

# **PRIMARY CARE PARTNERSHIPS & PUBLIC DENTAL SERVICES**

## **SERVICE COORDINATION:**

### **INTRODUCTION OF SERVICE COORDINATION TOOL TEMPLATES AND INITIAL NEEDS IDENTIFICATION (INI) FOR VICTORIAN PUBLIC DENTAL PROVIDERS**

#### **VICTORIAN PUBLIC DENTAL PROVIDERS**

- COMMUNITY AND YOUTH DENTAL PROGRAMS
  - SCHOOL DENTAL PROGRAM
- ROYAL DENTAL HOSPITAL OF MELBOURNE



**MAY 2003**

## INTRODUCTION

The *Service Coordination: Tool Templates and Guidelines* (DHS, May 2002) have been developed by the Department of Human Services (DHS) as part of the Primary Care Partnership Strategy (Appendix 1). The tools support the efforts of Primary Care Partnerships to develop an integrated approach to service coordination through the implementation of shared practice, processes, protocols and systems across member agencies.

The Primary Care Partnership Strategy aims to create a genuine primary care service system to improve outcomes for consumers and reduce preventable use of hospital services. This strategy is underpinned by a commitment to a social model of health and to partnerships between communities, consumers, carers and service providers.

The specific aims and objectives of the Primary Care Partnership Strategy are to:

- Improve the experience and outcomes for people who use primary care services.
- Plan and deliver more effective health promotion programs and health-promoting services, underpinned by a social model of health.
- Develop a primary care service *system* to complement the acute system.
- Enable demands on current services, particularly acute and emergency services, to be better managed.
- Lead to the development of a system where interventions are delivered pro-actively and at appropriate times rather than in response to emergencies.

This document has been developed by the Dental Health Unit (DHU) of the Department of Human Services (DHS), together with representatives of the sector<sup>1</sup>, to support the introduction of these tools and practices to public dental services.

## SERVICE COORDINATION TOOL TEMPLATES AND PUBLIC DENTAL SERVICES

The introduction of the tools and associated practices to public dental services will:

- Be seen as one means of strengthening the services' integration with other primary care services and, where required, with tertiary services (i.e. acute and sub acute).
- Support the collection and sharing of client data in a consistent manner.
- Enhance continuity of care for clients of public dental services; and
- Facilitate referrals to and from public dental services.

Examples of some of these opportunities include:

### 1. Across public dental providers:

---

<sup>1</sup> The Community Dental Advisory Group (CDAG) requested the Quality Reference Group (QRG) to provide advice on the introduction and implementation of the Service Coordination Tool Templates. In turn, the QRG established an Advisory Group comprised of dentists, program managers, reception and administration staff and representatives from DHSV and DHS.

- Pre-school dental to School Dental Service (SDS).
- SDS to Youth Dental Program (YDP).
- Community Dental Program (CDP) to other CDP Agency (eg. for emergency, transfer of client and special needs care).
- CDP to RDHM: Specialist Services, CJD, Disability, teaching clinics and Domiciliary Services.
- CDP to other hospitals: General Anaesthetic and surgery.
- CDP to Gerodontic services (Frankston, Kingston, Melbourne Extended Care and Rehabilitation Centre and Bendigo).

## **2. From other health services to dental**

- Aged care to Gerodontics (Frankston, Kingston, MECRC and Bendigo).
- Other primary care programs to Special Needs Dental Services.
- General Practitioners to CDP.

## **3. From dental to other health services**

Identification of other needs through dental information collection (either formally or opportunistically) should result in referral from:

- Dental to other service(s) within same agency for further identification of the consumer's needs or assessment
- Dental to other service provider for further identification of the consumer's needs or assessment.

## **PROPOSED CHANGES**

The adoption of the Service Coordination Tools by public dental providers will necessitate minor changes to EXACT and some work practices. The proposed changes are:

1. Placing some of the Service Coordination Tool Templates on EXACT system;
2. Making minor changes to the front screen of EXACT (i.e. registration data);
3. Requiring agencies to place details of their dental services on the Statewide Health Services Directory (Appendix 2); and
4. Ensuring that data collected on EXACT meets the required data standard.

