ACT Primary Care Pilot

Contents

Introduction

The Commonwealth October 2022 Budget included $100 million to implement primary care pilots across all states and territories. The core objective of all pilots is to *test innovative models that reduce pressure on Emergency Departments* (EDs). The ACT has been allocated $7.75 million over two financial years from 2022-23, to establish and evaluate a primary care pilot.

Pilot models may include urgent (ED diversion) and non-urgent (ED prevention) primary care services. Pilot programs should meet the following principles:

a) be free at point of care and accessible to patients
b) be integrated with the broader health system
c) be scalable and able to adapt to local needs, including adaptability for the needs of smaller jurisdictions
d) create linkages with relevant service providers to ensure continuity of care
e) collect data to be used in evaluation of the Pilot
f) be viable given current workforce pressures, especially General Practitioner (GP) shortages.

Purpose

This paper provides information on the planned ACT primary care pilot model and seeks feedback from stakeholders to guide pilot implementation and ensure that the needs of stakeholder groups are met.

The Canberra Health Services Liaison and Navigation (LaNS) Model of Care (MOC) within the pilot is an evolution of the existing Paediatric Liaison and Navigation Services and is currently completing the initial co-design with stakeholders. Consultation on the LaNS MOC will occur separately to this consultation in alignment with CHS policy.

Consultation methodology

This paper will be distributed to the following stakeholders:

- CHS staff and key partner stakeholders who have a role in providing services under the pilot.
- Industrial partners including Australian Medical Association, Australian Nursing and Midwifery Federation, Community and Public Sector Union, Health Services Union, Australian Salaried Medical Officers Federation and Visiting Medical Officers Association.
- Royal Australian College of General Practitioners (RACGP).
- General Practice Advisory Council, reporting to Capital Health Network.

There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the model and its implementation.

Feedback and questions can be provided via email to the Office of the Deputy Director General, ACT Health Directorate DDGACTHealth@act.gov.au by 4 July 2023.

In particular, we are seeking responses to the following questions:

1. **What factors to you consider necessary to ensure a successful pilot implementation?**
2. **What are the key risks or issues that should be addressed to ensure smooth implementation and to maximise pilot impact?**
3. **Do you have any other feedback you would like to be considered?**

The ACT pilot model

The ACT pilot model aims to strengthen partnerships between primary care, community based care and the public health system to support access and care for patients who frequently visit the ED or who are at risk of presentation to the ED or admission to hospital.

This ED diversion and prevention model will comprise:

- A Liaison and Navigation (LaNS) team at CHS to assist with care co-ordination activities with participating ACT general practices to support a reduction in ED presentations and hospital admissions.
- General practices will be selected to participate where ACT general practice data suggests they have a high proportion of eligible patients associated with the practice. An expression of interest process across all ACT practices will also be run in parallel to ensure adequate practice uptake.
- The LaNS team will work with participating practices to select patients for the pilot, with consideration to ACT public hospital presentations data and against defined elibility criteria.
- The multidisciplinary LaNS team will attend case conferences with participating general practice representative(s) and, where possible, the patient and their care supports. The LaNS team will work with the practice to provide supplementary care planning, navigation, timely access and liaison support across ACT health services. The LaNS team will work with the individual and nominated GP to develop a comprehensive care plan[1], to assist the person to stay well in the community and avoid further ED presentations and/or hospital admissions. This service would

1 The pilot care plan will not take the form of a General Practitioner Management Plan (GPMP) or Team Care Arrangement (TCA) under the MBS.

supplement the practices' existing care planning approach to build capacity in the general practices.

- Telephone or virtual access to public non-GP medical specialists will be offered for GPs at participating practices for advice regarding specific pilot patients and within specific disciplines, to build capability and better relationships across the primary and acute sectors. This service may potentially avoid referral of the patient to a specialist or assist in accurate triaging of outpatientreferrals, or avoid acute deterioration for the patient whilst the await further specalist management. The patient will not be present during these sessions where this may lead to duplication with MBS claimable services by either provider to enable receipt of payment under this pilot[2].
- Timely access to allied health services at Territory run community health centres for pilot patients will be supported. With theaim of supportingmultidisciplinary team based care for patients in the community and relieving access pressure on GPs.
- Free-at-point-of care GP appointments at participating practices for pilot patients. The number of free-at-point-of-care appointments will be determined by the practice and specified in the patient's care plan. Participating practices would be given the option to provide these appointments via one of the following funding mechanisms:
    - Option a. Full remuneration through the pilot for the cost of each appointment[3]. The GP would not bill the MBS for these appointments, or
    - Option b: GPs would agree to bulk-bill pilot patients for these appointments.

