

Primary Health newsletter

Issue No 5—April 2008

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From the Director

This year, with public attention again focusing on primary health, we continue to concentrate on dealing with the rising prevalence of chronic disease in the community.

The Primary Health Branch is leading the Department of Human Services' development of an integrated, coordinated approach to chronic disease management.

The Integrated Chronic Disease Management (ICDM) Team is working with Primary Care Partnerships (PCPs), as voluntary alliances, to support the service system to be more proactive and improve care for people with chronic disease.

The rising incidence of chronic and complex conditions is a key factor

contributing to the increasing demands on Community Health Services. As part of responding to this pressure, our branch has designed a demand management framework to help Community Health Services develop a consistent model that can be used across the broad range of services they provide.

We continue to focus our efforts on improving the way various elements of the service system work together to achieve better outcomes for the community. With the December 2007 release of the Department of Human Services' *Working with general practice: Department of Human Services position statement and resource guide* we aim to

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Photo (L-R): Phillip Bain, CEO Northern Division of General Practice; Anne Peek, CEO Dandenong District Division of General Practice; Jason Trethowan, CEO GP Association of Geelong; The Hon Daniel Andrews MP, Victorian Minister for Health; Anna Brazier, Primary Health Integration Team, Rural Regional Health & Aged Care Service Division, Department of Human Services; Renzo Sgarbossa, CEO Western Melbourne Division of General Practice.

Strengthening Victoria's response to chronic disease

Chronic disease currently accounts for more than 70 per cent of Australia's total disease burden—and is expected to increase to 80 per cent by 2020.

In response to the rising prevalence of chronic disease, Victoria's Department of Human Services has introduced a range of interventions aimed at primary prevention; early detection and intervention for people at risk; and effective disease management.

The Primary Health Branch is leading work in the department on developing an integrated coordinated approach across these three areas. Our efforts aim to:

- better integrate services around individuals' needs
- shift the balance from responding to illness to preventing it by keeping people as healthy as possible
- focus on Victoria's most disadvantaged people and places
- work across a person's lifespan
- achieve the best value from state, Commonwealth and private investments.

Consultation is underway across the department to strengthen the health system's response to chronic disease by working to reduce its onset and to improve the quality of life for people with a chronic disease.

System change initiative improves chronic disease care

Early findings from the evaluation of the Early Intervention in Chronic Disease (EliCD) program show that more than 1,000 Victorians with chronic disease are benefiting from innovations in primary health.

The EliCD program is a Primary Health Branch initiative that invests in Community Health Services and Primary Care Partnerships (PCPs), with Divisions of General Practice as key partners, to improve the care of people with chronic disease.

Local needs, local priorities

Programs funded by the EliCD initiative are responding to local needs by targeting specific medical conditions, such as Type 2 diabetes, heart disease and respiratory diseases; and developing systems to improve chronic disease care for vulnerable groups.

Leading system-wide change

Local programs are developing services and systems within community health and other agencies. They are also leading broader system change across their catchment areas through the use of the Wagner Chronic Care Model, which outlines the elements of a health system

that are required to improve care at community, organisation, practice and client levels. Endorsed by the Primary Health Branch, the Wagner Chronic Care Model identifies six fundamental areas that encourage high-quality chronic disease management across a variety of chronic illnesses, health care settings and target populations.

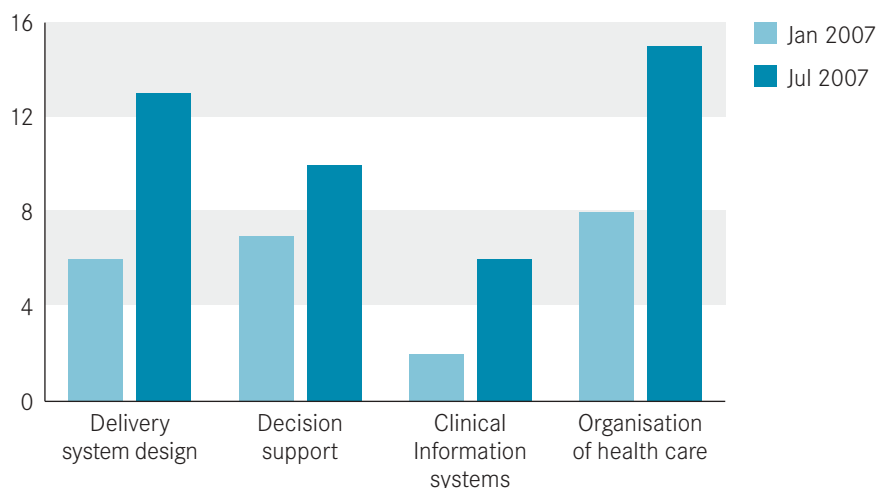
The first phase of the EliCD evaluation has demonstrated that work is progressing across these areas, as pictured below.

Examples of system changes underway through the EliCD initiative include:

- reviewing client intake and assessment, including referral protocols with Hospital Admission Risk Program and GPs
- developing 'key worker' roles within agencies to coordinate and plan care
- developing systems for agency recall and review.

