Victorian Healthcare Association

Vision • Value • Voice

Victoria's community health service model

A proven and scalable solution to meet the objectives of the primary health care reform agenda

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Acknowledgments

The Victorian Healthcare Association (VHA) would like to express its sincere thanks to the members who have been instrumental in supporting the development of this paper. We applaud their ongoing dedication to improving primary health care access across the state.

Our appreciation goes to members of our Community Health reference group for supporting the development of case studies and to members of Community Health First, whose position paper *Strengthening Victoria's Health System through Community Health* has been foundational to the development of this proposal. The expertise and dedication within the membership has greatly enriched this work and has been crucial in shaping the VHA's recommendations.

We also want to recognise the Community Health Taskforce for their valuable contributions in shaping the 2019 review of Victoria's community health service model.

The collective support of our members encourages us to keep working towards a healthcare system that is more accessible and fairer for everyone. Thank you for the valuable contributions across the sector to deliver care for Victoria.

About the VHA

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public health and community health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, Ambulance Victoria, aged care and community health services.

The VHA represents all 79 Victorian community health services that provide vital primary and community-based care across the state.

Executive summary

A proven model to meet the objectives of the national primary care reform agenda

Australia's healthcare system is facing several intractable challenges. As our population ages, rates of chronic disease are also rising. To manage multiple chronic diseases over an extended period, our primary care system must adapt to meet these current and future challenges and reduce the emphasis on hospital-based care. As highlighted by the Grattan Institute, neither the federal nor state governments can achieve these changes alone.[1]

The Strengthening Medicare Taskforce (SMT) Report outlines the Commonwealth's vision for improving primary care in Australia, focusing on quality, safety and outcomes. The report recognises the need for collaboration and innovation to implement the reforms in a complex and diverse primary care system. More recently, the Commonwealth Government's budget commitment to improved care coordination and care in the community embodied a view that health and wellbeing requires much more than a yearly visit to the doctor.

In Victoria, a key component of the primary care system is the community health service model. Victoria's community health services have a proven track record of delivering accessible and affordable primary care services for people with complex and chronic health needs, especially those who face barriers to accessing mainstream health services.

Importantly, owing to its flexibility and its philosophy, the community health model has the capacity to meet and coordinate the care of clients requiring health and social services, a cornerstone of the SMT Report's recommendations. It is also consistent with the goals of the National Health Reform Agreement (or NHRA), to better deliver 'safe, high-quality care in the right place and at the right time' and to 'prioritise prevention' including to help people manage their health across their lifetime.

In the case of the integrated community health model, it also shows how the acute and community health services can collaborate to provide coordinated care for patients across different settings and stages of their health journey.

This paper considers how the community health service model is a scalable solution that offers a practical and evidence-based model for transforming primary care across Australia. It outlines the features of the community health model and illustrates how these align with the national primary care reform proposal.

The VHA proposes that by expanding the community health service model into other states and territories, both levels of government will benefit from:

- an accessible, equitable and modern approach to primary care, and
- greater capacity within acute hospital settings.

However, to fully realise this vision, more sustainable investment in the community health service model will be required.

The VHA looks forward to continuing its work with members, policymakers and key stakeholders to implement this exciting reform agenda.

[1] Submission to the Mid-Term Review of the National Health Reform Addendum, 2020 – 2025, 5 June 2023, available from https://grattan.edu.au/news/australias-health-system-is-unwell/

Recommendations

This paper makes two recommendations for the state, territory and Commonwealth governments to consider. These are:

National primary care reform agenda

- That the VHA recommends that the Commonwealth Government considers the Victorian community health model as a scalable solution to realise the objectives of the national primary health care agenda.

State and territory government implementation

- That the VHA recommends that state and territory governments invest in the community health service model to ensure that national primary care reform results in improved access to primary health care as well as diversion from acute health services.

Background

Reform context

Medicare is the cornerstone of Australia's universal healthcare system. Established over 45 years ago, it was created to ensure equitable access to healthcare for all. However, over the years, Medicare has not evolved to meet the changing healthcare needs of Australians. A lack of investment and ad-hoc reforms implemented by those with competing agendas have left a complex and skeletal set of primary care services that are unable to meet Australia's healthcare needs. Acknowledging this, the Government established the Strengthening Medicare Taskforce (the Taskforce) with the express purpose to provide recommendations on the highest priority improvements to primary care, through delivery of the Strengthening Medicare Taskforce (SMT) Report (the Report).

