

Service Coordination Implementation

September 2002

This information resource provides in **PART 1** the context behind Service Coordination developments that have been driven by the Primary Care Partnership Strategy. **PART 2** outlines the Department's commitment to ongoing service coordination implementation. **PART 3** outlines the directions for the introduction and implementation of the Service Coordination Tool Templates.

PART 1: Context

Primary Care Partnerships

More than 800 services have come together in 32 Primary Care Partnerships across all parts of Victoria to develop and implement Community Health Plans. The plans describe how service providers, communities and governments will work together to plan, coordinate and deliver services to:

- Contribute to the health and wellbeing of all Victorians and help alleviate the burden of disease.
- Improve people's experience of primary care services.
- Strengthen health promotion and community building.
- Reduce preventable hospital admissions by responding to the early signs of disease and to people's need for support.
- Enable demand on services, particularly acute and emergency services, to be better managed.
- Develop a primary care service system that helps people get the services they need when they need them.

Service Coordination

The development of the Service Coordination element of the Primary Care Partnership Strategy was driven by consultations that were undertaken from July to November 2000 (HDG 2001) with other government departments, service users, service managers, service practitioners, Divisions of General Practice, General Practitioners and peak and professional bodies. Better Access to Services: A Draft Policy Framework and the Information Management Discussion Paper were released prior to consultations to promote discussion and debate. The consultations revealed a remarkable consistency of view across the state in support of the concepts in the draft documents. The consultations also identified a number of consistent themes that were incorporated into the final policy framework.¹

A core goal for PCP Service Coordination 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.

Improving service coordination between primary health providers is underpinned by the following objectives:

- Consumers and carers experience enhanced engagement with services and programs and experience services as being provided in a seamless, coordinated fashion.
- Consumers and carers obtain appropriate services and programs in a timely fashion and at convenient locations, irrespective of demographic and social factors (including income, geography, age, gender and cultural background).
- Consumers and carers have access to the information they need to genuinely participate in the care they receive and to participate in development of approaches to the management of their health and care information.

Service Coordination Tool Templates

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.

The Department of Human Services contracted the Australian Institute for Primary Care at La Trobe University and HDG Consulting to develop Initial Needs Identification (INI) and Care Planning (CP) tool templates for agencies and practitioners involved in Primary Care Partnerships. Other members of the consortium were the Centre for Health Services Development at the University of Wollongong and the Health Issues Centre.

¹ Better Access to Services: A Policy and Operational Framework (Department of Human Services, July 2001). Available on-line at <http://www.dhs.vic.gov.au/phkb> (Primary Health Knowledge Base)

HDG Consulting Service consulted with the 32 PCPs to identify, discuss and map current INI and CP tools and practices. The review found that there was considerable variation in the tools in use for initial needs identification and service coordination across the PCPs. There were over 350 different tools (forms) in use to document consumer information, summarise needs, make referrals and coordinate services.

The Service Coordination Tool Template development drew on the findings of the literature and practice reviews and feedback from the sector. The templates incorporated core consumer information as well as social, psychological, medical and physical information as relevant to determining risk and consumer needs, trigger referral and assessment. The Service Coordination Tool Templates, and guidelines were designed to be easy to use and understand and were validated through the extensive consultation that was undertaken. The tool template development was consistent with related work being undertaken by the Veterans' Home Care Program and National Home and Community Care (HACC)/Aged Care Assessment Program (ACAP), in particular regarding dependency measurement and assessment. To the extent possible, the tools support consistency across items used in tools of other relevant programs and Departments including data requirements for the HACC MDS, the National Community Services Data Dictionary and the National Health Data Dictionary.

Over 280 agencies participated in the pilot of the initial Tool Templates. Appropriate revisions were made to specific aspects of the Service Coordination Tool Templates suite, in accordance with feedback from the field. The PCP Tool Template pilot evaluation recommended the Tool Templates be broken into 5 distinct components to be used for different purposes. DHS has supported these recommendations.

