# Communities of Excellence—Project Logic Model

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## Abbreviations and acronyms in this document

| Abbreviation / Acronym | Stands for… |
|---|---|
| ACRRM | Australian College of Rural and Remote Medicine |
| AHPA | Allied Health Professions Australia |
| CoE | Community of Excellence |
| HCP | Healthcare professional |
| MHR | My Health Record |
| PHN | Primary Health Network |
| SM | Secure messaging |

Inputs → Activities → Output → Short term (in scope) → Medium term → Long term (not in scope)

## Healthcare Professionals/Providers (HCPs)

### Inputs

**Funding and resources**
- PHN funding and in-kind support

**Workforce**
- PHN staff
- Steering Committee

**Partnerships**
- Relationships with local HCP orgs / professional groups / service providers / advocacy groups (ACRRM, AHPA)
- Local policy-level support
- Meetings / working groups with all relevant stakeholders

**Infrastructure / Technology**
- Local service systems

**Policies and Procedures**
- National Digital Health Strategy
- Framework to guide the secondary use of My Health Record system data
- Communications policy

### Activities

Landscape analysis of current digital health and service needs of HCPs in the community
- Identify digital health needs of local community
- Identify barriers to connectivity for HCP
- Identify clinical use studies
- Develop community engagement plan

Develop tailored education and comms content (print, video, good news stories, etc.)
- Deliver tailored MHR, SM, and telehealth training and education webinar sessions to HCPs
- Deliver individual tailored technical support to HCPs
- Deliver tailored MHR and digital technology communications to HCPs and consumers e.g., web content, factsheets
- Development of educational modules for allied health and rural/remote GPs (AHPA), factsheets, website (ACRRM)

### Output

- HCP aware/engaged with CoE
- HCP attend education and networking events
- HCP willing to adopt digital technologies
- HCP aware of local support for digital technologies
- HCP aware of benefits of digital technologies
- HCP have knowledge and technical skills to use digital technology

### Short term (in scope)

**MHR**
- Increase in HCPs registered for MHR
- HCPs upload documents to MHR as part of routine clinical practice
- HCP view MHR documents uploaded by a different service HCP
- HCPs view medicine-related information
- Individuals' MHR viewed by multiple HCPs
- HCPs develop organisational policies to deliver MHR / telehealth

**Telehealth**
- Increase in HCPs using telehealth

**SM**
- Public hospitals using SM to send outbound information (discharge summaries) to primary care HCPs
- Increase in HCPs connected to SM
- HCPs send and receive SM

### Medium term

- More comprehensive patient information accessible in MHR
- Improved medicines reconciliation by having access to patients' medicines and allergies information
- Reduced time gathering information
- Reduced time communicating with health professionals
- Seamless and timely clinical information exchange
- Better connected system to communicate with local HCPs
- Reduction in (prohibitive / unnecessary) travel due to geographical / distance inhibitors
- Increase in seamless, timely clinical information exchange

### Long term (not in scope)

- Avoided duplication of services
- Reduced inappropriate pathology and diagnostic imaging testing
- Avoided adverse drug / medicine events
- Reduced avoidable and unnecessary hospitalisations
- Improved continuity of care between hospital, primary, community, acute, and aged care sectors
- Increased integration across the service stream
- Increased quality use of medicines through helping to identify medicine interactions
- Improved capability of HCPs to offer various models of care
- Improved clinical outcomes and patient experience
- Improved patient outcomes
- Improved health system efficiencies (cost savings)

## Consumers

### Activities

- Create patient journey maps
- Landscape analysis for consumers
  - Identify barriers to navigating through the healthcare system
- Deliver MHR communications
  - Traditional, social media, media, etc.
- Deliver MHR training and education to consumers
- Implement Digital Health Literacy Campaign to residents

### Output

- Consumers attend MHR training and education sessions
- Improved consumer awareness and trust of MHR
- Consumers aware of digital health supports and services, and information available locally and online
- Consumers confident in ability and capacity to use MHR

### Short term (in scope)

- Increased consumer usage of MHR (views, entering information)
- Consumers report increased confidence in using MHR
- Uplift in MHR use by HCPs due to pressure from consumers

### Medium term

- Consumers have increased confidence to manage their own health
- Comprehensive patient health information available on MHR
- Improved consumer health literacy
- Access to services from home and remote settings
- Reduction in (prohibitive / unnecessary) travel due to geographical / distance inhibitors

### Long term (not in scope)

- Increased adherence to treatment regiment
- Enhanced patient self-management
- Improved patient experience
- Improved continuity of care between primary, community, acute, and aged care sectors


Disclaimer

*Please note that this document is provided as an example only. The organisations identified are only provided to help illustrate how the document can be filled out and may not be relevant to your CoE.*