



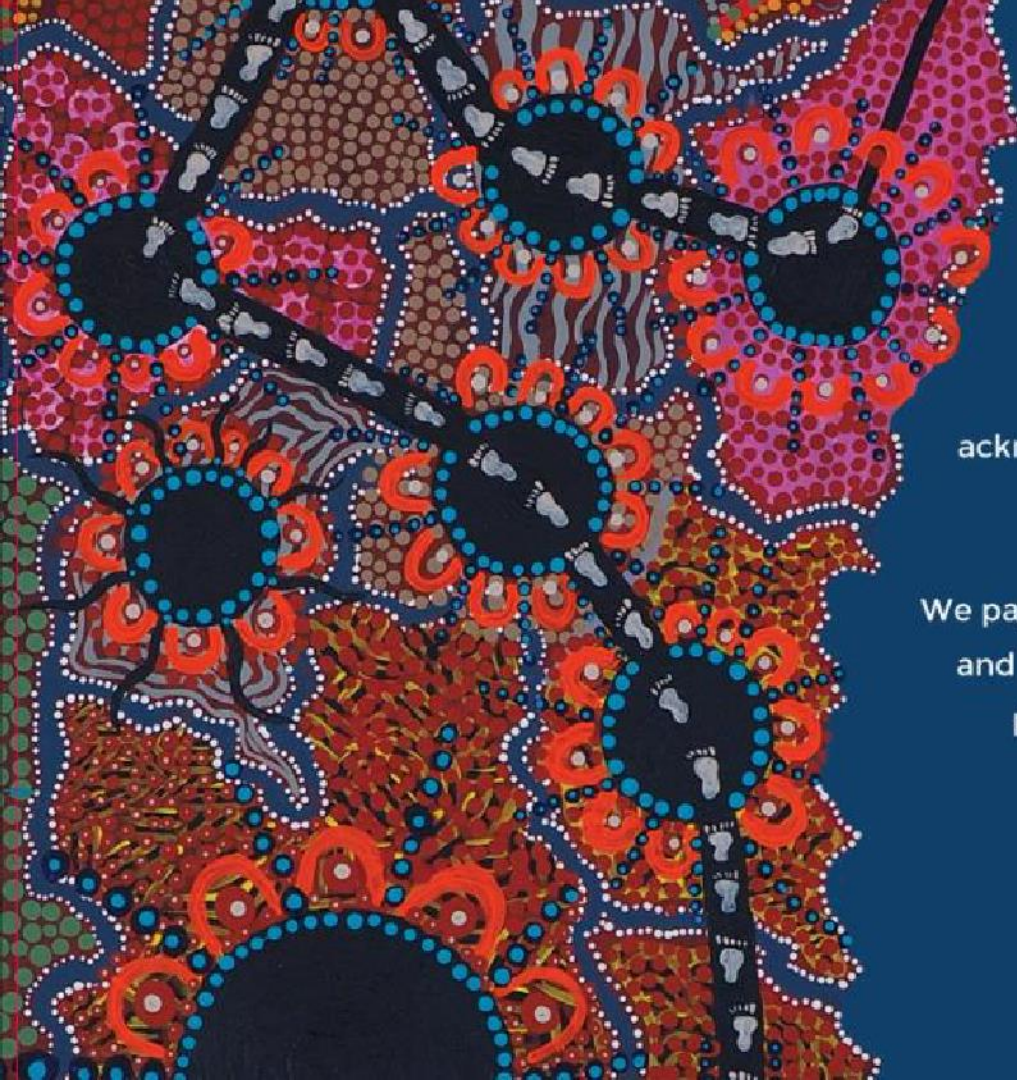
LinkMyCare – Chronic Obstructive Pulmonary Disease Pulmonary Rehabilitation Grants Industry Briefing and Q&A

James Linden

Director, Strategic Partnerships and Innovation

COORDINARE - South Eastern NSW Primary Health Network

Thursday 28 November 2024



COORDINARE - South Eastern NSW PHN
acknowledges the Traditional Owners and Custodians
of the lands across which we live and work.

We pay our respects to Elders past, present and emerging,
and acknowledge Aboriginal and Torres Strait Islander
peoples' continuing connection - both physical
and spiritual - to land, sea and sky.



phn
SOUTH EASTERN NSW
An Australian Government Initiative

Who are we and who do we work with?



