General Practice Liaison: the integrative workforce at the hospital and community interface

June 2018
Roles and Coordination of General Practice Liaison Workforce

• To explore future opportunities for support of GPL workforce.

• To identify key operational and strategic areas for improvement within the general practice/hospital interface, with a focus on patient safety and service integration.
Advisory Committee

- **Dr Josie Samers**: GP Consultant (GP Liaison Unit), Alfred Health
- **Dr Penny Gaskell**: GP Liaison Medical Officer, Eastern Health
- **Ms Jannine Rigby**: GP Liaison Manager, Ballarat Health Services
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- **Aleisha McLeod**: Manager, Victorian Clinical Council, Safer Care Victoria
- **Jane Measday**: General Manager Ballarat Community Health
- **Garth Ebelthite**: Mental Health Clinical Network, Safer Care Victoria
- **Dr Luis Prado**: Executive Director Academic and Medical / Chief Medical Officer Epworth HealthCare
- **Karlie Tucker**: GPL Project Officer
### Key Questions

1. **What are the unique functions of GPL workforce and what value do they provide to patients?**

2. **What gaps exist in the current model?**

3. **How has the role of the GPL workforce changed, what is it now and how will this change in the future?**

4. **What models would assist GPL achieve their potential and how?**
• Structures within the health system do not partner naturally
• General Practice is the provision of patient centred, continuing comprehensive, coordinated primary care to individuals, families and communities.
• Hospitals deal with the sickest people in our community. Most hospital episodes begin with and end with care in the community
• Increasing demands on services in both settings
General Practice Liaison: an integrative workforce

- Knowledge of general practice and hospital systems
- Partnership builder where there is lack of natural “partner compatibility”
- Social networker that engages all professions
- Problem solvers
- Trust builder
- Change manager

"You play ball with me and I'll play ball with you!"
Where does Vic GPL conduct this activity?

- Emergency Care
- Primary Care
- Specialist Services
- Elective Surgery
- Sub – acute care
- Mental health
- Maternity services
Integration

- Policy context
- Hospital priorities
- State funded projects
Survey of GPLOs

- Electronic survey (31/42)
- Median time in role was 8 years
- 17/31 GPs - 8/31 nurses
- Varied hours –median per unit was 24
Key Roles

• Is to ensure “right care, right place, right time” and to “improve patient care”

• Treatment in primary care to avoid hospitalisation and reduce waiting lists
• Improved patient experience
• Seamless transition and improved communication.
Types of Projects and Activities

- Information flow
- Building GP capacity and skills
- Processes of care
- Communication
Opportunities for state-wide work

- Improved referral systems (14)
- Improved discharge summaries (10)
- Electronic medical record or My Health Record (5)
- Secure message delivery (5)
- Clinical guidelines for GPs (4)
- Shared care credentialing (4)
- Advocating to DHHS (3)
- Promotion of primary care within the health service (3).
Benefits of state-wide coordination

- development of KPIs Measures and accountability for GPLOs and health services
- Increased profile of the workforce
- Align GPL work with state-wide outcomes
- Spreading of successful initiatives across health services
- Coordinated research
- Information dissemination
- Maintain network and provide linkages/support for isolated workforce
- Point of interface with General Practice/PHNs/DHHS
Concluding thoughts

• Next steps
• Measuring the Value of GPL
• Profile and Place
• The GP/ acute interface needs to be an enabler rather than a barrier to quality care
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