

Service Coordination Implementation FAQs Community, Women's and Dental Health Services July 2002

What does Service Coordination implementation mean for Community and Women's Health Services?

The Community and Women's Health Programs support the core goal Service Coordination for Primary Care Partnerships (PCPs). That is to provide a platform for functional integration in the primary care sector. Functional integration means that agencies will retain their organisational autonomy, while agreeing to conduct particular functions in a common way. To this end PCPs, in partnership with consumers and community groups, are developing and implementing **common practices, processes, protocols and systems** to integrate the way in which consumers come into contact with the service system, how needs are identified and assessed and the way in which care is planned and managed. Enhancing the flow of information between service agencies (within and between PCPs), and between service providers and consumers is fundamental to developing functional integration.

Local service coordination practice will be supported through the introduction and implementation of common Service Coordination Tool Templates which have been designed to support Initial Contact, Initial Needs Identification and Care Planning and sharing of health and care information (e.g. referral) between service providers.

It is important that the practices, processes and protocols that are being developed collaboratively by PCP member agencies guide individual agency organisational change, to support a more effective service coordination system that is responsive in providing appropriate and timely services to maximise consumer health outcomes.

What role does my Community Health Service play in IC or INI, Referral or Care Planning?

Community Health Services provide an **initial contact** point to the primary care system (collection of consumer information and provision of health and service information); conduct **initial needs identification** (broad screening); and **assessment** and coordinated **care planning** for consumers. The service coordination platform should assist Community Health services refer clients to, and receive referrals from, other appropriate services and engage with other services to ensure this transition is seamless and sensitive to the needs of consumers.

Does implementation of Tool Templates mean Service Coordination implementation?

No. Service Coordination implementation is the practices, processes and protocols for initial contact, initial needs identification, referral and care planning that supports a Service Coordination System and the use of tool templates/forms.

What is the Community and Women's Health Program's position regarding Service Coordination Tool Template implementation across its funded agencies?

Community Health

It is expected that by the end of 2002-2003 all Community Health Services will have introduced and implemented the Service Coordination Tool Templates as outlined above to collect and share consumer information in a consistent manner. Community Health Services will instigate the appropriate practices, processes and protocols to support their implementation as soon as they are logistically able in 2002-2003 (these may have been determined in PCP Service Coordination model development).

The priority for Community Health expenditure of Workforce Development grants for 2002/2003 should be to support activities to ensure the implementation of the Service Coordination Tool Templates to support service coordination processes such as initial contact, initial needs identification, referral and care planning.

Alcohol and Drugs services within Community Health Services are strongly encouraged to use the Service Coordination Tool Templates.

Women's Health Services

Women's Health Services that provide clinical and counselling services should implement the tool templates to collect consumer information and/or when making a referral to other services. Where this information is not currently collected for activities such as health promotion groups etc Women's Health Services should use existing processes. Women's Health Services are often an initial contact point to the primary health system, providing health information or service information without the collection of consumer information. Participation in the PCP service coordination work will support all of these activities.

Community Dental

It is expected that all Community Health Services and hospitals that are funded by the Community Dental Program (CDP) will have introduced and implemented the Service Coordination Tool Templates by the end of 2002-2003:

- DHS Dental Unit will consult with Community Dental Advisory Group (CDAG) and the Quality Reference Group (QRG) to identify steps and supports required in implementing the changes.
- DHSV will liaise with EXACT to implement technical changes required for the software to generate Registration Forms and other INI template tools with fields populated only with data currently being collected.
- The Dental Unit will implement additional changes to Exact when DHS project to enhance interface between it and software packages used in community health (currently SWITCH) proceeds.

The School Dental Service (SDS) will commence implementation during 2003-2004. Tasks and time lines to be identified and negotiated with DHSV by DHS Dental Unit.

The Dental Health Unit will contribute financial resources in 2002-2003 to the DHS Capacity Building: Training and Development Program. Dental staff in the CDP are encouraged to participate in the Community Health Program specific workshops being conducted in July- August 2002.

It is expected that dental staff of the CDP will participate in their PCPs to contribute to the development and implementation of the appropriate practices, processes and protocols.

Can we obtain copies of these forms from the Department of Human Services?

