Leading Change

The Practice Manager Advantage

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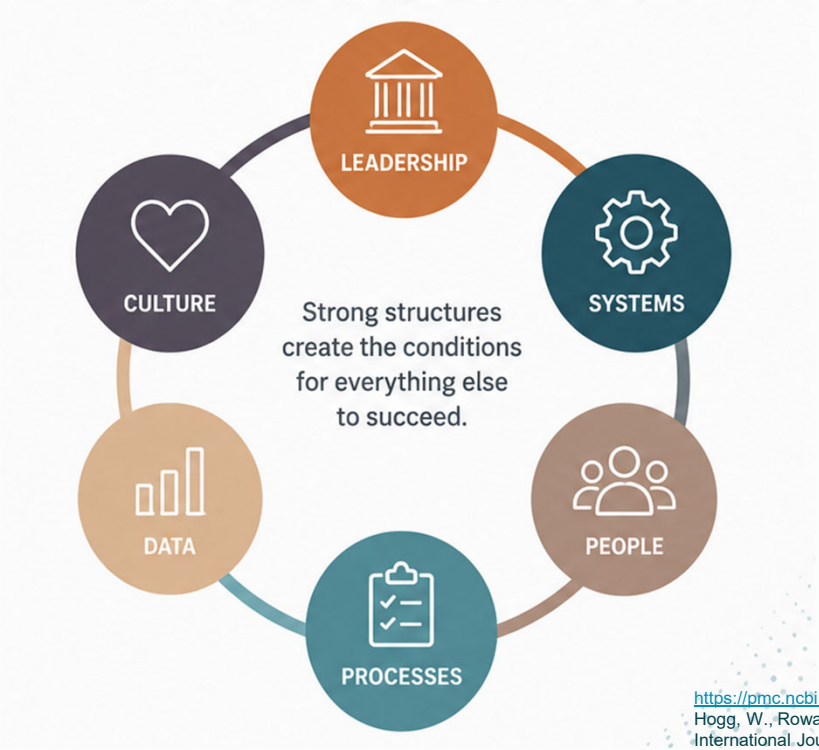
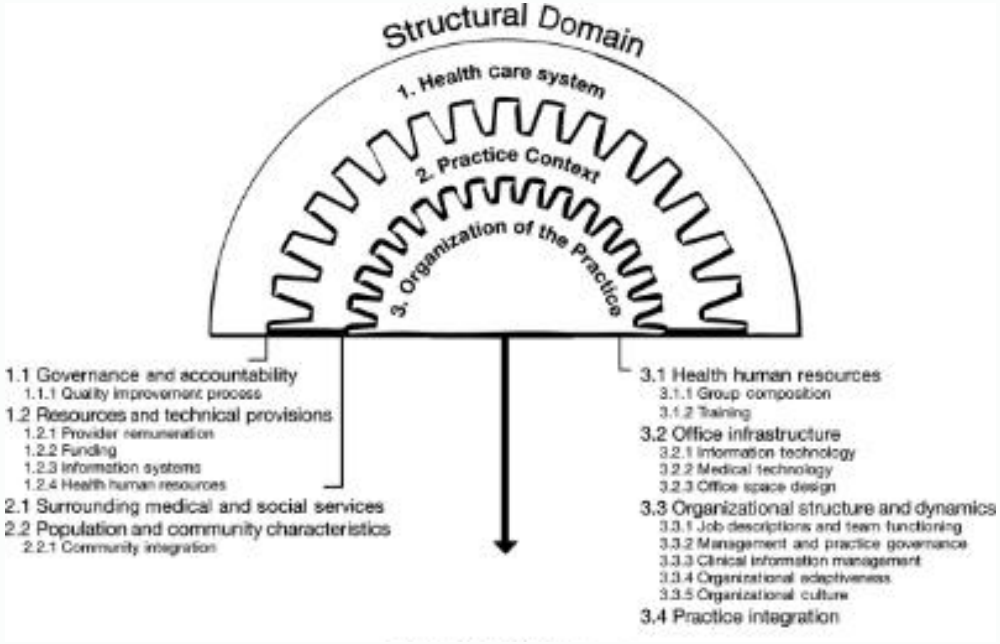
Practice Management Equals Performance!

The Structural Domain:
The foundation of every high-performing practice





https://pmc.ncbi.nlm.nih.gov/articles/PMC2533520/
Hogg, W., Rowan, M., Russell, G., Geneau, R., Muldoon, L., (2007) Framework for primary care organisations: the importance of a structural domain, International Journal for Quality in Healthcare

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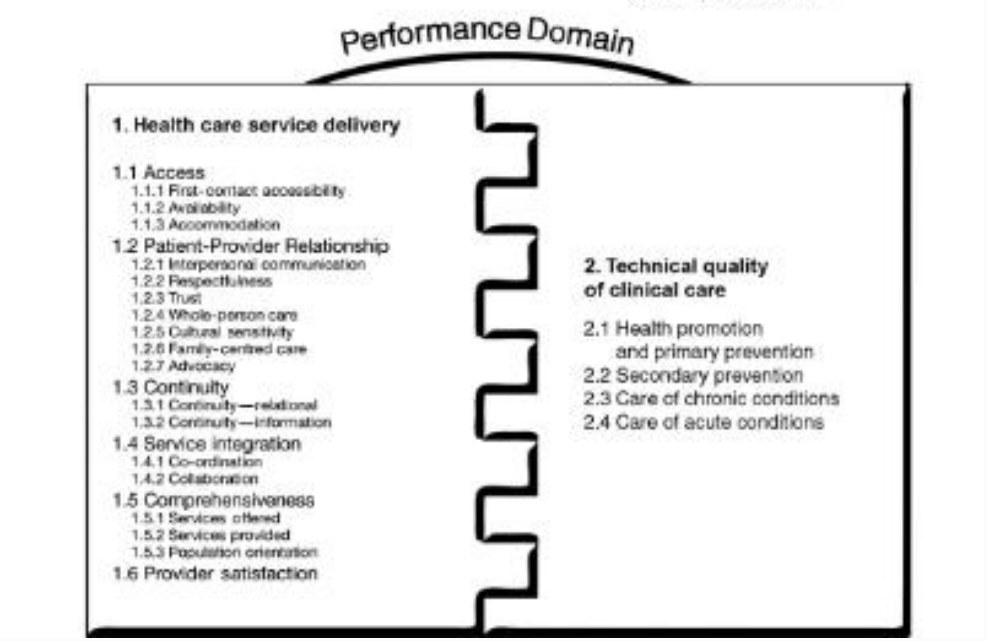
The Performance Domain:
The Outcomes that Matter Most



