

# Primary Care Partnerships are making a difference



March 2007

## Introduction

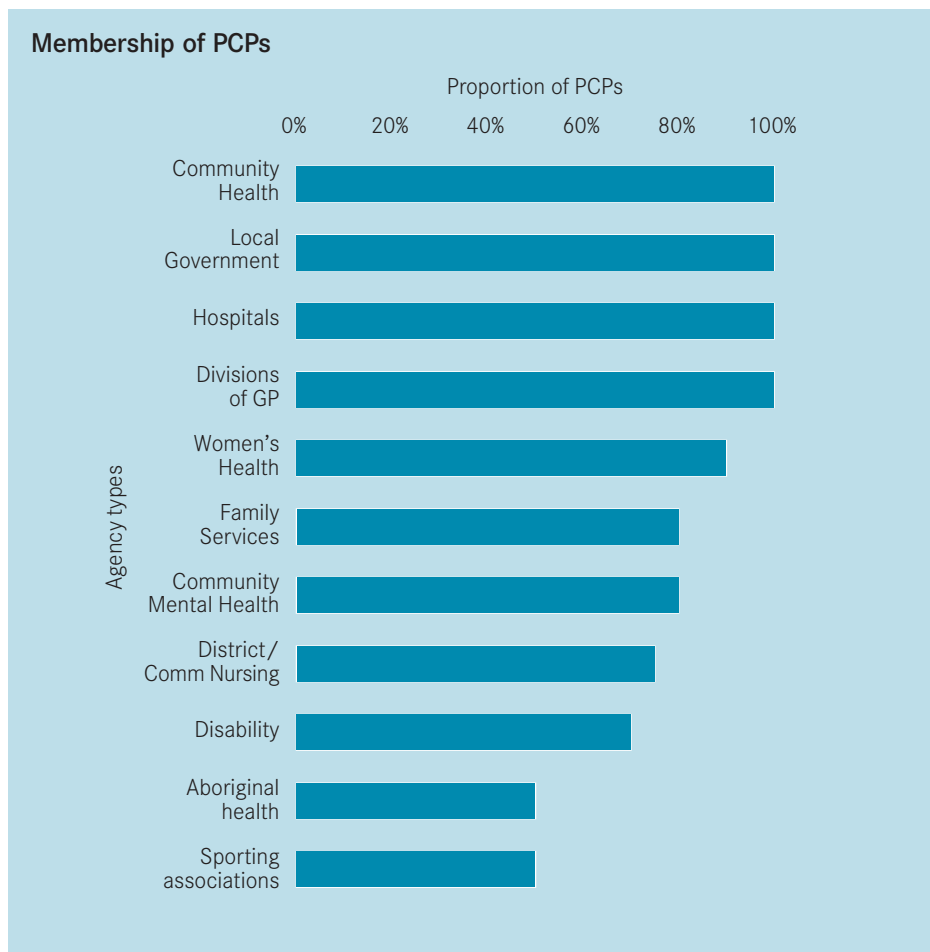
Strengthening the human service system is a priority of the Victorian Government. Evidence from Australia and overseas demonstrates the value of partnerships in achieving this priority and improving the delivery of human services. Here in Victoria we have seen the positive impact of working in partnership over the past 6 years through the Primary Care Partnership Strategy.

Since the Primary Care Partnership Strategy commenced in 2000, we have seen agencies working together to improve the experience of consumers. Primary Care Partnerships (PCPs) are made up of a diverse range of member agencies. As can be seen by the figure opposite, all PCPs include hospitals, community health, local government and divisions of general practice as core members of the partnerships. Other types of agencies such as area mental health, drug treatment and disability services are also members of PCPs. The partners can also be specific to local issues and needs. For example, some PCPs have engaged with the police, schools and community groups. PCPs are well established as a flexible and robust platform for partnership work in Victoria.

Victoria now leads the way in Australia with our system-wide approach to working in partnership. Over the past 6 years, PCPs have focused on building relationships between agencies, service system reform, better coordination of services and an integrated approach to health promotion. We have clear evidence that the Victorian approach to partnership has improved our human service system through:

- better continuity of care;
- a more responsive system; and
- greater efficiency.

