

# Distance, Dedication, Difference:

Scaling a Nurse-Led Model to Transform Rural &  
Remote Primary Health Care

Haley Hodgson  
Executive Director  
AveNuPlus, Maclean Medical,  
Maclean Radiology, Halind Health



**AveNuPlus**  
Access Health Clinic

maclean  
**MEDICAL**

**Halind**  
— Health —

# The Reality

Access to care is breaking in rural communities

- Long GP wait times
- Growing workforce shortages
- Increasing ED reliance
- Delayed care = worse outcomes

# The Shift

Patients aren't failing to access care

**Care isn't accessible to them!!!**

# Origin Story

**It started with a simple question:**

**“What happens when patients can’t wait?”**

- **Built as a small nurse-led access clinic**
- **Walk-in, same-day care**
- **Demand was immediate**

# **What Happened Next**

- **Demand exceeded expectations**
- **New patient cohort identified**
- **Safe, trusted, and working**

# Evolution to **AvenüPlus** Access Health Clinic

**From concept → scalable model**

- **Designed for Access**
- **Designed for Simplicity**
- **Designed for rural Sustainability**
- **Led by clinical leadership**

# Designed for Community

**One model. One community.**

- **Aboriginal and non-Aboriginal people**
- **Community-informed design**
- **Focus on trust, safety, and access**
- **No wrong door to care**

# How it Works

**Walk in → Assess → Treat → Connect**

- **No appointment needed**
- **Rapid triage (~3 min)**
- **Treat or escalate**
- **Link to ongoing care**
- **Nurse Led Clinic – NP's**



# Leadership in remote health



- **Clinical leadership at point of care**
- **Nurses leading service design and delivery**
- **Governance & Safety embedded**
- **Decisions made close to community**

*Every presentation is supported by structured escalation pathways, ensuring patients are either managed safely within scope or connected immediately to higher-level care when required.*

# Building the Workforce We Need

- **Working at full scope**
- **Retention through role satisfaction**
- **Pathways to NP and advanced practice**
- **Mentorship & support structures**