  All practices will receive block funding to incentivise their participation. A higher incentive component will apply for practices that choose option B.

  If at any time during the pilot the patient's condition changes significantly, the care plan can be reviewed and the number of appointments can be changed.

  Practices may only choose one of the above funding options. GPs will be required to use the chosen funding option for all patients they treat during the pilot. GPs will not be permitted to change the funding mechanism patients during the pilot.

All services delivered through the pilot will be free-at-point-of-care for patients to access.

2 Patients may be present during these sessions where practices choose funding option A for GP consultations, as the GP would not claim the MBS. Public medical specialists would not claim the MBS for this GP consultation service.

3 Based on average ACT general practice consultation fees.

Target population

The LaNS team will work with participating practices to select patients for the pilot who meet the following conditions:

- Complex multimorbidity
- Frequent users of hospital services including ED
- High risk of hospitalisation within a specified period (eg. within the next 4-6 weeks)
- Awaiting one or more speciality public outpatient appointments and at risk of hospitalisation.

Patients will only be selected for the pilot where they are an existing patient of a participating practice or where they have no existing primary GP and are referred to the practice by the LaNS team.

Patients who attend non-participating practices would not be eligible for the pilot however may still receive services from the LaNS team out of scope of the pilot offering and funding.

For any pilot patients who have either presented to an ED, or are a hospital inpatient or have had a recent hospital admission, their participating practice will aim to have them reviewed by a GP at the practice within 72 hours of ED presentation or discharge.

Practice selection

Practices will be selected by Capital Health Network following a review of patient data indicating practices with high numbers of chronic complex multimorbidity and ACT public hospital presentations data. These practices will then be invited to participate in the pilot. An expression of interest process across all ACT general practices will also be run in parallel to ensure adequate practice uptake. Consideration will also be given to the geographical distribution.

Practices will be onboarded to the pilot using a phased approach to support implementation by the LaNS team within its capacity constraints, and to ensure a comprehensive and focused service at each practice. Learnings from practices engaged in the early phases will be used to support continual improvements to pilot services over its duration.

Care pathways

The pilot is aimed at managing early deterioration in the primary care environment by providing alternative care pathways for non-emergency presentations. This includes linking patients with allied health services, supporting GPs with non-GP medical specialist advice and potential management of their patient's condition, and working with patients on a care plan to empower self-management and provide options for when they need help. Options might include calling LaNS for support/advice, accessing allied health, attending a Walk-In-Centre, or seeing their GP. The option of seeing their GP is enhanced in this pilot due to the cost being removed for the patient.

The pilot will be providing interventions aimed at preventing deterioration, however when there is deterioration that requires an acute response, it is appropriate for pilot patients to present to ED. The LaNS team will aim to develop emergency management plans for patients where appropriate, to improve care pathways on presentation to the ED.

