

Future Directions in Victoria



Divisions of General Practice CEO Network Meeting 3 March 2005

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Department of Human Services



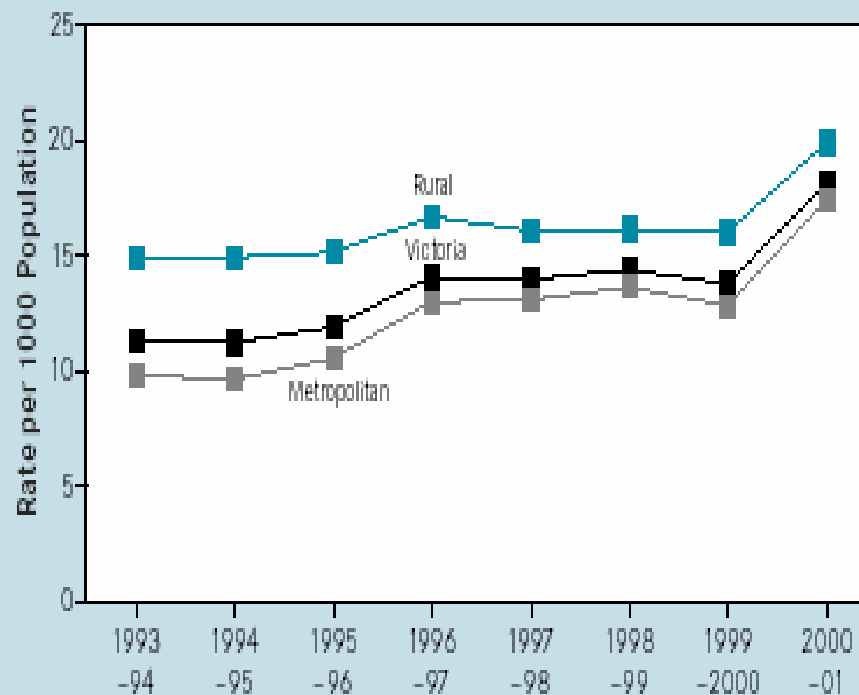
Personal background



Key demand drivers

Chronic Conditions

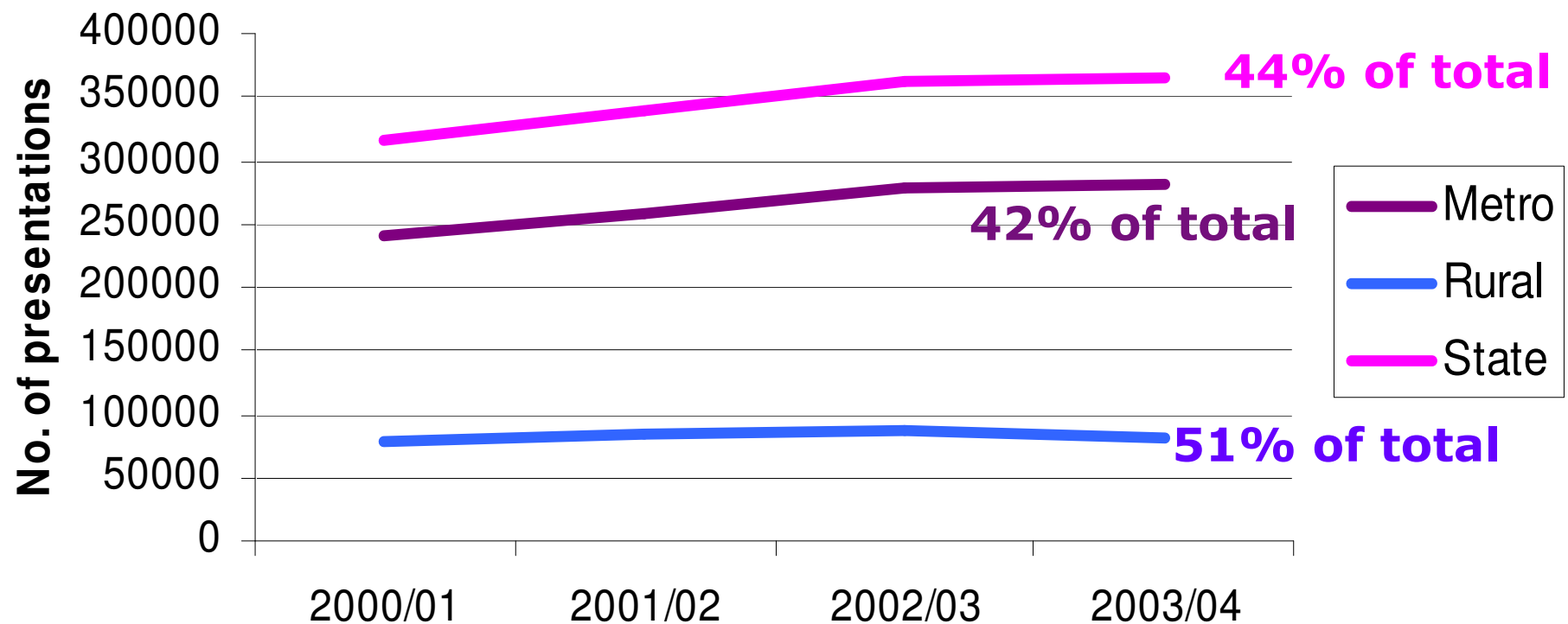
Figure 2: Chronic ACSCs Admission Rates for Rural and Metropolitan Regions, 1993-94 to 2000-01