The Taskforce delivered its report to the Australian Government in December 2022, outlining a vision for Australia's primary care system of the future. The Taskforce focused on five key areas:

1. Improving patient access to general practice, including after hours
2. Improving patient access to GP-led multidisciplinary team care, including nursing and allied health
3. Making primary care more affordable for patients
4. Improving prevention and management of ongoing and chronic conditions
5. Reducing pressure on hospitals.

The SMT recommended significant changes to how primary care is funded and delivered to enable high-quality, integrated and person-centred care for all Australians.

The Australian Government will consider the recommendations from the Taskforce and deliver the highest priority improvements to Medicare through the $750 million Strengthening Medicare Fund. The Taskforce recommendations builds on Australia's Primary Health Care 10 Year Plan 2022-32 that encompasses broad primary care reform.

Here in Victoria, the state government has a proud history of ensuring universal access to primary and community-based care through the community health service model. The 50-year-old model is funded through a combination of Commonwealth and state funding, and is an evidence-based, people-centred and effective approach to delivering accessible primary and community-based care. The VHA believes the community health service model strongly aligns with the SMT Report's recommendations.

What is Victoria's model for community health?

The Victorian community health service model was first established in 1973 under the Whitlam Labor government, and was called the 'Community Health Program.' By 1976, the national Program funded over 700 projects and services, including community health centres in metropolitan and rural areas, women's refuges and health centres, family planning services, Aboriginal community health services, workers health centres, specialist training for general practitioners and foundation chairs of Community Medicine in universities.

The national Program formally ended by 1981, but community health centres and services continued and developed differently in each state and territory.

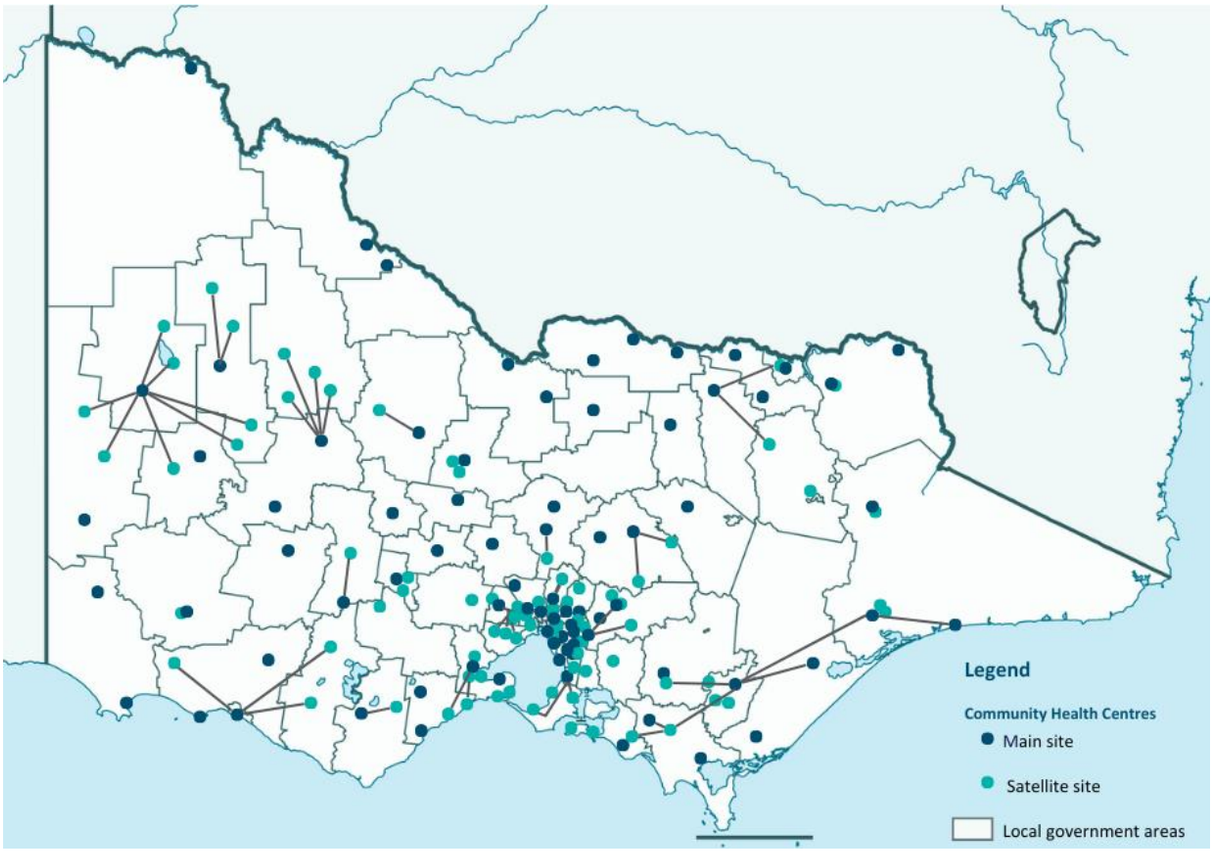
Today in Victoria, community health services are an integral component of Victoria's public healthcare system. Commonly referred to as ***community health***, services fall into two legal and governance arrangements[2]:

- Integrated community health services operate as part of Victorian public hospitals. They are subject to the hospital's accountability framework. These services are embedded within health service organisational structures and operate as an integral pillar of the overarching organisation.
- Registered community health services operate as independent companies limited by guarantee. They are registered under the *Health Services Act 1988* to receive community health funding from the Departments of Health and Families, Fairness and Housing and typically operate in a not-for-profit model.

There are **79 community health services** located across Victoria, servicing communities from small rural areas to major metropolitan hubs (see **Figure 1**).

Of the 24 registered community health services, more than half a million Victorians receive support from community health annually, with those services employing more than 10,000 staff.[3]

Figure 1: Community health services across Victoria



Source: Victorian Auditor-General's Office, accessed at https://www.audit.vic.gov.au/report/community-health-program?section=

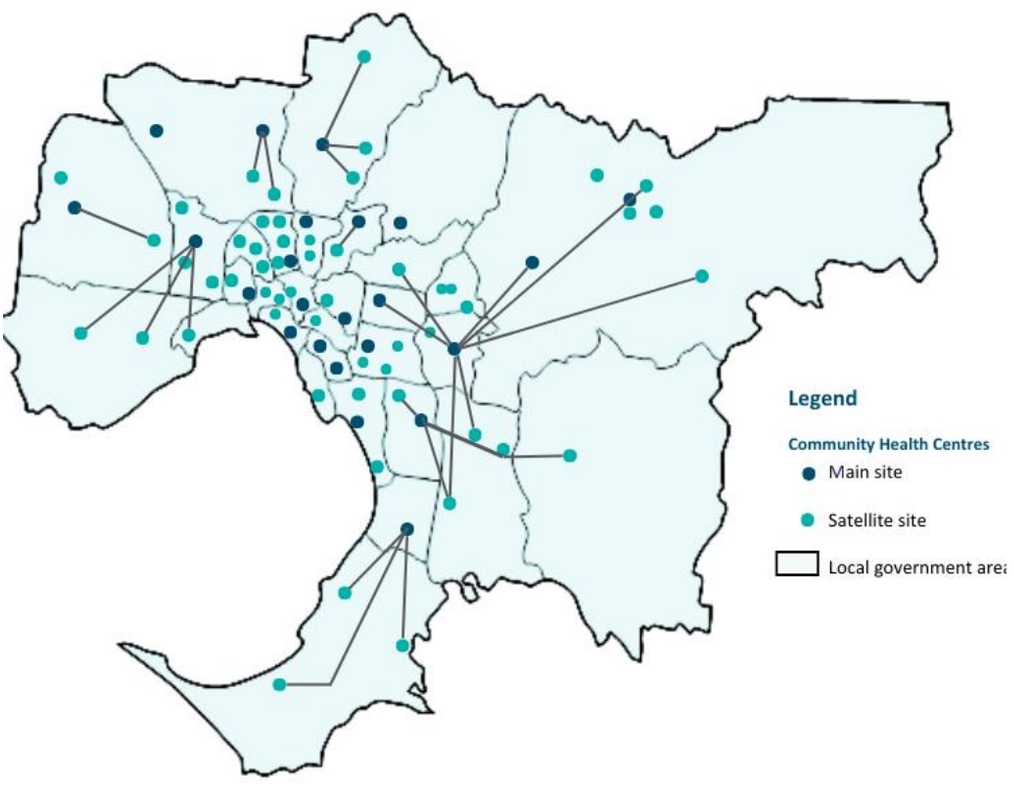
[2] *Community Health Taskforce: Report to Government*, pg. 14, accessed from https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/c/community-health-taskforce-report.pdf