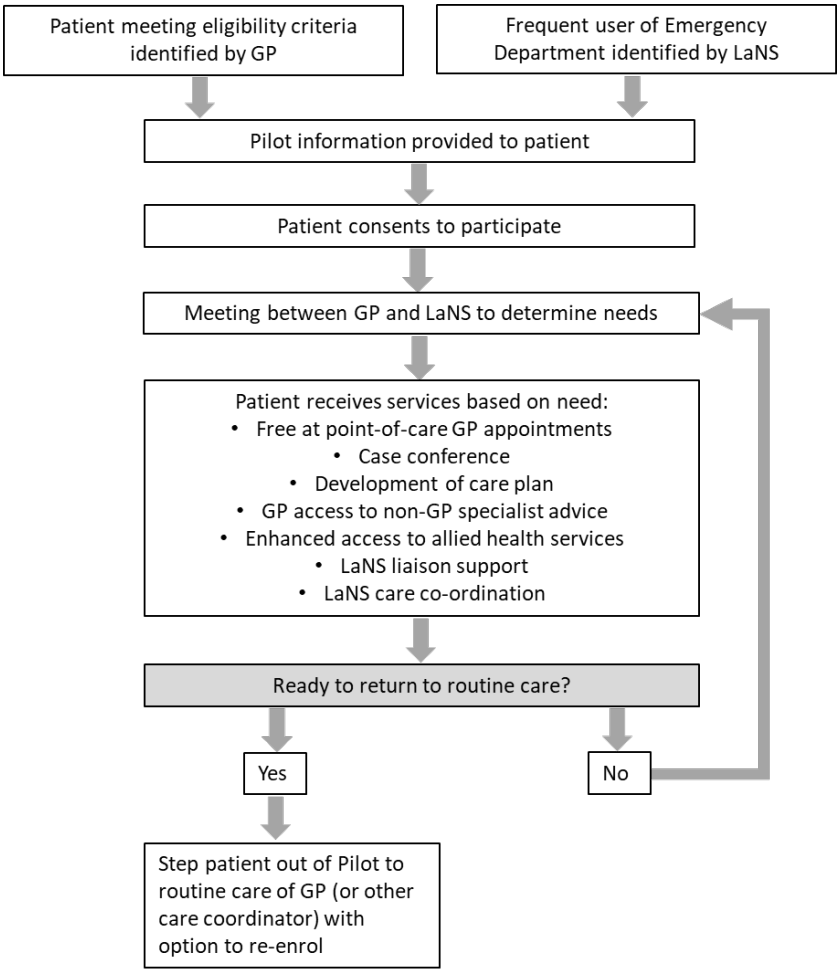

Figure 1. Care pathway diagram

Duration

The pilot will be run over a minimum of 12 months and up to 18 months to ensure there is adequate time to measure impact against pilot indicators, and within pilot budget constraints.

Funding

Pilot funding will be directed towards:

- Supplementary funding for the CHS LaNS team to undertake case reviews, case conferencing, care planning and case coordination activities for eligible patients.
- Block funding to participating general practices to cover the full cost of selecting patients, care co-ordination activities and to incentivise participation.
- Per-patient funding to participating practices for free-at-point-of-care GP appointments (under option a) and GP time in accessing the medical specialist telephone/virtual advice service.
- Funding to CHS for telephone/virtual public non-GP medical specialist advice to GPs.
- Funding for additional allied health capacity at CHS community health centres.
- Funding for program administration, evaluation and reporting.

Pilot funding will not be used to cover any MBS claimable services within scope of the pilot, including:

- GP, private allied health practitioner and non-GP specialist participation in case conferences (where case conferences meet the minimum attendee threshold for MBS claiming).
- Non GP specialist appointments provided at CHS under their rights to private practice.

Design intent and key drivers

This model is designed to achieve impact on ACT ED and hospital demand for a target population of patients through improved care co-ordination and services across primary, community and public health services. It empowers general practices and public hospitals to proactively identify a target population and bolsters the capacity of the hospital and primary care systems to help the target population remain well in the community.

Patients will be selected for the pilot where they are at a higher risk of presentation to an ED or hospital admission to help achieve pilot objectives, including frequent users of ED and hospital services and patients with complex multimorbidity. Public hospital High Intensity ED User (HIU) data will be used to help identify pilot eligible patients.) data.

All services delivered under this pilot will be free-at-point-of-care for pilot patients to access, in order to address cost of care barriers faced by ACT patients. A key element of the ACT model is free-at-point-of-care GP consultations, which seeks to address a key financial barrier for many people accessing primary care in the ACT. This is important for delivering pilot impact, as the ACT has the lowest rate of GP MBS bulk-billing in Australia[4] and the highest out of pocket costs for consumers[5]. Another important inclusion in this model is free-at-point-of-care access to GP follow up appointments, aiming for within 72 hours of hospital discharge or ED presentation. These combined pilot elements draw on evidence that having a regular GP and prompt GP follow-up after hospital discharge reduces unplanned hospital encounters[6].

Under this model the LaNS team will provide care-coordination and complex case management support to practices and tailor patients' referral to a range of existing local health services taking a patient centred-approach. This will serve to minimise impact on existing local services.

