

ERM

Effective Resource Management



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Why ERM?



➤ Our health system is at a critical point

- Budget
- Quality and safety
- Changing demographics
 - Ageing population
 - Increasing chronic disease burden
- Workforce issues

Now is the time:



- Seize an opportunity
 - *GPs CAN take a lead*
- Limited resources **WILL** mean managed health and budget constraints
 - *Why not let GPs take the lead while the opportunity exists?*

How will it be done?



- A peer driven system – GP designed and delivered
- Systematic, ongoing support – regular meetings
- Relevant, unbiased evidence
- A system of incentives – GPs time respected and paid for
- Your local division playing a coordinating role
- EDQUM – Plus:
 - Focusing on PBS initially
 - What has EDQUM delivered locally?
 - ERM can deliver MUCH more

What's in it for the GP?



- Retaking control over what happens in your practice
- Enabling GPs to deliver even better care
- Pertinent, local evidence available
- Target of available resources more effectively
- Work smarter – not longer/harder

Overall Management Structure of ERM:



- 5 Australian Divisions, ADGP, 3 New Zealand IPAs
 - Working collaboratively
- Central office organisation
 - Analysis of data
 - Interfacing with HIC
 - Providing evidence based information
- Ethics to be endorsed
- Plan to 'roll out' in several waves to all divisions

"Just leave me alone"



"I work flat out"

"I am doing a pretty good job"

- Change will occur
- Will you be managed?
- Or will you take control?

Seize the opportunity and adopt a vision



- Collaboration, coherence, coordination
- A more effective approach
- Your effort is rewarded
- GPs taking control
 - Lead a positive change
- GP led improvement
 - Individual care level
 - Improved community health care