

## Consumer Participation: Wins for all

*John and Margaret joined the consumer reference group (CRG) for a local hypertension project expecting to receive information about blood pressure. What surprised them was that they were asked to contribute to the project strategy and implementation based on their experiences as people with hypertension and users of the health system. Over 3 years they gained much from the process and felt much more connected to their community. The project managers reported that consumer participation had added greatly to the project and had taken it in directions that could not have been anticipated without the input of consumers.*



### Consumer Participation

There is growing interest and evidence<sup>1</sup> in consumer participation in primary health care. Consumer participation is a central plank of the Primary Care Partnership strategy.

### Why should consumers participate?

As outlined in *Improving Health Services through Consumer Participation*<sup>2</sup>, four key reasons to strive for consumer participation include:

<sup>1</sup> Consumer Focus Collaboration. The evidence supporting consumer participation in health. <http://www.participateinhealth.org.au/clearinghouse/Docs/evidence.pdf>, 2001. Accessed 24/6/04

<sup>2</sup> Dept of Health, Flinders University, South Australian Community Research Unit. Improving Health Services through Consumer Participation: A Resource Guide for Organisations. <http://www.participateinhealth.org.au/clearinghouse/Docs/Improvingsection1.pdf>. June 2000. Accessed 22/6/04.

1. Participation is an ethical and democratic right
2. Participation improves service quality and safety and helps gain health service accreditation.
3. Participation improves health outcomes.
4. Participation makes services more responsive to the needs of consumers.

### How can consumers participate?

Consumer and carer participation can range from consumers receiving information but have no involvement to consumer run projects or organisation that are controlled by consumers.

Examples of the different levels that consumer participation can occur at include:

1. Participation in treatment and care
2. Consumers employed by services as consultants and advocates
3. Participation in service delivery and evaluation
4. Participation in policy and planning
5. Participation in education and training
6. Participation in staff recruitment<sup>3</sup>

### Assessing consumer participation

A good place to start is assessing how *consumer participation* friendly your organization or project is. The *National Resource Centre for Consumer Participation in Health* has put together the *Primary care self assessment tool for community and consumer participation, V1.0*. This can be accessed at:

<sup>3</sup> National Resource Centre for Consumer Participation in Health <http://www.participateinhealth.org.au/why/>. Accessed 22/6/04

<http://www.participateinhealth.org.au/clearinghouse/#P>

The tool aims to assist organizations to incorporate the perspective of consumers and the community in the planning, delivery and evaluation of health care. There are 2 versions with one meeting the EQuIP standards.

Examples of questions include:

- Does your organisation have policies on:
- Community and consumer participation?
  - Community and consumer access to information?
  - Consumer rights and responsibilities?
  - Making a complaint?
  - Addressing barriers to access?

- Do community members and consumers participate in making key organisational decisions? (For example, are they represented on the Board of Management, Advisory Committees, etc.?)

### How can consumers participate?

Consumers can participate in many ways. The table on the following page from *Consumer and Community Participation Self-Assessment Tool for Hospitals*<sup>4</sup> illustrates possible areas of participation.

### Where can I get more information?

This is just a taste of consumer participation. More information including training packages and tools can be found at the National Resource Centre for Consumer Participation site at <http://www.participateinhealth.org.au/>.



<sup>4</sup> National Resource Centre for Consumer Participation in Health. Consumer and Community Participation Self-Assessment Tool for Hospitals V 2.0. <http://www.participateinhealth.org.au/ClearingHouse/Docs/hospitalselfassesstool.doc>, 2004. Accessed 22/6/04

## Strengthening Medicare: Can the new Medicare items augment your DPMI model?

From 1<sup>st</sup> July, 2004 people with chronic and complex chronic health conditions who are being managed by their GPs with Enhanced Primary Care (EPC) care plan may be eligible for 5 allied health and 3 dental visits per year. Dietitians, physiotherapist, aboriginal health workers and podiatrists are included in this.

To be eligible the GP must fill out an EPC care plan as well as the appropriate allied health referral form. The allied health practitioner must be registered with HIC.

### Dietitians as an example

Let's take Dietitians as an example. Accredited Practicing Dietitians (APD) may set their own fees, however the Medicare scheduled fee is \$51.75 with a Medicare rebate of \$44 for each visit.<sup>5</sup>

If APDs wish to charge a gap, clients must pay the full fee up front and be provided with the completed allied health referral form and APD receipt to allow them to claim the Medicare rebate.

If there is no gap, APDs may seek payment directly from Medicare. In this case the client will sign an 'assignment of benefit' and the APD will send this and the completed allied health referral form to Medicare for payment.

