current distribution levers. These are laws and policies that we use to encourage or require health professionals to work in areas of workforce shortage. These levers include:***
 - sections [19AA](#) and [19AB](#) of the [Health Insurance Act 1973](#) (the Act)
 - [workforce classifications](#) – specifically the Distribution Priority Area (DPA), District of Workforce Shortage (DWS) and the Monash Modified Model (MMM) classifications.

Working Better for Medicare Review Framework



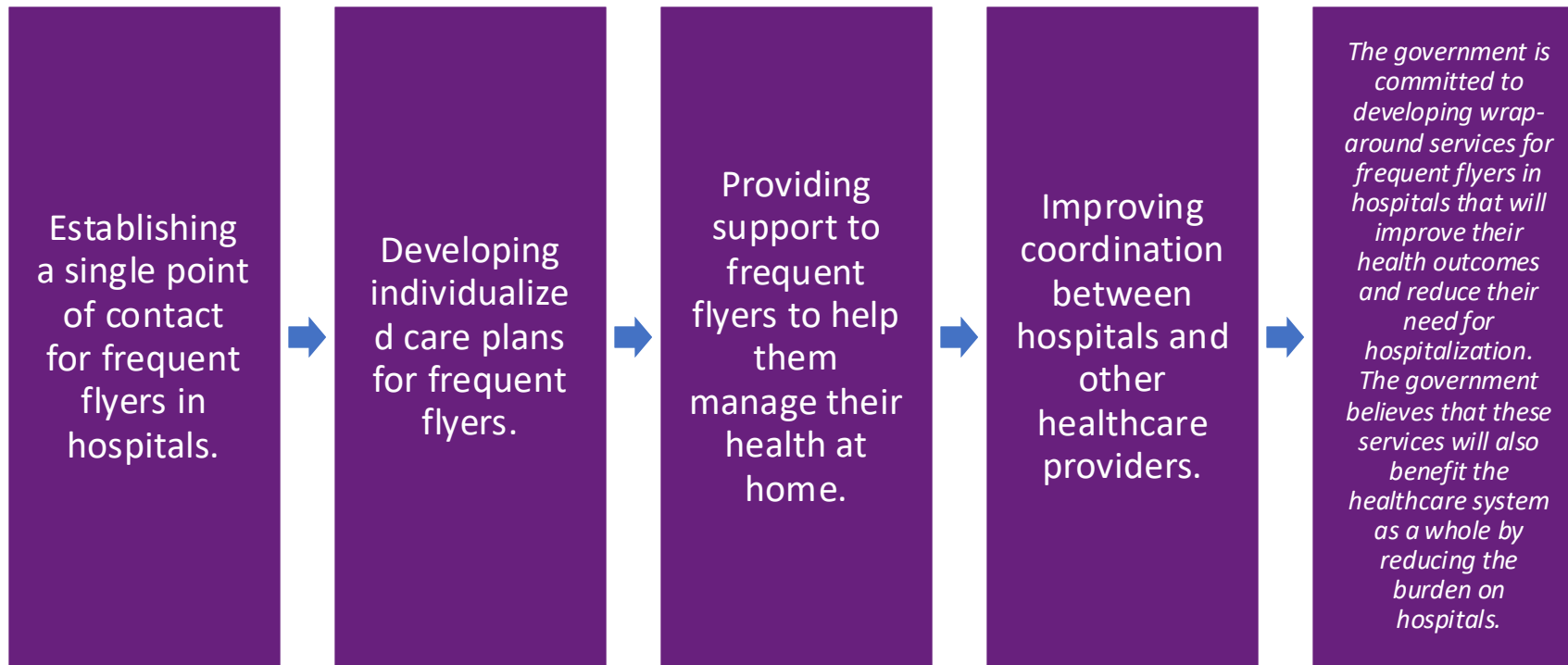
Where is the Government up to in the “Frequent Flyer” Program?

The Australian government is currently in the early stages of developing wrap-around services for frequent flyers in hospitals. These services would be designed to provide support to patients who have multiple and complex health needs, and who frequently need to be admitted to hospital.

The government is currently working with a range of stakeholders, including hospitals, patient groups, and clinicians, to identify the best way to deliver these services. The government is also considering the findings of a recent review of wrap-around services for frequent flyers in hospitals, which was conducted by the Australian Health Services Research Institute.



What Were the Findings?



Volume to Value Based Healthcare

Three principles:

1. Patient centred care.
2. Measurable health outcomes.
3. Payment reform.

<https://www.prestantiahealth.com/post/strengthening-medicare-from-a-value-based-health-care-lens>

Volume to Value Based Healthcare



Volume to value-based healthcare requires all healthcare organisations to advance our thinking to plan and formalize infrastructure in three areas:

1. Organisational capabilities
2. Provider engagement
3. Engagement of the patient, family and community

Blending Brings Benefits

Clinic and Clinician Benefits

- Funding for indirect care and multidisciplinary teams
- More funding for more complex patients
- Financial rewards for efficient and effective care
- Potential for simpler model

System and Patient Benefits



- Continuity of care
- Multi-disciplinary teams
- Prevention
- Health equity

The 10 Year Plan

“Australia’s health system delivers some of the best outcomes in the world, and the continuing adaptability, responsiveness and skills of the primary health care workforce play a fundamental part”.