Details on each of the four proposed changes follow below.

### **1: Availability Of Service Coordination Tool Templates On Exact System**

The Service Coordination Tool Templates will be placed on the EXACT system and will be accessible by clicking on the *Letter* Button. This will enable the EXACT system to produce the Consumer Information Form, the Summary and Referral Form and the Consent Form. The Forms can then be saved as an electronic file (e.g. for attaching to an email) or printed (e.g. for faxing).

The relevant data fields in the Tool Templates will be auto-populated by data collected on the EXACT system.

CDP agencies wishing to have a hard copy of the client registration form will be able to do so by producing and printing the Consumer Information template.

## **2: Changes To Front Screen Of Exact (I.E. Client Registration Details)**

The following changes to data entry screens on EXACT will be implemented by DHSV and EXACT to support the use of the Consumer Information Form, Summary and Referral Form and Consent Form:

- Service Requested (a look-up list that includes: Dental - Emergency, Dental - General Care, Dental – Dentures, Dental – SDS, Dental – YDP, Dental – Special Needs, Dental – Gerodontics, Dental - Specialist).
- Client contact phone numbers to include Home, Work and Mobile and Alternative Contact.
- General Practitioner Contact Details (optional) to include GP Name, Address, Phone Fax and Email.
- Interpreter required (a  box with default to Interpreter not needed).
- *Language* box to be re-named *Language Spoken at Home* (if not English).
- Consumer Privacy Information Brochure provided (a  box)

Information collected in EXACT regarding Medical and/or Special Needs Alerts will auto-populate the *Notes* section of the Consumer Information Template.

## **3: Information About Dental Services On Service Directory**

In order to facilitate service coordination and client referrals, provide information and manage expectations about dental services, public dental providers will need to include the following key messages in their agency entry on the Statewide Health Service Directory<sup>2</sup>:

- General contact information (e.g. provider name, address, telephone number, etc)
- Details of dental services available (eg. general care, emergency care, youth dental program, dentures, specialist services)
- Details about eligibility for the different services.
- Details about waiting times for general care and dentures.
- Instructions on how to request emergency care.

Each Primary Care Partnership (PCP) and member agency needs to develop clear protocols for managing referrals to public dental services. It is recommended that:

- The provider maintains the right to “assess” requests for dental services and assign clients to appropriate service (i.e. Youth Dental Program, emergency or general care, specialty; and

---

<sup>2</sup> In addition to the details identified above, agencies may choose to provide information about the various community languages spoken by dental staff members.

- Clear criteria about emergency care and priority dentures including the criteria as specified in the Dental Health Program Handbook.

#### **4: Consistency Of Shared Consumer (Client) Data**

DHS has requested DHSV to undertake an exercise to ensure that data collected on EXACT meets the required data standards for the Tool Templates

This will ensure that information sent and received by agencies using EXACT will be compatible with other software packages used across the health service system.

#### **IMPLEMENTATION**

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 (including protocols about requirements in Privacy Act) by 30 November 2003.

The introduction of the Tools to the School Dental Service and the Dental Hospital, including specialist services, will be subject to further discussions with DHSV.

#### **Training for PCPs and their member agencies:**

DHS conducted Regional Train-the-Trainer sessions for PCP member agencies in November and December 2002. Additional sessions are being offered in March and April 2003. The training package provides a consistent overview and orientation to Service Coordination and a resource for participants to develop and conduct training sessions within their own agencies.

CDP agencies should consult with their PCP about their training needs.

#### **Changes to EXACT**

DHSV will liaise with EXACT to:

- Ensure that data collected on EXACT meets the required data standards for the Service Coordination Tool Templates.
- Implement recommended changes to the front screen of EXACT (i.e. Client registration details).
- Place the Service Coordination Tool Templates on EXACT and design an Icon that provides ready access to the templates.

