

Medicare Locals: the journey so far...

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Medicare Locals: from Melbourne East General Practice Network to Inner East Melbourne Medicare Local



What are Medicare Locals?

Established as part of the National Health Reform

- In 2011, the Australian Government established a national network of 62 Medicare Locals as part of its National Health Reform.
- Medicare Locals are primary health care organisations responsible for coordinating primary health care delivery and tackling local health care needs and service gaps.
- While government funded, Medicare Locals are *independent* organisations, not government bodies.

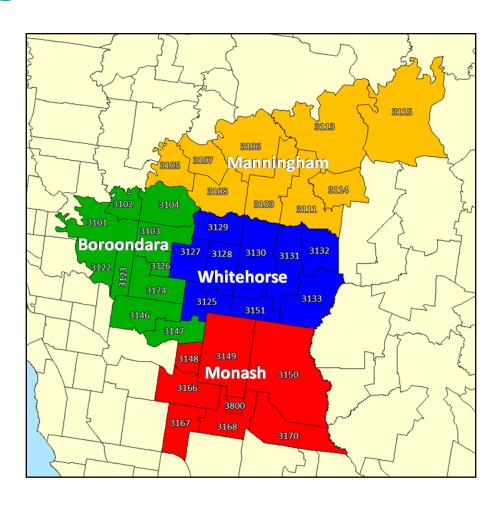


Our journey from a Division to a Medicare Local

- In June 2011, the Melbourne East GP Network was one of four Victorian organisations to successfully become a Medicare Local.
- Inner East Melbourne Medicare Local (IEMML) is responsible for supporting local general practice and other primary health care service providers in the municipalities of Boroondara, Manningham, Monash and Whitehorse.
- Our approach is to actively build on our GP strengths, expertise and knowledge.



Our region





Our governance and membership

- EMML is governed by a skills-based board, appointed by an independent nominations committee.
- A key feature of organisational structure is an expanded stakeholder membership base. This enables health professionals, hospital networks and community organisations to join with GPs to achieve the best health outcomes for our community.
- All existing GP and general practice members were automatically transitioned into stakeholder membership
- Our new members include:
 - Local hospital network: Eastern Health, Cabrini, St Vincent's Hospital
 - Community Health Services: MonashLink, Whitehorse, Inner East and Manningham
 - Local councils: Whitehorse, Manningham, Boroondara, Monash



Our objectives

IEMML's main objective is to improve primary health care in our community.

Our four key areas of initial focus are:

- after hours care
- aged care services
- eHealth
- mental health



Our activities

- IEMML will continue to deliver existing services and support to GPs and practices.
- We will also coordinate a range of primary health care services and tackle service gaps by:
 - fostering interagency collaboration and communication in the local area
 - -promoting initiatives in disease prevention and management
 - consolidating local health planning.



Finding local solutions to local problems

- Connecting health to meet local needs
- Better access to services and information
- Expanding the local (professional/health) networks
- Better coordination of local services
- We are local
- Here's an example of how we are doing this:



Example: After Hours

In 2011, IEMML commenced an After Hours Project to identify gaps and develop a comprehensive plan to improve access to after hour services in the Whitehorse, Boroondara, Manningham and Monash catchment.

- Conducted comprehensive data review and geospatial mapping of service availability
- Surveys and extensive stakeholder consultations with service providers and the local community
- Identified 13 priority gaps and began implementing approaches to address them
- Supported identified clinics extend their hours of service to meet community needs (Box Hill and Hawthorn)



Example: After Hours

- Implemented pilot program to increase after hours access for Aboriginal and Torres Strait Islander patients (Box Hill)
- Based on community consultations we developed a range of communications materials, to increase awareness and understanding of after hours care options
- Distributed brochures and fridge magnets to general practices, community organisations and published on our website
- To meet our CALD community needs, materials have also been translated into top ten languages in our region
- Began developing a web directory of after hours service providers (connected to National Health Services Directory) accessible to the community from our website.



General practice profile

Number of general practices	175
Number of solo practices	29%)
2-5 GPs	(40%)
6+ GPs	(31%)
GPs Special Interest	7
Workforce	
Number of GPs	852
Number of Practice Nurses	218
Number of practices with a nurse	93 (51%)



General practice profile

- Average hours worked = 42 (direct patient care)
- Average male GP is 55-65 years of age
- Average Female GP is 35-45 years of age
- Female GPs work less hours
- Gen Y GPs working less hours; less interested in being practice owner
- Approx. 35% of patient encounters are for chronic disease
- Average length of consultation = 13 minutes
- Bulk billing rates approximately 66%
- 1-2 problems managed per consultation
- Most common problem managed was hypertension



Are our practices culturally safe?

- Out of 852 GPs, 255 speak one or more languages other than English
- The majority of general practices have information for patients in other languages
- All general practices have access to interpreter services
- Practice staff are encouraged to learn other languages in practices where GPs speak another language



Practices that are bilingual

- Hanover Street Medical Centre (Clayton) Greek
- Hanin Medical Centre (Glen Waverley) Korean
- Box Hill Centro (Box Hill) Chinese
- Templestowe District Medical Centre (Templestowe) – Greek
- Family Care Medical Centre (Mount Waverley) Arabic



A case study of one GP

- A GP that is based in Manningham
- This GP is female
- They are currently caring for 32 Iranian families
- Refers them to services at Manningham Community Health Service (MCHS has a dietician & a podiatrist that speaks Farsi)
- Has recommended they get in contact with MIC
- Refers them to a dentist at Whitehorse Community Health Service who speaks Farsi and works Fridays



For further information please contact:

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