phn
WESTERN QUEENSLAND
An Australian Government Initiative

NATIONAL HEALTH REFORM AGREEMENT (NHRA)

IMPLEMENTING SCHEDULE F

Real outcomes. Lasting impact. Stronger communities.

REFOCUS THE DIAL

- Outcomes
- People
- Communities
- Systems
- Value

THE IMPERATIVE

Rural and remote Australians face poorer health outcomes and inequitable access to care.

Workforce shortages, fragmented services and funding gaps continue to impact communities.

Schedule F enables a place-based, integrated and sustainable approach to rural healthcare.

THE SCHEDULE F OPPORTUNITY

POOLED FUNDING
Long-term, flexible and outcomes-focused investment

LOCAL STEWARDSHIP
Community-led planning and governance

INTEGRATED CARE
Coordinated services across the care continuum

WORKFORCE STRATEGY
Attract, train and retain rural health professionals

THE EVIDENCE

123%
Higher avoidable hospitalisation rates in remote areas[1]

2.5x
More likely to experience chronic disease burden[2]

>50%
Of GP positions in rural areas are hard to fill[3]

42%
Of residents in MMM5–7 communities do not regularly access Medicare-billable primary care services[4]

1. AIHW, 2026 2. ABS, 2023 3.RDAA, 2024 4. WQPHN Analysis, 2025

CASE FOR CHANGE

CASE FOR CHANGE

THE EVIDENCE IS CLEAR

MMM5–7 REALITIES

Over 2.3 million Australians live in MMM5–7 areas where service access is limited, markets are thin or absent, and need is greatest.

AVOIDABLE RETRIEVALS

Up to 30–40% of retrievals from remote areas are potentially avoidable with access to the right care, closer to home.

UNDER-DRAW OF COMMONWEALTH ENTITLEMENTS

Billions in Commonwealth funding for remote and regional Australians goes unclaimed or under-utilised due to system complexity and capacity gaps.

THIN MARKET FAILURE

Markets in many remote areas are too small or unattractive to sustain essential services—leaving communities reliant on fragile, short-term solutions.

THE SYSTEM IS NOT FAILING REMOTE COMMUNITIES IT WAS NEVER DESIGNED TO INCLUDE THEM

FOR MARKETS THAT DO NOT EXIST."

THE POLICY WINDOW – WHAT SCHEDULE F ENABLES

THE NHRA NOW CREATES A REFORM PATHWAY

The National Health Reform Agreement aligns Commonwealth and State commitments around what matters most for Australians—better health, fairer access and stronger systems.

ALIGNING INVESTMENT • REDUCING DUPLICATION • IMPROVING OUTCOMES

Through place-based, integrated approaches.

A PRACTICAL TRANSLATION FOR THIN AND NO-MARKET ENVIRONMENTS

INTEGRATED CARE AT THE LOCAL LEVEL

Enables regional stewardship of holistic care across the life course—not just episodic or program-specific services.

- Supports multidisciplinary teams and care coordination
- Allows blending of services to meet community needs
- Reduces fragmentation and duplication

PLACE BASED DESIGNED AND FLEXIBLE INVESTMENTS

Enables regional areas to commission and adapt services that reflect local priorities and realities.

- Pooled and flexible funding across programs and providers
- Simplified reporting and compliance
- Faster decisions, closer to the community

PREVENTION AND EARLY INTERVENTION

Supports upstream investment and community-led solutions that build long-term health and resilience.

- Fund what prevents poor health, not just treat it
- Invest in social, cultural and environmental determinants
- Empempower communities to design local solutions

WORKFORCE ENABLERS

Enables flexible, place-based workforce solutions that respond to local need.

- Supports training, retention and local career pathways
- Enables task-sharing and innovative scopes of practice
- Invests in the care economy as a productivity engine

DIGITAL AND DATA ENABLERS

Enables connected systems and data use that improve care and decision making.

- Invests in digital infrastructure and interoperability
- Enables outcomes measurement and data-driven planning
- Supports telehealth and remote service delivery

Evidence Snapshot

Place-based, integrated and preventive approaches deliver:
Better health outcomes, Lower system costs, Stronger community wellbeing

Designed for local solutions for local challenges

Moves from program delivery to system stewardship

Delivers better outcomes for people, communities and systems

Makes every dollar work harder for the regions

FUTURE STATE - ENGAGED - ACCESSIBLE AND OUTCOME FOCUSED

A SMARTER INVESTMENT MODEL FOR BETTER HEALTH OUTCOMES

The pooled funding model shifts from program silos to a unified investment approach. It aligns with NHRA reforms and gives regions the flexibility and accountability to deliver what matters most.

MYMEDICARE

- 42% of WQPHN residents in MMM6–7 have no regular access to Medicare billable services.
- Cash-out arrangements to assure equity of access to Australia's universal healthcare system.

COMPREHENSIVE PRIMARY HEALTH CARE DESIGN

- Proactive team-based care focused on wellbeing and early engagement support.
- Approaches need to support aged care and disability services.

BLENDED PAYMENTS

- Combines activity-based, capitation and outcomes-based payments to balance flexibility with accountability.

OUTCOME FOCUSED COMMISSIONING

- Funds what works: evidence-informed outcomes.
- Builds local capability and innovation.
- Drives equity and improved system performance.

A Simple, Powerful Shift

From multiple funding streams with multiple rules, to one investment logic with shared outcomes.

