

Better Connections-Better Care



Supporting improved inter-agency care planning

Loddon Mallee Region

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Primary Health Integration

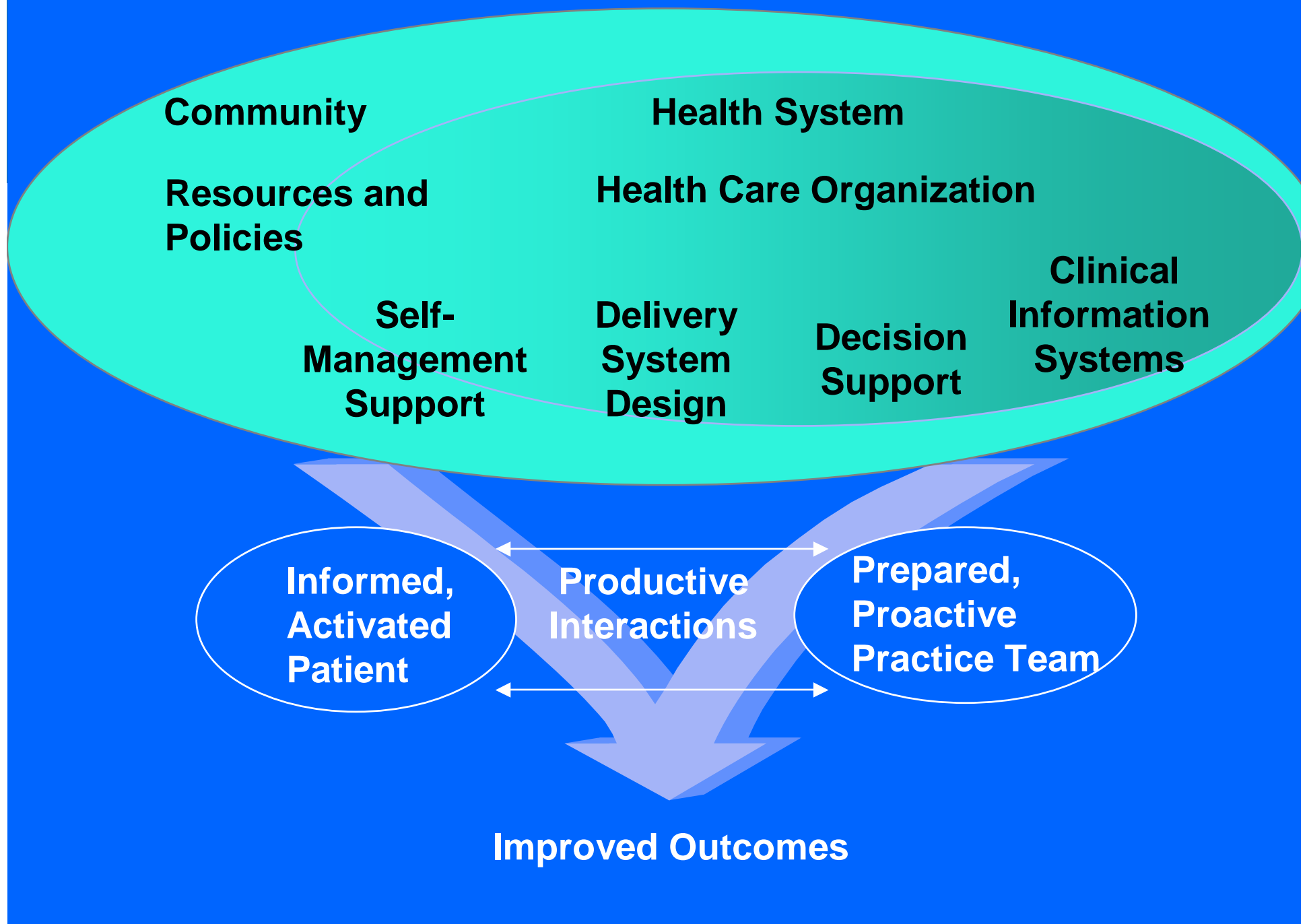
Inter-agency care planning

What is it?

