

Understanding and working with Medicare Locals

Date: 6th May 2014

Presentation by:
Jerry Bacich and Wendy Campbell
Field Advisors - Closing the Gap Workforce Support

Presentation outline

- What are Medicare Locals?
- What relevant programs do they run?
- Examples of collaboration/partnerships between MLs and ACCHS

What are Medicare Locals?

- Regional primary health care organisations:
 - Population health planning
 - Coordinating/connecting health and social care
 - Identifying service gaps
 - Delivering/commissioning services to address gaps
- Independent not for profit companies limited by guarantee
- Emphasis on governance, accountability, performance
- Re-orientate the health system to more comprehensive primary health care

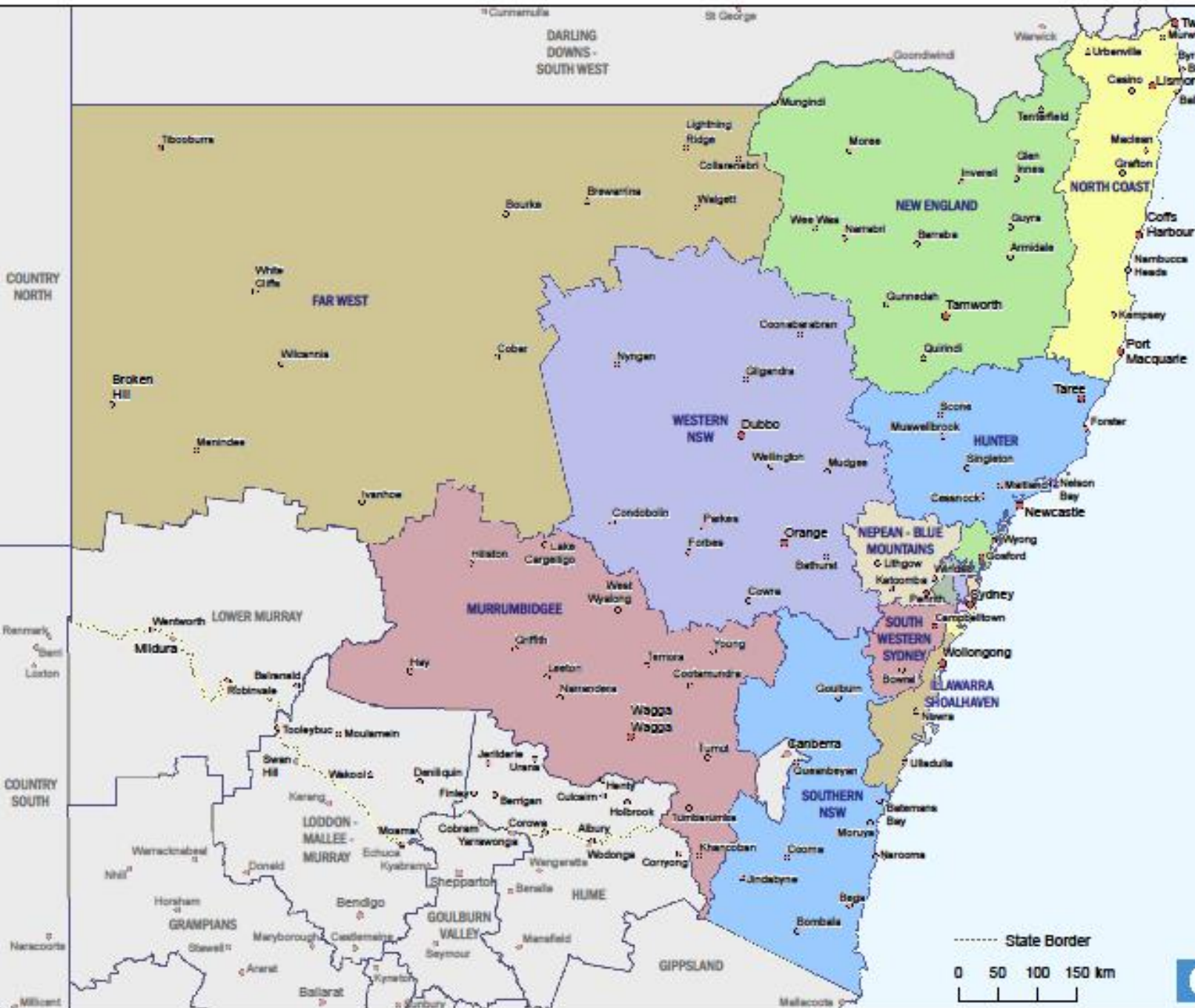
MLs: Current status and models

- 61 established nationally
 - 17 in NSW
- Business Models vary:
 - Mainly purchaser provider
- Membership models vary:
 - Mainly hybrid individual and organisational
- Boards – best practice governance
 - Appointed against a skills matrix – no single profession dominance rule



Australian Government
Department of Health and Ageing

New South Wales Medicare Locals Boundaries - June 2012



----- State Border
0 50 100 150 km

National Health Reform

More Health Services

Including **GP after hours**, mental health, immunisation and much more

More Health Workers

More than **3000** frontline health workers

More Investment

More than **\$1.8 billion** from the Australian Government for better local health services

Menu

What is a Medicare Local?

Health services and workers