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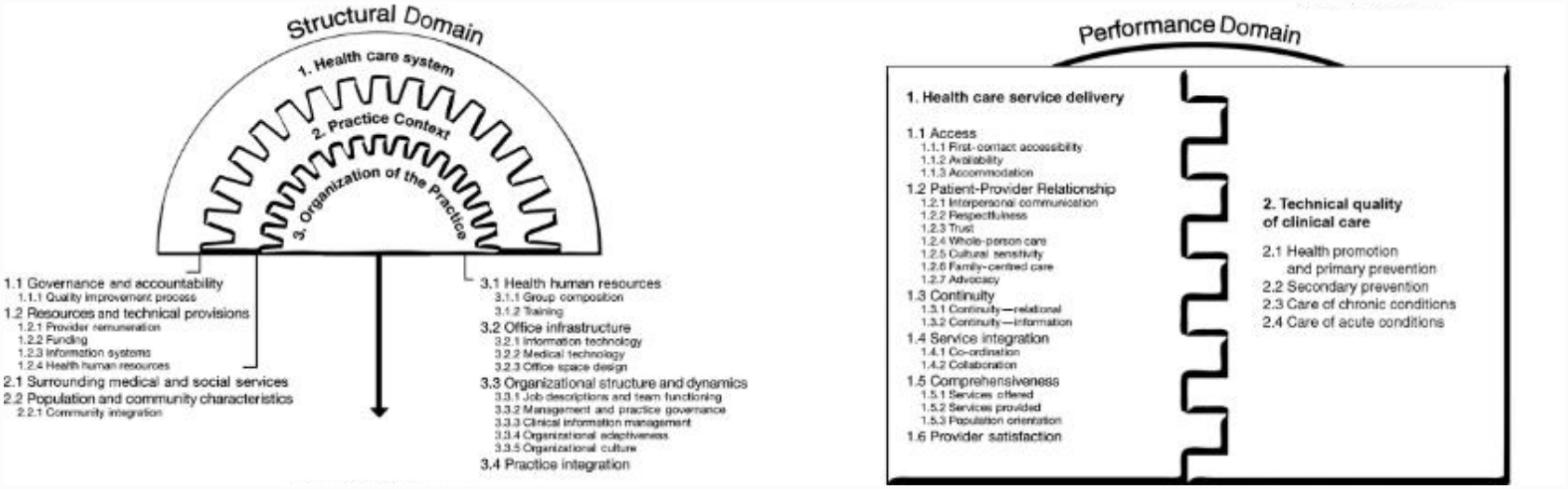
Structural and Performance Domains: The two working together



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Structure → **Capability** → **Results**

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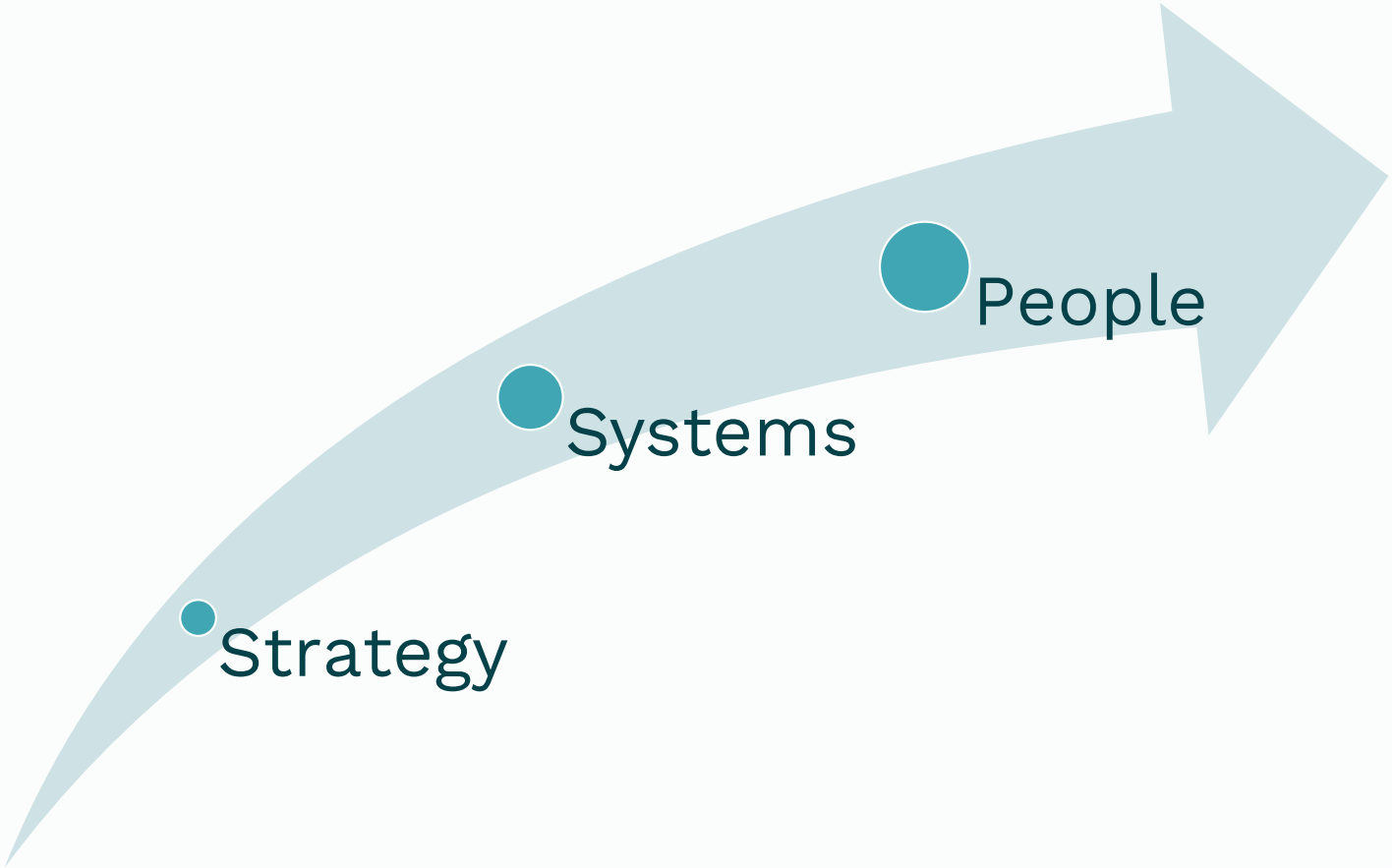
The Cascade



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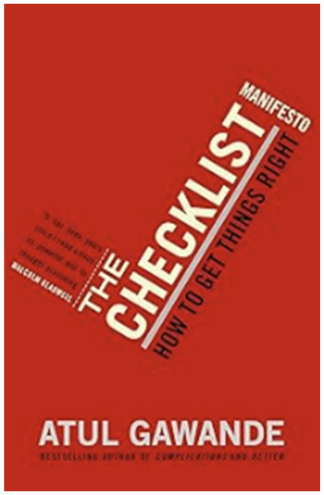
More Than Tick Boxes

- **Conformity – evidence based care**
- **Consistency – productivity and safety for staff**
- **Clarity – less stress and burnout**
- **Communication – quality & performance indicators**
- **Culture – commitment to team objectives**



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Beyond Compliance to Impact

- Systematic review of 87 studies
- Accreditation improves patient outcomes
- It has most power when standardised and enhanced internal processes are in place
- Culture and teamwork are highly influenced by owning accreditation's intent

Janamian, T., Martin, S., Janamian, S., Chua, D., Kirkegarrd, A., Johnson, T., (2026), Beyond Compliance: Evaluating the Real-World Impact of Accreditation on Healthcare Quality and Safety, Draft Manuscript

Fanning the Flames of Culture

What does your practice stand for?

List the three things your team would note define "how things are done around here"…

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The Common Spark

What looks better or worse than the standard you will accept?

Below Par	Expected	Exceeding
1.		
2.		
3.		

Your Why…

Why did you decide to work in healthcare?

What gets you up in the morning?

How are these values shared and reinforced?