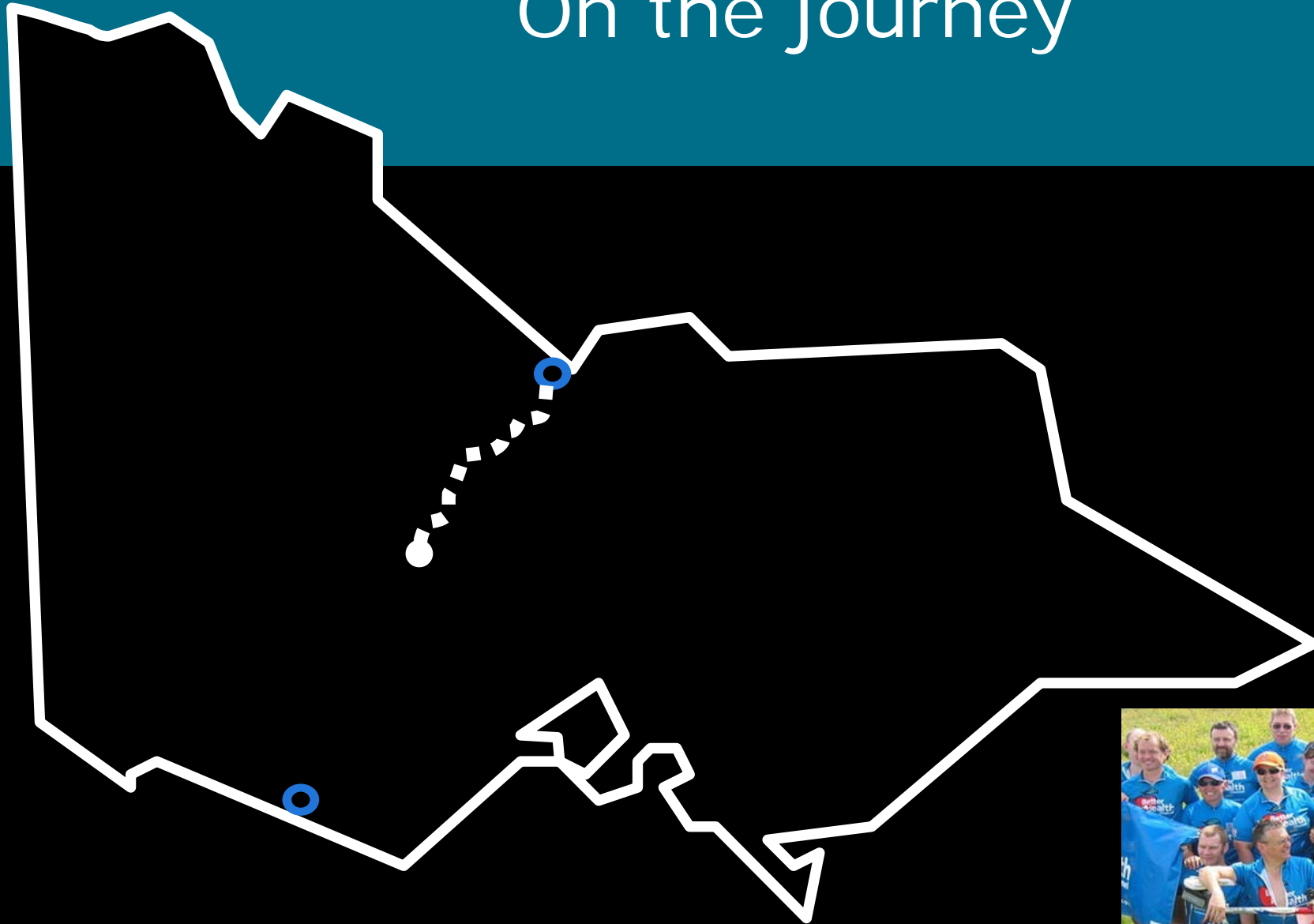
- Consumer has complex or multiple needs
- More than one agency
- Needs of consumer
- Carer, practitioners and GP
- Options worked through to an agreed strategy