Service Coordination Elements

Service Coordination element	Brief description of element	Relevant Tool Templates/ Supporting Information
Initial Contact (IC)	The first point of contact with the service system.	<ul style="list-style-type: none"> ■ Consumer Information ■ Consumer Information Brochure "Your information, It's private"
Initial Needs Identification (INI)	INI is an initial screening process where the underlying issues as well as presenting issues are identified.	<ul style="list-style-type: none"> ■ Consumer Information ■ Summary and Referral ■ Consent Form Supplementary Profiles ■ Living Arrangements/Functional/Health Conditions/Psychosocial/Health Behaviours
Assessment	The INI process will have identified need for specialist, service specific or comprehensive assessment.	Assessments will build on the information collected through the use of the appropriate forms as part of the INI process.
Care Planning	A process of deliberation that incorporates a range of existing activities such as care coordination, case management, referral, feedback, review, reassessment and monitoring.	<ul style="list-style-type: none"> ■ Service Coordination Plan
Information Management	Sharing of health and care information: The practice, processes, protocols and systems to support the collection, use, disclosure, storage and disposal of consumer health and care information.	<ul style="list-style-type: none"> ■ Consumer Information ■ Summary and Referral ■ Consent Form ■ Profiles ■ Service Coordination Plan

PART 2: DHS Service Coordination

Implementation Plan

Service Coordination Implementation Help lines

There are two “**Help Lines**” that have increased resources to also answer Service Coordination implementation queries. These are:

- **The Primary and Community Health Data Reporting Help Line:** ☎ 0413 883 439 (Community Health Services and any other services involved in PCP Service Coordination Implementation)
- **The HACC Data Help Desk:** ☎ 9616 7255 📧 haccmds@dhs.vic.gov.au (All HACC and ACAS funded services)

Program support for implementation

The introduction of the Service Coordination Tool Templates will commence as of 1 July 2002, formal take up and implementation by agencies will be a phased approach over the next 12–18 months and will be dependent on program guidance and PCP member agency readiness and commitment to PCP implementation timelines.

The Service Coordination Tool Templates should be implemented as follows:

- **Consumer Information** – universal implementation
- **Summary and Referral** – universal implementation
- **Consumer Consent form and consumer information brochure** – universal implementation
- **Profiles** – for recommended use*
- **Service Coordination plan** – for recommended use*.

* Recommended use will be determined by the practices processes and protocols underpinning requirements for IC, INI referral and care planning determined by PCPs and/or individual service providers.

The key program areas of Home and Community Care (HACC), Aged Care Assessment Services (ACAS), Community Health, Alcohol and Drug, Mental Health, Sub Acute and Care Continuity, Women’s Health and Community Dental are committed to enhanced Service Coordination and specific program advice is below.

Home and Community Care (HACC) and Aged Care Assessment Program (ACAP)

From the 1 July 2002 the Service Coordination Tool Templates will be the HACC Program’s and ACAP service co-ordination tools in Victoria and replace the Client Information and Referral Record (CIARR) used by some HACC services (Copies of the CIARR will no longer be available from the Department of Human Services). Actual implementation by agencies will be phased in over 18 months from 1 July 2002. It is intended that all HACC Program funded agencies will be using the service co-ordination tools by the time of the implementation of the HACC MDS Version 2 on the 1 January 2004. HACC services and ACAS should also expect referrals from other agencies/services to use these Service Coordination Tool Templates, including the relevant Profiles (as determined by PCP practices, processes and protocols). Agencies are encouraged to become involved in the PCP process if they have not already done so.

Since all HACC-funded agencies and ACATs have a service co-ordination role, all will implement the first three templates listed above (Consumer Information, Summary and Referral and Consumer Consent). Those HACC agencies funded for the activity Assessment and Care Management should also implement the Living Arrangements Profile and the Service Coordination Plan. Not all items need to be completed in all cases. Specific arrangements for HACC and ACAS agencies are described in the HACC ACAT program “Frequently Asked Questions”².

² www.dhs.vic.gov.au/phkb

Those agencies participating in the 2002–03 pilot collection of dependency data should implement the Functional Screen Profile, which has the required dependency items. It is likely that these items will be made part of Version 2 of the HACC MDS, due to take effect from 1 January 2004. The other Profiles are recommended for use as appropriate. For example, given the frail aged target group for most HACC services, the modules on nutrition risk screening and falls in the Health Behaviours Profile would be highly recommended.