Objectives of the 10 Year Plan

- Access: Support equitable access to the best available primary health care services.
 - Close the Gap: Reach parity in health outcomes for Aboriginal and Torres Strait Islander people.
 - Keep people well: Manage health and wellbeing in the community.
 - Continuity of care: Support continuity of care across the health care system.
 - Integration: Support care system integration and sustainability.
 - Future focus: Embrace new technologies and methods.
 - Safety and quality: Support safety and quality improvement.
- 
- 

So Why Person-Centred Care?

Person-centred care is the foundation for achieving safe, high-quality health care. Studies have shown that person-centred care can contribute to:



Better patient and community experience

- ✓ Improved patient satisfaction
- ✓ Improved patient engagement
- ✓ Improved community perceptions of healthcare organisations



Better workforce experience and improved wellbeing

- ✓ Improved workforce satisfaction
- ✓ Improved workforce attitudes
- ✓ Less workforce turnover
- ✓ Reduced emotional stress for the healthcare workforce
- ✓ Improved workforce wellbeing



Better clinical outcomes, safety and quality

- ✓ Lower mortality
- ✓ Reduced readmissions
- ✓ Reduced length of stay
- ✓ Reduced healthcare acquired infections
- ✓ Improved treatment adherence



Better value care through lower costs of care

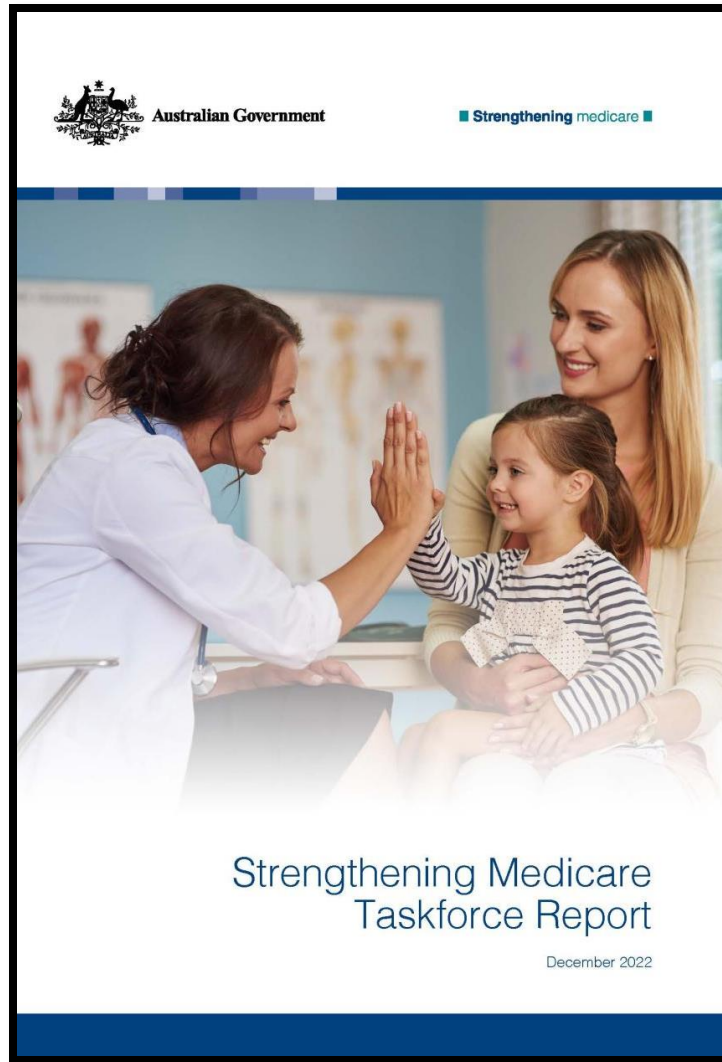
- ✓ Shorter length of stay
- ✓ Lower costs per case
- ✓ Better utilisation of low versus high cost workforce members
- ✓ Less workforce turnover

Key Attributes of Person-Centred Care

- Person-centred care is the foundation for achieving safe, high-quality health care.
- Focusing on person-centred care, and on doing it well, will enable healthcare organisations to be successful in achieving better outcomes for their patients; better experience for their patients and workforce; and better value care.
- Delivery of person-centred care is not just a one-off event, or the responsibility of one person. It is a whole of organisation approach, where everyone is working towards a shared goal of achieving high-quality care.
- You, as a leader of your organisation, have an essential role in ensuring your organisation delivers safe, person-centred care.

www.safetyandquality.gov.au

Strengthening Medicare Taskforce Report



Pillar 1:

Increasing access to primary care.

Pillar 2:


Encouraging multidisciplinary team-based care.

Pillar 3:

Modernising primary care.


Pillar 4:

Supporting change management and cultural change.