Victorian Service Coordination Practice Manual 2007, p22

Chronic Care Model



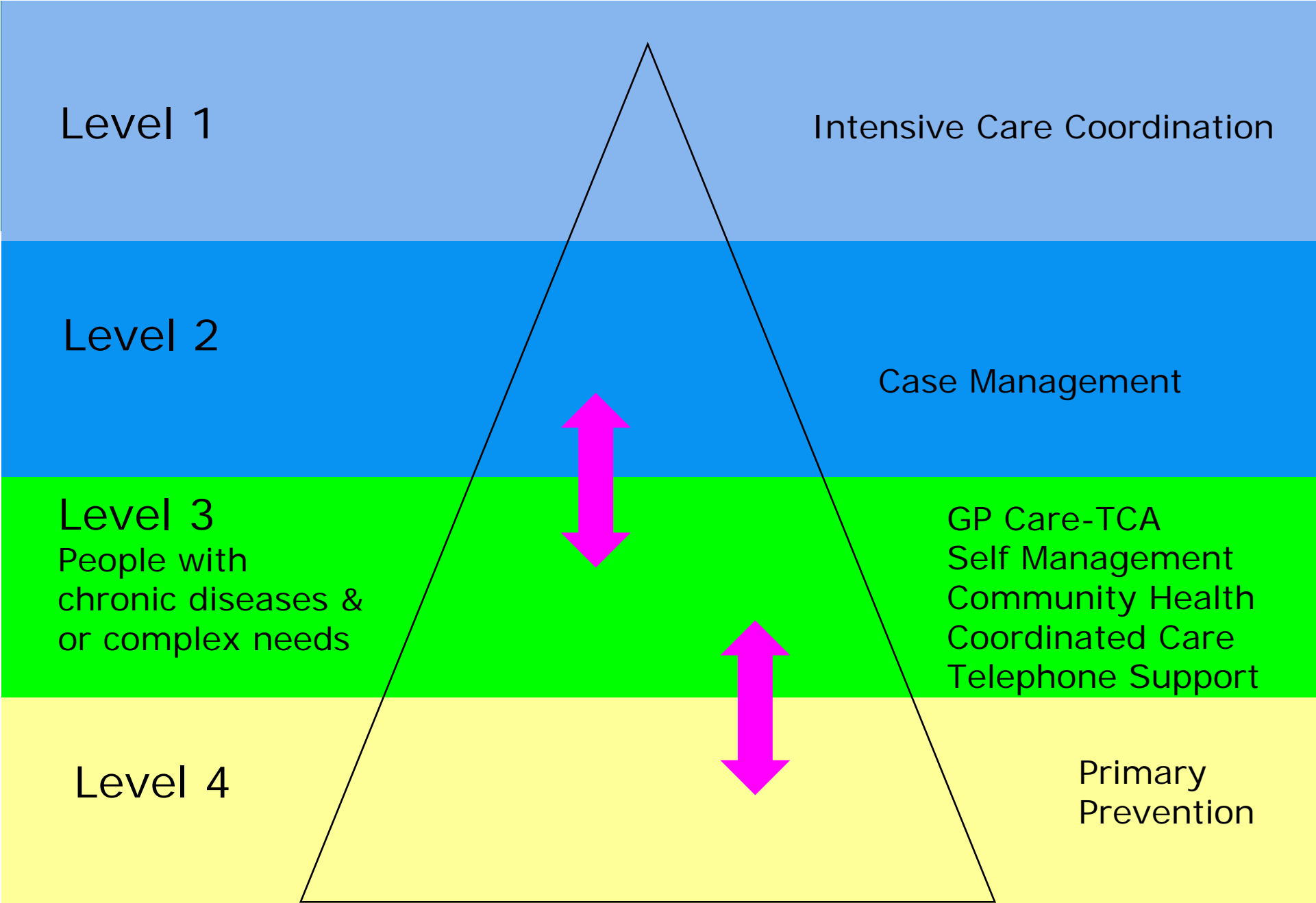
On the journey



Why?