For more information go to http://www.health.vic.gov.au/communityhealth/cdm/early_intervention.htm

Agencies noting changes or improvements against the Wagner Chronic Care Model areas



Upgraded website supports chronic disease management

The national rise in the incidence of chronic disease has increased public interest in disease prevention and management. In response, the Primary Health Branch's Integrated Chronic Disease Management (ICDM) Team is supporting the implementation of initiatives such as the:

- ICDM work of the Primary Care Partnerships (PCPs)
- Early Intervention in Chronic Disease (EliCD) projects
- Diabetes Self Management program.

In addition, the ICDM Team is improving the way it communicates to health practitioners and the general public. The [Chronic disease management webpage](#) is an important part of its communication strategy. Redeveloped in December 2007, the webpage now provides information about ICDM as well

as useful links to Resources, Guidelines and Tools. User monitoring has shown its Resources section to be particularly popular.

Integrated Chronic Disease Management (ICDM) requires moving the service system from one that 'is essentially reactive to one that is proactive and focused on keeping a person as healthy as possible'

(Ed Wagner, Wagner Chronic Care Model).

Webpage users will soon be able to access a new Industry Adviser page. This will include activities scheduled by two full-time industry advisers, Kate Gilbert

and Dianne Berryman, who have both been seconded since February 2008 to support the work of PCPs on ICDM.

The webpage also provides links to related information and programs including the:

- Aboriginal Health Promotion and Chronic Care (AHPACC) partnership program
- PCPs involved in chronic disease management
- 18 EliCD sites
- chronic disease resources such as the Wagner Chronic Care Model and program guidelines.

For more information go to <http://www.health.vic.gov.au/communityhealth/cdm/index.htm>

Experienced advisers promoting Integrated Chronic Disease Management

Two full-time industry advisers have been seconded to the Primary Health Branch to support Primary Care Partnerships' (PCPs) work on Integrated Chronic Disease Management (ICDM).

The advisers, Dianne Berryman and Kate Gilbert, both seconded from Whitehorse Community Health Service since February 2008, have been meeting with PCP staff and member agencies to identify opportunities to progress ICDM.

For all PCPs, developing systems to support ICDM is a key deliverable. This is complex and often challenging work because it requires individual clinicians and agencies to change the way they work. It also requires increasing the focus on self-management and coordinated care to achieve optimal health for the client. Through their work,

PCPs are making valuable contributions to re-orientating health services to manage the increasing pressures from rising levels of chronic disease.

During their 12-month secondment, Dianne and Kate will gather evidence of best practice in the delivery of services for people with a chronic disease and will develop resources, such as fact sheets and case studies, to support the implementation of ICDM activities throughout PCPs in Victoria.

For more information go to <http://www.health.vic.gov.au/communityhealth/cdm/ia.htm>



Diane Berryman and Kate Gilbert

Care in your community evaluation report released

Victoria's *Care in your community* (CiYC) trials provided an opportunity to begin work on building the capacity of the Victorian health care system to deliver person-centred health care in community settings.

CiYC is a planning framework for integrated ambulatory health care. Launched in April 2006 by the Victorian Minister for Health and Minister for Aged Care it represents a significant change in how health care will be delivered in the future. The aim of CiYC is to reduce the need for inpatient care and improve health outcomes of Victorians.

The evaluation of the CiYC trials found that they provided participating organisations—from health services (including hospitals and community health services) to local government and General Practice Divisions—with an opportunity to come together and further their achievements.

The trials engaged senior level representatives from community health services who were able to agree on priority actions for their local areas.

The evaluation report, prepared by law firm DLA Phillips Fox, consultant to *Care in your community* since 2006, is now

available on the *Care in your community* website.

The Department of Human Services is now examining the report to identify how to effectively roll out the CiYC framework across Victoria.

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<http://www.health.vic.gov.au/ambulatorycare/>

From the Director

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strengthen partnerships between the department, state-funded services and general medical practices.

The Primary Health Branch is constantly examining how we can change our work practices to reduce duplication and optimise our use of available resources, including staff skills. This is the same message that we have been giving to the sector and is also true for how we operate internally.

We are creating a single Primary Health Programs Unit to fully integrate the work of the Dental, and Community and Women's Health units. This work includes service development, funding and accountability of programs. This reorganisation will mirror the integration the primary and community health sector is achieving.

By creating the Primary Health Programs Unit, the work of other units in the branch can be broadened and realigned into the new Primary Health Branch's

Strategy, Research and Communication Unit. The new unit will encompass workforce development, service modelling and planning, demand management, and quality and safety. In addition, the unit will undertake policy work, coordination, communication and consumer engagement strategies.

The Primary Health Branch is constantly examining how we can change our work practices to reduce duplication and optimise our use of available resources, including staff skills.

On 29 February 2008, the Australian Taxation Office advised all stand alone Community Health Centres (CHCs) that it had formed the view that:

- CHCs are governmental organisations and are therefore not entitled to a range of taxation concessions

- the endorsement of CHCs with the status of Tax Concession Charities (TCCs), or Deductible Gift Recipient (DGR) endorsement as Public Benevolent Institutions (PBIs) or Health Promotion Charities (HPCs) will be revoked, effective 31 March 2008.