Living our Mission at Sandstone:

Communities where everyone can realise optimal health and wellbeing

Deliver excellence in care for patients and communities, and create positive, systemic change through advocacy and innovation

Living our Values

Collaboration – partnering with patients, community and allies for meaningful outcomes

Compassion – we are person-centred in everything we do. Dignity, kindness & respect are our DNA

Impact – we are results driven and generate positive change for patients and care

Leadership – influence reform through advocacy and replication of our systems

Innovation – we pioneer contemporary care and technology solutions

Our Promises

Health for Good

No patient leaves feeling like a number because every consultation makes a difference

Putting our passion into practice

Today, tomorrow, together

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Who Keeps the Fire Burning?

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How do you stoke the flames?

- Recruitment and induction
- Meeting rhythm
- Communication mechanisms
- Performance focus
- Business rules and Patient Charter
- Tone of voice and posture
- Living your values

This is skilled work!

Practice Management is a recognized profession.

Who knew:

* AAPM Certification
* Diploma to Masters Qualifications
* Lobbying for WIP for PM
* Lobbying for PM Certification within Accreditation

Professional Practice Managers

Income = $250K+

Qualifications = Masters level

Budget = $5M++

Staffing = 30+

Business Stake = bonuses, share of the business

Our work is going to get harder!

More vulnerable patients – marginalization and frailty	Larger teams – team based care	Increased scale – physical and virtual presence, integrated care	More accountability – new funding models, value based care
More technology – digital health, genomics, personalized medicine	More areas of focus – Medicare, DVA, NDIS, MAC, Workplace Medicine, Lifestyle Medicine	New competitors and partners – virtual services, RACF/supported living	Patient and carer expectations – access, comprehensiveness, coordination, results

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Trust as our currency

Patient loyalty = patient base = goodwill

Patient trust and engagement = compliance = population health outcomes

Team trust = low turnover = coherence

Sector results = political respect = trust with investment

Reports Acknowledge Our Skills

From ▶	An illness system	To ▶	A wellbeing system
From ▶	Patient management with a focus on 'what is the matter with patients'	To ▶	Patient activation and person-centred care with a focus on 'what matters to patients'
From ▶	A focus on treatment	To ▶	A focus on health promotion and prevention, while ensuring safe, quality care is provided when people need it
From ▶	Multiple independent and sometimes competing providers	To ▶	A coordinated and integrated multidisciplinary health care team focused on serving people (including across providers, provider-types, health care sectors and non-health sectors)
From ▶	A volume-based system	To ▶	A value-based system
From ▶	A fragmented system	To ▶	A coordinated and interconnected system

A key enabler identified was leadership and culture to drive the new models of care, team based working and innovation involved. Change management was outlined as a need

https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032?language=en

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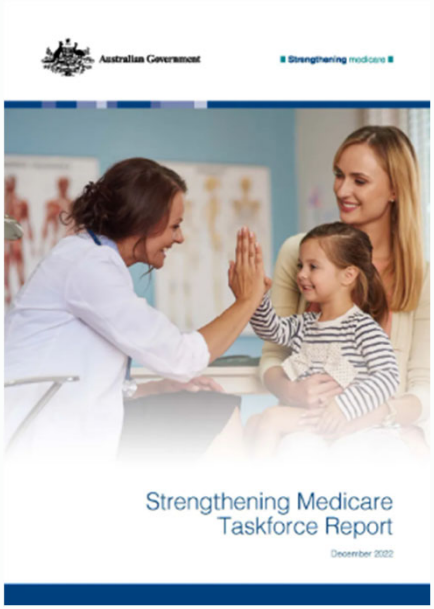
Professionals Driving Change!

Support general practice to embrace organisational and cultural change, support innovation and consumer voice in the design of services to ensure they meet people's needs

A recommendation was to support practice management as a profession!



https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

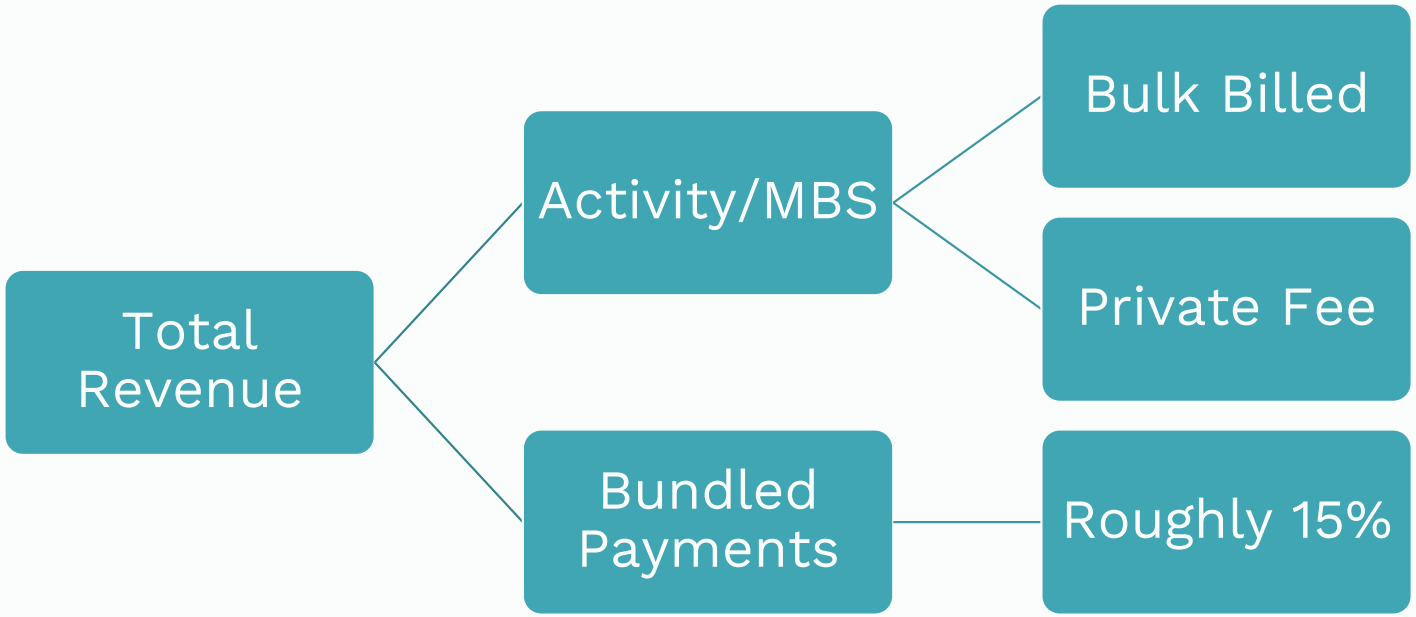
Funding to Make Change Happen

Embed the role of Clinical Leaders and Practice Managers to drive change.

