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CENTRAL AND
EASTERN SYDNEY
An Australian Government Initiative

Access, coordination and integration

2022-2024 Needs Assessment
2023 Annual Review

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Access to primary care

General practitioners (GPs) are the first point of contact for most people seeking health care, with 85.8% of the population in the CESPHN region seeing a GP in 2021-22.(1) Over half (53.9%) of our stakeholder survey (2021) respondents said they get most of their health care from a regular GP or family doctor, a quarter of respondents said specialist doctor and 22.4% said pharmacist.

In 2021-22, there were 11,099,292 GP attendances in the CESPHN region. This equates to an age standardised rate of 687.6 services per 100 people, slightly lower than the national average of 691.4 per 100 people.(2)

There were more specialist attendances in the CESPHN region (121.2 per 100 people) compared to the national average (90.8 per 100 people), reflecting the large number of specialists located within the region. However, stakeholder feedback indicates that patients still experience barriers in accessing outpatient clinics and/or specialist services, particularly those from lower socioeconomic backgrounds.

Rates for other Medicare-subsidised services (allied health and diagnostic imaging) in the CESPHN region were similar to national rates.

Table 1: Medicare-subsidised services per 100 people (age standardised), CESPHN region, 2021-22

Medicare-subsidised service	CESPHN	Metropolitan	Australia
Allied health attendances (total)	94.9	97.3	92.6
Diagnostic imaging (total)	91.7	97.0	95.0
GP attendances (total)	687.6	725.6	691.4
Specialist attendances (total)	121.2	98.4	90.8

Source: AIHW, 2023

In 2021-22, Sydney Inner City SA3 had the highest number of GP attendances (n=1,275,030), Sutherland-Menai-Heathcote SA3 had the highest rate per 100 people within the CESPHN region (842.3 per 100 people).(2).

Table 2: GP attendances by SA3, CESPHN region, 2021-22

SA3	No. services	Services per 100 people
Botany	377,587	637.93
Canada Bay	669,169	767.70
Canterbury	1,159,067	818.13
Cronulla-Miranda-Caringbah	957,472	810.09
Eastern Suburbs – North	865,953	674.47
Eastern Suburbs – South	940,220	695.09
Hurstville	981,902	742.53
Kogarah-Rockdale	1,078,304	736.25
Leichhardt	379,534	670.03
Lord Howe Island*	n.p.	n.p.
Marrickville-Sydenham-Petersham	378,688	687.25
Strathfield-Burwood-Ashfield	1,125,813	692.88
Sutherland-Menai-Heathcote	944,250	842.28
Sydney Inner City	1,275,030	576.58
CESPHN	11,099,292	687.6

Source: AIHW, 2023

* No data published for Lord Howe Island

Bulk billing

From 2021-22 to 2022-23 financial year, we saw a 7.6% decrease in the bulk billing rate across the CESPHN region; in 2022-23 CESPHN had a bulk billed rate of 75.5%, which is lower than both national and state bulk bill rates (76.6% and 78% respectively).(3) For the same time period, we saw an 8.4% decrease in the bulk bill rate of GP non-referred attendances (NRA), across the CESPHN region; this is slightly higher than national rates, however slightly lower than state rates (80.2% and 84.2% respectively.(3)

Out-of-pocket costs

In 2021-22, the total out of pocket cost for GP attendances in the CESPHN region was $47,070,078 ($4.24 per GP attendance). Eastern Suburbs-North SA3 had the highest out of pocket cost at $11,214,366 ($12.95 per GP attendance).(2)

Table 3: GP attendances total out of pocket by SA3, CESPHN region, 2021-22

SA3	Out of pocket	Average out of pocket per service
Botany	$1,210,825	$3.21
Canada Bay	$1,993,115	$2.98
Canterbury	$833,232	$0.72
Cronulla-Miranda-Caringbah	$3,816,873	$3.99
Eastern Suburbs – North	$11,214,366	$12.95
Eastern Suburbs – South	$5,062,520	$5.38
Hurstville	$1,993,377	$2.03
Kogarah-Rockdale	$1,721,496	$1.60
Leichhardt	$3,636,503	$9.58
Lord Howe Island*	n.p.	n.p.
Marrickville-Sydenham-Petersham	$1,801,741	$4.76
Strathfield-Burwood-Ashfield	$2,452,573	$2.18
Sutherland-Menai-Heathcote	$2,934,001	$3.11
Sydney Inner City	$8,398,715	$6.59
CESPHN total	$47,070,078	$4.24

Source: AIHW, 2023

* No data published for Lord Howe Island

Patient experience

In 2019-20, patients from the CESPHN region overall reported positive health care experiences and access opportunities compared to national responses. Ninety per cent, or more, of respondents from the CESPHN region indicated that they felt their GP always or often listened, showed respect, and spent enough time, mirroring national responses.

Regarding cost measures, overall CESPHN residents reported lower proportions of people experiencing cost as a barrier to care compared to nationally. This pertained to GP access, prescriptions, and dental care.

The proportion of individuals in the CESPHN region who reported waiting longer than acceptable to see a GP was in-line with national rates. However, there was a higher proportion of people in the CESPHN region who reported having to wait longer than acceptable to see a medical specialist (71.2% compared to 68.6%).(1)

Table 4: Patient experience measures, CESPHN region and Australia, 2019-20

Patient experience measure	CESPHN (%)	Australia (%)
Adults who felt their GP always or often listened carefully	92.4	92.3
Adults who felt their GP always or often showed respect for what they had to say	95.1	94.6
Adults who felt their GP always or often spent enough time	90.0	90.9
Needed to see a GP but did not	12.0	13.9
Adults who did not see a GP due to cost	1.7	3.8
Adults who delayed or avoided filling a prescription due to cost	5.4	6.6
Adults who did not see or delayed seeing a dentist, hygienist or dental specialist due to cost	13.2	19.1
Adults who felt they waited longer than acceptable to get an appointment with a GP	18.6	19.0
Adults referred to a medical specialist who waited longer than they felt acceptable to get an appointment	71.2	68.6

Source: AIHW, 2021

The main barriers to accessing health services in the CESPHN region, as identified in our stakeholder survey, were:

- Impacts of COVID-19 (68.4%)
- Finding the right service (57.9%)
- Feeling comfortable/safe to access services (56.6%)
- Having time to attend the service (55.2%)
- Waiting times (53.9%)
- Specific services not available (52.6%).