Community Health

It is expected that by the end of 2002–2003 all Community Health Centres and 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 Centres and 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 Drug services within community health services are strongly encouraged to use the Service Coordination Tool Templates.

The Service Coordination Tool Templates and relevant data standards have been implemented in the June 2002 upgrade of SWITCH (software application used by some Community Health Centres).

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.

Alcohol and Drug Services

The Alcohol and Drug Program endorses PCP goals and is committed to supporting the PCP implementation of the Service Coordination Tool Templates, while maintaining a consistent operation in the drug service sector.

The Program encourages that, at the early stage of PCP Service Coordination Implementation, alcohol and drug (A&D) services in PCP Alliances use the Service Coordination Tool Templates in place of the general information components of the drug assessment tools. These services will continue to use the specialist drug assessment components of the A&D assessment tools. (Please note that the A&D Tools has 2 main parts: General information and A&D specialist assessment. PCP tools can be used to replace the A&D General information (eg. Module 1 – "Intake assessment, Case study and Formulation" of the A&D General Tool), but not the A&D specialist assessment.) This replacement will prevent the need for repeated data entry. A&D workers are advised to use their professional judgement in the use of the tools, it is the practice that guides the use of tools.

The future plan of the Alcohol and Drug Program is to evaluate impacts of PCP tools in A&D sector and address any issues before revising A&D tools to incorporate PCP tools for mandatory use across all A&D services. This is to ensure a smooth transition period to test the interface between the 2 sets of tools, avoiding possible undesirable impacts for the A&D sector when PCP tools are in the early stage of implementation.

Community Dental

It is expected that all community health centres and hospitals that provide the Community Dental Program (CDP) will have introduced and implemented the Service Coordination Tool Templates by the end of 2002–2003.

The introduction of these tools should support the collection and sharing of client data in a consistent manner. Therefore in the first instance CDP service providers may receive consumer information using these templates and they should use the appropriate tool templates to collect and share (refer) consumer information. It is not expected at this stage that CDP staff complete an entire initial needs identification for all clients – this will be determined by individual service practice and the practice of their auspice agency.

To support the introduction of Service Coordination Tool Templates to the CDP, the Dental Health Unit will work with:

- The Community Dental Advisory Group (CDAG) and the Quality Reference Group to design an implementation strategy (including training for dental staff); and
- DHSV to implement changes required for the Exact software to generate the consumer information form and other tool templates (fields on the consumer information form will be populated only with data currently being collected on Exact).

Additional changes to Exact will be considered when the DHS project to replace and enhance the interface with the software package used in community health (i.e. mainly SWITCH) proceeds. Introduction of the Service Coordination Tool Templates to the School Dental Service (SDS) will be discussed with DHSV when electronic patient records are implemented.

Mental Health

Clinical Mental Health Services and Psychiatric Disability Support Services are providers of specialist mental health services. Referral to Psychiatric Disability Support Services should predominantly be through Area Mental Health Services. Clients of mental health services do and should use primary care services. Mental health services can adopt the service coordination tool templates if individual services feel it is appropriate. Use of the tools is encouraged where they facilitate client referral to primary care agencies and service coordination plans for individual clients. The Mental Health Program has not made it mandatory for mental health services to use service coordination tool templates in 2002–03. As a specialist service system mental health services will only provide entry to the primary care system for mental health services clients. The service coordination platform should assist mental health services refer clients to appropriate services and engage with other services to ensure this transition is seamless and sensitive to the needs of clients with mental health issues.

Case managers and key workers, when using the service coordination tool templates, must be mindful that the basis for decisions about disclosing information remains Section 120 A of the Mental Health Act.

Sub Acute and Care Continuity Programs

The Sub Acute and Care Continuity program will be looking at ways to support and promote the use of the tool templates within their programs. This will include hospital discharge and referral practices, and the referrals that occur from such programs as PAC, Community Palliative Care, and Sub Acute services.

Other DHS programs

The Primary and Community Health Branch will continue to work with other program areas such as Acute and other Aged Care areas (such as Personal Alert Victoria), to sustain momentum for the service coordination implementation process and facilitate the take up of Service Coordination Tool Templates across PCPs in 2002/2003.

