

Integrated Chronic Disease Management Case Study

Consumer engagement can unify and drive system change

The Inner East Primary Care Partnership (IEPCP) and the Outer East Health and Community Support Alliance (OEHCSA) are undertaking a joint initiative, *Improving the Journey for Type 2 Diabetes*, focusing on prevention and management of Type 2 Diabetes in the Eastern Metropolitan Region (EMR). Initial project planning included consumer consultation alongside clinician-led service reviews, data mining and broad partnership and consultation.

As the project has progressed, consumer engagement has emerged as an invaluable process for supporting partnerships between diverse agencies, facilitating 'whole of system thinking' and ultimately driving systems change.

The initial consumer consultation included 119 telephone interviews, three focus groups and six individual interviews. The work was led by the Integrated Chronic Disease Management (ICDM) Program Manager at IEPCP with support from a consulting firm. Participants were identified via clinicians in member agencies of the PCPs and predominantly drawn from inpatient and outpatient hospital services, community health and support groups. In some cases, agencies provided participants who had not been in contact with the agency for 18 months, which allowed inclusion of people who had 'dropped out of the system'.

Key learning

Consumer consultation and participation is known to be an important element of health service development.

Utilising the expertise of our consumers assists in unifying diverse agencies and service providers to take a whole of system approach to work across agency boundaries to improve outcomes for people in our communities.

The drivers

Improving chronic care requires that the many diverse health services involved in the care of people with chronic disease look beyond their individual organisations and take a systems approach to service planning and development. Collecting and presenting data about consumer experiences, and engaging consumers in priority setting and planning proved to be a powerful process for the partners to understand how the system as a whole currently did and didn't work. It also strengthened the argument for partnership and a whole of system approach.

The players

People living with chronic disease in the Eastern Metropolitan Region of Melbourne

Member agencies of the IEPCP and OEHCSA which include representation from:

- community health services
- acute health services
- Divisions of General Practice
- Royal District Nursing Service
- aged care services
- local government
- non-government organisations

Specific groups responsible for this work:

- IEPCP Strategic Directions Committee and OEPCP Executive Committee – PCP leaders who provide broad strategic overview to PCP planning and work
- EMR ICDM Steering Group - senior management and CEO level staff from PCP member agencies
- Improving the Journey Reference Group - clinicians and clinical service managers from PCP member agencies

Practices promoting successful outcomes

- Partner agencies were involved with developing both the rationale and process for the consumer consultation and were kept up to date with the work as it progressed, as well as being presented the findings.
- Clinician-led service reviews were undertaken at the same time as the consumer consultation.
- The results of the consumer consultations include diagrams of actual journeys through the system, together with recommendations for change in the region.

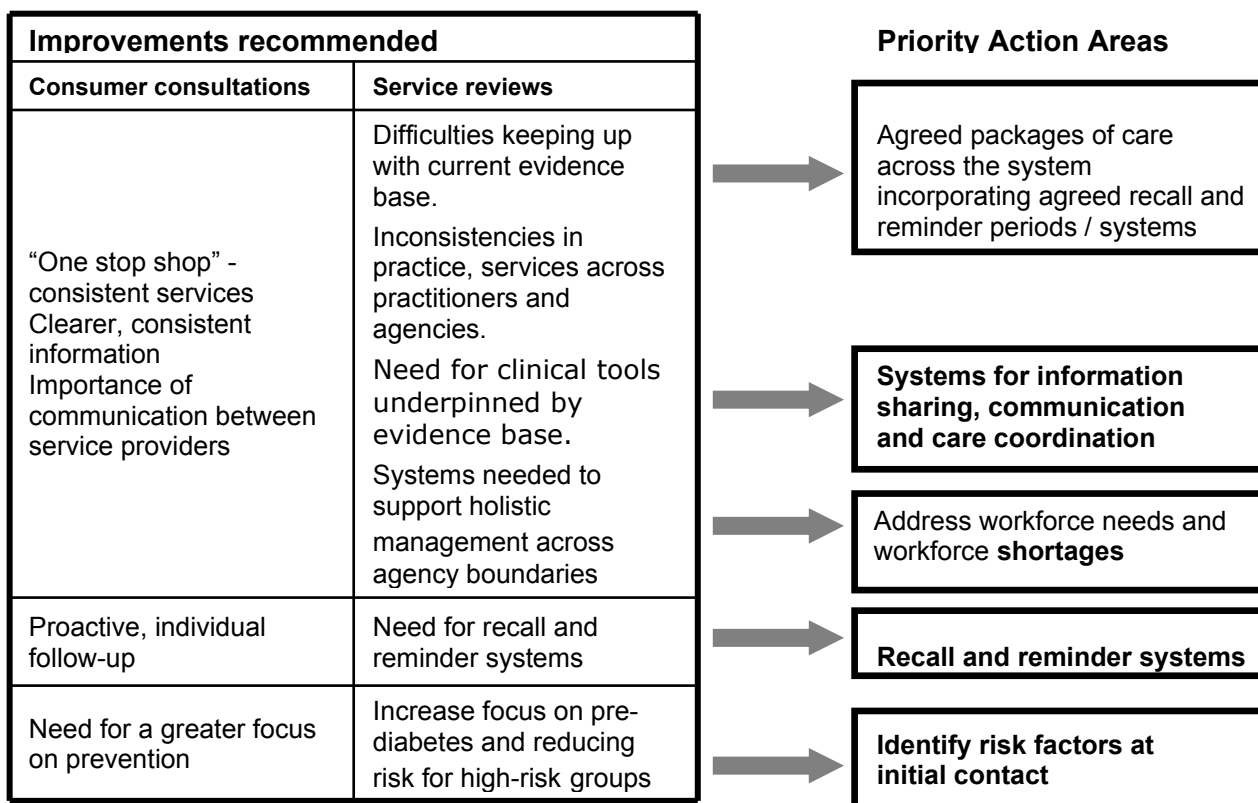
The challenges

- Different opinions existed regarding which sources of information are the most valid for informing and driving system redesign, and some participants were not initially convinced that information garnered from consumer consultations would be meaningful or relevant.
- It was clear that consumers who had 'dropped out of the system' would need to be contacted, as well as current users of services, to obtain a full picture of the system issues, and accessing these consumers can be challenging.

The results

Recommendations from the consumer consultations were highly consistent with those obtained through the clinician-led service reviews. The language used and framing of the issues was different, though this allowed for a deeper exploration of the issues when considering the two sources of information together.

The following diagram shows the range of improvements recommended and actions which resulted.



Consumer consultation and clinician-led service reviews were agreed by the partners to be equally valid information to inform system change.

Consumers provide a “helicopter view” of the service system, and help us to shift away from looking at the world through agency-tinted glasses. Consumer consultation can be central to moving toward whole of system thinking.

For more information about Integrated Chronic Disease Management and Primary Care Partnerships, including further case studies and resources, visit: <http://www.health.vic.gov.au/communityhealth/cdm/ia.htm>