Dental care

NSW Health provides safety net dental services for eligible NSW residents. Public dental clinics are usually located in public hospitals and community health centres. All children (0-18 years of age) who are NSW residents are eligible for public dental services in NSW. Adult NSW residents must be eligible for Medicare and be listed on one of the following Australian Government concession cards: Health Care Card, Pensioner Concession Card, Commonwealth Seniors Health Card.

As of 30 September 2022, there were 1,593 children and 8,210 adults waiting for public dental assessments and treatment in Local Health Districts (LHDs) within the CESPHN region.(4) There was a decline across both child and adult assessment and treatment waitlists over the 12 months prior. Note that these figures reflect the LHD where the service was provided, not patients' LHD of residence and does not include patients who are waiting for specialist dental services.

Table 5: Number of patients waiting for public dental treatment or assessment by LHD in CESPHN region, September 2022

Local Health District	Child assessment	Child treatment	Adult assessment	Adult treatment
South Eastern Sydney	1,397	0	737	878
Sydney	190	6	1,766	4,100
Total	1,587	6	3,232	4,978

Source: NSW Health, 2022

After hours

Almost half (47.4%) of respondents of our stakeholder survey said the hospital emergency department is the service they would most likely use during the after-hours period, followed by telephone advice line (42.1%) and regular GP or family doctor (35.5%).

Practice incentive payments

As at May 2018, 58% of general practices in the CESPHN area were receiving a Practice Incentive Payment (PIP) for After Hours services. Of the practices receiving the After Hours PIP, 67% were accessing Level 1.(5)

For the purposes of the After Hours PIP, the complete after hours period is outside of 8am to 6pm weeknights, outside of 8am to 12pm Saturdays and all-day Sunday and public holidays. The complete after hours period is further broken into:

- Sociable after-hours period:
  - 6pm to 11pm weeknights
- Unsociable after-hours period:
  - weeknights between 11pm and 8am,
  - outside 8am and 12pm Saturdays, and
  - all day Sunday and public holidays.

Table 6: After-hours PIP practices in CESPHN region, May 2018

After Hours PIP level	No. practices	After Hours PIP practices (%)
1 - Formal arrangements in place to ensure practice patients have access to care in the complete after hours period.	241	67
2 - Cooperative arrangement with other general practices that provides after hours care to practice patients in the sociable after hours period, and formal arrangements to cover the unsociable after-hours period.	34	9
3 - Provide after-hours care to practice patients directly through the practice in the sociable after hours period and formal arrangements to cover the unsociable after-hours period.	26	7
4 - Cooperative arrangement with other general practices that provides after hours care to practice patients for the complete after hours period.	12	3
5 - Provide after hours care to practice patients in the complete after-hours period.	46	13
Total	**359**	**100**

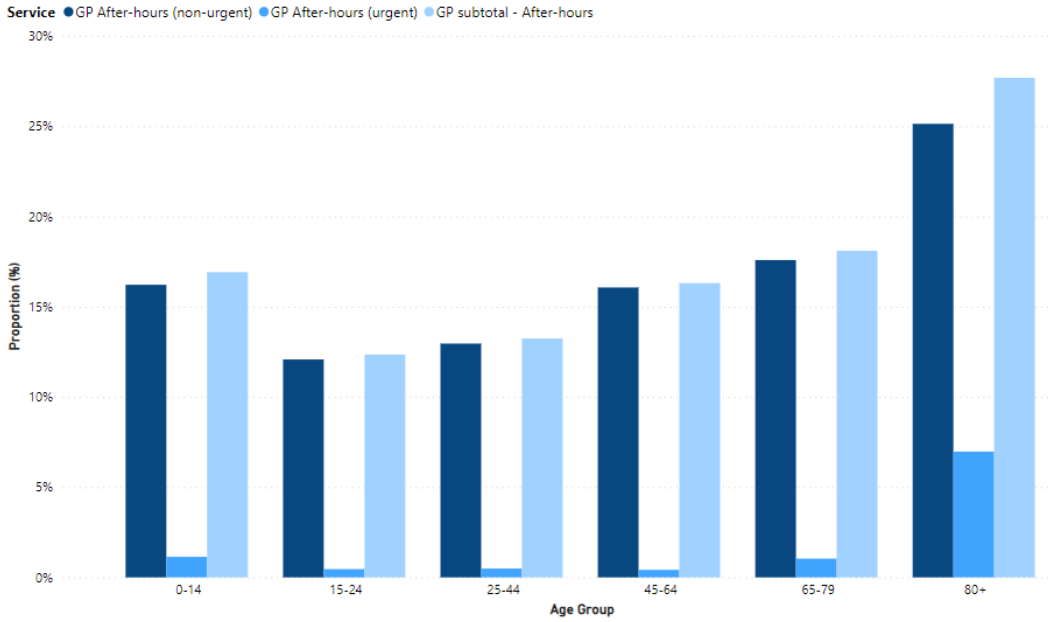
Source: Department of Health PHN Practice Incentives Program Data 2018