- Growing demand
- Together we do better
- Better health outcomes
- Improved quality of care
- Efficient use of limited resources





Levels of chronic and complex care management

The Vision



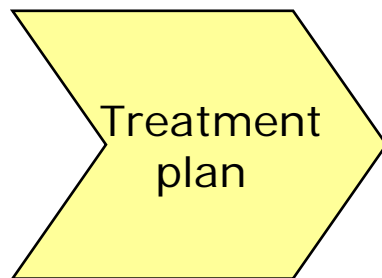
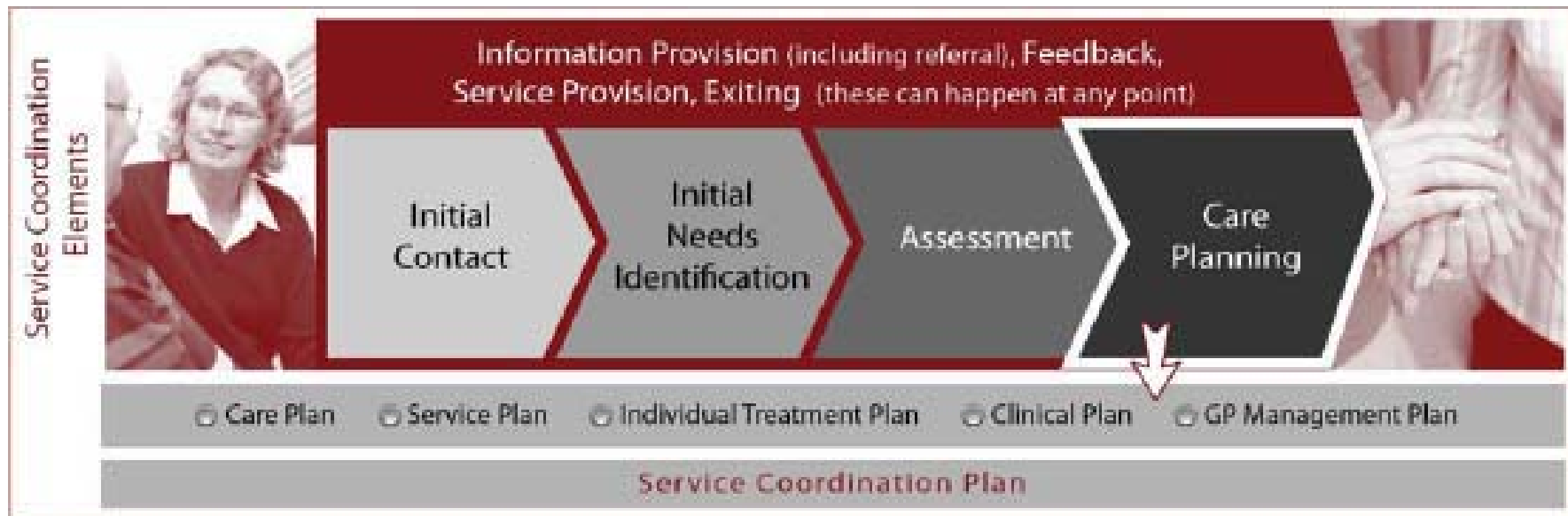
Consumers are supported to achieve their goals

Everyone with chronic and complex care needs has a care plan

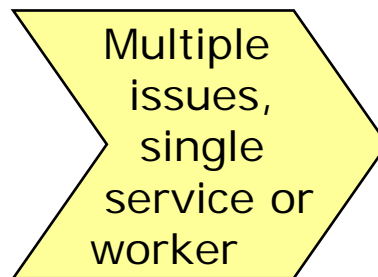
Processes & practices required

- Agreed protocols
- Trust between agencies
- Feedback & communication
- “Key worker” with appropriate skills
- Business practices and systems
- Support the consumers