- We are one of the 31 Primary Health Network (PHNs) established throughout Australia.
- We work directly with GPs, other primary care providers, secondary care providers, and hospitals to bring improved outcomes for patients.
- We aim to address local health needs, as well as national health priorities, particularly in Aboriginal health, alcohol and other drugs, mental health and suicide prevention, chronic diseases, after-hours services, healthy ageing and end of life care.
- Commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities.

COORDINARE – South Eastern NSW Primary Health Network (SENSW PHN)



Population

648,806 total population 21.5% aged over 65 years

> 33,180 (5.2%) people identify as Aboriginal and Torres Strait Islander

Our region is home to 3.4% of Australia's Aboriginal population, and 9.8% of the total Aboriginal population in NSW

62,349 (9.7%) culturally and linguistically diverse people

Top 3 non-English speaking countries of birth
 1. India
 2. North Macedonia
 3. Italy

10.4% non-English speaking at home

Top 3 non-English languages spoken at home
 1. Macedonian
 2. Italian
 3. Arabic

12.3% projected population growth between 2020-2030

Local government areas (LGAs and territories)	Population
1 Wollongong	216,431
2 Shellharbour	78,332
3 Kiama	22,964
4 Shoalhaven	109,611
5 Jervis Bay	311
6 Eurobodalla	40,755
7 Bega Valley	35,988
8 Snowy Monaro	21,823
9 Queanbeyan-Palerang	64,233
10 Goulburn Mulwaree	32,428
11 Yass Valley	17,379
12 Upper Lachlan Shire	8,551

Health and related services

769 GPs
 406 practice nurses

2 Local Health Districts (LHDs)

199 general practices

80 residential aged care facilities

22 public hospitals
 16 emergency departments
 30 community health centres



Local COPD Needs



Clear and holistic care pathway for COPD patients.



Concise care pathway.



Patient comfortable with managing exacerbations in the community.



Improved health outcomes for COPD patients.



Higher number of COPD patients with Action Plans and Management Plans.



Greater care options within the community.



Reduction in hospital presentations and admissions.



Timely referral to MDT and delivery of required service.

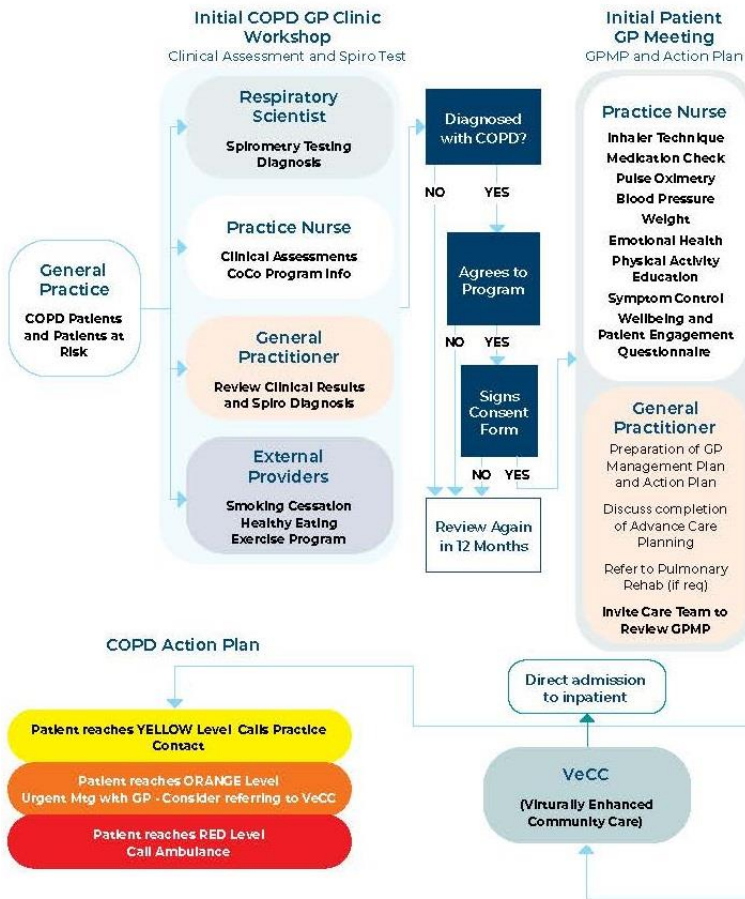


Timely GP meetings upon discharge from hospital.

