

Improving the coordination of services



Profile of 300 intellectually disabled clients

- 30% have no health plan
- average of 8 chronic health conditions per person
- 3 unrecognised or poorly managed chronic health conditions
- poorly linked to preventative health services

What does Service Coordination mean to our consumers?

- Easy, visible 'entry' into the system
- Their full range of needs are identified as early as possible
- They are treated as a whole person
- Information about all services are up to date and readily available
- They don't have to retell their story every-time they see a new service
- They control who and what information is shared



Enablers for Service Coordination



Partnerships

www.health.vic.gov.au/pcps/about/index.htm



Practice standards

www.health.vic.gov.au/pcps/publications/sc_pracmanual.htm



Information standards and tools

www.health.vic.gov.au/pcps/coordination/sctt2009.htm



Information systems

www.health.vic.gov.au/pcps/coordination/info_management.htm

What do the service providers say?

“Implementation of Service coordination has increased capacity within the client appointment to focus solely on service delivery..... The increased consultation time has led to the service being able to provide some services within a single session, which has had a positive impact on waiting lists for those services”

Nillumbik Community Health Service

“As a result of Service Coordination, client complaints have reduced from approximately 40 per month to 5 per month.”

Whitehorse City Council

“Better access to services delivers a number of benefits ... earlier identification of client needs, better management of waiting lists, improvements in service navigation and coordination and greater operational efficiency ... all for a relatively small investment.”

KPMG Report

www.health.vic.gov.au/pcps/evaluation

Measuring Service Coordination practice

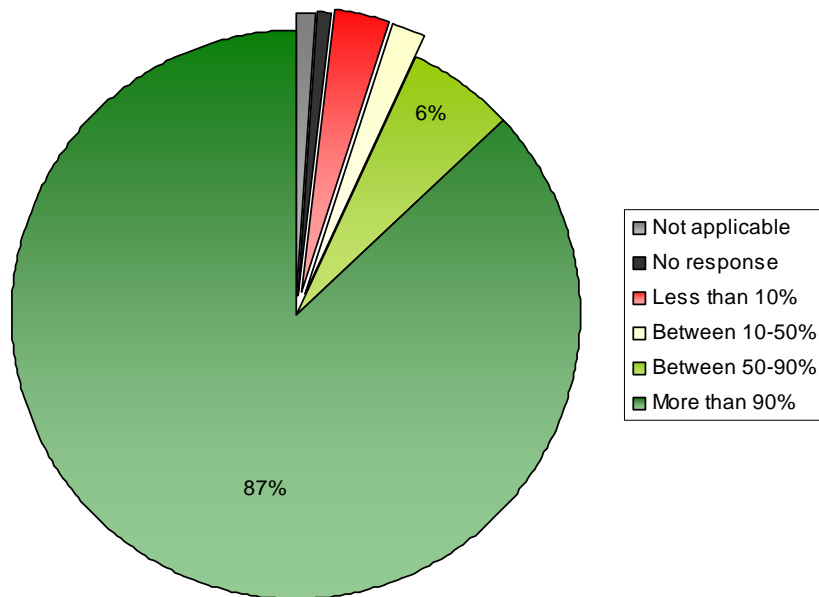
Program participation in the survey of Service Coordination practice

- 2008 – 635
- 2009 – 770 (5 new programs)