[3] Community Health First, *Strengthening Victoria's Health System through Community Health* (2023), pg. 12, accessed from https://www.communityhealthfirst.org.au/_files/ugd/ddf6bc_b8c7d70483af4a668571211e005f7933.pdf

Importantly, the community health service model has the capacity to coordinate care across a breadth of health and social supports needed in communities. It achieves this as a key partner of the health system working with clients with complex needs, and alongside both existing general practice and acute health services.

With funding provided by the Commonwealth Government, community health services can provide general practice[4], dental and post-acute care services. Funding provided by the Victorian Government supports community health services to provide general counselling, allied health and community nursing services that aim to maximise people's health and wellbeing. Depending on community need, this may also include drug and alcohol services, mental health services and other social care services that enable a more holistic approach and reduce the need for clients to visit multiple services. For those clients unable to access affordable care, it is a single point of entry into a broader health and social service system, where they can be supported to navigate the services they need.

Figure 2: Community health services across metropolitan Melbourne



Source: Victorian Auditor-General's Office accessed at https://www.audit.vic.gov.au/report/community-health-program?section=

Similarities with Aboriginal Community Controlled Health Organisations

The community health service model is a similar model to Aboriginal Community Controlled Health Organisations (or ACCHOs). Like ACCHOs, community health has evolved from a belief in and a need for flexible and responsive services. Just as ACCHOs responded to the inability of mainstream services to provide holistic care, community health services also seek to provide an accessible alternative to primary

[4] Currently, not all community health services provide access to General Practitioners (GPs). However, community health services can partner with GPs or other services to offer this pathway.

health care services that may offer limited support or fail to meet clients 'where they are at.' Registered community health services, like ACCHOs, are overseen by a locally elected Board.

Victoria community health service model

Victoria's community health sector is a critical part of Victoria's healthcare system, providing locally-based, affordable health and social care to disadvantaged Victorians.

Community health services:

Are free for those unable to pay

Are embedded in local communities

Prioritise vulnerable and disadvantaged Victorians

Reduce demand for hospital services

Provide integrated health and social care

Focus on prevention and early detection

Priorities

Community health services provide integrated health and social care to vulnerable cohorts.

Community health services develop partnerships across primary, acute and social sectors in local settings.

Community health services deliver services to people experiencing systemic access barriers.

Source: Community Health Reform Plan

Opportunities to leverage the community health service model

A national opportunity

Unlocking opportunities for national implementation of the community health service model

The SMT Report outlines the collective view of the members of the Taskforce and provides a set of recommendations that aim to improve the quality, safety and outcomes of primary care in Australia. The Report identifies the most pressing investments needed in primary care, building on the direction outlined in the Australia's *Primary Health Care 10 Year Plan 2022-2032*.

However, the recommendations face some barriers to implementation, such as lack of coordination across different levels of government, competition between primary care provider disciplines and uncertainty about the cost-effectiveness and sustainability of a new funding model. To this end, there is a clear opportunity for governments and policymakers to explore existing approaches that are effective.

The community health service model in Victoria offers a proven and scalable example of how the reforms can be achieved.

Table 1 (see pp. 13-14) demonstrates how the key features of the community health model meet the priorities of the reform, namely:

- increasing access to primary care
- encouraging multidisciplinary team-based care
- modernising primary care, and
- supporting cultural change and change management

The community health model caters to the healthcare needs of local communities but is particularly agile in supporting people with complex and chronic health conditions, especially those who face barriers to accessing private health services (e.g., private general practice and allied health) where care is often disconnected between disciplines and large 'out of pocket' fees are a barrier.