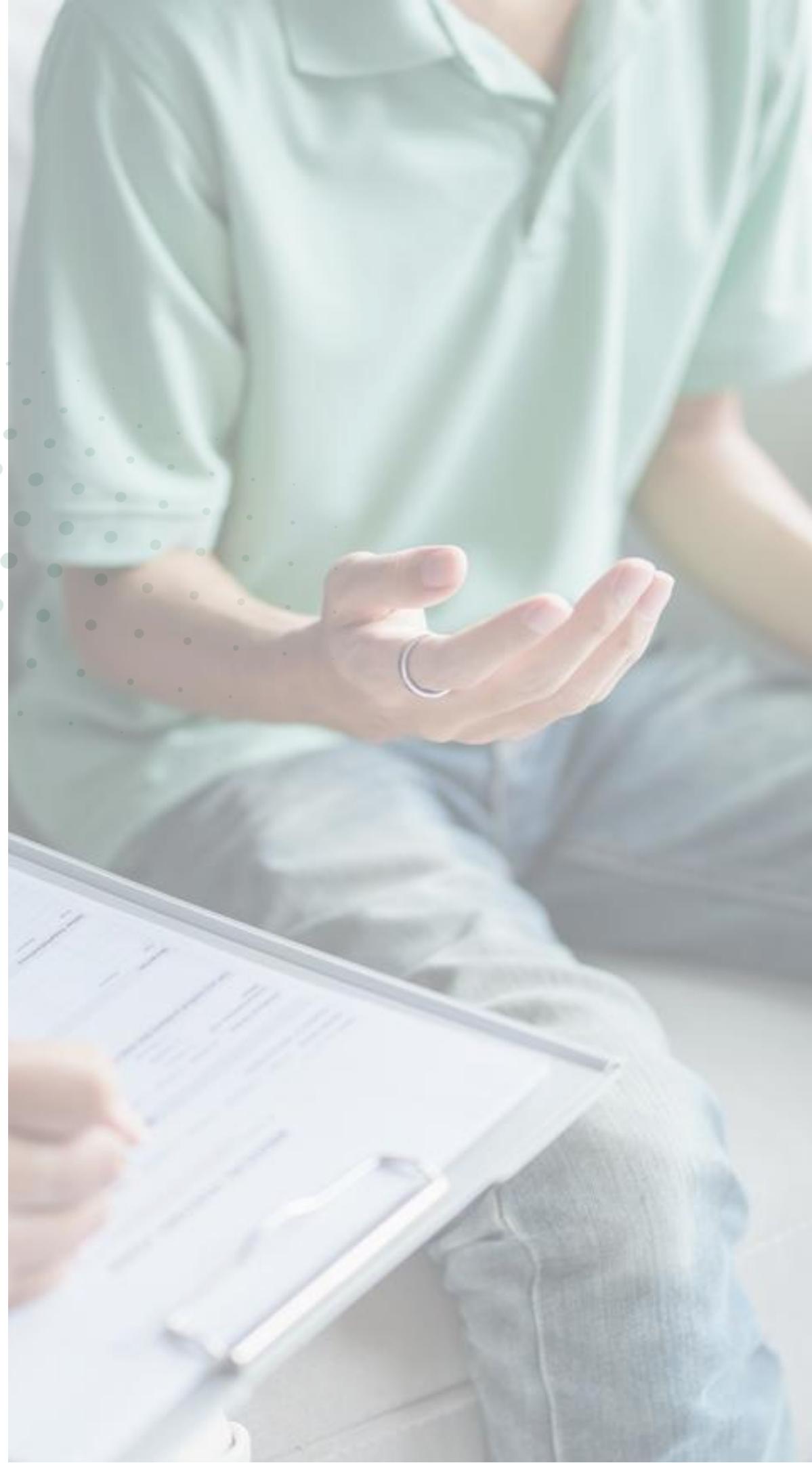


# Impact: Demand



**10 000+**

Presentations in 12  
months



# Impact: Access



## 3 mins

Average wait  
time



# Impact: GP Gap



**50%**

have no regular  
GP



**Impact:**

**System Impact**



**>50%**

would have  
presented to  
ED



# Impact Snapshot

Access made simple changes everything

This is what happens when access is redesigned.

**10,000+**

presentations in first 12 months

**2500**

local population

**>50%**

would have presented to the  
local ED

**50%**

without a regular GP

**3 min**

average wait time

**\$2 million**

estimated savings on local  
health department

# WHY IT WORKS

**From delayed care → immediate care**

- Nurses working to full scope
- Simple, accessible design
- Built on trust
- Strengthens existing services
- Enabled through strong clinical leadership and governance

# What needs to change

- Funding Limitations (MBS/PBS)
- Policy constraints
- Recognition of nurse-led models
- Need for system reform

# The Future

This is  
bigger than  
one clinic



Scalable  
across  
rural  
Australia



Adaptable  
to local  
communities



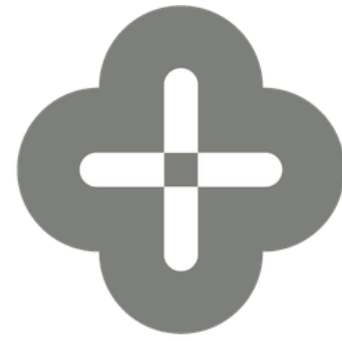
Works with  
the  
workforce  
we have  
now

**This isn't a pilot.  
It's a pathway forward.**



# QUESTIONS?????





**AvenüPlus**  
Access Health Clinic

**Thank You**

[haley@halind.com.au](mailto:haley@halind.com.au)

[www.avenuplus.com.au](http://www.avenuplus.com.au)

 HaleyHodgson