The pilot will fund an additional 2 FTE allied health staff with professions targeted at the greatest areas of need of the pilot patient cohort. Allied health capacity will be monitored throughout the pilot and patient enrolment adjusted if access for pilot patients or the broader population is impacted.

Evidence and learnings from other key trials will be used to inform this pilot's implementation. This includes the Australian Government's Health Care Homes trial[7]. , which highlighted the need for effective engagement across the health system to achieve impact on ED and hospital presentations, adequate financial support for practice set up and change management, a clear value proposition for GPs and practical guidance on communicating the program benefits succinctly to patients, and relationships with practices to support change and quality improvement.

4 Source: Medical Benefits Division, Department of Health.
5 Source: 2022 Report on Government Services.
6 Correll, P., Feyer, A. M., Phan, P. T., Drake, B., Jammal, W., Irvine, K., ... & Fisher, L. (2021). Lumos: a statewide linkage programme in Australia integrating general practice data to guide system redesign. *Integrated Healthcare Journal*.
[7] Pearse, J., *et al* (2022). *Health Care Homes trial final evaluation report, Volume 1: Summary report. Health Policy Analysis*. Commissioned by the Australian Government Department of Health.

Application of section 19(2)

The model does not rely on supplementary payments to GPs for MBS claimable services and therefore may operate without a section 19(2) exemption under the Commonwealth *Health Insurance Act 1973*.

The Department of Health and Aged Care will provide a written statement of assurance that MBS providers in receipt of pilot funding may still claim for MBS claimable services for pilot patients as described in this Plan. This will help assure providers that their participation in the pilot complies with the *Health Insurance Act 1973* and will help promote pilot uptake across practices.

Governance

Roles and responsibilities for implementing the pilot will be shared across ACT health system partners, with oversight from a Steering Committee.

Key stakeholders

ACT Health Directorate will play a lead role for pilot design and delivery including:

- Facilitating pilot design with key stakeholders.
- Negotiating terms of the funding agreement with the Commonwealth and liaison with the Commonwealth Department of Health and Aged Care (DHAC).
- Acting as a central point of monitoring and co-ordination for the pilot, including data reporting, issues management and stakeholder liaison.
- Management and oversight of the pilot evaluation.

Canberra Health Services (CHS) will[8]:

- Develop new workflows and ensure appropriate resourcing in the LaNS team.
- Review hospital data to inform patient and practice selection.
- Establish and manage medical specialty advice access, aligned with identified high demand services for high intensity users to enhance primary health care capability and confidence.

8 Assumes that legislation will pass in the ACT Legislative Assembly on 31 May and that from 3 July 2023 the current Calvary Public Hospital Bruce will be operated by CHS.

- Deliver allied health resources at community health centres including expanding capacity of those professions identified as most relevant to the target group for the pilot.
- Establish and document comprehensive care plans including escalation pathways for individuals enrolled within the LaNS service.
- Contribute to the evaluation.

Capital Health Network (CHN) will:

- Work with the LaNS team to select practices for participation.
- Co-ordinate an expression of interest process to engage general practices.
- Facilitate payments to general practices.

Participating general practices will:

- Work with the LaNS team to select patients for the pilot against a set of criteria.
- Agree to proactively manage these patients using a case management approach including participate in case conferencing and liaise with the LaNS team as necessary.
- Access CHS specialist advice via telephone or virtual meeting to support management of their patient in the community.
- Provide appropriate access, care and referrals as necessary.
- Participate in specialist shared care programs as appropriate.
- Agree to provide free-at-point-of-care appointments for pilot patients in accordance with their care plan via their preferred funding mechanism and within the contraints of the Commonwealth *Health Insurance Act 1973*.

Committee Governance

Project team

This group will meet regularly throughout the pilot period to manage pilot operations, with representation from across key stakeholder organisations as well as consumer representation.

Steering Committee

The Integrated Care Working Group (ICWG) will serve as the Steering Committee for the pilot. This will have oversight for the pilot with a strategic and operational focus to guide decision making. The ICWG includes senior representation from across key stakeholder organisations including consumer and carer organisations and the Department of Health and Aged Care.

Policy and Planning Committee

The Policy and Planning Committee (PPC) is established within ACTHD to provide *executive leadership in the development of territory-wide health care and services policy and planning.*

Implementation Committee

The Implementation Committee is established within ACTHD to *monitor the Directorate's progress against its commitments with the aim of enabling accountability, risk management, prioritisation of resources and responses to emerging issues*.

