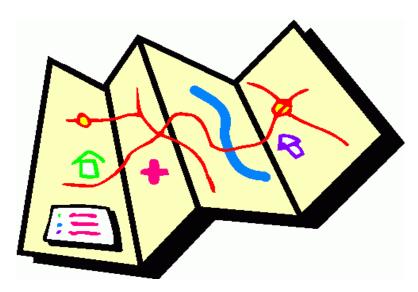
# Program Logics: Creating a roadmap in complex policy and program landscapes



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# What are PHNs?

"On 1 July 2015, 31 PHNs were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. PHNs will achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.<sup>1</sup>"

<sup>1</sup>http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Background

# The PHN evaluation brief

- Consortium team
- Between 2015 2017
- Evaluating the extent to which the objectives of the PHN Program are being achieved
- Contributing to the ongoing improvement of the program.
- Not assessing individual PHNs
- Different from performance measurement of PHNs (via the PHN Performance Framework)
- The evaluation is funded by the Australian Government Department of Health.



# PHN evaluation questions

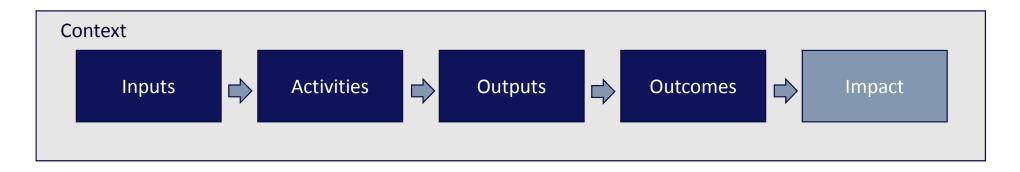
- To what extent are PHNs 'fit for purpose'?
- Has the PHN program increased the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes?
- Has the PHN program improved the coordination of care to ensure patients receive the right care, in the right place, at the right tim
- How are the information, advice and support needs of PHNs identified in relation to the national support function and how effective has the Department been in providing this support?
- Are local and organisational performance indicators for the PHN program appropriate?

# What is a Logic Model?

A logic model depicts program outcomes, the steps to achieving these and the assumptions underlying this.

- Inputs: resources that go into the program
- Activities: the events or actions that are intended to lead to the outcomes
- Outputs: direct tangible outputs of program activities
- Outcomes: the impact of the program (may be short-term, intermediate, and long-term)
- Arrows: Depict the logical and causal links between inputs, activities, outputs and outcomes

# What is a Logic Model?



- Tells the story what it might be, what it has been....
- Many different versions and uses
- Different degrees of attribution
- Different levels of detail

# Why did we build a detailed program logic?

- Provide a framework for early assessment and advice about the development of the PHN program
- A clear description of the program for further planning and evaluation
- Specify outputs (short and long term) and guide development of evaluation measures
- Show expected links between activities and outcomes, based on evidence from primary health care research and the experience of other Primary Health Care Organisations
- A common reference point for stakeholders, constituents and funders



# Where did we start?

## PHN objectives:

- Increase the efficiency and effectiveness of medical services for Australians, particularly those at risk of poor health outcomes
- Improve the coordination of health services, to ensure that patients receive 'the right care in the right place at the right time

## Context

Establishment of PHNs by 1 July 2015. Key changes:

- Enhancing the role of GPs and allied health in CDM & prevention
- Reducing demand for acute hospital services
- Realigning the relationship for service delivery between PHC (Aust. Govt.) & LHNs (States/Territories)
- Developing financing & funding to incentivise appropriate care
- Ensuring support & development of NGOs and private sector in providing PHC services.

# April 2015 Government:

- MBS Review Taskforce PHAG - investigate options to provide better care for people with complex & chronic illness; innovative care & funding models: better recognition & treatment of mental health conditions; & greater connection between primary health care & hospital care.
- Work with clinical leaders, medical organisations & patient representatives to develop clearer Medicare compliance rules & benchmarks.