INTEGRITY

COLLABORATION

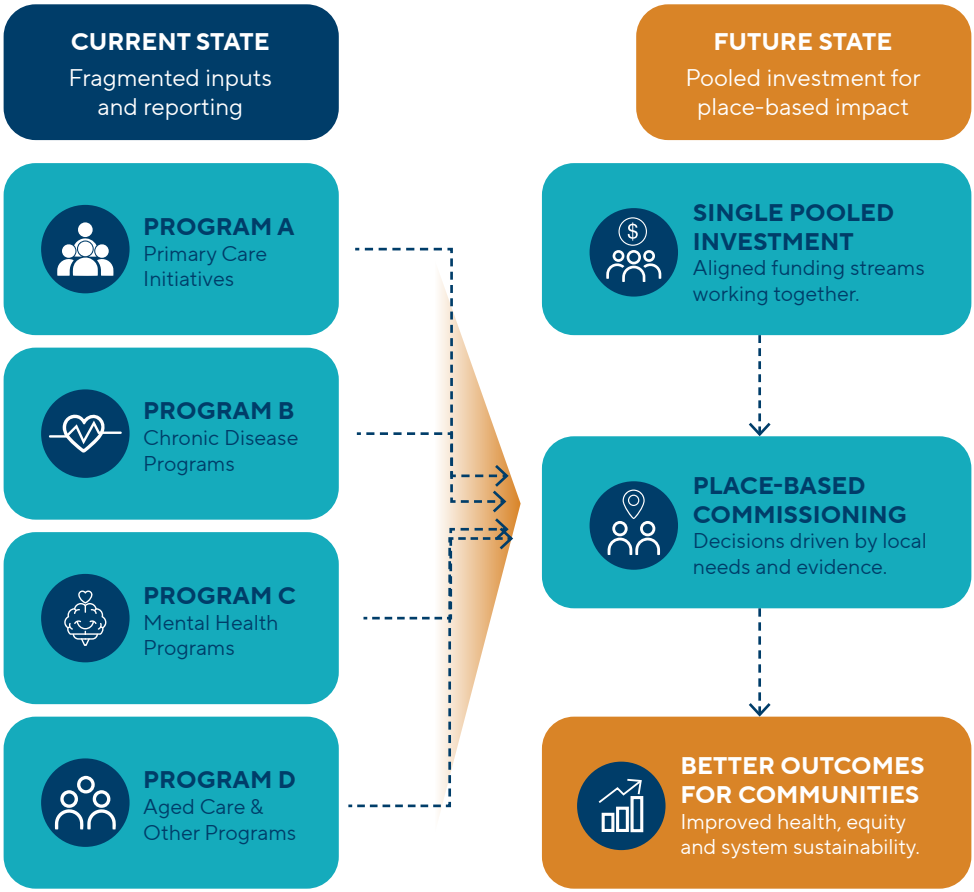
ACCOUNTABILITY

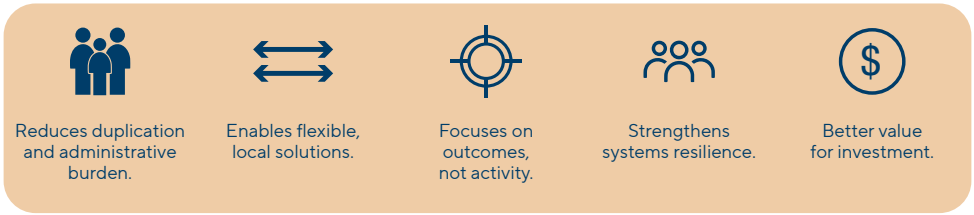
IMPACT

THE FUNDING REFORM

ONE REGION. ONE SET OF OUTCOMES FOR THE OUTBACK FRAMEWORK. ONE INVESTMENT LOGIC.

Moving from fragmented programs to a pooled, place-based investment that funds outcomes and strengthens local systems.





THE PATIENT JOURNEY FROM ISOLATED PLACES

The impact on individuals, families, friends and the health system

REALISE A NEED

Noticing a change in health or wellbeing.

SEEK ADVICE

Contact local clinic, telehealth or health service.

PLAN & PREPARE

Travel, accommodation and time off work arranged.

TRAVEL TO CARE

Long distances, multiple modes, weather dependent.

APPOINTMENT

Consultation, tests and treatment.

RETURN HOME

Follow-up, recovery and ongoing care (often remote).

EVERY STEP TAKES TIME, MONEY AND ENERGY WITH IMPACTS THAT GO FAR BEYOND THE APPOINTMENT. EVERY STEP ADDS A RISK TO CARE CONTINUITY.

THE CASE FOR CHANGE

PERSONAL COSTS
Out-of-pocket and time costs

TRAVEL
Flights, fuel, vehicle wear and tear, public transport.

ACCOMMODATION
Hotels, short-term rentals or staying with others.

FOOD
Meals while away from home.

FUEL
Long distances and multiple trips.

TIME OFF WORK
Lost wages, reduced leave, career impact.

These costs add up. For many, they are a barrier to seeking care.

OPPORTUNITY COSTS
Health and wellbeing impacts

MISSED CARE
Delay or forgo seeking care due to cost, time or access.

POORER OR LATE DIAGNOSIS
Conditions progress, more complex to treat.

MORE COMPLEX TREATMENT
Increased interventions, medications and recovery time.

IMPACT ON WELLBEING
Worry, stress, pain and reduced quality of life.

Delays today can lead to worse outcomes tomorrow.

IMPACT ON FAMILY & FRIENDS
The ripple effect

TRAVEL & ACCOMMODATION
Family/friends travel to support their loved one.

TIME OFF WORK
Lost wages and annual leave.

CARE RESPONSIBILITIES
Finding care for children, elders or others at home.

EMOTIONAL IMPACT
Stress, worry and time away from own wellbeing.

Those who care, also pay a cost.