Importantly, by providing a range of health and social support services, clients accessing primary care can also benefit from other supports that often prevent clients from being healthy and well, such as housing, unemployment and social connection.

Case study: Commonwealth endorsement through PRIMM funding highlights the national opportunity

The Commonwealth already recognises the value of the community health service model in rural locations, as demonstrated through its recent investment through the Primary Care Rural Innovative Multidisciplinary Model (PRIMM) grant program.

A Victorian community health service, cohealth has been awarded a grant to lead a consortium of organisations to introduce the community health model in support of communities on the east coast of Tasmania.

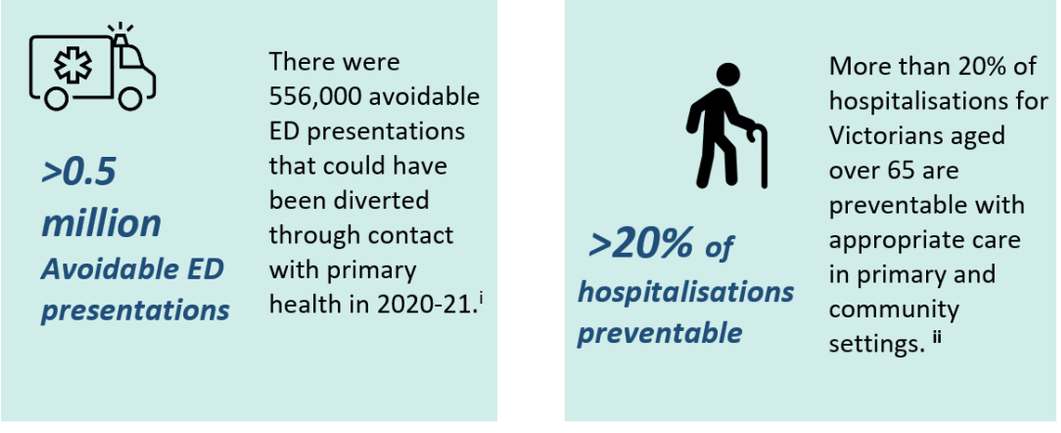
Under PRIMM, cohealth has been awarded a $364,000 federal grant to transform existing general practice clinics into community health services, including an expansion of the services to comprise of multidisciplinary primary care and implementation of innovative workforce solutions. For thin markets struggling to attract workforce and the economies of scale to make a private practice viable, cohealth's

funded expansion into Tasmanian GP clinics demonstrates how the innovative community health service model can sustainably deliver community and primary care to rural communities.

An opportunity for states and territories

The value of reducing demand on acute services

State and territory governments are bearing the burden of growing acute presentations as pressure on the hospital system increases across Australia. Currently, there are system flow issues, long elective surgery waiting times and serious workforce challenges. There are also reports of poor patient experiences, exacerbated by patients presenting in the hospital system with more acute and complex conditions. In Victoria alone, there were over 500,000 avoidable emergency department presentations that could have been diverted through contact with primary care.



Source: Productivity Commission (2022) Report on Government Services. Paper E Health
https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health

ii AIHW (2019) Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18 Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18, Overview - Australian Institute of Health and Welfare (aihw.gov.au)

The result is a weakened system, at an unsustainable cost to governments.

In 2021–22, Australia spent an estimated $241.3 billion on health. Much of this expenditure is focused on hospitals, with $78 billion (45 per cent) of all health expenditure by government going directly to hospitals.[5] This is despite research which shows that increased investment in preventative health delivers returns for governments, even in a country like Australia where the primary health care system is well developed.[6]

The community health model is well-placed to relieve system pressures and reduce acute healthcare expenditure by providing preventative programs and accessible primary care in the community.

[5] This compares with $55 billion spent by all governments on primary care. See Table A6, Total health expenditure, constant prices, by area of expenditure and source of funds, 2021-22,, from Health expenditure Australia 2021-22, available from https://www.aihw.gov.au/getmedia/b464ddb8-ccb4-4093-acd4-3655176599dc/health-expenditure-australia-2021-22.pdf?v=20231025081735&inline=true

[6] Research completed by Victoria University for the U.S. Chamber of Commerce shows that for every $1.40 (US $1) invested in prevention for cardiovascular disease and diabetes results in a return of approximately $12.79 (US$9). See B. Rasmussen et. Al., *Increasing Social and Economic Benefits Globally: Rates of Return on Health Investments* (Victoria University, 2020), accessed from Research series: Increasing social and economic benefits globally (vu.edu.au)

In Victoria, this has been demonstrated across several community health programs aimed at managing chronic disease in the community. This includes the 'Right Care = Better Health' program, led by two community health services, DPV Health and EACH in Melbourne's eastern suburbs.

