

An AMS and a Division collaborating on chronic disease management

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Anne Munzel is a registered nurse who has worked at Njernda for the past 14 years and previously worked as a community health nurse. She joined Njernda Aboriginal Corporation as a two days a week placement from community health to assist in health promotion and establishing a medical clinic. She enjoyed it so much she left community health and have watched Njernda develop into a full-time medical clinic from two hours per week servicing a population of 1400 and she now work as practice manager/nurse.

Mavis Egan is Aboriginal health worker who manages the chronic illness program. Mavis completed her health worker training through VACCHO and has worked at the Njernda medical clinic for the past 13 years. Mavis completed a wound management course in 2006 and is responsible for wound care of our clients. She works collaboratively with the GPs and allied health providers to do health assessments and GPMP/TCA.

Karlene Dwyer is CEO of Njernda Aboriginal Corporation and has been for the past 16 years. Karlene worked in various fields of health from dental health to chief executive officer prior to coming to Echuca from Melbourne. She completed a Masters of Public Health in 2005 at Deakin University and is a Board member of VACCHO.

Aims

A PowerPoint presentation that will demonstrate the value of collaboration between an Aboriginal Medical Service and a Division of General Practice to enhance the delivery of multidisciplinary care and reduce the impact of chronic disease in a rural area.

Methods

A solid relationship exists between Murray-Plains Division of General Practice (MPDGP) and Njernda Aboriginal Medical Service. It began with regular practice visits by MPDGP staff to Njernda; these didn't always achieve their intended purpose—often dealing with an on-the-spot issue that had arisen. These visits were the building blocks of friendship and trust that paved the way for MPDGP staff to be accepted and then able to provide their expertise.

MPDGP has offered on-site assistance through regular and targeted practice visits around such areas as information technology, MBS items, systems implementation and programs and accreditation support. In addition one of the Aboriginal health workers and a twice-weekly mental health counsellor are funded by MPDGP to enhance the multidisciplinary care provided by Njernda. Njernda's participation in the QAAMS program has improved the monitoring of diabetic care.

Results

Njernda has improved the quality of the patient data base since MPDGP's installation and ongoing support of the Pen Clinical Audit Tool; this has been beneficial in the development of funding applications, reporting across the whole Njernda Corporation, as well as the obvious applications for the medical service. To extend Njernda's ability to interpret their patient data, a Practice Health Atlas was developed and delivered to key staff. Out of this experience, Njernda identified that there were a number of clinical activities that could be enhanced. The Australian Primary Care Collaborative (APCC) program was offered just after this occurred and Njernda was keen to engage. This has continued to enhance Njernda's data cleansing and CDM patient management.

Njernda is recognised as a quality medical service within the broader medical community. The education and support provided by MPDGP to Njernda's staff has played an important part in lifting staff confidence in their delivery of medical services, particularly health assessments, GP management plans and team care arrangements and the coordination of multidisciplinary care within Njernda's service and with mainstream organisations. This has raised expectations for individual staff performance and for the Njernda Medical Service as a whole

Key staff are retained within Njernda, which reflects the satisfaction staff gain from their raised level of teamwork in providing health care to their mob.