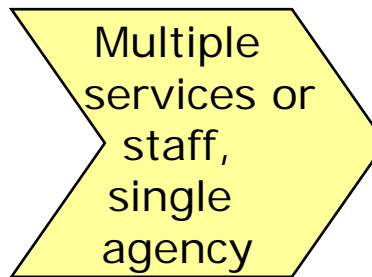
Building on assessment and goals



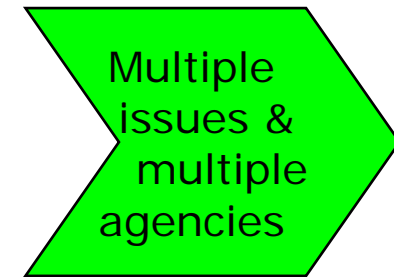
Service specific care plan



Intra-agency



Inter-agency care plan

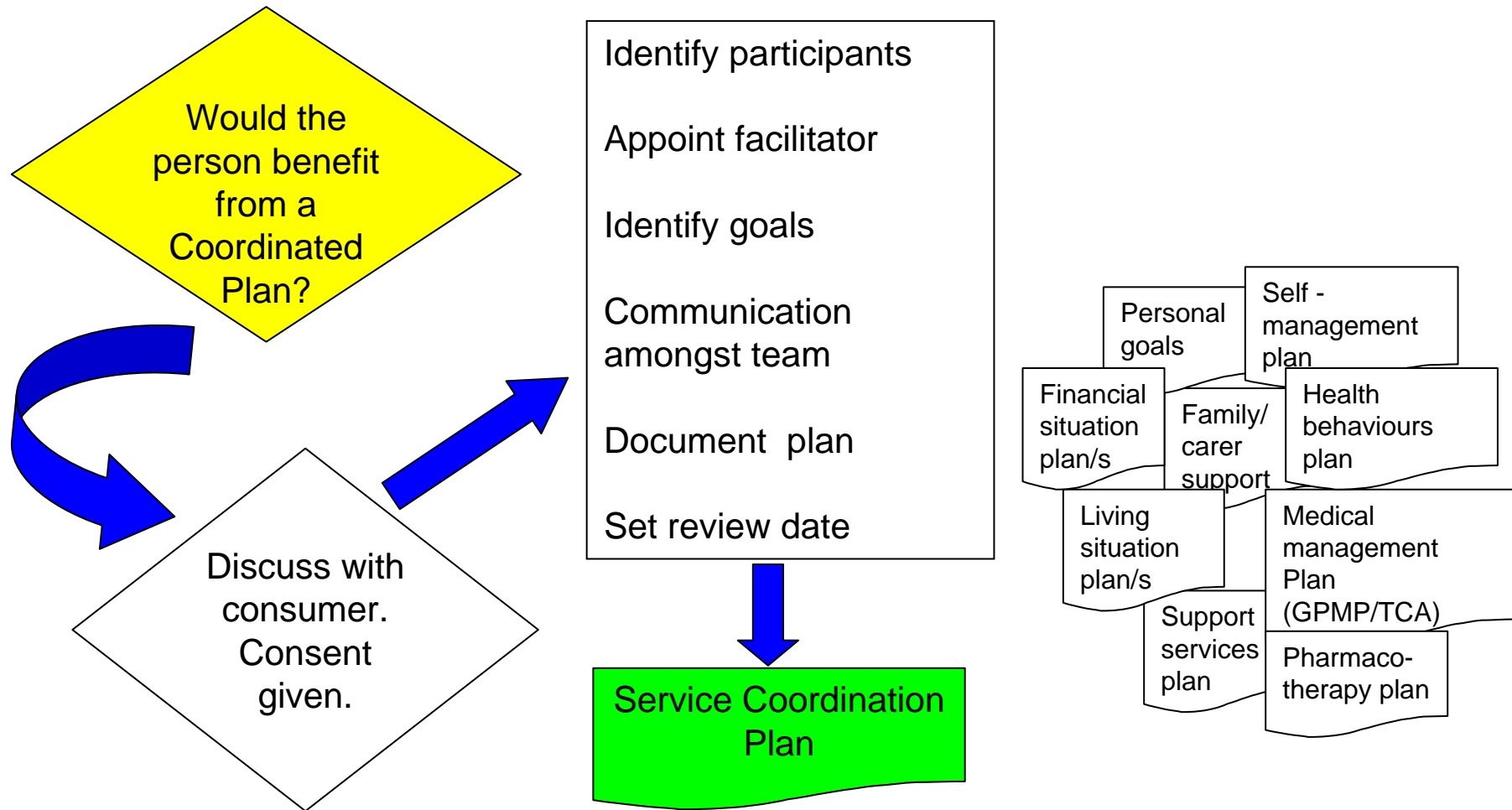


Inter-agency Care Planning

Outcome – one plan or linked plans

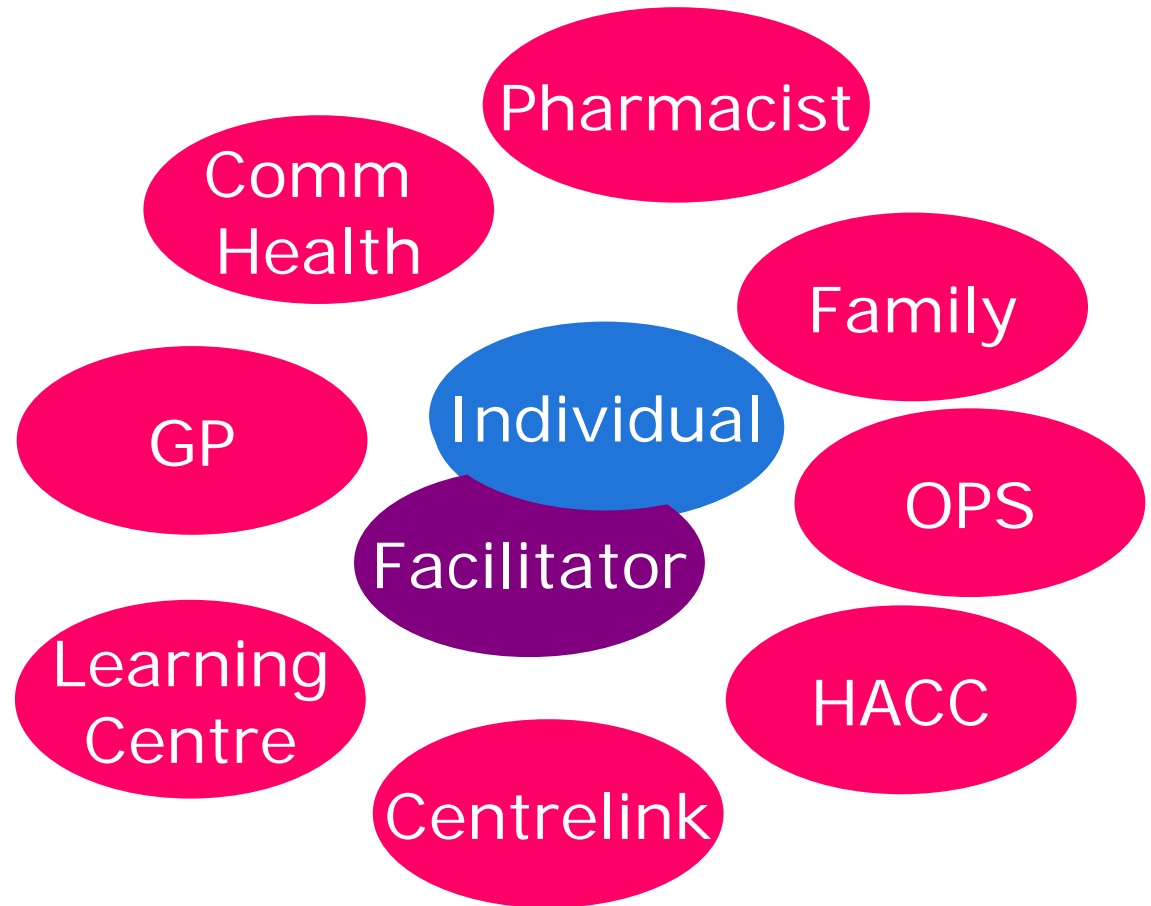
- Engagement and empowerment of the consumer
- Social, emotional and health needs
- Synthesis of multiple goals
- Based on assessment
- Coordinated scheduling of services
- Documentation, monitoring and communication

Process for inter-agency care planning



Principles of Self-Management

Knowledge
Involvement
Care Plan
Monitor & Review
Impact
Lifestyle



Connected support team

How is it going?