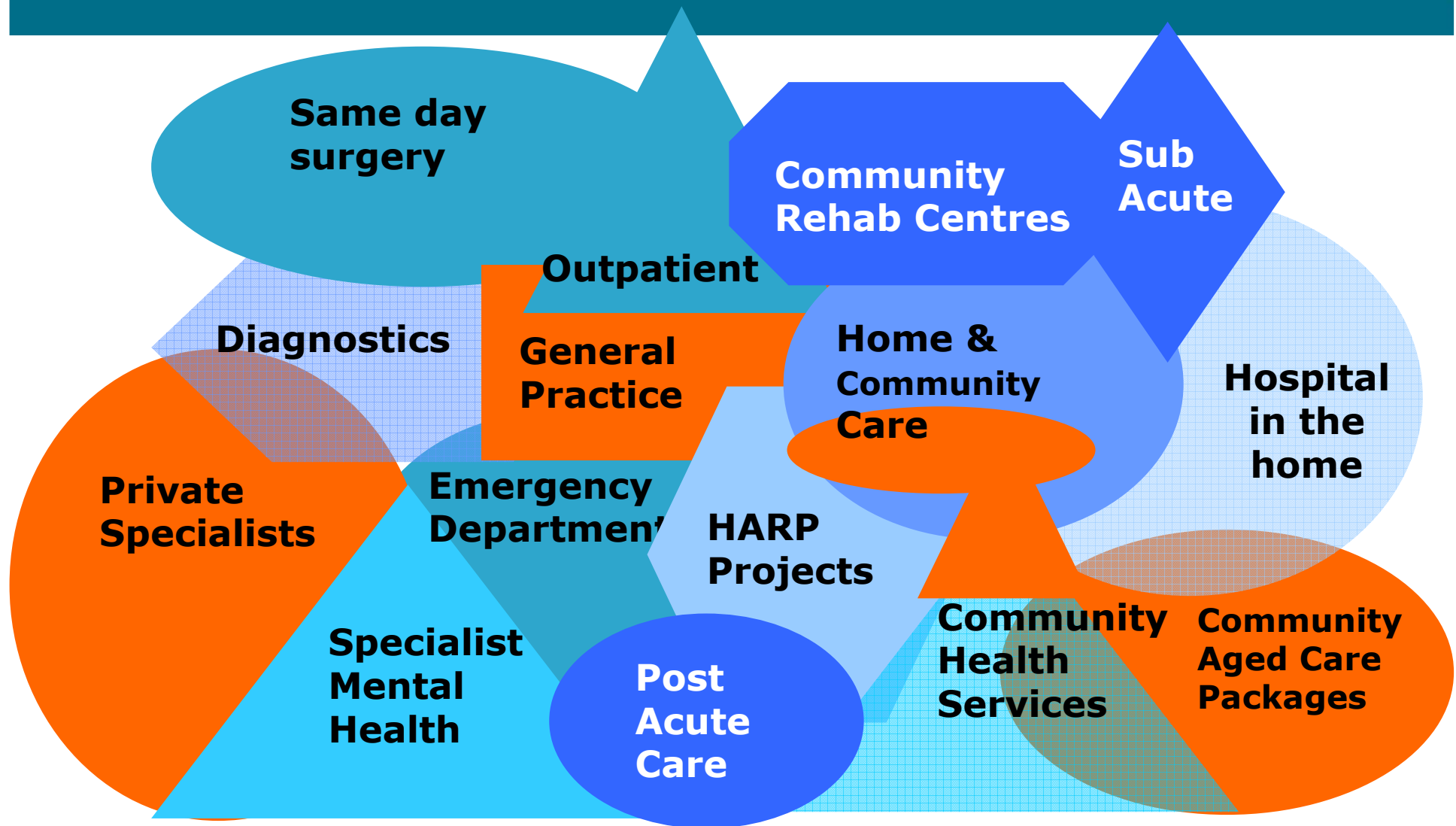
- **Changing profile of the population**
 - ageing, longevity
- **Shifting burden of disease**
 - 40% growth in hospital admissions for ambulatory care sensitive conditions

