

***Victorian and Tasmanian PHN
Alliance submission***

**Draft National Treatment
Framework**

July 2019



The **Victorian and Tasmanian Primary Health Network Alliance (Alliance or VTPHNA)** is pleased to provide feedback on the **draft National Treatment Framework**.

The Alliance provides a platform for the Tasmanian and six Victorian Primary Health Networks (PHNs) to work together. The Alliance enables the PHNs to collectively achieve the best possible outcomes for local communities and organisations through leadership, collaboration, coordination and synergy across the jurisdictions. Information about the role of PHNs and associated enablers in health system reform are provided in Appendix 1.

The Alliance proudly acknowledges Australia's Aboriginal and Torres Strait Islander community, their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal and Torres Strait Islander people and communities to Australian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

The Alliance also acknowledges all people who have personal experience of alcohol and other drug issues and their families and carers. The voice of people with lived experience is essential in the development of our work.

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Key points

The Alliance supports the development of a National Treatment Framework that seeks to enable a nationally shared strategic vision for alcohol and other drug treatment and facilitate better treatment planning, commissioning and monitoring, in order to maximise the health outcomes of people with alcohol and other drug problems.

The Alliance feedback emphasises the following key points:

- **Alcohol and other drug (AOD) planning, funding and oversight** to achieve the desired end state for AOD service provision as per the final Framework is **a shared responsibility among commissioners of AOD services**. This includes Commonwealth Government, State Government, PHNs and other compensable care agencies (e.g. Victorian Transport Accident Commission). The implementation of a **collaborative framework for all commissioners of AOD services** is required to ensure an approach consistent with the draft Framework intentions for ‘role clarity, collaborative planning and purchasing’ (draft Framework page 5).
- A stronger emphasis on the **role of primary healthcare and General Practice** is required. Generalist primary healthcare delivers an important role in AOD interventions and treatment. This includes the significant role and value that general practitioners (GPs), practice nurses and pharmacists play in providing engagement, treatment and care pathways. For GPs, this includes activities in support of **early intervention, engagement and facilitating and supporting aftercare**. There are a range of other national developments that can further contribute to primary healthcare capacity in AOD. These include the Medicare Benefits Schedule (MBS) Review¹ and the implementation of the Practice Incentive Payment Quality Improvement.²
- The Alliance highlights the distinction between **quality improvement and evidence-based care**. Quality improvement systems are a means of ensuring **organisations** are delivering consistently safe and high-quality services to consumers, that are aligned with available evidence, and that resources optimally used. Evidence-based practice can be understood as **‘what works, where, and under what circumstances?’** The final Framework must articulate expectations for evidence-based service provision in order to enhance understanding of effective and efficient service provision. Evidence-based interventions are contextualised in practice and enabled by quality improvement systems.
- The **implementation of the final Framework** will provide a platform to facilitate improved consistency and expectations of treatment and interventions delivered across the AOD service system. It requires a significant focus in **change management**, and the people, processes and systems of care. The transition and implementation of the final Framework will depend on commensurate investment and promotion to support greater system transparency and reframing of consumer and community expectations for service.

¹ <https://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce>

² https://www.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance





Framework Scope

The Alliances highlights the following considerations regarding scope of the draft Framework:

