From solo practice to partnering

The evolution of the Elmore Model of Primary Health

Adel Asaid
MBBch, FRACGP, is Principal Doctor, Elmore Medical Practice, Elmore, Victoria.
adziz@netcon.net.au

Karen Riley
RN, BHSc, DipWomHlth, is General Manager, Primary Health, Bendigo Community Health Service, Victoria.

The Elmore Primary Health Service is located in Elmore, 46 km northeast of Bendigo in central Victoria. The population of the town and surrounding district is approximately 5400. Elmore was formerly a campus of the Rochester and Elmore District Health Service until a service review enabled the development of a new model that brought together the local general practice and a community health service as partners.

In the beginning – a GP perspective

Elmore lost its hospital in 1994 and its resident doctor soon after. For 4 years the town was without a doctor, and residents seeking medical care had to travel 20 minutes to the nearest town.

The general practitioner currently practising in Elmore opened his practice in 1998, with staff consisting of himself and one receptionist. The practice now has four doctors servicing over 5000 patients – mostly young families and the elderly – from Elmore and surrounding areas.

The practice has always sought to be actively involved in the community – by sponsoring events, attending functions and providing medical services at community events – but fragmented service delivery had proved to be a consistent and ongoing frustration for both the practice and its patients.

A government review of primary health services in Elmore provided an opportunity to identify areas of duplication, gaps in services and barriers to accessing services – all of which were a concern to the community, particularly its elderly members. The review also provided an opportunity to consider new ways of providing a range of services to the community through a partnership with Bendigo Community Health Services.

Getting together with community health

The Elmore Medical Practice formed a partnership with Bendigo Community Health Services (BCHS), a not for profit, community based organisation employing approximately 130 staff. It provides a comprehensive range of primary health care and community services from six sites within Bendigo as well as providing outreach and subregional programs.

Bendigo Community Health Services is committed to developing strong relationships with both community members and their local GPs. In developing a service model for Elmore, the community was to be central to all planning, with genuine partnership integral to every stage.

What the policy environment told us

According to the Australian Health Minister's Advisory Council (AHMAC), effective rural health policy and strategies should ensure:

- accessible, acceptable and affordable health care based on population needs
- flexible approaches that address the specific needs of geographically and socioeconomically disadvantaged groups
- approaches to service delivery that take account of specific education and training needs of health workers/practitioners
- multidisciplinary approaches within a coordinated framework
- an orientation to primary health care and public health in order to address direct causative and underlying factors underpinning poor health status
- integration and coordination of health activities between related Commonwealth and state programs in order to maximise intersectoral linkages
- consumer participation in health care planning and decision making
- health services are able to demonstrate improved health outcomes. [1]

This reinforced the original vision of 'Healthy Horizons',[2] which was endorsed by AHMAC in 1999, stating the need for:

- people to be involved in local health services, in decisions that affect their health, and in social and economic developments that affect their health
- community members, health professionals and others who work in regional, rural and remote communities to work together to determine priorities for local action
- improvements in health and social wellbeing for rural, regional and remote communities to be sustainable as people and issues change.

The model concept

While consultations with community and current service providers indicated a very strong preference for a 'seamless, locally coordinated model of service delivery', it was equally important to consider the experiences of other rural communities and the issues that influenced or impacted on their capacity to provide health services.

Following consultations with small rural health service providers, Humphreys and Mathews-Cowley[3] identified four main model types for effective and appropriate service delivery in small rural communities. These included:

- visiting services based upon local needs
- a local or visiting community nurse
- multipurpose mobile services
- community coordinator.

Other studies had called for the need to integrate and coordinate allied health professionals in rural areas to better meet the needs of the community.[4,5] Enhancing the sustainability of rural and remote general practice has also increasingly become a theme in strategic thinking and planning to address the GP workforce shortage and support GP services to rural communities.

Although the literature[6-9] gave us some broad insights into the types of issues we might confront in developing our new service model, the particular needs of the Elmore community remained of paramount importance.

The model

The medical practice and the community health service scoped the issues and tested its planning and development concepts with members of the community advisory group who had been central to the ongoing consultation process. Part of our challenge was to find a balance in bringing two independent services together to provide a single entry point for the community, and to mobilise our services in a way that drew on the strengths of each provider.

While it was agreed that the model should be dynamic and therefore have the capacity to change in response to evolving needs, the foundation model is a hybrid of community coordination and outreach services against a mixed backdrop of public and private health funding. It is a model that acknowledges the critical role of the GP as the most common first point of contact for patients, and the leverage this provides in both coordinating and mobilising services around the patient. This is supported through the complementary roles of a locally appointed service coordination manager and practice nurse, and the provision of community health programs resourced through BCHS that are specifically tailored to meet the Elmore community's needs. Visiting services remain part of this model, but they are coordinated and accessed through the single entry point of the primary health service (*Figure 1*).