Avoidable ED demand

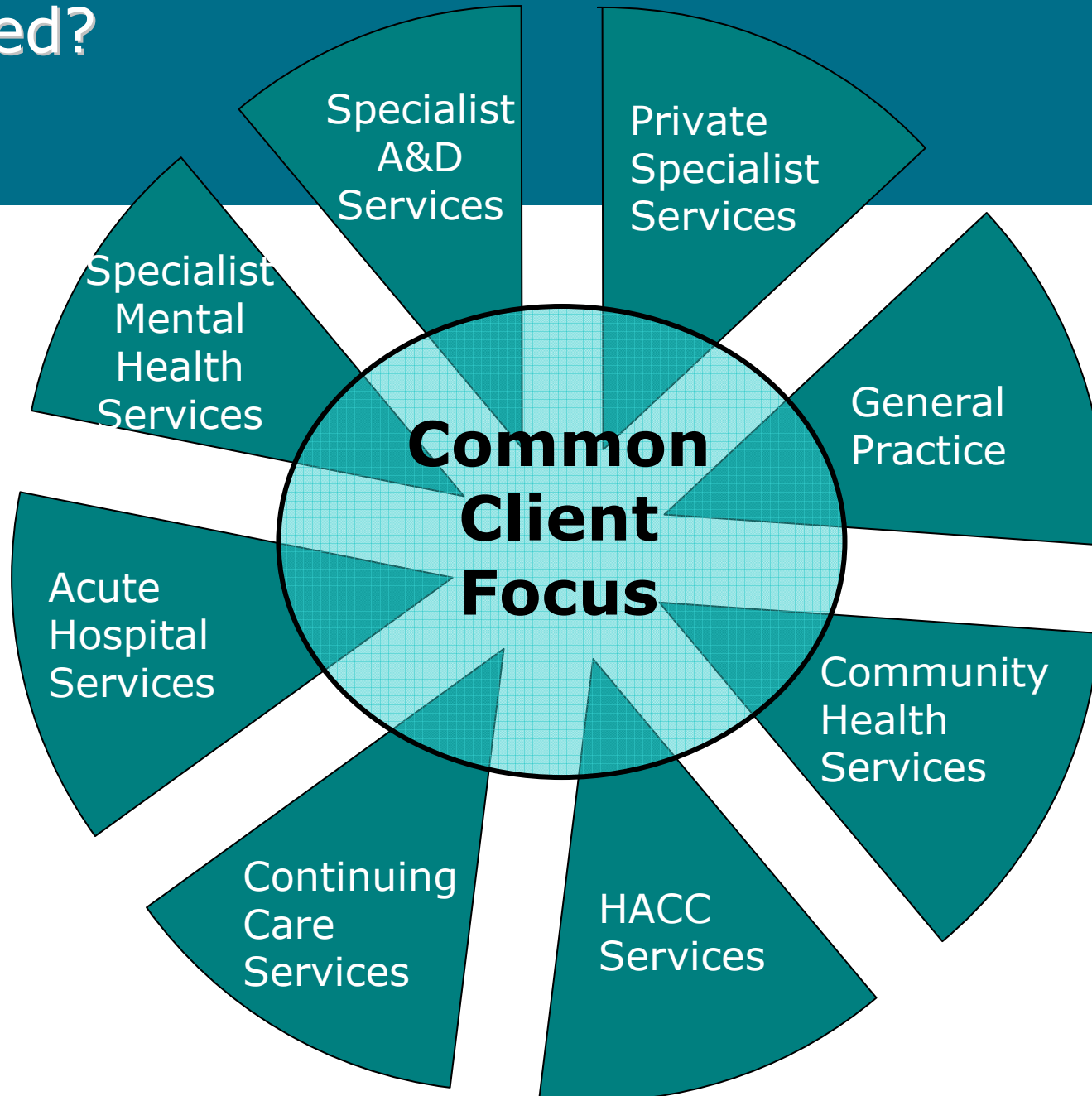
Primary Care Type ED presentations



What current service system do we have for ambulatory care?