Medicare-subsidised services

In 2021-22, 240,920 people (15.5% of the population) in the CESPHN region received an after-hours GP service. People were more likely to receive a non-urgent after hours GP service (15.1%) than an urgent after hours GP service (0.9%). A higher proportion of females received an after-hours GP service than males (16.2% compared

to 14.8%). People aged 80 years and over were most likely to receive an after-hours GP service (27.7%), followed by people aged 65-79 years (18.1%) and then 14 years and younger (16.9%).(2)

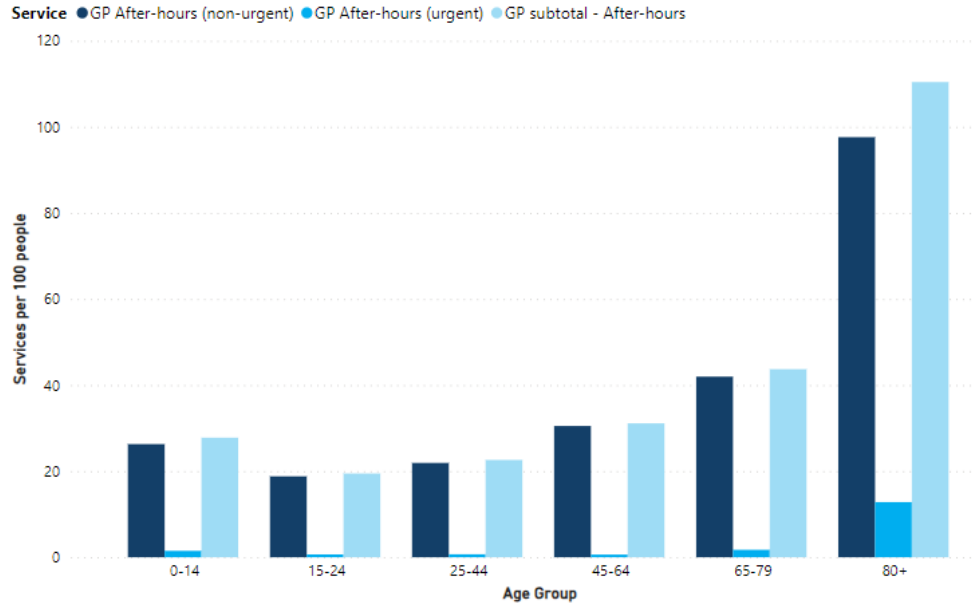
Figure 1: Proportion of the population who received an after hours GP service, by age group, CESPHN region, 2021-22



Source: AIHW, 2023

In 2021-22, there were 479,611 after hours GP services provided in the CESPHN region, equivalent to 30.9 services per 100 people. People aged 80+ years received the highest number of services per 100 people (110.42), followed by those aged 65-79 years (43.7 services per 100 people).(2)

Figure 2: After hours GP services per 100 people by demographic group, CESPHN region, 2021-22



Source: AIHW, 2023

Helpline

HealthDirect Australia provides a nurse triaged helpline and after-hours GP helpline for the after-hours period. In 2021, 74,003 calls were made to the HealthDirect nurse triage helpline from CESPHN residents.(6) Where the call has been time coded, approximately one third of all calls to the helpline occurred in the T1 period (32.1%), followed by T4 (30.1%), T2 (20.4%) and T3 (17.4%).

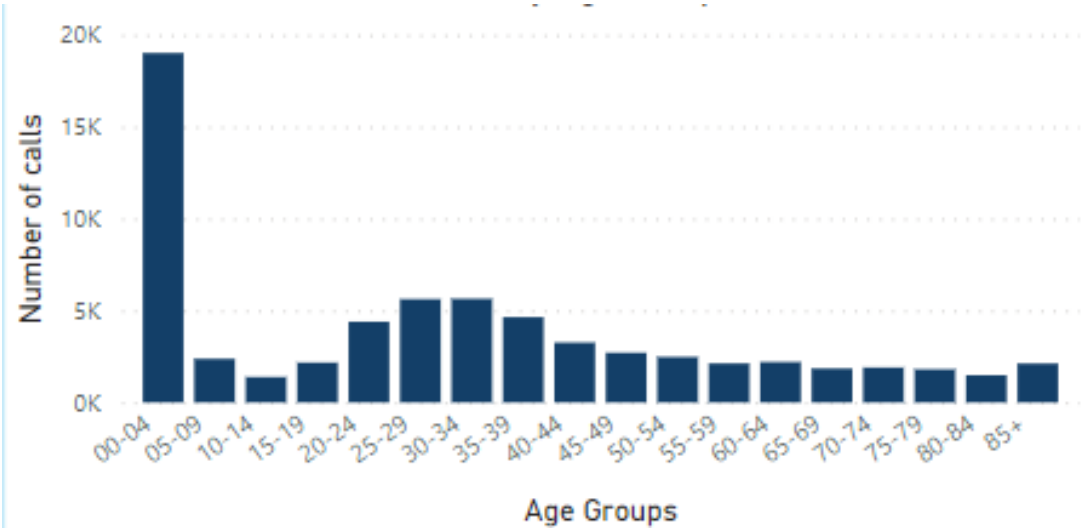
Table 7: After hours calls to HealthDirect helpline, CESPHN region, 2020

PIP timeframe	Number of calls	% of calls
T1 (6pm to 11pm weeknights)	16,114	32.1
T2 (11pm to 8am weekdays)	10,581	20.4
T3 (outside 8am to 12pm Saturday)	8,787	17.4
T4 (Sunday and public holidays)	16,356	30.1
Total	57,691	100.0

Source: HealthDirect Australia HealthMap, 2021

Calls to the helpline were largely for patients aged 0-4 years (28.3%) – this was consistent across all time periods.(6)