The PPC and Implementation Committee will operate to provide internal monitoring and advice to the pilot project team within ACT Health Directorate.

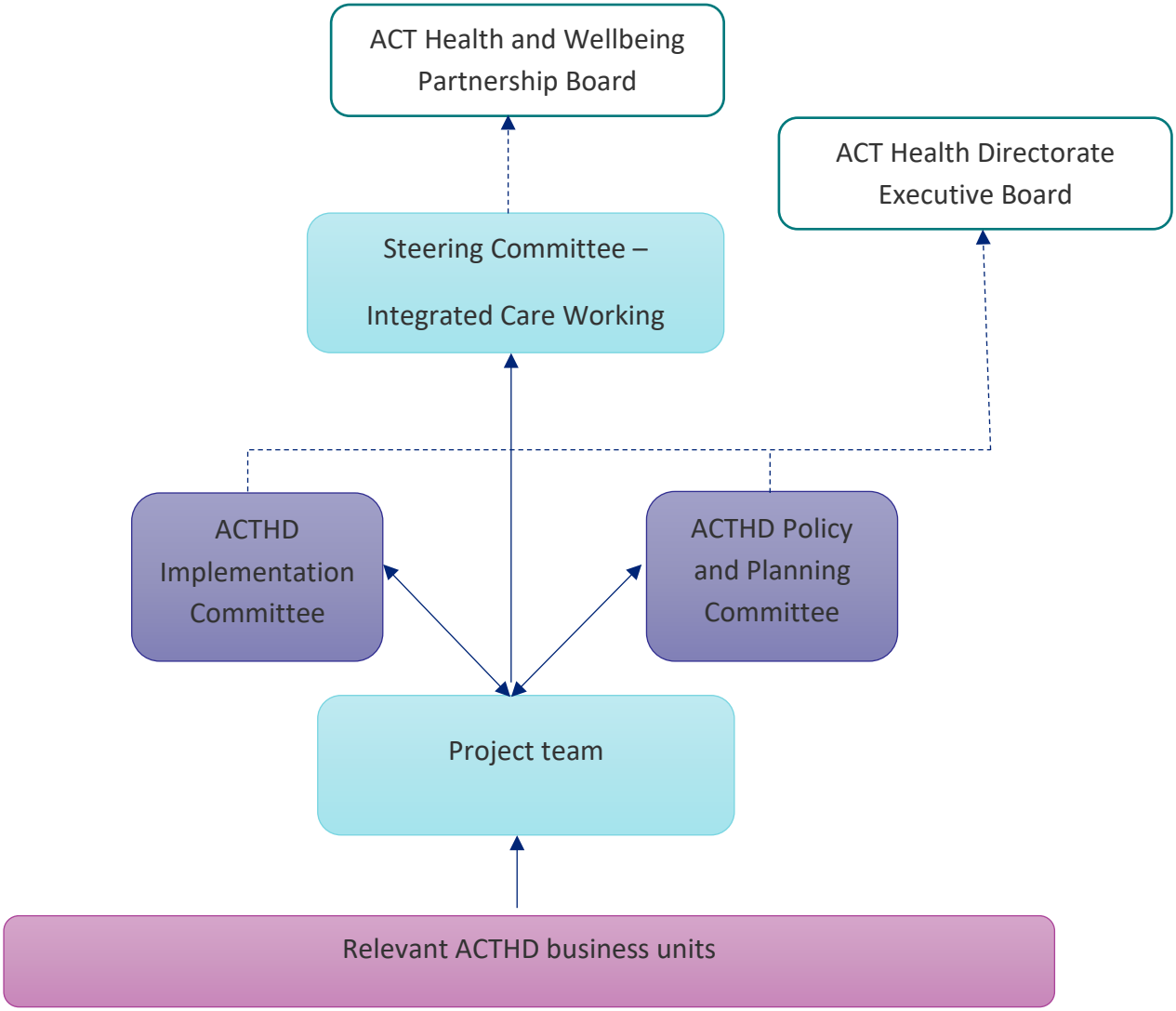

Figure 1. ACT primary care pilot governance committee structure.