### How could we build on this?

Strengthening Medicare may allow DPMI projects to build sustainability into their models of care. Ideas may include:

- Working with the GPs to write care plans linking to local allied health.
- Working with local allied health (e.g. podiatrists, dietitians) to set up diabetes solution packages for GPs for a "one stop" referral pathway.
- **More information at:**

[www.hic.gov.au/providers](http://www.hic.gov.au/providers)

<sup>5</sup> Dietitians Association of Australia. <http://www.daa.asn.au/members/Medicare.asp>. Accessed 24/7/04

**Table 1: Possible methods of consumer participation<sup>6</sup>**

| Purpose   | Possible method  |
|---|--|
| Identify risks or problems                                | Complaints, hotlines, phone-ins, focus groups, workshops, submissions, forums, surveys   |
| Engage culturally diverse consumers                       | Consult with local organisations, support groups<br>Conduct telephone surveys, phone-ins<br>Use consumer advocates, consumer representatives, bilingual workers, culturally appropriate venues<br>Prepare charters (translated), promotions, information to consumers (in appropriate languages) |
| Identify priorities or needs for community                | Surveys, project groups, in-depth consumer interviews, focus groups, submissions, complaints, patient forums, nominal group techniques   |
| Provide information and seek dialogue about a new service | Promotion and campaigns, roundtables, publications, public meetings, seminars  |
| Measure acceptability of service                          | Surveys, research, evaluation of service, in-depth interviews, focus groups, phone-ins, support groups, patient journeys, diaries  |
| Plan health services                                      | Submissions, consumer councils, consumer representatives, policy round tables, consultative committees, consumer participation policies, consumer input into organisation policies   |
| Facilitate individual care                                | Question lists, care plans, assessment tools, education classes, one-on-one coaching, tailored information, skills training, evidence-based health and treatment information   |

### Don't forget the ADS/ADEA conference and preceding workshops!

#### Self Management Education.

The ADEA Roche Education Day's topic is 'SELF MANAGEMENT STRATEGIES FOR HEALTH PROFESSIONALS WORKING IN DIABETES' facilitated by Helen Lindner. This takes place prior to the official conference on Tuesday 24<sup>th</sup> of August. Places are limited to 150. <http://www.ads-adea.org.au/>

#### Psychological therapies in diabetes management

The ASPRID seminar is taking place on Monday 23rd August at 11.00am at the Sydney Convention Centre. The theme is "Psychological therapies in diabetes management" with international guest speakers Chas Skinner and Sue Craddock. Melbourne Psychologist Dr Monica O'Kelly will be running an afternoon workshop focusing on Cognitive Behaviour Therapy. More information and registration can be found at [www.asnevents.net.au/asprid](http://www.asnevents.net.au/asprid)

<sup>66</sup> National Resource Centre for Consumer Participation in Health. Consumer and Community Participation Self-Assessment Tool for Hospitals V 2.0. <http://www.participateinhealth.org.au/ClearingHouse/Docs/hospitalselfassesstool.doc>, 2004. Accessed 22/6/04

## Profiling the Workforce Development Team!!

### Victoria Stevenson

RN, RM, Grad Dip Hlth Ed, FRCNA,  
ADEA Credentialed Diabetes Educator

#### Background

Victoria is a registered nurse and credentialed Diabetes Educator. She is a fellow of the Royal College of Nursing and completing her Master of Nursing with the aim of becoming a nurse practitioner.

Victoria's current role is the diabetes clinical nurse coordinator at The Alfred. Her role includes promotion of nursing practice, collaboration with health providers to provide education for people with diabetes, staff education, and participation in professional community services. Her current interests include use of the continuous glucose monitoring system and insulin pumps, patient videoconferencing and education programs for Russian and Greek speaking people.

#### Diabetes Education-Outstanding in the field

Victoria has made a very significant contribution to diabetes education since first becoming involved over the 20 years ago. As a pioneer of diabetes education her first involvement was in Perth, on moving to Melbourne in the early 80's she worked at the International Diabetes Institute and the Doveton Hallam Community Health Centre. In 1988 she accepted the challenge to work with a team to establish a new diabetes education service at Maroondah Hospital. She also co-authored and produced the video "Diabetes Understanding It" in several languages.

Along with her significant clinical experience, Victoria's commitment to diabetes education has been outstanding. She has been vice president of the ADEA, the national conference convenor and continuing involvement at a national and local level of ADEA.

Victoria's long and valued contribution was recognised in 2003 when she was

awarded the **ADEA Jan Baldwin Award**. She was recently awarded The Alfred's inaugural Kathleen AB Smith Memorial Award for Innovation in Clinical Nursing Practice.

#### Interests

She loves to travel and recently her family convinced her to try sky diving....a really breath taking (but marvellous) event!!

## Workforce Development Team

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