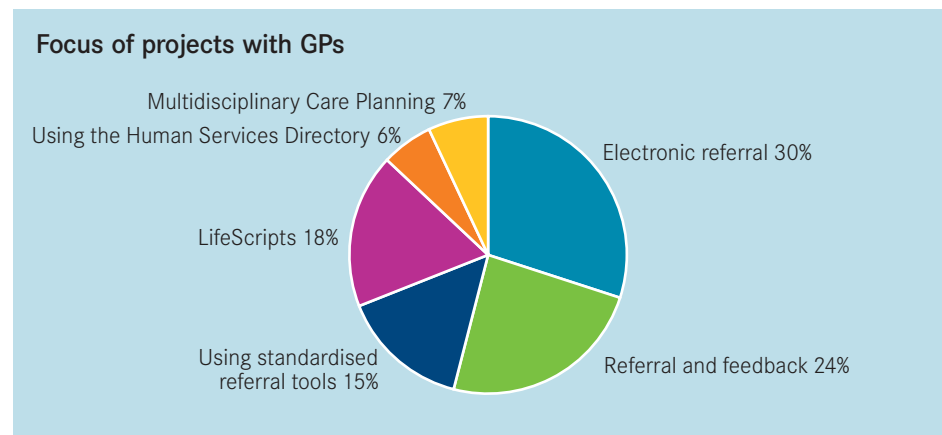
While we have a wealth of evidence of the benefits of working in partnership through PCPs, we will only focus on a few examples in this paper.



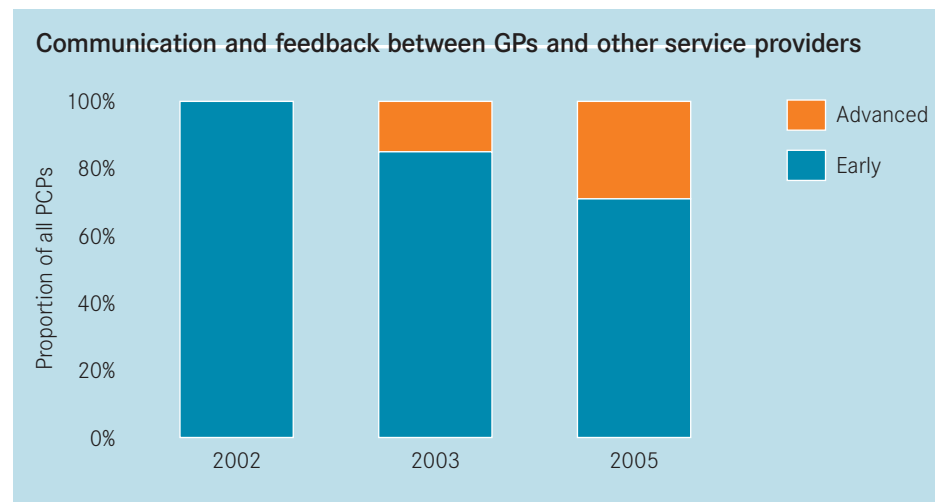
## Continuity of care has improved

In Victoria, we are seeing improvements to the continuity of care of consumers. For the first time, these improvements have been achieved through a systematic approach of agencies working together in a supported way as PCPs. Engagement of general practice in PCPs has been a significant advancement and critical to improving continuity of care.

**All the Victorian Divisions of General Practice are members of PCPs.** This means we have a systematic way to work with GPs in Victoria. Already GPs and their Divisions have worked with PCP member agencies to identify ways to improve practice through the GP and PCP Small Grants Projects. **More than 500 GPs have worked with PCPs on practice issues** such as multi-disciplinary care planning and better referral (for example, using the GP version of the Service Coordination Tool Templates and electronic referral). The chart below indicates the focus of projects undertaken with GPs.