Pillar 1: Increasing Access to Primary Care

- Support practices in the management of chronic disease through a blended funding model integrated with fee for service with funding for longer consultations and incentives.
- Support continuity of care through voluntary registration.
- Develop new funding models that are locally relevant for sustainable rural and remote practices in conjunction with providers and communities.
- Grow investment in ACCHOs.
- Strengthen funding to support affordable care with low-income Australians.
- Improve after hours access to reduce burden on EDs by increasing the availability of primary care services for urgent care needs.



Pillar 2: Encouraging Multidisciplinary Team Based Care

- Fast track work to improve the supply and distribution of GPs, general ruralists, nurses, nurse practitioners, midwives, pharmacists, allied health and Aboriginal health workers.
- Review barriers to allow for professionals to work to scope and incentives.
- Increase investment in WIP to support MDT approach.
- Support local health system integration through PHNs, LHDs, local practices, ACCHOs and others.
- Increase commissioning of allied health and nursing services by PHNs to supplement GP teams.



Pillar 3: Modernising Primary Care

- **Modernise My Health Record - “Sharing by default”.**
- **Better connect health data by legislation including clinical software.**
- **Invest in better health data research and evaluation of models of care.**
- **Provide and uplift in Primary Care IT infrastructure.**
- **Make it easier for patients to access, manage, understand and share their own health information.**



Pillar 4: Supporting Change Management and Cultural Change

- Put consumers and communities at the centre of primary care policy design and delivery.
- Learn from international experience on identifying models of high value care.
- Work with providers in change management principles including the role of PHNs in locally designed models of care.
- Support practice management as a profession, including through an initial training program to help practices transition to new ways of working.
- A staged approach to reform, supported by an evaluation framework to measure impact of reform.

A white computer keyboard is partially visible in the upper left corner. A black stethoscope with silver-colored tubing is positioned diagonally across the white surface, with its chest piece resting near the keyboard and its earpieces extending towards the bottom right.

What is MyMedicare?

It has the potential for:

- Improving patient outcomes by providing patients with access to a more personalized and coordinated experience.
- Increasing efficiency by reducing the administrative burden on healthcare providers and allowing them to focus on providing care to patients.
- Enhancing financial viability for healthcare providers by providing them with access to additional funding and rebates.
- Strengthening relationships between patients and healthcare providers by providing them with a more personalised and connected experience.

A white computer keyboard is partially visible in the upper left corner. A black stethoscope with silver-colored tubing lies diagonally across the white surface. The background is a solid white color.

What is MyMedicare?

It has the potential for:

- **Improving staff morale by providing healthcare providers with the tools and resources they need to do their jobs effectively.**
- **Reducing the burden on hospitals by providing patients with access to more proactive and preventive care in the community.**
- **Improving access to healthcare for people in rural and remote areas by providing them with access to telehealth services.**
- **Supporting innovation in the healthcare sector by providing funding and support for new technologies and practice models.**

It is
NOT...

A complete replacement for Medicare

A single-payer healthcare system

A free healthcare system

A way to avoid paying for Medicare-covered services

A way to get access to non-Medicare-covered services for free

What is MyMedicare laying the foundation for?

A more personalised, coordinated, and efficient Medicare system. It is doing this by:

- Formalising the relationship between patients, their general practice, and their primary care team. This will help to improve communication and coordination of care and ensure that patients have a single point of contact for their healthcare needs.
- Providing patients with access to a range of new and innovative services. This includes things like telehealth, longer GP appointments, and shared care plans.
- Supporting general practices to adopt new technologies and practice models. This will help to improve the efficiency and quality of care that GPs can provide.
- Investing in preventive health and early intervention. This will help to reduce the need for hospitalization and other expensive treatments in the future.
- Overall, MyMedicare is laying the foundation for a Medicare system that is more responsive to the needs of patients and better equipped to meet the challenges of the future



How can MyMedicare benefit a practice?

Improved patient outcomes:

MyMedicare can help practices to improve patient outcomes by providing them with access to a range of tools and resources, such as shared care plans and online patient portals. This can help practices to coordinate care more effectively and to provide more personalized care to their patients.



Increased efficiency:

MyMedicare can help practices to be more efficient by reducing the administrative burden on staff.

For example, MyMedicare can help practices to automate tasks such as billing and patient scheduling. This can free up staff's time to focus on providing care to patients.



Enhanced financial viability:

MyMedicare can help practices to improve their financial viability by providing them with access to additional funding and rebates.

For example, MyMedicare provides rebates for longer GP appointments and telehealth consultations. This can help practices to generate more income and to reduce their costs.

So, what do we know so far?

- We are moving to a value over volume-based system with incentives.
- A voluntary patient registration system has been introduced. (MyMedicare)
- There has already been incentive programs introduced for practices and patients who have registered for the MyMedicare program.
- There are MyMedicare programs which have been identified but not yet commenced.
- The chronic condition management plan process has been deferred to the 1st July 2025.
- There have been item numbers identified for the preparation and management of patients in the chronic disease management plan program.

So, what do we know so far?

- As from 1st November 2026 a new GP chronic condition management plan will be required for ongoing access to allied health.
- As from 1st November 2026, a GP Chronic condition management plan will be required to access domiciliary medication management reviews (item 245 and 900).