Case study: Delivering cost savings for Victoria's public healthcare service system

Right Care = Better Health (RC=BH) is designed to support patients with complex and chronic needs, recognising the importance of wrap-around services to support people who need it most. Commissioned through the East Metropolitan Primary Health Network and delivered by two community health services, DPV Health and EACH, the program provides patients with appropriate, timely and individually tailored, person-centred care, which aims to improve quality of life and lower rates of avoidable hospital admissions.

The RC=BH program outcomes, activities and evaluation framework has been developed to align with four aims: improving patient experience, improved population health outcomes, increased system efficiency (reducing per capita cost of health care) and improved clinician experience.

Since October 2020, 268 patients have been referred from general practice with approximately 216 patients enrolled in the service. Over 1,750 contacts such as phone support and face to face consultations have been completed with over 220 local service referrals initiated. This has resulted in reducing more than 57 avoidable hospitalisations.

Source: Community Health First position paper Strengthening Victoria's Health System through Community Health, 2023

'…they [community health services] support people in all sorts of ways, both to deal with chronic illness, which in turn would keep people out of hospital, but also to prevent it in the first place…'

'…when you put them together, they have a population-wide effect of keeping the population healthier and, of course, they're much cheaper than hospitals.'

Professor Fran Baum AO (2022)

Table 1: How does Victoria's community health model align to the national primary care agenda?

SMT recommendation	Features of the community health model
Increase access to quality primary care	State-wide providers of primary care services with 79 services delivering care from large metropolitan hubs to small rural communities.
	Services understand their communities' current demand and underlying needs, providing both upstream, midstream and downstream care accordingly.
	The use of place-based care where this is the best method of engagement.
	Relationship building with both communities and people, over time.
	Commitment to ensuring its professionals are enabled to work at top of scope, to enhance care access.
Encouraging multidisciplinary team-based community care	Highly experienced in comprehensive, multidisciplinary care-planning for complex and chronic presentations, and working with people to achieve their goals.
	Able to deeply understand communities' and people's needs, using the social determinants of health theory.
	Work by wrapping care around people, rather than requiring them to engage silos of care.
	Experience as a provider of general practice, or as a partner with private general practice.
	High level of capability in the delivery of multidisciplinary person-centred care for ageing populations with chronic disease.
Modernising primary care	Already engaged with the Victoria's Digital Health Roadmap; building their digital capability.
	Demonstrated digital capabilities across service delivery and integration with broader EMR systems
	Impressive change capability and desire to continuously innovate.
	Experience working with Primary Health Networks to deliver commissioned services.

Supporting change management and cultural change	Leaders in the empowerment of and engagement with consumers, including involvement in service design and evaluation.
	Experienced in establishing cultural change across health professional groups and have transitioned away from siloed care.
	Ability to partner with a multitude of services of varied types, to best meet their community's needs.

Strengthening Medicare Taskforce Recommendations

This section of the paper illustrates how elements of the community health model are aligned to, and fulfil, the objectives of the Taskforce's recommendations.

Recommendation 1: Increasing access to primary care

All Australians are supported to be healthy and well, through access to equitable, affordable, person-centred primary care services, regardless of where they live and when they need care, with financing that supports sustainable primary care, and a system that is simple and easy to navigate for people and their health care providers.

How the community health service model aligns

Community health services provide a model of primary care that is a complementary and cost-effective alternative to private general practice.

Across Australia, bulk billing has decreased in private general practice, but community health services have maintained bulk billing – driven by their commitment to servicing their local communities and their not-for-profit mandate. However, as this service is not sufficiently funded by Medicare alone, community health services aggregate funding across multiple sources to provide the right primary care service that meets the needs of their communities, at a low cost. As they offer a range of health and social services, they are well placed to identify the range of services a client may need, and coordinate care across services to ensure clients remain connected throughout their health and wellbeing journey.