This work with GPs through PCPs has resulted in broader benefits such as clearer, more comprehensive and timely formal and informal communication between GPs and other service providers. The chart on the right shows steady improvement of communication between GPs and other service providers<sup>1</sup>.



At a local level, we are seeing improvements to working relationships between GPs and key service providers such as hospitals. As a result, we are witnessing improved conditions for consumers, as shown in the example below.

### Better working relationship between hospitals and GPs

Service delivery reform at Latrobe Regional Hospital through work with their PCP has reduced the level of psychosocial hardship experienced by patients. They had more sustained and continuous support through a closer working relationship between hospital staff and GPs. Patients reported that they experienced a team of health professionals working with them and were reassured that health services were focused on their health not the administration of the health system.

Similar benefits for continuity of care across the service system can be seen from the work of PCPs. There has been improved referral and feedback loops to ensure that consumers receive effective care and follow-up. In practice this means that consumers run less risk of dropping out of the service system whilst requiring services.

<sup>1</sup> AIPC An Evaluation of the Primary Care Partnerships Strategy, October 2006

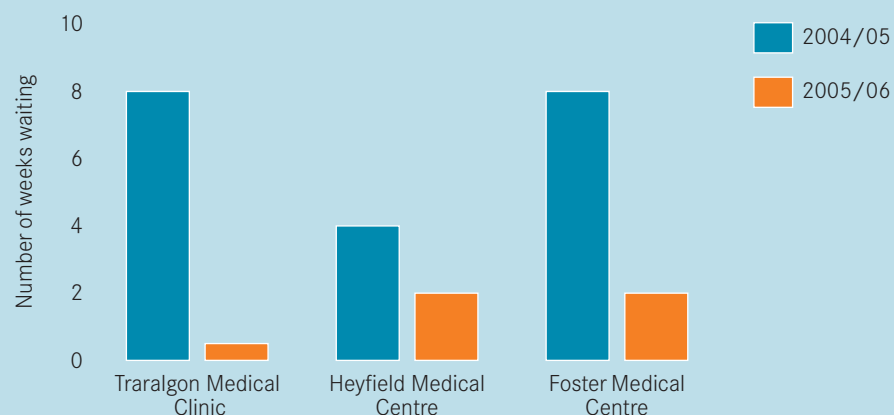
## The system is now more responsive

Six years of partnership work has enabled the system to better respond to consumers through coordinated prevention efforts, earlier identification of needs, clearer referral pathways and improved demand management—these are underpinned by PCP work.

This can be seen in the Better Health Care in Gippsland project where waiting times for appointments to diabetes educators reduced markedly when referral networks were developed through the PCP<sup>2</sup>. By better understanding the need for services across the system through the networks, clinicians were able to respond more effectively and flexibly to better meet consumer demands and demand patterns. In turn, they were able to reduce time on the waiting list for consumers.

### Waiting times to see diabetes educators

(Note: Service Coordination was implemented in 2005/06)



PCPs are also making the system more responsive enabling effective focus on specific issues. The PCP strategy has become the key platform for flexible local networks. Whilst attracting a broad range of agencies as members, PCPs have also focused and delivered on specific issues<sup>3</sup>. They do this by bringing the right partners together to agree on and use shared practice. A good example of this is the rapid response to the Victorian drought, as described below.

### Responding quickly to complex issues

PCPs are recognised across government as having the capacity and networks to coordinate and implement broad issue-based responses. In October 2006 the PCPs were selected by the Ministerial Drought Taskforce as the platform for delivering comprehensive drought mental health initiatives throughout rural Victoria. The capacity of PCPs to work across sectors and manage complex issues enabled them to respond within a very short timeframe.

PCP member agencies and key non-members also have been working together to plan and carry out shared health promotion programs that address agreed priorities. Because their plans focus on local needs, their health promotion and prevention activities are now much more responsive to the local community's needs. Coming together has also meant that agencies have a good understanding of activities in their local area and are not duplicating and fragmenting effort.

