phn
MURRAY

An Australian Government Initiative

REPORT TO THE COMMUNITY

NOVEMBER 2017

Murray PHN operates across 22 local government areas and six Federal Government electorates, in a diverse area that covers almost 100,000 square kilometres of land and more than 1,880 kilometres of the Murray River.

Inside the Murray PHN catchment, the Mallee and Upper Wimmera regions are the warmest parts of Victoria, where hot winds blow from the semi-deserts nearby. The Victorian Alps in the north east has the coldest areas and is home to the largest mountains in the state.

The Goulburn Valley dairy and fruit growing industries produce around a quarter of Victoria's output, while Bendigo's goldfields have yielded more than 25 million ounces of gold. This report reflects the diversity of our region and our communities.

Murray PHN acknowledges the traditional owners of the lands we work on and would like to pay our respects to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander people.

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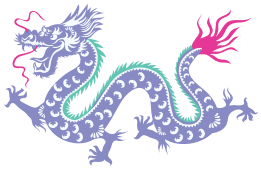
This Report and the programs and initiatives outlined within it, have been made possible through funding provided by the Australian Government under the PHN Program.

Our region at a glance

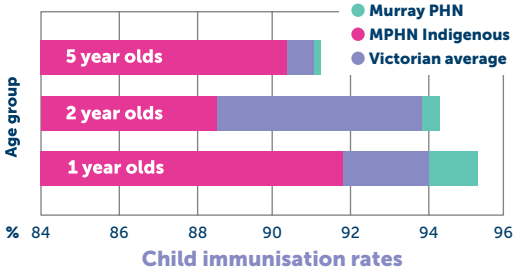


The Bendigo Easter Fair began in 1871 and is Australia's oldest ongoing festival

151,000 of us are obese

More than 14 Aboriginal language groups

371,000 have a long-term health condition

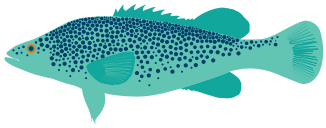


Child immunisation rates

105,000 people smoke

1 in 5 experience a mental illness in any year

The Murray River is the third longest navigable river in the world



The largest Murray Cod **1.8m long and 113 kg** (a critically endanged species)

13,600 Aboriginal and Torres Strait Islander people

400+ Health Voices

4 Pink Lakes

177,000 have high blood pressure

237,000 physically inactive

373,000 haven't seen a dentist in the past year

348,000 don't have private health insurance

2,530km The length of the Murray River

Indigenous Australians have lived in the Murray River valley for at least 40,000 years

Greater Shepparton's 90 life-sized, fibreglass cows celebrate the region's agricultural industry

331,000 don't meet daily recommended fruit and vegetable consumption

22 Doctors in secondary schools appointed

388,000 people misuse alcohol

Bowel Cancer Screening Rates

43.1% Murray PHN

38.9% National

The Murray River is more than 60 million years old

Mt Bogong is Australia's second highest mountain and Victoria's highest at **1,986m**

Champion race horse Black Caviar was born in Nagambie

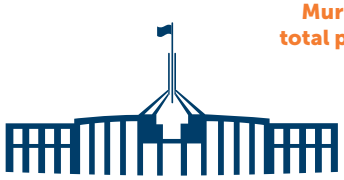
644,460 Murray PHN total population

Cervical Cancer Screening Rates

63.5% Murray PHN

56.4% National

Home to half of Victoria's wine regions



A royal commission in 1903 recommended Albury as the site of Australia's capital but Parliament chose Canberra in 1908

50 Stop Mental Illness Stigma signed pledges

69% of Australia's almonds and 48% of Australia's pistachios are grown in the North West region

Breast Cancer Screening Rates

56.8% Murray PHN

53.7% National

122,000 went to an emergency department for treatment

We have the highest and lowest record temperatures in Victoria

Highest 50.8°C
Mildura 6 January 1906

Lowest -12.8°C
Mt Hotham 30 July 1931

The world's largest canoe race, the Murray Marathon, is held on the Murray River each year

5 days 404kms

About Murray PHN

2017 has been a year of milestones for Murray PHN, issuing our first major commissioning for chronic illness and mental health, launching our community initiative Health Voices, while undertaking a significant organisational restructure.

Integration, collaboration and community partnerships are vital to ensure people suffering chronic illnesses in regional areas get evidence-based, best practice models of care.

Murray PHN continues to use data and evidence to identify health priority areas such as diabetes, cardiac and pulmonary diseases. We fund models of care that support the coordination of care, identify gaps in vital services and provide regional solutions.

As we move beyond our initial work in building engagement and identifying priorities and opportunities, we are changing to improve health care and health outcomes in our region.

Early in the year, Murray PHN began the process of analysing and shaping our organisational structure to foster greater functional integration across Murray PHN.

We recognised that, for us to be agents of change in primary health care, we had to be flexible in our approach to ensure integration across our health system and region.

First, we introduced our team-led corporate values of leadership, collaboration, knowledge, innovation and accountability.

By July we had launched our restructure, underpinned by a reorganisation of executive responsibilities and four major functional teams that enable targeted and effective primary health care engagement through our four regional structures.

Our Strategy Team is at the heart of our organisation, combining population health data and best practice evidence with consumer voices to understand the health needs of the Murray PHN community.

Our Integration Team focusses on systems and quality, investing our commissioning budget in activity that aims to strengthen the primary health system across our catchment, relative to local need.

Our Regional Team, based in Bendigo, Mildura, Shepparton and Albury, are building productive and collaborative relationships with health services in each region and providing primary care leadership and local support.

Our Corporate Team oversees finance, procurement, human resources, quality, organisational development and support, communications, risk and governance.

We look forward to continuing to work with our health service partners to improve health outcomes for people living in the Murray PHN region.

Murray PHN's Strategic Plan and Needs Assessment can be found on our website at: murrayphn.org.au/about/corporate-documents

STRATEGY TEAM	INTEGRATION TEAM	REGIONAL TEAM
Population Health	Mental Health and AOD*	Mental Health and AOD*
Health Information Systems	Integrated Care	Integrated Care
Planning and Evaluation	General Practice	Practice Improvement
Strategic Projects	Indigenous Health	Indigenous Health
	Engagement	Engagement
		Strategic Projects

CEO, CORPORATE SERVICES, PROCUREMENT, FINANCE, GOVERNANCE, COMMUNICATIONS, RISK, QUALITY, HUMAN RESOURCES, ORGANISATIONAL DEVELOPMENT

*Alcohol and other drugs (AOD)

Our corporate values

Murray PHN's corporate values play an important and dual role in enabling Murray PHN to describe not only how we undertake our work, but as a relatively new organisation, who we are. The five values that guide our people and our work are:

Leadership

We commit to lead effective change in primary heath care

Collaboration

We build enduring relationships that lead to better health

Knowledge

We use knowledge to improve health and shape our health care system

Innovation

We foster new and better ways to improve health outcomes

Accountability

We are accountable to our communities, partners, funders and each other

Our Board

Clockwise from top left: *Dr Chris Atkins, Victor Hamit, Leonie Burrows, Hal Swerissen, Matt Jones, Kevin Boote, Ted Rayment, Jane Sullivan, Sue Clarke, Dr Talitha Barrett, Fabian Reid*

Dr Chris Atkins

GP and qualified lawyer Dr Chris Atkins is involved in all areas of health care including acute and emergency care, paediatrics, aged care and chronic disease management. He is a Director of the Brooke Street Medical Centre and a former Chair of Kyneton Health.

Dr Talitha Barrett

A private general practitioner and GP associate with the Eaglehawk Medical Group for 22 years, Dr Barrett has worked in Aboriginal health, prison health and community health, as well as GP vocational training and teaching medical students. Dr Barrett has been a director on GP division and training boards over 19 years.

Mr Kevin Boote

Businessman and executive Kevin Boote is operations manager for a supermarket and hotel group in regional Victoria. Mr Boote has been a Director of Goulburn Valley Medicare Local and of Ambulance Victoria. He is Chair of Primary Care Connect in Shepparton.

Ms Leonie Burrows

Leonie Burrows is a management consultant and company director, with extensive experience in local government, regional development, agriculture, education and strategic planning. Former CEO of Mildura Rural City Council, Ms Burrows is also Chair of Sunraysia Community Health Services and Sunraysia TAFE.

Ms Sue Clarke

Starting her career as a nurse, consultant and company director, Sue Clarke has held senior positions in health, government and community services for more than 35 years. Ms Clarke is a Director of Bendigo Health Care Group and Ambulance Victoria and Chair of Haven; Home, Safe.

Mr Victor Hamit

Lawyer and director of Wentworth Lawyers in Echuca and Melbourne, Victor Hamit practices in commercial and taxation matters. Mr Hamit previously sat on the boards of SBS Community Board, Rural Ambulance Victoria and the Riverine Herald group.

Mr Ted Rayment

Ted Rayment had held CEO roles in major hospitals across Australia before being appointed as CEO of Swan Hill District Health. A former director of the Health Roundtable, Mr Rayment is on the board of Primary Care Partnership and is Deputy Chair of the Loddon Mallee Rural Health Alliance.

Ms Jane Sullivan

Ms Jane Sullivan has held senior communication positions in private, public and government-owned companies over the past 35 years after studying and working as a newspaper journalist. Jane is a communications and marketing professional with extensive experience of business stakeholder communications.

Professor Hal Swerissen

An expert on health policy and program development, Hal Swerissen has researched extensively in the design and development of primary health and community services. Professor Swerissen is a research fellow at the Grattan Institute and emeritus professor of public health at La Trobe University.

Statement from the Chair
Fabian Reid

The annual Chair's message to the community provides the prospect of reflecting not just on the overall performance of an organisation, but on the steps taken to progress through the year.

I am gratified that I can look back at Murray PHN's first two years and reflect on the giant paces that our hardworking executive team and staff have taken. In our first year, we focused on setting up our organisational structure and regional presence that would enable us to build relationships across our very large and diverse catchment.

We had to grow into our role as a commissioning organisation by developing systems, five geographically separate workplaces and the capability of our teams both regionally and centrally.

This year, we have been able to use those systems and capability to commission services for priority needs that will help improve the health outcomes of our community over time.

Part of our relationship building has been the development and harnessing of advisory councils across our regions – this year we have added our Indigenous Health Advisory Council to our four clinical, four community and one Population Health Advisory Council.

Our network of advisory councils has been a significant commitment both financially and in organisational time, but after only a year of engagement, we can see the strength and value of this unique structure.

Our advisory councils have contributed significantly to our understanding of the health needs of our community and the specific health circumstances across our catchment. In the coming year, we will strengthen our focus on our work with general practice, the cornerstone of improved health outcomes for our community.

GP engagement is already high. Murray PHN has Medical Advisors and Clinical Editors working in each of our four regions; we have GPs chairing our four clinical councils, plus five other GP council members and, of course, we have two General Practitioners serving on our board. Along with our advisory councils, the advice and input of our 21 GPs is vital to the success of our operations.

But even deeper engagement in the GP community is a high strategic priority for Murray PHN in 2018, as is our increasing collaboration with the network of 31 PHNs around Australia.

I would like to close by thanking my fellow board members and our CEO Matt Jones for their commitment to Murray PHN and to congratulate the entire team for a great year. I would also like to acknowledge and thank the health sector in the Murray PHN region for their continued support and enthusiasm for our work.

We look forward to another strong year in 2018.

Fabian Reid grew up in regional Victoria and began his professional career in education before moving into politics as an advisor in the 1980s.

Mr Reid has tertiary qualifications in agricultural science and education and has consulted to organisations including Haven, VicRoads and the City of Greater Bendigo.

Mr Reid is a director of Bendigo Access Employment and Chair of Bendigo Youth Coordination Group. He has served as chair of the Bendigo Regional Advisory Board for La Trobe University, Chair of the Goldfields Local Learning and Employment Network, a Director of the Golden Dragon Museum and convenor of the Bendigo - A Thinking Community Reference Group.

From left: *Racquel Kerr Coordinator, Cultural Heritage Dja Dja Wurrung, Fabian Reid Board Chair Murray PHN at the launch of work on our Reconciliation Action Plan*

Our executive team

Clockwise from top left: *Elizabeth Clear, Janice Radrekusa, Matt Jones, Helen Hickson, Penny Wilkinson, Faye Hosie, Anne Somerville*

Ms Elizabeth Clear
Executive Director Corporate

Elizabeth Clear has over 30 years' experience in organisational development, change management, finance, quality and risk management and governance, with leadership roles in the public, private and NFP sectors. She is a CPA with a Bachelors in Commerce and a Graduate Diploma in Applied Corporate Governance.

Ms Janice Radrekusa
Executive Director Regional

Janice Radrekusa has 30 years' experience in the health sector, spending the last 16 years in management at Bendigo Health in a variety of roles across inpatient, outpatient and community care.

Ms Penny Wilkinson
Executive Director Integration

Penny Wilkinson has worked in both the private and public sectors shaping the development of civic spaces and has consulted for local and state governments. Penny is Chair of the Community Foundation for Central Victoria.

Dr Helen Hickson
Executive Director Regional

Dr Helen Hickson is a social worker, researcher and educator with a long-standing interest in rural communities and sustainable models of service delivery in rural Australia.

Ms Anne Somerville
Executive Director Strategy

Anne Somerville has experience in the health sector with overseas aid organisations, youth services, women's and community health and family welfare services. She has worked with both State and Federal Government and her governance work includes board memberships across the health and VET sectors.

Ms Faye Hosie
Executive Director Regional

Faye Hosie has 25 years' experience in Goulburn Valley providing leadership within a variety of public and private health care organisations and holds a Masters of Rural Health (Research).

Absent from photo:

Mr Jason Minter
Executive Director Regional

With 25 years' experience in the government and NFP sectors, Jason Minter has specialised in rural and remote service development in aged care and disability through regional Australia. He has a Diploma in Welfare and a post-graduate degree in social work from La Trobe University.

