

# Evaluation of community health demand management priority tools: Summary and departmental response

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## 1. Introduction

In 2008 the Primary Health Branch of the then Department of Human Services commissioned Australian Healthcare Associates to evaluate the pilot of the community health demand management priority tools. These tools were developed as part of the *Towards a demand management framework for community health services* published in January 2008 <sup>1</sup>.

Australian Healthcare Associates presented a report to the department in early 2009. As the report is detailed, highly technical and long, the department has produced this document which combines:

- a summary of the conclusions and recommendations of the evaluation; and
- the department's response to the evaluation conclusions and recommendations.

As a result of the evaluation, the department will revise the priority tools and require the use of the revised tools for community and dental health program services and encourage their use across all services provided from community health services where practicable.

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<sup>1</sup> [http://www.health.vic.gov.au/communityhealth/publications/demand\\_management\\_framework.htm](http://www.health.vic.gov.au/communityhealth/publications/demand_management_framework.htm)

## 2. Background

The demand management framework includes evidence-based, clinical decision-making through the use of:

- a generic priority tool
- seven discipline-specific clinical priority tools
- the Dental Emergency Demand Management System (EDMS).

The generic priority tool prioritises complex clients and at-risk population groups. It was developed through an extensive consultation process with the community health sector and related sectors during 2007 and 2008.

The clinical priority tools prioritise clients on the basis of their clinical presentation. They are for use once the need for a particular discipline has been determined. The tools were developed by working groups representing each discipline, including community health program managers and clinicians, academics and representatives from peak bodies. They reviewed available literature and examined priority tools in use by community health services to form an evidence base for the development of each priority tool. They also consulted with peers and colleagues through existing networks.

The clinical priority tools which were developed, trialled and evaluated are:

- Counselling
- Dietetics
- Adult Occupational Therapy
- Paediatric Occupational Therapy
- Podiatry
- Paediatric Speech Pathology
- Adult Physiotherapy

The Adult Physiotherapy priority tool was developed and piloted in an earlier process (see 4.3 below). It also informed the process for developing, trialling and evaluating the other clinical priority tools.

The Dental EDMS was introduced through a separate process and has been in use since 2005.

The tools used in the evaluation are found in Appendices 1 to 9 of *Towards a demand management framework for community health services*.

### **3. Evaluation methodology**

The evaluation included:

- a literature review
- evaluation of the generic priority tool
- evaluation of the acceptability, reliability, and validity of the clinical priority tools
- evaluation of the acceptability of the Dental EDMS
- limited trial of a model of access based on the Counselling single session model.

Following an expression of interest process, the following agencies trialled one or more of the tools:

- Barwon Health
- Colac Community Health Services
- Darebin Community Health Service
- Djerriwarrh Health Services
- Frankston Community Health Service
- Goulburn Valley Health
- Knox Community Health Service
- Southern Health

A total of 220 clients were prioritised by both an intake worker and a clinician, in the case of the generic tool, and an intake worker and two different clinicians in the case of the clinical priority tools in order to assess the validity and reliability. The acceptability of the tools was determined through focus groups with intake workers, clinicians and clients and a number of telephone interviews with individual clients.

Client consent was obtained at all stages.

## 4. Evaluation findings and departmental response

The evaluators drew a number of conclusions based on their findings and made nine formal recommendations (numbered below). They also identified several issues. The summary below includes all of these and the department's response.

All tools were found to be acceptable by intake workers, clinicians and clients.

A small number of the recommendations and issues raised relate to clinical components of the priority tools. The department has sought the advice of clinical experts when developing its response.

### 4.1 Literature review

The literature review found a lack of information and guidelines available on the management of demand for services in a community health setting. No additional material was identified that adds to the clinical guidelines or best practice approaches for the tools developed.

### 4.2 Generic priority tool

Evaluators' Recommendation	Department's Response
1. "The complex care question requires further refining and would benefit from a clearer definition."	Wording to be simplified and explanatory text to be revised.