What do we know about the GP Chronic Condition Management Plan?

- **R**eplaces the current GP Management Plan and Team Care Arrangements with a single GP Chronic Condition Management Plan.
- **S**upports continuity of care by requiring patients registered for MyMedicare to access management plans through the practice where they are registered. Patients who aren't registered will be able to access management plans through their usual GP.
- **E**ncourage management plan reviews by:
 - equalising the fees for developing and reviewing plans.
 - requiring patients to have their plan established or reviewed in the last 18 months so they can retain access to allied health and other services.
- **F**ormalises referral processes for allied health services so they are more consistent with other referral arrangements.
- **E**nsure patients do not lose access to their current services through transition arrangements for existing patients with GP Management Plans and Team Care Arrangements.

What are the goals of the GP Chronic Condition Management Plan?

- Simplify, streamline, and modernise the arrangements for health care professionals and patients.
- Promote continuity of care.
- Encourage the regular review of chronic condition management plans.
- Support communications between a patient's multidisciplinary care team.
- Ensure existing patients can continue to access the care they need.

New Chronic Condition Management Items Commencing 1st July 2025



Name of the item	GP item number	Prescribed medical practitioner item number
Develop a GP chronic condition management – face to face	965	392
Develop a GP chronic condition management – telehealth	92029	92060
Review a GP chronic condition management – face to face	967	393
Develop a GP chronic condition management – telehealth	92030	92061

Start Thinking – MyMedicare Registration Program

- **Ensure your practice is registered through PRODA for the MyMedicare program.**
- Have the discussion with the practice team on what the MyMedicare system is and what it means to the patients and the practice.
- Look at what workflow changes may be needed to be amended to suit the patient registration process.
- **Target patients who are currently in your chronic disease management program now for registration.**
- Place MyMedicare brochures in your waiting areas and provide copies to the practice team who directly interact with patients who have a chronic disease.
- **Promote MyMedicare links on your website with the available videos from Services Australia.**
- Post information about MyMedicare in your practice Facebook or social media page using available Social Media Tiles.

Start Thinking – MyMedicare Registration Program



BUT MOST OF ALL

Clean up your data and have an effective recall system in place with tools to manage billing reviews



What is the government doing about Aged Care facilities?

Increased funding for general practice visits to aged care residents:

The Government will increase the Medicare rebate for GP visits to aged care residents by 50%. This will make it more affordable for aged care facilities to provide their residents with access to high-quality GP care.

Providing funding for aged care facilities to train and support their staff: The Government is considering providing funding to aged care facilities to train and support their staff. This would help to improve the quality of care that aged care facilities can provide to their residents.

GPACI Eligibility Requirements

- Two face to face MBS &/or DVA services with the practice within the previous 24 months on separate days; or
- One face to face MBS &/or DVA service with the practice in MMM 6 or 7 locations within the previous 24 months.
- **In any given period (quarter), to be eligible to receive incentives payments, providers and practices must meet both eligibility and servicing requirements.**
- **The GPACI requirements will be:**
 - *Assessed*
 - *Calculated and*
 - *Paid in according to process outlined in the Program guidelines.*

Patient Exemption Eligibility

- Child under 18 registered at the same practice
- Patient registered at preferred GP's previous practice
- Practice check – one in 24 months with practice
- Practice check – two in 24 months with practice
- Parent/guardian registered at the same practice
- Patient experiencing Family and Domestic Violence
- Patient experiencing Homelessness



GPACI Reference Documents



- **Patient Monitoring and Tracking Tool:**
<https://www.health.gov.au/resources/publications/patient-monitoring-and-tracking-tool?language=en>
- **Aged Care Incentive Program Guidelines:**
https://www.health.gov.au/sites/default/files/2024-08/general-practice-in-aged-care-incentive-program-guidelines-2024.pdf?fbclid=IwZXh0bgNhZW0CMTEAAR3yHCGPogh6KSwG-grDmY_e4OtE2tG67OnuTUYl8zWZkK1zmStV4QddK0k_aem_tSQBILH7A0e0kR9vHBCJQA

What do we NOT know yet?

- **The new fee structures for the chronic condition management plan:**
 - *Will there be a standard plan template?*
 - *Will it be needed to be uploaded to the MyHealth record?*
- **How much will practices receive in the “future” Incentives programs and what the % split between incentives and MBS item numbers.**
- **The finer details of the “frequent flyer program” (hospital avoidance):**
 - *Which PHNs are going to be involved in the trial*
 - *What be the incentive payments to the practice/practitioners who these patients are registered with might be.*

Final Comment

“We need a funding model that is patient-centred, fairer, supports ongoing relationships and is flexible enough to support multi-disciplinary care and prevention”



Foundations of Change Management – Embracing Evolution

Presented by Riley O'Hanlon





We are all just goo.

***‘The only constant in
life is change’***

- Heraclitus



The Benefits

- Increased employee engagement and team morale
- Reduced resistance to change
- Improving chances of success for newly implemented activities



Long Term Strategies for Embracing Change



Leadership Alignment

- Collaboration among leaders to support change initiatives.
- Shared vision and goals for effective implementation.
- Leaders need to at least see the **VALUE** or **PURPOSE** of a change in order to support it. They don't necessarily have to **LIKE** it.