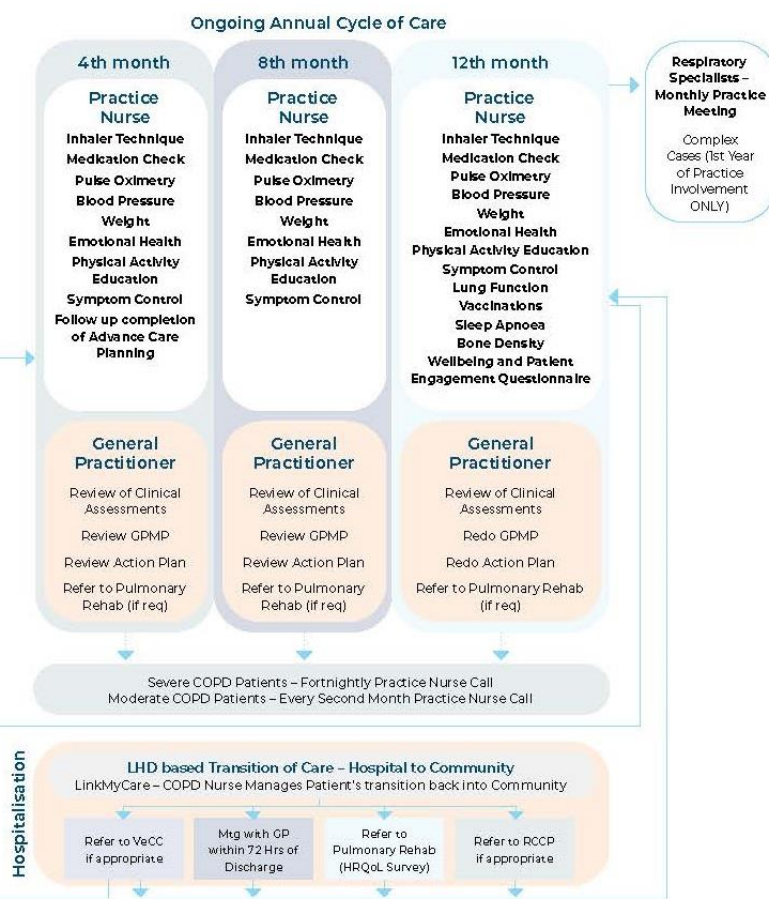
Care pathway flowchart



Early Diagnosis



Care in the Community



Purpose



Support health and wellbeing of people who are diagnosed with COPD:

- increase COPD diagnosis in General Practice
- improve transition of care from hospital back into the community
- provide MDT services closer to COPD patients
- enhance the patient care experience
- potential for future scaling and funding



Strategic objectives



Accessible care – by improving access to services such as mental health, alcohol and other drugs, chronic conditions, after hours and urgent care, especially for priority groups.

Systemized care – by strengthening linkages between primary care and the broader health system. We support general practice and commission coordination and navigation services that guide individuals through their health care journey.

An activated community – by fostering health across the lifespan, addressing the social determinants of health, increasing prevention activities, and improving community resilience and social connectedness.