Mr Richard McClelland
Executive Director Regional

Richard McClelland has over 20 years' operational and strategic experience at senior management and executive level, including at Murrumbidgee Local Health District consortium.
(Until 15 October 2017)

Mr David Kirby
Executive Director Regional

David Kirby is a Registered Nurse with postgraduate qualifications in management and mental health and over 20 years' experience working in healthcare in rural and metropolitan Australia.
(Until 7 April 2017)

Statement from the CEO
Matt Jones

Murray PHN's role is to improve health outcomes in our region. Our annual budget is approximately 1% of the total yearly health expenditure in our region. We understand that within a complex system with finite funds, the real opportunities to improve health outcomes lie within an ability to build partnerships and collaboration.

The increasing burden of disease and escalating costs of servicing our health needs requires changes to the way we have deployed and engaged our health system. PHNs have been developed to enable local decision making, according to the variable regional context and capacity.

Our efforts to improve health outcomes also require an increased capacity to coordinate the health system for targeted and responsive approaches. Part of the changes that PHNs are providing through our role and bringing to our regions is the commissioning of evidence-based models of care.

Murray PHN's focus on relational commissioning draws on the knowledge and understanding of providers and community through our regional advisory councils to develop regionally coordinated and integrated health care. Our commissioned models of care are strengthened through building workforce capability, enhancing information exchange and effective coordination of care.

Murray PHN teams have worked together to develop the cultural values that guide our organisation – leadership, collaboration, knowledge, innovation and accountability. After our initial two years of operation we recently restructured our organisation to reflect our progression and evolution. We have moved from that brand new organisation offering a new role to a large and varied region. Murray PHN is a knowledge-driven organisation, strategically combining relationships, engagement and capacity to develop local solutions.

Our total investment in chronic disease care and mental health has grown. Despite that growth, we acknowledge there are still many more worthwhile projects and services of value to our community that we are unable to fund. Accordingly, in allocating funding we have had to make tough decisions that have impacted on existing and historical health service provision.

Change does require disruption of the status quo but the opportunities to improve the coordination and responsiveness of care have been well received by our local health system.

This year, Murray PHN's executive team and staff have risen to every challenge we have presented them with. I thank them all for their commitment, hard work and passion for the communities we serve. They live and are the embodiment of our organisational values.

I also thank our many stakeholders for their partnership and contribution to our work. I look forward to working with them to make a difference in our region.

Matt Jones has a long and experienced rural health management career in primary health, acute public health and Aboriginal health settings in Victoria, Queensland, Northern Territory and Western Australia.

Previously CEO of Loddon Mallee Murray Medicare Local and two Divisions of General Practice, he believes the key to improved health outcomes in regional areas lies in collaboration and effective community and provider engagement.

From left: *Damian Drum, Federal Member for Murray, with Jacque Philips, CEO Numurkah District Health Service (NDHS), Matt Jones, CEO Murray PHN and Wendy Ross Director of Clinical Services, NDHS, announcing chronic disease funding for the Numurkah community*

Understanding health needs

The health challenges for the Murray PHN region are clear. We have higher rates of debilitating chronic illnesses than residents of our cities, significant levels of poor mental health, alcohol and other drug issues, an ageing population, a huge geographical area to service, and the challenges of attracting and retaining a skilled health workforce to support our regional populations.

Poorly managed illnesses result in an estimated 81,400 potentially avoidable hospital days in our region each year – at a cost of at least $2000 for each of those days to our hospital system and a block to reducing waiting lists.

Lack of appropriate or available primary care services in some areas results in pressure on our ambulance services and emergency departments as patients deteriorate unnecessarily. The impact on the individual and their family and community is often devastating.

PHNs were established by the Australian Government in 2015 to provide a leadership role in the primary health care environment, to apply a regional lens and to encourage system improvement through increased efficiency and effectiveness.

Federal funding priorities have changed to centre on the most significant health needs of Australians. The Government seeks to improve the primary care system, to identify and address gaps and inequalities in service funding and to ease the impact on state-funded hospital systems.

By treating illnesses more effectively at their earlier stages, a proportion of the more serious disease consequences can be reduced. By encouraging diverse health services to collaborate, sustainable health solutions can be found.

As part of this national mandate, Murray PHN aims to:

- ensure that our primary health care systems can deliver the highest possible quality and outcomes for patients and consumers
- align resources to meet the population health needs of the Murray PHN catchment area
- address health inequalities through better planning and service design that optimise the resources available.

Our work begins in our strategy team, where we use detailed and up-to-date population health data to understand the burden of disease impact in our region. We combine a rigorous understanding of population health, with established best practice and the views of our communities to develop our commissioning strategies.

We look at primary and prevalence data, health indicators and disease incidence. We analyse the market through the National Health Services Directory, web-based information, and our own HealthPathways system (pages 22-23). We link that with local knowledge, community and workforce interaction and our widely distributed individual Health Voices (page 14).

Murray PHN population health information matrix

DATA

- **Primary and prevalence data**
  PHIDU, ABS, AIHW, Victorian Population Health Survey and more
- **Indicator**
  Hospital admissions, ambulance call outs, registered mental health clients and more
- **Incidence**
  CatPlus, Fixus, and more

MARKET

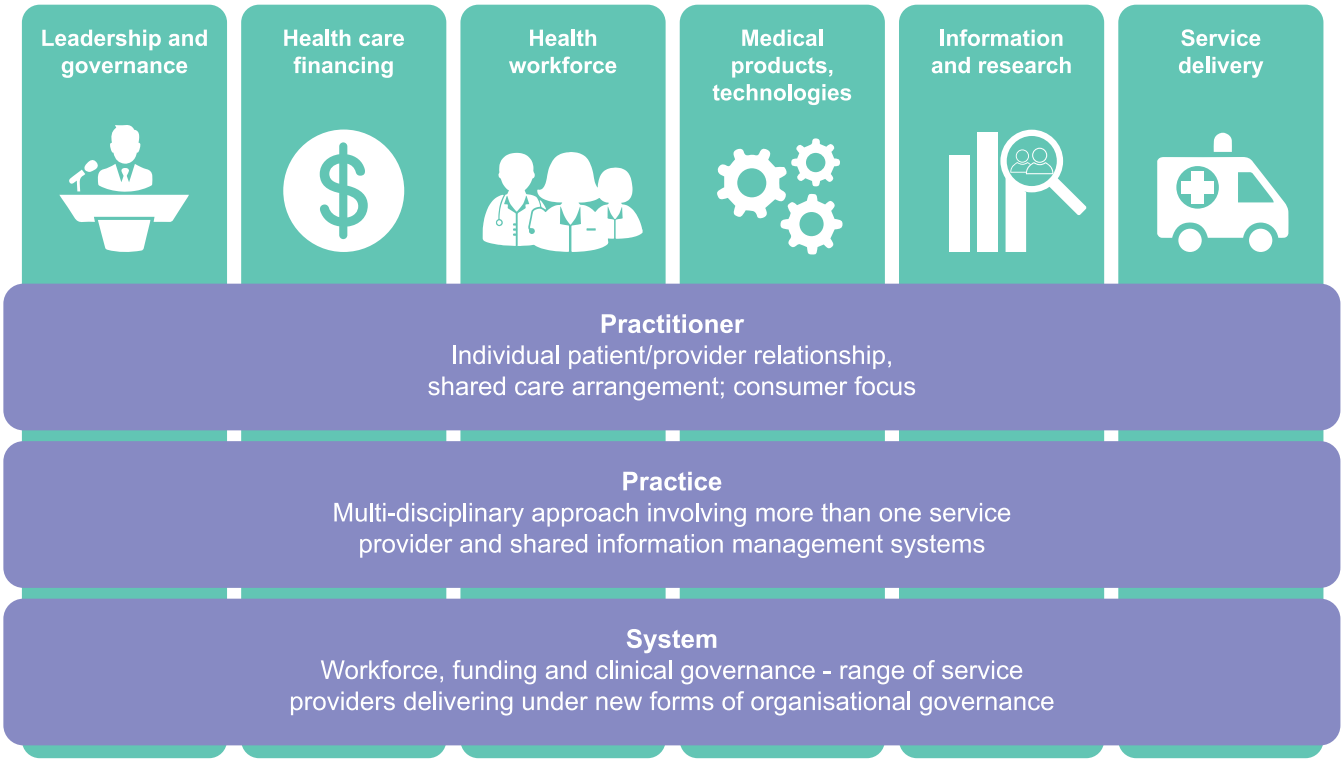
- **Web-based information**
- **National Health Services Directory**
- **Murray HealthPathways**
- **Local service system knowledge**
- **Regional office local knowledge and community interaction**

VOICE

- **Advisory Councils (x 11)**
- **Murray Health Voices**
- **Community and workforce interaction**

Above: *This matrix outlines the breadth of information we use to inform our Needs Assessment*

Improving health outcomes



Above: *Murray PHN Health System Framework*

This strategic population health process leads us to the areas of greatest local need – the health priorities that are detailed in our 2017/2018 Needs Assessment, along with an indication of the gaps in health delivery and health equity in our region. Our current regional priorities are:

- Chronic Obstructive Pulmonary Disease (COPD)
- Cardiovascular diseases
- Diabetes and its complications.

These regional priorities are added to the nationally established priorities of mental health, alcohol and other drugs, Aboriginal and Torres Strait Islander health and aged care.

Models of care are developed to better manage scale, both economically and population based, and to clearly articulate pathways, practices and processes that cater for more complex care needs, especially when managing the burden of the most prevalent chronic diseases.

Our goal is to reduce potentially avoidable hospitalisations for patients in our region, particularly for those with diabetes, COPD and cardiovascular disease.

By influencing the coordination of existing primary care and by supporting the best models of care that help to manage chronic disease in a coordinated and integrated way, we aim to improve health outcomes over time.

By encouraging health networking, we help to build a strategically sound and sustainable system, informed by best practice clinical guidelines.

Importantly, we consider ways to assist both integration and improvement at the practitioner, practice and system levels, with an additional focus on health care financing, the sustainability of the health workforce and medical technologies.

With input from peak bodies, we have drawn from a range of chronic disease management and condition specific strategies that target practitioner, practice and system level impact to help improve health outcomes in our communities.

Population health at a local level

Above: *Some of the local towns that make up our diverse region*

Murray Exchange is an online population health information resource available for free to community members, service providers and planners across the Murray PHN catchment.

Our region has multiple data collection boundaries including: 22 local government areas (LGAs), 73 Level 2 statistical areas (SA2), 13 Level 3 statistical areas (SA3), six Federal electoral boundaries and 169 postcodes.

Murray PHN uses data from a range of sources, including Commonwealth and state-released data, de-identified patient data from doctors, health sector engagement, and feedback and advice from our Advisory Councils and our Health Voices network.

To understand the health of our population, we gather, interpret and layer this information to provide a detailed and full picture of the health needs of our communities.

We undertake a comprehensive needs analysis of our communities to support planning, design and delivery of services, analysing data such as hospital admission rates and community wellbeing measures.

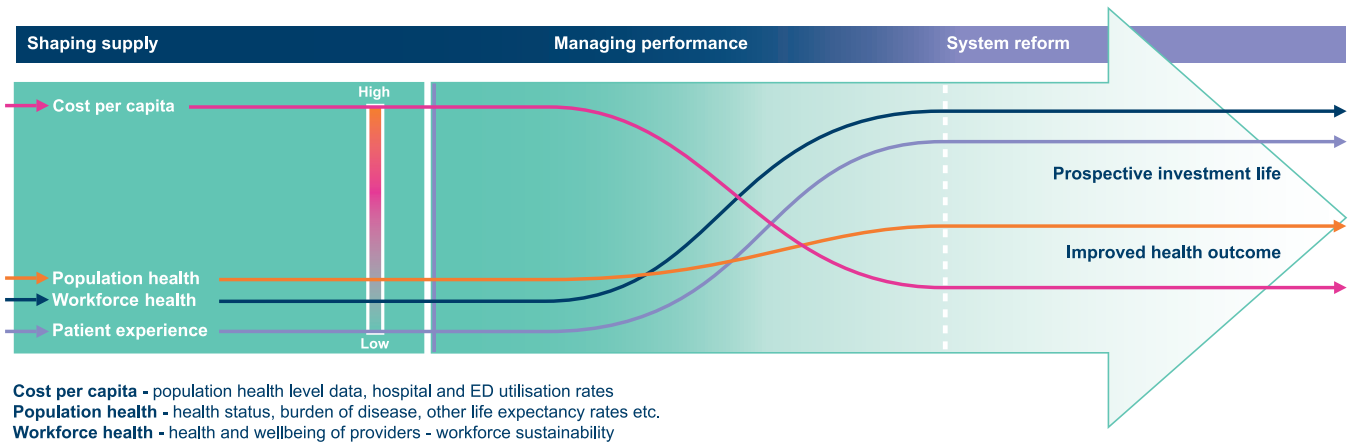
Around the world it is becoming clear that the best health outcomes occur where health services are designed and delivered in consultation with the communities they serve. The way that a client or patient experiences a service directly relates both to service use and better health outcomes.

At Murray PHN, we aim to improve the bottom line in four major components of system improvement – population health, patient experience, workforce health and cost per capita. We base this on the Quadruple Aim, pictured below.

For Murray PHN data, visit: **exchange.murrayphn.org.au**

Monitoring and evaluating change in the health system

The quadruple aim (below) is one of the evaluation frameworks that we use to measure our progress towards improving the health system. It demonstrates that by investing in a sustainable workforce and ensuring patients have a positive experience during care, the costs of health care will decrease and people will have better health outcomes. To improve the overall health of our population, the health system needs to be better coordinated, which is why our work is underpinned by our commitment to collaboration in primary care.