IMPACT ON THE SYSTEM
Higher costs and pressure

EVACUATION COSTS
Retrievals are expensive and increasing.

LATE TREATMENT COSTS
More complex care, longer stays, more resources.

HIGHER COMPLICATION RATES
More readmissions, ongoing care and chronic disease.

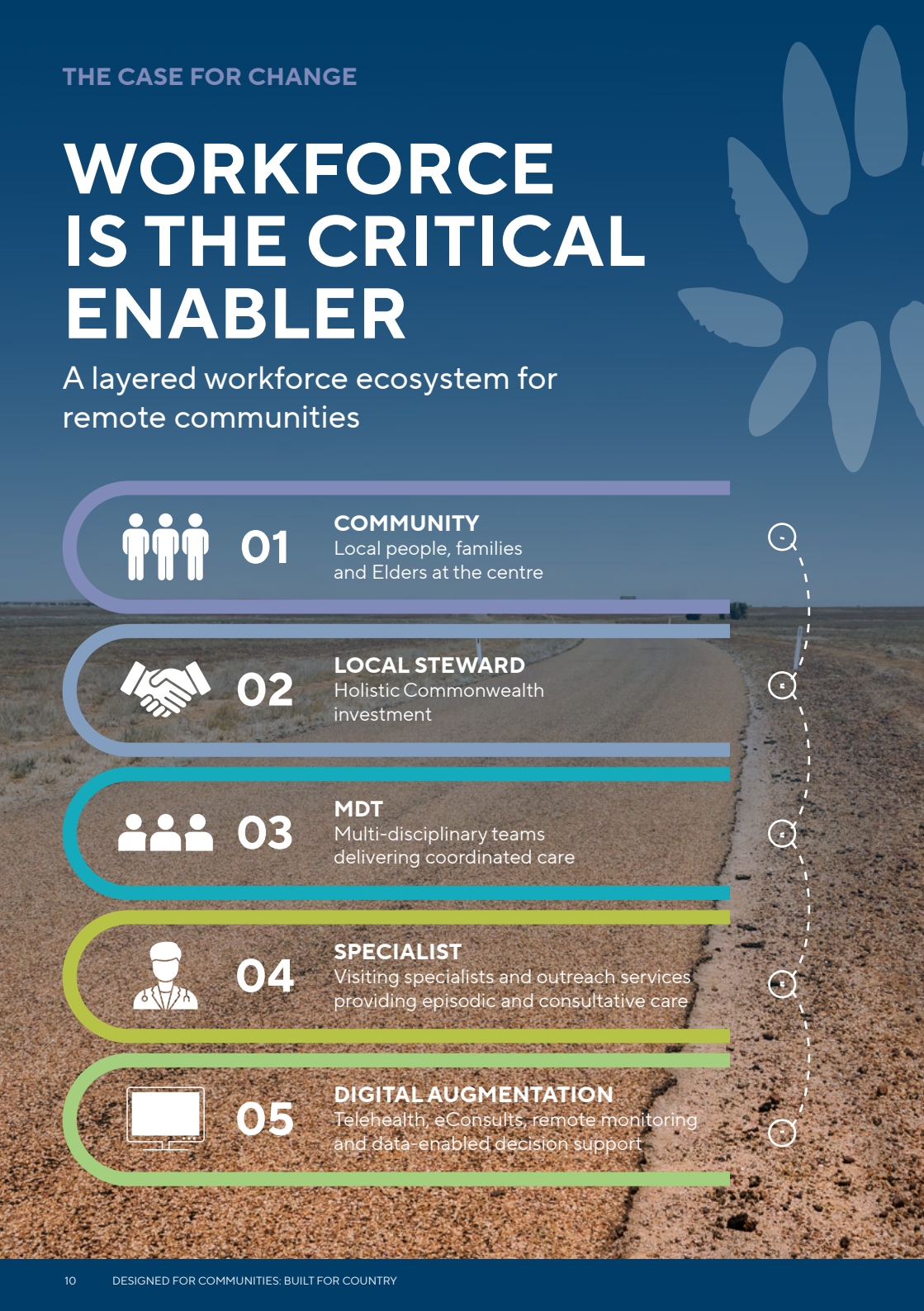
WORKFORCE & CAPACITY PRESSURE
Strain on services, workforce and beds.

Investing earlier in access and prevention saves more later.

THE BIGGER PICTURE It's not just a healthcare issue. It's a community and societal issue.	People in isolated places deserve the same opportunity for good health.	Equitable access reduces personal hardship and health inequality.	Stronger local services, telehealth and outreach support earlier care and better outcomes.	A sustainable system starts with prevention, access and maintaining wellbeing.	Better access today means a healthier community and a more sustainable system tomorrow.

WORKFORCE IS THE CRITICAL ENABLER

A layered workforce ecosystem for remote communities



IN THIN MARKETS, WORKFORCE IS INFRASTRUCTURE.

The workforce model combines:

LOCAL WORKFORCE

Built from the community, for the community.

VISITING CLINICIANS

Outreach and fly-in/fly-out models that add, not replace.

VIRTUAL HEALTH

Extending reach, improving timeliness and reducing travel.

PEER SUPPORTS

Lived experience, trusted relationships, better outcomes.

CULTURAL CAPABILITY

Culturally safe care as a core competency.