Leadership Alignment

Importance of Backing Each Other Up

- Builds trust within the leadership team.
- Enhances consistency in messaging and approach.
- Fosters a unified front that encourages employee buy-in.



Leadership Alignment

Healthy Approaches to Change

- Open Communication: Leaders openly discuss challenges and strategies.
- Empathy and Support: Understanding team concerns and providing reassurance.
- Celebrating Wins: Acknowledging progress to motivate teams.



Leadership Alignment


Positive Impact on Practice Culture

- Creates a culture of collaboration and resilience.
- Encourages innovation and adaptability among employees.
- Reduces resistance to change through visible leadership commitment.
- Identifies champions and new opportunities.



Leadership Alignment

Tips for Leaders

- Regular alignment meetings to ensure everyone is on the same page.
 - Documented change management plan or milestones.
 - Transparent decision-making processes.
 - Continuous feedback loops with stakeholders to adapt strategies as needed.
- 

Stakeholder Engagement

Importance of Engagement

- Engaging those impacted ensures smoother transitions.
- Increases acceptance and reduces resistance to change.
- Improves the likelihood of a successful implementation.
- Identifies 'boots on the ground' challenges before you have to learn the hard way.
- Encourages a sense of ownership and accountability

Stakeholder Engagement

Identifying Key Stakeholders – Who is affected?

Consider:

- Patients – will there be a notable change to service delivery experience?
- Staff – how does this change impact workflows and what roles are impacted?
- Suppliers and contractors – is there a change to how we attain our tools and expertise?
- Community – does this impact the greater community around us?
- Government/funders – are there stakeholders who have their own wants and needs relating to this change that we need to fulfil?

Stakeholder Engagement

Strategies for Effective Engagement

- Open Communication: Regular updates through meetings, emails, and newsletters in a format that SUITS THE NEEDS of the audience.
- Feedback Mechanisms: Surveys, focus groups, informal chats and suggestion boxes to gather input.
- Involvement in Decision-Making: Engaging stakeholders in planning and implementation phases.
- Defining Expectations: Clearly identify and plan for mandatory outcomes defined by the practice and other stakeholders (e.g. government)
- Adaptability: Listen to feedback as you go and adapt when you need to. Your plan is not set in stone.

Communication

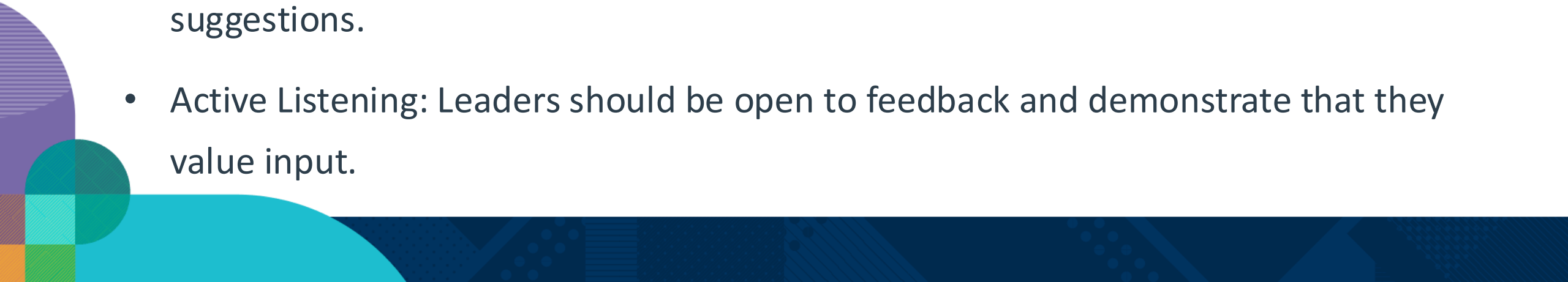
The Role of Communication in Change

- Crucial for clarity and alignment during transitions.
- Helps mitigate uncertainty and anxiety among team members.
- Avoids 'surprises'.
- Defines the WHY. Change doesn't happen because it's fun.



