

# funding mapping

## Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project

East Coast Tasmania

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# background

This Funding mapping is one of four key background documents developed for the scoping phase of the Primary care Rural Innovative Multidisciplinary Models (PRIMM) project on the East Coast of Tasmania. The purpose of PRIMM project is to develop a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the Glamorgan Spring Bay (GSB) Local Government Area (LGA).

Primary health services are defined as those which are delivered outside an acute hospital setting with a restorative or health maintenance function. It includes general practice, nursing and services such as midwifery, pharmacy, dentistry, Aboriginal health services and allied health. The sector covers a range of public, private and non-government health services and health service providers.

## The four background documents are:

- **Literature Review** – to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the GSB LGA
- **Needs Analysis** – to provide a broad overview of the primary health needs
- **Funding Mapping** – to identify key sources and amounts of primary health funding into GSB LGA
- **Service Mapping** – to identify all primary health services delivered in the GSB LGA

These documents discuss primary health services that are delivered within GSB, remotely via telehealth, or accessed through travel outside of the GSB LGA.

These four documents constitute the scoping phase and will provide the basis for the second phase of this project, the consultations in July-December 2023. The third and fourth stages are service design and consolidation and workforce partnership.

This Funding Mapping provides an initial summary of health related funding sources into the GSB area, including all levels of government, NDIS and My Aged Care. It also includes out of pocket expenses which are difficult to quantify but an important consideration. The report then goes on to examine funding into key primary health services including medical, nursing, allied health, mental health, disability and aged care.

Where funding figures are available, they refer to the 2021-22 financial year. Population figures refer to the Tasmania population as at the 2021 Census, as 558,000<sup>1</sup> and the population of the GSB region as 5,012<sup>2</sup>.

## executive summary

In 2020–21<sup>3</sup>, **\$73.4 billion** was spent on primary health care in Australia. Of this, the Commonwealth Govt spent \$33.5 billion, non-government entities \$27.6 billion, and state and territory governments \$12.3 billion.

This funding mapping indicates that \$13.73m is spent on primary health care in GSB (excluding pharmaceuticals and pathology). Of this the Commonwealth funds \$3.92m, out of pocket expenses fund \$5.01m, the state government funds \$4.25m and Local Government \$.55m. With an additional \$1.76m spent on NDIS and My aged Care, the total funding spent in GSB is \$15.49m

This analysis of primary health funding illustrates a system that is funded through multiple streams, often for a similar service. The multiplicity of funding sources indicates the possibility for better organising funding streams, creating efficiencies and delivering services in a more integrated way.

## executive summary (continued)

The following is a summary of the **key streams of funding of primary health care** in the GSB LGA.

### Commonwealth Government

The Commonwealth Government is the key funder of primary health care in Australia, mainly through Medicare Benefits Schedule. Medicare income generated through the GSB area is \$3,300,152. Additionally, the total for incentive payments (WIP and PIP) is \$150,100. This totals \$3,450,252.

The Commonwealth Government also funds services through the Primary Health Network commissioning process. Based on a per capita ratio Primary Health Tasmania funding to GSB is \$468,805 (total grant revenue \$52,193,409). It should be noted this calculation is based on population figures only and not on either a needs basis or how services are delivered into GSB.

### State Government

The State Government funds an estimated total of \$4.25m in GSB. Given the absence of accurate figures this includes an estimated \$1m for nursing at the Spring Bay Community and Health Centre, \$1.5m for the Urgent Care Centre (UCC) in Swansea, \$1.5m for paramedics and \$.25m for Alcohol and Other Drug (AOD) services.

### Local Government

The Glamorgan Spring Bay Council Medical Levy is set at \$90 per annum and raised \$549,000<sup>4</sup> which helps fund medical practices in the LGA.

### Out of Pocket Expenses

It is difficult to quantify these expenses at an LGA level, however they are an important consideration. In accordance with Grattan estimates<sup>5</sup>, this is calculated at \$1,000 per person. GSB therefore generates approximately \$5,012,000 in out of pocket expenses.