  

Evaluator's Conclusion	Department's Response
"The tool was accepted by both intake workers and clinicians."	The department will roll out the tool.

  

Other issues raised in evaluation	Department's Response
There was some confusion and variation in interpreting the risk and safety question (e.g. some interpreted it as risk of falling)	Wording to be modified to further highlight that this question concerns only <u>immediate</u> risk to safety of the client or others requiring an <u>immediate</u> response, as opposed to a less immediate risk such as the risk of falling, which is determined on clinical need by the Adult Occupational Therapy tool.
Staff sought further clarification of 'at risk of homelessness'.	Services can develop their own working definitions of homelessness and 'at risk of homelessness'.  To assist, the explanatory notes will state that further information about homelessness is available at: <a href="http://www.housing.vic.gov.au/housing-sector-development/targeted-initiatives/opening-doors">http://www.housing.vic.gov.au/housing-sector-development/targeted-initiatives/opening-doors</a>

Other issues raised in evaluation	Department's Response
Staff sought further clarification regarding refugee status (e.g. how long does a refugee remain defined as a refugee for prioritisation purposes?)	<p>Services can develop their own working definitions of refugee status.</p> <p>To assist, the explanatory notes will state that further information about refugees is available at:  <a href="http://www.refugeecouncil.org.au/arp/faqs.html">http://www.refugeecouncil.org.au/arp/faqs.html</a></p>
Some staff felt the tool was less suitable for prioritising service for children.	<p>The questions are designed to be broad and general. They apply to children and adults of the identified complex clients and at-risk population groups.</p> <p>The explanatory notes for the generic tool include a reference to Child &amp; Family Action Plans and Care &amp; Placement Plans as an indication of clients that should be considered as complex clients.</p> <p>While the generic priority tool does not include other specific references to children it should be noted that it is the department's intention that children with an immediate risk to their safety, those that are homeless or at risk of homelessness, refugees, indigenous or presenting with complex needs are all considered a high priority according to the criteria included in the generic priority tool.</p>

### 4.3 Clinical priority tools

#### *Counselling*

Evaluator's Conclusion	Department's Response
"No barriers were identified for its broader rollout to services across Victoria."	The department will roll out the tool.

#### *Dietetics*

Evaluators' Conclusion	Department's Response
"No barriers were identified to the broader rollout of this tool."	The department will roll out the tool.

#### *Adult Occupational Therapy*

Evaluators' Recommendation	Department's Response
<p><b>2. "Further refinement of the falls questions in the OT clinical priority tool is needed, and expansion of the tool to include priority areas outside of falls is warranted."</b></p>	<p>The department will refine the wording of the 'risk of falling' question.</p> <p>The explanatory notes identify a number of high priority clients based on reasons other than falls. They can be identified through responses to the third question and the final set of questions in the tool. It is anticipated that rewording the 'risk of falling' question will reduce prioritisation based on the falls questions and mean these questions are asked more and will identify high priority clients with other needs.</p>

<b>Other issues raised in evaluation</b>	<b>Department's Response</b>
Potential for more examples of medical conditions impacting on capacity to manage usual activities.	Arthritis, dementia, and Multiple Sclerosis will be added as further medical conditions identified in the tool.
If the suggested changes are made, no other issues were identified that would preclude the broader roll out of the tool.	The department will roll out the tool with these changes.

### ***Paediatric Occupational Therapy***

<b>Evaluators' Conclusion</b>	<b>Department's Response</b>
"The key barrier for the broader rollout of the tool was the mismatch between the tool and the service model at one site where assessments are done in schools or multi-disciplinary groups."	<p>The priority tool is designed to identify clients with a high priority for assessment. This priority level is independent to the service and assessment models used by agencies. High priority clients should still receive an assessment quicker than lower priority clients, or at the same time in instances of group assessment sessions.</p> <p>The explanatory notes will be expanded to include this information.</p> <p>The department will roll out the tool with these changes.</p>

### ***Podiatry***

<b>Evaluators' Conclusion</b>	<b>Department's Response</b>
"No significant issues were identified that would be barriers to the tool's broader roll out."	The department will roll out the tool.