60% of funding via bundled payments and 40% via MBS activity based payments

https://www.health.gov.au/sites/default/files/2024-10/review-of-general-practice-incentives-expert-advisory-panel-report-to-the-australian-government_0.pdf

Our Funding Environment



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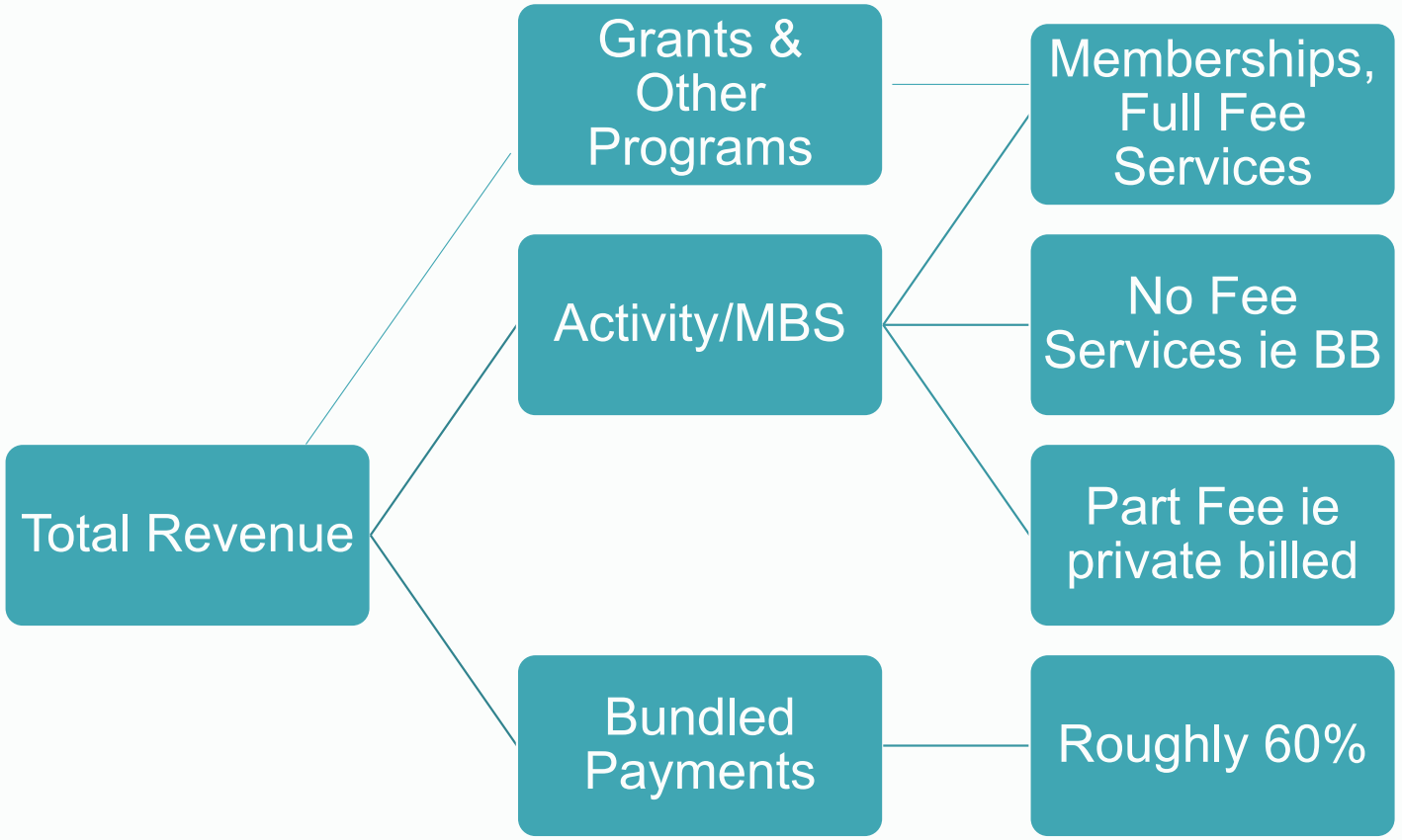
New Funding Equals New Challenges



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Existing Metrics

GP Led but Not GP Dependent Care

New Doctor to Non-Doctor Team Ratios

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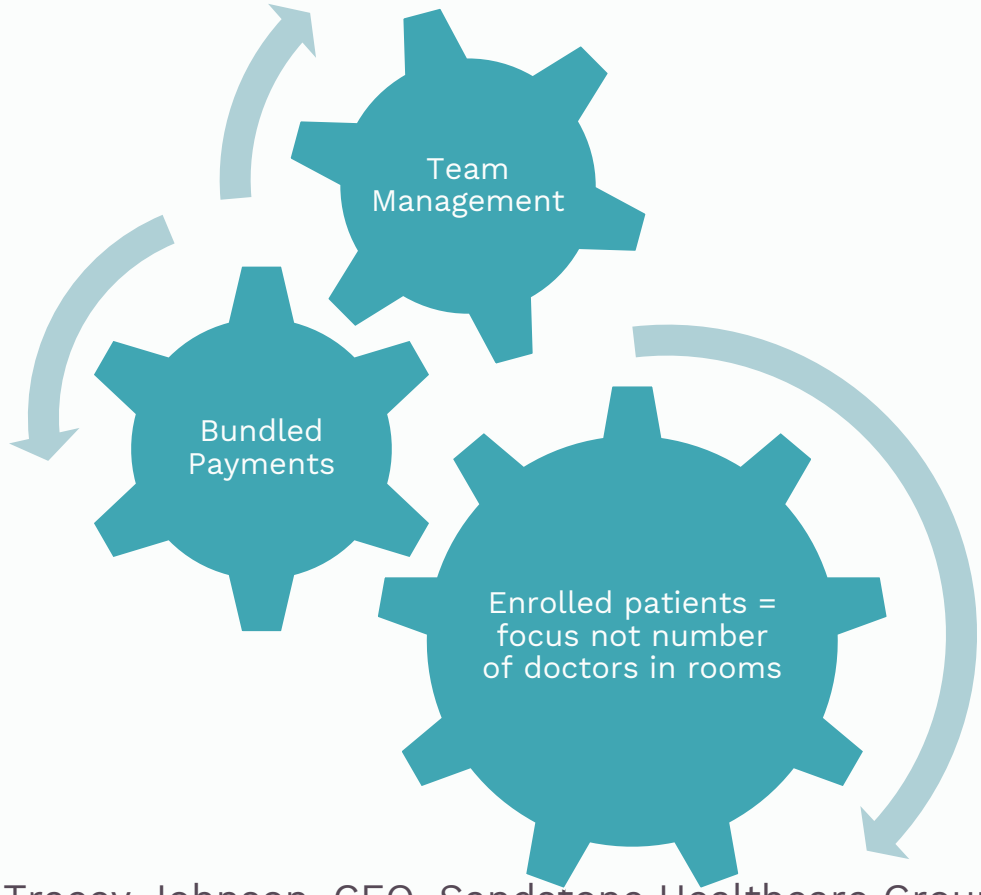
What is your team mix?

Team Type	Core		Visiting	Co-located
Doctor/GP	No	FTE		
Nurse				
Physician				
Allied Health				
Pharmacy				
Social Work, Legal, Link Worker, Peer Worker?				

Moving from room rental to team based care



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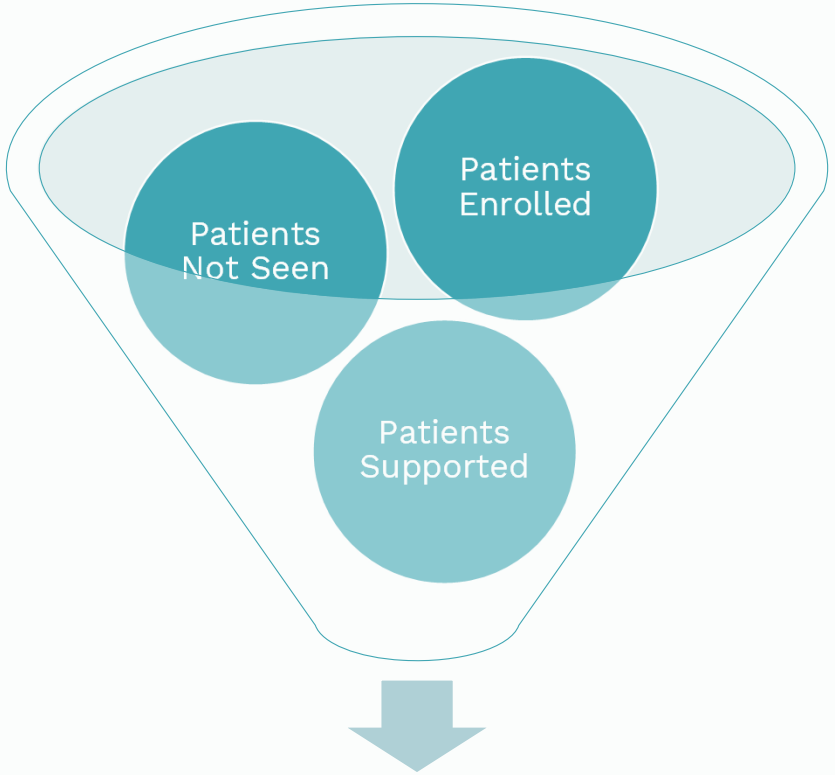
Team Metrics