> **NO WORKFORCE. NO ACCESS. NO REFORM.**

EVIDENCE SNAPSHOT

+28%
Access improvement with MDT models[1]

-34%
Reduction in unplanned travel[2]

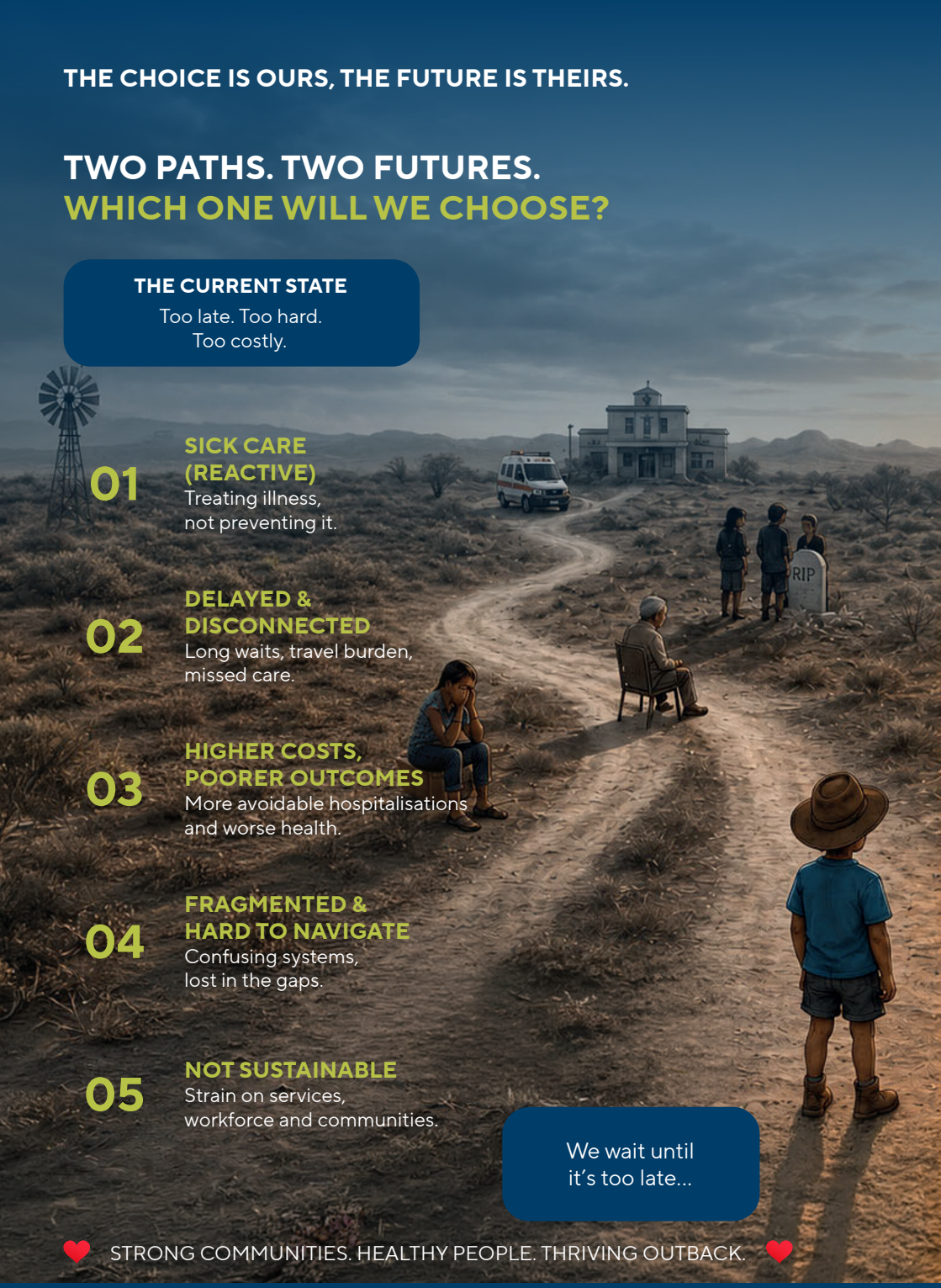
+41%
Workforce retention with local pathways[3]

1. Jones et al., 2022 2. Phillips et al., 2021 3. Walker et al., 2023

THE CHOICE IS OURS, THE FUTURE IS THEIRS.

TWO PATHS. TWO FUTURES.
WHICH ONE WILL WE CHOOSE?

THE CURRENT STATE
Too late. Too hard.
Too costly.