Communication

Strategies for Leaders

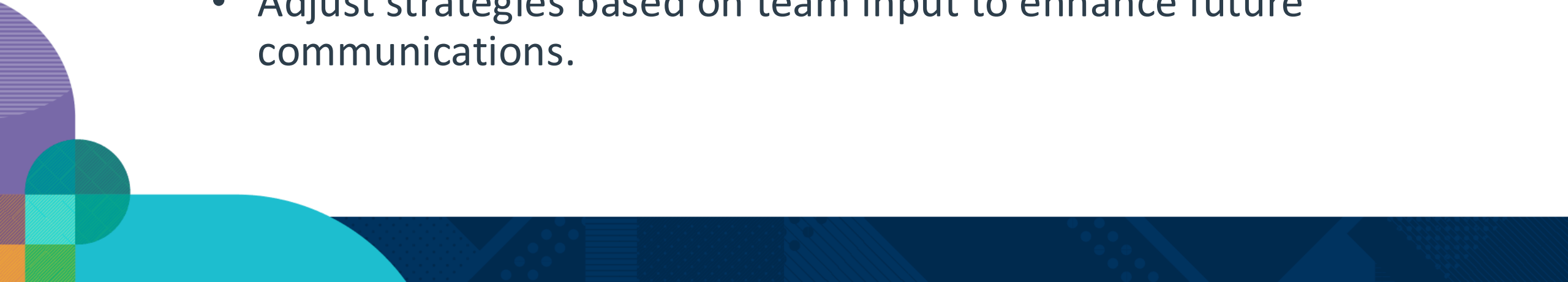
- **Transparent Messaging:** Clearly articulate the reasons for change, expected outcomes, and how it affects team members.
 - **Regular Updates:** Scheduled meetings, newsletters, and progress reports to keep teams informed.
 - **Encourage Feedback:** Create opportunities for team members to voice concerns and suggestions.
 - **Active Listening:** Leaders should be open to feedback and demonstrate that they value input.
- 

Communication

Strategies Continued...

- **Consistency is Key!**
 - Ensure that messages are aligned across all levels of leadership to avoid confusion.
 - Use consistent language and themes in all communications related to the change.
- Try to keep your promises. If you set a timeline for something, try to stick to it. If you can't, be clear about why. The only thing worse than going through the throes of a big change is living in LIMBO.

Communication

- Provide the tools, resources and information necessary for staff to adapt.
 - Acknowledge and celebrate team achievements to reinforce positive progress and improve the positive mindset around the change.
 - Gather feedback on communication clarity and effectiveness through meetings or informal check-ins.
 - Adjust strategies based on team input to enhance future communications.
- 

Training

The Importance of Training in Change Management

- Essential for equipping employees with the skills and knowledge to adapt.
- Supports smooth transitions and minimises disruption.



Training

Organisational Design for Flexibility

- Agile Structures: Create teams that can quickly adjust roles and responsibilities.
- Cross-Training: Encourage skill development across various functions to enhance adaptability (wherever possible).



Training

Responsive Training Programs

- Needs Assessment: Identify specific skills and knowledge gaps before implementing change.
- Tailored Training: Design programs that address the unique challenges of the change initiative.
- Leverage Technology: Use e-learning for flexible access to training sessions.

Training

Readiness for Change

- Pre-Change Training: Prepare employees in advance to build confidence and capability.
- Ongoing Support: Provide resources and refresher courses to reinforce learning during the transition.



Training

Evaluate the effectiveness of training:

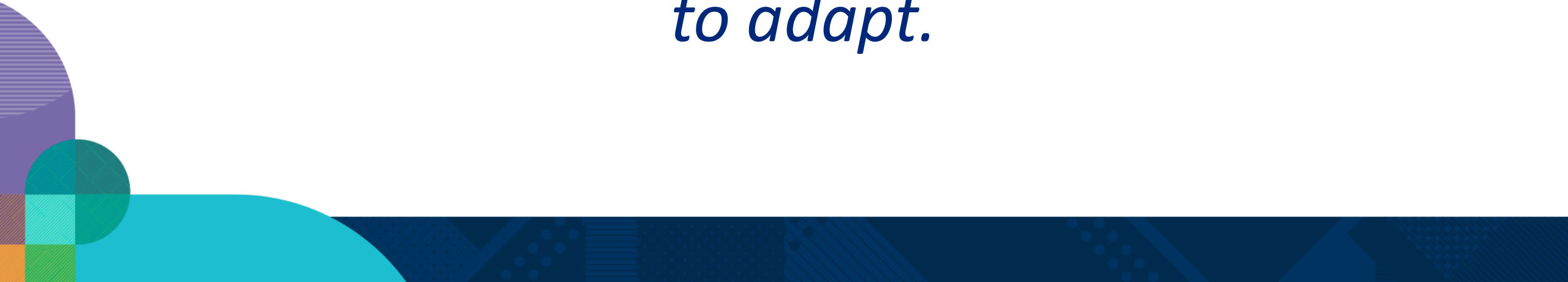
- Measure the impact of training through feedback, assessments, and performance metrics.
- Adjust training content and methods based on evaluation results to ensure continued effectiveness.



Positive Mindset:

*A belief that change can lead to growth
and improvement.*

*Openness to new ideas and willingness
to adapt.*



Mindset

Benefits of a Positive Mindset

- Enhanced Resilience: Ability to bounce back from setbacks and view challenges as opportunities.
- Increased Engagement: Employees are more motivated and willing to participate in the change process.
- Long-Term Change: Willingness to implement and embed changes fully for the future.

Mindset

Keeping the end in sight

- Vision and Goals: Clearly articulate the desired outcomes of the change initiative (including the WHY).
- Visual Reminders: Use charts, posters, checklists or digital dashboards to keep progress visible and celebrate milestones.