- As the Framework seeks to ‘provide a nationally endorsed and shared understanding of AOD treatment’, there is a need to consider the extent to which the draft Framework is inclusive of both **public and private service providers**. It is understood that safety and quality systems can vary significantly. There are benefits of a national accreditation function or body to monitor and assess standards to drive safety and quality improvement in AOD treatment service provision. The function or body would be ideally placed to actively ensure that treatment standards that support safe and quality care are maintained, and to oversee alignment to the final Framework. There is potential risk for unregulated quality and / or safety of services in the absence of any accreditation or compliance requirements for providers. Therefore, clarification of the extent to which the framework seeks to redress these concerns is of interest.
- There is a need for a stronger emphasis on the role of **prescription medication misuse** as a growing concern for both providers and the community. Across Victoria and Tasmania, the experience of codeine up-scheduling changes and introduction of real-time prescription monitoring revealed a significant level of unmet need for specialist capability in managing misuse of prescription medications. It is understood that workforce and service capacity to deliver effective intervention and treatment for prescription medicines misuse varies significantly compared with alcohol and other illicit drugs. This was the experience of PHNs in planning for the impact of lower-dose codeine scheduling changes that came into effect in 2018. It is noted that Harm Reduction is one of the three pillars of the *National Drug Strategy 2017-2026*, yet there is no specific reference to misusing prescription medicines or receiving supplies of high-risk medicines beyond therapeutic need.

Towards a national real-time prescription system

The implementation of real-time prescription monitoring in Victoria and Tasmania has highlighted the importance of high-quality treatment and support services for prescribers and pharmacists at the point of care. The Victorian PHN experience of the design, development and delivery of prescriber and pharmacist training to support the introduction of SafeScript has presented a number of opportunities to strengthen the links between primary healthcare and specialist AOD services.

Source: <https://vtphna.org.au/safescript/>

- PHNs deliver a systematic population-based approach to commissioning with a focus to support integrated models of care as a key platform for change. The draft Framework does not reference the **link between the Commonwealth national planning function and PHN AOD regional planning, commissioning, and other integration and service improvement initiatives**. PHNs are ideally placed to contribute as agents in this regard. Specific clarity on the role of PHNs as it pertains to the final Framework is required to avoid any ambiguity at implementation at the jurisdictional level.





Principles for effective AOD treatment and broader treatment system

The Alliance supports the six principles as the basis for all AOD treatment and interventions in Australia.

The Alliance notes the following considerations for the Framework treatment principles:

- A guiding principle for service development must be **quality improvement and evidence-based care**. The draft Framework outlines service strategies and responses for consumers. From this, the final Framework must articulate expectations for **safe, high-quality, evidence-based treatment interventions** which are configured through effective and efficient systems. Evidence-based interventions are inevitably contextualised and implemented in practice. The final Framework would be well-placed to outline how practices and services are to be consistently supported with the guiding principles.
- **Treatment should be proactive and recovery oriented**, emphasising the importance of hope and with recognition that each consumer's journey to recovery is unique. While the draft Framework may imply recovery within the principles, the notion of recovery has very significant meaning and context and must be more strongly emphasised. Recovery principles and recovery-oriented practice encompasses functional outcomes, such as personally meaningful activities and relationships, and also an individual's process of building hope and autonomy.³ Furthermore, a **proactive approach** should mobilise community-based supports to **engage people in services prior to crisis**. The final Framework must not be inadvertently crisis focused.
- Acknowledgement that the involvement of and support for **families, who may form a key part of an individual's support network**, is an integral part of holistic care. There is merit in including 'family inclusive' as a guiding principle. The role of **natural supports** and treatment provision within support systems is also acknowledged as facilitating consumer engagement.
- There is unmet need within Aboriginal and Torres Strait Islander communities (draft Framework page 3). As a result, the Framework guiding principles should reference the need for **culturally appropriate treatment system responses**, spanning screening, assessment, integrated treatment, care and support

Primary Health Tasmania Vignette

PHN procurement of programs for young people (12-25), their families and communities, who are experiencing difficulties due to their own or someone else's problematic AOD issues.