My Medicare Local

Medicare Locals map locator

Who operates a Medicare Local?

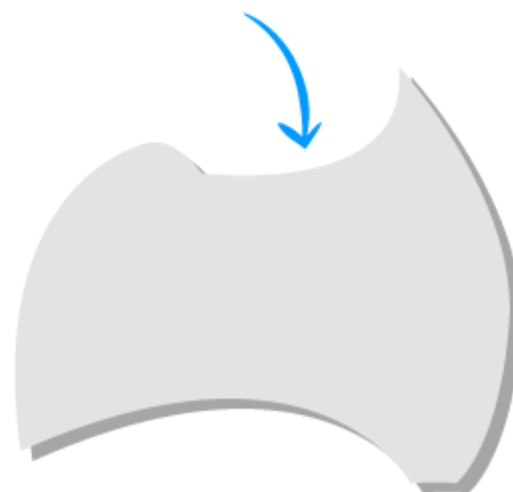
How can I get involved with my Medicare Local?

Medicare Local network leadership

Across Australia, 61
MEDICARE LOCALS
are planning and
funding extra health
services in local
communities.

Find your Medicare Local

Use the [searchable interactive map](#) to find your Medicare Local.



Australian Medicare Local Alliance

- The national body for MLs, established June 2012
- Not-for-profit, industry-based company
- Members = MLs
- Board:
 - skills-based (best-practice)
 - 9 directors – 5 elected, 4 appointed

AML Alliance's Function (key roles)

- Lead **change** agent
 - policy, program and systems development leadership
 - supporting new national initiatives
 - PHC advocacy/champions
- Support/enhance ML performance
 - Organisational Development
 - **Building** capability, capacity, maturity, efficiency
 - **NOT** performance monitors/'policing' role
- Some state liaison functions

Aboriginal Health in NSW MLs

- All receive **some** Closing the Gap funding
 - Improving Indigenous Access to Mainstream Primary Care Program
 - Care Coordination and Supplementary Services
- Aboriginal and Torres Strait Islander health **embedded** in all ML programs
- Some MLs have been awarded other Aboriginal health and wellbeing funding from a **variety** of sources eg:
 - Healthy for life
 - Mens/Womens/ Kids and Bubs programs
 - Mental health programs

MLs contribution to Closing the Gap health targets

Improving Indigenous Access to Mainstream Primary Care Program

Aim...