### NDIS

There are 40 active participants on NDIS, which generates a total plan budget of \$850,000, noting an underutilisation of both the overall numbers on the NDIS and individual expenditure of NDIS plans.

### My Aged Care

This includes revenue generated for Home Care Packages and through the Commonwealth Home Support Program. May Shaw notes revenue for Home Care Subsidies as \$905,225<sup>6</sup>.

## funding for medical practices and nursing

General practice is provided in GSB through the three medical practices based in Triabunna, Swansea and Bicheno. GPs are also the gateway to many other services such as allied health, mental health, diagnostics and specialist services.

General practice and nursing are funded by a combination of **Commonwealth, State** and **Local Government** funding.

# Commonwealth Government funding

Commonwealth funding for general practice includes MBS, Practice Incentive Payments (PIP) and Workforce Incentive Payments (WIP).

The PIP is paid to GPs based on quality of care provided to patients. The WIP encourages GPs to work in rural, regional and remote areas and locations are determined using the Modified Monash Model (MM) scale of 1-7. Bicheno and Swansea are rated as MM6 and Triabunna is as MM5.

Medicare data (AIHW)<sup>7</sup> indicates the following income generated in GSB. This data is disaggregated from the SA3 South East Coast Region.

## Medicare Income Generated in GSB

Service	Medicare Benefits Paid
GP attendances	1,922,567
Specialist attendances	334,026
Allied Health Attendances	245,050
Diagnostic Imaging	789,282
Nursing and Aboriginal Health Workers	9,227
<b>Total</b>	<b>\$3,300,152</b>

This information needs to be carefully interpreted. Specialist attendances would be almost certainly delivered outside of the GSB area. Allied health attendances would be a mix of inside and outside the region. Diagnostic imaging is delivered in St Helens, LGH and RHH. Additionally, this income reflects Medicare only, out of pocket expenses are not included.

WIP payments for a financial year are approximately \$24,100 for Bicheno and Swansea (including a remoteness loading of 50%) and \$26,400 for Triabunna (including a remoteness loading of 30%). PIP incomes for a financial year are approximately \$24,400 for Bicheno and Swansea and \$26,700 for Triabunna. Total GP incentive payments are therefore \$150,100.

## State Government funding

The Tasmanian Health Service provides funding for nursing services including:

- Spring Bay Community and Health Centre Community Nursing, providing services across GSB (approximately 4.5FTE), with an estimated funding of \$1m (awaiting clarification from THS)
- Spring Bay Community and Health Centre Child Health nursing services in Triabunna and Swansea (unknown level of funding)
- Bicheno Child Health and Parenting Service (unknown level of funding).

Additionally, the Department for Education, Children and Young People funds the work of the School Health Nurses (unknown level of funding).



## Local Government funding

The Glamorgan Spring Bay Council has provided ongoing funding to support medical practices, based on a levy of \$90 per annum, per rateable property. In 2021-22 the funds raised through this levy totalled \$549,000.

## pathology, pharmacy, radiology funding

Further investigation is required to determine the level of funding for pathology companies generated by GSBC residents. It is estimated that there could be up to 100 referrals for pathology a day generated by the three medical practices. These referrals are made to Hobart Pathology.

Engagement with Hobart Pathology will be undertaken to ascertain the revenue generated by GSB residents and the potential for them to support GSB medical practices.

Diagnostic imaging is undertaken in St Helens or through the Launceston General Hospital or Royal Hobart Hospital. There is no diagnostic imaging or radiology undertaken in GSB.

The issue of provision and funding of services by pharmacies has not yet been ascertained and will be further investigated.

# funding for other services

## after hours funding

After hours services are funded by the Commonwealth and State Governments through a mix of THS and PHT funding. After hours services can be provided by emergency departments in St Helens and otherwise emergencies are directed to the Launceston General Hospital or Royal Hobart Hospital. There is an Urgent Care Centre in Swansea.

The UCC in Swansea is well used and supported by the community. Numbers fluctuate from 60 presentations per month to 100 during the tourist season. The 2-3 bed UCC is funded by THS which includes a RN during the day, EN at night, local GP support and consumables. Estimated funding is \$1.5m.