01 SICK CARE (REACTIVE)
Treating illness, not preventing it.

02 DELAYED & DISCONNECTED
Long waits, travel burden, missed care.

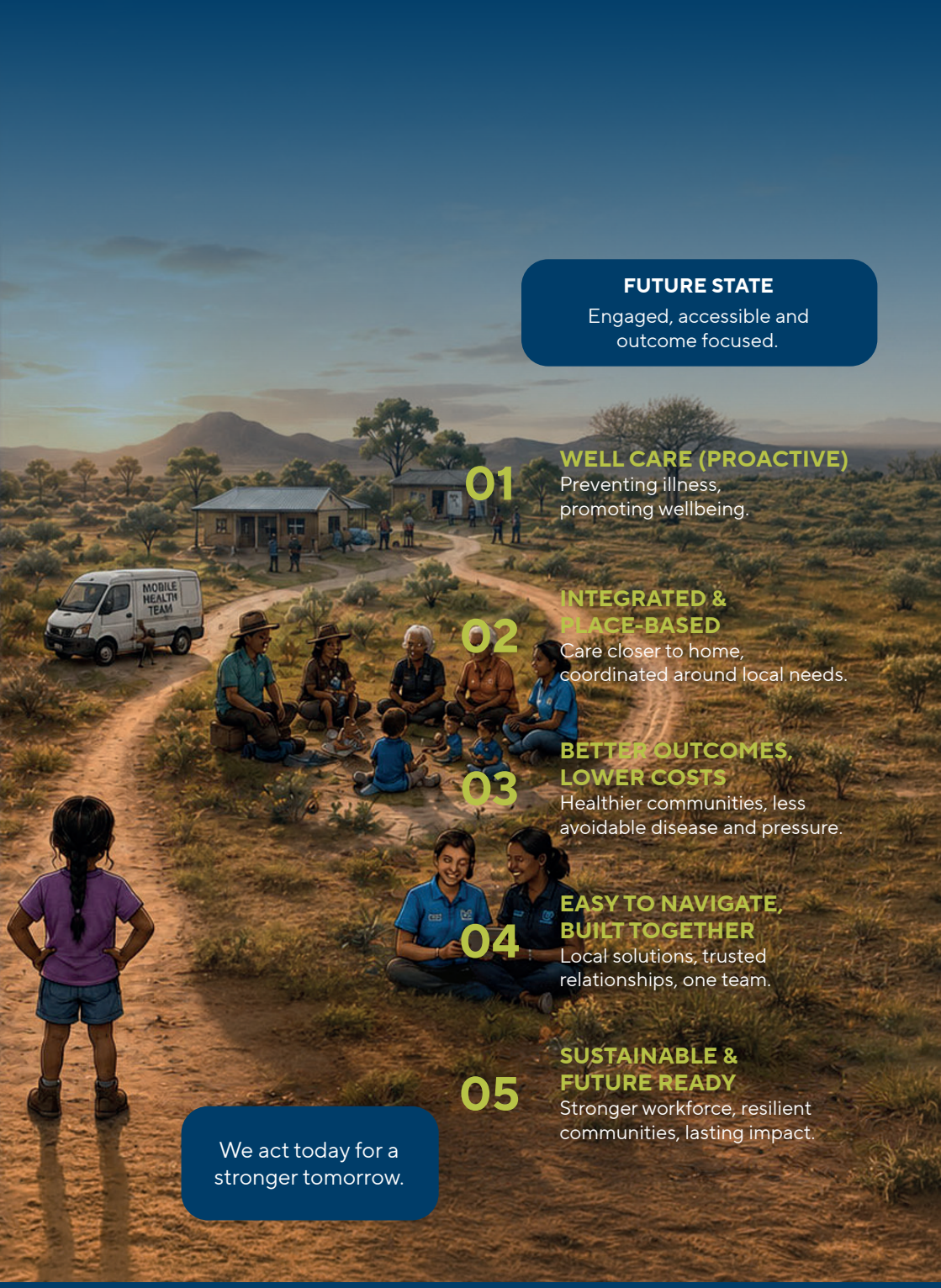
03 HIGHER COSTS, POORER OUTCOMES
More avoidable hospitalisations and worse health.

04 FRAGMENTED & HARD TO NAVIGATE
Confusing systems, lost in the gaps.

05 NOT SUSTAINABLE
Strain on services, workforce and communities.

We wait until it's too late...

STRONG COMMUNITIES. HEALTHY PEOPLE. THRIVING OUTBACK.



FUTURE STATE

Engaged, accessible and outcome focused.

01

WELL CARE (PROACTIVE)

Preventing illness, promoting wellbeing.

02

INTEGRATED & PLACE-BASED

Care closer to home, coordinated around local needs.

03

BETTER OUTCOMES, LOWER COSTS

Healthier communities, less avoidable disease and pressure.

04

EASY TO NAVIGATE, BUILT TOGETHER

Local solutions, trusted relationships, one team.

05

SUSTAINABLE & FUTURE READY

Stronger workforce, resilient communities, lasting impact.

We act today for a stronger tomorrow.

WHAT CHANGE LOOKS LIKE

FROM CONTRACT MANAGEMENT TO INVESTMENT STEWARDSHIP

CANBERRA
Policy and funding settings

LOCAL STEWARD
Holistic Commonwealth investment strategic stewardship and enablement

INVESTING LOCALITIES
Place-based planning and collaboration

COMMUNITY MICRO SYSTEMS
Local delivery and community solutions

SHARED OUTCOMES DASHBOARD
Transparency, learning and impact

WHAT CHANGE LOOKS LIKE

STEWARDSHIP MEANS:

Not purchasing episodes.

But enabling:

NAVIGATION

Helping communities and providers find the right support.

COMMUNITY ACCOUNTABILITY

Empowering communities to shape priorities and outcomes.

INTEROPERABILITY

Connecting systems for seamless, coordinated care.

WORKFORCE CONTINUITY

Strengthening teams and retaining local capability.