Cost per capita - population health level data, hospital and ED utilisation rates
Population health - health status, burden of disease, other life expectancy rates etc.
Workforce health - health and wellbeing of providers - workforce sustainability
Patient experience - consumer satisfaction and community level feedback and input

Based on:
Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. Health Affairs. 2008 May/June;27(3):759-769.
Bodenheimer T, Christine Sinsky C From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider doi: 10.1370/afm.1713 Ann Fam Med November/December 2014 vol. 12 no. 6 573-576
Stiefel M, Nolan K. A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2012. (available on www.IHI.org)

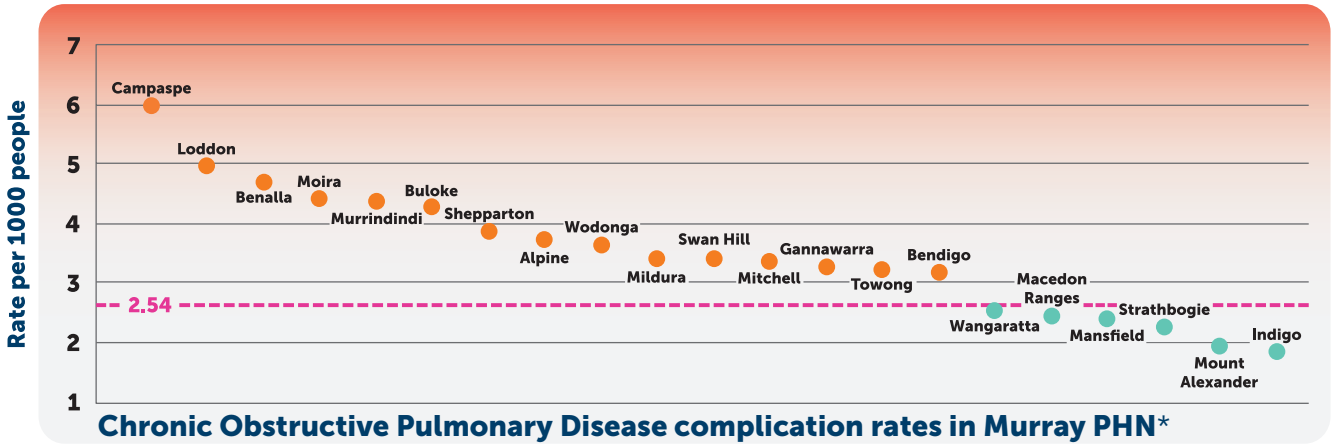
Recognising disease hotspots

Murray Exchange gives us data to understand disease "hotspots" in our region. Hotspots are areas where the incidence of chronic illnesses and their complications, or numbers of hospital admissions, are persistently higher than state or national averages.

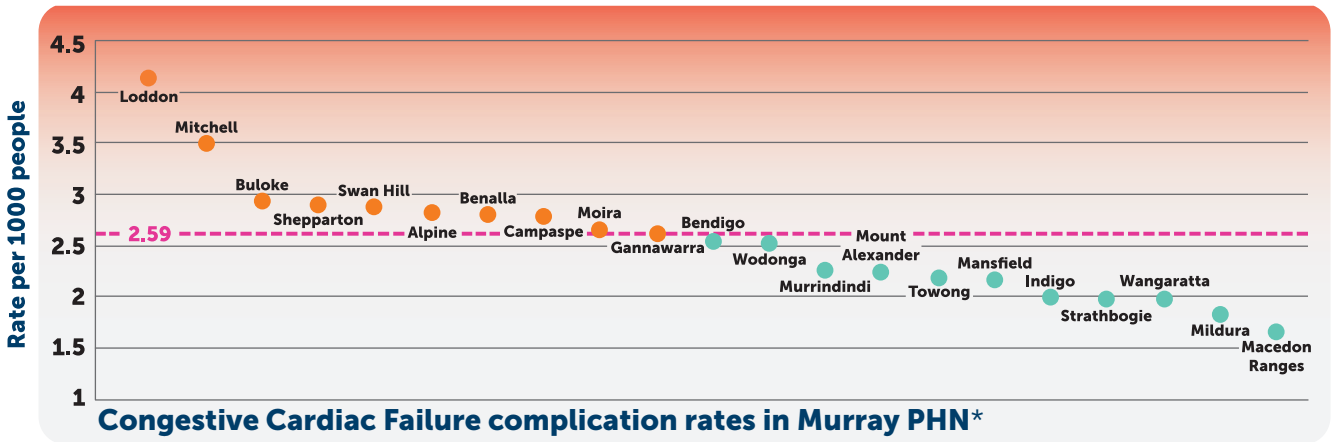
For chronic illness complications in our region Buloke, Mitchell and Swan Hill appear twice in the top five worst local government areas, and Loddon twice in the top two. Compared with the state averages, Mansfield is the worst for diabetes complications, Loddon for cardiovascular complications and Campaspe for COPD complications – often at rates close to double the Victorian average.

Complications arise when diseases are not being managed effectively. People without a full understanding of their diseases - and the steps they can take to help manage their health - are more likely to suffer serious and sometimes life-threatening consequences.

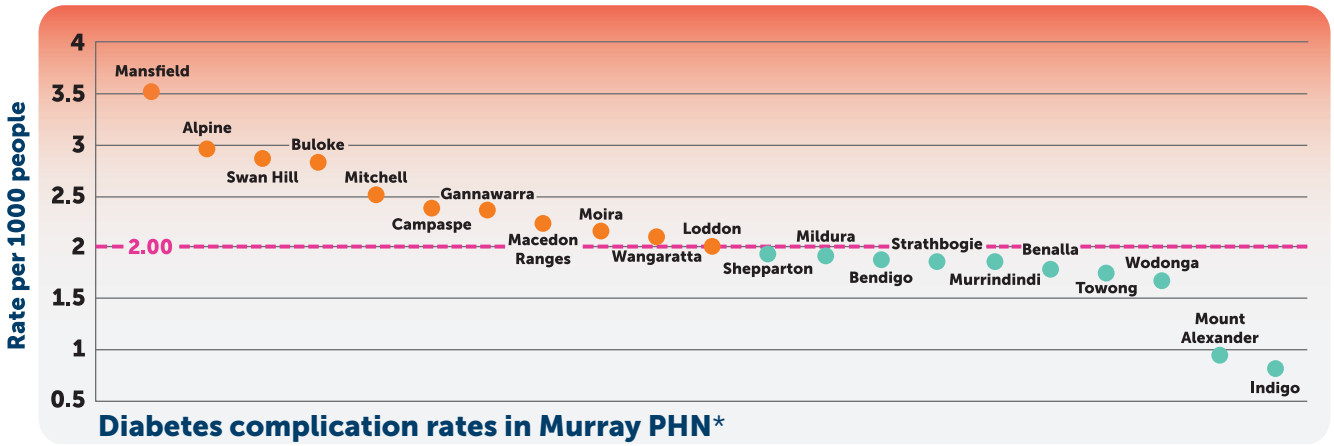
Work is continuing to determine "blackspots" where the market is not adequately addressing risks or meeting service needs of a chronic illness sub-population. Our initial focus is on these three chronic diseases because of their prevalence, but we are also monitoring other emerging disease concerns. Our goal is to reduce areas of inequity and low access to services, while funding services that support best practice models of care for chronic disease.



Chronic Obstructive Pulmonary Disease complication rates in Murray PHN*



Congestive Cardiac Failure complication rates in Murray PHN*



Diabetes complication rates in Murray PHN*

**Compared with the Victorian average* — *Victorian average* — *Better than average* — *Worse than average*

Engaging the community

Murray PHN's goal is to improve the efficiency and effectiveness of the health system across the Murray PHN catchment so that patients and their carers get the health services they need, when they need them.

We invest in primary care to improve health outcomes, particularly in our community's priority health needs of diabetes, heart disease, lung disease and mental health. This approach begins with evidence-based decision making; combining population health data, market analysis and community voice to inform our strategy.

Advisory councils form a vital part of our governance structure with more than 75 advisory council members from a range of backgrounds. We have 11 community, clinical, Indigenous and population health councils.

Councils are regionally based to provide insight into needs, gaps and concerns on the ground.

Most of our advisory councils meet formally four to five times a year, and communicate personally and online outside of meetings to help progress work plans and other initiatives. Twice a year the Chairs and one other representative from each council meet in the Catchment Advisory Council meeting to explore themes and issues across the entire Murray PHN region.

The role of our councils is to provide advice on regional and emerging issues, particularly in Murray PHN priority areas. Their advice feeds into our annual needs assessment, adds to our knowledge of local and emerging issues and informs our commissioning of primary health services. This year, advisory council advice has assisted with the development of our chronic illness models of care.

We acknowledge and express our thanks to our advisory council members for their work on behalf of their communities and Murray PHN during the year.

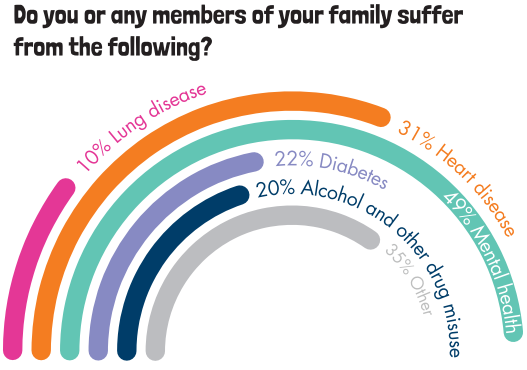
Listening to our communities

Murray Health Voices is a new initiative that allows us to hear directly from community members and clinicians via an online survey platform.

We have been actively recruiting consumers across our region to enable us to target questions to geographic and demographic population groups and those interested in specific health conditions.

Murray PHN is working towards health care that is designed around the needs of people in our region. By listening to our communities, we can better understand what's working well and what isn't, and the barriers that make accessing services difficult. We are also encouraging our community to contribute ideas for future health service improvements.

If you haven't yet registered, make sure that your voice is being heard. Register online and encourage your friends, family and networks to do the same: **murrayphn.org.au/health-voices**



Right: *Murray Health Voices are asked questions about their own health and wellbeing and their local health concerns*

Using regional perspectives

Murray PHN Catchment Council: *(top left to bottom right) Jack Forbes, Joanne Kinder, Dr Chris Atkins, Deborah Mellor, Dr Greg Gladman, Dr Ewa Piejko, Ruth Mulligan, Emma Ghys, Toni Riley, Dr John Buckley, Dr Lawrence Tay, Allison McTaggart, Kate Wright, Michael Leonhard, Matt Jones, Clare Fountain, Fabian Reid and Ric Raftis*

Betul Tuna (Member)
Goulburn Valley Community Advisory Council

"Being a member on one of Murray PHN's Advisory Councils means that all my family and friends, my Ethnic Council links and my private and community networks know about the efforts underway to make health services more responsive in my district.

"I speak up and talk about how difficult it is to get help when your culture or your language makes it difficult to understand what to do next. Then I listen, learn and work with others on the Advisory Council to advise Murray PHN on the nature of the local health need or situation."

Dr Greg Gladman (Chair)
North East Clinical Advisory Council

"By recognising the excellent current work being done by healthcare providers throughout our region, we have been able to identify important gaps to existing services. The advisory councils provide Murray PHN with first hand access to understanding the needs of the community."

Clare Fountain (Chair)
Central Victoria Community Advisory Council

"I'm very pleased that after only 12 months, the regional advisory councils can show that they have influenced commissioning processes by keeping the consumer front and centre.

"Health care delivery works across numerous silos that are separately funded. We have been able to make sure that the consumer remains front and centre of funding decisions, which influences how services are designed."

Allison McTaggart (Chair)
North West Community Advisory Council

"Meetings have truly focussed on how primary health care can be improved for our diverse and geographically dispersed demographic. It has been extremely important and valuable to be able to identify barriers to services, and priority areas for our region. It's now evident that there is significant momentum towards Murray PHN's strategic approach to models of care and commissioning."

Toni Riley (Pharmacist and Member)
Central Victoria Clinical Advisory Council

"The cross-pollination of ideas at the local level and across the regional advisory councils is quite powerful. There can be similar service gaps identified in different regions, and each advisory council comes up with their own localised portrayal of the problem and possible solution. Then when they get together, the different solutions can spark great debate and insight, leading to targeted advice where the consumer is the winner".

Dr Robert Campbell (Chair)
Goulburn Valley Clinical Advisory Council

"Murray PHN has only a small proportion of the total public health dollar to spend, so it has to bring together many different interests in just a few critical areas. That is why the advisory council approach is important. It can use local networks to focus on making real improvements."

"In their first year of operation, we have seen the potential of advisory councils. Transitions for patients between health care services need to be done better and the "Stepped Model of Care" in mental health, for example, holds promise."

Supporting mental health recovery

Shaping mental health services

This year, Murray PHN and the University of Melbourne conducted an experience-based co-design project to consider future primary mental health care for people living with severe mental illness.

The National Mental Health Commission describes severe mental illness as complex and chronic conditions such as severe depression, schizophrenia, bipolar disorder and eating disorders. Severe mental illness accounts for approximately 3.1 per cent of the population.

The University of Melbourne collected information from 168 clients, carers and staff in this project.
Key themes included that consumers wanted to:

- feel listened to and understood, seen and known as a person, not as an illness, and have their previous experiences valued in treatment decisions
- see the same professionals to reduce re-telling stories, have access to them and services in their communities
- experience minimal wait times for appointments
- be provided with information and availability of carer support groups earlier
- have information and discharge support at home and access to after-hours services and care if needed.

The subsequent co-design workshops in each region developed recommended action plans and a standard of care framework that looks at the relationship between the consumer and their service provider/s and the roles and responsibilities between them.

"I always felt like I was part of the process not just a problem to be fixed." - *Co-design participant*

Murray PHN is now considering the information and recommendations to support service planning and design so future services in our region are accessible, targeted, evidence-based and shaped by the people who use these services.

Dr Victoria Palmer, an applied ethicist and Senior Research Fellow in the mental health program at The University of Melbourne, said that the voices of consumers, carers and staff in regional and rural areas were not always heard in system reforms.

"Murray PHN has taken up the challenge of embedding consumers and carers at the heart of service design and improvement for mental health reforms" - Dr Victoria Palmer

Improving services for young people

In late 2016, Murray PHN began consultation with five headspace centres in the region – Bendigo, Mildura, Shepparton, Swan Hill and Wodonga – to discuss possible options for each centre in developing a new model of care for young people with severe or at risk of mental ill-health.

We are looking to strengthen local integration of services through the headspace model, to support connections with the broader service system to improve outcomes for young people.

In June 2017, Murray PHN hosted a regional headspace forum for young people, their families and carers, headspace centre managers and clinicians, to share their experiences and develop collaborative approaches.

