

Mainstreaming HARP



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Hospital Admission Risk Program

A Community Perspective

In my experience, this is the first hospital admission reduction program that is driven by the needs and requirements of the client. The outcome is a program that is developing a model for the continuity of client care that bridges service gaps and eliminates boundaries. The benefits to the community and health sectors are also exciting.

Manager
Community Health Service

Implementation of HARP

- Governance arrangements
 - HARP Reference Group
- Establishment of a knowledge base
 - Implementation of about 90 projects
 - HARP background paper
 - 7 HARP working parties
 - Independent evaluation
- Investment
 - Approximately \$150m over 4 years

Key Achievements of HARP

- Reduction in hospital utilisation
- Ambulatory models of care tested
- Integration of acute and community based services
- Effective engagement of GPs to support continuity of patient care
- Better patient management systems identified

Creating a symphony



Mainstreaming HARP

- Motivations
- Enablers and challenges
- Governance



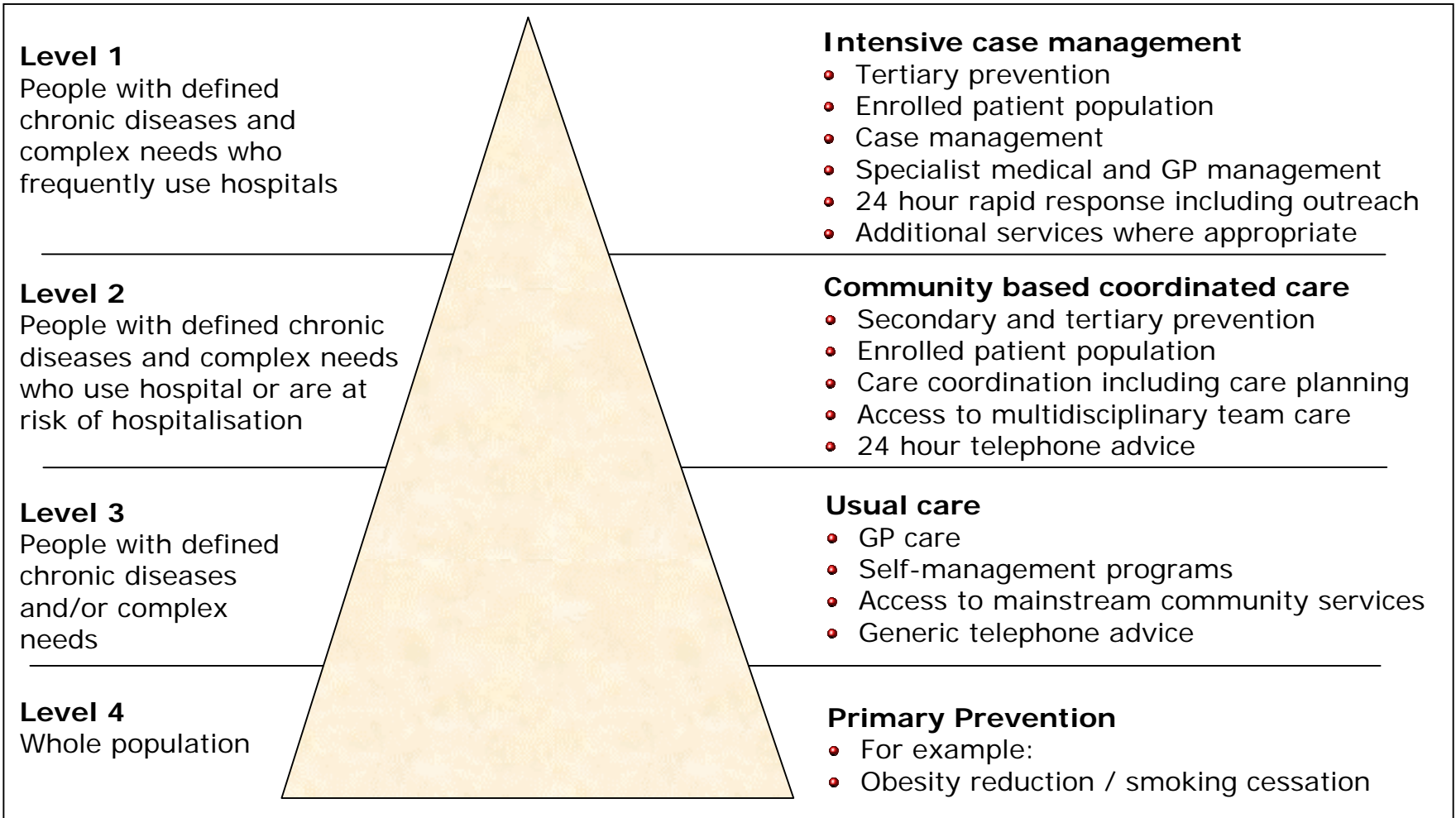
Motivations for mainstreaming



Project clusters

Chronic and Complex Care Program	\$34.1 m
Diabetes	\$4.3 m
Respecting Patient Choices	\$0.8 m
Remote Patient Monitoring	\$0.4 m
ED Care Coordination	\$5.2 m
Mental Health Initiatives in EDs	\$2.0 m
General Practice Liaison Officers	\$1.7 m

Chronic Disease Management



Client case study – Mrs Mc

- 65 year old woman with severe COPD, CHF, osteoporosis, cataracts
- 4 admissions in 12 months
- Not attending GP or Outpatients
- General assessment undertaken by care facilitator
- Client educated about disease and a care plan developed in consultation with GP and principal carer (daughter)
- Encouraged to visit GP, medication review undertaken by care facilitator and GP
- Client accepted Community Aged Care Package and now attends GP regularly and uses action plan

Enablers and challenges

Enablers:

- Local Alliances
- Workforce
- Funding
- Technology
- Evidence
- Change management

Challenges:

- Change of focus
- Organisational culture

Governance

- Victorian Chronic and Complex Care Program Reference Group
- Local Alliances
- Fund holding and management
- Performance Management System

Local Alliances

- Shared vision
- Purpose and objectives
- Roles and responsibilities
- Partnering structures and processes
- Resource allocation arrangements
- Performance monitoring and review processes
- Communication and consultation processes
- Risk management
- Quality management

Priority action areas

- Develop effective governance framework
- Communicate a shared vision
- Align planning processes
- Develop performance management systems
- Facilitate change
- Learn from and disseminate results

Conclusion

- Victorian government will continue to work with the sector to:
 - Improve health outcomes for people with chronic and complex care needs
 - Promote more effective use of hospital and community resources

