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HARP

- Prevention component of the Hospital Demand Management Strategy
- Specifically designed to reduce the rate of growth in demand for acute services
- Investment of \$150m over 4 years
 - \$50m in 2004-05

HARP

'collaboratively developing preventive models of care between acute and community providers targeting people with manifest health needs who are frequent users of the hospital system'

HARP Implementation 2001-2004

- Strong analysis of the issues and evidence through the HARP Reference Group and development of background papers
- 3 funding rounds resulting in over 90 projects targeting a range of patient groups with diverse models of care and new approaches
- General Practitioners, community agencies, local government, consumer groups and hospitals funded to work together to develop new options for patients
- Independent Evaluation

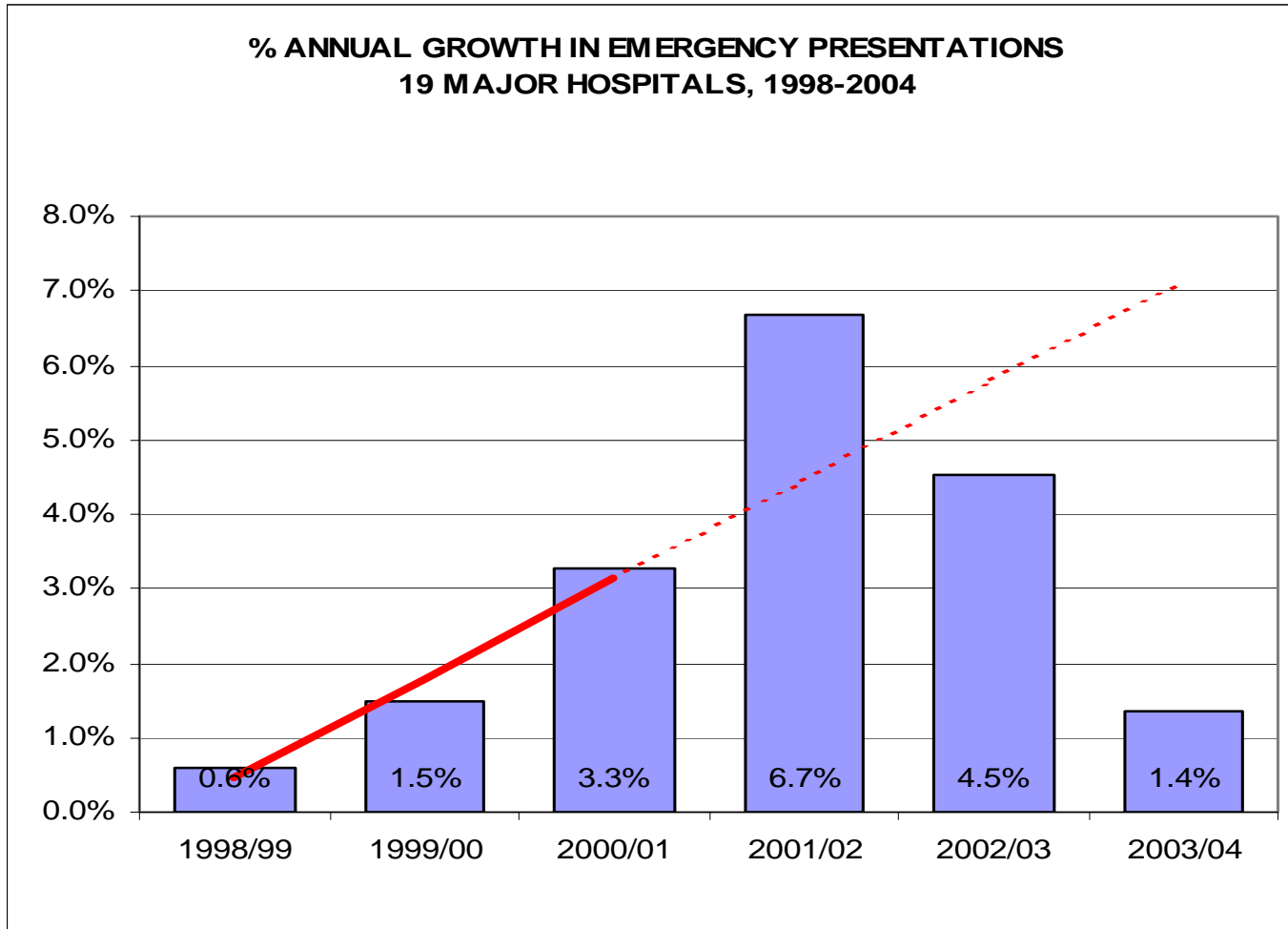
HARP Challenges

- Significant investment in innovation when the system was under considerable pressure
- Risk of duplication and increased fragmentation of services if integration could not be achieved
- The appropriateness of targeting and prioritising patients based on hospital utilisation was questioned
- Leadership, commitment and time was needed to develop effective partnerships between agencies – there are tensions over governance, accountability and fund holding arrangements
- Attributing the the impact of specific HARP projects to changes in patient outcomes and hospital use