Milestones

Milestone	Responsibility	Due Date
Expression of Interest process for general practices commenced	CHN	July 2023
Recruitment of CHS staff commenced	CHS	July 2023
First tranche of practice agreements offered	CHN	August 2023
Commence pilot services (LaNS services at participating general practices, priority access to community allied health, GP access to public medical specialist advice and free-at-point-of-care GP appointments for pilot patients)	Project team	September 2023
Submit progress report to Commonwealth	ACTHD	April 2024
Pilot completion	Project team	March 2025
Submit final evaluation report to Commonwealth	ACTHD	June 2025

ACT Health Directorate, with guidance from the Steering Committee has overarching responsibility for delivery of key milestones. Key milestone dates assume the Federal Funding Agreement for the pilot is executed before 30 June 2023.

Monitoring and Evaluation

A robust monitoring and evaluation framework will be developed in consultation with expert local stakeholders and the Commonwealth Department of Health and Aged Care.

The following Program Logic (pages 15-16) has been developed in conjunction with local expert stakeholders including academic contributors from the Australian National University to guide development of the monitoring and evaluation framework and evaluation.

LaNS composition

The Primary Care Pilot LaNS is an interdisciplinary service inclusive of nursing, allied health and administrative/family support liaison and navigation roles.

Operational Manager (PLaNS, LaNS and PCP)	HP5
Administration Intake hub support	ASO4-5
Care Navigator	RN 2.1 - RN3.1
Care Navigator	HP 3 - HP4
Liaison Officer	RN2.1

The service will ensure there is appropriate clinical supervision, professional development, and training opportunities to support the LaNS team to deliver client-centred care. This will include the areas of trauma informed care and cultural competency, including capacity to work effectively within the cultural context of each client and their supports. The service will develop the relevant knowledge, skills, and experience of their workforce to deliver appropriate services to a diverse range of clients including people with a disability, of culturally and linguistically diverse and refugee backgrounds, LGBTIQ+ and Aboriginal and Torres Strait Islander people.

Accreditation and Training

All staff working in the LaNS will be appropriately qualified and will maintain their professional accreditation and competency standards as required by their relevant professional body under legislative and organisational requirements.

Through the Director of Integrated Care, a Community of Practice will be established to facilitate continued and shared learning to improve practice and the experience and outcomes for consumers and their supports.

Program Logic

Objective: To test an innovative model to reduce pressure on ACT Emergency Departments (EDs) and public hospital demand.

Inputs	Activities	Outputs	Outcomes (short term success measures)	Impact (medium to long term success measures)	Indicators[9]

• $7.75 million over two years
• National Cabinet program principles
• ACT design principles
• Existing ACT health services
	• Confirm pilot design
	• Develop Implementation Plan
	• Establish project governance
	• Develop costings and payment model
	• FFA negotiation and signing
	• Develop new workflows
	• Recruit staff at health services
	• Recruit participating practices
		• Agreements in place with participating practices
		• Patients selected
		• Pilot services including:
		  ○ LaNS team services
		  ○ AHPs appointments at community health centres
		  ○ eEnhanced medical specialist consults with GPs
		• Payments to practices
			• Reduced ED presentations
			• Reduced hospital admissions
			• Length of Stay equal to or less than ALOS[10] for identified patients /DRG[11]
			• Improved patient health outcomes
			• Financial viability across health services
			• Patient satisfaction
			• General satisfaction
			• Public health service satisfaction
				• Improved ED performance
				• Reduced pressure on hospitals
				• Improved patient health outcomes
				• Improved integration between hospital, community and primary care through effective referral pathways
					• ED or hospital use for patient cohort against a control or comparator.
					• Pilot activity data (program metrics)
					• Implementation data (process metrics)
					• Cost of interventions
					• Pilot costcost per patient (tbc)
					• Consumer out-of-pocket costs for care
					• Patient reported outcome measures (PROMs)

9 Indicators, methods and scope of evaluation will be subject to data capability and cost. The evaluation will measure against the pilot's core objective as a minimum.
10 Average Length of Stay
11 Diagnosis Related Groups

	• Develop monitoring and evaluation framework • Engage an evaluator		• Lack of sector disruption (at non-participating sites)		• Patient reported experience measures (PREMs) • Practice survey • Health services survey

Accessibility

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