<b>Other issues raised in evaluation</b>	<b>Department's Response</b>
At least one intake worker requested a definition of a diabetes foot health assessment.	Explanatory text to be expanded to note that a diabetes foot health assessment is an assessment by a podiatrist that needs to be conducted annually in order to meet best practice guidelines.
At least one intake worker requested more detail or description for the question about the foot being swollen, discoloured or discharging.	Further description would be moving into clinical assessment. The access/intake worker's role is to determine priority for service; the current question is sufficient for this purpose.

### ***Paediatric Speech Pathology***

<b>Evaluators' Recommendation</b>	<b>Department's Response</b>
<b>3. "Further refinement or a clearer example is needed to the Speech Pathology clinical priority tool in relation to the question: 'How old is your child and how many words do</b>	<p>The department will modify the priority tool to indicate that children experiencing problems talking that are aged 30 months and above are a priority 2, and those younger are prioritised based on the definitions provided.</p> <p>The evidence (referenced in the explanatory notes) does not indicate a need to prioritise children over 3</p>

<b>they use?' "</b>	years with limited words.
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<b>Evaluators' Conclusion</b>	<b>Department's Response</b>
"No significant issues were identified with the broader rollout of the tool."	The department will roll out the tool.

<b>Other issues raised in evaluation</b>	<b>Department's Response</b>
It was suggested that a positive answer to the drooling/dribbling section may need a prompt to further questions to ensure no other physical issues are present.	Further description would be moving into clinical assessment. The access/intake worker's role is to determine priority for service; the current question is sufficient for this purpose.
At least one staff member suggested that the stuttering scale may be subjective	The department considers the stuttering scale to be useful in Initial Needs Identification in determining priority for service. It is based on parent report. It is the role of the clinician to conduct a more thorough assessment during the first appointment.
It was also noted that the tool did not support a group assessment model and may need to be modified at some sites.	The priority tool is designed to identify clients with a high priority for assessment. This priority level is independent of the service and assessment models used by agencies. High priority clients should still receive an assessment more quickly than lower priority clients, or at the same time in instances of group assessment sessions.  The explanatory notes will be expanded to include this information.

### **Adult Physiotherapy**

This tool was not included in the 2008 evaluation as it was the subject of an earlier and separate evaluation and report. The department's response below comes from the separate evaluation and is included here for completeness.

<b>Issues raised in earlier evaluation</b>	<b>Department's Response</b>
The question "Does your condition impact on the safety of anyone you care for or live with?" may conflict with mandatory reporting requirements when concerned with client/carer safety.	The question will be reworded as: "Does your condition impact on your ability to care for dependents?"
The tool should be in a yes/no, flowchart format.	The format of the tool has been reviewed, and where possible it does include yes/no responses. It is however not possible to do this in all instances without significantly increasing the number of questions and limiting the opportunity for clients to describe their needs in their own words.
	The department will roll out the tool with these changes.

## Other

Other issues raised in evaluation	Department's Response
Some staff felt some of the language in various tools contained jargon or was too 'abrupt'.	The explanatory notes will remind staff that they can use different words and explain terms to clients as required. The tools are provided as a guide.

## 4.4 Dental Emergency Demand Management System

Issues raised in evaluation	Department's Response
Some clients may be 'gaming' the system	This issue will be addressed as part of a broader review of the Dental EDMS to be conducted by the department and Dental Health Services Victoria.

## 4.5 Service delivery model

The methodology for evaluating the clinical priority tools required each client to receive an assessment within a short time frame (preferably two weeks) to further determine the need for ongoing treatment and the urgency for treatment. Clients with low priority needs were placed on a waiting list. This model is very similar to the Counselling single session model. The acceptability of this model was also evaluated through the focus groups.