Details: <https://services.primaryhealthtas.com.au/alcohol-and-other-drug-treatment-south>

³ <https://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-nongov-toc~mental-pubs-i-nongov-pri>





Alcohol and other drug interventions and treatment

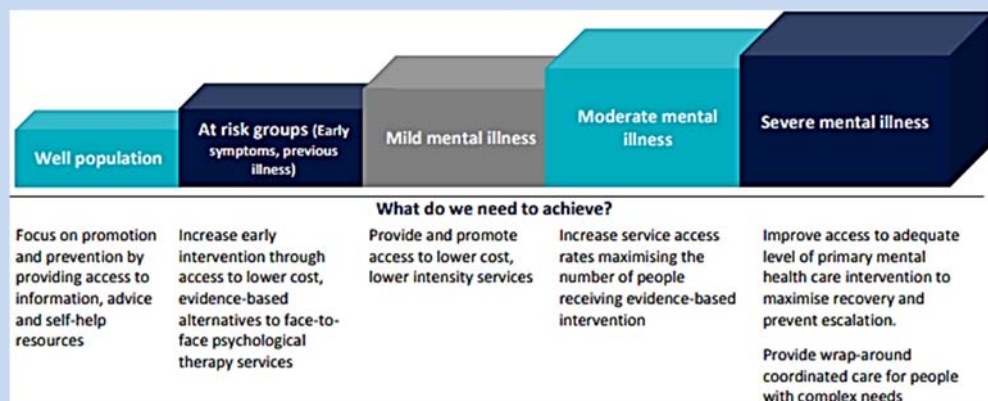
The Alliance broadly supports the proposed categorisation of interventions, engagement and treatment.

The Alliance notes the following implementation considerations:

- Acknowledging that the recovery journey can be prolonged for some consumers, it is important to highlight the risk of negative consequences for consumers where differing interventions are delivered by fragmented services and systems of care. There are merits of a review of the available treatment options and levels of care to inform a **stepped care AOD model of treatment** (i.e. acute inpatient, residential, partial-hospitalisation, outpatient / intensive outpatient). As reference, the **national Mental Health Stepped Care Model** provides a useful approach to conceptualising service provision and potential consumer journeys across treatment types over time. The final Framework would benefit from mapping to the national Mental Health Stepped Care Model to ensure alignment of responses for consumers with dual diagnosis.

The **national Mental Health Stepped Care Model** aims to deliver the best possible care for people experiencing mental illness and to make care available in a way that best suits consumers (refer Figure 1). This is undertaken through the provision of a suite of mental health services across all ages, including evidence-based psychological interventions for children and families.

Figure 1. National Mental Health Stepped Care Model



Source: Australian Government, [Stepped care: PHN primary mental health care flexible funding pool implementation guidance](#)





- **Coordinated care and recovery** involves individualised and flexible support involving the breadth of AOD interventions and treatment over a period of time.⁴ Coordination and case management were collectively mentioned in the draft Framework as a principle and as part of all treatment and interventions. However, they are not highlighted as a distinct requirement for consumers with complex needs. In Victoria, coordination and case management forms a separately classified and funded service type providing support for consumer navigation and engagement with key services including housing, vocational support and health services that assist with recovery. As such, the final Framework would benefit from **formal reference to coordination and case management**, and inclusion in the Australian AOD service system figure (draft Framework page 10).
- **Approaches to treatment categorisation may be excessively broad.** The draft Framework applies categorisation which may not adequately reflect the range, setting and modes of delivery. It is proposed that treatment categories may be articulated as:
 1. **Harm reduction** – Including needle and syringe programs, peer support, Medication Assisted Treatment of Opioid Dependence.
 2. **Early intervention** – Including brief intervention, drop-in support, peer support, family support, detoxification / sobering-up services.
 3. **Treatment** – Including withdrawal management, counselling, rehabilitation, care and recovery coordination. Treatment settings may comprise residential, non-residential, outpatients / centre-based, outreach / assertive outreach, and inpatient / acute.
 4. **Aftercare**
 5. There should also be details of **mode of intervention** (e.g. face-to-face, individual, group, telehealth and online).
- **General practice provides a vital role in the provision of AOD interventions and treatment.** In some communities, GP can often have the **role as the sole provider of AOD support** (including provision of Medication Assisted Treatment of Opioid Dependence), either as a consequence of consumers declining to participate in specialist services or where there is a lack of specialist service options available locally. Therefore, alignment between the role of the MBS in the provision of AOD interventions and facilitating access to AOD services is acknowledged and further MBS developments are worthy of monitoring.⁵

