Blueprint objective	**1. A nationally unified and regionally controlled health system that puts patients at the centre**
Case example	**Asthma in Mudgee (AIM): An integrated model of care for people with Asthma**
What is the community need or problem being addressed?	Western New South Wales is one of the most vulnerable regions in Australia with a fractured service network and poor health outcomes. Western NSW Local Health District (LHD), Western NSW Primary Health Network (WNSW PHN) and Bila Muuji are leading the way in integrated care, with Mudgee identified as a demonstrator site. A dedicated asthma service did not exist within general practice or at the local health service in Mudgee. Therefore, the aim was to establish a comprehensive, integrated service model for patients with asthma.
What is the approach being implemented?	The Asthma in Mudgee Integrated Care project (AIM) was established in September 2016. AIM focusses on embedding an integrated system of care for all age groups with a diagnosis of asthma through shared care systems and defined best practice processes and pathways. AIM promotes a whole of system change to asthma management by spanning sectorial boundaries. The AIM Project activities include: ■ Development of a comprehensive integrated service model for people with asthma, with a focus on delivering GP-led, multidisciplinary team based care that aims to close the Aboriginal life expectancy gap and reduce the number of emergency department presentations and acute admissions for people with a diagnosis of asthma in Mudgee. The service model will evolve over time in response to continuous quality improvement and will be updated as the project continues to be implemented and developed in Mudgee. ■ Shared local governance with representation from general practice, the LHD, WNSW PHN and relevant non-government organisations. ■ Registration and enrolment of identified people into the AIM program at the Mudgee Medical Centre, including obtaining written consent to share relevant clinical information between identified care providers. ■ Ensuring enrolled people have a comprehensive assessment conducted, followed by a GP initiated care plan, which will be shared with relevant providers to enable all care providers to have input into the plan. ■ Implementing relevant information technology initiatives including the My Health Record (MHR). ■ Support for the provision of coordinated, person-centred care that is empowering, respectful and appropriate. This includes enhancing the primary care workforce to support the delivery of coordinated GP led multidisciplinary team based care in Mudgee, including multidisciplinary team meetings.

- Enabling the primary care sector to manage and support people with asthma as close to home as possible.
- Enabling the primary health care sector to provide continuity of care by facilitating linkages with and referrals to community health and specialist medical services.
- Enhancing the interface between the primary and acute care sectors to ensure seamless transition of care between sectors.
- Partnerships were formed with key local stakeholders across sectors and best practice guidance sought from Asthma Australia.

What have been the key enablers to the success of this approach?

Key enablers of the program included:

- Asthma Australia brought in as a key partner from beginning of project to ensure best practice. They came to Mudgee and provided education to community members, teachers and held a one-day workshop for staff. This provided an early win for the program as all staff felt included and valued. This also brings credibility to the program.
- Representatives of sporting groups sit on the local leadership group. This increases awareness of the program and includes an important group.
- NSW Ambulance — this provided out of hospital knowledge and set up local referral mechanism to AIM program.
- WNSW PHN educational events — forged team cohesion, enthusiasm and ownership. Got the 'main players' in the same room talking to each other and building networks.
- WNSW PHN partner in educational events — 'Prof Yee night' featured a key note speaker to 61 health professionals boosting awareness.
- Pharmacists and private providers involved in promotions — flyers handed out with puffers.
- Community support — local fire station, school newsletters/parent emails
- Facebook, flyers in key locations in town, school principal offered venue for school and community forums, local paper and radio, Dr Corne Kriek interview on the local radio and TV.

A workforce strategy will be developed to support the model of care including the following considerations:

- Movement to an integrated system of care that is GP lead
- Realignment of existing staffing resources toward model of care considerations
- Extended/modified scope of practice, up-skilling, role flexibility, clinical supervision and other innovation aligned with model of care workforce requirements

Prescribed patient self-management, social inclusion and consumer/carer education roles/competencies within primary care provider personnel

What have been some of the challenges to the success of this approach?	Currently a lack of capacity within the workforce at Mudgee is impacting upon a planned approach to good primary care and has resulted in the failure of partners to operate in an effective localised system of care delivery. The Mudgee Local Leadership Group will consider alternate workforce options to allow a movement from episodic acute care to a more proactive planned service including the addition of a Chronic Disease Management Nurse within the GP led multidisciplinary team. Critical in driving the redesign of systems is the leadership from the GP supported by the chronic disease management nurse to provide practical support such as completion of health assessments, care planning and connecting up care with partners. Sustainability remains at front of mind for general practices, with work required in advocating with the Commonwealth for MBS adjustments that accommodate integrated models of care such as care coordination, health coaching and case management.
What is needed to scale-up the successes?	The AIM program provides an effective approach to asthma management in a rural setting. The model of care is transferrable and could be scaled accordingly to the capacity of general practice.
More information	Western NSW Local Health District Western NSW Primary Health Network Bila Muuji