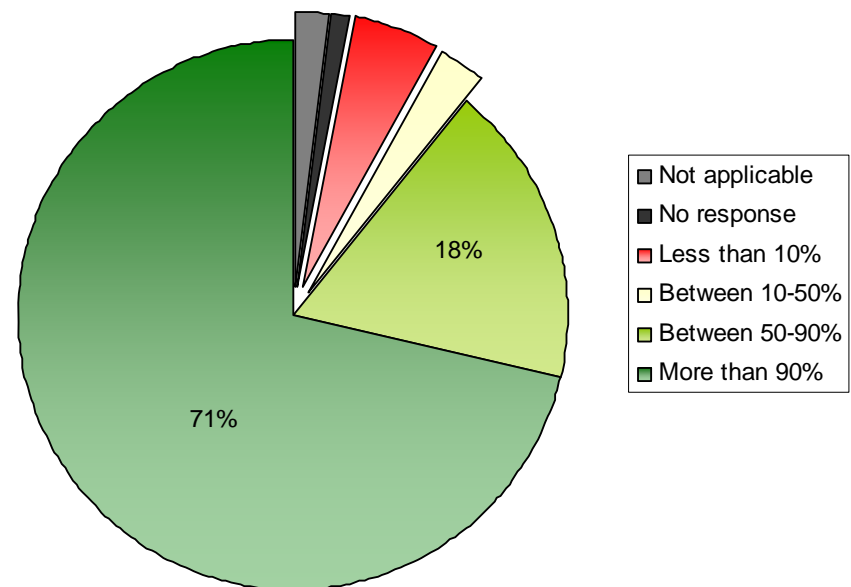
Programs	2008	2009
Admitted Patients	16	25
Aged Care Assessments	40	21
Allied Health	34	35
Ambulance Services	1	1
Child Protection & Family Services	20	16
Community Health	83	82
Dental services	11	16
Disability Services	51	90
Drugs Services	17	15
Early Years Services	14	14
Emergency Services	10	12
HACC	189	184
HARP	26	38
Healthy Mothers, Health Babies		9
Homelessness Assistance	12	18
Kids Life		2
Long-term Housing Assistance	4	4
Maternal Child Health		18
Mental Health	32	33
Outpatients	13	15
Palliative Care	14	23
Post Acute	24	29
Problem Gambling		19
Refugee Health		11
Sub Acute	14	23
Youth Justice & Services	11	2