⁴ <https://www2.health.vic.gov.au/Api/downloadmedia/%7BD9F0F87E-AF08-4580-8A75-4911FBD8DA95%7D>

⁵ <https://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce>





Processes of Care

The Alliance notes the following implementation considerations as it pertains to processes of care:

- The draft Framework does not reference or acknowledge help seeking for AOD by consumers and family members (prior to the first core process of care being assessment) and the importance of reducing **stigma and discrimination among providers** to increase consumer **help-seeking** behaviours.
- **Mechanisms to facilitate transition across the core processes of care** should be clearly articulated in the draft Framework. As an example, the PHN experience of developing **localised care and referral pathways (also referred to HealthPathways)** has identified the importance of timely access to information for clinicians at point of care and supporting transition.⁶ To facilitate care transition, GPs benefit from clarity on available services, including details such as waiting time to first appointment, breadth and quality of services, and information flow (including details of consumer participation in treatment). These expectations are broadly consistent with the principles of effectiveness, accessible and equitable AOD treatment services, and MBS Taskforce Review interests in care coordination and team based care.⁷
- **Aftercare support considerations** should be further emphasised across the processes of care, particularly post-treatment whereby consumers may need to re-access support at certain times or have support transferred to primary healthcare for follow-up and monitoring. It is important to consider the **risk of relapse**, and the role of relapse preventive strategies in care planning. Consumers who relapse should have easy access back into support. GPs have a role in supporting consumers post-discharge from specialist AOD services, and referral in the event of relapse. Every consumer with a GP should have aftercare planning and ongoing support as part of care plan.

Victorian PHN Vignette

In partnership with the Victorian Department of Health and Human Services, the Victorian PHNs will all have the AOD suite of HealthPathways providing up to date clinical and referral pathway information to GPs' at the point of care.

⁶ <https://vtphna.org.au/care-pathways-and-referral/>

⁷ <https://www.health.gov.au/internet/main/publishing.nsf/Content/MBSR-consult-2018-taskforce-reports>





Planning, purchasing and resourcing interventions, engagement and treatment

The Alliance supports the principles for Planning, Purchasing and Resourcing interventions and treatment.

The Alliance notes the following implementation considerations:

- PHNs are an Australian Government initiative that support the planning and commissioning of regional services.⁸ PHNs maintain needs assessments for the local region, identifying health and service needs within their regions and prioritise activities to address this. The needs assessments draw from local quantitative and quality evidence to inform PHN planning and are ideally placed to support **coordinated and joined up planning with partner AOD commissioners.**
- PHNs apply an integrated understanding to AOD treatment services which examine specialist AOD service, mental health, ambulance and generalist primary healthcare service (e.g. General Practice and pharmacy) responses across a geographical region. **Service responses that implement the principles of the final Framework will inevitably be heterogeneous across Australia** in order to appropriately reflect consumer and community preference, service profiles and sector capacity. Approaches which are not supported by the local community and service system are likely to be impacted by issues of uptake.
- The draft Framework references the investment in treatments that are cost-effective. There must be a shared understanding of the evidence which provides insight where **some interventions are more cost-effective than others**, or where the evidence base is uncertain. Therefore, the connection between planning and purchasing with research, evaluation and emerging evidence is also important to highlight as the evidence base for innovation continues to be developed.

Victorian Primary Health Network and Victoria Government Department of Health and Human Services experience

The Alliance and Victorian DHHS have committed to implement a shared focus on the integration of alcohol and other drug services across the system, with a focus on: provision of high quality and earlier care; building capacity of primary healthcare providers; mapping clear referral pathways across PHN regions; and increasing linkage with social support services, including mental health services.

