

Integrated Chronic Disease Management (ICDM)
Industry Advisor Project 2009-10
PROJECT BRIEF (*Abridged for Publication*)

1. Background

Primary Care Partnerships (PCPs)

The Primary Care Partnership (PCP) Strategy was initiated in April 2000 as a vehicle to strengthen, improve and unite primary health care in Victoria through a partnership approach. There are now 31 PCPs across the state, with membership of every PCP including key health care providers such as Community Health Services, Local Governments, Divisions of General Practice, Rural Health Services and Metropolitan Health Services.

Primary Care Partnerships provide a vehicle for joint planning to support implementation of integrated health promotion, integrated chronic disease management, and better service coordination across health care and community service agencies. PCPs are now the platform of choice for initiatives that require a partnership approach. PCP deliverables reflect an increased emphasis on change management and capacity building.

Integrated Chronic Disease Management

Primary health care services typically provide services to clients with chronic disease. Providing effective chronic disease care requires a changed service system that provides a chronic care approach rather than an acute care approach. The Primary Health Branch has endorsed the Wagner Chronic Care Model to guide the service system improvements required of all PCPs and all primary health funded organisations.

All PCPs have been specifically funded to progress Integrated Chronic Disease Management (ICDM) since 2006. The ICDM initiative builds on PCPs' work in partnerships, service coordination and integrated health promotion that they have been progressing since the commencement of the strategy in 2000, as well as the Integrated Disease Management pilot projects that were funded for three years in 2001 to 2004 at three metropolitan and two rural PCPs.

Initiatives supporting integrated chronic disease management in Victoria

A range of initiatives have been developed and implemented in recent years that build on and support PCP ICDM activity in Victoria. Initiatives have included:

❖ *Early Intervention in Chronic Disease*

This initiative involves funding community health services and their corresponding PCPs to work in partnership with GPs, acute health services and other relevant services to deliver planned, managed, proactive support for:

- people diagnosed with chronic disease without complications or significant functional decline, who could progress toward hospitalisation in the medium to long term and require a managed and planned approach to reduce risks
- Diabetes Self-Management, a smaller initiative, also based on the Wagner Chronic Care Model, is provided in rural catchments without an EIID initiative

❖ *ICDM Workforce Development Strategy*

The ICDM Workforce Development Strategy has been developed to enhance current workforce capacity to undertake the required change to reorientate the service system to ensure evidence based best practice care is provided to people with chronic disease. It endeavours to foster sustainable mechanisms to support the ongoing culture of learning and continuous quality improvement.

The strategy's objectives are:

1. To further enhance the establishment of authorised environments to support organisational and catchment wide practice change and service system reforms.
2. To facilitate the establishment of support mechanisms to increase and support sector capacity to deliver EIiCD/ICDM services to people with chronic disease.
3. To increase the competencies of clinicians, ICDM workers and project leaders to effect evidence based EIiCD/ICDM services for people with chronic disease.

ICDM Industry Advisor Project 2008-09

The ICDM Industry Advisor project commenced in February 2008. Two Industry Advisors were seconded into the Primary Health Branch from Whitehorse Community Health Service to support PCPs in their ICDM work. In February 2009, following the positive results of a mid-way evaluation, the project was extended by four months to June 2009.

The Industry Advisor model built on learnings from two previous projects: Service Coordination Industry Consultant Project 2006-07 and the Primary Care Partnerships Industry Advisor project 2000-01.

Through the 16-month project in 2008-09, the ICDM Industry Advisors:

- worked with PCPs throughout Victoria to develop local strategies and approaches to progress ICDM across their catchments;
- worked with DHS central and regional offices to increase the understanding of ICDM and support the monitoring of PCPs' ICDM activity;
- gathered evidence of good practice and published a range of resources (fact sheets, case studies and presentations) to support the implementation of ICDM; and
- contributed to a range of state-wide and DHS activities aimed to build the capacity of PCPs' ICDM activities, including development of the 2009-12 PCP planning and reporting framework.

An evaluation of the ICDM Industry Advisor project completed in June 2009 found:

- The Industry Advisors are a resource that is valued by PCP staff, member agencies, DHS regional offices, divisions of general practice and others.
- The project is strongly perceived by these stakeholders to have added significant value to progressing Integrated Chronic Disease Management partnerships and initiatives across Victoria.
- There is an expressed need from a range of stakeholders for consultancy-type support, working with PCPs at the local level, to be available in the longer term. The most valuable aspect of the approach was reported as sharing learnings from other areas and bringing expert knowledge to local initiatives.
- There were specific needs for support in progressing ICDM identified, including: assistance in finding relevant evidence and resources, clarifying DHS guidance and communication between DHS and the sector, and increasing monitoring and evaluation capacity.
- The more significant progress was found to have occurred where more intensive and defined involvement from the Industry Advisors was invited by PCP staff and/or member agencies.

The final report of the ICDM Industry Advisor Project 2008-09 recommended further development and refinement of the Industry Advisor model to support PCP ICDM activity in Victoria, and an extension of the project for a further 12 months.

This project brief outlines the refined Industry Advisor model and a work plan for the project's activity for twelve month period in 2009-10.

2. Objectives

The ICDM Industry Advisor project 2009-10 aims to address the objectives:

1. Enhance PCPs' capacity to plan, implement and evaluate ICDM activity
2. Enhance DHS's capacity to monitor progress of PCP ICDM activity
3. Enhance DHS's understanding of the barriers and facilitators to progressing PCP ICDM activity across Victoria

The project will involve the Industry Advisors working with DHS Primary Health, both central and regions, to provide intensive support to PCPs (staff and member agencies) in developing approaches to progress ICDM in their local context. The work will be concentrated on systems change for improving chronic care based on the Wagner Chronic Care Model.