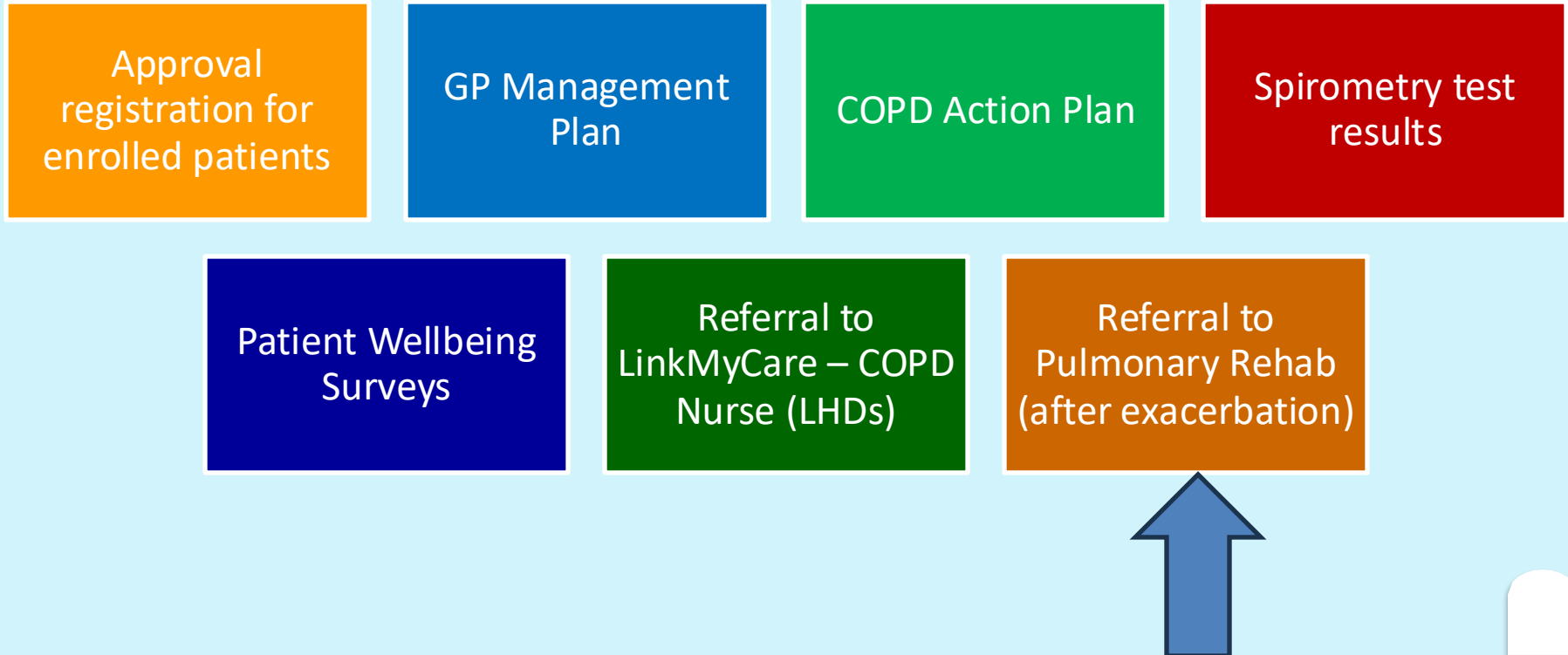
Who can apply



Organisations

- familiar with the SENSW health system.
- with an understanding of the current services available and the challenges in the region
- who are available to deliver on the outputs across a three-year period.
- experienced in delivering rehabilitation services, with an interest in pulmonary rehabilitation.
- with a strong presence in their community and who work directly with vulnerable populations and those with COPD.