Community health services also minimise the inequities in health access and outcomes for population groups. They do this by tailoring their services to the needs of their local communities, providing culturally appropriate and safe services, and relevant support and guidance that enhances health literacy. These education and support services are embedded into the community health model of primary care provision, shifting services away from the traditional, general practice model of primary care that can be intimidating and marginalising for many people.

Case study: Achieving positive health outcomes by integrating care

South West Healthcare is a public hospital based in Warrnambool and has a co-located community health service providing chronic illness care. A single management structure is responsible for delivering community health and acute hospital activities. This has created a team where all health professionals know and trust the capabilities of others. Services can then wrap around clients in a coordinated way when required. This works particularly well for clients immediately after a hospital admission. Primary care professionals visit the client while they are still in hospital to establish goals upon discharge. For example, a client may be admitted with respiratory disease. A care coordinator will visit the client prior to discharge to plan services upon discharge, inclusive of community health program services such as diabetes education, smoking cessation, allied health and community respiratory services.

A similar approach is also taken with clients who present to the community health service and are identified as being at risk of future hospital admission.

This model of care achieves positive and lasting results. It demonstrates the benefits of the acute and community health sector working together, supporting people to seamlessly move across the continuum of care depending on their healthcare needs.

Source: Community Health Taskforce Report, 2019.

Recommendation 2: Encouraging multidisciplinary team-based care

Coordinated multidisciplinary teams of providers working to their full scope of practice provide person-centred continuity of care, including prevention and early intervention; and primary care is incentivised to work with other parts of the health system, with appropriate clinical governance, to reduce fragmentation and duplication, and deliver better health outcomes.

How the community health model aligns

While general practice is acknowledged as the heart of primary care, it is not the only provider of primary care and non-hospital-based services. Community health services are well attuned to this and have established multidisciplinary-team-based care in a single setting. This allows community members to access the service that is most appropriate for their needs, rather than the only service that is available.

The community health model brings together professionals from various disciplines, each with their unique expertise and perspectives, to collectively address the multifaceted health needs of people and communities. By fostering collaboration among team members, multidisciplinary teams ensure that no aspect of a person's health is overlooked.

This approach is central in the community health services, where individuals often present with complex health and social challenges.. Whether it is a combination of general practitioners, nurses, social workers, psychologists, or specialists, these teams work in harmony to provide comprehensive care that not only treats illness but keeps people healthy and out of hospital.

This comprehensive approach is unique to the community health model and not only improves health outcomes but also enhances wellbeing. The case study below demonstrates how this model for multidisciplinary care is an essential ingredient to delivering person-centred care.

Team-based care is also known to enhance worker wellbeing and job satisfaction. In contrast to the general practitioner recruitment challenge experienced by private general practices, a number of community health services do not experience this issue. cohealth's funded expansion into Tasmanian GP clinics provides an example of this (see case study on p. 10-11). The community health model creates employment conditions that allow the general practitioner to practice efficiently and effectively – working to their full scope of practice – as part of a large patient-focused team.

Some of Victoria's community health services report high rates of staff satisfaction and wellbeing, even as the service navigates short-term funding arrangements and complex clinical presentations.

Case study: Refugee Health Program – Monash Health

The City of Greater Dandenong in the South-Eastern Region of Melbourne has the largest asylum seeker and refugee settlement in the state. Monash Health Refugee Health and Wellbeing (MH RHW) was established under auspices of Monash Health, to deliver community health to refugees living in the region. It aims to address the barriers refugees face in accessing health care.

The program recognises that refugee and asylum seekers often require complex health and social support services. It provides a comprehensive model of care, linking primary health care, specialist services, capacity building and secondary services, and community development.

MH RHW is underpinned by a commitment to the social determinants of health and, as such, community development activity, with a focus on improving social inclusion and employment. The integrated service is resourced by a multidisciplinary team comprising of general practitioners, refugee health nurses, infectious disease physicians, paediatricians, bicultural workers, community development workers, psychiatrists, counsellors, physiotherapists, pharmacists and administration staff. A refugee health nurse provides triage services every day to support local agencies who need refugee health information and to assist with referrals.