The direction
The supports
The relationships

The systems
The tools
The people



Inter-agency Care Planning Progress-Loddon Mallee Region

- Central Victorian Health Alliance-
Care Coordination Pathway
- Loddon Mallee Service Coordination
Protocols-At a glance
- Bendigo Health Care Group-HARP CDM
- Macedon Ranges Aged Care and Disability

Inter-agency Care Planning Progress-Loddon Mallee Region

- Increase in number of agencies and staff using e referral system which can be built on for care planning
- Self management and care planning training
- Victorian Service Coordination Practice Manual
- Others?

Connecting-care system

Care plans can be developed from agency software following case conference or meeting and sent as secure attachments to participants




connectingcare.com - Microsoft Internet Explorer

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 **connectingcare.com**
'networking to increase access'

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Southern Metro

Select a Service (find a service and who provides it) *Service Category*

OR


search to locate a service or provider/agency *Keyword Search*

OR

Make a Referral (make a referral by selecting the provider) *Refer*

OR

View a Provider/Site (view a service providers home page) *Agency Info*

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Internet 4:06 PM

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Send Email Attachment(s) Securely

The following form allows you to send a file to the selected agency via encrypted/secure email. Only providers and services capable of receiving encrypted/secure emails are listed.

Select Provider & Service

Southern Health - Parkdale Page will re-load when provider selected, please be patient.

Kingston Aged Care Assessment Service

Select Attachment(s)

File1 (select this one first) Browse...

File2 Browse...

File3 Browse...

File4 Browse...

File5 Browse...

File6 Browse...

Message Subject

Done

Internet

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Back Forward Stop Refresh Home Search Favorites Media Print Mail Stop

Search the Web Search Address https://www.connectingcare.com/secure/email_attach.asp?dhs_id=14&site_id=1119 Go

Browse...

Message Subject

This will appear as the message subject in the email. Eg. Referral for service XYZ
Do not include client specific information in this message subject!

Additional Information

An Acknowledgement is Requested Within:

1 Working Day
 2 Working Days
 Not Applicable

Consent: (has the consumer given consent?)

Yes
 No

Request Referral Feedback
(if this attachment is a referral would you like to receive feedback on the referral?)

Notes: (including alerts and comments on risks, urgency and access issues)

Referral Specific Information

Assessment Expected:

Service Specific Specialist Comprehensive N/A

Your Details

Please enter your details:

Name: *

Phone: *

Done Internet

Start E-referral model. Outpati... Sending e- refs BCC.ppt Send Encrypted Attac... 4:12 PM

Successful strategies for improved health outcomes

- Relationships between service providers
- Arrangements for coordinating service provision
- Use of systems to support coordination

Successful strategies for client satisfaction

- Relationships between service providers
- Support for clinicians/workers
- Communication between service providers
- Support for consumers/patients

Strengthening relationships between service providers

- Strengthening the link between patient and primary health care providers, particularly for those with complex care needs
- Developing stronger networks of service providers

Strengthening relationships between service providers

- Strengthening general practice multidisciplinary teams including the role of practice nurses in chronic disease management
- Co-locating general practice and other services
- Investing in systems to support co-ordination of care between co-located systems

Supporting coordination of service provision

- Developing service networks and arrangements for improved access to allied health and other community based services for early intervention

Systems to support coordination of care

- Develop systems for communicating or sharing information between primary health care and other service providers
- Create structures, particularly at a regional level, which are able to develop systems to support coordination of care

Systems to support coordination of care

- Further developing tools (e.g. common assessments, care plans, decision supports) that can be used by a range of providers across both national and state funded services and integrated in the care provided by different services.

Service Coordination Plan

A tool for inter-agency care planning built into software applications which forms part of the SCTT and is available for use by all.

