

Alcohol and Drug Services Service Coordination Implementation Frequently Asked Questions (FAQs)

October 2002

What does Service Coordination implementation mean for Alcohol and Drug (A&D) Services?

The Alcohol and Drug Program supports the core goal of 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 their information is collected, how needs are identified and assessed and the way in which care is planned and managed. Enhancing the flow of information (with consideration of consumer privacy rights) 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.

Services involved in PCPs are encouraged to continue their involvement in PCP Service Coordination work. It is important that the practices, processes and protocols that are being developed collaboratively by PCP member agencies guide individual agency organisational change. This will support a more effective service coordination system that enables arrangements for organised information exchange and more responsive provision of appropriate and timely services to maximise consumer health outcomes.

What is the position of the Alcohol and Drug Program regarding Service Coordination Tool Template implementation across its funded agencies?

The plan of the Program is that, at the early stage of PCP Service Coordination Implementation, alcohol and drug (A&D) services in PCP Alliances are encouraged to 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 two 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.

The future plan of the Drug Policy and Services Branch is to evaluate impacts of PCP tools within the A&D sector in 2003 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 in the use of the tools, avoiding possible undesirable impacts for the A&D sector when PCP tools are in the early stage of implementation.

Although A&D agencies are, at this stage, not mandated to use PCP tools for the above reasons, they are strongly encouraged to use them to help make sure that the subsequent evaluation and revised A&D tools will reflect their experience and address their concerns.

Does my Agency do Initial Contact or Initial Needs Identification?

Alcohol and drug (A&D) services provide an initial contact point (collection of consumer information and provision of health and service information) and conduct initial needs identification (broad screening) and service specific assessment (A&D Assessment tool) for A&D services clients.

A&D services as specialist services will only provide entry to the primary care system for A&D services clients. The service coordination platform should assist A&D 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 clients with alcohol and drug issues.

Does implementation of Tool Templates mean Service Coordination implementation?

Implementation of the Service Coordination Tool Templates is a part of Service Coordination implementation but is not the entire implementation. Service Coordination implementation is the development and implementation of 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.

How does Service Coordination Implementation support the new privacy legislation?

The one-page Consumer Consent form and Guidelines provide a uniform approach to obtaining consumer consent for sharing information in compliance with the Health Records Act 2001. These were developed in conjunction with the Department of Human Services (DHS) Privacy Unit to support practice to comply with the new Privacy Laws in Victoria. (See the website www.dhs.vic.gov.au/phkb for the PCP Information Privacy Resource Pack and the Western Region PCP DIY Privacy Kit for Primary Care Agencies.)

Do the Service Coordination Tool Templates contain the relevant minimum data set (MDS) reporting requirements?

The Service Coordination Tool Templates aim to capture the common data items for consumer information and initial needs identification. Differing MDS requirements across the sector mean it is impossible to capture each program's MDS requirements however, as many common items as practical are included.

The following items required for the National MDS for alcohol and drug treatment services, patient level data are included on the **Consumer Information Form**: *Date of Birth, Country of Birth, Sex, Indigenous Status, Preferred Language, Source of Referral*. The additional items included on the Consumer Information Form are to be collected as determined by good practice within the agency/service.

The remaining Patient Level Data that are specific to alcohol and drug treatment services are: *Injecting Drug use, Date of commencement of treatment, Client type, Principal drug of concern, Method of use for principal drug of concern, Other drugs of concern*. These items will be collected in addition to the Consumer Information Form using existing forms, or by developing an agency additional profile and/or entering information directly into ADIS/SWITCH.

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.

Negotiations are taking place at the program level with ADIS to support the appropriate software upgrade that will see the tool templates being implemented in ADIS and support data transfer to these templates to print or send referral information.

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

Capacity building, training and development to support service coordination implementation needs to occur at a Statewide, Regional, PCP and agency level. The DHS will be providing Regional Service Coordination Train the Trainer sessions in November–December 2002, which will build on the work of PCPs in developing their Service Coordination Models.

PCPs will continue to guide collaborative service coordination system work, which should also include an orientation and training 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.

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. The goal is to streamline the process of data collection, data entry and reporting.

Will this mean an influx of referrals to my agency?

Agreed practice around the practices, processes and protocols that enable appropriate and timely referral to services should in fact attempt to rationalise referral practice within the context of demand issues. The practice around the use of Services Directories in determining referral practice will also be of high importance.

Will implementation be evaluated?

The Australian Institute for Primary Care has been contracted to evaluate the implementation of the PCP strategy, 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. The first survey has been completed; the next survey will be conducted early 2003 and will involve a sample of A&D agencies.

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 to populate, where practical, to transfer data to the relevant tool templates required for client records or sharing of client information.

Does using the tool templates mean it will be more time consuming to collect relevant consumer information?

Providers who have commenced implementation acknowledge that initially the collection of Initial Needs Identification information has been more time consuming than previously, however as practitioners are becoming used to the process the time necessary is reducing and is comparable to existing practice. Recording of information using these tools has actually saved time in recording client management information.

Receiving this information largely completed in referrals will also save time in first contact with the consumer.

Costs of photocopying and postage etc including, time for these tasks will add to my agency costs.

The A&D services unit cost includes an allocation for operational costs such as printing, copying etc of consumer information and data collection forms.

What other programs/services will be using these Service coordination Tool Templates?

The key program areas of Home and Community Care (HACC), Aged Care Assessment Services (ACAS), Community Health, Alcohol and Drug Services, Mental Health and Sub Acute and Care Continuity, Women's Health and Community Dental have committed to the implementation of the Service Coordination Tool Templates as outlined more specifically in the *Service Coordination Implementation Information Resource (Ed.2) September 2002*.

How will the Service Coordination Tool Templates be updated and implementation monitored?

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 implementation of the tool templates (that is provide solutions and guidance at a Statewide level as well as Regional or PCP level); decide timelines for changes to the templates over time and provide a conduit to guide further work to be undertaken at the program level.

How can I find out more information about Service Coordination Implementation for A&D Services?

Contact your Regional A&D advisor or ring the Help Line number below (this help line has been set up by the Primary and Community Health Branch, DHS, to support Service coordination Implementation).

- **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)