Professor McGorry told the forum there is opportunity for change and improvements to the mental health system, which lies with Australia's 31 primary health networks. He said that PHN funding can be used to strengthen existing resources and invest in much needed specialist help.

Above: *Shea Spierings, UN Youth Ambassador 2015, Professor Patrick McGorry AO, Executive Director of Orygen and former Australian of the Year and Jason Trethowan, CEO of headspace*

Stopping mental illness stigma

Organisations commit to make a difference

One in five Australians report that they have taken time off work due to feeling mentally unwell in the past twelve months. Despite this, people living with mental illness often experience stigma and discrimination from friends, family, employers and the community as a whole. The effects of stigma can be worse than the actual symptoms of their illness, and can even compound the impact of the illness itself.

Murray PHN has pioneered the Stop Mental Illness Stigma Charter – a series of commitments intended to assist organisations and their staff to tackle mental illness stigma. We have invited other organisations to implement the charter, and to date we have 50 signatories. Murray PHN is delighted with the number of organisations nationally signing and pledging their commitment to Stop Stigma.

Pledge to stop mental illness stigma: **stopstigma.com.au**

Celebrating 50 signatories

The peak body for mental health services in Victoria, VICSERV, is the 50th organisation to sign Murray PHN's 'Stop Mental Illness Stigma' Charter.

VICSERV CEO, Angus Clelland, said he was delighted to sign the Stop Mental Illness Stigma Charter, and congratulated Murray PHN for this important initiative.

"We know that half of all Australians will experience mental illness at some stage of their lives. This is a staggering statistics and a surprise to many who work outside of the mental health sector," Mr Clelland said.

"While much has changed and more and more people are willing to publicly discuss their experiences of mental illness, more needs to be done to address stigma and discrimination. It's therefore very important that employers like VICSERV sign the Charter and publicly affirm they will do everything they can to promote inclusion and acceptance."

"Signing the Stop Mental Illness Charter is a visible and public commitment that we at VICSERV will ensure that in everything we do, we will be informed, mindful, inclusive, supportive and will challenge stereotypes," he said. "We will also actively promote the Charter to the many hundreds of organisations we work with to encourage broader adoption."

Above: *Lorelle Zemunik, Senior Trainer and Peers Specialist and Angus Clelland, VICSERV CEO*

Murray PHN would like to thank the following organisations for pledging to Stop Mental Illness Stigma:

- Albury Wodonga Health
- Anglicare Victoria (Hume)
- Anglicare Victoria (Loddon Mallee)
- Bendigo and District Aboriginal Co-operative
- Bendigo Health
- Bendigo Student Association
- Black Dog Ride Australia
- Botanical Gardens Health
- Brooke St Medical Centre
- Bushsong Web Development and Mental Health First Aid Training
- Care Connect
- Centacare SW NSW
- Cobram District Health
- Charlotte Brewer Consulting
- DHHS - Loddon region
- Echuca Moama Family Medical Practice
- Family Care
- Gateway Health
- Girraway Ganyi Consultancy
- Golden City Support Services
- Greater Shepparton City Council
- Goulburn Valley Primary Care Partnership
- Greater Shepparton Suicide Prevention Network
- Grow
- Haven; Home, Safe
- headspace
- Heathcote Health
- Kyabram Community and learning centre
- Lime Therapy
- Loddon Healthy Minds Network
- Lyttleton Street Medical Clinic
- Mallee District Aboriginal Services
- Mental Health CPG
- Mind Australia - Corporate
- Mind Australia – Hume/Goulburn Valley
- Mitchell Shire Suicide Prevention Network
- Mostyn Street Clinic
- Murray PHN
- Northern District Community Health
- Primary Care Connect
- Ride4Life
- Robinvale District Health
- Rochester and Elmore District Health
- Rotary 9790
- Royal Flying Doctor Service - QLD
- Southern Mallee Primary Care Partnership
- St John of God Bendigo
- Upper Murray Health & Community Services
- VICSERV
- Wedderburn Community House
- Wellways

Strengthening the primary care system

Murray PHN's current funding budget is equivalent to approximately one per cent of the annual total expenditure on health and hospital services in our region of more than 640,000 people. The total funding for our organisation roughly equates to the budget of a small regional hospital servicing a community of around 6000 people.

So how can we use that slice of funding to achieve real and lasting improvement to primary health care in the Murray PHN catchment. Change is inevitable if we are to address service and system gaps in primary health care and inequitable access for under serviced populations.

Earlier this year we released our commissioning intent to services and communities across Murray PHN, communicating the priorities, available funding and the timeframes of commissioning. Central to this were four key messages to health providers who wanted to partner with us:

- Our commissioning priorities are informed by an evidence base that is built on data, market analysis and community input
- Market analysis requires the market to work with us. Consumers will have better health care and outcomes when we can construct new and collaborative models that work to the specific capabilities and strengths from across the catchment
- Commissioning does not drive competition. It requires providers to work together. Service system reform needs strong, collaborative and well-informed partnerships to address the fragmented, confusing, and at times, inaccessible primary care service system
- Commissioning framework is a continuous cycle of work and we are involved in system change at different stages of that cycle.

In June 2017, we began with a focus on chronic disease. Diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease are major areas of preventable and avoidable admissions in hospital admissions across all areas of our catchment.

Our investment has aimed to strengthen services to support patients with these conditions within the primary care system before they escalate to a hospital admission.

This has included investment in cardiac and pulmonary rehab services, strengthening workforce and embedding best practices to eTools and resources within primary health decision support systems.

The introduction of commissioning marked a significant shift in the way resources were allocated and an approach that sought to drive improvements in efficiency and effectiveness of primary health care services.

We recognise that our commissioning investment is just part of the way to support improved access and quality to primary health care. Our ongoing collaboration with clinical and community leaders are vital levers to build upon local capability and knowledge.

Through commissioning, priorities and decisions in funding are informed by regional planning and regional input. Commissioning drives a greater focus on investing for population health outcomes, improved service coordination, system integration and ultimately, value for money.

The three broad elements of the commissioning process are:

Strategic planning

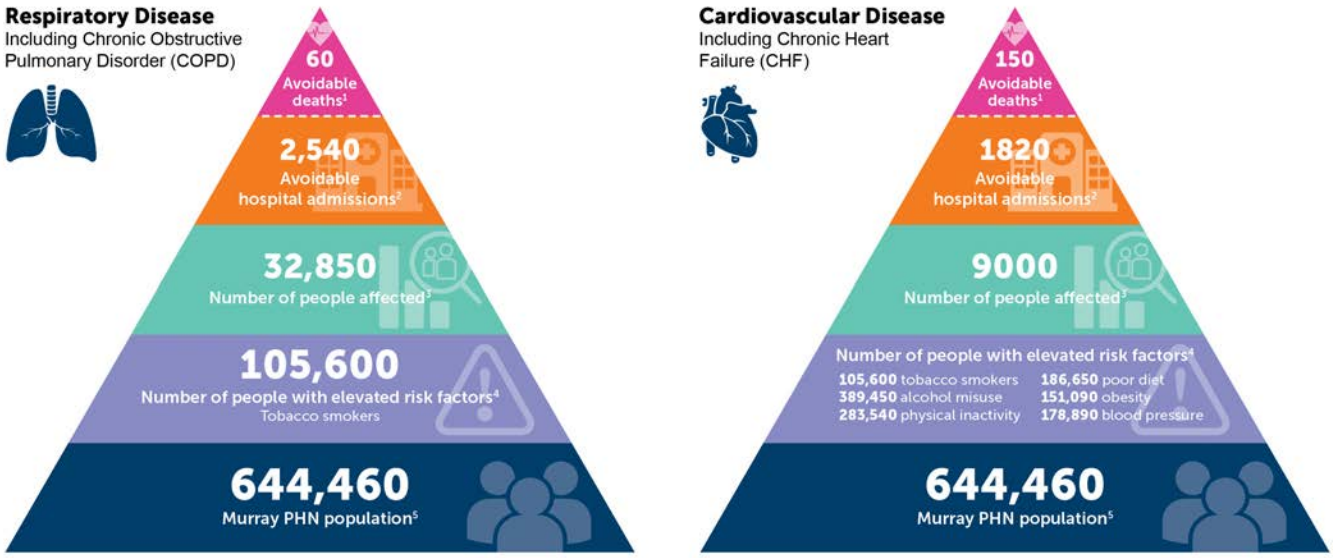
- analysing population health needs; setting priorities and determining desired outcomes

Procuring services

- designing and contracting services; identifying opportunities for collaboration and partnerships to strengthen the service system response
- encouraging greater coordination and integration within the health system

Monitoring and evaluation

- monitoring providers' performance and evaluating the impact of commissioned services



Above: *This graphic is indicative of the impact each condition has on our community. Figures are estimates only*

A new way of working together

Regional consultation

In June this year, Murray PHN held a series of industry briefings across our region to provide detailed information to potential tenderers on our new commissioning direction. Almost 200 local health service executives and clinicians attended in Bendigo, Mildura, Shepparton and Albury.

Attendees learned that our commissioning direction was underpinned by our population health planning work and used data along with community and clinical engagement. We examined market capability, strengths and gaps to frame a picture of our emerging priorities and needs.

This work formed the basis of the chronic disease tender that was released to the market at the conclusion of our industry briefings, identifying that our initial investment would be directed in three areas:

- investing in cardiac and pulmonary rehabilitation
- building workforce capability
- supporting quality by embedding tools and resources within information management systems.

Importantly, all proposals were to be within a model of care, locally evidenced and where possible, in collaboration with other appropriate health service providers.

Murray PHN believes that service system reform needs strong, collaborative and well-informed partnerships to address the fragmented, confusing, and at times, an inaccessible primary care service system.

We sought tender responses that looked at the local service system and opportunities to strengthen collaboration and integration with other health professionals.

All proposals were assessed and prioritised using the quadruple aim (page 12), which is effectiveness, equity, efficiency, value for money and sustainability.

As part of the evaluation process, the panel saw opportunities to link some of the proposals received. We invited tenderers to explore this prospect together and to resubmit their proposals on this basis.

While there was no obligation to take part in this "collaborative dialogue", we were very pleased with the willingness and response of service providers to work together to improve the health of their communities in the vital areas of cardiac and pulmonary diseases.

For example, the Lung Foundation of Australia proposed to support workforce capability in the application of COPD-X plan guidelines. Through collaborative dialogue, the evaluation panel linked the Lung Foundation with others looking to build COPD workforce capability.

This has created a catchment-wide approach to COPD workforce capability investment, while embedding a best practice approach in proposals from other health services.

Using clinical knowledge

Our commitment to engagement with general practice is underscored by the embedding of GPs in our regions and in our projects. Aside from our four place-based Medical Advisors, we also have nine Clinical Editors working on our HealthPathways projects, four GPs chairing our Clinical Advisory Councils and another five GPs among the councils' memberships.

Dr Susan Furphy
Goulburn Valley
Regional Medical Advisor

Dr Wendy Connor
North East
Regional Medical Advisor

Dr Philip Webster
North West
Regional Medical Advisor

Dr Ewa Piejko
Central Victoria
Regional Medical Advisor

The Murray PHN Medical Advisors have an important role in providing the insight and experience of 'real life' context of primary health care not only from the point of view of general practice, but also with a deep understanding of the patient journey.

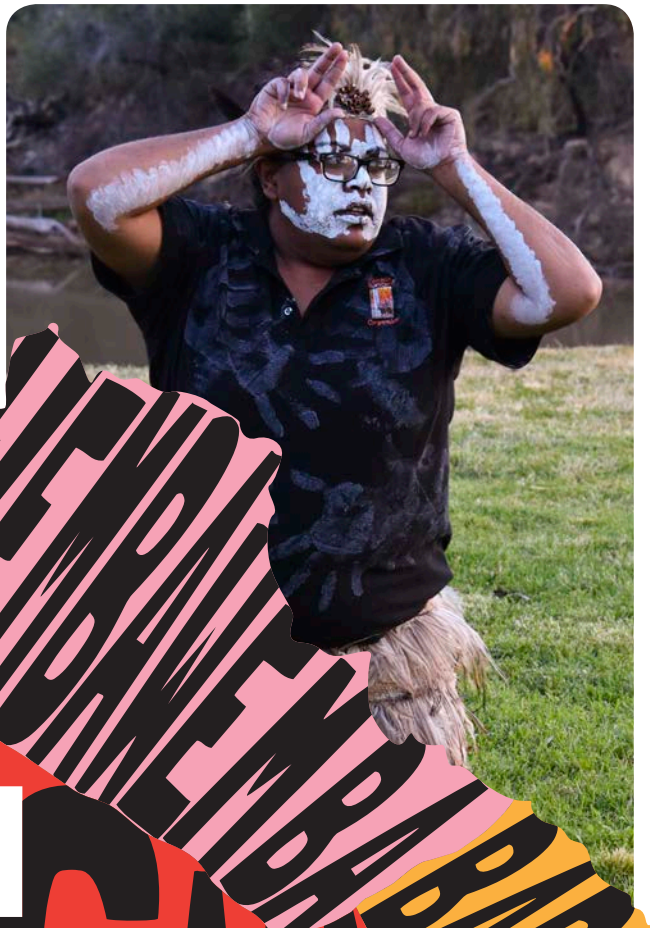
The Medical Advisors support and strengthen the important functions of Murray PHN, including strategic planning, clinical governance, integration and GP engagement.

The majority of the work undertaken by Murray PHN has a clinical focus with a significant emphasis on mental health and chronic disease management, areas which we work with every day in our practices.

Other roles include representation of Murray PHN on external committees where clinical input is desired, liaison with local health services and working with the HealthPathways team to assist the further development of this valuable resource.

Being well placed to work closely with their regional teams, the Medical Advisors are able to identify potential barriers and opportunities to assist the successful implementation of programs and projects across the network.

Closing the Indigenous health gap



Above-right: *Sissy Cooper, Yorta Yorta dancer on the banks of the Murray River*

Community collaboration

Murray PHN's goal is to ensure primary health services and the health service system across our catchment area are responsive to the needs of our Aboriginal and Torres Strait Islander communities. This is part of wider efforts to Close the Gap in life expectancy and health outcomes in the Indigenous population.