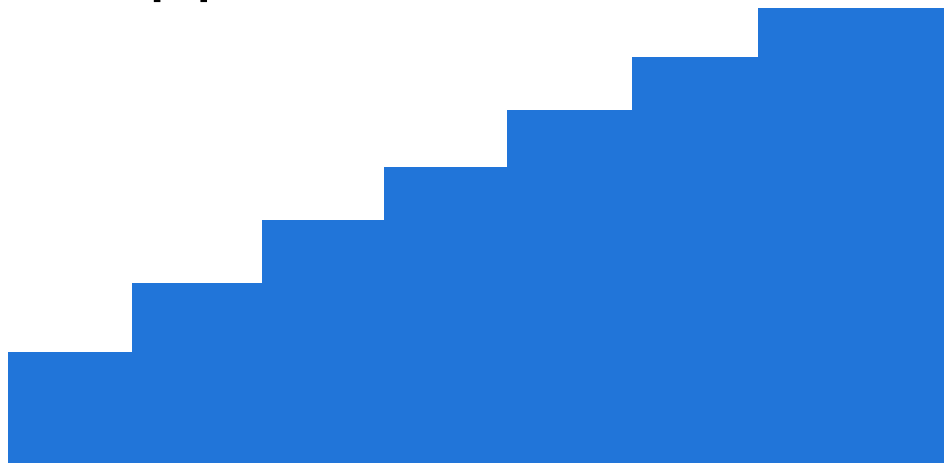
Time for revision

- Care planning advisory group
- Consultations
- Via the internet

https://www.health.vic.gov.au/pcps/coordination/sctt_survey.htm

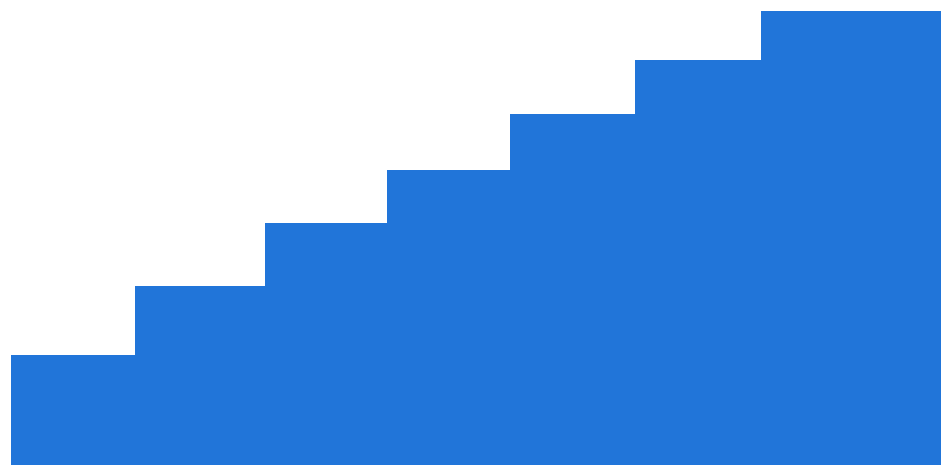
Seven steps to effective inter-agency care planning...

- Relationships between service providers
- Systems to support coordinated care planning
- Tools to support coordinated care planning
- Support for consumers/clients and carers
- Support for workers



Seven steps to effective inter-agency care planning...

- Discuss questions together in groups
- Share your knowledge
- Record the results
- Present results



Next steps for Loddon Mallee Region -build relationships

- Improve feedback to support by DHS
- Get together to identify resources in the area for care planning and allied health, identify gaps-then develop a proposal
- Develop better cross agency working relationships communication and networking for the sake of clients
- Work to improve engagement with acute services and with GP's

Next steps for Loddon Mallee Region -tools and systems

- Improve software systems and connectivity
- Get encryption and e-referral for all agencies in the region and build on for care planning communication

Next steps for Loddon Mallee Region -processes

- Develop shared/agreed processes and change internal processes to link in with agency protocols

Next steps for Loddon Mallee Region -support for staff

- Advocate for increased funding for care coordination roles and key workers
- Educate health service leadership about the importance of care coordination
- Education for staff and leaders-what services do, MBS items, how to use tools
- Clarify role of key worker, identify who will do it in the region

Next steps for Loddon Mallee Region -support for consumers

- Focus more on client-centred care
- Educate consumers about
“Key Workers” and care planning

Better Connections Better Care



Thankyou for participating-Lets keep working together
Care Planning website

http://www.health.vic.gov.au/pcps/coordination/care_planning.htm