

General Practice in Partnership with Community Health Services

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Four questions:

1. What stops GPs from referring to Community Health Services?
2. What can CHSs and divisions do about this?
3. What reforms in general practice can CHSs be part of?
4. What could be shared business?

1. What stops GPs from referring?

- GP referral does not give patient benefit
- GPs lack knowledge of CHS services inc eligibility, fees
- Perceived long waiting times & lack of feedback
- Alternatives are better fit with GP system eg MBS rebates for private allied health, vouchers for psychology services, MAHS

2. What can CHSs and divisions do?

- CEO to CEO leadership
- Clinicians need to identify the benefits of GP referral and feedback for patients
- Jointly plan and implement a pathway
 - For easily identifiable patient population
 - CHS to organise access & feedback
- Division role to promote to GPs; CHS role to enhance responsiveness.
- Both to monitor



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3. What reforms in general practice can CHSs be part of?

Broad approaches:

- Population health approach
- Information management to promote quality

Specific division strategies:

- Practice accreditation support
- Practice nurse support
- Data cleaning
- Primary Care Collaborative



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4. What could be shared business?

Determine our shared patients- how better coordinate?

- Develop and resource CHS 'triage' for GP name and medical input
- Plan & implement mix of public and private providers for Team Care Arrangements

Determine those missing out- how improve access?

- Inform and negotiate appropriate mix/ priority & waiting times for allied health CHS services
- Identify GPs able to take new patients

Determine common worker support needs

- Systematic information exchange re CPD, service changes etc



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Vision for partnership

As a GP:

- Clinical liaison with CHS nurse/coordinator:
 - eg shared TCA clients, GP patients getting CHS services, CHS clients accessing a GP
 - Face to face, in the practice, remunerated time, including PN, about patients
- Clinical trust between us and CHS clinical staff

As a Division GP rep:

- Division promoted pathways/services - practical support available in the practice, solve problems to get GPs use of services;
- Division and CHS senior staff have a productive relationship on which to build innovative models of care



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A homily for new Strategy:

- Let's stop saying we don't need each other
- Let's say more clearly the ways in which we do



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