

Poster Abstracts

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Abstract title: *What are the essential components to an integrated primary and community health?*

Portland District Health (PDH) services the coastal town of Portland population 10,000, located in the Glenelg Shire South West. PDH relocated its community health staff to Active Health Portland (AHP) Super General Practitioner Clinic and Allied Health Building, transitioning to a primary and community health precinct servicing Portland and surrounding district. Over 60 staff including the Specialist Clinic of Specialist doctors, GPs, GP Registrars, students, allied health, Alcohol and other drug counselling, specialist nursing and community health nurses. are employed on varying funding arrangements including permanent contract, subcontract, MBS 100 % donation model or split fee share, fee for service and room lease arrangements.

Integration of services goes beyond co-location, demanding cultural shift from “them to us,” a shared strategic plan and organisation values; appropriately qualified workforce with an understanding of rurality, leaderships skills, accountability, clinical governance and clinical supervision; where volunteers and consumers supporting service integration and service development, partnerships with other organisations and ongoing community engagement. Ensuring transparency, implementing flexible funding models, complimentary to each other, staff are comfortable with their employment arrangements and roles within the integrated primary care model, while ensuring clients and their families remain the center.

Since September 2013, the PDH integrated model of care has worked towards embracing General Practice “Medical Home,” Health Independence Programs, chronic and complex care management, client centered care, enhancing links with primary prevention and research; evaluating and matching required skill mix and breadth – Allied Health Assistants and Exercise Physiologists, closing of service gaps – paediatric autism screening, occupational therapy and hand therapy and advanced care planning across the continuum of care. Public health integrated with “not for profit” organisation can be reciprocal.

Learnings to date which are essential to PDH as we continue the service integration journey include continue to monitor and evaluate in order to release programs no longer “core business,” duplicative or cannot fit within the Capacity Framework. Organisation’s leadership team must monitor cash flow and or budget and State / Commonwealth targets with knowledge that finances are not sole purposes of existence; rather balanced with quality service coordination-systems management to enhance client access, quality and continuity of care experienced by our clients and their families. Finally, listening to staff,

clients, consumers and partners, including the challenges continues to inform integration strategies, as an innovative change approach to service provision.

Biography

Fiona is the Director of Primary and Community Health at Portland and District Health Service. She has completed qualifications in Bachelor of Nursing, Graduate Certificate in Diabetes Education, Bachelor of Education and a Graduate Diploma of Business Management. Fiona has worked in metropolitan and rural settings in Victoria.