A CASE STUDY ON COLLABORATIVE HEALTH SECTOR DEVELOPMENT: THE AMALGAMATION APPROACH

ALPINE HEALTH: BRIGHT, MOUNT BEAUTY AND MYRTLEFORD, VICTORIA

Alpine Health provides a range of services across the Alpine Shire in North East rural Victoria, approximately 270 kilometres from Melbourne. The Alpine Shire covers 4,787 square kilometres with a significant proportion being forest and national parks (Mount Buffalo and Alpine National Parks). The population of 12,515 is spread over 40 localities within the Shire and the major towns of Myrtleford, Bright and Mount Beauty. Tourism is the largest industry in the region and represents a higher industry percentage than regional Victoria (13.7 per cent compared with 7 per cent). The region is attractive, well-known for its mountainous landscape and national parks.

Despite its appeal for tourists, by 1994 the hospitals in the Alpine Shire were faced with closure along with other small hospitals across rural Victoria due to changes in government funding structures and low patient turnover. Hospitals that offered limited surgical services and had no waiting lists were under scrutiny. This context was exacerbated by the 'case mix' funding structure which allocated funding to hospitals according to how many patients they treated, leaving small rural hospitals in a vulnerable position.

The Alpine Health Group was formed in 1995 in this context of concern for the future of the area's hospitals and health services. The group represented Bright, Myrtleford, Mount Beauty and Beechworth communities and began an earnest investigation into the potential for a formal merger of their rural hospitals. An Alpine Health Steering Committee was formed with representatives from Bright, Myrtleford and Mount Beautify Hospitals and representatives from community health services and the Division of General Practice. They met regularly and applied for the merger to fall under the Multi-Purpose Service program. The Alpine Health Multi-Purpose Service (MPS) was approved by the Victorian government and commenced in 1996. Once established, Alpine Health was the amalgamation of three rural hospitals and four residential facilities.

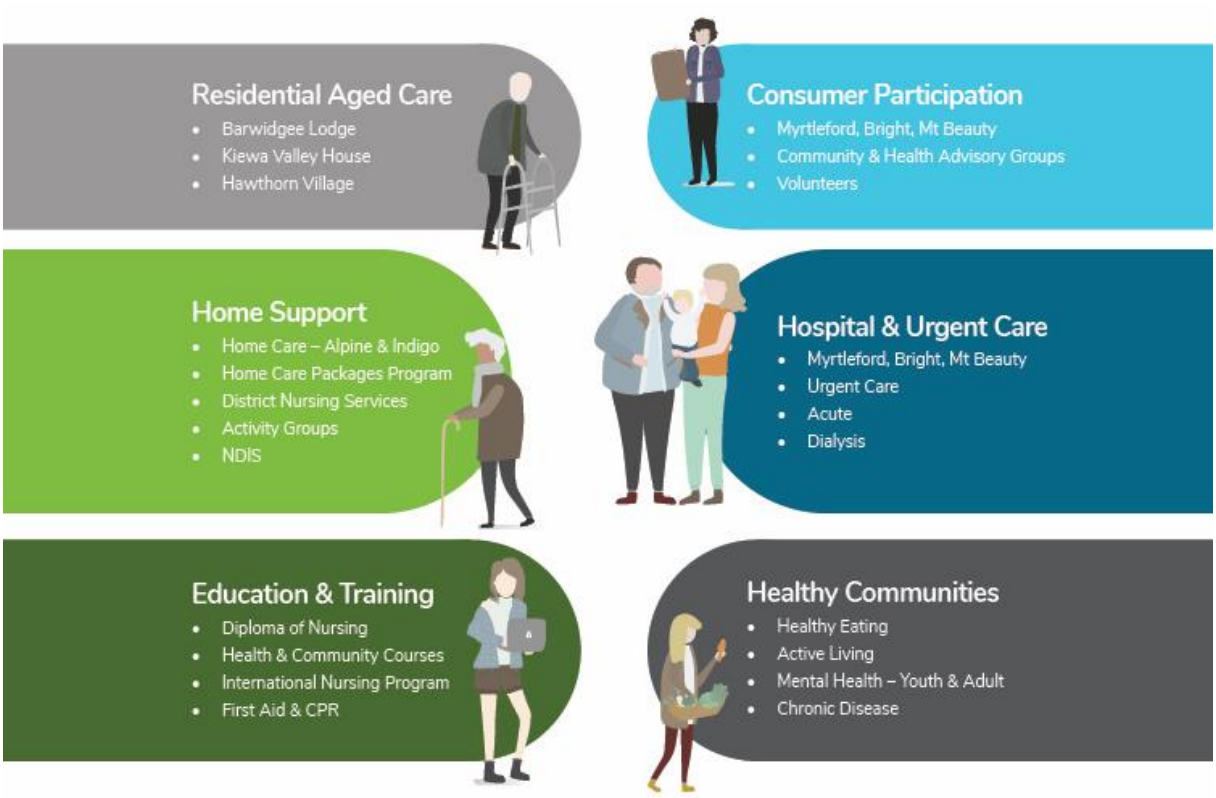
Alpine Health MPS is funded by both the Commonwealth government and the Victorian state government. Today it is the largest health service organisation servicing the communities of the Alpine Shire, employing almost 200 full-time staff and over 350 volunteers. Alpine Health is also the provider of the Commonwealth Home Support Program Services to the communities of the Indigo Shire in partnership with Beechworth Health Service, Indigo North Health and Yackandandah Health.