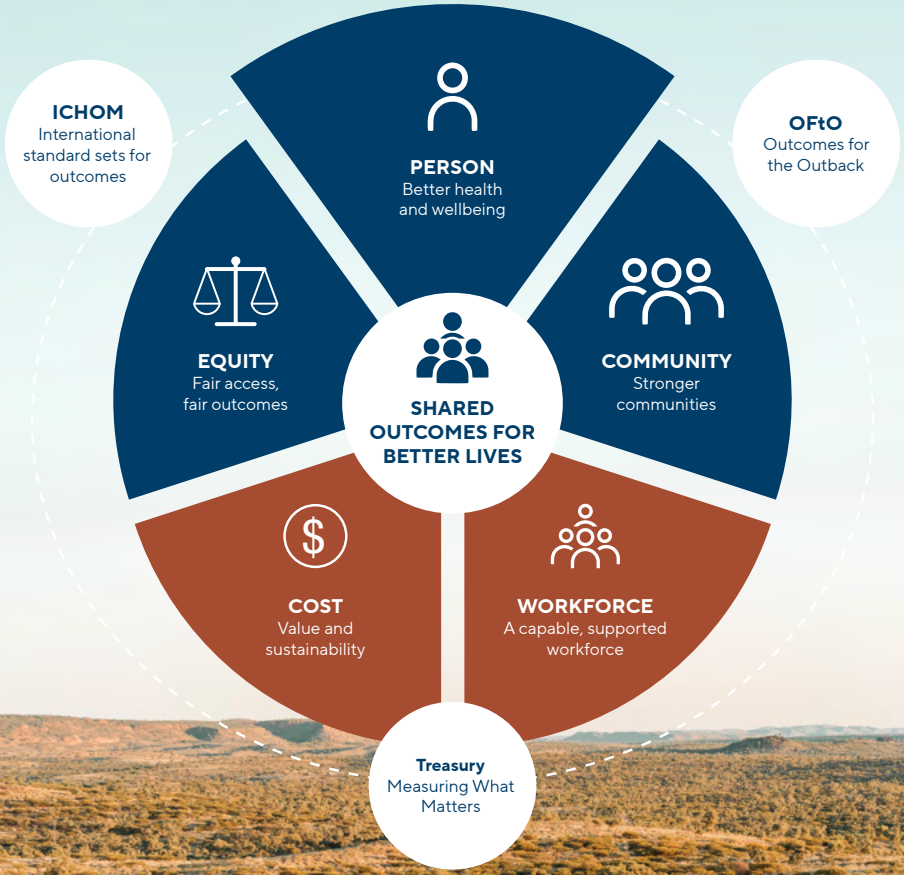
EVIDENCE:

International evidence confirms that stewardship models improve access, continuity and outcomes.

Source: WHO, 2022; Commonwealth Fund, 2021

OUTCOMES NOT ACTIVITY

A FOUNDATION FOR COMPREHENSIVE PRIMARY HEALTH CARE IN WESTERN QUEENSLAND



OUR OUTCOME MEASURES (EXAMPLES)

PERSON	COMMUNITY	WORKFORCE	COST	EQUITY
• EQ-5D-5L (quality of life) • PHQ-9 (mental health) • Diabetes control (HbA1c) • Blood pressure control	• Community resilience index • Participation in community life • Cultural safety and inclusion	• Local workforce retention rate • Vacancy rate (priority roles) • Workforce wellbeing score	• Cost per person (risk adjusted) • Avoidable hospital admissions • Retrievals (rate per 1,000)	• Access by remoteness • Closing the Gap indicators • Service coverage equity

OUTCOMES NOT ACTIVITY

PERSON

Better health and wellbeing
We measure outcomes that matter to individuals across physical and mental health, and quality of life.

- EQ-5D for quality of life
- PHQ-9 for mental health
- Chronic disease indicators
- Functional independence

COMMUNITY

Stronger communities
We measure the strength, connection and resilience of our communities.

- Community resilience index
- Participation and connection
- Cultural safety and inclusion

WORKFORCE

A capable, supported workforce
We measure the capacity, stability and wellbeing of our local workforce.

- Local workforce retention
- Vacancy rates in priority roles
- Workforce wellbeing

COST

Value and sustainability
We measure the value we deliver for the investment made, focusing on outcomes and efficiency.

- Cost per person (risk adjusted)
- Avoidable hospital admissions
- Retrieval reduction

EQUITY

Fair access, fair outcomes
We measure equity of access and outcomes, ensuring no one is left behind.

- Access by remoteness
- Closing the Gap indicators
- Service coverage equity

FROM DATA TO ACTION

COLLECT Meaningful data → **ANALYSE** For insight and equity → **ACT** Through local decision-making → **LEARN** And adapt continuously

Better measurement • Better decisions • Better outcomes
For people. For communities. For the Outback.

OFtO
Outcomes for the Outback

REGIONAL STEWARDSHIP INFRASTRUCTURE ALREADY EXISTS

A FOUNDATION FOR COMPREHENSIVE PRIMARY HEALTH CARE IN WESTERN QUEENSLAND

OFtO

Outcomes for the Outback

REGIONAL STEWARDSHIP

WQPHN as the trusted convenor and system steward

ENGAGE

Build relationships and trust

Deep community partnerships and local voice

NAVIGATE

Connect across the system

Help people and providers navigate services seamlessly

ACCESS

Enable timely, equitable access to care

Right care, right place, right time

HEALTHY OUTBACK KIDS

Best start, bright futures for our children and young people

HEALTHY OUTBACK COMMUNITIES

Stronger communities, better health, together

AGEING IN THE OUTBACK

Supporting older people to live well, locally

SHARED OUTCOMES

Better health and wellbeing Stronger communities Sustainable system

REGIONAL STEWARDSHIP INFRASTRUCTURE ALREADY EXISTS

BUILT ON RELATIONSHIPS. DESIGNED FOR IMPACT.

WQPHN has established the infrastructure, partnerships and capability to steward a connected, outcomes-focused primary health care system for Western Queensland.

COMMUNITY TRUST

We have invested in deep, long-term relationships with communities, Aboriginal and Torres Strait Islander organisations, Local Health Networks, providers and local leaders. This trust is the foundation for meaningful engagement and sustainable change.

CONNECTORS

Our community connectors and navigators bridge the gap between people and the health system—helping individuals and families understand their options and access the right care, in the right place, at the right time.

MDT PATHWAYS

We have developed multidisciplinary team (MDT) models and integrated care pathways that bring together GPs, nurses, allied health, mental health, social care and community services around the needs of individuals and communities.

ADAPTIVE COMMISSIONING

Our commissioning approach is flexible and responsive—using local insight, data and outcomes to adapt services, remove barriers and invest in what works. We are ready to scale outcomes-based commissioning across the region.