Practice Income

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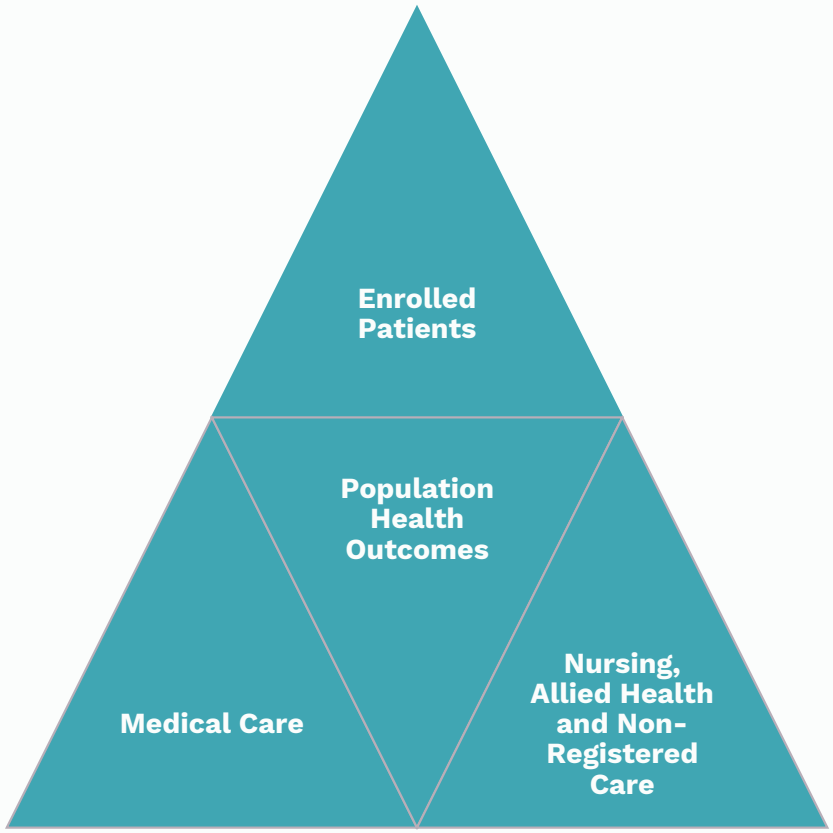
Clinical and Corporate Leadership



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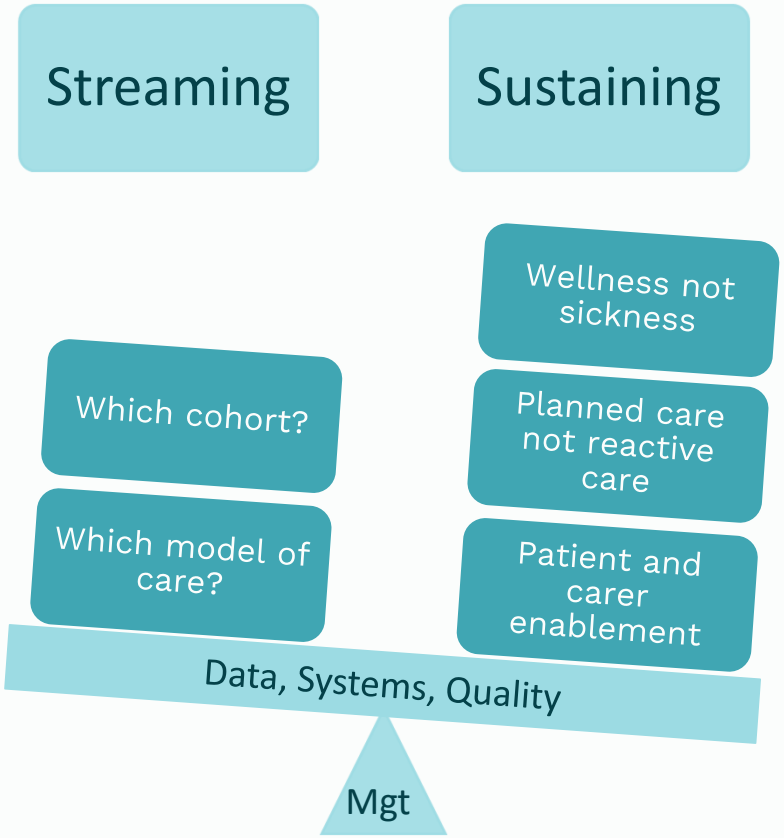
New Models of Care Need Systems



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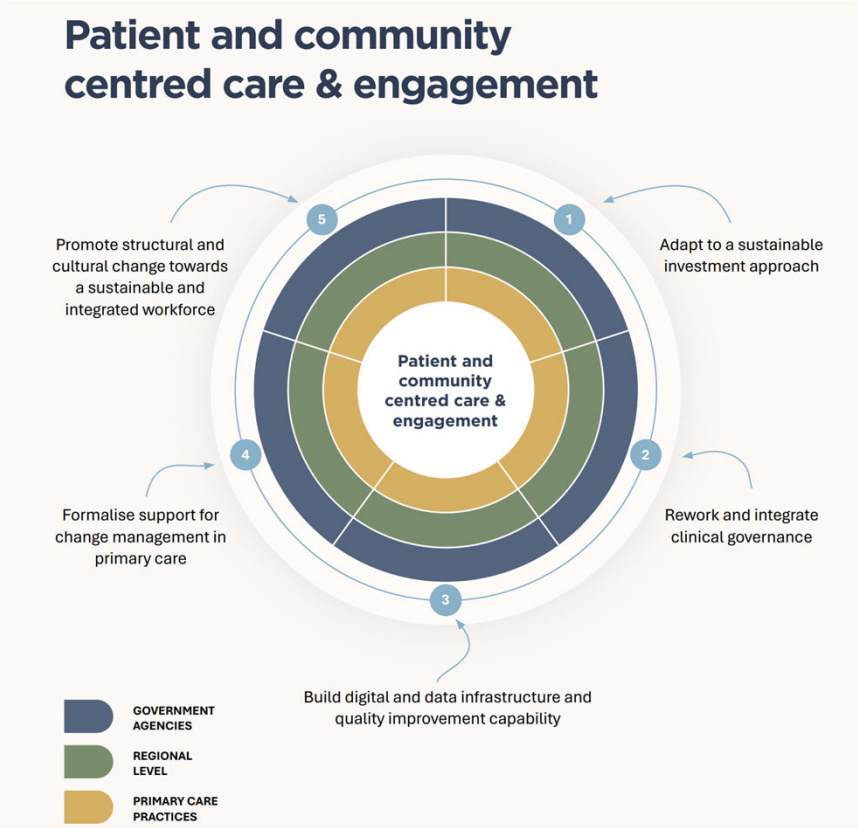
Making Progress Happen



https://www.georgeinstitute.org/sites/default/files/2026-06/Design%20Primary%20Care%20Reform%20Implementation%20Report%20June%202026%20web%20v030626.pdf