General Practice Engagement

The Department of Human Services is committed to working with Divisions of General Practice as key organisations through which to promote the benefits of PCP service coordination initiatives to individual GPs, and to provide practical resourcing to GPs and practice staff to assist them to make quality improvements. To this end DHS has convened a General Practice implementation working group to consider GP engagement issues related to PCP service coordination and to develop processes to address these. This working group comprises of GP and division staff representatives currently involved in local PCP service coordination committees.

DHS will continue to work closely with GPDV and the Commonwealth Department of Health and Aged Care to promote an ongoing collaborative approach to achieving functional integration across the primary health sector.

Service Coordination Implementation Support

A DHS Service Coordination Implementation Group has been established with representatives from the key program areas, Regional representation and the PCP Strategy team. The group will advise on issues regarding Service Coordination implementation (that is provide solutions and guidance at a Statewide level as well as Regional or PCP level); monitor tool template implementation and provide a conduit to guide further work to be undertaken at the program level over 2002/2003.

The Service Coordination Tool Template suite will not be changed over this first year of implementation (July 2002–July 2003). Where PCPs or agencies have specific implementation issues please direct these to your DHS Regional advisor (or call the appropriate help line above) and they will be addressed individually; where these have Statewide relevance they will be included in periodical updates to the FAQ resources and via the DHS PCP Friday Bulletin.

Capacity Building/Training and Development

DHS will undertake a Capacity Building, Training & Development Program which aims to support and enhance PCP core work* and build and sustain the skills, knowledge and competencies of service providers and professionals undertaking service coordination work. (**PCP core work includes development and implementation of a local service coordination platform which includes common and agreed practices, processes, protocols and systems (PPPS) for initial contact, initial needs identification, referral and care planning. This includes local PPPS agency engagement, orientation and training (including Tool Template use).*)

The Capacity Building, Training and Development program will consist of several parts:

- Part 1. Orientation and dissemination of PCP learnings (via the PHKB, forums, information resources etc)
- Part 2. Service Coordination Orientation Training Program (A Train the Trainer program to be conducted in each Region November–December 2002)
- Part 3. DHS Program Specific Activities – includes opportunities for linking to existing Program activities.

DHS is also considering the need for specific workforce activities to assist managers undertake the necessary organisational change to support Service Coordination implementation and is considering longer term workforce development issues.

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.

Development of software applications

Development of software applications will not only be informed by the use and format of the Service Coordination Tool Templates but also by the associated data model and data standards. The data model and data standards address the requirement for information standards to be incorporated into software applications so that in the future data can be exchanged between different applications. Further work will be required to develop messaging standards to enable “seamless” exchange of data between software applications.

The Service Coordination Tool Templates and guidelines have been provided to relevant software developers. Discussions, both collective and at the individual level, have occurred to engage and inform software developers and other relevant stakeholders (e.g. RDNS, Medical Software Industry Association) of the Statewide developments to support service coordination implementation. Updates will be provided as they occur via DHS program advice and via the PCP Friday Bulletin.

PCP e-referral developments

Northern Mallee PCP and Outer East Health and Community Support Alliance have been funded (2001/2002 information management funding) to develop electronic referral systems by building on existing projects. Other PCPs are also beginning to trial e-referral systems. These systems will allow sharing of consumer information in a secure electronic environment. The data standards for the services directory and the Service Coordination Tool Templates will provide the necessary foundation for future data exchange between these two systems and others. Both these systems have unique qualities that will inform future directions for information systems development and implementation.

Investment in Information and Communications Technology

The Department of Human Services secured \$30 million over three years from 2001–02 to 2003–04 for investment in information and communications technology infrastructure that provides improved connectivity across the primary care providers and between the primary and acute sectors. Funds allocated to the acute and primary health sectors will be invested in information and communications technology infrastructure that is consistent with service co-ordination reform and supports major reforms (eg. Health Tel).

Region wide ICT strategic plans are being developed which will identify connectivity requirements to support enhanced service coordination models in PCPs.