A hard copy of the tool templates and guidelines will be provided to PCPs and agencies. The tool templates and their supporting guidelines are also available for download on the PHKB. An e-form (for use on Microsoft word and access) will also be available to agencies.

Costs to photocopy, print or make carbon copies of the forms, such as the consumer consent form, will be incurred by agencies as determined by the practices processes and protocols put in place to support the use of the templates and replace existing forms. Given different agencies employ different practices related to the use of the forms this will be a cost born by agencies.

Will my agency need to change our IT systems?

Ultimately yes if the service coordination system is to be supported by electronic information management systems – which is the longterm objective. However, phased electronic implementation will occur over time and agency readiness and capacity to upgrade systems or change practices, will determine the extent and timelines for changes to IT systems.

The Department has embarked on a formal process to engage and inform software developers and other relevant stakeholders of the Statewide Service Coordination implementation objectives. The Service Coordination Tool Templates and guidelines have been mailed to relevant software developers and a Statewide forum conducted to discuss implementation issues. Relevant DHS program areas are engaged with this process.

Agencies are encouraged to utilise software user groups and collective approaches to ensure that costs of software upgrades to individual agencies are minimal. Upgrades should instead be part of the service offered or be at a responsible cost given the numbers of providers that will be upgrading any one particular software application.

The Service Coordination Tool Templates and relevant data standards have been implemented in the June 2002 upgrade of SWITCH.

What are the workforce development and training implications for my agency?

It is acknowledged there is an established skill base for the service coordination functions. Agencies currently collect and share consumer information and provide coordinated care. The Service Coordination initiative in Primary Care Partnerships is proposed to build on and enhance this base to provide a more responsive consistent primary health system for consumers across Victoria.

Where capacity building and training and development needs to occur to support service coordination implementation, this will be determined at a Statewide, Regional, PCP and agency level. DHS will be outlining their Statewide approach shortly. This capacity building/training and development plan will take a staged approach to implement the elements proposed above over 2002-2003. Sector input to the development of this plan will be sought in a number of forums. Any capacity building/training and development initiatives will build on the work of PCPs in developing the practices processes and protocols to inform service coordination process.

PCPs will continue to guide collaborative service coordination system work, which should also include a workforce development component to support member agencies in each PCP.

Agencies will also need to consider the organisational processes required to support service coordination implementation, including the introduction of the Service Coordination Tool Templates, in their service planning and training and development activities. *(The priority for Community Health expenditure of Workforce Development grants for 2002/2003 should be to support activities to ensure the implementation of the Service Coordination Tool Templates to support service coordination processes such as initial contact, initial needs identification, referral and care planning.)*

Will my agency have to implement a double recording system?

No, agencies are encouraged to put in place the necessary practices processes and protocols to support the use of the tool templates to collect and share consumer information. It is expected agencies will phase in the use of the tool templates as soon as practicably possible.

Will implementation be evaluated?

The Australian Institute for Primary Care has been contracted to evaluate the implementation of the PCP strategy over the next 18 months, which includes PCP and agency feedback on implementation of all elements of the PCP strategy including Service Coordination. Agencies are encouraged, if requested, to participate in the evaluation by completing an agency survey.

Do we need to update current client information using the Service Coordination Templates, whether using manual or IT systems?

The service coordination tool templates should be used for all new clients. Existing records will be updated over time through client reviews or new presenting issues. Upgrades of software should enable existing client information, where practical, to transfer across and populate the relevant tool templates required for client records or sharing of client information.

Will Service Coordination implementation impact on referrals (to already stretched services)?

It is not expected that this process will increase the rate of referrals, unless your agency has been fairly isolated in the past. In the medium term, the effect of better service coordination should be to improve the accuracy of referrals (that is, to reduce the prevalence of inappropriate referrals).

Better coordination means agencies give each other feedback on poor referral practices. Agreed protocols on appropriate and timely referral should in fact attempt to rationalise referral practice, as part of a PCP demand management strategy.

Can I put my Agency logo on the forms?

The forms have been designed for generic use across the state and for use by multi catchment, multi Region service providers. Therefore the same form should be able to be used anywhere in the state. Once Agency Logos appear the forms are changed and confusion may occur for referral purposes. The consent form is the exception as this is predominantly given to consumers by a particular service, this form has a space provided in the top right hand corner for an agency logo and/or details.