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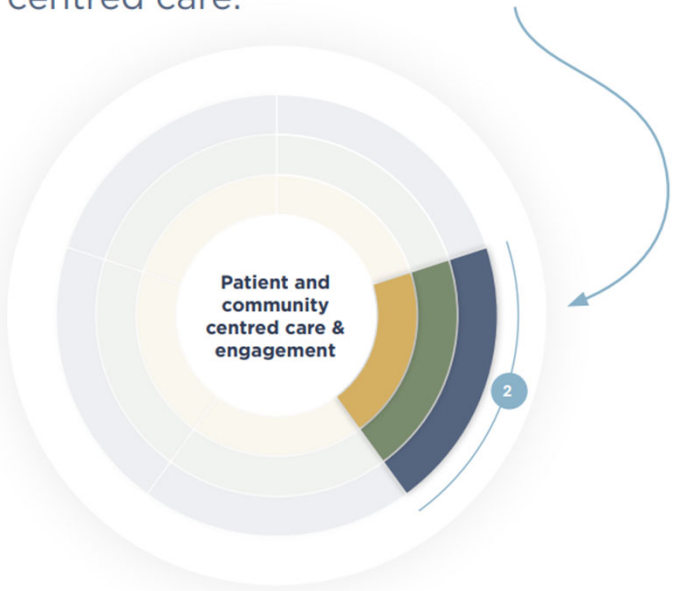
Ideas for action

To rework and integrate clinical governance and enable patient-centred care:

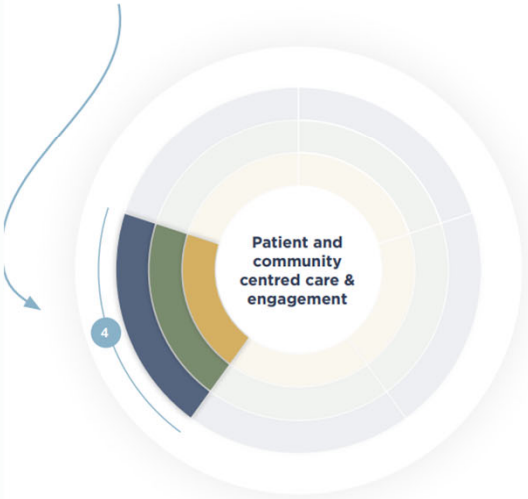


Primary care practices will need to embed new team-based clinical governance structures into everyday practice. To enable teams to work to their full capability, practices can:

- Define staffing roles within models of care and practice pathways and implement training programs and responsibility matrices which clarify accountability, delegation and safety.
- Ensure governance structures adapt as teams evolve and include roles for patients, community and carers.
- Establish supervision arrangements that support expanded roles for nurses, pharmacy and allied health.
- Conduct regular reviews of clinical pathways, clinical outcomes, clinical risk, communication pathways and referral processes.
- Stage and use clinical governance meetings and mechanisms to drive a culture focused on safety, innovation and quality.
- Develop and resource leadership roles in both clinical governance and organisational/ corporate governance.
- Resource efforts to use population data and practice audit data; and implement quality improvement and service expansion which addresses population health needs.

Ideas for action

One of the Roundtable's clearest messages was the need to capture, share, and normalise innovation in this area of change management.

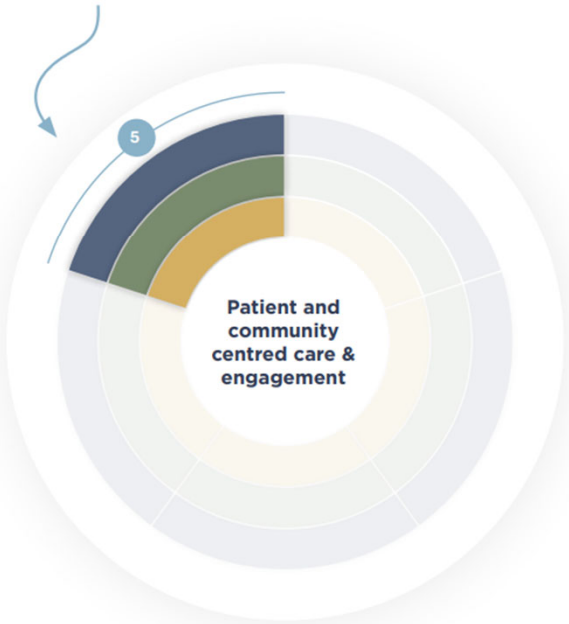


Practices need support to:

- Nominate and resource practice leaders capable of driving this agenda.
- Build internal capacity for planning, quality improvement and reflective practice.
- Participate in learning collaboratives and share experiences.
- Host site visits or shadowing opportunities for other practices.
- Embed time into the standard work week for staff to support change management activities.

Ideas for action

To promote structural and cultural change towards a sustainable and integrated workforce to enable team-based care



Practices need support to:

- Optimise delegation and teamwork towards competency-based care models, so roles match skills and patient needs, not traditional hierarchies.
- Move from linear, GP-dependent workflows to GP-led shared-care pathways. This involves implementing shared decision-making protocols and creating opportunities for joint problem solving and appropriate delegation while retaining GP continuity of care.
- Create environments and redesign workflows —physical or virtual—that facilitate co-location, communication and shared care, and fully utilise available multidisciplinary resources.
- Redesign appointment systems to allow for case conference discussions, shared medical appointments, proactive care blocks, preventative health planning and chronic disease reviews.
- Establish regular team huddles, case reviews and reflective practice sessions.
- Develop onboarding and induction processes that emphasise team culture and collaborative practice. This includes emphasising proactive, comprehensive care norms fulfilled through agreed internal care pathways, standing orders and other care delegations.
- Celebrate early wins and encourage continuous professional development across all roles, not only GPs, to build momentum and reinforce change.

How much support do you need?
Workshop Activity

Clinical Governance

Corporate Governance

Change Management

Systems & Workflows

Your Task
Rate each area using the scale below

1 = Minimal support needed
5 = Significant support needed

⏱️ **Time:** 3 minutes
✍️ Be honest—there are no right or wrong answers.
📄 We'll discuss the results together before collecting your worksheet.

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How much support do you need?
Let's discuss

Clinical Governance

Corporate Governance

Change Management

Systems & Workflows

💬 **Which area scored highest?**

🤔 What is the biggest barrier in your practice?
⭐ What's one thing you could improve within the next three months?
🚀 What support would help you get there?

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Identity Matters

Health Clinic? Women's Health? Mental Health? Addictions Clinic?

Medical Centre? Doctors Surgery?

General Practice?

Health Hub?

