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## FEATURE

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# A REVOLUTION IN GENERAL PRACTICE



## Western Sydney doctors trying to improve general practice for doctors and patients

“Imagine a situation where a child might present with a specific health condition. Managing the health condition might be straightforward except that both parents are unemployed, one using recreational drugs, the other in jail. The grandparents are the primary carers. They live with diabetes and heart disease. It’s an example where there’s a combination of medical and social complexity that GPs struggle with every day. This is where Healthicare comes in.”

**Dr Kean-Seng Lim, Local GP and Chair of Healthicare**

**Based in the Blacktown Exercise Sports and Technology Hub in Rooty Hill, Healthicare opened in January. Ten years in planning, five years in the making, the health hub has taken on the ambitious task of revolutionising primary care.**

It's the seemingly intractable problem which is only growing. GP numbers are dwindling as patient need and complexities increase. The issue is felt more acutely in areas like western Sydney where GPs shut up shop on an almost weekly basis. So, what if you came up with a solution that would both help the patients in greatest need, and take the pressure off GPs? A solution which makes an area more attractive for GPs to work while keeping patients out

of the hospital system? Western Sydney doctors are at the helm of a ground breaking locally led neighbourhood health hub that could help address Australia's GP crisis.

### HEALTH HUB

Healthicare is a new neighbourhood health hub in Sydney's west, co-designed by local doctors and the PHN, which its creators say is unlike any other in NSW. The result of years of planning, study<sup>[1]</sup> and research trips to centres overseas, it has a growing team of GPs, GP registrars, nurses, a pharmacist, dietician, exercise physiologist, psychiatrist and social worker. Key to the model, it has dedicated patient advocates to support surrounding practices to extend their service offering, whilst

simultaneously helping patients to navigate every stage of their health journey.

“Healthicare aims to solve the problem of lack of access to general practice, particularly in underserved areas in western Sydney. We know that 40% of people in western Sydney don't have a regular GP. We know a lot of patients are discharged from EDs without having a regular GP and those patients will very often end up back in hospital. We reach out to those patients and bring them into our system,” Clinic Director Dr Jaspreet Saini said.

It's not just the primary health services offered on site, it's the hub and spoke model that is designed to support GP practice throughout the area.

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Local GP and Chair of Healthicare Dr Kean-Seng Lim and Clinic Director Dr Jaspreet Saini

Co-designed and established by WentWest in partnership with the Mt Druitt Medical Practitioners Association, Healthicare is an independent not for profit organisation. It's where overrun local GPs can refer the increasing number of patients whose complex medical issues take hours, not 15 – 20 minute slots.

Healthicare takes charge of referred patients, identifies and separates the different elements of care required, then seeks to address each individually.

### OUTREACH

Referral is not the only way patients arrive at Healthicare. The centre reaches out into the community to find the patients who are going to need care, before they need it.

Through a collaboration with local health bodies and the consent of local practices, Healthicare has aggregated the deidentified clinical information for

participating practices and is using that to identify which patients are going to be at the highest risk of hospitalisation in the next 12 months. The hub won't know the name of the patients but once the data is analysed Healthicare can go back to the practices and say "These are the patients most at risk of complications from heart failure, diabetes, kidney disease" or whatever. The practice can then contact that patient and refer them to Healthicare or receive assistance to improve their health and reduce their risk.

"Healthicare will be the first time we look at population data and mobilise teams to provide proactive outreach care to patients so that they stay well and healthy and those out of hospital." Dr Saini said, "Using predictive analytics based on the CSIRO hospitalisation risk algorithm we can predict the percentage probability of unplanned hospitalisation for every individual in the cohort. From this



Healthicare Health Hub, Blacktown Sports and Technology Centre NSW

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data we know that 11% of the population has a greater than 20% probability of unplanned hospitalisation in the next 12 months. We can see who the highest risk groups and individuals are. We can see who is likely to have had an exacerbation of COPD in the past 12 months and whether their medications could be optimised. We could see which patients with diabetes and declining renal function could potentially benefit from newly available medications. We can identify gaps and opportunities to influence their care directly, improving their health and reducing their risk of going to hospital.” Dr Lim explained.