Development of a Statewide services directory database

The Department of Human Services is taking an integrated approach to the provision of comprehensive statewide services information. **Stage 1** in this process will be the delivery of a web portal to support PCP local services information strategies. This web portal will allow searching on a statewide database of health services information maintained by Infoxchange Australia. Information in the database can be updated through submission of an update form to Infoxchange Australia.

Stage 2 will be the development of a more broadly-based, statewide services information resource. The contract for this is expected to be in place by (strikethrough: December 2002) early 2003. More detail on this process, its scope and timing for its delivery, will be provided over coming months.

The PCP Statewide Health Services Directory and a specific Information Resource is now available over the web at: <http://pcpservicedirectory.health.vic.gov.au> and through the Primary Health Knowledge Base (PHKB). The search interface has also been designed so that it can be incorporated into existing websites.

PART 3: Service Coordination

Tool Template Implementation

Service Coordination Tool Template Dissemination

The Service Coordination Tool Templates and guidelines are available on the Primary Health Knowledge Base. Limited hard copies of the guidelines are available from the Primary and Community Health Branch (Ph 9616 8047). Costs to print and/or have carbon copies of the forms will be incurred by agencies as determined by the practices processes and protocols put in place to support the use of the templates (Specific arrangements for HACC and ACAS agencies are described in the HACC ACAT program “Frequently Asked Questions”).

How the Service Coordination Tool Templates should be used

The Service Coordination Tool Templates are designed to support local service coordination practice by facilitating a consistent and shared approach to data collection and the sharing of consumer information. It provides the foundation for a Statewide referral platform for PCPs. Therefore the Service Coordination Tool Templates should be adopted by PCPs across the state in a consistent manner. This is particularly important for GPs, Statewide providers and providers that work across more than one PCP catchment.

It is important that appropriate protocols and practices implemented by PCPs, which are informed by the Tool Template Guidelines, determine how the Service Coordination Tool Templates are used. For example the use of all of the Service Coordination Tool Template Profiles for Initial Needs Identification may not be appropriate practice for every client. Initial needs identification should occur as soon as practically possible to ensure access to appropriate services at the earliest point of contact. It is the PCPs agreed protocols and practices that determines which items, for which client/client group are collected and over what time frame. For example a young person with drug and alcohol problems may have their needs identified over a number of visits by their A&D treatment worker and then referred on to other services as appropriate. Alternatively a potential HACC service recipient may have all of the tool templates completed at one time to enable a referral for HACC services.

Can the Service Coordination Tool Templates be changed in terms of format and content?

The Service Coordination Tool Templates should be adopted **without changes**. This will enable a consistent approach to data sharing within and between PCPs. The Profiles should be considered in the first instance to provide relevant information/data to support an INI process (agreed practice should determine which items are relevant). However, if necessary, additions to the tool templates can be implemented as an **additional** profile. The protocols developed will guide practice around the use of additional profiles.

Agency logos may be added to the Service Coordination Tool Templates, where this is consistent with the PCP developed protocols regarding referral practice. Referring agencies could use the box in the right hand corner of the Consumer Information, Summary and Referral Information and Profile Tool Templates to display agency details/logo and the consumer identifier. However, the need for this, given the agency information already provided in the “Office Use Only” section should be discussed and agreed upon at the local level. The consent form has a space provided in the top right hand corner for an agency logo and/or agency details.

The DHS logo and publication number are displayed on the forms to indicate that the Service Coordination Tool Templates are a consistent Statewide suite of forms initiated by the DHS. As such it is requested that they be adopted in their current format during the initial implementation phase. If the removal of the DHS logo and publication number is deemed imperative for agency practice, and the PCP and agency agree, the DHS logo and publication number can be removed.

Use of the tools for specific agency data collection and/or to comply with MDS requirements

The Service Coordination Tool Templates **do not** collect all of the information required for all program MDS requirements and agencies will need to collect additional information where this is relevant.

Individual agencies may have other data requirements that will require additional data collection as part of internal business processes such as MDS reporting. Agencies are encouraged to maintain the integrity of the Service Coordination Tool Templates and consider an agency specific profile attached to the core template to collect the “extra” data. This will negate the need to re-enter data into the Service Coordination Tool Templates when sharing consumer information.