Mindset

Cultivating Positivity in the Team

- Encourage Open Dialogue: Create a safe space for sharing thoughts and concerns. Change is hard and there are constructive ways to vent frustrations.
- Recognize Contributions: Acknowledge individual and team efforts to foster a sense of accomplishment.
- Mindfulness Practices: Promote stress-relief techniques such as meditation or team-building activities.
- Positive Reinforcement: Celebrate small wins and encourage a culture of appreciation.
- Model Positive Behaviour: Leaders should exemplify a positive attitude and approach to change.
- If all else fails, unite against a common enemy.

A tale of two practices



Case Study – Willow Creek Medical

Approach:

- **Lack of Communication:** Management announced the change without adequately explaining the reasons or benefits, leading to confusion among staff.
- **Minimal Training:** Training sessions were rushed and poorly organised, leaving staff feeling unprepared to use the new system effectively. Staff couldn't put time aside to do the training so the practice manager did one session with the provider and then tried to pass on the knowledge she got from the session to others in a piecemeal approach between patients.
- **Resistance to Change:** Many staff members were resistant due to the lack of engagement and support from leadership, resulting in low morale.
- **No Feedback Loop:** There were no mechanisms for staff to voice concerns or provide feedback, leading to frustration and disengagement.

Case Study – Willow Creek Medical

Outcome:

- The implementation was chaotic, with numerous errors occurring during patient intake and data management.
- Patient satisfaction declined due to delays and miscommunication, negatively impacting the practice's reputation.
- Features of the new software weren't well understood and were therefore not utilised, resulting in the money and effort taken to make the change being wasted.
- Staff turnover increased as employees sought more supportive work environments, placing additional strain on the remaining team members.

Case Study - Greenfield Family Practice

Approach:

- **Engagement:** The practice engaged staff from the outset by holding a kickoff meeting to discuss difficulties with the existing system and find out what staff value most in a software package, then weighed up options. Two packages were then presented to the team with an explanation of pros and cons and a group decision was made.
- **Comprehensive Training:** Thorough training sessions delivered by the software provider were arranged, ensuring every staff member understood the new system. Time was carved out in the diaries of the team to ensure they could attend the training uninterrupted. Ongoing access to online resources and follow-up workshops were also provided.
- **Feedback Mechanisms:** Regular check-ins were established to gather staff feedback and address concerns, fostering a sense of ownership in the process.
- **Leadership Support:** Practice leaders actively championed the change, demonstrating commitment and enthusiasm, which motivated the team.

Case Study – Greenfield Family Practice

Outcome:

- The transition to the new software was relatively seamless, with only minor teething issues and easily resolved frustrations.
- Due to the new workflow tools and SMS recall and reminder features, staff reported increased efficiency, a reduction in DNA appointments and improved patient satisfaction.
- The practice experienced a 20% reduction in data entry errors and a significant increase in patient engagement through enhanced communication tools.
- Staff felt empowered and motivated, contributing to a positive workplace culture.

Recap

- **Leadership Alignment**
 - Collaboration and support among leaders are crucial.
 - A unified approach fosters trust and encourages team engagement.
- **Engaging Stakeholders**
 - Involve consumers, staff, and stakeholders early in the process.
 - Use feedback mechanisms to ensure their concerns and suggestions are addressed.
- **Effective Communication**
 - Consistent and transparent communication helps alleviate uncertainty.
 - Encourage two-way dialogue to promote trust and engagement.
- **Training for Success**
 - Provide comprehensive training tailored to the needs of the staff.
 - Foster a culture of continuous learning to enhance flexibility and responsiveness.
- **Positive Change Mindset**
 - Encourage a culture that embraces change as an opportunity for growth.
 - Keep the end goals in sight to maintain motivation and focus.

Change is a relay



Questions



The National Health Services Directory (NHSD)

The NHSD is a national directory of health services and practitioners in Australia, managed by Healthdirect Australia. It's essential for hospitals to reference when sending patient discharge summaries, so outdated listings can pose risks to patient care. To keep listings accurate, healthcare providers can use Provider Connect Australia (PCA), a free tool from the Australian Digital Health Agency. PCA allows users to update business info, services, and contact details in one place, reducing data duplication and improving the accuracy of healthcare service information for hospitals and other partners.

Full details on how to register with PCA and enter details are available on [this digitalhealth.gov.au webpage](https://www.digitalhealth.gov.au/webpage).

General practices can also enter and update NHSD information [via Healthdirect](#).





Non-clinical HealthPathways

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- 
- **clear and concise, evidence-based medical advice**
 - **Reduce variation in care**
 - **how to refer to the most appropriate hospital, community health service or allied health provider.**
 - **what services are available to my patients**

HealthPathways – Everything you need!

