

# Primary Care Partnerships:

Working together, achieving more



## Introduction

Strengthening the primary health care sector is a priority of the Victorian Government. It is now universally accepted that an effective primary health care system plays a critical role in managing demand pressures on the acute and residential sectors of the health system and improving the health and well-being of individuals and whole communities in Victoria.

Significant evidence in Australia and overseas demonstrates the value of partnerships in improving the delivery of primary health care services.<sup>1</sup> The research also indicates that partnerships, in building a solid foundation for shared action, inevitably take many years to fully achieve their aims.<sup>2</sup> Even so, considerable advances in creating a more effective and efficient system are already being made.

<sup>1</sup> Gillam, Abbott, Banks-Smith (2001), 'Can primary care groups and trusts improve health?', *BMJ* 323 14 July 2001.

Roussos S, Fawcett S (2000) 'A review of collaborative partnerships as a strategy for improving community health', *Annual Review of Public Health*, 21, pp 369-402.

Evans D, Killoran A (2000) 'Tackling health inequalities through partnership working: learning through partnership working: learning from realistic evaluation', *Critical Public Health* 10 (2) 2000.

<sup>2</sup> Axelrod R (1984) *The evolution of cooperation*, Penguin Books, London, UK. Gillam, Abbott and Banks-Smith, op cit., Evans and Killoran op cit., and Roussos and Fawcett, op cit.





## What is the Primary Care Partnership Strategy?

The Primary Care Partnership Strategy was initiated in April 2000 as a vehicle to strengthen, improve and unite primary health care in Victoria through a partnership approach. Over 800 service providers have formed voluntary alliances called Primary Care Partnerships (PCPs or Partnerships). There are now thirty-one Primary Care Partnerships across the state.

Membership of every PCP includes key health care providers such as Community Health Services, Local Governments, Divisions of General Practice, Rural Health Services and Metropolitan Health Services. All Victorian Divisions of General Practice are members of PCPs. Primary Care Partnerships provide a vehicle for joint planning to support the implementation of integrated health promotion and better service coordination across health care and community service agencies.



## What do Primary Care Partnerships do?

In the first year, PCPs focussed predominantly on partnership development and planning. For the past four years, their focus has been on the planning and implementation of two key initiatives – service coordination and integrated health promotion.

Since their inception, the work of PCPs has spanned a range of system and practice changes. This has ranged from the introduction of common screening and referral tools, the establishment of processes and IT infrastructure for efficient sharing of information between providers, through to supporting a statewide services directory and implementation of a framework for planning and evaluating high quality integrated health promotion programs.

It is worth noting that New South Wales, Queensland and South Australia are currently piloting screening and referral tools and service coordination reforms that are based on the Victorian model. Similarly, Victoria is leading the way in establishing a comprehensive best practice framework for *integrated* health promotion which links statewide policy with common planning and reporting processes and a broad-ranging workforce development strategy.

Over the past five years, the work of the Primary Care Partnership Strategy has provided a platform which is delivering on Commonwealth and State priorities related to hospital demand, integration between general practice and other primary health care providers, multidisciplinary approaches to the management of chronic disease, and population health.

## What can Primary Care Partnerships achieve?

As reported by an independent evaluation of the PCP Strategy<sup>3</sup> and by Partnerships' performance reports<sup>4</sup>, PCPs are achieving the following:

- A **substantial improvement in relationships between agencies** and high levels of agency commitment. There is greater trust and improved knowledge of what others do, helping agencies define their core business and reduce duplication to improve services for consumers.
- **Improving consumer involvement** in service design, implementation and evaluation.
- Emerging evidence of localised **impact on the experience of consumers and measurable benefits** identified by consumers involved in integrated health promotion programs. The vast majority of participants in integrated health promotion programs have reported improvements in their general well-being or in particular aspects of their lives such as being better able to self-manage their health or ill-health.
- An **enhancement of service coordination** reported by all PCPs. Over 300 agencies have developed formal protocols with other agencies to jointly manage consumer care, including the use of tool templates and privacy and consumer consent processes. More than 350 different forms for collecting client information and making referrals have been replaced by a standard set of tool templates for service coordination.

According to Moyne Shire Council, there has been a 45 minute reduction in the time taken to complete an assessment when client information and the outcomes of a needs assessment are received as part of the client referral. Portland District Health Service reports a similar outcome where the total time spent on a client intake and assessment is reduced from one and a half hours to forty five minutes per completed referral received.

- Integrated health promotion programs have created a clear shift from **ad hoc to planned, evidence-based, integrated approaches**.
- Evaluation of the **Integrated Disease Management** projects show improvements in indicators such as increased levels of physical activity, lowering of blood pressure and improvement in a range of indicators for diabetes. Over 400 GPs and GP practice staff worked together with other primary health care providers on these projects.