Clients were overwhelmingly positive about the trial model and thought it was an improvement over having to wait for an extended period before seeing a clinician.

While some clinicians had concerns about placing clients back onto waiting lists, the clients all reported that they would prefer to be assessed and then placed on a waiting list, rather than having to wait an extended period for an initial appointment. Clients stated that this initial appointment gave them 'peace of mind', and thereafter they could wait, knowing the seriousness of their problem was understood by the clinician.

Evaluators' Recommendation	Department's Response
<b>4. "Clinicians be encouraged to consider a service delivery model whereby clients are seen early for a 'screening' and placed on a waiting list as appropriate / required, as this is the preferred treatment model by clients and is likely to improve client outcomes."</b>	Accepted. This point will be included in the revised <i>Towards a demand management framework for community health services</i> . The department will also consider ways in which it can support the expansion and use of this service model in the context of the Primary Health Branch Plan and overall branch resources and priorities. Agencies reviewing their service models are encouraged to consider the introduction of this model.

## 4.6 Clients' reaction

As reported above, clients were overwhelmingly positive about the trial service delivery model, which is similar to the Counselling single session model.

Clients also overwhelmingly endorsed the idea of prioritisation. Clients understood that prioritisation was often required for services and reported that, as long as there was a fair and consistent process, they were willing to wait for services.

## 4.7 General recommendations

In addition to the recommendations outlined above, relating to specific clinical priority tools and the trial service delivery model, the evaluators also made five general recommendations. These are outlined below, with the department's response.

Evaluators' Recommendation	Department's Response
<p>5. <b>"Further work is needed to more accurately define risk and safety and their application to a range of clients, needs, settings and tools."</b></p>	<p>These points are addressed in the department's response to recommendations and issues raised in relation to the generic and clinical priority tools.</p>
<p>6. <b>"(The department) consider refining the tools, to increase their applicability to children and families and contemporary paediatric practices, as many questions are not seen as child or family friendly."</b></p>	<p>The department has responded to feedback regarding:</p> <ul style="list-style-type: none"> <li>• the application of the generic priority tool to children and families in Section 4.2 above</li> <li>• the relationship between prioritising and provision of service in groups in response to feedback regarding the Paediatric Speech Pathology and Paediatric Occupational Therapy tools in Section 4.3 above.</li> </ul> <p>The only paediatric focussed tools developed were the Speech Pathology and Occupational Therapy tool, the remaining tools are for use by services operating across the lifespan, and where appropriate identify children as a priority based on their age alone. Agencies that have other disciplines providing focussed paediatric services should develop their own systems for prioritising children and families.</p>
<p>7. <b>"(The department) consider providing these tools in an electronic form that can be integrated into the CHS current computer systems, to streamline the prioritisation process. The Dental tool could be used as a model for this activity."</b></p> <p>8. <b>"(The department) should implement a mechanism for continual feedback on the use of the tools, to encourage continuous quality improvement processes amongst CHS, and to ensure that DHS understands how the tools are being utilised in practice."</b></p> <p>9. <b>"(The department) should review the literature related to the relevant clinical disciplines on an ongoing basis, to ensure that the tools continue to reflect an evidence based, best practice approach to client management and treatment."</b></p>	<p>These recommendations will be considered in the department's ongoing work plan. Prioritisation and implementation of the workplan will be considered in the context of the Primary Health Branch Plan and overall branch resources and priorities.</p>

## 5. Conclusion

**The department will revise the tools** as detailed in the responses above, and publish these tools, along with a revised version of the document *Towards a demand management framework for community health services*. Other information on the demand management page of the department's community health demand management website will also be updated (<http://www.health.vic.gov.au/communityhealth/demand/>).

**The department will require the use of the revised tools for community and dental health program services** and encourage their use across all services provided from community health services where practicable. It is acknowledged that eligibility criteria, contractual arrangements and the requirements of Funding and Service Agreements need to be respected in relation to other programs.