

HUNTER NEW ENGLAND AND CENTRAL COAST PHN LOGIC MODEL APPROACH

SITUATION

- Ageing population
- Increasing rates of chronic disease and comorbidity
- High rates of mental health issues
- Raising costs of healthcare
- Health inequities
- Fragmented health system
- Inefficient use of health services
- Ageing workforce
- Increasing demand on workforce

PRIORITIES

- Mission
- Vision
- Values
- Mandates
- Resources
- Collaborators
- Intended Outcomes

Who we reach

- Consumers and Carers
- General Practitioners
- Primary Health Care Clinicians
- Aboriginal Medical Services/ Aboriginal Controlled Community Health Organisations
- Local Health Districts
- Ambulance
- Aged Care Providers
- Academic Institutions
- Government Organisations
- Non-Government organisations

INPUTS



OUTPUTS



OUTCOMES



What we invest	What we do	What we create/achieve	Program Outcomes (0-5 years)	System Outcomes (5-20 years)	Overarching Population Outcomes (20+years)
<p>Workforce (People, knowledge and time)</p> <p>Financial resources (PHN Program & other funding)</p> <p>Infrastructure, information technology and management systems</p> <p>Data</p> <p>Partners</p> <p>Policy</p>	<p>Collate and analyse data</p> <p>Undertake planning and prioritisation</p> <p>Engage and consult with key stakeholders</p> <p>Develop and design programs, services, models of care</p> <p>Commission/ cocommission/ programs and services</p> <p>Contract and performance management</p> <p>Promote and support research</p> <p>Facilitate collaborations and strategic partnerships</p> <p>Develop Health Pathways, e-referrals, digital health initiatives</p> <p>Inform and educate health consumers</p> <p>Provide practice and system support</p> <p>Deliver education, training and Professional development</p>	<p>Resources and reports</p> <p>Planning documents and needs assessments to inform decisions</p> <p>Key stakeholders involved and engaged (people bank, CAC, Clinical Councils)</p> <p>Strategies and services designed and implemented to meet need</p> <p>Range of local programs and services successfully commissioned/ co-commissioned, delivered and monitored</p> <p>Research conducted and pilot programs completed</p> <p>Partnerships, alliances, and regional networks of health providers established</p> <p>Health Pathways and Digital health initiatives implemented and extended</p> <p>Correspondence issued;</p> <p>Informed consumers</p> <p>Provider and workforce support delivered, adoption of best practice, accreditation and digital health</p>	<p>HNECC PHN residents are better equipped to navigate the health system and participate in decision making</p> <p>HNECC PHN residents benefit from the delivery of high quality health services which are: accessible, equitable, responsive, sustainable and integrated</p> <p>Improved learning, awareness, knowledge, attitudes and skills of individuals and communities accessing services</p> <p>Short term health outcomes are achieved for individuals and communities accessing services (effective and safe services)</p> <p>HNECC PHN residents benefit from the efficient and effective utilisation of resources in the primary health system</p> <p>Improved experience and satisfaction of the provider</p>	<p>Population Health Outcomes The primary health system effectively protects health, prevents disease and promotes wellness</p> <p>Value for investment The primary health system obtains the maximum benefit of the resources invested Coordination of care and system integration are improved Efficiency of medical services are improved</p> <p>Experience of Care The primary health system provides better patient experience and achieves better care outcomes</p> <p>Provider Experience The worklife of clinicians and staff in the primary health system is improved</p>	<p>Improved Health and Wellbeing HNECC PHN population live longer healthier lives</p>

Increasing influence of external factors on outcome

Social conditions; Economic conditions;
Physical environment; Genetic endowment