In June 2017, we established the Indigenous Health Advisory Council to give participating Aboriginal Community Controlled Health Organisations and other community leaders the opportunity to collaborate, provide advice, enhance decision making, inform commissioning approaches and to enable a platform to share research, innovation and best practice with Murray PHN and with each other. The council enables meaningful input from the Aboriginal and Torres Strait Islander community.

Reconciliation is key to Closing the Gap and Murray PHN is committed to contributing to this through its own Reconciliation Action Plan (RAP). The development of a RAP has been endorsed by the Murray PHN Board and work is underway to take the organisation through this process. The Murray PHN RAP will guide core business objectives and will support and recognise the key role Murray PHN plays in improving health outcomes for the Aboriginal and Torres Strait Islander community in our catchment.

We have held a number of events in our region, from a NAIDOC Week basketball fun day in Bendigo promoting the MBS 715 Aboriginal medical health checks to children and their families, to a Closing the Gap day event in Wodonga to bring everyone together to discuss goals and priorities for improving the health outcomes of Aboriginal and Torres Strait Islander people, while learning more about Indigenous culture.

Giving Vicki a new lease on life

Integrated Team Care (ITC) is provided by Indigenous Health Project Workers, Care Coordinators and Outreach Workers to help Aboriginal and Torres Strait Islander people access health services. Murray PHN commissions ITC teams across the catchment to provide better access and coordination of health care for the Indigenous community.

Vicki Cosson, 46, from Mildura had a complex medical history including Type 2 diabetes, cardiac issues and end stage kidney disease. She required dialysis three times each week while waiting for a kidney transplant, but was removed from the waiting list after specific medical issues posed an anaesthetic risk.

Once these issues were resolved with ITC support, Vicki was placed back on the transplant waiting list and a suitable organ was found. Post-surgery complications have meant Vicki has had to undergo ongoing dialysis, but this will be reduced over time until she no longer needs it.

Mallee District Aboriginal Services (MDAS) have supported Vicki throughout her journey, with ITC funding. "ITC helped me attend all my medical appointments," Vicki said. "It made all my visits easy as they arranged everything for me." Vicki still needs to travel to Melbourne, 550 kilometres from her home for anti-rejection infusions.

"Since my transplant I've had to attend the Royal Melbourne Hospital on a monthly basis and the program made these appointments possible," she said.

Above: *Vicki Cosson pictured at MDAS*

Image: *There are more than 14 different Aboriginal language groups in Murray PHN*

Navigating the local health system

Now in its second year, Murray HealthPathways has more than 125 localised patient pathways that support evidence-based practice and localised referral options and tools.

Patients in our communities who live with complex and chronic conditions require a range of services from primary, community and secondary health care systems. It is these people, and their health professionals, who benefit most from the use of this clinical tool.

The web-based HealthPathways portal is available free to general practitioners, hospital specialists, nurses, allied health and other health professionals.

It provides them with up-to-date information on the best practice assessment and management of common clinical conditions. It provides the health professional with referral guidance plus resources to help patients understand or manage their condition.

Murray HealthPathways

Pathways localised to Murray PHN include:

- Incidental lung lesion
- Foot screening in diabetes
- Prescribing naloxone
- Understanding colonoscopy
- Skin biopsy
- Notifiable conditions in Victoria
- Emergency departments
- Residential in-reach services
- Online mental health services
- Acute chest pain
- Immunisation – childhood
- Immediate ENT referrals
- After hours services
- Familial cancer syndromes
- Interpreter services
- Aboriginal liaison officer

More than 100 health professionals and medical specialists have been involved as our subject matter experts in clinical work groups, lending their time and expertise to develop each pathway. Bringing everyone together further strengthens the collaboration between services.

We have found that 90% of respondents from the clinical work groups indicated they identified opportunities to improve the local health care system because of the clinical work group conversations. Patients benefit from the greater clarity clinicians can provide on specialist services, alternative treatment options, and reduced waiting times to get the right care, in the right place, and at the right time.

Clinicians benefit through relationship building with their primary care and hospital specialist colleagues as they localise HealthPathways, and through greater confidence and options for managing their patients.

The local health system benefits through lower demand on acute and residential care services as patients are better managed in the community.

As well as improving the coordination of care, and the quality and timeliness of referrals, HealthPathways helps to orientate new and visiting clinicians and most importantly works towards reducing avoidable hospital admissions.

New pathways are constantly under development and existing pathways are regularly reviewed in light of changing evidence, technology and local circumstance.

Murray PHN invests strongly in HealthPathways and employs four regional teams with Clinical Editors (local general practitioners), a coordinator (allied health or nursing background) and administration or project staff plus a health service analyst to assist in service mapping.

We have a shared commitment with our six regional hospitals, which provide specialists to contribute to pathway working groups. They are Albury Wodonga Health, Bendigo Health, Goulburn Valley Health, Mildura Base Hospital, Northeast Health Wangaratta and Swan Hill District Health Services.

The Victorian/Tasmanian HealthPathways collaborative, comprising Western Victoria, Eastern Melbourne, North Western Melbourne, Gippsland, Tasmania and Murray PHNs, meet quarterly to share appropriate aspects of HealthPathways progress.

We wish to thank all our HealthPathways staff, but especially our Clinical Editors, who provide their expertise and knowledge to this vital project: Dr Ann-Marie McKinnon, Dr Christie Rodda, Dr Elspeth Harrison, Dr Fiona Wright, Dr Jayne Neyland, Dr Laura Zagorski, Dr Margi Gould, Dr Philip Webster and Dr Una Kennedy.

murrayhealthpathways.org.au

Better care for patients with a disability

People with a disability have greater healthcare needs than the general population, and are vulnerable to having their needs unmet in the healthcare system.

Bendigo Health have implemented a project with funding from the Department of Health and Human Services, to assign a hospital 'passport' and emergency department action plan that enhances the access, communication and quality of care for patients with a disability and their carers during hospital appointments and stays.

As an action from the project, we worked together with Bendigo Health and two consumers to develop relevant pathways that support GPs in completing annual health checks and referring to appropriate services for people with a disability.

Focusing on Indigenous eye health

A suite of eye HealthPathways were launched in October 2017. They were completed as part of a shared project between the Rural Workforce Agency Victoria and the Gippsland and Western Victoria PHNs.

In addition to supporting GPs, the pathways will improve access to eye health care, particularly for Aboriginal and Torres Strait Islander people, because the prevalence of blindness and vision impairment among Aboriginal and Torres Strait Islander people is three times that of non-Indigenous Australians.

Bendigo and District Aboriginal Co-operative and Njernda Aboriginal Corporation were also involved in the clinical work groups, ensuring a culturally appropriate and local lens was applied to their development. The pathways are a component of working towards Closing the Gap and improving eye and ear health services for Indigenous people.

Left to right: *Roman Zwolak and Shae Wissell, RWAV, Marianne Shearer and Jeannette Douglas, Gippsland PHN, Megan Cahill, RWAV, Christine Fishley, Murray PHN, Michelle Hearn and Cara Miller Western Victoria PHN*

Valuing local clinical expertise and collaboration

Rebecca McGowan

General Practitioner Gardens Medical Group Albury, MBBS Monash, FRACGP, Dip Obs RANZCOG, Dip Forensic Medicine Monash.

Rebecca has been a GP for 25 years, providing peer support to new registrars, and spending 15 years as a forensic medical officer and expert witness.

Rebecca became involved in the family violence suite of pathways because it is estimated that GPs see as many as five victims of family violence a week. "Sometimes GPs can miss the warning signs, which can be hard even for those close to victims to see."

Her interest in the ear, nose and throat pathways came from seeing that ear syringing was still commonly performed in her local area, despite one in five medico-legal cases involving GPs stemming to complications from ear syringing.

"HealthPathways is particularly useful for new doctors and those who move to a new area, but it helps to close the divide between rural and urban care, by providing real-time technology at your fingertips."

Rebecca's tip for busy GPs - incorporate HealthPathways into your practice life, making a commitment to use it once a week, then once a day. Soon, you won't need a reminder, as you will see what an asset it is to your area and a valuable resource in your toolkit.

Elizabeth McArdle

Psychiatrist Albury Wodonga Health Wangaratta, MBBS, MPM, FRANZCP.

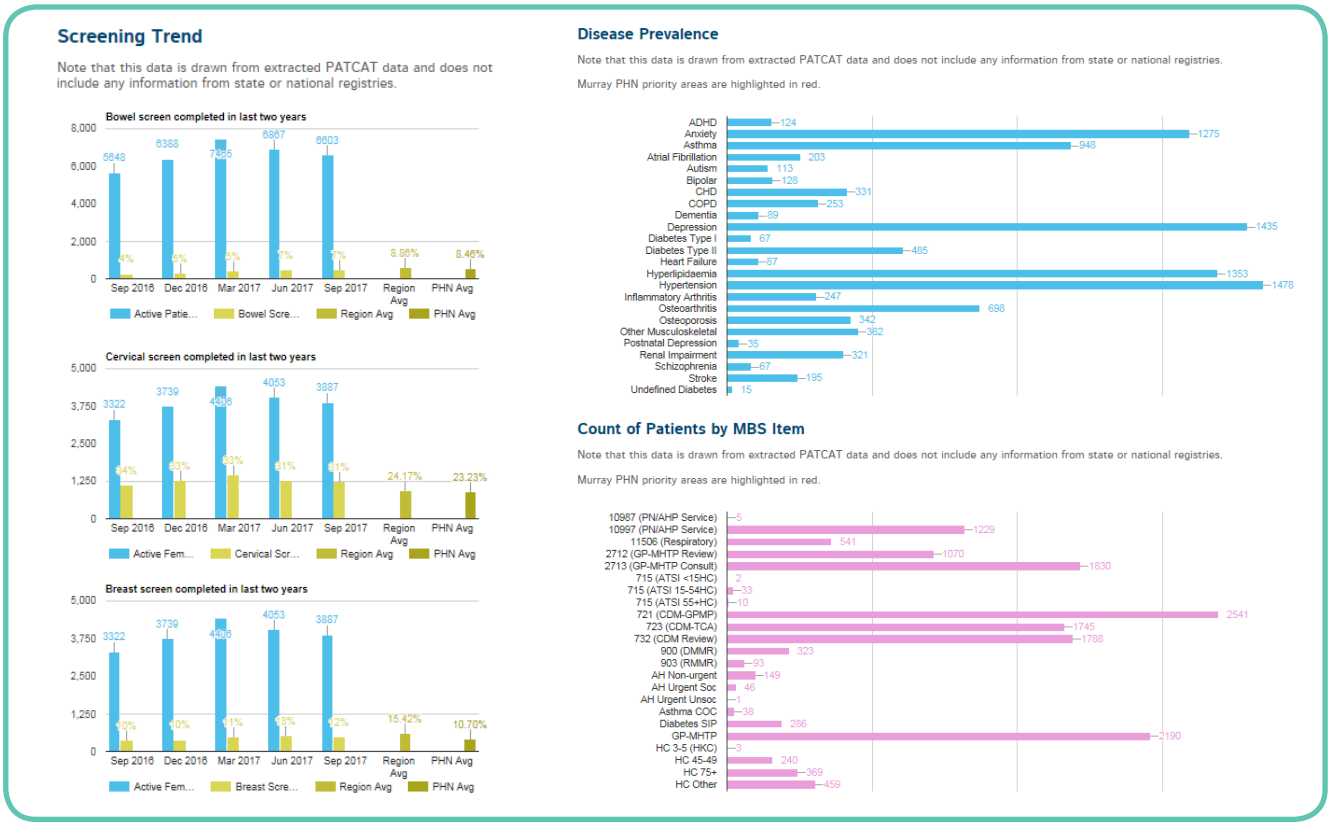
Elizabeth is passionate about providing quality mental health care to her community. Elizabeth got involved in the mental health pathways because "the mental health service system is complex and can be hard to navigate for both patients and professionals".

Pathways also provides an opportunity to "strengthen existing relationships between specialist mental health services and primary care".

Elizabeth contributed to a range of pathways including: anxiety in adults, anti-psychotic medication, adult mental health assessment, behavioural emergencies, bipolar disorder, generalised anxiety disorder, post-traumatic stress disorder, psychosis, psychosis assessment and social anxiety disorder.

She described collaborating with a group of clinicians with a vast array of knowledge as a great experience, where she learned a great deal from her primary care colleagues. While she had not met many of them before, "it's always great to be able to put a face to a name and build professional networks".

GP data reporting



Above and next page: *GPs accessing their own practice's "Closing the Loop" report will be able to review their practice demographic breakdown against regional; disease prevalence among active patients; cardiac, pulmonary and diabetes disease trends; count of patients by MBS data; cancer screening rates; mental health trends and Aboriginal and Torres Strait Islander patients' health assessment status.*

Closing the quality loop

General practitioners are the cornerstone of primary health care across Australia. In rural and regional areas, GPs shoulder the bulk of responsibility for the health care of their communities, often in tandem with other primary care providers.

Across the Murray PHN region, we have 700 GPs working in more than 200 practices, in communities as diverse as Heathcote, Irymple, Myrtleford and Nagambie, plus larger towns like Bendigo, Mildura, Shepparton and Albury.

Murray PHN views general practice engagement as a vital component of our activities. To encourage the system change that will make a difference in health outcomes, we must support and assist GPs to provide the best possible primary and chronic health care.

In our first two years, our support for GPs has included continuing professional development (CPD), the localisation of Murray HealthPathways and the provision of tailored practice support through our regional teams.

This year, we have been building a system that we believe will be a "game changer" for Murray PHN general practice engagement.

To drive improvements in GP data quality, Murray PHN has designed and implemented an automated report, available to general practitioners via secure login.

The "Closing the Loop" GP Data Report is web-accessible to GP practices that are sharing de-identified data with Murray PHN. It displays 15-month practice trends, regional and catchment-wide comparisons and has the ability to introduce benchmarks for relevant data sets.