# Inputs

# Policy and plans National & State

- Policy National & State
- PHC Strategy National Plans
- State Plans
- Regional Plans
- PHN/LHN plans

## Performance

- PHN performance framework
- Local indicators

# Resources

- PHN operational funding
- Other Funding

# Workforce

- PHN workforce
- Broader PHC Workforce

# Context/community/ consumer

- PHN entity and origins
- Local population and health needs
- Local service system/profile
- PHAG

## National support function

- Transition supports
- Information systems
- Data and reports
- Role of the Department

# Activities

## Governance

- Clinical Corporate

# Operations

- · Establishment activities Financial activities
- · Operational activities

# Sector integration and stakeholder engagement

- · With GPs
- With LHNs
- · With broader service system
- With consumers

# Population health planning and commissioning

- · Health Needs Analysis
- Health Plans
- Priority populations
- Commissioning activities

## Performance

indicators

## National Support

Support activities

# Outputs

- Board structures Committees
- Clinical Advisory Group

# · Financial sys

- Budgets
- Staff appointments
- · Workforce plans

# · Integration plans

- & programmes Consumers on
- key committees Partnership agreements
- Services

# · Health Needs Analysis Health plan

- Commissioning
- contracts Commissioned services

- Activities on national
- Development of local indicators

# Mental Health

- Reporting and monitoring

# Immunisation

- Screening
- Hospital demand · Local Indicators

## Reporting templates

 Datasets Plans

# PHNs are in place

with governance established & transition is complete or well underway

Short-Term

(up to 12 months)

- Financial systems are in place & reporting
- Integration activities are underway, with some early wins in improved care or processes reported
- Key partners are actively engaged, especially GPs as first line
- Health needs planning is being updated from ML plans
- Commissioning capacity is increasing - some commissioning in place
- Valid local performance indicators are in
- National support function is defined

# Outcomes

Intermediate (12 mths-2 years)

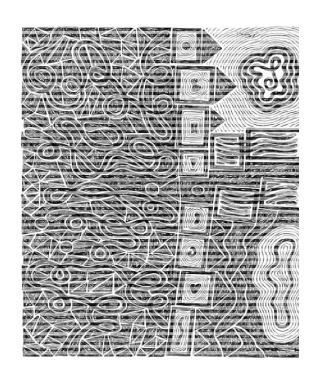
- Increased integration in local service systems. with GPs engaged and their role recognised
- Services effectively commissioned in response to locally identified health needs and national health priorities
- Improvements in:
- Immunisation rates
- Screening rates. Access to appropriate mental health care
- Avoidable hospital admissions
- PHNs are accessing national support to improve performance and build capacity

# Long-Term (+ 2 years)

- Increased efficiency & effectiveness of medical services for Australians. particularly those at risk of poor
- health outcomes Improved coordination of health services, to ensure that patients receive 'the right care in the right place at
- the right time PHNs are evolving as PHCOs 'fit for purpose' for the Australian environment

# How did we build on this?

- Considered local and national context for the program
- Checked evidence from previous PHC research
- Looked at the experience of other Primary Health Care Organisation models
- Reviewed and reconsidered the key expected activities of PHNs
- Checked there was line of sight to outputs and ultimately outcomes
- Tested with the Department and 5 PHNs
- Made revisions based on feedback from Department and PHNs



# Where did we end up?

- We developed logic models for the program at national level and at PHN level.
- The national logic model sets out what PHNs and the Department's National Support Function are expected to do, and their relationships to each other
- There are PHN logic models for:
  - Planning and service design (including commissioning)
  - Integration at patient and service level
  - Supporting General Practice (and broader PHC)
- The logic models recognise the time needed for foundational work