### Responding to the most disadvantaged together

Through their local PCP, 11 agencies that had previously worked independently came together to focus on residents from a rooming house in Melbourne's inner-south. The residents, who are among the most marginalised people in the community, reported a noticeable improvement in health and wellbeing, a greater sense of cohesion and improved access to services thanks to this joint effort.

2 KPMG Better Health Care in Gippsland Project Final Evaluation Report, September 2006

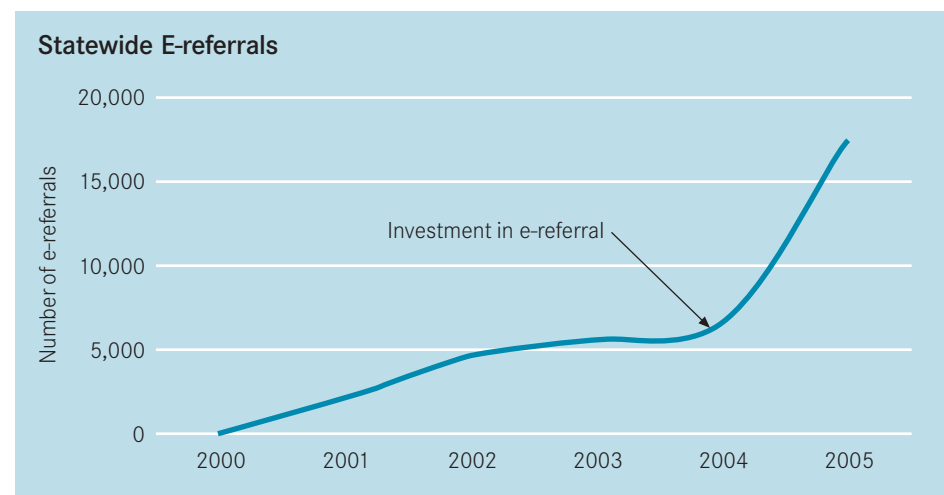
3 AIPC An Evaluation of the Primary Care Partnerships Strategy, October 2006

## The system is now more efficient

Working in partnership is paying off through a more efficient system. The most obvious example of this is in areas where agencies use electronic referral.

Electronic referral means that, with consent, consumer information can be shared between providers quickly and securely. **This can reduce the time taken for registration and needs identification by up to 50%** and improves the experience consumers have, as they don't need to repeat their information to each new provider. Further efficiency is made through reduced time to make multiple referrals—an increasingly common requirement for consumers with multiple and complex needs.

Electronic referral is gaining momentum. An investment in 2005–06 for electronic referral change management has resulted in an escalation in electronic referral and the engagement of a range of sectors including acute, mental health, disability, local government and community health.



Since 2005 the number of referrals sent electronically across the state has increased by 12,000. Because electronic referrals save the receiving agency up to 50% of the time taken for registration and needs identification, this means that over 2005–06 there have been significant efficiency gains. **It could mean up to 6,000 hours have been spent on service delivery rather than administration.**

### Building blocks for electronic referral

PCP member agencies and DHS have worked hard to put in place the **necessary building blocks to enable electronic referral to happen**:

- All agencies have **agreed to standard Service Coordination practices** (such as referral standards, feedback requirements, consent). Recently they moved to one, statewide approach (*Victorian Service Coordination Practice Manual*).
- Over 500 agencies now use a **single suite of tools** (the Service Coordination Tool Templates) to document consumer information, screen for unmet needs and provide quality referrals.
- We have provided guides to software vendors that enable the **effective and consistent deployment of the suite of tools in an electronic environment** (such as a data dictionary and data standards).
- Agencies are able to access information about other services quickly and effectively by using an **electronic service directory**. DHS has developed the Human Services Directory which will become the source of data for all service directories—this means agencies will only have to update information in one directory.

### Our future

Working in partnership in a systematic way using Primary Care Partnerships is reaping benefits for consumers, agencies and the system.

But we still have a way to go to realise our vision of an effective human service system providing coordinated care across and between different sectors. The future offers the opportunity of seeing the benefits of PCP work to date replicated more broadly. **The key to achieving this is a commitment to use PCPs as the platform for partnership work in the human service system.**