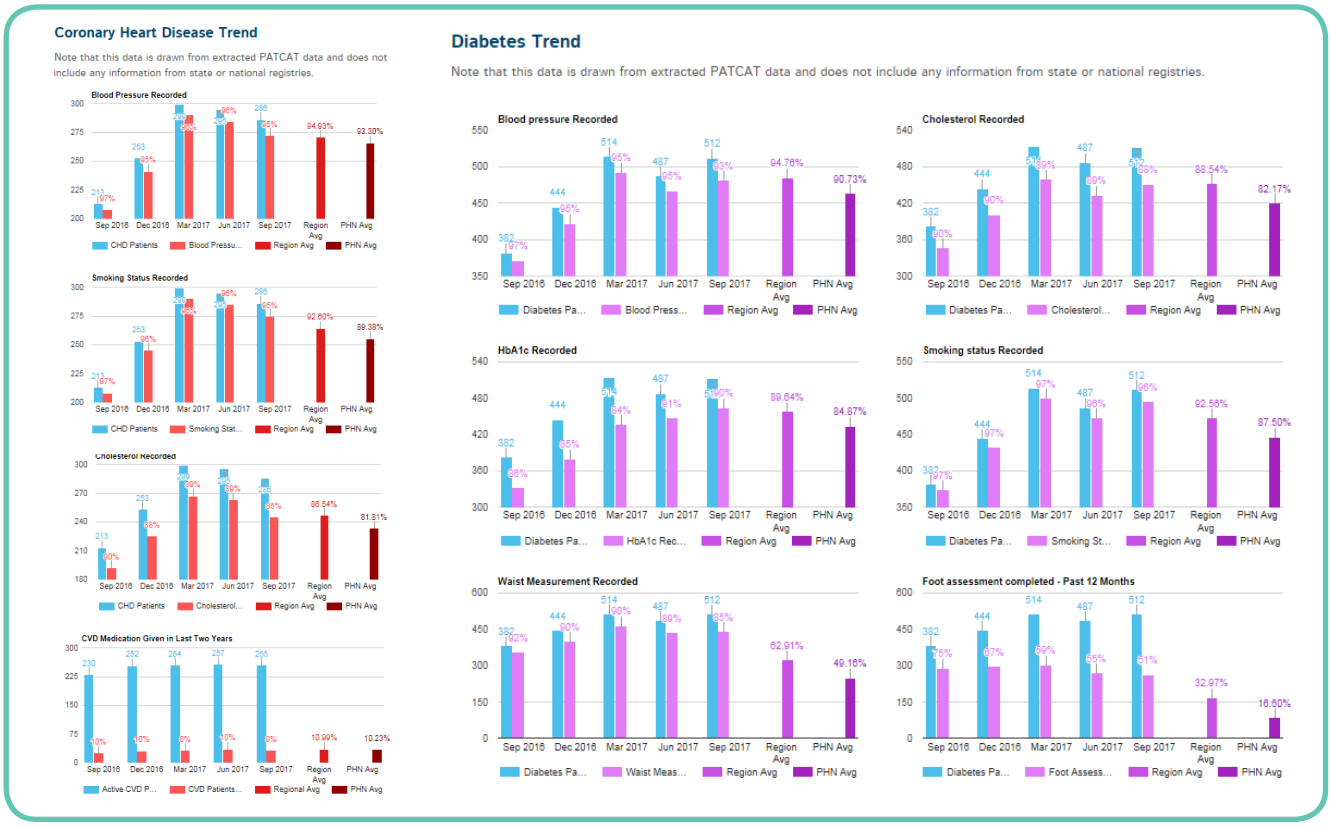
Individual practice reports are available via Murray Exchange, accessed through a credentialed login process. Initial feedback from Murray PHN's Medical Advisors and pilot general practices, indicate that "Closing the Loop" will be widely used to improve the quality of patient data and the equity of patient care.

This engagement strategy builds on the relationships established by regional teams and provides a solid ground for Murray PHN to revitalise engagement with general practices.

Successful implementation will provide a platform for general practice support, quality improvement, population health and data quality monitoring.

Developing health and service needs data over multiple years will assist future planning and decision-making, which requires more than a snapshot approach.

The ultimate impact of the introduction of the "Closing the Loop" GP Data Report will be improved patient health outcomes and data quality at the local practice level.



Health information accessed anywhere, anytime

My Health Record is the Commonwealth Government's secure, patient-controlled online health record system. It allows patients to choose to share health information with doctors, hospitals and other healthcare providers.

A My Health Record hosts a patient's important health information all in one place, such as: medical conditions, allergies and diagnostics. This is particularly beneficial to a person in an emergency situation, or if they are seeing a healthcare professional they haven't consulted with before. This means patient information lives with the patient, and not just with their regular doctor.

GPs in our region are supported by Murray PHN to use My Health Record through training, quality improvement activities, and information and guidance for informed decision-making on digital health technologies.

As of September 2017, 118,639 consumers in the Murray PHN catchment have a My Health Record. Females (67,443) are more likely to have one than males (51,196). The most likely age group to have a My Health Record was the group aged 19 or less (39 per cent) followed by 40 to 64 year olds (24 per cent) and 20 to 39 year olds (20 per cent). Those aged 65 or older were least likely to have one (17 per cent).

Murray PHN's catchment had 298 providers using the My Health Record System, including 184 general practices, 54 pharmacies, six public hospitals and health services/private hospitals and clinics, one aged care provider and 54 other health providers.

To register as a provider for the My Health Record: **myhealthrecord.gov.au**

Above: *My Health Record website*

Building collaborative relationships

As a regionally-based primary health network, improving health outcomes for rural and regional communities is at the heart of what we do. It underpins our objective of ensuring that people who are living in our catchment get the right care, in the right place, and at the right time.

The catchment of Murray PHN is significant in both size and diversity. Spanning northern Victoria – and including Albury NSW – Murray PHN covers a region of almost 100,000 square kilometres that is home to more than 644,000 people.

To service our catchment and its diverse population, we have established regional offices in Bendigo, Shepparton, Mildura and Albury, where we use local knowledge and local professionals to help get the best out of our primary health care systems.

Our place-based regional Executive Directors and team members build productive and collaborative relationships with health services and provide primary health care leadership, and support to local services.

Murray PHN's role is to hear, understand and address the health needs of our local communities by engaging key partners to deliver targeted actions that:

- increase the efficiency and effectiveness of health services, particularly those at risk of poor health outcomes
- improve the coordination of care in local communities
- ensure health services are more accessible
- produce cost savings by reducing potentially avoidable hospital stays.

In each of our regions we have established separate clinical and community Advisory Councils to contribute to our strategic and operational planning. The members of these councils are locally knowledgeable and networked and connected closely with the health service system.

Primary health networks like Murray PHN are tasked by the Commonwealth Government with assessing the health needs of their regions and commissioning health services to address those needs.

By using all available evidence and local knowledge, we have identified that the current greatest needs in our catchment area are chronic diseases – cardiovascular health, chronic obstructive pulmonary disease (COPD) and Type 2 diabetes – as well as mental health conditions and addiction to alcohol and other drugs.

Reducing potentially avoidable hospital admissions, closing the Indigenous health gap, improving cancer screening and immunisation rates are also key priorities throughout our regions. These issues are more pronounced in some of our regions; less pronounced in others, so local engagement is vital for our work to be effective in our communities.

In 2017, Murray PHN restructured its operations to ensure greater integration and a team-based focus to enhance the planning, design and delivery of our targeted activities to regional communities.

Our new approach as a matrix-based organisation enables us to collaborate with other local agencies and health service providers in innovative ways to support our new commissioning models.

Giving students a head start

As an organisation using workforce development to strengthen the health system, Murray PHN is committed to providing a meaningful environment where health students can build new skills.

This year, we have welcomed undergraduate students of social work, psychology, paramedicine, public health and occupational therapy. We ensure that students on placement work on real research and evaluation, policy and development projects to maximise the benefit both to the students and to Murray PHN.

One of our student groups considered ways to evaluate the impact of mental health and alcohol and other drugs on a client's social and emotional wellbeing and function. This process, which looked at both Indigenous and non-Indigenous clients, included the review of more than 250 pieces of literature.

Another group examined the application process for Partners in Recovery (PIR) participants to enter the National Disability Insurance Scheme (NDIS). Stakeholder consultations and again literature reviews were used to generate resources to support the transitioning of PIR participants into the NDIS.

Above: *David Whitrow Murray PHN Population Health Systems Lead, Sarah Blatchford, student and Dr Glenda Verrinder, La Trobe University Senior Lecturer*

Helping people with a psychosocial disability

Murray PHN leads two Partners in Recovery (PIR) programs which exist to coordinate services for people who have severe and persistent mental illness and complex needs, in line with the recovery goals each individual identifies. The programs are located in Hume (in the North East) and Loddon Mallee Murray (in Central Victoria).

During the 2016/17 financial year we supported 344 participants across the two PIR programs, including 136 new participants during the year. Up to 271 participants can be supported by the PIR programs at any one time. It's expected the programs will run at full capacity through to the 2018/19 financial year. PIR services were delivered with the equivalent of 21 full-time support facilitators, working for eight contractors and governed by a consortia of 21 agencies, led by Murray PHN.

The PIR programs operate in four regions where the National Disability Insurance Scheme (NDIS) is being rolled out: Loddon (began 1 May 2017), Murrumbidgee (began 1 July 2017), Ovens Murray (began 1 October 2017) and Mallee (due to begin 1 January 2019).

PIR has a role in supporting its participants to access the NDIS. It's estimated that 70 to 80 per cent of PIR participants will be eligible for the NDIS. This includes up to 60 people in the Loddon NDIS region, 55 in Murrumbidgee, 65 in Ovens Murray and 29 in Mallee who will need support from Murray PHN to access the NDIS.

Supporting effective recovery

Murray PHN and Hume Partners in Recovery are collaborating with North East Border Mental Health Service to improve the discharging of patients from Albury Mental Health Services.

More than 100 people, including consumers, carers, representatives of health care organisations and local doctors have been consulted since the beginning of the year, as we work towards a more person-centred process.

The first part of the project has focused on recovery and enabling better support for those returning to the community. The next phase will be about improving information on how members of the community can access the different types of mental health services available in the North East region.

Left to right: *Barry Doughty, Nolan House Acting Nurse Unit Manager, Karen Purtle, Peer Support Worker Wodonga and Kate Weidner, Supportive Discharge Project Manager*

Mental health checks made easy

A service giving patients the opportunity of a mental health "check up" in their GP's waiting room began in the Murray PHN region in July.

Murray PHN has partnered with the Black Dog Institute to introduce the StepCare in General Practice program to our region. The pilot program offers a short, voluntary survey on a computer tablet to get an instant assessment of their mental health. The assessment is emailed to both the patient (with self-help resources), and to their doctor.

Digital technology is increasingly recognised as a positive tool to help people suffering from mood-related disorders such as depression. Trials in other parts of Australia, practice staff and GPs rated the online assessment as an acceptable service to undertake.

Murray PHN has introduced this program to 10 GP practices in Bendigo, Eaglehawk, Echuca, Elmore, Merbein, Mildura, Murchison, Rochester, Shepparton, and Wodonga. If it proves effective, it will be rolled out more widely in the future.

Above: *Elmore Primary Health Practice Manager Kathy Tuohey demonstrating the online mental health assessment to Colbinabbin resident Pam.*

Implementing local projects

Helping people breathe easier

Wangaratta Chronicle: *Jan Lang Murray PHN; David Kidd, Northeast Health Wangaratta; Tessa Archbold Northeast Health Wangaratta; Penny Wilkinson, Murray PHN Executive Director and Margaret Bennett, Northeast Health Wangaratta CEO*

Despite falling death rates, lung disease is still a leading cause of death and disease burden. A project that looked at patient data during a twelve-month period at Northeast Health Wangaratta, identified three chronic health conditions as having the highest impact on the local health system - Type 2 diabetes, heart failure and Chronic Obstructive Pulmonary Disease (COPD).

The project found that 75% of people who attended the emergency department with COPD, ended up being admitted to hospital, and on average stayed for 4.25 days but up to 32 days.

The Managing Chronic Disease in Wangaratta and Benalla Reference Group is led by Northeast Health Wangaratta and Murray PHN, and consists of 15 local clinicians and one patient advocate.

The group has been working since February 2016 to develop collaborative relationships, analyse local data, increase awareness of health checks and referral options, and create tailored resources, that aim to reduce unplanned hospital readmissions. A 20-page My Lung Health booklet and patient care flowchart will soon to be piloted in the region to help patients manage aspects of their own health.

Supporting end of life

Most people approaching their end of life want to do so with dignity, surrounded by those they love and in their own home. Sunraysia Community Health Services ran a six-month trial "end of life: your way" with funding from Murray PHN, to provide an after-hours palliative care service in Mildura and its immediate surrounds.

After hours palliative care services have the potential to lessen pressure on the local hospital and on other after hours GP services, emergency departments and ambulance service systems.

As part of the project, four primary care nurses were employed to support and empower 17 families in the lead up to, and after the end of life of their loved ones with terminal cancer diagnoses. A counsellor provided regular and ad hoc debriefing sessions, including coping strategies.

All the people admitted to the trial were able to die at home, with no transfers to hospital needed. Families felt that they were able to grant their relatives their final dying wish and nurses felt privileged to be a part of the journey.

The project, which was evaluated by La Trobe and Monash Universities, will be presented to the Victorian Government's review on After Hours Palliative Care.

Overcoming alcohol and drug issues

Substance withdrawal is more successful when a person has a safe environment to undertake the withdrawal, and has a range of good support networks available.

Funding provided by Murray PHN and the Department of Health and Human Services has enabled the development of an integrated model of care, across withdrawal intervention settings in the Goulburn Valley region.

Adults and their carers with drug and alcohol issues, can now access assistance closer to home without having to travel long distances.

They can work on overcoming their addictions in the new withdrawal service that provides both low and high care services and intensive medical management. This enables the varied needs of adults seeking withdrawal to be met, including access to both non-residential and residential withdrawal in the Goulburn Valley region.

Goulburn Valley Health have created clinical pathways to assist GPs in referring patients to the local service, and are working with GPs to better support people with alcohol and drug issues.