Innuts	<b>Activities</b>	Outputs		Outcomes			
Inputs		12 months – 2 years	+ 2 years	12 months-2 years		+ 2 years	
PHN Policy & plans National & State Regional Plans PHN/LHN plans Stakeholder expectations PHN governance frameworks/operational procedures	Governance Clinical & Corporate Community	Skills based Boards established     Clinical Councils & Community Advisory Committees operating		PHNs are effectively governed		Evidence of improvement in	
	Operations  Establishment activities Operational activities Change management	Financial systems in place     Operational plans     Service controlly		PHNs operating efficiently and effective Evidence of capacity to respond to active Evidence of capability to support increase.	ustments in scope over time		
Resources  - Commonwealth funding - Operational - Flexible/Innovation/incentive - Program - State funding - Private sector funding	Stakeholder engagement  General Practice LHN Broader service system Community & consumers	Clinicians on committees Consumers on committees Partnership agreements under negotiation	Key partners hips with:     General Practice     Other clinicians     Community & consumers     LHNs	Effective and appropriate stakeholder	relationships		
	Service level integration     Service level integration and co- ordination	Early co-ordination/integration plans     SLAs     Early solutions for rural communities	Integration/co-ordination issues being addressed     Solutions for rural communities	Evidence of integration in local services	e systems & co-ordination of		
Workforce  PHN workforce  Broader PHC Workforce  Oher workforce	Patient level integration  Patient level integration	Integrated care pathways agreed     Increased use of integration resources	Care pathways developed     Data sharing     Team care	Evidence of use of integrated care res myHealth Record, data sharing, team		<ul> <li>Increased efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes</li> </ul>	
Context/community/ consumer PHN entity & origins Pre-existing local PHC planning and integration Established local relationships & capacity Local health needs Local service system/profile	General Practice Support  GP/PC support activities, CQI Research & data support Support with eHealth	Visits Training opportunities Data audits Advice provided My-Health Record and eHealth solutions	CQI     Education sessions     Data audits & reports     Increased use of eHealth solutions	Increased use of data for CQI in partial     Increased adoption of evidence-based General Practice     Increased use of eHealth in participate	practice in participating	Populations at risk of poor outcomes identified and internal	
	Commissioning  Needs assessment and planning Address priority populators Commissioning activities	Health needs/market analysis Priority populations identified Health plan Assessed commissioning capability	Needs assessment and planning Basic commissioning capability & capacity in place with commissioning contracts and commissioned services		sioning capability conse to health needs and	outcomes identified and internal disparities addressed	
PHN performance framework National indicators	Service realignment  Negotiations with services partners	Service Level Agreements	Partnership agreements     Service realignments	Partnerships and innovative solutions     Rural communities     Priority populations	to improve service access	<ul> <li>PHNs are effective and efficient commissioners of services for their population</li> </ul>	
National support function  Data & reports Strategic advice Capacity building	Performance     Activities to national indicators     Development of local indicators     Reporting against organisational indicators	Baselines established for national performance indicators	Valid & relevant local performance indicators in place	Evidence of progress relative to:     the National Performance Fram     National performance indicators     Organisational indicators	ework / Priorities	• •	