The MPS model formed the basis for the amalgamation of services. It was through this process of coming together to work towards the common goals of maintaining service delivery in the region, that the collaborative process took a further step into integrated community engagement and partnership. The collaborative model – between service providers and with community – is seen as central to addressing the not only the health and wellbeing in the region but also economic sustainability and improved employment and livelihoods in the area.

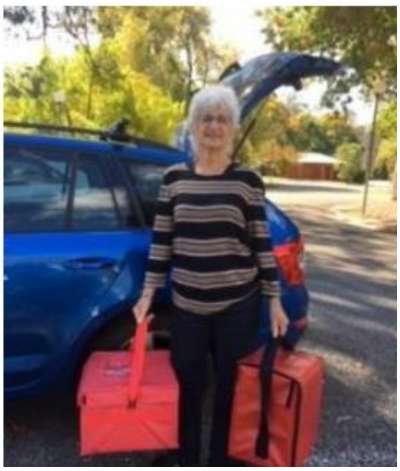
Alpine Health's decision to place community at the centre of all their operations, is led by the philosophy that community health is best served through local, decentralised service models. 'Local services for local people' is believed to enable better experiences for patients and consumers and better health outcomes for the community. This community-partnership is evident in three key innovations.
First, Alpine Health has established Community Health Advisory Groups (CHAG), led by community members and focused on service development and the principle of meeting local needs. The key role of CHAG is to advise the Board of Directors and other agencies on:

- The health needs of the community and how they might be met;
- How existing services might be changes or improved to meet these needs; and
- Services that people do not need or want.

This approach works to reduce those services that are not required, so that efforts and funding can be targeted elsewhere. CHAGs are consulted at all stages of delivery service planning. The result is a more engaged community that is 'on-board' with the collaborative model and a health sector that is more in-tune with local needs and priorities.

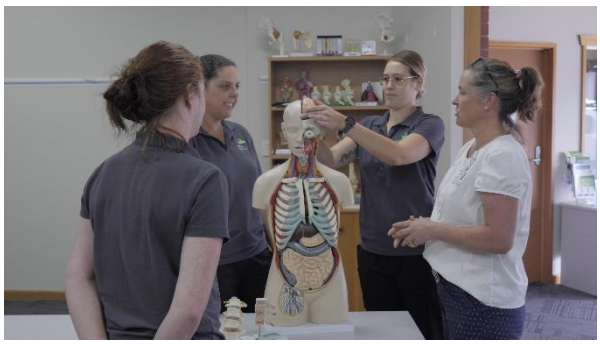


Second, establishing the confidence of the community is seen as central and Alpine Health has placed a strong emphasis on the role and importance of community volunteers. These volunteers are considered a key part of the process and essential to 'solving the puzzle' of health sector development in a rural area. Regular meetings are held with volunteers in the same way as they are with paid staff. Management advice and support volunteers as well as service deliverers. In 1999 there were 9 volunteers across the three hospitals. Soon, these retired and for some time there were no volunteers. Alpine Health actively planned towards establishing volunteer engagement and there are now around 350 volunteers providing fundamental relationships and linkages into the community.

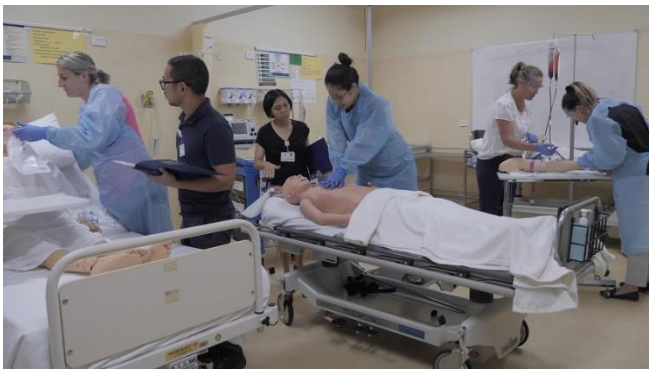



Third, Alpine Health have built a registered training organisation (RTO) – the Alpine Institute – to ensure that the local people have access to skills development needed to work within the health and social assistance sector locally. The Alpine Institute also works with training overseas graduate nurses, building a steady source of nurses that are familiar with the community and its needs. Rather than spending large amounts of money on recruitment, the Alpine Institute started generating an income while it was building a local workforce. The Institute provides a range of certification courses including community care and social assistance courses. This has increased the number of qualitied community care workers in the community four-fold. Alpine Health now require all their employees – whether catering, administration, or support staff – to hold some kind of qualifications or to be in training.

alpine institute



The result of this community-partnership collaborative model is a reported contribution to reducing unemployment in the region through skilling and training local people to deliver services in the region. The success of the model has contributed to the overall appeal of the region for health professionals. A new allied health hub in Myrtleford, for example, has opened providing access to ten different allied health specialities.



KEY LESSONS

1. Amalgamate services through sharing goals and strategic planning
2. Build a collaborative model between service providers and community
3. Establish formal community advisory groups that advise the Board on needs
4. Build and maintain a volunteer base that is integrated within the model as a means to establish community confidence and engage with community priorities
5. Address workforce challenges by providing training and education locally
6. Upskill and reskill *all* members of the workforce
7. Generate additional income while building skills through establishing registered training organisation