⁸ <https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>





Workforce training and support

The Alliance notes the following implementation considerations:

- The specialist AOD practitioner workforce must be **jointly supported by the breadth of commissioners or funders and peak bodies**. The specialist workforce must be considered a **shared workforce and resource**. Scenarios where state governments, PHNs or peak bodies implement workforce training and support for funded providers in relative isolation is not considered strategic workforce development. An organisationally focused approach to workforce training and support will have its limits and contribute to further discrepancies in workforce capacity and contribute to service provider or market procurement pressures. Collaborative engagement with peak bodies delivering Commonwealth Government workforce activities are desirable.
- There is benefit in exploring the contribution of the **generalist health workforce practitioners** in the provision of effective interventions and treatment. This includes the roles of general practitioners, nurses and pharmacists. In the absence of capability within the general health workforce and a strategic approach to capability building to **support skills development and confidence to deliver AOD treatment interventions and support**, the intent of the final Framework will not be realised. PHNs have a formalised General Practice support function and deliver a range of training activities.^{9, 10, 11}
- There are innovative approaches to supporting **clinical networking and support** for primary healthcare clinicians (e.g. medical practitioners, nurses and pharmacists). In Victoria, the Pharmacotherapy Area Based Networks (PABNs) facilitate service linkage and better practice management of opioid dependence.¹² The PABNs are either integrated with Victorian PHNs^{13, 14} or work in partnership with PHNs.

Murray PHN Vignette

PHN procurement of a General Practice Support Program funded to deliver a nurse-led alcohol screening and brief intervention program.

Detail: https://www.murrayphn.org.au/wp-content/uploads/2019/02/GP0001_GP-investment-strategy_2019_booklet_digital.pdf

Western Victoria PHN Vignette

PHN procurement of an addiction specialist and advice service using telemedicine as a means of providing clinical support to reach more health professionals in regional, rural and underserved regions.

Details: <https://westvicphn.com.au/health-professionals/alcohol-and-other-drugs/project-echo>

⁹ https://vtphna.org.au/safescript-training-hub/#safe_training

¹⁰ <https://vtphna.org.au/education/>

¹¹ https://www.murrayphn.org.au/wp-content/uploads/2019/02/GP0001_GP-investment-strategy_2019_booklet_digital.pdf

¹² <https://www.pabn.org.au/about-the-networks/>

¹³ <https://westvicphn.com.au/health-professionals/alcohol-and-other-drugs/pharmacotherapy>

¹⁴ <http://a4pn.org.au/>





- There may be benefit in exploring the feasibility of an **AOD workforce development strategy** which explores matters of credentialing, clinical supervision, minimum requirements for professional development and qualifications. **Structures for oversight of the strategy** implementation (e.g. through a professional body) may be worthy of examination.

Monitoring, service reporting, evaluation and research

The Alliance notes the following implementation considerations:

- Service reporting by commissioners within a jurisdiction must be conducive to the generation of a **comprehensive picture of AOD service provision**. At present, arrangements are varied and limited. There is a need for a **comprehensive approach to monitoring, service reporting, evaluation and research which will serve the interests of parties**, including but not limited to:
 - Consumer and provider experience (as per the Quadruple Aim)
 - Service providers in pursuit of safety and continuous quality improvement
 - Procurement and discharging of contract management obligations
 - Commissioners seeking to enhance overall service system development
 - Research to inform enhance the evidence base.
- A national outcomes framework based on the **headline indicators in the *National Drug Strategy 2017-2026*** should be developed and the measures should be collected and reported over time.
- There is benefit in formal reference to the **benefits of data linkage** to facilitate more comprehensive understanding of the consumer experience (e.g. across primary and acute care settings). There are Victorian examples of linked data studies.¹⁵
- It is noted that the Alliance supported investment in AOD treatment and intervention research as part of the **Medical Research Future Fund**.¹⁶