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Patient Complexity

Complexity Comes in Many Forms:

- Physical
- Mental
- Social

Medicare recognizes complexity:

- ATSI status
- Rural and remote status

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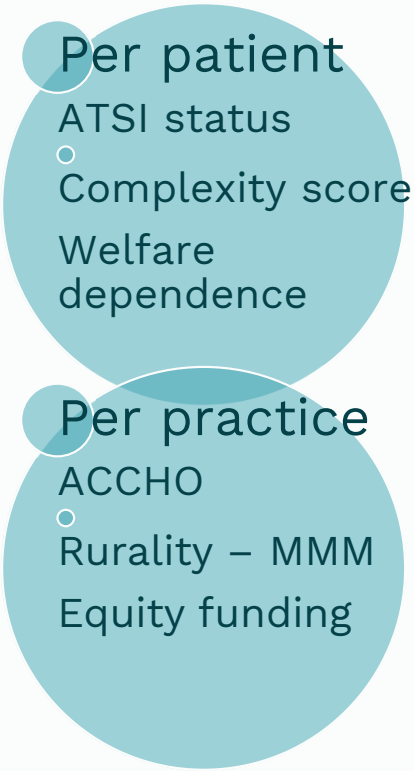
What if complexity was recognized?



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Boston Scoring of Patient Complexity

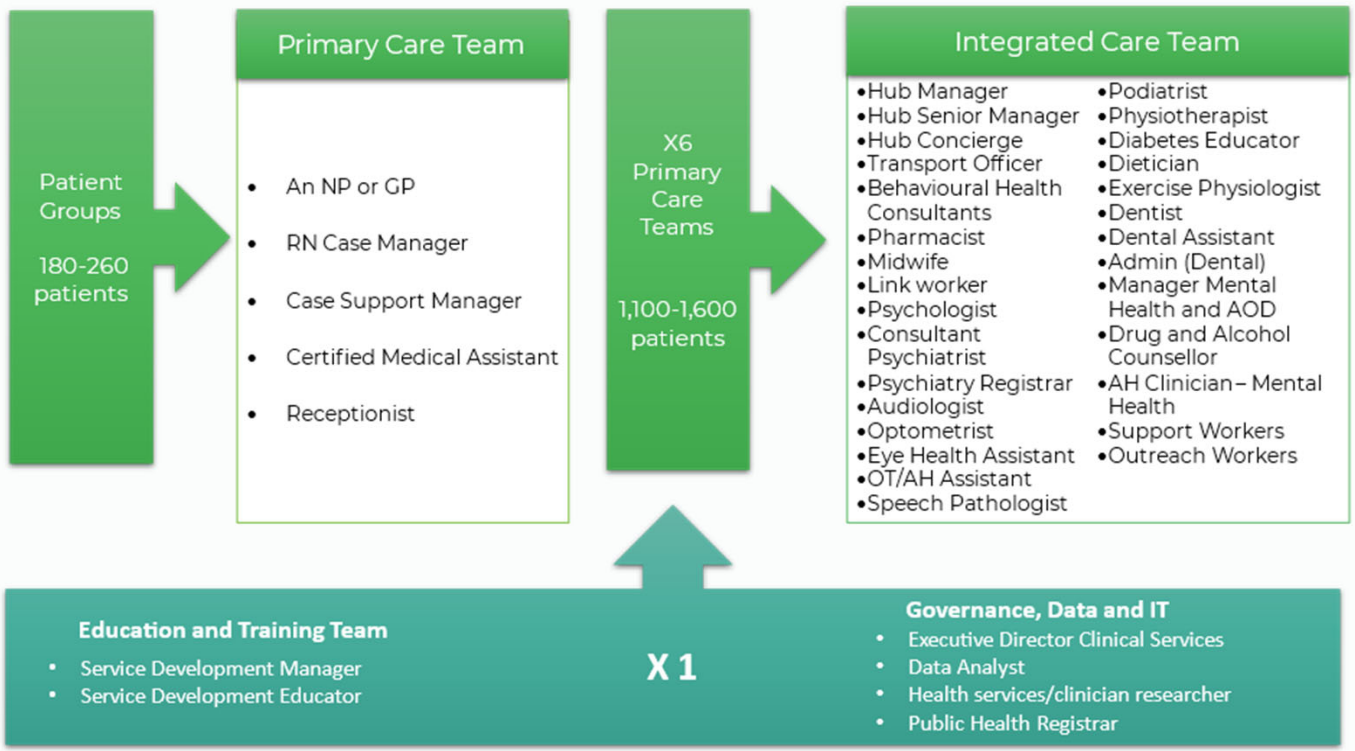
Inala:

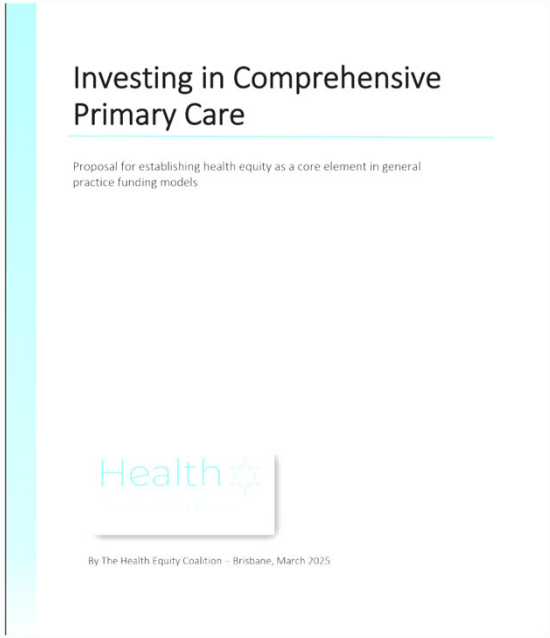
- 81.7% of patients in most disadvantaged quintile
- 25% of Dr time with interpreters
- 63% of patients in moderate-high complexity bands (2,755 patients)
- 16% of patients high/very high bands (695 patients)
- 3.1 patients seen per hour

Reality:

- <10% bookings online – more reception time
- 1/3rd more chronic disease revenue – AI and nursing supports
- Double the number of long appointments – less revenue

Preferred Model of Care





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How many of your patients could be streamed?

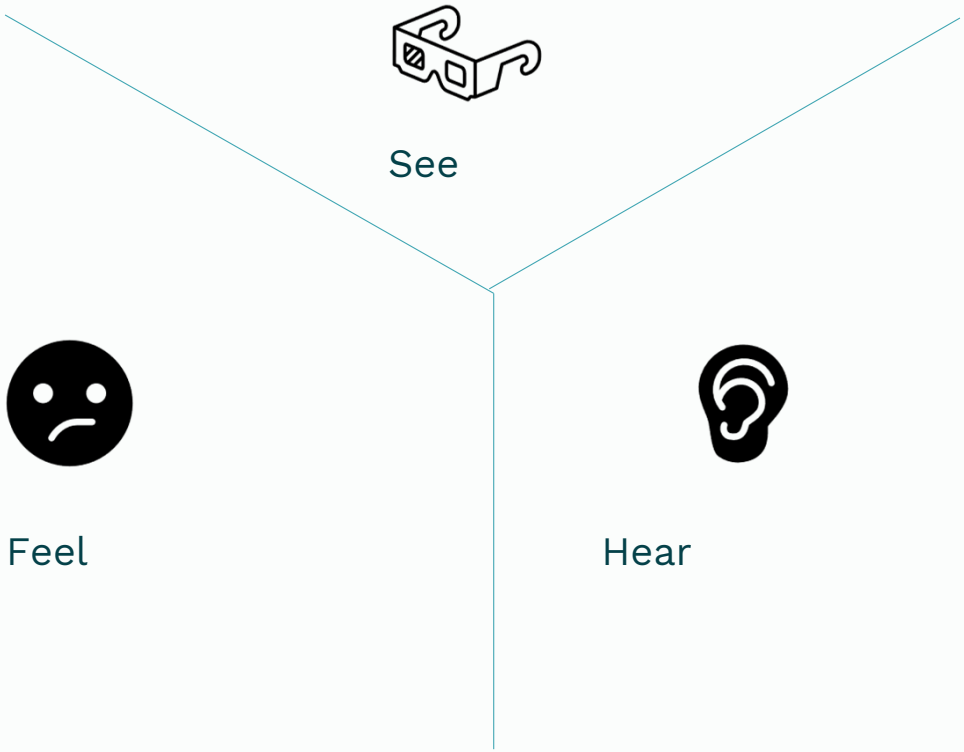
If you could pick a group of patients who would benefit from a new model of care:

1. What group would that be?

2. What do they need and why?

3. What would you BARRR?
    - Make bigger?
    - Add in?
    - Re-arrange?
    - Reverse or re-order?

What would success look like?