To contribute to **closing the gap in life expectancy** by **improving access to culturally sensitive primary health care services** for Indigenous Australians

Improving Indigenous Access to Mainstream Primary Care Program

Indigenous Health Project Officers:

- Strategic role to support system change to:
 - Improve **access** to primary health care service
 - Improve Aboriginal and Torres Strait Islander **identification** in health services
 - **Collaborate** with and support Community Controlled Health Sector
 - Promote **715 Health checks** and **allied health** services

Improving Indigenous Access to Mainstream Primary Care Program

Aboriginal and Torres Strait Islander Outreach Workers:

- **Community engagement role** to support access to primary health care services
- On the ground support for example:
 - Help people attend their appointments
 - Help people understand and manage their health care
 - Fill medical prescriptions
 - And much, much more....

MLs contribution to Closing the Gap health targets

Care Coordination and Supplementary Services

Aim:

**To improve health outcomes for Indigenous
Australians with chronic disease through better
access to coordinated multidisciplinary care**

Care Coordination and Supplementary Services Program (CCSS)

Care Coordinators:

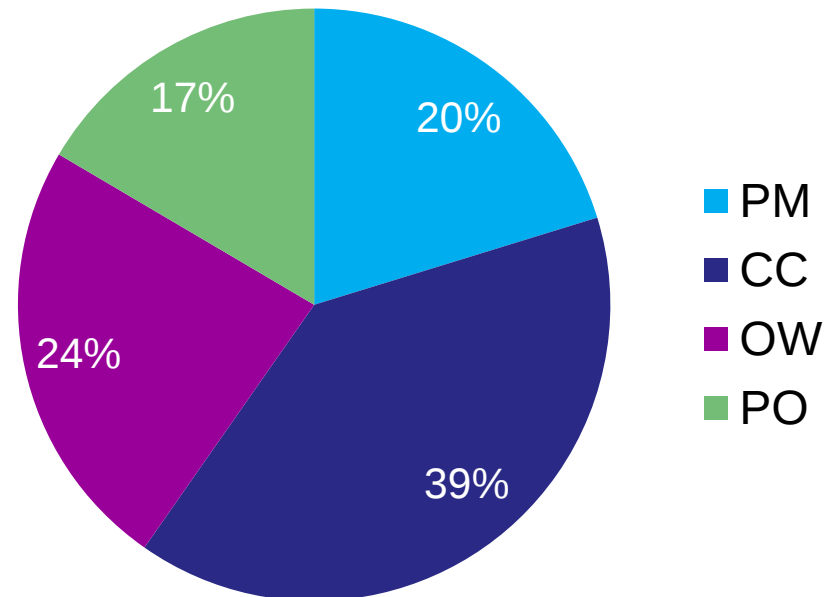
- Provide **care coordination** for Aboriginal and Torres Strait Islander patients who have at least one of the five CCSS targeted chronic diseases and referred by a GP
- Assist patients to **navigate the health system** and **access** a range of specialist, allied health, transport, medical aids and other services they require in accordance with their care plan
- Can access a **flexible** pool of supplementary services **funds** to support this care

Large national CTG workforce funded in or through MLs

465 people in Australia working in or sub-contracted by MLs as:

Program Managers: **98**
Project Officers: **80**
Outreach Workers: **115**
Care Coordinators: **191**

