

AN INTEGRATED SERVICE  
DELIVERY MODEL FOR  
SUSTAINING PRIMARY  
HEALTH CARE SERVICES IN  
RURAL AND REMOTE  
AUSTRALIA

# MULTI-PURPOSE SERVICES

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- Early 1990s - rural and remote health services were struggling (1991-1993)
- Commonwealth, state and territory government policy response; MPS program
- Aim was to ensure viability of small rural and remote health services
- A new health service delivery strategy – aimed at establishing integrated settings to support individual well being in the community and expanding community based care, from a predominantly hospital services based model of service delivery



# KEY ELEMENTS OF THE MPS MODEL

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- Single point of governance and accountability within a defined geographic environment
- Planning and service delivery based on assessment of local health service needs
- Integration of all or most health and aged care services provided within a particular community or defined geographic area
- Cashing out and pooling of funds
- Flexible use of funds
- Simplified reporting arrangements

# WHAT DOES THE MPS PROGRAM LOOK LIKE TODAY?

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- 126 MPS's across Australia – 22 in Qld, 3 in Tas, 7 in Vic, 30 in WA, 14 in SA, 49 in NSW and 1 in NT
- Almost all are in the public sector – one in Queensland and another in Tasmania operate in the non-government sector
- All are different from the others
- Diversity is a key characteristic they have in common
- This appears in all organizational features - structure, governance and management, focus, services and priorities, relationships and accountability



# WHY DOES THE MPS PROGRAM LOOK THIS WAY?

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- All MPS's have developed in response to their own population needs and expectations, history and environment
- They have also developed within policy frameworks unique to each state and territory
- Apart from Victoria, state/territory governments have retained control of MPS's under the management of their regional or area health service structures
- Victoria has embraced local governance for its MPS's, supported by legislation and guidelines for local Boards of Management
- All MPS's have adopted key elements of service delivery in accordance with local planning, community engagement in assessing local needs and by embracing opportunities through innovation



# MPS's TODAY – DIVERSITY AND INNOVATION

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- There are MPS's in Australia that have been able to fully integrate acute hospital, residential and community aged care, HACC and other community services, community health services under MPS philosophy
- Many have not – either by choice for economic reasons, through struggles in negotiating transfers, amalgamations or development or by planned decisions in the engagement of communities in service planning
- So, no MPS is the same as another
- Most MPS's look to local relationships for integrating service delivery, developing relationships and implementing services unique to local needs
- Almost all MPS's would say that they have been successful



# MPS's TODAY

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- There are MPS's in Australia with mainstream funded aged care services
- There are some with MPS funded aged care services and some with a mix of both
- There are some MPS's with acute hospitals services, GP services and some without (some with salaried doctors and most without)
- There are two MPS's operating in the NGO sector
- There are MPS's with funding for service delivery from non-health sources – Education, Primary Industry, Justice, Regional Development, Insurance industry
- Most have close relationships with schools, churches, local businesses, community groups, service clubs and volunteers that provide inspiration for community and service development and delivery
- There are MPS's in joint ventures with other health agencies and businesses and some with Registered Training Organizations



# HOW DO WE KNOW THIS?

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- National Health and Hospitals Reform Commission - recommended the expansion of MPS's as a way to tackle causes and impacts of health inequities in rural and remote areas
- There was some recognition in the field that the MPS program is a successful service delivery model for integrated primary health care services
- AHHA and ACHSE agreed to co-sponsor the development of an issues paper in response to the recommendations to understand the current state of the program and to take the MPS model forward

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# Joint ACHSE and AHHA

## Working Group

## Issues Paper

# *Multi-purpose Services*

*Prepared by the:*

**Australian College of Health Service Executives and  
Australian Healthcare & Hospitals Association**



# HOW DO WE KNOW?

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- AHHA agreed the use of their policy development framework
- AHHA and ACHSE called for expressions of interest from people with an interest in MPS's
- 40 volunteers from across Australia (MPS's, government, academia)
- 3 teleconferences to harness views of the field and develop Issues Paper
- Issues Paper written by a small writing team and edited with help of volunteers
- Tested through a Think Tank in Canberra at the end of May 2009
- Paper produced jointly by AHHA and ACHSE

# WHAT DOES THE ISSUES PAPER FIND?

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- MPS model challenges traditional models of funding and service delivery – and is ahead of its time
- This is because the underlying elements of the MPS program are its strength
- These are:
- single points of governance pinned into local communities through systems of community engagement with a focus on health improvement
- Service development based on assessment of local needs through community based planning
- Simplified systems of accountability including reporting and accreditation
- Pooling of funds (revenue) from all sources and
- Flexibility in the use of funds to enable delivery of service plans
- Successful MPS's have strong governance and management systems and effective leadership
- And we are now starting to see key elements of MPS model being replicated in new programs aimed at integrating health care services where they are needed in the community - GP Super Clinics, Comprehensive Primary Health Care Centres for example



# WHAT SUSTAINS RURAL HEALTH SERVICES

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- Systems and structures for leadership, governance and management that are focussed on improving health, health resourcing and health services
- Local governance and, in particular, community engagement systems that enable community development
- The development of local service plans to meet local needs
- Pooling and flexibility in the use of revenue to enable the direction of resources to services based on needs (often individual needs so this makes them client focussed)
- The building of local, regional, health, education, and service relationships for the delivery of service plans that benefit local communities
- Diversity in accordance with local environments, responses to health needs and relationship management
- Innovation in service delivery, financing, employment and education
- and
- Education that extends beyond service delivery and includes governance leadership and management



# SUMMARY - WHAT DOES IT TAKE?

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- Strong local governance, management and leadership and a commitment to training
- Service planning based on needs assessment
- Systems for community engagement
- Building strong local relationships
- Respecting diversity and embracing systems for giving this effect locally and
- Innovation



# FINALLY- WHAT ELSE DOES IT TAKE ?

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- The process of developing the Issues Paper has found that, within the field, there is a strong recognition that the principles underpinning the MPS program fit well into the recommendations of the National Health and Hospitals Reform Commission's ideas for the future
- There is strong support for its recommendations for expanding the program
- MPS's would like to see the development of a national framework for MPS's in Australia as a step towards its rejuvenation through the
- Evaluation of the MPS program nationally to determine its critical success factors and to act as an action plan for investment
- Increased funding for aged care (including price and the supply of capital)
- The setting up a national forum of Multi-purpose Services, policy and program managers and stakeholders to support rejuvenation and innovation in the Multi-purpose Service program)
- The development of a national accountability and reporting framework to standardize the relationships with government
- A single system of accreditation – defined standards for quality of service delivery and service development



# ISSUES PAPER

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QUESTIONS?



# ISSUES PAPER

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<http://www.aushealthcare.com.au/publications/>