Professional organisations     Consumer organisations     Private providers	PHN Dev elopment Identification of support needs Information and use of national support	Early capacity increase     Plans for addressing further support needs	Internal PHN capacity increased – in staff & systems – to support required PHN functions	PHNs have used rational support fun     Evidence of staff capacity & systems in	ction to build capacity n place	Trending towards improvements  National performance indicators National priority areas Organisational indicators	
National and state-based	A ¥	<b>*</b>	<b></b>				
stakeholders  NATIONAL	Funding  • Allocation of funds to PHNs	PHNs funding supports sustainability, flexibility and scaleability     Funding agreements align with policy and strategy for PHNs		PHNs are utilising funds as intended to development, commissioning and prace		•	
Policy & plans  National PHC Strategy & policy  National Plans PHN Guidelines and program	Direction • Policy and strategy	National PHC Pdicy     Related policies that guide PHN strategic directions		PHN growth is directed by national pol	cy		
Performance PHN performance framework	Stakeholder engagement  National Peak Bodies Jurisdictions	National Peak Bodies engaged     National jurisdictional forums engaged		National stakeholder support/ satisfact     Key stakeholders at national level enga	on maintained or increased aged	•	
Performance management  Resources     Funding     Information systems	Performance  Data refinement rational indicators Review proposed local indicators Refine organisation indicators	Baselines established for national performance indicators at lowest available denominator     National reporting processes	National performance reports published     Valid local performance indicators in place and reported	Evidence of progress relative to:	work	PHNs are 'fit for purpose' for the Australian environment	
Data & reports     Personnel	National Support Function		<b>+</b>				
Programs  Program management     Leadership, support     Intelligence gathering and sharing     Relationship building and communication	Define and Establish National Support     Assessment of PHN needs     Capacity building & support     Change management support     Information and communication support	Immediate support needs for PHNs identified prioritised & being addressed Internal support activities	L/T & emerging support needs for PHN identified, prioritised & being addressed Reports and monitoring tools     Capacity building resources	iffied, prioritised & being addressed improve performance onts and monitoring tools  improve performance  Baseline PHN capacity and capability in commissionin		•	
Establishment of PHNs 1 July 2015.     National Support Function     Other national policies (e.g. NDIS)     Aged Care Reform     Transition of Aged Care to Health	Mental; Health Commission Review of Me Primary Health Care Advisory Group (PH MBS Review Taskforce Reform of Federation Funding cycles	Strait Islander, CALD, low: CAG)  • Pre-existing work undertaken health needs analysis and leaders.	SES, locational disadvantage en by previous PHCO organisations for blanning Rura	ting relationships with General Practice, LHNs, and ded programs in place that may need to transifor all and remote areas with limited services ed degrees of embedding into local service syster	to new providers to new providers Individu	of chronic disease, mental health ent ual PHN history and organisational mode ind territory policy /funding	