Practice Management Resources

Infection Prevention and Control

Practice Incentive Programs

CPD Hours for HealthPathways Use

Guide to MBS Items

Vaccine Supply, Storage, and Hospitals

Telehealth

Adverse Events Following Immunisation (AEFI)

Consent

COVID-19

Assessments

Chronic D

ying (VAD)

COVID-19 Practice Management

Advance Care Planning (ACP)

ification for Return to Work

Emergency Department Referral

My Health Record

Medical Conditions in Victoria

Referral Form

Statewide Referral Criteria for Specialist Clinics

e Software

Accessing HealthPathways

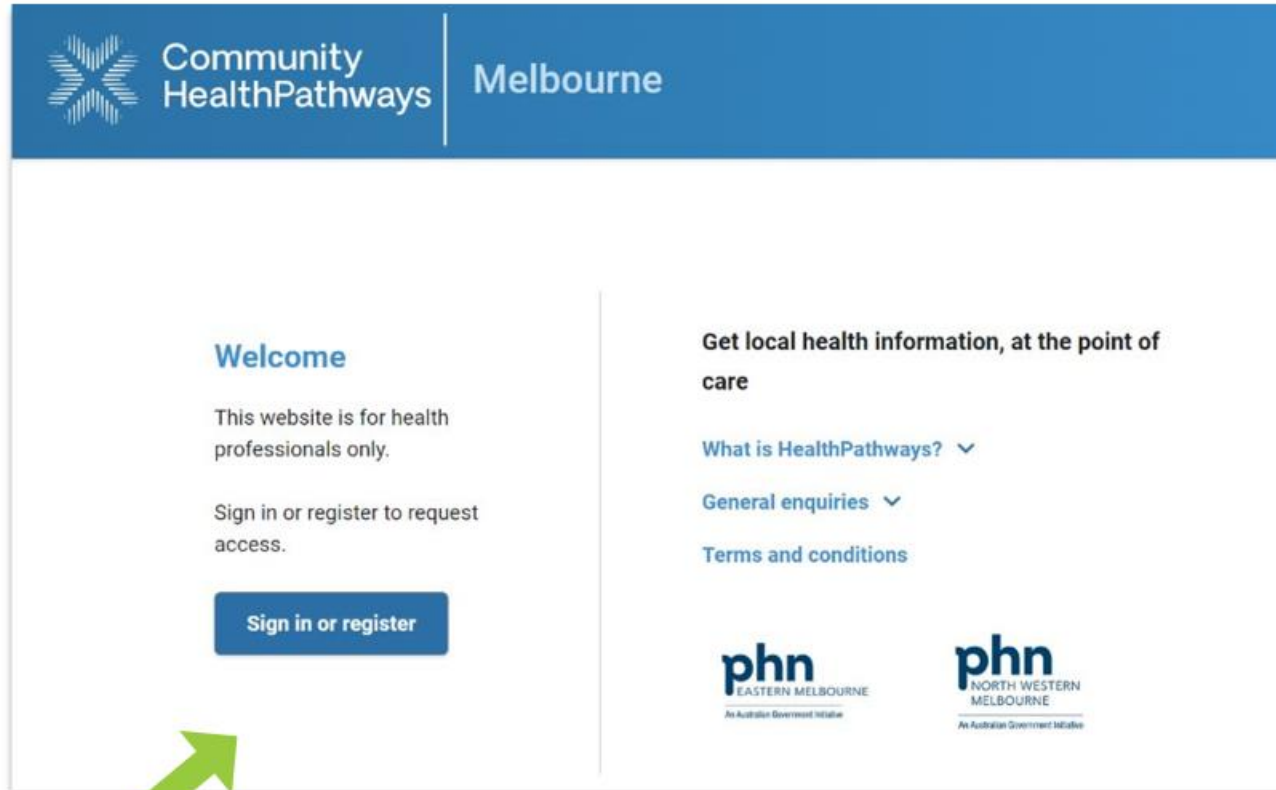
From 30 September 2024, eligible users can sign sign-up for your individual HealthPathways Account.

For existing users, once logged in, you will see a banner at the top of the screen inviting you to start the process. Simply click on the banner to start creating your individual HealthPathways account.



The screenshot displays the Melbourne HealthPathways website interface. At the top, a blue header bar contains a hamburger menu icon, the Melbourne logo, and a search bar labeled "Search HealthPathways". Below the header, a left-hand navigation menu lists various sections: Home, COVID-19, About HealthPathways, Summary of Referral Pages, Aboriginal and Torres Strait Islander Health, Avoiding Hospital Admission, and Allied Health and Community Nursing. The main content area features a large banner with a background image of a smiling healthcare professional. Overlaid on this banner is a yellow notification box with the text: "The account you are currently using will be closed on the 13th of January 2025. Register for a personal account today and be ready to benefit from better security and ongoing access." To the right of this text is a "Get started" button, which is highlighted by a large green arrow pointing towards it. The banner also includes the Melbourne HealthPathways logo and the text "Melbourne HEALTHPATHWAYS".

Accessing HealthPathways



Register Via QR



melbourne.healthpathways.org.au



info@healthpathwaysmelbourne.org.au



Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code or click on link in the chat to provide your feedback



You will receive a post session email within a week which

will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

Cultural Awareness Training – in person 26/10/2023 available to all primary care staff.

Come along this Saturday to learn more about:-

- Identify factors that affect contemporary Aboriginal and Torres Strait Islander people as clients and families.
- Discuss how history impacts on Indigenous health.
- Discuss evidence-based strategies to assist working with Aboriginal and Torres Strait Islander people.
- Implement systems-based models and social theories of practice

Register via the [NWMPHN events page](#)