INCA Requirements



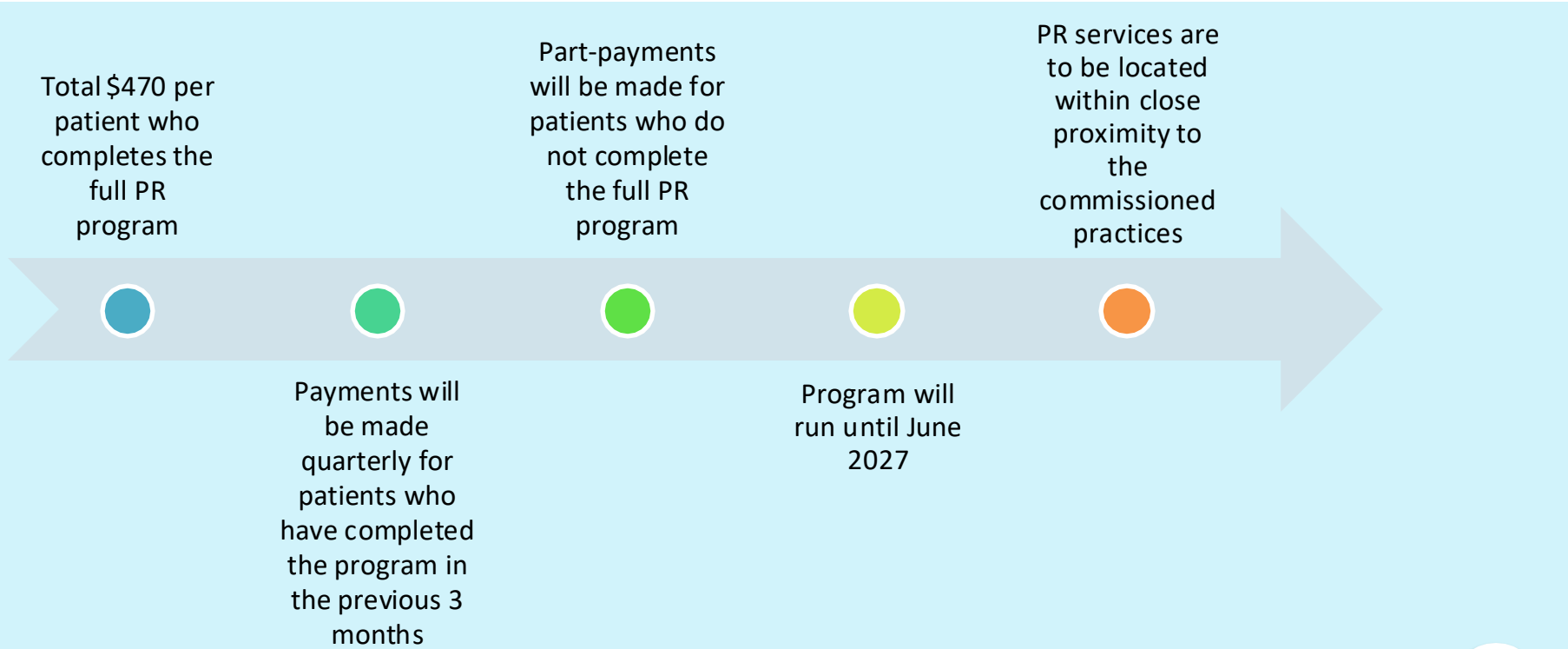
Scope of Funding



Funding of \$470 per COPD patient, referred to pulmonary rehabilitation by either a commissioned general practice or a hospital, who is enrolled and completes the full program. The program is to consist of:

- ❖ \$130 – initial consult, assessment and assistance with completion of the St George’s Respiratory Questionnaire for COPD patients.
- ❖ \$80 – preparation of Pulmonary Rehabilitation program for patient.
- ❖ \$80 – assistance for completion of the St George’s Respiratory Questionnaire for COPD patients at end of Pulmonary Rehabilitation.
- ❖ \$180 – patient’s attendance at group exercise program (1 hour session twice a week for 6 to 8 weeks).

Available Funding



Eol responses



- Complete all sections for the Grant Application Template (Attachment 1).
- Required responses are outlined in the Grant Application Template, which also include a weighting for each section of the response.
- An Assessment Panel will consider each submission.
- Word limits apply to your responses and are outlined in the Guidelines.
- Applicants should not wait until the nominated closing time to lodge their response(s), to avoid potential difficulties lodging their response with the commissioning mailbox.

Proposals must be lodged before 5pm 13 December 2024 through
COORDINARE's Commissioning Mailbox: commissioning@coodinare.org.au

Evaluation Criteria



Experience in Delivering Rehabilitation Services 35%

Organisational experience in delivery of Rehabilitation services

Interest in Pulmonary Rehabilitation



Willingness to Undertake Necessary PR Training 15%

Requirement and willingness to take on necessary training



Ability to Meet Requirements 30%

Minimum of two one-hour group PR sessions each week



Assistance with Supporting Patients with Surveys 10%

Experience in assisting patients with the completion of surveys



Aboriginal Cultural Safety 10%

Safe and appropriate service

Timelines



Milestone	Date
Expression of Interest released	15 November 2024
Information session (webinar) <i>THIS SESSION</i>	28 November 2024
Deadline for questions from potential respondents	5 December 2024
Last day for COORDINARE to respond to questions	10 December 2024
Last day for applications to be received – late applications will not be accepted	5pm 13 December 2024
Shortlisting of successful EoI submissions	17 January 2025
Clarification / negotiation with shortlisted providers	31 January 2025
Funding awarded	February 2025
Contracts commence	February 2025



QUESTIONS?