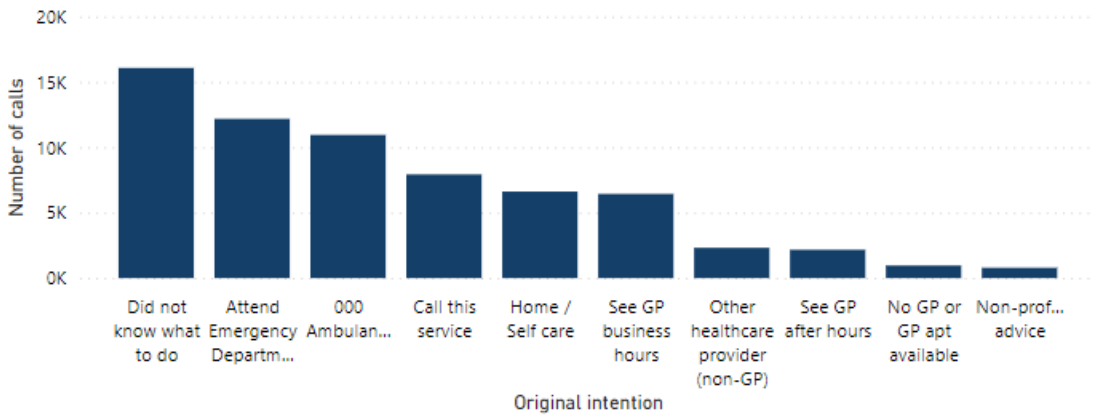
Figure 3: Number of calls to HealthDirect helpline by patient age, CESPHN region, 2021



Source: HealthDirect Australia HealthMap, 2022

The original intention of callers identifies the level of care the caller was considering prior to calling the helpline. Original intention was recorded for 66,400 calls in 2021. Almost one-quarter (24.2%) of callers did not know what to do, 18.3% would have attended their local ED and 16.5% would have called for an Ambulance.(6)

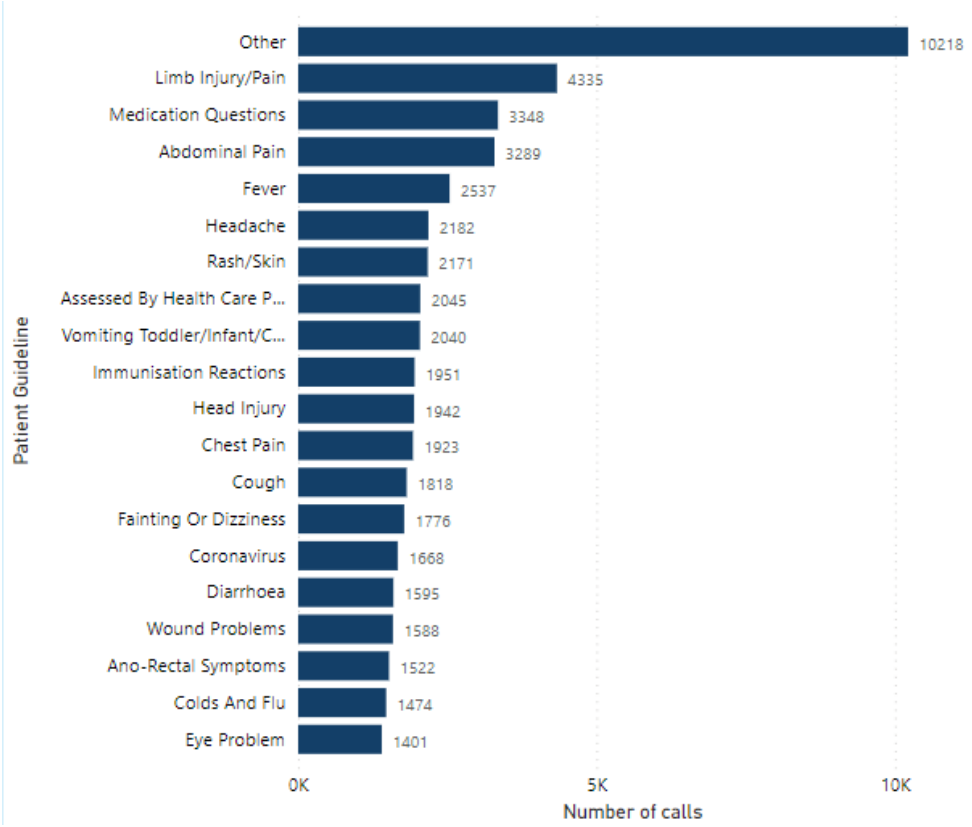
Figure 4: Number of calls to HealthDirect helpline by original intention, CESPHN region, 2021



Source: HealthDirect Australia HealthMap, 2022

In 2021, the reason for calling the helpline (the patient guideline) was recorded for 67,146 calls. The graph below shows the two major reasons for calling the helpline were for “other” (20.1%) and assessment by a Limb injury/pain (8.5%).(6)

Figure 5: Number of calls to HealthDirect helpline by patient guideline, CESPHN region, 2021

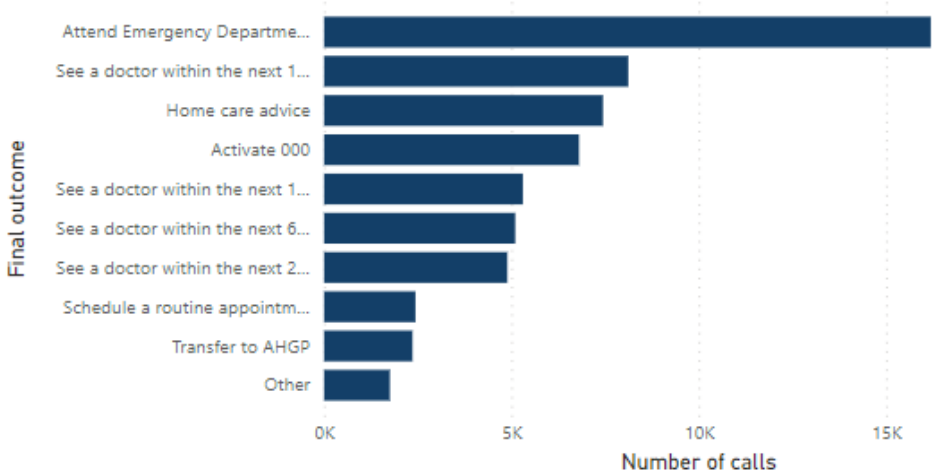


Source: HealthDirect Australia HealthMap, 2022

The final outcome considers the context of the patient including willingness of services and availability of services. Of the 65,371 final outcomes recorded for calls:

- 16,193 (24.8%) were advised to attend ED immediately
- 8,119 (12.4%) were advised to see a doctor within the next 12 hours
- 7,444 (11.4%) were provided home care advice
- 6,805 (10.4%) had 000 activated
- 5,307 (8.1%) were advised to see a doctor within the next 1-3 days.

Figure 6: Number of calls to HealthDirect helpline by final outcome, CESPHN region, 2021



Source: HealthDirect Australia HealthMap, 2022

Lower urgency Emergency Department (ED) presentations

Lower urgency ED presentations are presentations to a public hospital ED with a triage category of 4 (semi-urgent) or 5 (non-urgent), where the patient did not arrive by ambulance, or police or correctional vehicle and was not admitted to the hospital, not referred to another hospital, or did not die.

In 2020-21, there were 148,826 lower urgency ED presentations in the CESPHN region, equivalent to 94.7 per 1,000 people which is lower than the national rate of 124.2 per 1,000 people. Forty-seven per cent (69,800 or 44.4 per 1,000 people) of these presentations were in the after-hours period.(7)

After hours lower urgency presentations have fallen by 7.7% (from 48.1 to 44.4 per 1,000 people) since 2016-17. There has also been a slight decrease in all lower urgency ED presentations over the same time period.(7)

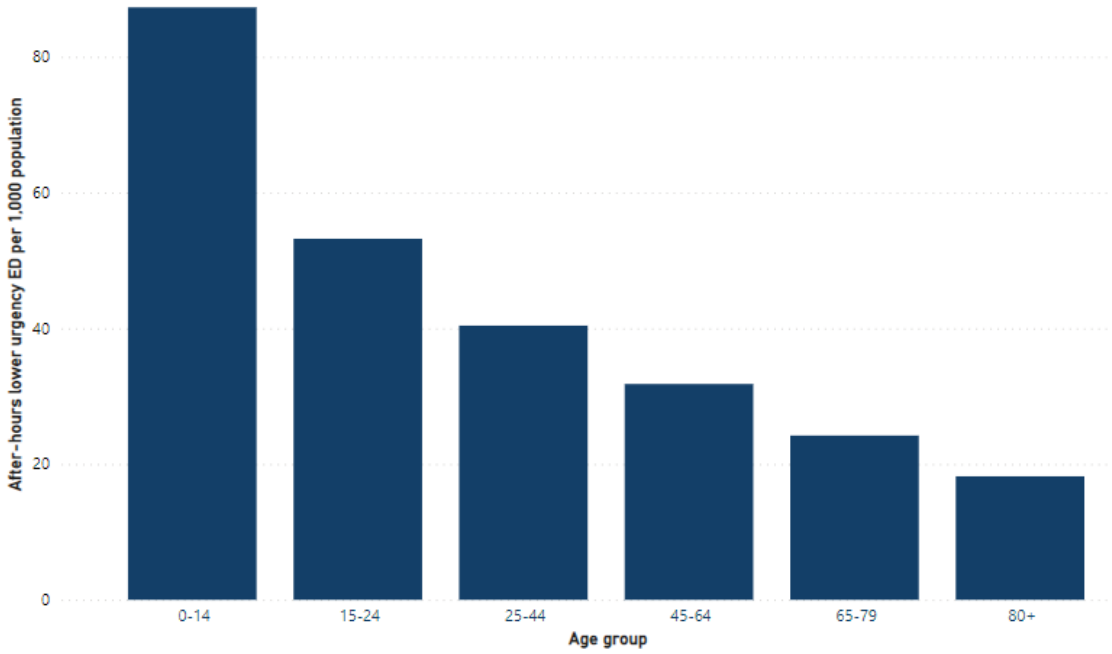
Table 8: Lower urgency ED presentations, CESPHN region, 2016-17 to 2020-21

Year	No. lower urgency ED presentations	Lower urgency ED per 1,000 population	No. after hours lower urgency ED presentations	After-hours lower urgency ED presentations per 1,000 population
2016-17	150,639	94.9	76,258	48.1
2017-18	150,734	93.2	75,370	46.6
2018-19	149,818	91.3	75,011	45.7
2019-20	164,054	98.9	70,744	42.6
2020-21	148,826	94.7	69,800	44.4

Source: AIHW, 2022

In 2020-21, males had a higher rate of lower urgency care presentations in the after-hours period (47.9 per 1,000 people) than females (40.9 per 1,000 people). The 0-14 year age group had the highest rate of after-hours lower urgency ED presentations per 1,000 population across the CESPHN region at 78.5 per 1,000 people.(7)

Figure 7: After hours lower urgency ED presentations by age group, CESPHN region, 2020-21



Source: AIHW, 2022

Service navigation and coordination

Community and stakeholder consultations have identified the following key issues impacting the ability to navigate and coordinate health services in the CESPHN region:

- Service coverage
- Low health literacy
- Provider issues with identifying and navigating services most appropriate to an individual's disease profile and individual characteristics
- Inability to communicate patient information systematically and reliably between health care providers (see the digital health and data section below for more information).

Service coverage

The CESPHN region has a high population density with a significant number of services available.