Service Coordination Survey 2008

Acknowledgement of urgent referrals within 2 working days

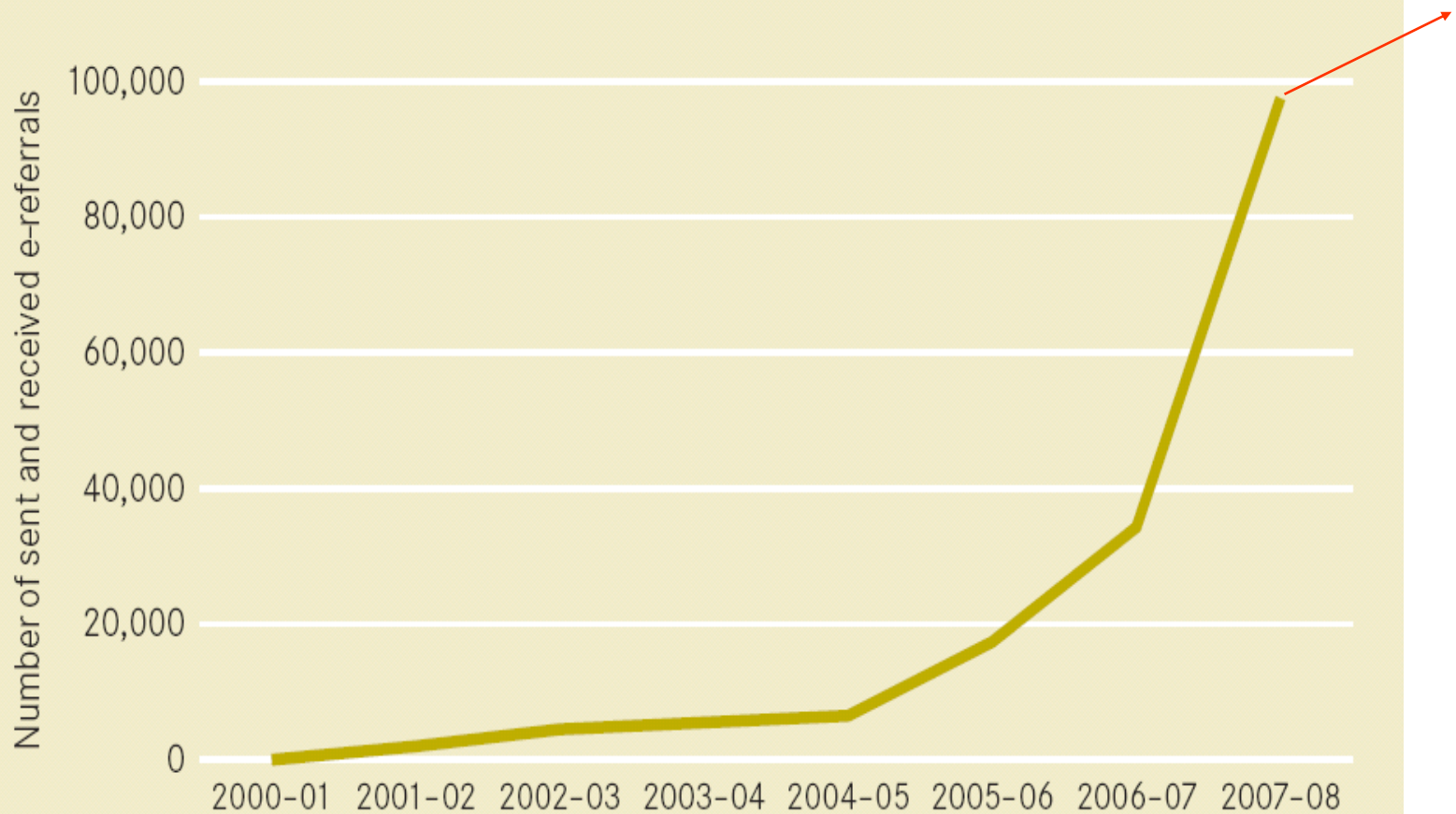


Initial Needs Identification is conducted within 7 working days of initial contact



Electronic referral – securely sharing client information

Sent and received e-referrals by financial year



What do practitioners say?

"E-referral, and the agreed common practices that underlie it, has supported us to link in more strongly with other services. When we e-refer we know that we will get good quality and quick referral feedback and as a result we feel confident to refer more broadly than before. We love it!" Ann-Marie Deeker, Emergency Care Co-ordinator, Eastern Health

"Recently I referred one client for District Nursing, Personal Care, OT, Rehabilitation in the Home, Linkages, and ACAS and DHS Disabilities. The client is now managing, with the support of a Case Manager and appropriately funded services, adequately in her own home. E-referral allowed me to share detailed information with the other services without compromising confidentiality. It was timely, expedient, and my referrals were acknowledged almost immediately." Fiona Torpy, Manager, Wannon Post Acute Care

The introduction of e-referral to the acute health services in the Grampians region is leading to broad uptake of service coordination practice and an increased acceptance and use of the SCTT tools. As a result, services are reporting significant improvements in the timeliness, accuracy, completeness, and legibility of referral information.

Service Coordination – nine years on

2000

2009

Varying levels of partnership

**Increasing
integration**

Established cross government funded partnerships of health and human services

Some locally agreed practice

**Agreed
practice**

Statewide agreement for service coordination practice

350+ tools for screening, referral, care planning

**Standardised
information**

A single suite of tools (SCTT, VSRF) and associated resources

Limited use of technology
No secure electronic referrals

**Increased
use of
technology**

SCTT/VSRF in 30+ applications
Growing secure e-referrals

The next three years

- PCPs to further progress service coordination
- Continue measurement of service coordination practice change
- Strengthen the links with quality standards
- Continue to foster cross program engagement
- SCTT/VSRF further developed (2012)
- Progressively implement HL7 standards

Context for improved coordination of services in Victoria – Working in partnership

Megan Buick
General Practice Victoria

Improved service coordination with General Practice

- GPs are essential participants in Service Coordination
- GPs work closely with service providers
- Effective communication with General Practice is essential for improved service coordination

Service Coordination and General Practice

- Main interface is referral and referral feedback
 - Victorian Statewide Referral Form (VSRF)
 - Victorian Service Coordination Practice Manual 2009
- Collaboration around care planning
 - MBS supporting multi-disciplinary care
- Information about services are up to date and readily available
 - Human Services Directory

Enablers for service coordination

- Partnership
 - Between the Department of Health and GPV
 - Divisions as key members of PCPs
- Practice standards
 - VSRF+ using best practice clinical guidelines
 - Contributing to National programs eg: RACGP

Enablers for service coordination

- Information standards and tools
 - VSRF & VSRF+ development and promotion
 - VSRF replacing a multitude of service specific forms
- Information systems
 - Understanding the General Practice environment
 - General Practice workflow elements crucial

Further information on the VSRF

Megan Buick

General Practice Victoria

9341 5206

m.buick@gpv.org.au

GPV website link

<http://www.gpv.org.au/content.asp?cid=11,137&VSRF>