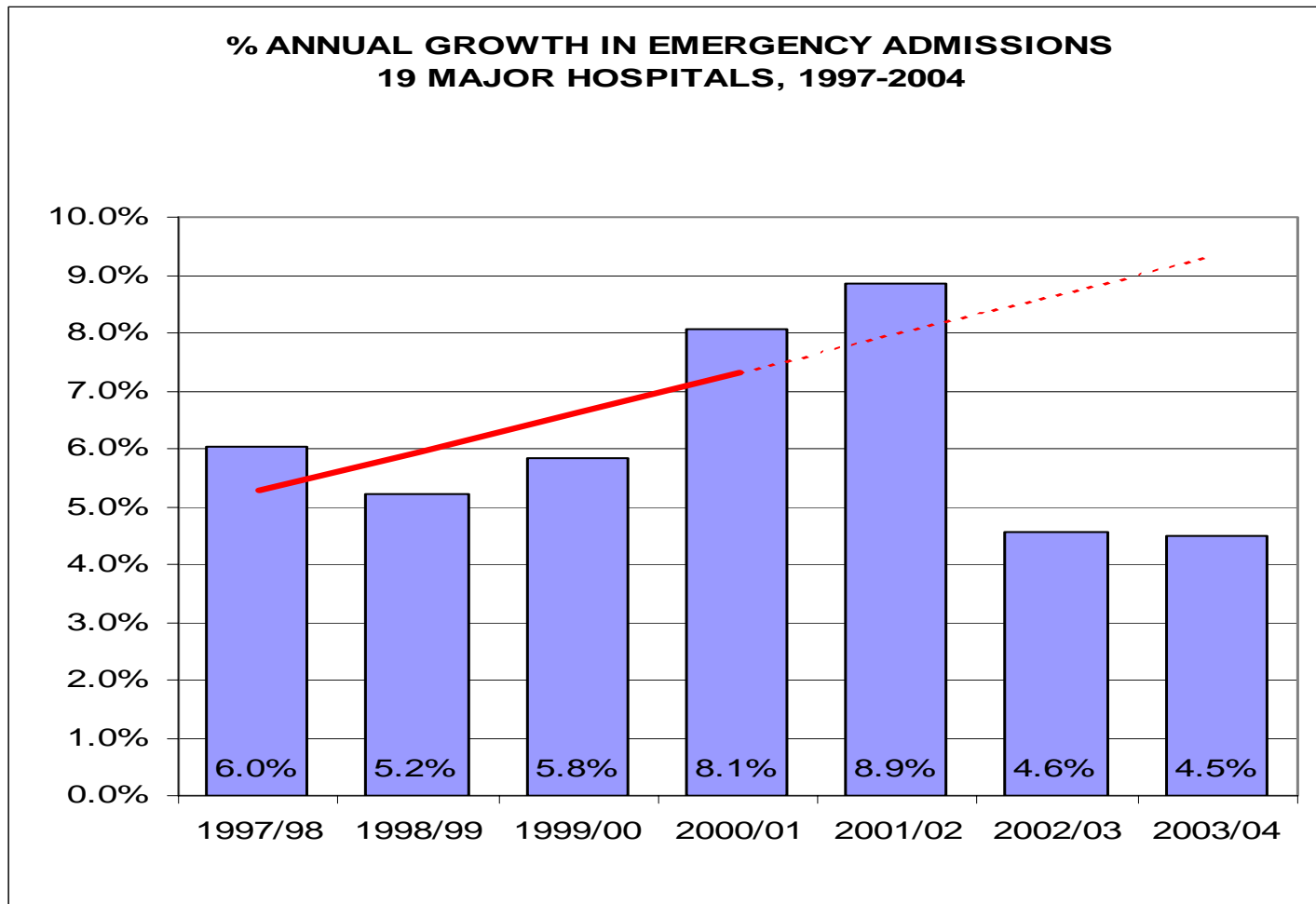
HARP Achievements

- Consumers
 - Improved health outcomes including functionality & capacity for self management
 - More support for carers
 - Less time in hospital
 - Consumers like it!
- System
 - Reduction in acute hospital utilisation
 - Capacity to be more responsive to consumer needs
 - Community/Hospital collaboration with benefits beyond HARP

System impact



System impact



Mainstreaming HARP

What is mainstreaming?

'Systematic spread of approaches and learnings from localised short-term pilots and projects to achieve a sustainable service system'

Why mainstream HARP?

- Evidence that approaches tested through HARP are positive for consumers
- Results from developed projects indicate significant reductions in hospital utilisation
- Established body of international research that supports disease management approaches and integrated care systems as cost effective
- Provide consumers with equitable access to services across Victoria

Mainstreaming HARP

Mainstreaming HARP is a priority under the Government's Hospital Futures initiatives

- Treatment within reasonable timeframes
- Positive patient experience
- Reducing avoidable hospital use
- Invest in a quality workforce

Hospital Futures 2005-06

- Investment in Emergency care
- Funding for Programs to reduce avoidable hospital use
- Boost for Elective Surgery
- Growth in capacity for Mental Health Services
- Expanded Cancer Services
- New capacity and capital works

Programs Aimed at Reducing Avoidable Hospital Use

Growth funding in 2005-06

- Mainstream Hospital Admission Risk Program (HARP) (\$11m), including \$1.6m for people with complex psychosocial needs
- Increase capacity in Community Health to provide early intervention services for people with chronic illness (\$4.7m)
- Develop Aboriginal Liaison Officers for Community Health to assist Aboriginal people to access mainstream services (\$1.7m)

HARP Programs

- Victorian Chronic and Complex Program (\$45m)
- Emergency Department Care Coordination - recurrent funding provided to major emergency departments
- Acute Primary Care Liaison (GPLOs) (\$2m) – recurrent funding to all Metropolitan Health Services
- Ongoing project funding for diabetes and advanced care planning projects

Thank you

- HARP Reference Group and Planning Group
- Project staff who have laboured to develop, refine and report on new models of care in a busy practice environment
- Agencies who have provided leadership to develop effective and genuine partnership arrangements to support to the work of the staff delivering the care