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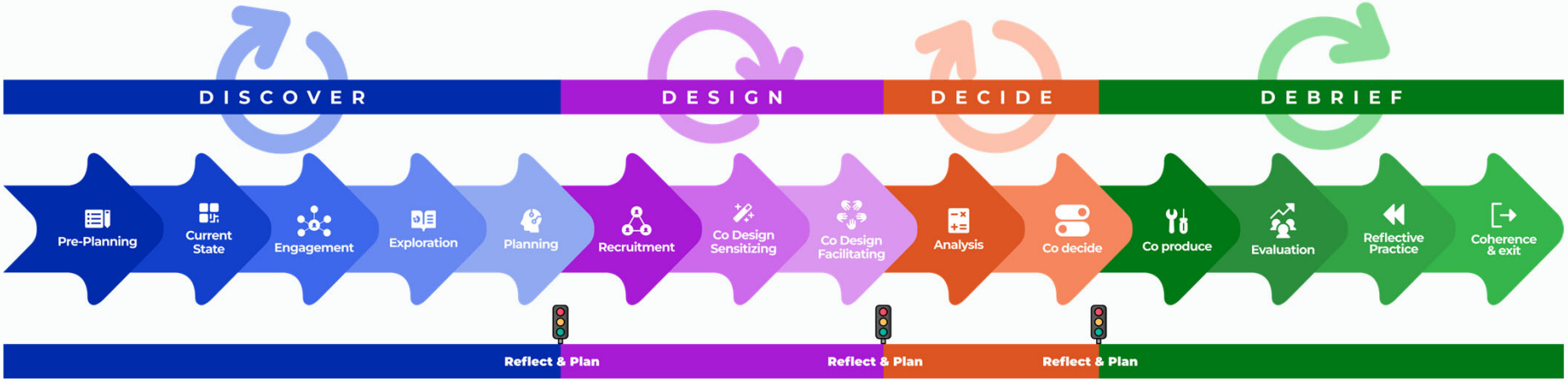
Co-design as a catalyst



https://codesign4all.com/

Where does digital fit?

- Data
- Systematisation
- Diagnoses
- Care management
- Virtual care

Who are your patients and what digital environment will support them?

What is your practice context and what is your digital plan?

https://vimeo.com/1207951498
https://forms.office.com/r/F1PKHidf0f

Risks

Change is hard. Risk management makes the downside easier to avoid:

1. Communicate and consult
2. Establish the context
3. Identify the risks
4. Analyse and evaluate risks
5. Treat and identify potential safeguards
6. Monitor and review
7. Record key information

RACGP Risk Framework

Risk Planning

- Risk Appetite Statement
- Risk Register
- Risk Controls
- Risk Owner Action

Quality is more than a PDSA

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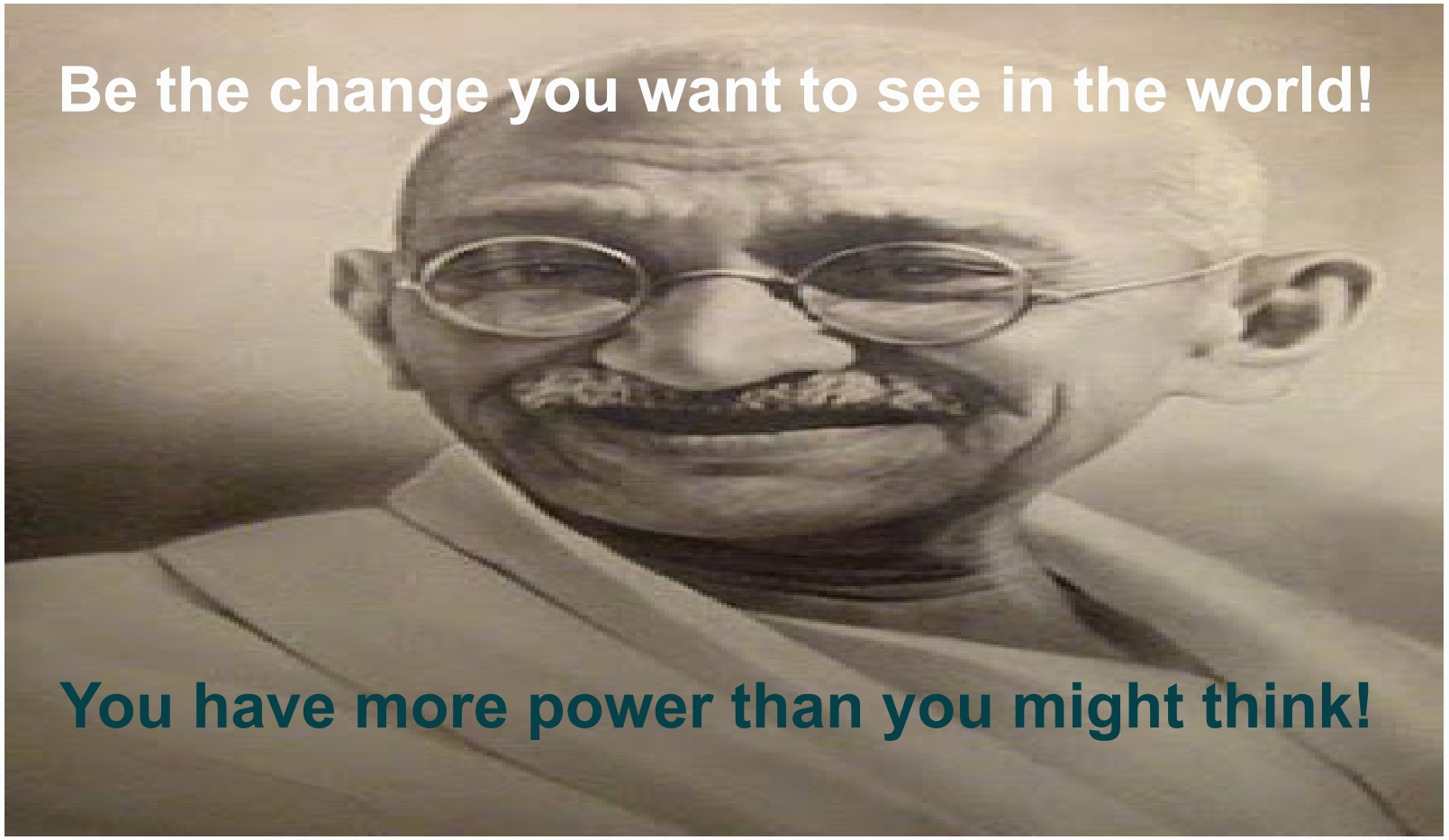

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Thank for being the secret advantage!

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