### SUPPORT FOR GPs

“As a GP, you might spend a lot of time on phones which is of course not remunerated under Medicare and it can be a very, very tricky thing to join all the different aspects of care together. This is overwhelming for GPs and it’s only going to get worse.” Dr Lim said.

“We recognise that attracting clinicians, whether its nurses or GPs into areas like western Sydney is quite difficult because the cases are more complex and not necessarily remunerated in the same way as in more affluent areas.” Dr Saini added.

“Our population over the age of 65 is set to triple over the next decade, the current way we provide health care is not going to be sustainable or really serve the needs of our demographic.” Dr Saini said.

Dr Lim said “The Healthicare hub becomes the coordinating centre for this care but always with the intention of returning the care of the patient to their usual general practice. This is based on very good evidence that regular quality GP care does reduce hospitalisation, does reduce total cost of care, does improve lifespan and does improve patient well-being. So, part of this is trying to establish an ongoing connection between patients and their GP. The hope is that by



Patient Barbara Blissett with Medical Practice Assistant Camelia Najjar

augmenting or supporting the usual general practice to provide better quality care, say in five years this makes western Sydney a better place to be a GP and is exactly the sort of place you want to be a GP because you can provide that care that you want to provide and you’re well supported to do that.”

*“Most GPs are so busy, so overworked, so stuck in their day-to-day grind that to see something different is hard. This is part of our goal here, to show that you don’t have to do things in the same way and that you can have a different life as a GP.”*

### NEW FUNDING MODEL

Healthicare ensures its doctors are appropriately remunerated. Some are on salary and some on independent services grants.

“This means GPs don’t have the concerns of needing to see large numbers of patients in order to make ends meet. That pressure is

taken off them. While the Federal Government has made significant investment in Medicare it still falls well short of what general practice needs to provide adequate services to patients.” Dr Lim said.

Healthicare is filling the funding shortfall in innovative ways, while the MBS covers around 70%, alternative sources of funding come from grants, research funding and other non-MBS sources. It is also continuing to look at partnerships and new ways to ensure ongoing sustainable funding.

“As a percentage of total health expenditure, the amount spent on General Practice has continued to fall from over 7% ten years ago to now less than 5.7%<sup>[2]</sup>. AMA policy and internationally, we think this needs to be at least 10%. At Healthicare we are wanting to do General Practice as it should be done and it looks like there will need to be at least 30% top up funding to make this happen.”

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Patient Simone Fisher with baby Brooklyn

“We’re not afraid of doing things differently and being collaborative and holistic. The practice has a Wednesday walking group which patients are invited to attend. People who haven’t exercised for a long time are now participating. As a result, many have started to increase the level of activity they do on their own.”



SCAN THE QR CODE FOR REFERENCES

### INNOVATIVE CARE

At Healthicare Dr Saini is just as likely to provide you with a prescription for exercise as he is for medication.

“Soon we’ll be running more specific programs. We’ve got a COPD program and an obesity clinic lined up. The obesity clinic is a partnership with the local health district where services within hospital settings have been unable to handle the large volume of patients that are referred. Similar to what we do with western Sydney Diabetes, we’ll have specialist endocrinologists come into Healthicare on a six-weekly basis, provide more intensive

support and train up the GPs internal practice team to provide support to our stations. We are working on innovative health coaching approaches aiming to improve patient activation with the Western Sydney Diabetes team. The other thing we’re looking at the moment is an Inflammatory bowel disease clinic.”

### A ROLE MODEL

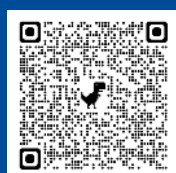
“We hope that Healthicare will be the first of many. It’s our hope to inspire people around the country to set up similar services in similar clinics.” Dr Saini said. “This is what general practice of the future could look like,” added Dr Lim. **dr.**



Innovative practice rooms include Tv for kids to watch and music to make patients feel comfortable. Here is patient Erin Clark with Dr Hanu Bittar.



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