Information and instructions about changes implemented to the EXACT system will be communicated to CDP agencies by DHSV through their regular *Fact Sheet*.

#### **Entry about agency dental services on Service Directory**

Each CDP Agency is responsible for placing and maintaining information about their services on the Statewide Health Service Directory ([pcpdirectory.health.vic.gov.au](http://pcpdirectory.health.vic.gov.au)). Agencies should liaise with the designated person in each PCP to carry out this work.

## **Management of increased demand**

The introduction of the Service Coordination Tools to dental and other primary care programs, by virtue of enhancing access, may result in an increased demand services. emergency and priority dentures.

Following are some suggested strategies to manage any increase in demand for dental services such as general, emergency or priority dentures:

- *Client contact:* Public dental agencies are encouraged to enhance their strategies for managing requests for emergency care and priority dentures within the Community Dental Program Guidelines – i.e. appropriate allocation of emergency appointment slots, planned usage of contracted schemes, appropriate assignation principles applied to priority denture waiting list.

Optimal waiting list management may lessen any impact on general waiting times. Agencies are encouraged to provide clinical and non-clinical staff with relevant and accurate information to be provided to clients requesting services.

- *Relationship with referrers:* To assist health providers to make realistic referrals to the dental program, public dental agencies should ensure that information on the Service Directory is accurate, comprehensive and written in plain English.

Public dental agencies are encouraged to participate in PCP processes for the development of referral protocols and to conduct information and education sessions to local health providers (eg General Practitioners, case managers in mental health and disability services...)

DHSV and the DHU will work collaboratively with agencies in monitoring and managing demand for public dental services.

## APPENDIX 1

### SERVICE COORDINATION TOOL TEMPLATES

There are five templates to support service coordination:

- Consumer Information (Mandated)
- Summary and Referral Information (Mandated)
- Consumer Consent (Mandated)
- Service Coordination Plan
- Supplementary Profiles

The **Consumer Information** form contains a core set of items designed to collect demographic and social details about individual clients. The **Summary and Referral Information** form records a summary of the client's presenting issues and outlines an initial action plan. It can be used for referral. The **Consumer Consent** form supports a uniform approach to obtaining consumer consent for sharing information in compliance with the *Health Records Act 2001*.

The **Service Coordination Plan** form is to be completed for those clients with both multi-agency involvement and complex needs. There are five **Supplementary Profiles** forms allow further information to be collected on those areas relevant to clients' circumstances and presenting issues (i.e. Living arrangements, health conditions, psychosocial profile, functional profile and health behaviours).

## APPENDIX 2

### SERVICES DIRECTORY

The delivery of the PCP Statewide Health Services Directory is part of a broader approach to the provision of a service information resource to meet the needs of the Department of Human Services, agencies and practitioners, and consumers. The next stage of development of this resource will, in the first instance, meet the needs of PCPs, the Better Health Channel and DisAbility Division, while providing for broader use of service information data to support other applications, including client information management systems, electronic referral systems, and service planning.

The [PCP Statewide Health Services Directory](http://pcpdirectory.health.vic.gov.au/) (pcpdirectory.health.vic.gov.au/) is Victoria's most extensive health and community support services directory. The [PCP Statewide Health Services Directory](http://pcpdirectory.health.vic.gov.au/) (pcpdirectory.health.vic.gov.au/) provides access to a current, accurate database of health and associated community support services in Victoria.

It contains information on over 30,000 health and community services across Victoria. Nominated personnel at Primary Care Partnerships and their member agencies are able to make "live" updates to the Agency Facilities table. All other data is maintained by the statewide [Content Manager - Infoxchange Australia](http://www.infoxchange.net.au/) (www.infoxchange.net.au/). Requests to amend all details can be submitted 365 days a year, 24 hours per day by using the online form provided at the bottom of each database record.

It complements the consumer-focussed local services directory available through [Better Health Channel](http://www.betterhealth.vic.gov.au/) (www.betterhealth.vic.gov.au/) by providing a service information resource that aims to meet the needs of practitioners