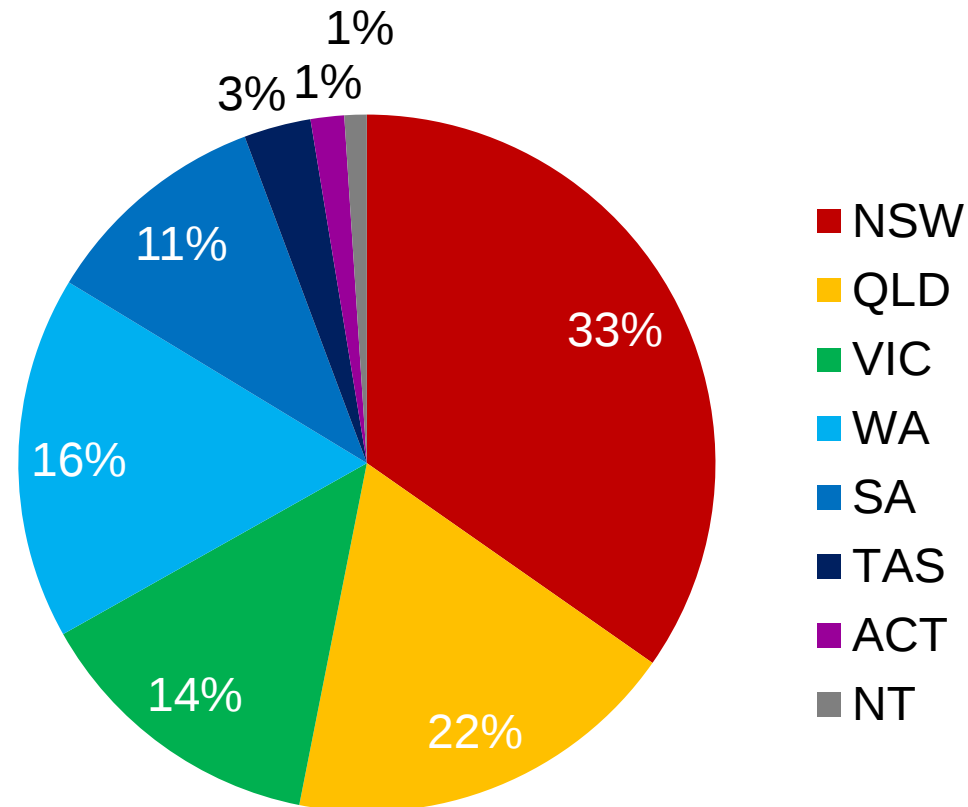
Positions



CTG workforce in each state...

People on the ground...

- **NSW: 134**
- QLD: 71
- WA: 65
- VIC: 53
- SA: 41
- TAS: 12
- ACT: 6
- NT: 4



CTG workforce in NSW

Breakdown of CTG workforce in NSW by roles:

- 17 Program Managers
- 58 Care Coordinators
- 32 Aboriginal Outreach Workers
- 27 Indigenous Health Project Officers

Percentage of NSW workforce (by roles) who identified in the March 2014 workforce survey as Aboriginal and/or Torres Strait Islander:

- 33% Program Managers
- 33% Care Coordinators
- 100% Aboriginal Outreach Workers
- 45% Indigenous Health Project Officers
- 33% Admin support officers

Central Coast NSW ML

Joint Aboriginal Health Services Plan and Collaborative Partnership Agreement 2013-17

- Landmark deal between **Yerin Aboriginal Health Service**, **Central Coast NSW Medicare Local** and **Central Coast Local Health District**
- The main **objective** of this **Agreement** and **Plan** is for Yerin, CCNSWML and CCLHD to work **collaboratively** to connect care for the local Aboriginal community, with the right health services, in the right place, at the right time and with the right provider.
- This Agreement and Plan had its genesis several years ago when the Central Coast Aboriginal Health Action Group was formed.

South Western Sydney ML

- South Western Sydney is home to highest number of Aboriginal people in metropolitan Sydney
- Long history of **SWSML** working in partnership with **Tharawal** (Campbelltown) and **Marumali** (Liverpool)
- **Service Level Agreement** between ML, **Marumali** and **Tharawal**
- **Shared health workforce arrangements** - experience in working in mainstream, AMS and LHD services
- ML **sub-contracting** of Outreach Workers and Aboriginal Health Practitioner
- **Data sharing**
- **Shared care** provision of CCSS patients
- Supporting each others funding proposals

Any questions please contact...

