

COMMUNITY ADVISORY COUNCIL FEEDBACK

June 2024



TOPIC #1 - MyMedicare RACH's and the registration process

KEY INFORMATION



8%
of CAC members have registered for MyMedicare

CAC were asked for feedback on the registration process for MyMedicare and were provided with an overview of the benefits to residents of Residential Aged Care Homes (RACH's) such as more regular visits with their GP and better care planning.

BARRIERS

“I would like to know the long-term goals of MyMedicare before I register”
 “General practice staff and doctors should proactively engage with patients to encourage more registrations”
 “I don't understand the difference between My Health Record and MyMedicare.”
 “My GP has not mentioned it to me, and I currently do not see the benefit for myself or my GP.”
 “I see the same GP regularly or go to the same clinic when my regular GP is not available.”

OPPORTUNITIES AND RECOMMENDATIONS

Communications campaign focusing on immediate and long-term patient benefits i.e. MyMedicare objectives in five years time.
 Advice to general practice staff about the patient benefits of MyMedicare (for easy sharing)
 Communications with RACH residents, families and carers to help understand the benefits of MyMedicare registration such as regular general practitioner consults and better care planning.

NEXT STEPS

Feedback from CAC members was given to the project team with a view that it be shared with the National PHN collaborative team for consideration for the MyMedicare implementation.

100%
of participants felt their
opinions were valued



*Agree or
Strongly Agree

CAC members suggested the following topics for future meetings:

- Mental Health
- Suicide prevention and aftercare
- Chronic Pain programs
- Health Literacy

TOPIC #2 - Persistent Pain

Health Needs and awareness

KEY INFORMATION



85%

of CAC have experienced persistent pain

CAC members were provided with an overview of the burden and prevalence of persistent pain in the community. CAC members were asked for their experiences in seeking treatment for persistent pain to be included in the **Regional Health Needs Assessment (RHNA)**.

Most CAC members indicated that they had experienced persistent pain and had consulted their health care provider for treatment.

BARRIERS

“It was extremely hard to get any acknowledgement of the pain I was in from any doctors until I got a formal diagnosis after 15 years.”

“When it comes to the question of the 1-10 rating, I will adjust my number to how they might perceive the message I want to get across, even though I might personally consider it a 3, I need to say it is a 6 so they understand.”

“The way that some patients describe persistent pain can be misinterpreted by health care providers.”

“There could be delays in people seeking treatment because community awareness of treatment options appears to be limited to either surgery or prescription medications.”

“Some general practitioners’ don’t know about persistent pain programs, referral pathways and when to refer patients.”

“Sometimes there is a delay in acknowledging a patient’s pain, particularly for conditions relating to people with a uterus or those from CALD backgrounds”

OPPORTUNITIES AND RECOMMENDATIONS

Increase general practitioners’ awareness of persistent pain programs, and referral pathways

Mutual agreement between patient and healthcare providers on pain assessment measures

Greater acknowledgement of pain experienced by females and people from CALD backgrounds

Early intervention through timely referrals to persistent pain programs

NEXT STEPS

Feedback from the CAC was given to the project team to be included in the persistent pain needs assessment for the joint regional needs assessment, to be included in the needs assessment submission to DOHAC in November 2024.