Primary Health Tasmania and Tasmanian Department of Health collaboratively fund GP Assist. This is an after hours service that is available statewide including in GSB. GP Assist is available to consumers through accessing HealthDirect phone line, health professionals have a direct support line to the service as part of secondary after-hours health support.

### Paramedics

Funding for Ambulance Services in 2021-22 for 57 locations across Tasmania was \$110,074,000<sup>8</sup>. Ambulance service paramedics are based in Swansea, Bicheno and Triabunna. They are single branch stations which are staffed by a paramedic on a day shift, available on-call out-of-hours and supported by volunteers. Coles Bay operates as a volunteer only station. Estimated funding is \$1.5m.

# allied health funding

Allied health services are funded through a mix of Commonwealth (MBS and PHT), State (THS), private and out of pocket expenses.

## Swansea

Allied health services are delivered by individual practitioners hiring rooms at the THS, GP clinic or May Shaw. May Shaw provides aged care allied health services and has a contract in place for physiotherapy and dietetics, and accesses speech therapy through Hobart and Launceston.

## Bicheno

The volunteer led Bicheno Community Health Group coordinates allied health practitioners through the provision of consulting rooms and bookings management at the medical centre. Allied therapists control their own billing and conduct a mix of public and private clients. Funding is therefore a mix of MBS and out of pocket expenses. Allied therapists include physiotherapy, footcare and speech therapy. Visiting services also include optometry and ear cleaning.

## Triabunna

The THS funds the Spring Bay Community and Health Centre in Triabunna which has a mix of community nursing and visiting allied health services working across GSB. Rooms are booked for visiting clinicians. Some allied therapists use rooms at the GP clinic. The Village (Eastcoast Regional Development Organisation) undertake a key role in coordinating and partnering with organisations and individual clinicians to provide allied health and community support services.

## chronic health funding

Chronic health services are funded by a mix of Commonwealth (MBS and PHT) and State (THS) funding. Chronic health services are often provided or coordinated by GPs, which is augmented by identified chronic health programs. Services are often provided on a telehealth basis.

Many chronic health services are funded through the Commonwealth and State as generalist statewide services. These services are not required to report service provision by location, therefore levels of service delivery into GSB are unable to be quantified.

PHT fund local programs for exercise physiology, diabetes and cardiac disease.

## NDIS funding

The Commonwealth funded NDIS provides support to people aged under 65 years with permanent and significant disability. NDIS services are delivered into GSB through a number of providers, none of which are based in GSB. Some of these services such as Mission Australia are statewide and others such as the Fidler and Ford (based in St Helens), subcontract to local providers. NDIS Plan Management occurs through organisations such as HRPlus.

In December 2021 there were 40 active participants with an approved plan<sup>9</sup> in the GSB area. As a percentage of population 0.7% of GSB residents (40 of 5012) are on a NDIS plan, compared to 1.9% of Australia (502,413<sup>10</sup> of 25,978,935 in 2022). This indicates a potential underutilisation of the NDIS and could reflect service availability issues.

According to the NDIS, the total plan budget for GSB was \$850,000 with a 48% plan utilisation rate, indicating that \$442,000 remained unspent in the catchment.

## aged care funding

The Commonwealth Government funds My Aged Care Home Care Packages and the Commonwealth Home Support Program. May Shaw is a health and aged care service provider based in Swansea and is the primary aged care provider in GSB.

May Shaw provides a range of aged care and home based supports and is managing 68 Home Care Packages. According to Aged Care data the number of Tasmanians in a HCP is 5,048<sup>11</sup> or 0.93% of the population, this would equate to 47 HCP's for GSB, therefore GSB numbers are higher than the state average.

The number of Australians on the CHSP is 783,044<sup>12</sup>. In GSB, CHSP is delivered by a number of statewide agencies who broker services through May Shaw. May Shaw provides services to approximately 45 clients per month. May Shaw also runs a day centre for around 40 clients, twice a month.

The May Shaw 2021-22 Annual Report noted revenue for Home Care Subsidies - \$905,225<sup>13</sup>.