Ambulatory Care Strategy - what do we need?



How do we get there?

- **Improve integration** across service providers
- Assist **comprehensive assessment** and foster **multi-disciplinary models of care**
- **Increase community based care** and decrease hospital demand
- Develop **area-based service planning**
- **Assist consumers** better manage their health care needs
- **Increase access** to timely and appropriate care

Policy Implications

- Build on **HARP and PCP achievements**
- **Partnership & collaboration** including public/private arrangements
- **Centrality of General Practice**
- **Strengthen Community Health Services**
- **Standard tools** / protocols
- Telephone triage
- **Electronic referral**
- Common shared **e-records**

Policy Implications (cont)

- **Extend existing roles** and scope of practice
- **Flexible funding** approaches for people with chronic and complex conditions
- Using a **common data set and reporting tools** for service accountability
- **Leadership & change management**
- **Communication / engagement**

Health Precincts

Health precincts

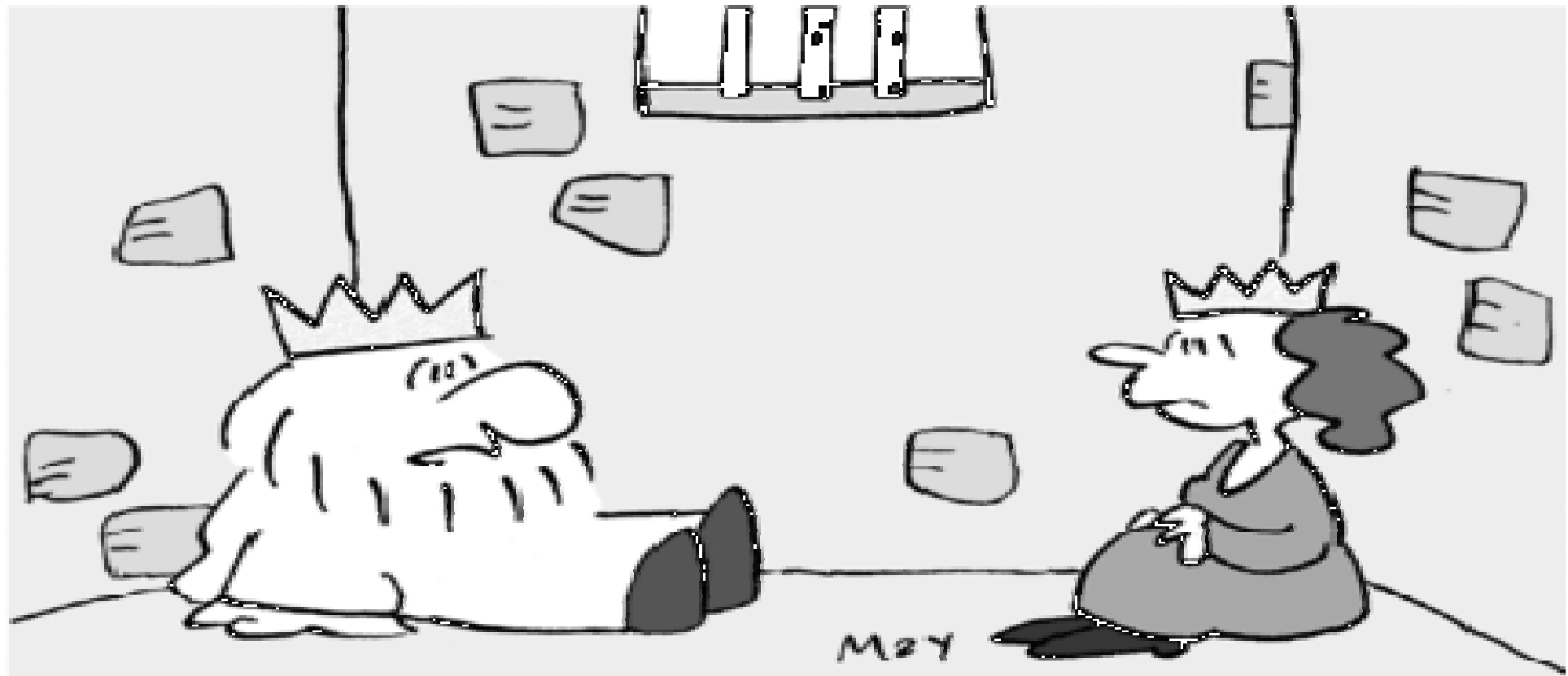
- Community hubs of local ambulatory services
- First port of call for a range of primary and secondary services
- Tailored to meet local community needs
- Collocation with existing services and new services such as Super Clinics (Melton, Craigieburn, Lilydale)
- Provide a substitution for some hospital services