These services are funded by all levels of government as well as privately.

Joint planning and collaborative commissioning among the different funding bodies can assist to identify and reduce service gaps and duplication and improve care coordination. The co-design of these services with consumers and peer workers ensures that the patient's experience and needs are considered during the planning phase.

We participate in a number of partnership committees with the local health districts and speciality health networks in our region that cover mental health, alcohol and other drugs, disability, sexual health and viral hepatitis and COVID-19.

We are currently collaborators on two regional plans:

- The Regional Mental Health and Suicide Prevention Plan 2019-2022 aimed to improve the health and wellbeing of people with (or at risk of) mental health issues or at risk of suicide. This joint plan commits CESPHN, Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Health Network and the Sydney Children's Hospital to work together. Following implementation, an evaluation was undertaken where it was determined that eighty-four percent of actions have been completed or were substantially progressed. Through this implementation process we have seen successful developments in the provision of mental healthcare resources, tools, and services. Importantly, CESPHN and partners have formed strong and outcome-driven partnerships. Currently we are working to develop the second phase of the plan which will be published in early 2024.
- The Intersectoral Homelessness Health Strategy 2020-2025 is a collaboration between CESPHN, St Vincent's Health Network, Sydney Local Health District, South-Eastern Sydney Local Health District, Department of Communities and Justice, and City of Sydney to improve health outcomes and access to health care among people experiencing homelessness in the central and eastern Sydney region. The Strategy includes five priority action areas:
    - Improving access to the right care at the right time
    - Strengthening prevention and public health
    - Increasing access to primary care
    - Building workforce capability
    - Establishing collaborative governance and shared planning.

Collaborative commissioning partners local health districts and primary health networks to assess local needs, pool resources and develop interventions to improve shared patient and community outcomes. We are

currently working with the local health districts, speciality health networks and NSW Ministry of Health to pilot a collaborative commissioning project in the CESPHN region. We are also working with these partners on integrating their virtual care models with the primary care sector.

Health literacy

Low health literacy is associated with a range of factors including poorer health outcomes, limited engagement with the healthcare sector, limited ability to navigate the healthcare system, limited knowledge, and uptake of preventive actions, as well as impaired self-management and increased use of emergency care, hospitalisations, and mortality rates. The combination of low health literacy and complex health needs amplify the difficulties patients experience when navigating a fragmented health care system.

In the 2006 Health Literacy Survey, only 41% of adult Australians had a level of literacy that would allow them to meet their complex health needs.(8) The survey also indicated that health literacy was lower in those who speak English as a second language (21%).

Identifying and navigating services

Identification and navigation of services most appropriate to a patient's needs is a challenge for providers, particularly when their patients have complex health needs. One strategy CESPHN employs to integrate primary health care services with services provided by SLHD, SESLHD, SVHN and SCHN is the development and implementation of HealthPathways, which provides recommended diagnosis and management options for specific conditions, and options for referral pathways across health systems.

Outpatient clinics

In July 2021, CESPHN surveyed clinicians to identify gaps in outpatient clinics across the region. Key findings from 113 responses were:

- Information on outpatient services:
  - Most respondents look to HealthPathways (50%) and hospital service directories (47%) for information on outpatient services, followed by LHD/LHN websites (29%).
  - Respondents emphasised a need for improved availability of information on clinics, for instance through a centralised database or more comprehensive hospital websites.
  - Close to 80% of respondents said that there is no clear contact point for enquiries about outpatient services and referrals. Only 6% believe there is a clear contact point and 12% were unsure.
- Referral process:
  - Respondents noted poor communication, lack of appointment availability, and difficult referral processes were reported as key reasons as to why a service was hard to refer to.
  - Over half of the respondents use e-referrals for outpatient clinics whenever possible (36%) or occasionally (18%). A quarter of respondents never use e-referrals, and a fifth of respondents are not familiar with e-referrals.
  - Over two thirds (67%) of respondents do not believe that the referral process is consistent across various hospital departments. Differences in intake criteria, communication quality, referral processes, and waiting times are the major differences noticed across various hospital departments.
- Discharge process:
  - Over half of the respondents (55%) said that in less than 50% of cases do they receive a letter or discharge summary within 10 days of a patients discharge from the outpatient service. Almost a

quarter of respondents (24%) receive it in more than 60% of cases, and close to a fifth (19%) receive it between 80-100% of cases.
    - Most respondents (71%) receive letter/discharge summaries via HealthLink or other electronic platforms. Fax (29%) was the second most common method of receiving letter/discharge summaries, followed by mail (18%) and from patients (16%).
    - Only 17% of respondents said that letters are either always or mostly uploaded to My Health Record. Nearly half of respondents (48%) said that letters are uploaded occasionally and over a quarter (27%) said that letters are never uploaded.
- Cost as a barrier:
    - Over three quarters of respondents notice public outpatient clinics co-located with private specialist clinics that do not bulk bill either frequently (31%) or sometimes (46%).
    - Over three quarters of respondents agreed that cost is either always (18%) or commonly (58%) a barrier to referring patients to private medical specialists. A further 22% of respondents said that cost is sometimes a barrier, and only 2% said that cost was not a barrier at all.
    - Of the private specialist services that respondents noted cost being a particular barrier, the following were the most common responses: dermatology (26%) and psychiatry (23%).

Digital health and data

The COVID-19 pandemic accelerated the rollout of technologies that streamline the flow of relevant patient information between service providers, however ensuring the consistent and meaningful use of these tools is a continuing challenge for the region. Consultations with GPs, allied health professionals, hospitals and local health districts demonstrated that the digital health needs of clinicians and services were related to the level of digital health use maturity, as well as the interoperability between digital health systems across service providers.