National Context

Local Context

Demography

- PHN will achieve objectives through addressing health needs and service gaps:

   Understanding the health care needs of their PHN communities through analysis and planning.
- Knowing what services are available and helping to identify and address service gaps where needed, including in rural and remote areas, while getting value for money
- Working with other funders of services and purchasing or commissioning health and medical/clinical services for local groups most in need, including, for example, patients with complex chronic conditions or mental illness

## Outcomes Inputs Activities 12 months - 2 years + 2 years 12 months-2 years + 2 years Key partners involved in needs Policy & plans Stakeholder engagement for needs assessment and planning assessment and planning: · Regional Plans · Local service system General Practice · General Practice / GPs LHNs LHN plans Clinical Council / Clinicians GPs ACCHOs · Pre-existing local plans · Community Advisory · Allied Health/Nurse Practice • NGOs Resources Not evaluated in this evaluation Committee / Consumers Key partners provide ongoing · Allied Health/Nurse professionals Local Government · Commonwealth funding PHNs understand the health and carers input into needs assessment Engage Priority populations needs of their communities Operational State Government and planning . IHNs · Regional/State providers Universities Flexible Additional key partners ACCHOs Social services identified and engaged Innovation NGOs Improved coordination of health services, to ensure Clinician and consumers Programme Local plans based on health Universities feedback informing needs needs and priorities. that patients receive 'the right care in the right place at the right time Existing data sources · Local Government assessment, planning and addressing inequity and PHN State Government commissioning Strategic planning disparities LHN Social services Collation of available data National/State Data collection and Increased integration with · Needs assessment Increased efficiency and effectiveness of medical Workforce services beginning to realign to evidence · PHN needs planning identifying populations with address shared priorities · PHN planners integrated with other services Analysis and reporting services for patients, particularly those at risk of poor health outcomes poor access and inequity · Clinical Councils · Priority populations Integrated delivery plans between services for · Priority health needs Community Advisory Redesign and Plans addressing priority selected priorities Committees Realignment populations and health · Service profiles PHNs working with partners Stakeholders needs Identify opportunities Service gaps and using their knowledge of PHNs are effective and efficient commissioners of services for their population for existing service · Clinical Councils service availability and service Market analysis Solutions for rural and remote Agreement for service realignment and gaps to address health needs, Community Advisory communities and Priority setting redesign integration and realignment including in rural and remote Committees communities with limited or Shared planning to to address service gaps Negotiate with areas, while getting value for no providers Community members address service gaps and service stakeholders SLAs and partnership Service realignment/redesign Priority populations Improvements in National performance indicators inequity agreements under Develop solutions for for service gaps · Local service system Provider development negotiation rural and remote · General Practice communities Early solutions for rural and PHNs have baseline or better remote communities and · Other services Local Indicators commissioning capability Innovative strategies communities with limited or National priorities developed National support function no providers Partnerships established Priority services commissioned · Data & reports Procurement/Design Commissioning capability & for people most in need, Service gaps being addressed · Specific guidelines e.g. for Service specifications = Service redesign activities capacity increasing in PHNs prioritising chronic disease commissioning Contract design management and mental health PHNs commissioning and · Capacity building Commissioning capability & Contract implementation contracting services, capacity increasing in PHNs · Capability development prioritising priority the Australian environment Provider development PHNs commissioning and populations and priority · Change management heath needs contracting services · Infrastructure support Commissioning to address Patient feedback shapes • NHSD Monitoring and Evaluation service gaps future service design Supporting patient choice = Commissioning activities · Primary Health Map Patient feedback systems in System understanding of Managing contracts · Communication channels commissioning maturing place Managing performance · Information dissemination Early system understanding Market realigning in response Ongoing assessment and of commissioning to commissioning response to PHN needs · Existing relationships with General Practice, LHNs, Universities, local · Levels of chronic disease, mental health treatment government and other local stakeholders · Priority populations within and across PHNs - Aboriginal and Torres Strait Islander, CALD, low SES, locational disadvantage · Funded programs in place that may need to transition to new providers Mental Health Commission Review of Mental Establishment of PHNs 1 July 2015. · Pre-existing work undertaken by previous PHCO organisations for Rural and remote areas with limited services Health National Support Function Primary Health Care Advisory Group health needs analysis and planning · Varied degrees of embedding into local service system Other national policies (e.g. NDIS) Aged Care Reform MBS Review Taskforce · State and Territory policy and funding priorities · Individual PHN history and organisational model Transition of Aged Care to Health Reform of Federation · Data delays and data reliability National Context Local Context · Demography and geography