Bringing health advice to young people

Murray PHN has partnered with the Department of Education and Training (DET) to deliver general practitioners to 22 secondary schools in the region as part of the Victorian Government's Doctors in Secondary Schools pilot program.

The program is aimed at making primary health care more accessible to students, to provide assistance to young people so they can identify and address health problems early, and to reduce pressure on working parents and community-based GPs.

Doctors and a nurse attend the schools up to one day a week to provide medical advice and health care to students, operating from purpose-built medical clinics provided by DET.

Under stages one and two of the program, twelve schools have commenced. Murray PHN was the first PHN to meet this target. The remaining schools – stage three –will commence in term 1, 2018.

Pictured (from left):
Richard McClelland, Murray PHN Executive Director
Shellie Davis, Benalla Church Street surgery nurse
Barbara O'Brien, Benalla P-12 College Principal
Penny Bolton, Murray PHN Program Coordinator

Image: *Murray PHN Doctors in Secondary Schools*

Putting people first

Ensuring better cancer care

Murray PHN has been implementing Optimal Care Pathways (OCPs) within general practice to facilitate optimal health outcomes. We are working on projects to improve state-wide outcomes, through collaboration with the six Victorian PHNs, the Department of Health and Human Services and the Regional Integrated Cancer Services network.

OCPs are national guidelines that describe the best possible cancer care for patients with specific types of cancer. The pathways describe the key stages in a patient's journey, from diagnosis to survivorship or end-of-life care, and the expected optimal care at each stage. Over the last twelve months there has been a focus on lung and colorectal cancers.

Key strategies of the project within the Loddon Mallee region have included improving referral information for colonoscopy. For the project, we have worked with general practice to expand the information that is provided in a referral.

Specific information is required to assist health services to triage and allocate the referral to a particular management stream.

Referrals that do not have all of the required information can delay the allocation to the appropriate management pathway.

To understand the current situation, 158 colonoscopy referrals were reviewed to identify any gaps in information. We found that 42% of referrals required more information regarding family history, 55% percent required more information for reason for referral and 35% required the faecal occult blood test (FOBT) to be included in the referral.

A partnership was created between the Loddon Mallee Integrated Cancer Service to provide targeted feedback on the quality of referrals. Completion rates increased in all areas, including FOBT results being attached to referrals by 28%.

Forty general practices were additionally supported with a quality improvement activity, which saw bowel cancer screening rates grow by 5%. Seventy-nine health professionals have also been involved in localising 18 referral pathways for the multidisciplinary management of lung and colorectal cancers and optimal cancer care across the Murray PHN region.

Improving health in Loddon and Gannawarra

The Loddon Gannawarra Health Services Executive Network – consisting of Kerang District Health, Northern District Community Health Services, Cohuna District Health, Mallee District Aboriginal Services, Gannawarra and Loddon Shire Councils, Southern Mallee Primary Care Partnership, Bendigo Loddon Primary Care Partnership, Boort District Health, Inglewood and Districts Health Services, Dingee Bush Nursing Centre and Murray PHN - set out to identify the major health issues faced by their communities.

With support from the Department of Health and Human Services Victoria - Loddon Mallee region, a health needs analysis was undertaken and a 206-page report released in February 2017.

The report revealed that heart attack rates were 2.5 times higher in Loddon than the rest of Victoria, and dental health was the top potentially avoidable condition for hospital admissions in Gannawarra.

Aging and reducing populations, economic disadvantage, access to services and transportation are some of the key issues that face the two rural communities. Several modifiable risk factors have also been identified, which include lack of physical activity, food insecurity and access, high consumption of sweetened beverages and inadequate fruit and vegetable consumption.

The analysis highlights the need to focus on client-centred and place-based service delivery, to further examine gaps and barriers to high quality care and to determine where local services need to be developed or remodelled.

Partnerships and collaboration between services supported by improved shared information and referral was one of the additional needs identified, as too was the recruitment and training of allied health practitioners, mental health workers, aged care services and General Practitioners in the regions.

Above: *The Loddon Gannawarra Health Services Executive Network launching their 206-page health needs analysis*

Supporting cancer survivors

Victorians living in regional and remote locations commonly have a lower five-year cancer survival rate than those in urban areas.

Some of the challenges faced by those living in the bush include: transport issues, distance to treatment services, lack of specialists and support groups. Financial distress due to housing availability, limited employment opportunities and drought are also key factors.

As the Lead Agency, Murray PHN has been funded by the Department of Health and Human Services for a cancer survivorship project, which aims to enhance the continuity of cancer survivorship care across the health sector in Southern Mallee, Campaspe and Loddon regions.

Murray PHN and the project partners are working towards improving access to health services, increasing the capacity of health agencies to support cancer survivors and creating and maintaining stronger partnerships.

The project steering committee is made up of Kerang District Health Services, Boort District Health Services, Southern Mallee Primary Care Partnership, Swan Hill District Health Services, Bendigo Health Services, Echuca Regional Health, Loddon Mallee Integrated Cancer Services and Murray PHN.

The project is being piloted in the townships of Pyramid Hill, Swan Hill, Boort, Wedderburn, Inglewood, Korong Vale, Wycheproof, Quambatook, Birchip, Donald, Charlton and Kerang, Rochester, Echuca and Kyabram.

Working to reduce suicide rates

Mildura and Benalla are among 12 sites in the state where the Victorian Government is trialling a place-based suicide initiative, in partnership with Primary Health Networks. The pilot project forms part of the Victorian suicide prevention framework 2016-2025 that aims to halve the state's suicide rate by 2025.

Murray PHN is working with these communities to develop and deliver suicide prevention plans that address local priorities and build on existing services and supports. This will be achieved by involving local services, schools and agencies with strong links to the community.

"Mental health including suicide prevention is a key priority for Murray PHN across the region."

- Bek Nash-Webster
Project Officer Benalla

A project officer has been appointed in both Mildura and Benalla to work with the communities to understand local issues and coordinate actions that can be taken to reduce suicide rates.

Removing barriers to screening

To increase bowel cancer screening rates and recording, 14 general practices in the Loddon Mallee region were awarded innovation grants, that ran concurrently to the the Optimal Care Projects. Breen Street Medical Practice, Bendigo used their grant to demystify bowel cancer screening with their patients, through awareness, marketing and 'keeping it real'.

Bowel cancer screening requires the patient/individual to take their own sample, which is often the barrier for this screening test to be undertaken. Breen St Medical decided to make it fun and 'kept it real' by decorating the waiting area with poo emoji balloons, making FOBT kits easily accessible and rewarding patients with chocolate if they took a kit home. The staff also took turns in wearing a poo emoji dress up costume.

Part of the project's success has been the installing of the PenCS software at Breen Street Medical Practice (pages 24-25) to enable them to monitor internal data. The PenCS system allows better monitoring of clients' health status and readily allows information to be drawn from the system, e.g. how many eligible patients and how many eligible patients that have had a bowel screening test.

Above: *Staff and patient at the Breen Street Medical Clinic*

Breen Street regularly assesses their data and send out reminders to their patients. The campaign ran for 3-4 weeks and resulted in 300 of the practice's patients aged 50-74 being screened for bowel cancer.

Building system capacity

Using experience to help others

Left to right: *Melissa Hand, Belinda Pearson, Andrea Boyce, Amy Woo-Youla, Roger Lount, Tracey Smith, Julie McNamara, Lorelle Zemunik (VICSERV Senior Trainer) and Peter Grant*

Eight rural and regional students were among the first in Victoria to graduate from the nationally recognised qualification, Certificate IV in Mental Health Peer Work in August.

The innovative course was provided by VICSERV - the peak body representing community managed mental health services in Victoria – and the Wodonga Institute of TAFE. It was funded in part through scholarships provided by Murray PHN, and we also paid for travel and accommodation expenses for students from more rural parts of the region.

Mental health peer support offers customers and carers an increased sense of hope and control over their lives, as well as a greater sense of belonging.

The main prerequisite for the course was that students have a lived experience of mental illness and recovery. Industry research has found peer support workers in mental health services can help deliver services with a recovery focus and reduce hospitalisation rates.

Reducing demand for emergency services

People with chronic or complex conditions are more likely to need care outside of the typical 9am-5pm opening hours. If their usual doctor's clinic is not open, it is important that people know about the other options available to them.

We are partnering with organisations in our region to enhance access to local or online after hours services, so that people who require urgent after-hours care are better supported and the demand for hospital emergency services is reduced.

We have worked with Health Direct Australia to build community awareness on after hours options, which include the national After Hours GP Helpline 1800 022 222. We have created and distributed marketing materials *(right)* that are a visible and constant reminder of the helpline to potential consumers.

The After Hours GP Helpline is answered by registered nurses who make a preliminary assessment based on the symptoms described and may offer the caller a return call from a GP.

The caller is provided with a care advice summary, which can be sent direct to their regular GP, emailed to them personally, or added to their My Health Record.

We are also working on a range of projects to reduce the burden of after hours demand on already busy rural doctors and to support more effective 'in hours' access.

Our investment has supported a range of after hours clinics across the catchment, including after hours clinics in snow fields during peak seasons.

One project has extended the Bendigo Health aged care Residential in Reach model. This has increased the availability of a nurse practitioner to provide after hours evening services from three days a week to daily. The project is measuring the impact on emergency department admissions.

Partner organisations

These are Murray PHN's partner organisations for 2016 and 2017. Our required focus on preventable hospitalisations has meant some contracts for non-aligned services have concluded. We look forward to working in 2018 and beyond with our partner organisations providing services for chronic illness and the other health priorities of our region.

Albury After Hours Clinic
Albury Wodonga Aboriginal Health Service
Albury Wodonga Health
Alpine Health
Anglicare Victoria
Australian Drug Foundation
Australian Primary Mental Health Alliance

Barefoot Nutriton Fitness Lifestyle
Beechworth Health Service
Benalla Health
Bendigo and District Aboriginal Co-operative
Bendigo Community Health Services
Bendigo Health Care Group
Black Dog Institute
Border Dietitians
Brooke Street Medical Centre

Calder Counselling
Campaspe Family Practice
Castlemaine District Community Health
Centacare
Central Medical Group - Wodonga
Cindy Condon
Cobaw Community Health Service
Cobram District Health

Daintree Medical Centre
Dowdy's Wellbeing Centre
Dr Schneider

Eastern Melbourne PHN
East Wimmera Health Service
Echuca Moama Family Medical Practice
Elizabeth McDonald
Elmore Medical Practice
Elmwood Medical Centre
Eloquent Speech Pathology
Euroa Family Medical Practice

Gateway Health
Golden City Support Services
Goulburn Valley Health

Heathcote Health
Honeysuckle Regional Health

Incolink
Indigo North Health
Inglewood and Districts Health Services
Irymple Foot Clinic

Janette Tregenza
Jesuit Social Services

Karen Bulman
Kelly Creamer Podiatry
Kiewa Valley Sports and Spinal Physiotherapy
Kilmore Medical Centre
Kilmore Medical Practice
Kyneton District Health Service

Lime Medical Clinic
Lime Occupational Therapy Pty Ltd
Loddon Mallee Mental Health Carers Network
Lynette Flavel

Mallee District Aboriginal Services
Mallee Track Health and Community Service
Mansfield District Hospital
Megan Rackley
Melinda Roffey
Mental Health First Aid Australia
Merbein Family Medical Practice
Mildura Base Hospital
Mind Australia
Monash University
Mount Beauty Medical Centre
Mount Hotham Alpine Resort Management Board
Murchison Medical Clinic
My Chemist
Myrtle Street Clinic

Nagambie Medical Centre
Njernda Aboriginal Corporation
Northeast Health Wangaratta
Northern District Community Health Service

Orygen
Ovens Valley Physio
Ovens Valley Podiatry

Primary Care Connect
Psychology and Wellbeing Worx

Rapid Impact Pty Ltd
Robinvale District Health Services
Rumbalara Aboriginal Co-operative Ltd

Safety Link
Spring Gully Primary Health
St Anthony Family Medical Practice
St John of God Health Care
Stepping Stones Medical Centre
Sunassist Volunteer Helpers Inc.
Sunraysia Community Health Services
Swan Hill District Health

Tallangatta Health Service
Tandem Inc.
The Baudinet Centre
The Foot Centre
Tristar Medical Group

University of Melbourne Shepparton Medical Centre
Upper Murray Health and Community Services

Vision Australia

Walwa Bush Nursing Centre
Wellways
White Hills Medical Practice
Wimmera Hearing Society Inc

Youth Support and Advocacy Services (YSAS)

Governance

Building robust systems

Murray PHN is governed with the support, collaboration, advice and feedback of a range of groups and organisations. Led by the Murray PHN Board and a team of executive directors, the organisation is advised by a range of community, clinical, population health and Indigenous councils to help us determine the most effective use of our commissioning budget.

Our commissioning work also means we communicate daily with primary care organisations, acute services, other health care organisations, and community and consumer networks across our region.

Murray PHN's commitment to the commissioning of effective, efficient and equitable health services is built on well controlled (probity) procurement policies, procedures and processes.

To deliver on this commitment, we must have robust, standardised, documented processes supported by a strong and engaged finance system.

Late last year, Murray PHN's leadership team completed a framework to better understand the business and to build out its processes, systems and organisational responsibilities in a logical and structured way.

The final process map for commissioning was completed under our business process excellence methodology and supported the development of this year's commissioning planning schedules and processes for our chronic disease and mental health commissioning projects.