¹⁵ <https://www.turningpoint.org.au/research/publications/patient-pathways-supplementary-linkage-report>

¹⁶ <https://vtphna.org.au/collaborative-initiatives/thought-leadership/>





Appendix 1. Primary Health Networks

The objectives of Primary Health Networks (PHNs) are to increase the efficiency and effectiveness of medical services and improve coordination of care to ensure patients receive the right care, in the right place, at the right time. PHNs apply a regional perspective, informed by the needs of consumers, carers, and communities examining and supporting:

- the health workforce
- organisational processes
- networked systems of care.

PHNs are change agents for health improvement at the ‘meso’ or middle layer of the Australian primary healthcare system, acting as a conduit between individual providers / services and State, Territory and Commonwealth Governments. PHNs provide a nationally consistent infrastructure for solutions design and implementation support at the local level. Central to this are inclusive and participatory methods involving consumers and providers to design and achieve change. PHNs achieve objectives by:

- Understanding the health care needs of PHN communities through analysis, planning in collaboration with clinical and community / consumer advisory groups (and other consumer engagement and co-design mechanisms), while maximising value and efficiency.
- Providing practice support services so that GPs are better placed to provide care to patients subsidised through the MBS and Pharmaceutical Benefits Scheme and help patients to avoid having to go to emergency departments or being admitted to hospital for conditions that can be effectively managed outside of hospitals.
- Supporting General Practices in attaining the highest standards in safety and quality through showcasing and disseminating evidence of best practice. This includes aggregating and reporting data to support continuous improvement.
- Assisting General Practices in understanding and making meaningful use of digital health systems, to streamline the flow of relevant patient information across the local health provider community.
- Working with other commissioners of services and purchasing or commissioning health and medical / clinical services for local groups most in need.

The Victorian and Tasmanian PHNs support the primary healthcare services using system levers in a range of ways.

As an improvement partner – PHN provider and whole-of-organisational support for quality improvement efforts. PHNs are one of several primary healthcare service improvement partners, which is reflective of inter-organisational or networked approaches to patient safety and quality. Victorian and Tasmanian PHN contributions include:

- Facilitating all General Practice staff to have access to meaningful data analytical capability using data, and supporting data integrity
- Collaborative approaches to change implementation, involving clinical support and networking





- Delivery of continuous professional development training for the primary healthcare workforce including GPs, nurse / nurse practitioners, allied health and pharmacy.

As a commissioner – PHNs commission primary healthcare services in areas of community need and operate consistent with the relevant clinical governance policies and protocols. This includes commissioning of the following:

- Alcohol and other drug services, General Practices and community pharmacies for the provision of afterhours support
- Mental health stepped care services, utilising a diverse mental health workforce, including allied health professionals, mental health nurses, and other workforce structures.
- Providers to assist Aboriginal and Torres Strait Islander people access primary healthcare services and better manage complex and chronic health needs through care coordination and outreach support.

PHNs provide a unique contribution to system capacity to advance **safety and quality** within primary healthcare.

As a commissioner, PHNs have a role in developing and shaping primary healthcare services to deliver evidence-based models of care across a geographical area. These services are understood as ‘the market’ in economic terms, and the task of procuring primary healthcare services cannot occur in isolation of market development to mitigate the risk of market failure. PHNs have a lead role in working alongside primary healthcare services and fostering a market which can meet expectations in relation to a suite of measures of effectiveness, including safety and quality expectations (e.g. scope of practice, clinical supervision and workforce credentialing).

As an improvement partner, PHNs have an active role in supporting the clinical and non-clinical workforce to build individual skills and expertise and to implement systems of care.

PHN enablers

PHNs have a host of enablers to assist the implementation of the final Framework, encompassing prevention through to early intervention, treatment and recovery services.