## Outputs Activities Inputs 12 months - 2 years + 2 years 12 months-2 years Stakeholder engagement Policy & plans · State/Territory policy re · General Practice / GPs integration Allied Health / Nurse Practice · Local provider policy and plans · Allied Health / Nurse professionals Health Needs Assessment Clinical Council Key partners provide ongoing · Key partners involved in Market assessment Community Advisory Committee integration discussions: input planning for integration Not evaluated in this Resources Other consumers/carers · General Practice / GPs Additional key partners PHN funding identified and engaged Engage Local service system Allied Health / Nursing PHNs increasing the application • LHNs Consumer feedback being · Funding from other services Community/consumers Improved coordination of health services, to ensure that patients of their knowledge of service · Aged care and social care used to guide integration State/Territory targeted funding LHNs availability and service gaps to decisions receive 'the right care in the rig place at the right time · PHN held data ACCHOs ACCHOs address health needs, through · Data held by others NGOs facilitating service and system NGOs Care pathways more broadly used across providers integration · Needs assessment and analysis · Local Government Local Government Workforce Universities Universities · PHN staff · Aged and social care · Staff in wider service system · Increased integration across the · Clinical Councils Patient level integration · Pathways developed for service system, with services priority areas, e.g. mental · Community Advisory beginning to realign to address Engage in care pathways health, chronic disease, shared priorities Increased use of myHealth Committees Support integrated patient information · Key stakeholders involved in priority populations Systems developing care pathways for · Patient data being shared Patient/Client information Facilitate data sharing between priority areas, e.g. mental between consenting services systems health, chronic disease (for consenting patients) Increased evidence of use of . PCHER Support use of myHealth Record and Increased use of eHealth Use of myHealth Record in Increased efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes processes that support Stakeholders electronic transfer of care Agreements on data practices integration of patient care sharing/shared natient Facilitate use of team care · Local service system Increased electronic transfer between services information, including approaches for chronic disease of care · Care pathways for priority Consumers electronic transfer of care Focus on integration in priority areas populations and conditions · Increased use of Telehealth Community of mental health and chronic disease · Use of myHealth Record in adopted and used across · Increased use of team care practices management providers arrangements for CDM Telehealth · Patient centred medical · Patient feedback being used Service and system level integration neighbourhood to guide integration decisions · Shared patient information National support function Facilitate partnership and integration National performance indicators Agreements for service between providers including agreements between services · Data & reports integration and realignment to electronic transfer of care Support systems for service · Capacity building address service gaps MOUs and SLAs in place, · Increased use of shared data integration SLAs being developed particularly around mental · Capability development for quality improvement and Facilitate shared planning to address health, chronic disease hetween services · Change management monitoring service gaps MOUs and SLAs in place, Partnership agreements under · Infrastructure support · Increased use of myHealth Facilitate solutions for rural and particularly for priority negotiation. NHSD Record remote communities populations Early solutions for rural and Primary Health Map · Service access Integrated service delivery remote communities and · Communication channels plans between services for · Models of practice communities with limited or no selected priorities · Information dissemination providers · SLAs re scope and range of Ongoing assessment of and response to PHN needs Commission to support integration and address priority populations Integration activities · Existing relationships with General Practice, LHNs, Universities, local government and other · Levels of chronic disease, mental health treatment Establishment of PHNs 1 July Mental; Health Commission Review of local stakeholders Priority populations within and across PHNs – Aboriginal and Torres 2015. Mental Health National Support Function

- Other national policies (e.g. NDIS)
- Aged Care Reform
- Transition of Aged Care to Health
- Primary Health Care Advisory Group (PHCAG)
- MBS Review Taskforce
- Reform of Federation

National Context

- Strait Islander, CALD, low SES, locational disadvantage
- · Pre-existing work undertaken by previous PHCO organisations for health needs analysis and planning
- · State and Territory policy and funding priorities
- · Data delays and reliability

- · Funded programs in place that may need to transition to new providers
- · Rural and remote areas with limited services
- · Varied degrees of embedding into local service system
- · Individual PHN history and organisational model
- · Demography and geography

Local Context

PHNs will achieve objectives by supporting General Practice:

- Providing practice support services so that general practice is better placed to provide care to patients subsidised through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and help patients to avoid having to go to emergency departments or being admitted to hospital for conditions that can be effectively managed outside of hospitals
- Supporting general practices in attaining the highest standards in safety and quality through showcasing and disseminating research and evidence of best practice. This includes collecting and reporting data to support continuous improvement. Assisting general practices in understanding and making meaningful use of eHealth systems, in order to streamline the flow of relevant patient information across the local health provider community.