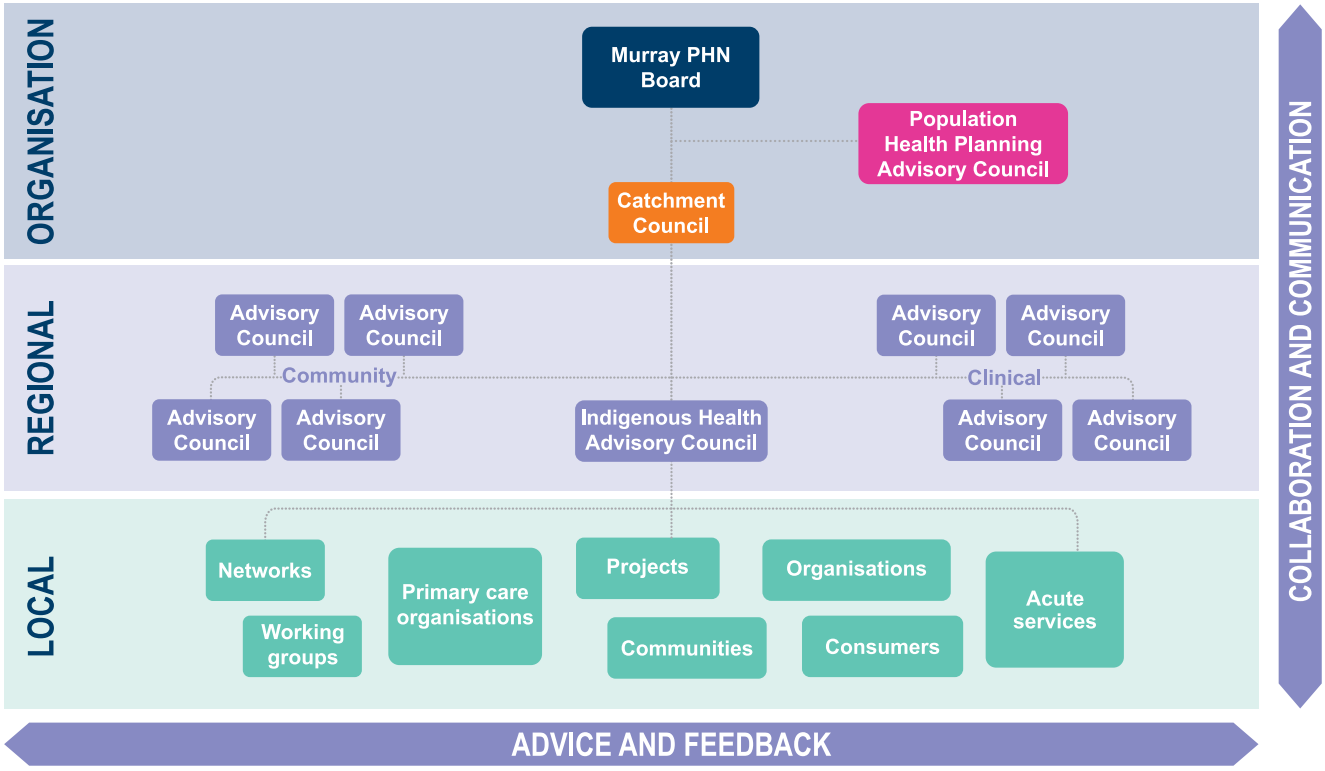
By re-designing our processes, we are now better able to focus our finance resources on value-adding activity such as forward planning, forecasting, business modelling and analysis.

Our commissioning processes were further enhanced by an independent review of our probity and commissioning risk early in the year. This review looked at Murray PHN's procurement policies and procedures through a probity lens and suggested modifications and amendments where necessary.

We engaged a senior probity advisory and procurement consultant who has prepared a probity plan and provided ongoing advice in our recent chronic care tendering process.

This support has assisted and enhanced our capability as an effective and efficient commissioner of health services.

Murray PHN governance structure



Commissioning governance

Commissioning principles

Murray PHN conducts its commissioning processes under a series of 10 guiding principles:

1. We will develop models of care that are informed by evidence, responsive to need and community context and demonstrate progress towards improved health outcomes.
2. We will ensure that consumers, carers and their families, communities and service providers are enabled to participate in service design and delivery of models of care.
3. We recognise that primary care exists within the broader health service system.
4. We will build enduring partnerships that will invest and share accountability with us for innovation, quality and systems improvement.
5. We will strengthen the primary care service system to gain greter service coordination and system integration.
6. We will strengthen capacity and capability of service providers to meet new and emerging market demands.
7. We will embed effective evaluation to improve models of care and build our commissioning knowledge and skills.
8. We will ensure decisions about resource mobilisation and distribution will be based on population health evidence, market analysis, efficiency, effectiveness and value for money.
9. We will demonstrate commitment to high standards and principles of good governance.
10. We will operate with high standards of probity and transparency in our procurement strategy.

Commissioning definitions

Commissioning
Commissioning at Murray PHN is a strategic approach to procurement. It is informed by baseline needs assessment and associated market analysis and allows procurement of medical and health care services that are appropriate to the needs of communities within Murray PHN's region.

Contract for health services
A legally binding agreement by which Murray PHN commissions the delivery of health services by suitable external providers.

Delegate
A person or persons with a delegated authority to approve procurement processes and expenditure in accordance with Murray PHN's Instrument of Delegation.

Request for Expressions of Interest (EOI)
An EOI is a structured process to determine the capabilities and strengths of potential providers where the ability of the market to meet an identified need has not been established. An EOI process may be competitive and may be used to shortlist providers to participate in a subsequent Request for Proposal process.

Request for Proposal (RFP)
A request for proposal is a process which invites proposals for the delivery of a service where the model for delivery of the service may not be well defined or may not yet exist. An RFP process, which may be competitive, encourages providers to propose creative, relevant, and cost-effective solutions by focusing on outcomes not outputs.

Request for Tender (RFT)
A request for tender is a structured, comprehensive, written invitation to the open market seeking competitive submissions from suitable suppliers for the delivery of well-defined services. An RFT process is typically used when seeking proposals for high risk, complex procurement.

For information on current Murray PHN commissioning tenders go to TenderSearch: **eprocure.com.au/murrayphn**

Financial reports

Murray PHN is funded predominantly by the Commonwealth Department of Health. We take considerable pride on our financial accountability to the communities we serve and to our funders, ensuring we deliver on our agreed activity work plans.

In the 2017 financial year, Murray PHN recorded an operating surplus of $1,034,087. More than half of this operating surplus is the result of a donation of $521,697 received from the wind up of the Hume Medicare Local.

This year, Murray PHN has continued to experience significant growth and the communities in our catchment have benefited from increased commissioned services for mental health, chronic illness and other health priorities.

Murray PHN's revenue of $35.5 million in the 2016/17 financial year represents an increase of approximately $10 million from the 2015/16 year. In 2017/18, our revenue is budgeted to be $42 million.

Murray PHN's Board sets and monitors financial key performance indicators (KPIs) to ensure the company achieves its strategic objectives and delivers on performance targets. One of these KPIs is that 70% or more of our total revenue must be expended in direct activity services to communities.

Direct activity costs in 2016/17 were $24 million, an increase of $9 million from 2015/16.

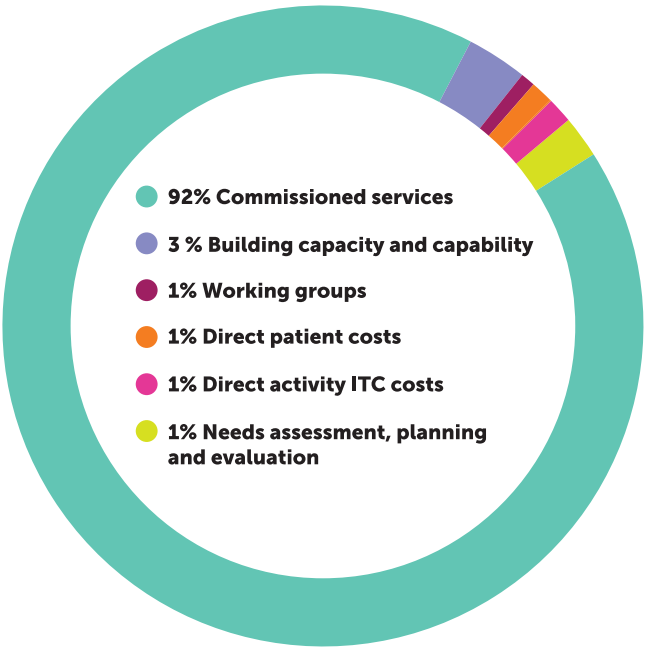
Murray PHN operates a comprehensive activity based costing financial environment that ensures all unspent activity direct money is recorded as a liability until the funds have been expended against the Department-agreed activity work plans.

Each funding schedule has approved activity work plans, which are budgeted and monitored monthly by the responsible manager. This ensures that Murray PHN stays on target to achieve exactly what we have been funded to achieve.

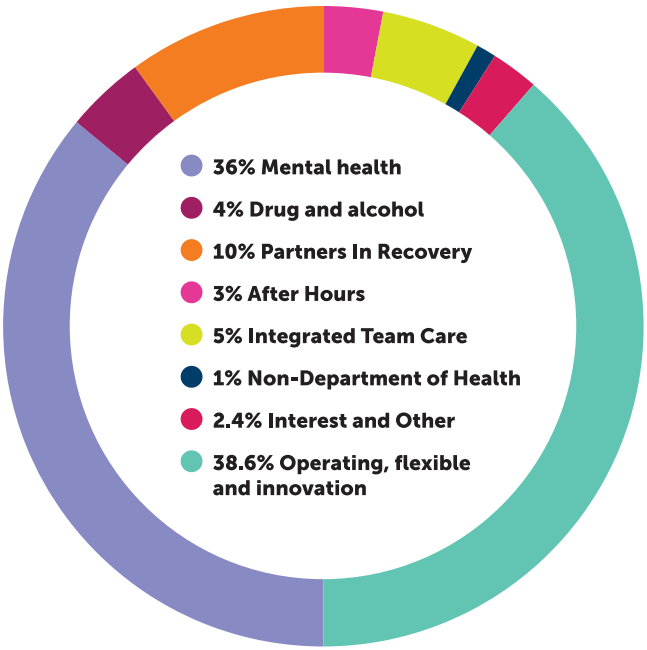
The unearned grant figure of $6,738,950 in the balance sheet is money that has been received by Murray PHN and not expended against its granted purpose but which will be expended in 2017/18.

Murray PHN's current ratio at year end was 1.20 and is forecast to stay the same during 2017/18. Net equity is $2,516,137 and is predicted to be around $2.8 million by the end of 2018. As Murray PHN has few fixed assets the majority of the net equity is represented by cash deposits and term deposits with the bank or accounts receivable.

Direct activity costs by expense category 2016/17



Percentage of total revenue by funding schedule 2016/17



Limited Statement of Profit or Loss and other Comprehensive Income

	2017 ($)	2016 ($)
Income		
Revenue	35,480,646	25,117,284
Total income	**35,480,646**	**25,117,284**
Expenditure		
Employee benefits expense	8,211,580	7,109,545
Depreciation, amortisation and impairment expenses	164,634	170,662
Rental and occupancy expenses	630,573	478,084
Program expenses	24,129,875	15,036,908
Motor vehicle expenses	157,196	162,493
Administration	1,029,089	1,224,416
Loss on disposal of fixed assets	-	10,573
Other expenses	123,612	410,398
Total expenditure	**34,446,559**	**24,603,079**
Profit/(loss) before income tax	**1,034,087**	**514,205**
Income tax expense	-	-
Profit/(loss) for the year	**1,034,087**	**514,205**
Other Comprehensive Income for the year	**-**	**-**
Total Comprehensive Income for the year	**1,034,087**	**514,205**

Statement of Cash Flows

	2017 ($)	2016 ($)
Cash flows from Operating Activities		
Grants revenue and other receipts	36,391,297	28,451,827
Interest received	507,235	319,621
Payments to employees, directors and suppliers	(33,241,105)	(21,783,124)
Net cash provided by Operating Activities	**3,657,427**	**6,988,324**
Cash flows from Investing Activities		
Payments for plant and equipment	(134,291)	(257,803)
Payments for intangible assets	-	(38,650)
Proceeds from held-to-maturity investments	-	658,527
Net cash provided by/(used in) Investing Activities	**(134,291)**	**362,074**
Net increase/(decrease) in cash held	3,523,136	7,350,398
Cash and cash equivalents at the beginning of the financial year	11,458,469	4,108,071
Cash and cash equivalents at the end of the financial year	**14,981,605**	**11,458,469**

Statement of Financial Position

	2017 ($)	2016 ($)
Current assets		
Cash and cash equivalents	14,981,605	11,458,469
Trade and other receivables	4,663	160,035
Other assets	309,146	167,766
Intangible assets	25,767	38,650
Total current assets	**15,321,181**	**11,824,920**
Non-current assets		
Property, plant and equipment	109,619	127,079
Total non-current assets	**109,619**	**127,079**
Total assets	**15,430,800**	**11,951,999**
Current liabilities		
Employee entitlements	623,597	492,733
Trade and other payables	4,251,743	3,516,412
Interest bearing liabilities	11,248	2,549
Grants refundable	1,018,305	1,043,206
Unearned grants	6,738,950	5,310,155
Total current liabilities	**12,643,843**	**10,365,055**
Non-current liabilities		
Employee entitlements	160,820	104,894
Provisions	110,000	-
Total non-current liabilities	**270,820**	**104,894**
Total liabilities	**12,914,663**	**10,469,949**
Net assets	**2,516,137**	**1,482,050**
Members' equity		
Retained surplus	2,516,137	1,482,050
Total members' equity	**2,516,137**	**1,482,050**

Statement of Changes in Equity

	Retained earnings ($)	Program reserves ($)	Total equity ($)
Balance at 1 July 2015	**967,845**	**-**	**967,845**
Profit for the year	514,205	-	514,205
Total other comprehensive income for the year	**-**	**-**	**-**
Balance at 30 June 2016	**1,482,050**	**-**	**1,482,050**
Balance at 1 July 2016	**1,482,050**	**-**	**1,482,050**
Profit for the year	1,034,087	-	1,034,087
Total other comprehensive income for the year	-	-	-
Balance at 30 June 2017	**2,516,137**	**-**	**2,516,137**

The Murray PHN Report to the Community has been a creative and collaborative effort. We are proud of the projects and partnerships it demonstrates.

We would like to acknowledge and extend our thanks to all who have contributed to the development of this report:

- Our Board, Executive Directors and managers for their vision and leadership
- Murray PHN staff for their passion and expertise
- Stakeholders and partners for their cooperation and commitment
- Advisory and working group members for their knowledge and contribution

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