

# CESPHN Allied Health Engagement Strategy 2022-2025



**Attachment A**

Revised by	Date	Revision Control	Revision Reason

## Summary and Background

CESPHN's Strategic Plan 2022-24 acknowledges the critical role that allied health play in meeting the health needs of our community. Allied health is attracting strategic attention federally and features significantly in the consultation draft of Australia's 2022-2032 Primary Health Care 10 Year Plan.

As a three-year priority within Goal 2 of CESPHN's strategic plan, CESPHN's Allied Health Engagement Strategy positions CESPHN to act on opportunities to increase allied health professional (AHP) participation and improve practice in allied health.

Our Allied Health Engagement Strategy (AHES) promotes the delivery of patient-focussed care in the Central and Eastern Sydney region. This strategy will create greater professional connection between allied health professional and other local primary health providers, and identify opportunities for shared and complementary quality improvement activities.

Central to this strategy is the improvement of AHPs sense of connection, belonging, recognition, satisfaction, and reward. CESPHN teams will build on existing services already provided by CESPHN creating a greater allied health (AH) focus, and more opportunities for supportive service development.

Under the AHES, CESPHN will have a clear focus on integrating AHPs into its planning and prioritise the development of more inclusive AH activities and services. We will promote communities of practice, speed AHP's adoption of digital health strategies, embed quality improvement frameworks and activate local health pathways that are inclusive of AHPs.

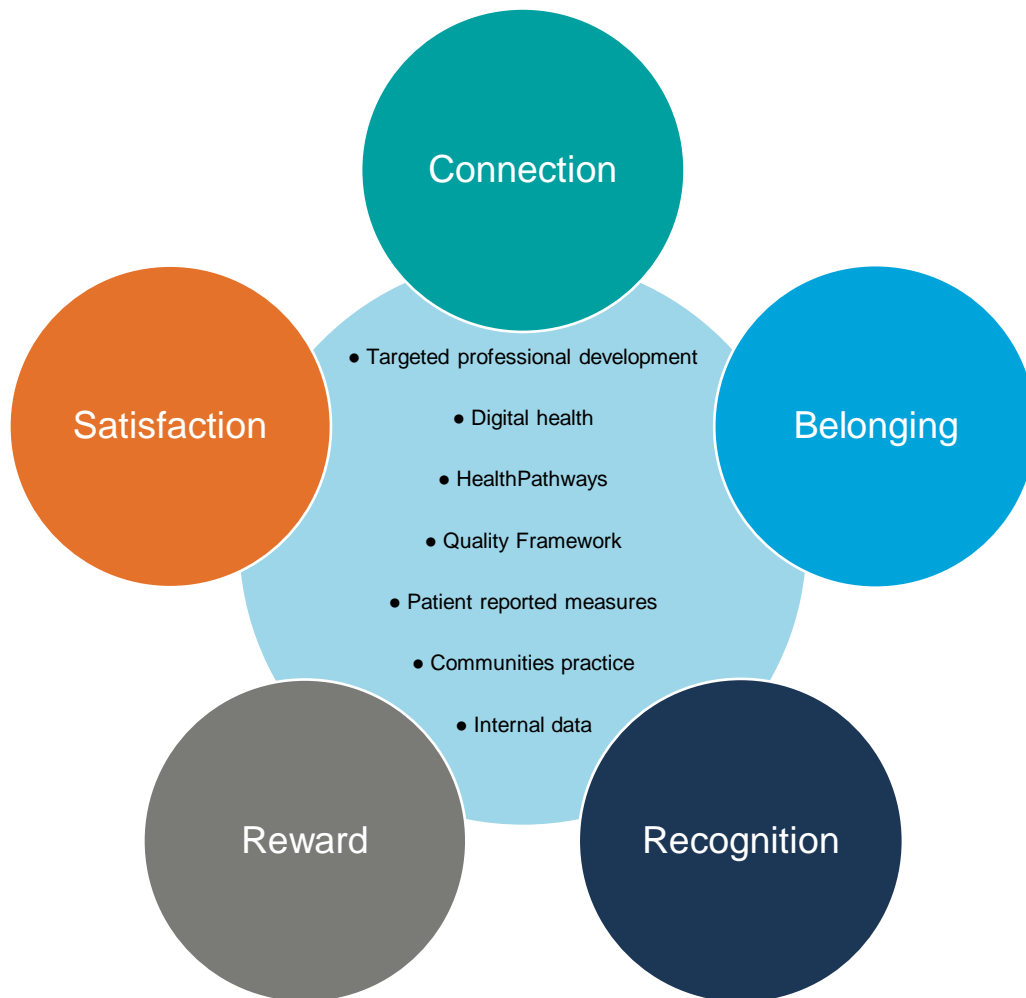
To measure and monitor the success of the AHES, we will build in reporting from the outset. CESPHN teams will use a range of AHES reporting metrics. We will monitor results, adapt the AHES as required, and use our results to inform our strategic planning cycle. AHES reporting metrics will be compiled into an AHES-specific report for the CESPHN board to track AHES progress.

## Allied Health Engagement

Our Allied Health Engagement Strategy will build professional relationships between allied health, CESPHN and other primary care providers. Five core principles will be reflected in those relationships:

- **Connection:** creating the opportunity to communicate through interconnecting systems, participation in complementary activities and shared events
- **Belonging:** furthering the sense of being a valued primary care provider through practice support and greater access to CESPHN staff
- **Recognition:** cultivating knowledge and understanding of scope of practice, basic and advanced skillsets, and contribution to care across primary health disciplines
- **Satisfaction:** developing efficient frameworks and frictionless systems that support the care provided for the practitioner and highlight the value they bring to patient care
- **Reward:** supporting practices to be fit, resilient and viable,

CESPHN services will promote professional interaction, integrating with other local primary health providers across the primary health disciplines. The first services targeted for AH inclusive redesign by the CESPHN teams are described below.