## Outcomes Outputs Activities Inouts 12 months - 2 years 12 months-2 years Stakeholder engagement Policy & plans Clinical and community GPs / Practice Nurses governance supporting Regional Plans GP engagement work with General Practice Managers PHN/LHN plans strategies in place Practice Clinical Councils PHN quidelines Community Advisory Resources Committees Priority patient groups GPs engaged in PHN Not evaluated in this evaluation Commonwealth funding Evidence of increased Priority patient groups engaged in governance governance and Operational adoption of evidence based and planning planning CQI Agencies - Flexible practice Innovation/incentive Increased use of models of Programme Practice Support PHN PHN General Practice practice that include General Practice W orkforce Practice visits/information patients in their own care Assistance with evidence-Proportion of General Proportion of General Overall increased PHN practice support Overall increased based practice and patient Practices being offered Practices accepting proportion of General proportion of General PHN eHealth practice support in centred models of care practice support in Practices offered Practices making COI moresses established Contest/community areas of identified areas of identified practice support in Engagement with needs changes as a result of in increased number of consumer capacity development capacity development areas of identified practice support in General Practices assessment and priority capacity development Clinical Councils areas of identified health needs Attendance at capacity development Community Advisory C More General Practices PHNs facilitating development Committees development PHNs facilitating providing care likely to COL apportunities Increased proportion apportunities improve: Established local development Work with CQI Agencies of General Practices opportunities tailored National performance relationships & capacity engaging in CQI ID high priority practices to needs of high need indicators Needs Assessment and Proportion of General PHNs offering data **Practices** plans Dissemination of research National priorities Increased use of Practices taking part audits and training in Local service Support with use of data data for quality in data audits and Local Indicators data use for CQI to PHNs offering data for practice improvement improvement in system/profile training in data use General Practice audits and training in more General COL Support with clinical audits data use for COL to Practices. Support with accreditation - Data additional General More General Practices PHNs supporting Increased proportion Practices routinely using data for Standards Increased practice eHealth participation in CQI for of General Practices. planning and quality Accreditation provided driven data audits General Practice engaging in CQL Support with one or more improvement & reports Performance Increased proportion of PHN performance General Practices myHealth Record Incressed Increased proportion Increased proportion framework overall receiving proportion of HealtheNet of General Practices of General Practices More clinicians, exchanging eHealth support General Practices National indicators Telehealth offered eHealth receiving eHealth /accessing quality using eHealth tools - National priorities support support information on time Electronic transfer of care Increased proportion of National support function General Practices Increased adoption of ehealth systems in General using myHealth - Data & reports Recard Practices Practice support Capacity building Capability development Other agencies offering CQL = Dependent on General Practice response Change management · State/territory policy and involvement in quality · Levels of chronic disease, mental health treatment Infrastructure support · State/territory differences in primary care provision Priority populations within and across PHNs- NHSD · Funded programs in place that may need to transition to Aboriginal and Torres Strait Islander, CALD, low SES, - Primary Health Map new providers Establishment of PHNs 1 Mental; Health Commission locational disadvantage · Rural and remote areas with limited services · Communication channels July 2015 Review of Mental Health Pre-existing work undertaken by previous PHCO - Information dissemination · Varied degrees of embedding into local service system National Support Function Primary Health Care Advisory organisations for health needs analysis and planning Other national policies (e.g. Group (PHCAG) Individual PHN history and organisational model Performance monitoring Existing relationships with General Practice to varying NDIS) MBS Review Taskforce · Focus on increased participation in CQI for General · Ongoing assessment / response to PHN needs degrees Aged Care Reform Reform of Federation Practice · Practice quality tools History of practice support provided by PHCOs (DGP) Transition of Aged Care to eHealth Review and MLs) · Patient populations and demographics · Evidence supporting best practice Health Opt in / Opt out GP Accreditation programs · Range of General Practice providers myHealth Record · Support for PHNs to drive change in General Local Context National Context - Capacity of Practices to invest and change

# How are people using them?

- As a tool for guiding implementation of program components and subcomponents and defining expectations and reasonable outcomes.
- PHNs: to shape operational planning (especially the second level models)
- The Department: To describe in detail the key areas of action and expected outcomes
- The evaluation team: to develop secondary research questions and data collection tools

# What did we learn?

 Program logics provide the roadmap that is needed where there are objectives but no clear pathway to achieving them



- Complex policy implementation can be supported by detailed and carefully constructed logic models
- Include the work of setting up the program/organisation and building requisite capacity, into the logic model and into the time frame
- Involve stakeholders they know their business best
- Allow flexibility in the model to accommodate policy changes
- Logic models take time to develop, but they pay off in the long run for everyone involved in the program.

# Questions?