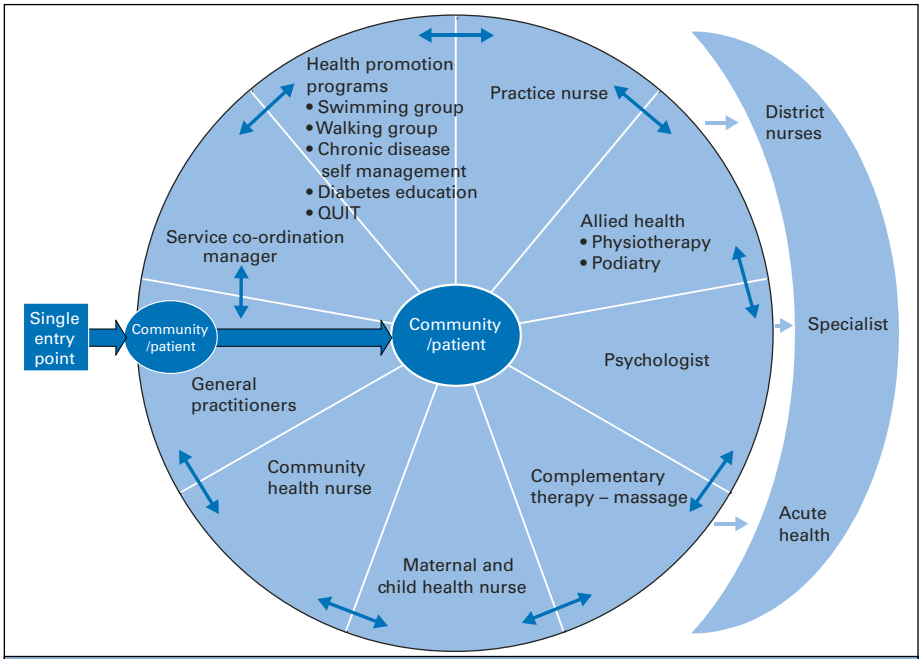

Figure 1. Elmore Primary Health Service

A number of strategies have been employed to assist the development of the model including:

- the development of a communication and engagement strategy for both community and service providers
- joint employment arrangements
- appointment of a medical practice manager
- the collaborative process of designing a logo to reflect the partnership between the medical service and the community health service to form Elmore Primary Health Service
- joint service provider meetings.

Key ingredients of the model are grounded in a shared vision for the partnership, in recognising the wisdom of community participation in planning, and in constantly checking our capacity to work together to ensure seamless delivery of services that best meet the community's needs. The model allows for a holistic approach that provides health care from prevention through to rehabilitation. The benefits to case conferencing, care planning and cross program referrals are best described as being the result of open communication, ease of access and timely feedback mechanisms for both patients and the primary health team.

We now have a single point of entry that enables patients to access a broad range of health services including allied health, health promotion and other complementary services. There is an increased awareness of the services available, and regular meetings and improved communications between the service provider teams allow for appropriate referrals and coordination of care. This model ensures the best possible utilisation of the services available, be they government or privately funded.

In essence, we believe our model combines the benefits of local coordination and integration of general practice and other primary health services, and places the community at the centre of all development, planning, and service delivery processes.

An additional advantage of the model is that it reduces the potential isolation of GPs

practising in small rural communities, and for those who are overseas trained, supports their transition in to the community.

Conclusion

Ongoing evaluation is integral to our process and we envisage much will be learnt as our model progresses. We look to the future with a great sense of hope, knowing that as a team the Elmore Primary Health Service will continue to grow and prosper, as will our partnership with the Elmore community.

Conflict of interest: none.

References

1. Australian Health Minister's Advisory Council. Healthy horizons: outlook 2003–2007. Canberra: Australian Government Publishing Service, 2002.
2. National Rural Health Policy Forum and the National Rural Health Alliance. Healthy horizons (1999–2003): a framework for improving the health of rural, regional and remote Australians. Canberra: National Rural Health Policy Forum, 1999.
3. Humphreys J, Mathews-Cowey S. Models of health service delivery for small rural and remote communities. Victoria: La Trobe University, Bendigo; 1999. RHSET Grant No.329.
4. Australian Health Minister's Conference 1996. National Rural Health Strategy Update. Canberra: AGPS.
5. Australian Medical Workforce Advisory Committee 2000. The General Practice Workforce in Australia AMWAC Report.Sydney: 2000.
6. Battye KM, McTaggert K. 2003. Development of a model for sustainable delivery of outreach services to remote north-west Queensland, Australia. Available at www.rrh.deakin.edu.au/articles.
7. Department of Human Services. A guide to community consultation in rural and regional communities. Melbourne: DHS, 1999.
8. Department of Human Services. Small Rural Health Providers: Service and Funding Model Project. Melbourne: KPMG consulting, 2002.
9. Kuipers P, Allen O. Preliminary guidelines for the implementation of community based rehabilitation (CBR) approaches in rural, remote and indigenous communities in Australia. Rural and Remote Health 2004;291.

afp **CORRESPONDENCE** email: afp@racgp.org.au