Table 9: Digital health initiatives in the CESPHN region, as at September 2023

Digital health initiatives	No. of general practices	% of computerised practices	% of general practices
Computerised practices (clinical software)	523	100.0	90.1
Registered to access MyHR	484	92.5	83.9
Use secure messaging solution	515	98.5	89.3
Use Smart Forms and eReferrals*	468	89.5**	81.1

Source: CESPHN CRM database, 2023

**Smart Forms and eReferrals last updated June 2023*

***% of computerised practices value is against the aggregate number of computerised practices*

My Health Record

Meaningful use of MyHR can improve health outcomes by supporting the sharing of patient information between providers across the health system, which can reduce duplication of services, lessen medication errors and increase patient participation in their care. MyHR statistics generally demonstrate increases in views and uploads by various health care services in the CESPHN region, largely propelled by the following:

- Software vendors continuing to integrate MyHR functionality.
- Increases in the number of hospitals and pathology services uploading discharge summaries and pathology reports.

- Increases in the number of pharmacies uploading prescription records and pharmacist shared medicine lists.
- We continue to see increases in views in general practice of hospital discharges and pathology records. Recent data shows a 45% increase in views of hospital discharge, and a 66% increase in views of pathology records.

Table 10: MyHR document views in general practice by document type

Information viewed	No. of views FY20	No. of views FY21	No. of views FY22	No of views FY23
Hospital discharges	9,264	20,282	30,608	44,378
Pathology records	5,935	12,670	28,895	47,976

Source: ADHA Collaborate data, 2020-23

Despite the high rate of general practice MyHR registration in the CESPHN region, only 36 general practices uploaded at least one summary per week between April and June 2023, indicating that more work is required to integrate MyHR into daily practice activity; it should be noted that data for June 2022 shows 72 general practices uploaded at least one summary per week suggesting variations between time periods.

As of September 2023, 437 out of 448 pharmacies were MyHR registered. Uploads by pharmacies of prescription records have increased by 66% and pharmacist shared medicine lists by 3% between 2021-22 and 2022-23.

Table 11: MyHR document uploads in pharmacies by document type, 2022-23

Information uploaded	No. of uploads FY20	No. of uploads FY21	No. of uploads FY22	No. Of uploads FY23
Prescription and dispense records*	1,130,702	1,390,518	2,554,185	4,227,596
Pharmacist shared medicine lists	7,513	12,670	13,011	13,454

Source: ADHA Collaborate data, 2020-23

*FY22 and FY23 data includes prescription and dispense records

From an allied health perspective, technology integration with MyHR is a major issue of national significance. The majority of platforms used for allied health are not able to integrate with MyHR, and the National Provider Portal only facilitates viewing and downloading, not uploading. To date, 594 allied health practices are registered in our region.

Secure messaging

Secure messaging is a core capability for safe, seamless, secure, and confidential provider-to-provider communication, enabling electronic access to patient information. It has not reached its potential in terms of application, however the recent introduction of online solutions such as MyHealthLink Portal has helped increase uptake by providers that would otherwise be ineligible due to their software configuration. Furthermore, the industry-wide push for interoperability is continuing to increase the efficiency of secure messaging, particularly between general practices using differing platforms.

As of September 2023, 98.5% of computerised general practices in the CESPHN region are registered to use secure messaging software, with HealthLink representing the most popular solution.

Smart forms and eReferrals

Smart Forms and eReferrals allow for documents to be pre-filled with clinical data and transmitted point-to-point. As with secure messaging, the promotion of technologies that facilitate the efficient transfer of information between service providers has resulted in a significant increase in the number of providers configured to send Smart Forms and eReferrals. However, medical specialist practice adoption remains low, which can be attributed to ongoing interoperability issues and the high cost of secure messaging services, which limits secure messaging to those who are both able to afford the service and have the digital health maturity to use it.

As of June 2023, 468 general practices and 68 medical specialist practices were configured to send Smart Forms and eReferrals. Between July 2022 to June 2023, 43,296 eReferrals were sent in the CESPHN region and 36,794 specialist letters were uploaded to MyHR.

Electronic prescribing

In 2020, the Department of Health partnered with the Australian Digital Health Agency to develop and deploy electronic prescribing, which provides an option for prescribers and their patients to use an electronic Pharmaceutical Benefits Scheme (PBS) prescription in place of a paper prescription and is delivered via a prescription exchange service. Originally slated for release in late 2021, the deployment of electronic prescribing was accelerated as a result of the COVID-19 pandemic.

As of September 2023, 96.1% of pharmacies were able to dispense electronic prescriptions and 86.8% of computerised general practices were able to issue electronic prescriptions.

Table 12: Electronic prescribing capable practices in the CESPHN region, September 2023

Type	No. of practices
General practice	367
Pharmacy	426

CESPHN CRM database, 2023

Telehealth capability

Uptake of telehealth increased significantly in 2020 as a result of the introduction of temporary MBS telehealth items and a CESPHN initiative to roll out the Healthdirect Video Call (VCC) service. While VCC registration and usage can be measured, complexities in measuring the uptake of telehealth in the CESPHN region include the existence of multiple standalone platforms (e.g., Zoom and Skype), and the fact that the Department of Human Services does not provide figures on telehealth MBS items at the local level.

At September 2023, the number of Healthdirect Video Call accounts in the CESPHN region was over 237; an increase of 3% since September 2022. Over 23,000 hours of consultations took place on the platform.

Table 13: Healthdirect Video Call accounts in the CESPHN region, September 2023

Type	No. of practices
General practice	194
Allied health practice	35
RACF	2
Medical specialist practice	6

Source: Healthdirect Video Call, 2023

Data for quality improvement

The introduction of the new Quality Improvement Practice Incentive Program (PIP QI) in 2019 has significantly increased the total number of practices that submit data to CESPHN. There are currently 373 practices within the CESPHN region, who have registered for the PIP QI. General practices enrolled in the PIP QI Incentive commit to implementing continuous quality improvement activities relating to the management of their patient's health and submitting nationally consistent, de-identified data against 10 quality improvement measures (QIMs).