### Better Health Self-Management – Barwon Primary Care Forum (BPCF) (PCP)

One of the goals of the BPCF was to help people with chronic conditions, such as diabetes, to better manage their condition. To achieve this, the BPCF coordinated the local implementation of the Better Health Self Management program developed by Stanford University. Since commencing implementation of this evidence-based program in October 2001, 15 health professionals and 17 community members have become course leaders. The course has been delivered to more than 150 participants. An evaluation of the program has demonstrated that over 90 per cent of participants report a confidence level of seven or greater (on a scale of 1-10) to be able to manage their condition. This confidence level has been maintained by 80 per cent of participants six months after participating in the course. The BPCF has taken steps to keep the course running by training staff already working in local agencies. Now eight local community health services regularly run Better Health Self-Management courses.

- A **systematic approach** to state-based primary health care providers working with GPs. All PCPs are working with Divisions of General Practice and most have engaged with individual GPs to improve referrals, care coordination and disease management.

- PCP member agencies, including hospitals, are **working together to reduce preventable hospital admissions**.
- The Partnerships have been the vehicle for **implementing a range of Commonwealth and State programs**, such as rural health promotion, falls prevention, diabetes projects, Hospital Admission Risk Programs (HARP) and suicide prevention. For instance, the partnership relationships developed through PCPs have been vital in providing the means for the primary health care sector to work with the acute health sector on the HARP initiative.

### The Western HARP Consortia

The Western Region used the existing partnerships developed by their three Regional PCPs (Westbay, Melbourne Moonee Valley and Brimbank Melton) to advance their HARP projects. *'Our HARP projects have meant a reduction in emergency department presentations and in patient hospital admissions way in excess of 30%; 34% for chronic obstructive pulmonary disease, 67% for congestive cardiac failure and 90% for paediatric asthma. This would not have happened if we had to reinvent the partnerships'*, Clare Amies, CEO, Western Region Health Centre.

Western Health, 2 Western GP Divisions, ISIS Primary Care, Western Region Health Centre, RDNS, local government and other agencies are key players in advancing the HARP agenda in the Western Region. Ms Amies says that the existing alliances formed by the PCPs meant that *'they didn't have to start again and iron out all the conflicts and difficulties'*.

<sup>3</sup> Australian Institute for Primary Care, *Evaluation of the Primary Care Partnership Strategy: Baseline Report* (July 2002), *Evaluation of the Primary Care Partnership Strategy: Second Interim Report* (December 2002)

<sup>4</sup> Department of Human Services, *Statewide Analysis of Community Health Plan Implementation Agreement (CHPIA) Reports*, December 2002. (Forthcoming)





## What are the critical success factors?

The independent evaluation of the PCP Strategy and Partnerships' performance reports have revealed a number of key success factors for the partnerships. Agency leadership and commitment, including CEO engagement and appropriate governance and coordination arrangements, are important factors in assisting the partnerships to work. There must also be a strong commitment to the development of primary health care and population health as well as a shared understanding about partnership goals. Effective communication strategies between member agencies are essential as is a clear focus on local issues and achieving concrete changes at agency level. Community participation in project development also contributes to the success of Primary Care Partnerships.

## What do Primary Care Partnerships cost?

Over \$3.2 million dollars is invested in the Primary Care Partnership strategy each year, with additional funds for integrated health promotion, service coordination, disease management and communications infrastructure. It is clear that a small investment is reaping significant benefits both in terms of system improvements and improvements in the health and well-being of Victorians.







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## What is the future for Primary Care Partnerships?

Primary Care Partnerships provide, now and into the future, the ideal platform for initiatives that require effective collaboration and coordinated effort not only across primary health care services but also with other health and community groups.

### Upper Hume Innovations Project

The aim of the Upper Hume Innovations Project was to divert families from statutory child protection agencies to community-based services, and to minimise client renotifications and the progression of families into the child protection system. An advantage this project had from the beginning was that the PCP already had an established network of agencies with over 3 years of experience working together. This 'consortia' of agencies designed the project to work towards enhancing the whole service system through the coordination of services, access to common agreements of practice and service planning. As a result the Upper Hume now provides timely and appropriate services to families and children, using a central intake system with a panel to look at cases. Importantly, this panel includes key service providers and significant stakeholders such as school principals and mental health workers who were engaged through the networks of the PCP.

We know we have strong support for the partnership approach in primary health care. Given cross-department and stakeholder commitment and nominal resourcing PCPs can continue to consolidate their role as the glue in developing a more responsive and accessible primary health care system, one that could set a new standard of primary health care in Australia. Most importantly, a system that actually enables health care services and potentially other community providers to work better and achieve more for consumers, communities, funders and providers. In short, all of us!

### Further information

Additional information sheets are available on:

- Service coordination
- Integrated Health Promotion.