

---

# Review of Medicare Locals

---

Stakeholder  
Submission  
December 2013

---

Submitted by:  
Country South SA Medicare Local  
4/2 Sturt Reserve Road  
Murray Bridge SA 5253  
[www.cssaml.org.au](http://www.cssaml.org.au)

---

# 1.0 Medicare Locals in the Health Landscape

## Connecting care for regional and remote communities

Medicare Locals are focused on the patient journey, aiming to help patients navigate increasingly complex health care pathways.

Medicare Locals work in partnership with all primary, acute and aged care providers to ensure all Australians, regardless of where they live, can access effective primary healthcare. This is reflected in Country South SA Medicare Local's (CSSAML) own vision of “*connecting care for regional and rural communities*”.

The underlying ethos is that as a Medicare Local, CSSAML adds value through:

- Improving primary healthcare service delivery based on a population and social view of health.
- Identifying unmet health needs and responding to these with local services where the delivery has been shaped by key stakeholders.
- Developing innovative models of care to improve service delivery pathways so that health consumers, carers and providers can more easily find the services that are needed in a timely way.
- Commissioning service delivery to fulfill unmet need and provide access and equity.
- Promoting collaboration between services so that they are more integrated, flexible and locally responsive.

The premise for this model is not to be in competition with local service providers, but through partnerships, take a systems approach to build capacity and sustainability of service providers across the region. This is the key point of differentiation for Country South SA Medicare Local.

As a Tranche 3 Medicare Local, CSSAML's profile is summarised as follows:

Resident population:	<b>130,800 people</b>
Land area:	<b>70,000 km<sup>2</sup></b>
Rurality:	<b>Regional 2</b>
ATSI population:	<b>3,510 representing 2.7% of total population (2011)</b>
Socio-Economic Index for Areas (SEIFA) Index:	<b>942 (Range 820 – 1169)</b>
Main sub-regions:	<b>Riverland, Mallee, South East</b>

## Access and equity

People in rural areas are more likely than those in cities to end up in hospital for reasons that could have been avoided by more effective primary care.<sup>1</sup>

The main reason for higher rates of avoidable hospitalisations in rural areas compared with metropolitan and regional catchments is the relative absence of access to primary care (GPs, community nurses, pharmacists, dentists, physios). The NHPA has published earlier work assessing the primary care deficit in rural and remote areas at a staggering \$2.1 billion a year.

The report by the NHPA shows that for 21 conditions, the age standardised rates of potentially avoidable hospitalisations were almost three times higher in some local areas compared with others.

<sup>1</sup> “Healthy Communities: Selected potentially avoidable hospitalisations in 2011-12” – National Health Performance Authority, 7 November 2013

Hospitalisations for worsening conditions that could have been managed earlier impose significant extra costs on Australia’s health system and expose patients to unnecessary risks.

Potentially avoidable hospitalisations are those which may have been avoided by timely and effective provision of non-hospital or primary care. A large proportion of these admissions are due to nine chronic conditions such as asthma, diabetes complications and high blood pressure. As well as these, there are another ten types of acute admission such as dental problems and throat infections, and all vaccine preventable conditions like measles and pneumonia.

Although the analyses are based on information for the period before Medicare Locals were established the report highlights the importance of having a coordinated and localised primary health care system.

CSSAML is working to lower the incidence of avoidable hospitalisations, by making sure that our local communities have equity of services they require as well as better access to these services through initiatives such as telehealth.

## 2.0 Value Proposition

### Medicare Locals keep people well and out of South Australian hospitals

- Reduce demands on the hospital sector and emergency departments
- Offer accessible, affordable, timely and quality care within communities
- Plan, implement, coordinate and/or commission services, and evaluate national and state programs that address local priorities
- Provide local and regional health system intelligence, and an informed voice, in state and national health system planning and policy
- Partner with a range of services and providers to drive improved access and better care in local communities
- Link with sectors beyond the health system to effectively implement preventative health initiatives

### Medicare Locals tailor solutions to address local South Australian community needs

- Provide a locally focused health footprint within communities regionally across South Australia
- Understand the local and regional sector, people and communities
- Identify gaps in services and tailor local responses to ensure quality care is accessible and affordable, particularly for under-served populations
- Partner with local services and providers to drive local health strategies that deliver new services, improve the coordination of care, and improve the efficiency of local health care
- Communicate and implement state and national government initiatives at the local level, such as disaster preparedness

### Medicare Locals enable organised and integrated primary health care across South Australia

- Make it easier for patients to navigate the system and get the health service they need, when they need it
- Connect care across public and private sectors at a local level
- Boost frontline services to address areas of local need
- Make primary health care work as an effective part of the overall health system for patients, clinicians and communities

### Medicare Locals support general practice as the cornerstone of primary health care

- Ensure GPs are front and centre in the design and delivery of local primary health care services
- Provide practice support to improve the quality of assessment and clinical management of patients
- Provide practice support (including business and IT assistance), facilitate ongoing professional education and work to reduce red tape
- Support general practice teams including practice nurses, allied health professionals, practice managers and office staff
- Connect general practice with other public and private providers via electronic communication, local service directories, and local referral pathways, in part to support the medical home model of care
- Support getting general practice and other primary health care workforce into communities where it is needed

## 3.0 A Rose by Any Other Name

Whilst the inclusion of the word “Medicare” in the name has caused untold frustration and confusion, significant time, effort and resources have been invested in building and promoting the brand.

Now in their fourth year of operation, Medicare Locals are maturing and becoming established in the primary healthcare space. Regardless of name, the form and function of Medicare Locals is that of a Primary Health Care Organisation.

A name change at this stage of development would prove futile, an unwelcome distraction and an unnecessary use of the Health budget, when the underlying form and function remains unchanged.

## 4.0 Attachments:

- Attachment A – Addressing the Terms of Reference
- Attachment B – CSSAML Annual Report 2012-13
- Attachment C – December 2013 Newsletter