Exclusions

The scope of the ICDM Industry Advisor project will not include:

- working intensely with individual agencies specifically on internal system change support (such as implementation of service coordination); nor
- change management support to facilitate PCP governance and structure modification.

3. Commencement of project

1st July 2009

Completion of project

30th June 2010

4. Key tasks

Timeframes

Strategy 1: Provide targeted consultancy support to PCPs and DHS regional offices. The approach will involve: a) attempts to proactively engage priority PCPs or PCP ICDM projects; and b) responding to EOI submitted by PCPs and/or DHS regional offices.

Sept 09 – May 10

Key tasks

- Consult with DHS regional offices to determine priority PCPs or PCP ICDM projects within each region
- Directly approach identified priority PCPs to offer and negotiate consultancy support
- Establish and publish (via website) a process and structure for engaging Industry Advisors in consultancy support
- Promote quarterly (via email to PCPs and DHS regional offices) the opportunity and process for engaging IA in consultancy support
- Keep a log, and advise DHS regional contacts of requests received/engaged
- Provide consultancy support to PCPs and DHS regional offices ICDM activity – *prioritising (see note) this support where demand exceeds capacity*
- Prepare resources/presentations/other materials to support consultancy, and disseminate more widely where appropriate
- Prepare brief reports of each piece of work engaged with, at their conclusion using a standard format that includes details of: a) the progress of the ICDM activity; b) the impact of IA support provided; and c) any barriers and facilitators to progressing ICDM that were identified during engagement in the work.

Note: Priority to be given to: a) PCPs experiencing significant barriers to progressing ICDM and/or meeting the DHS expectations for ICDM; and/or b) planned PCP initiatives that (if successful) have potential to positively and significantly influence the entire region/state with regard to ICDM

<p>Strategy 2: Direct phone and email support for all PCPs and DHS regions</p> <p><u>Key tasks</u></p> <ul style="list-style-type: none"> • Provide direct phone and email support related to ICDM to all PCPs and DHS regional offices as requested • Promote this service to PCPs and DHS regional offices quarterly (via email) • Maintain a register of activity with respect to requests received and support provided 	<p>July 09 - May 10</p>
<p>Strategy 3: Contribute to DHS state-wide activities that focus on building PCP capacity to plan, implement and evaluate ICDM activity</p> <p><u>Key tasks</u></p> <p><i>Specific activities, and the nature of the contribution of IA to be confirmed by Primary Health Branch and PCP Capacity Building Group, but may include:</i></p> <ul style="list-style-type: none"> • Structured guidance in interpretation and completion of the new PCP reporting requirements for 2009-12 • Contribution to service coordination or general practice integration initiatives, where there are linkages between these projects and PCP ICDM activity • PCP staff workforce development initiatives (e.g. identifying learning opportunities for PCP staff to achieve core competencies, and gaps and an orientation checklist/program) • Analysis of available information (inc. PCP reporting measures, public health and health service utilisation data, and others) to measure PCPs' state-wide progress in ICDM, and develop framework for ongoing monitoring • Support ADMA to develop, launch and promote an ICDM Online Clearinghouse (<p>July 09 – May 10</p>
<p>Strategy 4: Contribute advice about barriers and facilitators to progressing ICDM to appropriate internal and external forums and initiatives</p> <p><u>Key tasks</u></p> <ul style="list-style-type: none"> • Contribute (as requested or indicated) to the following forums and initiatives (<i>host of the forum/initiative shown in brackets</i>): <ul style="list-style-type: none"> ○ ICDM Program Guidelines Review (DHS) ○ ICDM Workforce Development Strategy (DHS) ○ PCP Capacity Building and Implementation Working Group (tbc) (DHS) ○ Primary Health Regional Contacts meeting – quarterly (DHS) ○ Primary Health Branch Executive – annually (DHS) ○ GPV-DHS meeting – quarterly (GPV & DHS) ○ PHI Managers (DHS) ○ Service Coordination Team Meeting (DHS) ○ PCP ICDM State-wide Network – quarterly (PCPs) ○ Australian Disease Management Association conference presentation and poster • Investigate potential research opportunities to further explore barriers and facilitators for progressing ICDM activity in Victoria, and/or the development of strategies to address identified barriers. This should include a focus on developing or adapting (to the Victorian context) guidance for implementation of the Wagner model. 	<p>July 09 - May 10</p>

Strategy 5: Contribute to the development of resources and processes that assist DHS monitoring of PCP ICDM activity

Aug 09 - Oct 09

Key tasks

- Develop, together with Primary Health Regional Contacts, resources and guidance to assist their monitoring of PCPs progress in ICDM
- Contribute to feedback on 2008-09 CHPIAs as required
- Contribute to development of mechanisms for the collection and use of data indicating the progress of PCP ICDM activity

5. Evaluation plan

An evaluation plan will be developed to investigate the impact of the ICDM Industry Advisor project on its stated objectives by the IAs in consultation with the Project Manager and Project Sponsor. The evaluation will be implemented by the IAs throughout the course of the project.

The timelines for the evaluation are as follows:

- Develop evaluation framework: **Aug 09**
- Implement evaluation: **Aug 09 – May 10**
- Report on evaluation: **Jun 10**