



## Patient enrolment fact sheet

It is important that all Health Care Homes have an equal opportunity for their eligible patients to participate in the stage one trial of Health Care Homes. We are issuing this guidance about management of patient enrolment numbers in the trial.

There are other reasons for managing patient enrolment numbers in the stage one trial of Health Care Homes, including:

- the requirement for a sufficient number of patients, overall and in each tier, to support the evaluation of the trial, including validation of the funding level that has been determined for each tier; and
- the scope of the trial provides for up to 12,000 patients to be enrolled.

This fact sheet provides guidance on the number of patients to enrol per practice and the potential distribution of these patients across the three tiers, with the key aims of supporting the trial's evaluation and supporting practices to plan resourcing within the practice capability.

This guidance is based on modelling that has been included in previous Health Care Home materials.

### Updated general practitioner and patient trial numbers

- In the stage one trial, up to 12,000 patients are expected to be enrolled.
- As part of the Health Care Homes Approach to Market process, practices provided data on the number of participating Full Time Equivalent (FTE) General Practitioners (GPs) per practice. FTE is not calculated as individual GPs but as a percentage of their work. For example, two GPs may work part time, one at an FTE of 0.6 and another at 0.3. The combined FTE is 0.9.
- The average number of participating FTE GPs per practice, from this data, is higher than previous national estimates, at a rate of 6 FTE GPs per practice.
- The number of patients expected to enrol per FTE GP has been updated to 55 patients.
- For example, a practice with 6 participating FTE GPs would be expected to enrol up to 330 patients (6 FTE GPs x 55 patients).
- In addition to patient enrolment numbers, the distribution of patients across the three tiers is also important. All Health Care Homes will have eligible patients in all three tiers.
- Based on current population data, it is anticipated that, of patients participating in the stage one trial, approximately 9 per cent will be tier three; 45 per cent will be tier two; and 46 per cent will be tier one. This distribution is a guide only as there will be many factors that will influence the distribution for each Health Care Home.



## What does this mean for my practice?

- The Department of Human Services (DHS) Health Professional Online Services (HPOS) system will help practices monitor and manage patient enrolment numbers at the practice level. The HPOS system will display the number of registered patients, the practice maximum patient load (i.e. number of FTE GP x 55), and the percentage of patient allocation (i.e. number of registered patients as a percentage of the practice maximum enrolment number).
- Individual GPs may enrol more patients where others in the practice enrol less, as patient enrolment numbers will be monitored at the practice level.
- Once a practice hits their maximum enrolment number, the practice will not be able to enrol more patients on the HPOS system. However DHS, on request from the department, is able to adjust a practice's maximum patient load. This can be scaled up or down if there have been changes to the FTE participating in the trial since the application was submitted.
- The HPOS system will count active patients, so withdrawals from the trial can be replaced.
- Supported by the HPOS system, practices will need to develop their own process for monitoring patient enrolment numbers and distribution of patients across the three tiers and providing feedback to participating GPs.
- A steady on-boarding of patients is expected, with full enrolment expected to be reached by 30 June 2019. Establishing routine monitoring will help practices manage patient enrolment numbers as practices approach their maximum patient load.
- The department will monitor aggregate patient enrolment numbers and distribution of patients across the three tiers throughout the trial. This will enable the department to provide feedback to practices where enrolment patterns are considered different than expected.
- It may also identify opportunities to revise the practice maximum enrolment number (for example, where other practices will not meet their maximum enrolment number).

## What happens if we hit our patient limit?

- If you reach your maximum patient enrolment number, please advise GPs in the practice not to assess more patients.
- While there may be more patients in the practice who may be eligible, it is important to remember that this is a trial of a new service delivery model and is subject to evaluation protocols.
- If you are approaching your maximum patient load and wish to seek an increased patient limit, contact the department to express this interest.



## What happens if we don't hit our patient limit?

- Some practices may not reach their maximum patient load.
- The department will monitor aggregate patient enrolment numbers. If there are indications that a practice may not reach its maximum patient load, the department, in consultation with the practice, may redistribute its enrolment capacity to other practices seeking an increased maximum patient load.