Organisational governance and accountability

PHN governance arrangements encompass the diverse expertise and interests of regional communities. These include:

- Good governance of the commissioning process will ensure that public money is spent in an efficient and effective way and that PHNs are held accountable for the decisions made and the impact on the local health population.
- Clinical governance structure which recognises the importance of delivering clinically safe and effective services and which holds service providers accountable for the way in which services are delivered on behalf of the organisation.
- Clear accountability between commissioners and providers of services, in relation to the volume, quality, equity, and community / patient satisfaction with services provided.

Population health planning and performance measurement

PHNs commission programmes that generate the best return on investment, with a focus on improving AOD outcomes and high-quality service provision. PHNs monitor and evaluate the efficacy and effectiveness of commissioned mental health programmes by managing service provider performance, demonstrating value for money and supporting continuous improvement processes.

Community and clinical participation

Commissioning is undertaken in partnership through co-design with consumers and carers, communities, clinicians and service providers.

People with lived experience inform and support PHN commissioned activities and evaluate the quality and efficacy of care provided and drive best outcomes.

PHNs acknowledge that for consumers and carers to control, lead and participate directly in the decisions that affect them. Consumers and carers require information and support in order to effectively self-manage mental ill health, make health care choices and to interact with a variety of services to obtain the clinical and psychosocial support.

PHNs empower people with lived experience by providing information and support to enable them to participate in all stages of commissioning.

PHNs engage stakeholders and develop partnerships and trusting relationships, representing the diversity of consumers and carers. This includes children, youth and aged, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse (CALD) and lesbian, gay, bisexual, transgender, and intersex (LGBTI) communities.

PHNs have established formal mechanisms to engage clinicians and service providers through representation in PHN Clinical Councils, Community Advisory Groups, and reference groups, along other opportunities for participation in all phases of the AOD commissioning cycle.

PHNs have a comprehensive approach to engaging clinicians to understand the demand for AOD services and the value of a person-centred approach to mental health service delivery. Person-centred





care is about adopting a social determinants and inclusive approach, and requires consideration of the individual's desires, values, family situations, social circumstances, lifestyles and mental health status.

Quality improvement and workforce development

In commissioning AOD services, PHNs appropriately consider and support the AOD workforce necessary to deliver evidence-based, integrated, sustainable, quality and safe care.

PHNs provide AOD health training and workforce development activities to General Practices and other clinical and community service organisations to support the regional integration of services.

PHNs collaborate closely with AOD stakeholders to build the social and cultural competency of the workforce to provide appropriate care to Aboriginal and Torres Strait Islanders, CALD and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities.

PHNs endeavours to break down silos across programmes and jurisdictions by facilitating advocating for cross-sector coordination and collaboration across service providers in order to deliver sustainable, quality, safe and evidenced based services. Coordination of programmes and service delivery is essential, particularly at transition points, in order to deliver seamless care and a smoother consumer journey.

Digitally enhanced care pathways

PHNs develop primary healthcare led pathways (referral and access) to ensure communities are supported to receive seamless referral to tertiary and primary healthcare in the region. PHNs develop and drive digital platforms tools and usage across our region to ensure quality use of these progressive opportunities and enable meaningful data capture to support ongoing regional planning and design.

PHNs provide and support HealthPathways, a web-based information portal designed to support local GPs and primary healthcare providers by providing evidence-based information to assist in the assessment and management of a range of medical conditions; and support referral processes for GPs, to assist patients to access local specialists and services.

PHNs and service providers leverage technology to engage and involve consumers and carers in the planning and co-design of reforms. PHNs also support improved information flow by promoting the use of MyHealthRecord and the eReferral system to consumers and service providers in each region.

Communication and engagement

PHNs deliver communications and engagement initiatives to raise awareness of AOD health and wellbeing issues.

PHNs ensure that commissioned activities and approaches are shared with regional communities and the sectors in a meaningful way through consultations, practice visits, publications and newsletters.