The AIHW's first annual report on 10 QIMs support a regional and national understanding of chronic disease management. July 2023 data shows that the CESPHN region is below the national average for most of the 10 QIMs and continues to have a high proportion of records where Aboriginal status is not stated (24%). We have seen the greatest improvement in the recording of smoking status for patients aged 15 years and over, where we had 55.4% of practices recording this measure in 2021, compared to 64.6% in 2023, our ranking has improved from 31 (out of 31 PHNs) to 19, however we are still below the national average of 65.1%. Improvements have also been seen in the recording of alcohol status (patients aged 15 years and over) and CVD risk factors (patients aged 45-74 years).

Table 14: Proportion of regular clients with data recorded in their GP record by QIM and PHN, July 2021, July 2022 and July 2023

Measure	2021				2022				2023				Rank change (2021-23)
	CESPHN	Aus	Range	Rank	CESPHN	Aus	Range	Rank	CESPHN	Aus	Range	Rank	
QIM 1: % of regular clients with diabetes with an HbA1c result recorded in their GP record within the previous 12 months, all ages													
HbA1C recorded – Type 1 diabetes	54.9	59.0	49.0 – 69.4	25	53.7	56.9	46.4 – 69.5	23	53.6	57.6	43.9 – 74.3	25	▬
HbA1C recorded – Type 2 diabetes	69.7	73.4	66.5 – 82.1	27	66.4	71.0	63.3 – 80.1	26	67.8	71.6	61.4 – 82.1	25	▲
HbA1C recorded – Undefined diabetes	64.9	66.3	58.1 – 76.4	20	61.2	63.2	52.7 – 74.4	21	63.0	64.7	52.2 – 77.3	21	▼
QIM 2: % of regular clients with a smoking status record and result in their GP record, 15 years age and over													
Smoking status recorded	55.4	66.1	55.4 – 73.7	31	63.9	64.2	58.7 – 73.7	19	64.6	65.1	58.0 – 84.1	19	▲
Current smoker	11.7	14.7	7.4 – 23.5	28	11.4	14.2	7.1 – 23.7	28	10.9	13.5	6.8 – 20.2	28	▬
Ex-smoker	17.4	22.4	13.9 - 31.8	29	17.5	22.4	13.5 – 31.6	27	17.1	21.9	13.4 – 31.3	28	▲
Never smoked	70.9	62.9	50.8 - 74.9	3	71.1	63.4	50.4 – 75.8	3	72.0	64.6	52.8 – 76.5	3	▬
QIM 3: % of regular clients with height and weight recorded in their GP record and a derived BMI result, 15 years age and over													
Height & Weight Recorded	19.7	23.6	17.2 - 46.9	26	16.7	21.1	14.8 – 43.8	28	19.5	23.0	17.5 – 47.3	23	▲
BMI Underweight	2.5	2.0	1.4 - 2.7	3	2.6	2.1	1.4 – 2.9	2	2.6	2.1	1.5 – 2.8	2	▲
BMI Healthy	36.0	25.8	19.1 – 37	2	35.3	25.3	18.9 – 35.4	2	36.2	26.0	19.4 – 37.0	2	▬
BMI Overweight	34.4	32.5	29.1 – 35	3	34.1	32.2	29.0 – 34.9	3	33.9	32.4	29.3 – 34.9	3	▬
BMI Obese	27.1	39.8	25.2 – 49	30	28.0	40.4	26.8 – 50.3	30	27.3	39.5	25.7 – 49.6	30	▬
QIM 4: % of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, 65 years age and over													
Immunisation Status Recorded	61.3	64.2	47.3 – 73.5	22	56.3	59.9	43.1 – 70.5	23	55.8	59.0	39.9 – 68.9	22	▬
QIM 5: % of regular clients with diabetes with an influenza immunisation status recorded in their GP record within the previous 15 months, all ages													
Immunisation Status Recorded	56.3	58.2	42 – 68.7	20	51.2	54.0	37.8 – 65.4	21	49.7	51.9	33.1 – 63.2	21	▼
QIM 6: % of regular clients with COPD with an influenza immunisation status recorded in their GP record within the previous 15 months, 15 years age and over													
Immunisation Status Recorded	64.4	66.8	52.8 – 75.5	19	61.0	63.8	48.5 – 73.0	21	59.5	61.9	45.2 – 72.8	20	▼

QIM 7: % of regular clients with an alcohol consumption status recorded in their GP record, 15 years age and over													
Alcohol Status Recorded	55.9	56.2	44.3 – 75.7	18	56.3	57.1	46.1 – 80.8	19	59.7	59.4	48.7 – 82.5	17	▲
QIM 8: % of regular clients with a record of the necessary risk factors in their GP record for CVD risk assessment, 45-74 years age													
CVD Risk Factors Recorded	39.4	48.5	36 – 67.5	27	39.3	49.8	34.2 – 71.3	29	42.2	52.6	36.1 – 74.1	29	▼
QIM 9: % of regular female clients with an up-to-date cervical screening test record in their GP record within the previous 5 years, 25-74 years age													
Screening Test Recorded	36.0	37.4	21.8 – 46	23	36.0	38.2	21.9 – 51.3	25	35.9	37.5	22.4 – 51.8	24	▼
QIM 10: % of regular clients with diabetes with blood pressure recorded in their GP record within the previous 6 months, all ages													
BP Recorded	54.8	58.7	51.4 – 66.4	28	50.0	54.7	44.5 – 63.4	26	51.9	56.9	46.5 – 71.0	27	▲

Source: AIHW PIP measures national report 2020-21, 2021-22, 2022-23

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