**Figure 1** CESPAN's Five Core Principles of Professional Relationships Inclusive of Allied Health

## Services for Allied Health-Inclusive Redesign

The AHES builds on current approaches to ensure services delivered by CESPAN are AH-inclusive. Services provided by CESPAN will now add significant demonstrable value to local AHPs.

CESPAN will enhance its relationship with AHPs, and the relationship between AH and other primary care providers, through services that address, enhance and introduce AHPs to local data, continuing professional development (CPD), digital health, HealthPathways, quality frameworks and patient reported measures.

### **Improve internal allied health data**

Pivotal to all CESPAN support planned for AHPs is improved internal data on our local AHP cohort. Knowing who the AHPs are in our region is vital to our efforts to build relationships across the PHN and provide more tailored supports.

Our focus will be on improving our data collection and understanding of individual practitioners in specific locations. We will:

- Confirm the accuracy of contact entries by telephone as part of the outreach aspect of targeting AHPs participation in CPD activities
- Map AHPs and practices with relation to their adoption of digital health, specifically practice software and technology infrastructure
- Investigate a state-based data response linking individual practitioners to specific locations in real-time, ensuring proposed data and structures meet our needs.

## Target and personalise allied health CPD

Continuing Professional Development is a keystone offering to AHP members, previously well received. CPD innovations to increase AHP engagement have the twin objectives of increasing appeal and uptake by those who are historically engaged or have no previous CESPHN interaction.

Our internal data will be used to promote CPD to members in geographic and health pathway proximity, seeding opportunities to create communities of practice. We will:

- Bench test and prepare our SalesForce structure for targeted, personalised engagement
- Create CPD activities for AH that complement those offered GP members
- Innovate modes of delivery with evidence-based distance-learning
- Begin the targeted approach by inviting AHPs to activities complementary to those being undertaken by GPs in their area
- Promote CPD aimed at developing:
  - a. cross disciplinary understanding of scopes of practice and therapeutic approach
  - b. clinical applications of advanced skills held by local AHPs.

## Demystify and normalise digital health

Adoption of digital health by AHPs is our first support priority area. In all interactions, we will encourage AH to make better use of digital systems in keeping with the Digital Health Strategy. We will promote:

### *Electronic information systems and eHealth*

- Understand the practice contexts of individual AHPs through the annual survey
- Use practice context information to redesign our services to improve AHP access to practice support and subject matter experts

### *Secure Messaging (SM) functionality between AHPs and other primary care providers*

- Provide members with formative SM experiences communicating with CESPHN to encourage confidence and the speedy adoption of appropriate technology
- Address learning and implementation issues with CPD activities featuring small groups of matched participants e.g. solo practitioners, mobile practitioners
- Instigate a series of forums to identify, triage and problem solve AHP-specific issues

### *My Health Record (MHR) use*

- Build AHPs understanding of MHR's importance by creating small peer learning groups of single or multidisciplinary composition
- Develop a business case for the use of MHR

### *Better use of electronic clinical information systems*

- Establish groups for AHPs using specific clinical information systems (CIS)
- Introduce the Patient Reported Measures concept to AHPs

## Telehealth

- Deliver cross-disciplinary CPD to develop understanding of how other disciplines deliver telehealth, the limitations and opportunities.

## Link primary health disciplines to evidence-based practice with HealthPathways

HealthPathways is a key program that contributes to the promotion of integrated care in our region.

We will:

- Deliver cross disciplinary CPD developing understanding of the use of HealthPathways
- Partner in the development of an individual level data system (described above)
- Trial the 'release' of new pathways through targeted 'communities of practice' online events
- Host CPD events helping AHPs understand how GPs use HealthPathways
- Use small peer group settings to brainstorm the use of HealthPathways as a basis from which to create local connections.

## Advocate for the efficiencies of quality improvement frameworks

We will:

- Create and promote the business case for the adoption of quality frameworks
- Work with peak bodies to ensure practitioners and practices are aware of, and encouraged to operate under, endorsed policy and procedures frameworks
- Provide practice support services and share our insights across disciplines and regions to seed development of uniform approaches to demonstrating high standards of practice
- Target CESPHN programs for existing standards to new AH audiences

## Patient Reported Measures

We aim to increase the use of patient reported measures in AH to drive improvement in patients subjective experience of their health care. We will:

- Assist AH practices automate Patient Reported Measures through their CIS.

## Implementation and Monitoring

Under this strategy, initial design activity will focus on physiotherapists, psychologists, pharmacists, dietitians, speech pathologists and podiatrists followed by exercise physiologists and occupational therapists. Thereafter, professions will come into focus as they emerge through our community needs analysis process and greater engagement with practitioners and their peak bodies.

## Reporting

The CESPHN Board will be provided with six-monthly progress reports and regular updates to CESPHN Advisory Groups. We will also provide updates to the Central and Eastern Sydney Allied Health Network with regular briefings and seek advice on matters impacting implementation.

## Allied Health Engagement Strategy revisions

The AHES will be updated in line with the CESPHN strategic planning cycle and in the event of incentive and opportunity to develop further AH initiatives.