WE ARE NOT STARTING FROM SCRATCH. WE ARE BUILDING ON WHAT ALREADY WORKS.

WQPHN is ready to move from commissioning to stewardship driving better outcomes for Western Queensland.

EVIDENCE SNAPSHOT

100+
community and stakeholder partnerships established

12+
years of system partnership leadership

Multidisciplinary models active across the region

Outcomes-focused commissioning piloted and scaling

FROM CHALLENGE TO SOLUTION

BUILDING INTEGRATED PRIMARY HEALTH CARE IN NO-MARKET ENVIRONMENTS

Outcomes for the Outback (OFtO) → Healthy Outback Communities (HoC)
A place-based, person-centred, outcome-focused system of care for remote Australia.

THE CHALLENGES OF CHANGE

Why traditional models don't work in no-market environments

1. NO-MARKET REALITY
- Small populations, vast distances
- Limited providers and services
- Market-based models are unsustainable

2. FRAGMENTED & REACTIVE SYSTEMS
- Siloed funding and programs
- Duplication, gaps and inconsistent access
- Crisis-driven care, not continuous care

3. WORKFORCE CONSTRAINTS
- Shortages, high turnover, reliance on FIFO/DIDO
- Limited local career pathways
- Workforce burnout and reform fatigue

4. LIMITED OUTCOMES FOCUS
- Activity-based funding
- Lack of continuity and closed care loops
- Outcomes for people and communities not improved

5. ENVIRONMENTAL & SOCIAL PRESSURES
- Climate-related disasters disrupt services
- Social isolation and disadvantage
- Complex needs require more than clinical care

6. CHANGE IS HARD
- Resistance to new ways of working
- Weak internal coordination and change management
- Staff churn impacts momentum and continuity

SUSTAINABLE CHANGE REQUIRES STRONG RELATIONSHIPS, LOCAL LEADERSHIP AND SHARED ACCOUNTABILITY.

People, Place, Culture & Community at the Centre

We listened.
We learned.
We co-designed.
We are building better systems together.

ENABLERS OF SUCCESS

- Community engagement
- Local leadership and governance
- Workforce innovation
- Aligned and pooled funding
- Data and digital enablement
- Trust, culture and partnerships

FROM CHALLENGE TO SOLUTION

OUR SOLUTION: A SYSTEM BUILT FOR NO-MARKET ENVIRONMENTS

1. PLACE-BASED STEWARDSHIP (OFtO FRAMEWORK)

- Built around Engage, Navigate, Access
- Life-stage approach across the continuum
- Local priorities, local leadership, regional support

2. INTEGRATED SERVICE DELIVERY (CPHC)

- Comprehensive Primary Health Care
- Health + social care + community supports
- Multidisciplinary teams with shared care plans

3. NAVIGATION & CONNECTION

- Connector workforce as the glue
- Single point of connection, closed care loops
- Social prescribing and community linkages

4. OUTCOMES & VALUE FOCUS

- Outcomes-based commissioning (VBHC principles)
- ICHOM-aligned outcomes that matter
- Data for action, learning and continuous improvement

5. RELATIONAL COMMISSIONING & ALLIANCES

- HoC Alliance & Mates of HoC (M8's)
- Pooled and flexible funding
- Shared accountability for results

6. FIT-FOR-PURPOSE MODELS & TECHNOLOGY

- Blended care: face-to-face, virtual, outreach
- Technology enabled but people led
- Flexible, resilient and community anchored

THE IMPACT

BETTER OUTCOMES
for individuals, families and communities

STRONGER COMMUNITIES
connected, resilient and empowered

SMARTER SYSTEMS
efficient, integrated and sustainable

A FAIRER FUTURE
closing the gap for remote Australians

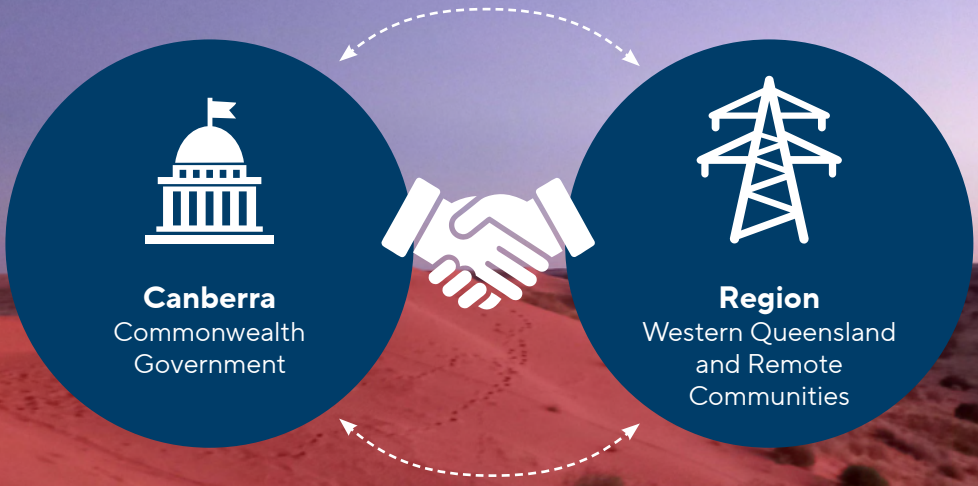
OUR PRINCIPLES

OFtO
Outcomes for the Outback

- Person-centred and culturally safe
- Place-based and locally led
- Whole-of-life approach
- Equity, inclusion and access
- Outcomes that matter

WHAT WQPHN IS SEEKING

A Partnership for Remote Australia



PARTNERSHIP FOR PLACE BASED REFORM

TRUST **RESPECT** **RECOGNITION OF PLACE** **SHARED ACCOUNTABILITY** **BETTER OUTCOMES**

INVESTMENT THAT ENABLES:

1. **LOCAL AUTHORITY**
   Enable local planning and commissioning through a pooled funding arrangement.
2. **WORKFORCE FLEXIBILITY**
   Flexibility to recruit, retain and deploy workforce models that fit remote realities.
3. **REGULATORY ADAPTATION**
   Adapt regulations and scopes to support innovative, team-based care.
4. **DATA LINKAGE**
   Enable secure data linkage and interoperability across systems.
5. **INDEPENDENT EVALUATION**
   Support independent evaluation to demonstrate impact and guide improvement.
6. **COMMUNITY CO-DESIGN**
   Embed community leadership and co-design in governance and service design.
7. **SUSTAINABLE FUNDING**
   Provide multi-year funding certainty to enable long-term planning and retention.
8. **CROSS-SECTOR ALIGNMENT**
   Align health, housing, education and social services to address root causes.
9. **SCALABLE LEARNING**
   Invest in learning systems that capture what works and scale across remote Australia.

EVIDENCE BASE

64,000+
people across Western Queensland and remote communities

Higher burden of chronic disease and preventable hospitalisations

Workforce shortages severely impact access and continuity

Place-based models deliver better outcomes and greater value

FROM INQUIRY TO IMPLEMENTATION

Building impactful, enabled systems and stewardship to deliver better outcomes and stronger remote communities.

Australia does not suffer from a shortage of reviews. It suffers from a shortage of implementation.

Twenty-five years of evidence. One persistent challenge.

50+
NATIONAL INQUIRIES

60+
STATE AND TERRITORY REVIEWS

100+
EVALUATIONS

HUNDREDS
OF ACADEMIC STUDIES

4
ROYAL COMMISSIONS

20+
PRODUCTIVITY COMMISSION REPORTS

Different sectors. Different jurisdictions. Remarkably consistent findings.

WE KNOW WHAT WORKS

- ✓ Place-based approaches
- ✓ Shared stewardship
- ✓ Flexible funding
- ✓ Community and Aboriginal community-controlled leadership
- ✓ Integrated multidisciplinary teams
- ✓ Navigation and care coordination
- ✓ Local capability and workforce investment
- ✓ Measuring outcomes rather than activity

THE COST OF DOING NOTHING

FRAGMENTATION
↓
UNMET NEED
↓
CRISIS DEMAND
↓
HIGHER COSTS
↓
LOWER PARTICIPATION
↓
REDUCED PRODUCTIVITY

WE KNOW WHAT WORKS

Move from Program Delivery

→ **System Stewardship**
Stewardship creates value

INVESTMENT
REGIONAL STEWARDSHIP
SYSTEM INTEGRATION
BETTER OUTCOMES
PRODUCTIVITY
COMMUNITY WELLBEING

PLACE BASED SOLUTIONS	SHARED STEWARDSHIP	STRONGER PARTNERSHIP	BETTER OUTCOMES FOR ALL	SUSTAINABLE FUTURES

DESIGNED FOR COMMUNITIES • BUILT FOR COUNTRY • INVESTING IN WHAT MATTERS

THE EVIDENCE IS CLEAR

THE TIME TO INVEST DIFFERENTLY IS NOW.

What multiple reports and policy reviews tell us:

01 **One size does not fit all.** Centralised systems fail to reflect rural and remote realities.

02 **Structural disadvantage persists.** Geography, scale and remoteness drive higher costs and poorer outcomes.

03 **Communities are under-utilised.** Local knowledge and capability are not being empowered or resourced.

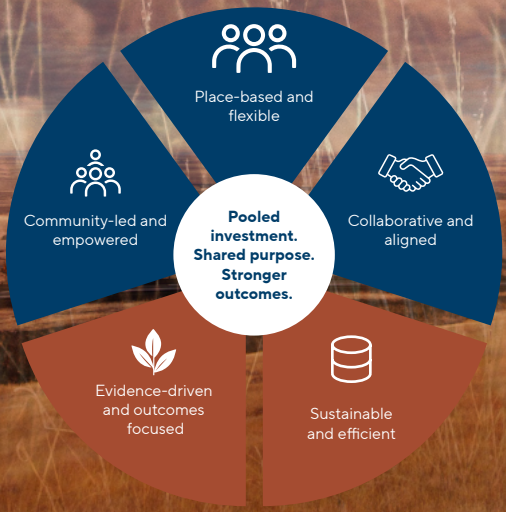
04 **Fragmentation drives inefficiency.** Duplication, gaps and silos waste resources and weaken impact.

05 **Investment must be outcomes-led.** Shift from activity funding to place-based outcomes that last.

THE MESSAGE IS CONSISTENT: INVEST DIFFERENTLY, DELIVER BETTER.

WE NOW HAVE AN OPPORTUNITY

To enable pooled investment that delivers outcomes that matter.



A NEW APPROACH. A SHARED INVESTMENT MODEL.
Delivering better for rural and remote Australia.

Right investment in the right places

Stronger communities, better services

Long-term impact, not short-term fixes

Less waste, more value

A fairer future for rural Australia

PAVING OUR WAY TOWARDS **HEALTHIER WESTERN QUEENSLAND COMMUNITIES**

wqphn.com.au/stewardship

Telephone: 07 4573 1900
Email: wq_admin@wqphn.com.au
www.wqphn.com.au

WINTON
60 Elderslie Street
PO Box 412
Winton QLD 4735

ROMA
22b Bowen Street
PO Box 507
Roma QLD 4455

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Prepared by **John Gregg and Allan Groth**

Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures and to elders past and present.