NSW Field Advisers – Closing the Gap:

Jerry Bacich

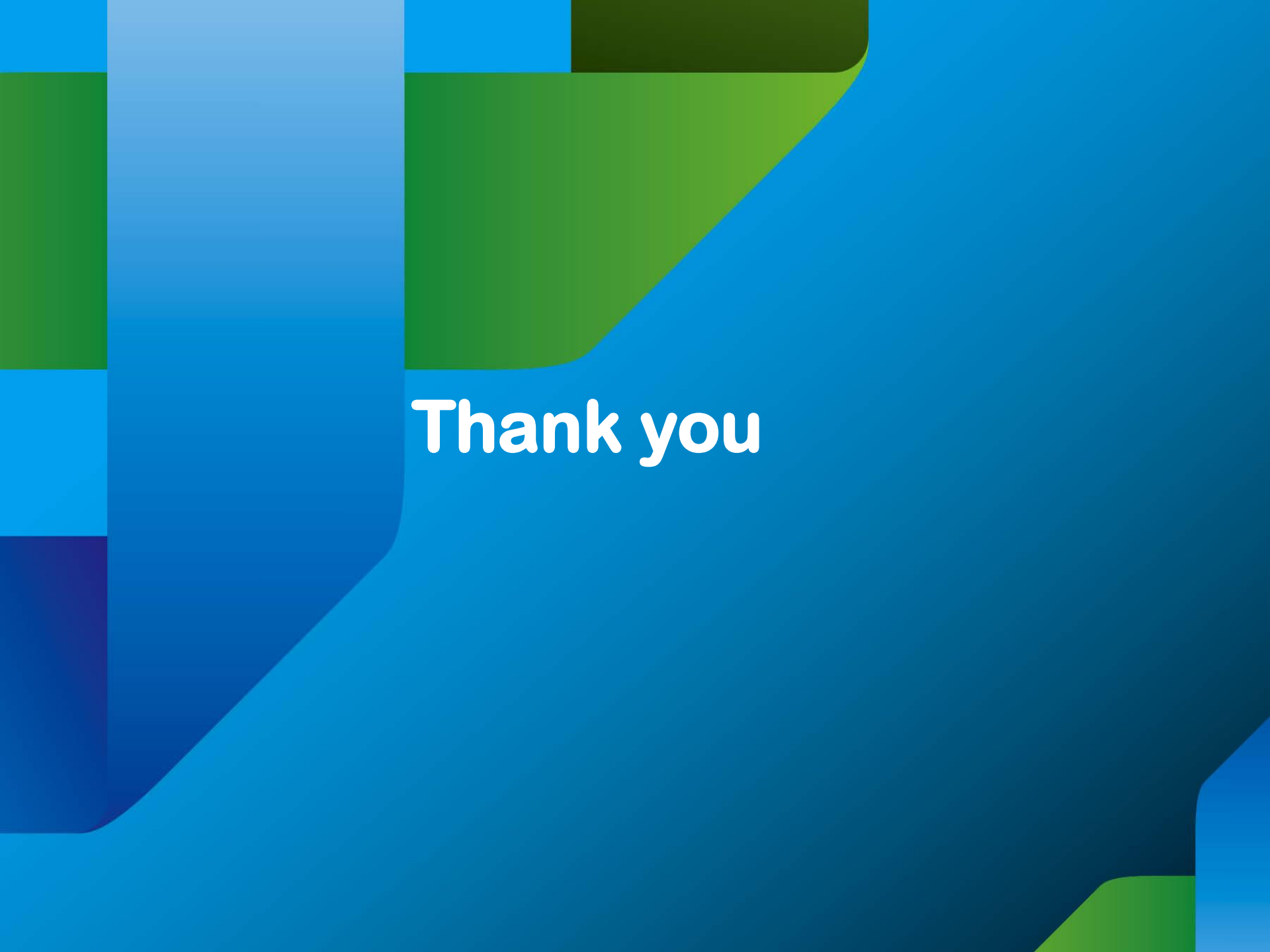
jbacich@amlalliance.com.au

Mobile: 0488 042 783

Wendy Campbell

wcampbell@amlalliance.com.au

Mobile: 0488 042 767

The background is a solid blue gradient. On the left side, there are several overlapping geometric shapes: a light blue vertical bar, a green square, a dark blue square, and a large green shape with a diagonal cut. In the bottom right corner, there is a small green shape.

Thank you