## mental health funding

Mental health services are funded by a mix of Commonwealth (MBS and PHT) and State (THS) funding. These services are provided by medical specialists, GPs, allied health professionals and community based supports.

Inpatient mental health services are provided through LGH and RHH, with outpatient community health provided on a visiting basis to St Helens. Counselling services are provided through a number of providers, there is limited bulk-billing, with most services either funded or providing services on a mixed billing arrangement.

Commonwealth funding is provided through PHT which funds a range of services within GSB, as well as statewide services which include GSB as part of their remit. The THS also funds mental health services including a social work service based at the Spring Bay Community and Health Centre, and mental health outpatient support.

Given the difficulty in ascertaining levels of funding, mental health funding has not been separately calculated, but is included in PHT and THS funding estimates.

## AOD funding

The Commonwealth and State Governments both fund AOD services. PHT funds statewide services Anglicare, Holyoake and the Salvation Army to provide services in the region. Anglicare offers counselling from the Break O' Day region and into GSB on request, with telehealth the preferred service option. An AA group meets in St Helens.

The Tasmanian Alcohol and Drug Service provides a range of programs, interventions, and treatment services. In 2021-22 this totalled \$14.5m. In addition, \$13m was spent on community services to provide support services, sobering up and rehabilitation services. These are predominantly statewide services with no specific services located in GSB. There is no data on the usage level of services by GSB residents. Therefore, as an estimate, AOD services fund a total of \$27.5m, on a per capita basis this equates to \$247,000 in the Glamorgan Spring Bay LGA.

Although it is impossible to ascertain funding levels for AOD services for GSBC, an estimate of \$250,000 for State Government funding (on a per capita basis) will be assumed (awaiting clarification from THS). AOD funding is included in the overall PHT estimate.

## preventative health funding

There is no preventative health or health promotion plan for GSB, and no dedicated preventative health funding. Most preventative health programs are community and volunteer led. GSC does not have a public recreation centre, pool or any other sports facilities. Recreation facilities funded and managed by the Council include club rooms, three tennis facilities, dog exercise areas and four cricket practice nets. THS has more recently funded Reclink to promote physical activity however the level of funding is unknown.

The following were cited as health and wellbeing activities in GSB:

- **Swansea** - golf club, bowls club, May Shaw Day Centre (CHSP funded)
- **Bicheno** - pool (leased as needed), Cancer Group (ocean swimming), Bicheno Community Health Group
- **Triabunna** - Triabunna Football Club, East Coast Networking Group – The Village

## dental funding

The Spring Bay Community and Health Centre provides a mobile dental van which services Triabunna. The Royal Flying Doctor Service provides a Regional Oral Health Support program. A private dentist based in Swansea has recently closed. Adult public dental health services are provided through Launceston or Hobart and are subject to co-payments.

For the purposes of funding mapping, dental health is not separately listed but will be further investigated.

## palliative care funding

Palliative care services are funded by the state government and provided in the main population centres. In GSB some palliative care services are delivered from May Shaw in Swansea. Palliative care beds are available in in Swansea (May Shaw) and out of the area in St Mary's and St Helens.

A palliative care physician is available on a telehealth basis and community nursing is able to provide some home visiting during business hours. Equipment is funded through the Community Nursing service.

For the purposes of funding mapping, palliative care is not separately listed.

## LGA boundaries and travel patterns

The challenge of delivering primary health services across a rural region is considerable. Residents in Triabunna, Swansea and Bicheno have access to a medical clinic and some services however other towns have no local access to any health services.

While residents may access some primary health services within the GSB area, many are likely to travel outside the LGA to access services. When considering the delivery of services outside the region, the GSB area is effectively split into two sections. Residents from Swansea and the southern section of GSB generally access services in Sorell and Hobart. The travel time between Swansea and Hobart is 1 hour 45 minutes (134km). Residents in Bicheno, Coles Bay and the northern section of GSB would access services in St Helens and Launceston. The travel time between Bicheno and Launceston is 2 hours (160km).

For residents without access to transport, there are some community transport services however no specific funding is provided for transport. A community car in Bicheno is funded and managed by the Bicheno Community Health Group.

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# working together for health and social equity