Client feedback shows there are high levels of satisfaction with the service. People feel treated with respect and that services are delivered in a culturally appropriate and safe way. Additionally, 83 per cent of clients strongly agreed that their health concerns had been addressed by MH RHW.

Source: McBride J, Block A, Russo A 2017, 'An integrated healthcare service for asylum seekers and refugees in the South-Eastern Region of Melbourne: Monash Health Refugee Health and Wellbeing', Australian Journal of Primary Care, CSIRO Publishing.

Recommendation 3: Modernising primary care

Data and digital technology are used to better inform value-based care, safely share critical patient information to support better diagnosis and healthcare management, empower people to participate in their own healthcare, and drive insights for planning, resourcing and continuous quality improvement.

How the community health model aligns

Community health services in Victoria are well prepared for the proposed reform with their digital capabilities, as they have adopted and integrated various digital systems and tools to enhance the quality and efficiency of their services.

The majority of registered community health services in Victoria use the TrakCare client management system, which allows them to create, update, share, and securely store patient and population information digitally. In addition to using the TrakCare system, some community health services have also integrated their electronic medical record (EMR) systems with other digital systems or devices to enable smooth flow of clinical data, communication and coordination between the two systems.

Community health services are also participating in the digital transformation of the healthcare system currently underway in Victoria, as part of Victoria's Digital Health Roadmap.

Recommendation 4: Supporting change management and cultural change

The primary care sector is well-supported to embrace organisational and cultural change, and drive innovation; consumers are empowered to have a voice in the design of services to ensure they are fit-for-purpose to meet people's needs, particularly for priority groups; and all levels of government work together to ensure the benefits of reform are optimised.

How the community health service model aligns

Community health services have a well-documented history of delivering innovative models of care. This includes the provision of GPs in community health, maternity outreach services, allied health, dental services or the delivery of other supports in community settings that are familiar, welcoming and accessible.

Community health services are a leader in this cultural change, as they demonstrate their ability to break down silos and barriers that often hinder effective primary care. Community health services have a diverse and multidisciplinary workforce, who work together to address the complex needs of their clients. They also have a flexible and responsive funding model, which allows them to aggregate resources and refer internally to ensure timely and appropriate access to care.

Community health services are known for establishing strong partnerships with other primary care providers, such as Primary Health Networks (PHNs), hospitals, and specialist services, to facilitate seamless transitions and coordination of care. By adopting this collaborative and holistic approach, community health services not only deliver high-quality and efficient primary care, but also foster a positive and supportive work environment for their staff.

These outcomes are something that private primary care providers may struggle to achieve, especially in the context of increasing demand and complexity of care.

This was demonstrated recently throughout the COVID-19 pandemic, where community health services were able to break down traditional barriers between acute and community setting to ensure a continuum of care from community into hospital and to de-escalate back to community.

Examples of innovation include:

- **High Risk Accommodation Response (HRAR):** Program to support public housing and other high-risk accommodation settings with shared facilities to prevent and respond to COVID-19 outbreaks and provide social support.
- **GP Respiratory Clinics:** Free service staffed by doctors and nurses and delivered in community health service settings to treat mild respiratory symptoms or other COVID-19 symptoms.
- **COVID Positive Pathways:** Partnerships with public hospitals to provides clinical care, monitoring and support for all people who test positive for COVID-19.

Today, community health services are responding to challenges with overcrowded emergency departments and primary care market failure due to the general practice challenges that are anticipated to continue into the next decade.

Conclusion

This paper highlights the significant potential of the community health model in realising the objectives of the primary care reform agenda.

Ensuring Australians can access affordable health care when they need it and supporting healthcare professionals who deliver this care is a priority. But more needs to be done to enable clients to access a model of care that is holistic and addresses the range of social needs that impact on their health.

In Victoria, the community health model offers a modern, equitable, and accessible approach to primary care which can also ease the burden on acute health settings. This paper highlights the features of the model, making it a practical solution for the nationwide implementation of primary care reform. By expanding this model further across other states and territories, both levels of government - and the communities they serve – stand to benefit.

The VHA proposes that:

- the Commonwealth Government considers the Victorian community health model as a scalable solution to realise the objectives of the national primary health care agenda, and
- state and territory governments invest in the community health service model to ensure that national primary care reform results in improved access to primary health care as well diversion from acute health services.

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