DHS and General Practice

BALOO

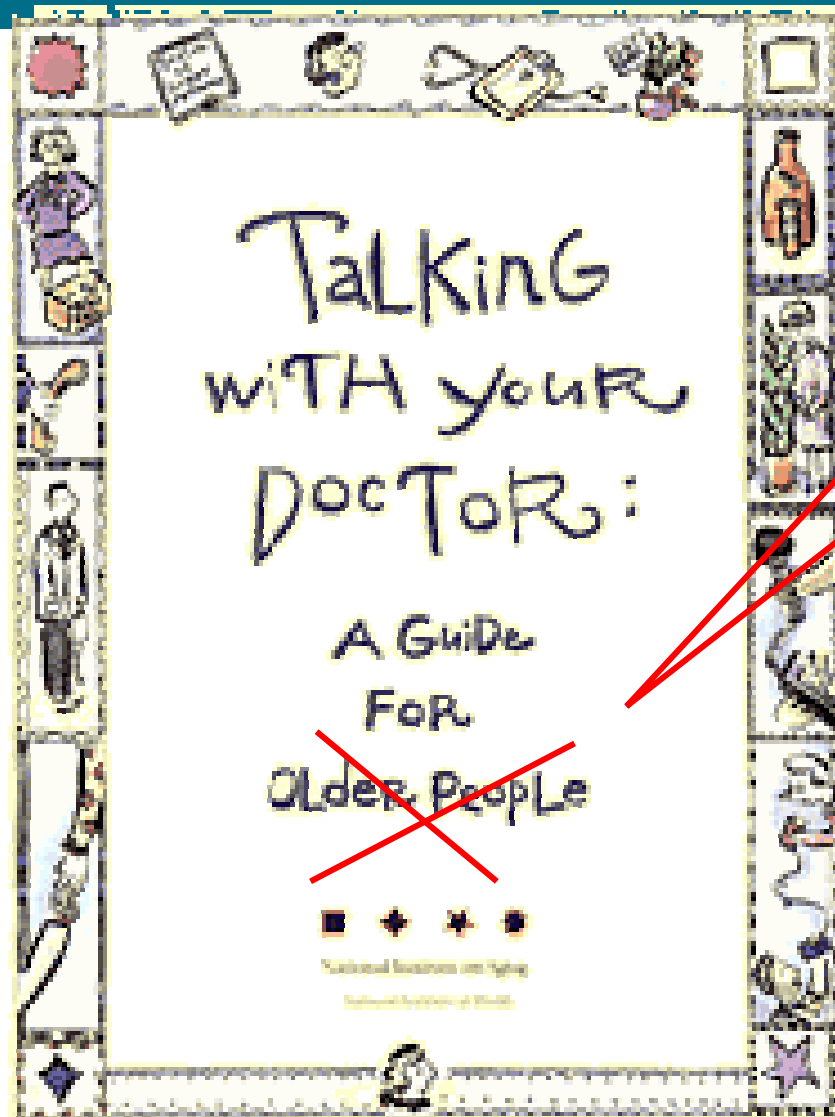
rmay@mac.com

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"A military coup I could live with, but those guys were *bureaucrats!*"

DHS and General Practice



DHS

- GP Advisor (P Waxman)
- GPs in CH Strategy
- GPDV CEO & Board
- DHS GP Policy Group
- VACGP
- DoHA