Following the Australian Taxation Office advice, on 20 March 2008 Victoria's Health Minister, the Hon Daniel Andrews MP announced a review of the current governance and accountability arrangements for all Victorian stand alone Community Health Centres.

We hope the outcome of that review will end the uncertainty that has created unnecessary administrative complications within this sector for some time.

2008 is shaping up to be a big year and by working together we can better support your work and improve the health and wellbeing of Victorians.

Framework and tools to promote demand management

Towards a Demand Management Framework for Community Health Services

sets out a framework that will enable Victoria's Community Health Services to better deliver the right care at the right time to the people who most need it.

The framework, which was developed for, and with, the community health sector and released by the Primary Health Branch in February 2008 articulates a consistent demand management model for Community Health Services.

The framework addresses issues including waiting list definition, prioritisation and management of Community Health Program-funded allied health, counselling and nursing services. The document provides tools for prioritising clients requiring services and identifies systems and strategies to manage clients throughout their health care journey.

The framework will also more closely align what happens in the field to the Primary Health Branch's policy and strategic directions.

A related document, *Demand Measurement Practice Guidelines—April 2008*, contains the revised practice guidelines, which will be ready for implementation when the SWITCH software (supporting IT software) is updated in May 2008.

...better deliver the right care at the right time to the people who most need it.

The guidelines also update the methodology of measuring client waiting times for Community Health Services across Victoria to provide the consistency essential for developing good practice strategies for managing high demand.

The enthusiasm and commitment shown by the many people involved with the Primary Health Branch in the development of the demand management framework and guidelines reflects their recognition of the importance of, and commitment to, this issue.

The branch extends its gratitude to staff at Community Health Services and to the clinicians, professional association representatives and academics who contributed to the development of the systems and the tools now available through these documents, and looks forward to ongoing cooperation.

For more information on demand management, or to see copies of the framework and guidelines documents go to <http://www.health.vic.gov.au/communityhealth/demand/>

Integrated oral health services: a step in the right direction

The evaluation of the change process for integrating school dental services with locally managed community health services has revealed benefits for staff and clients.

Integrating oral health services is a key Victorian Government policy objective that aims to achieve:

- better continuity of care for patients through the public oral health system
- increased participation rates among high-needs groups
- improved access for families
- greater patient satisfaction
- enhanced staff satisfaction.

As a step towards integration, Dental Health Services Victoria established four demonstration sites to evaluate the change process for integrated oral health services: Knox Community Health

Service, Barwon Health Service, Western Region Health Service and Goulburn Valley Health. The research conducted by the consultants on these sites revealed that the experience of both clients and dental staff was positive and that the integration achieved measurable benefits.

Nine key success factors were identified by the demonstration sites. They are to:

- have a vision and plan in place for integrated oral health services
- ensure consistent leadership
- establish multi-skilled teams
- begin team-building interventions
- adopt a flexible approach
- plan for the sequencing of multiple changes
- maintain unwavering commitment to the process.

The research findings, contained in the recently published *Integrated oral health services: a step in the right direction*, can be downloaded from the [Dentistry in Victoria homepage](#).

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Electronic referral taking off

The number of electronic referrals (e-referrals) sent and received by Primary Care Partnership (PCP) member agencies doubled in 2006–07 due to work on e-referral capacity building. As well as reaching 34,277 e-referral transactions, the number of services participating in e-referral in 2006–07 nearly doubled to 451.

What is e-referral?

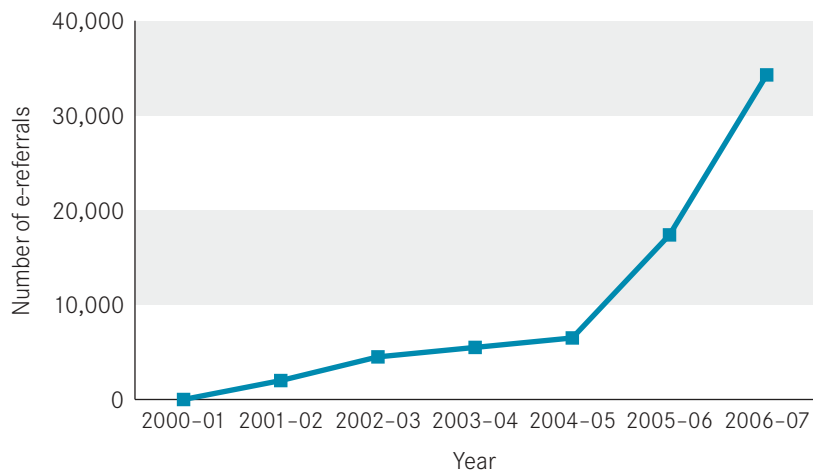
An electronic referral (e-referral) is client health and care information securely transmitted, with client consent, using computers rather than by phone, fax or mail. A client's individual health and care information is recorded and shared in a standard way—using the Service Coordination Tool Templates (SCTT)—and can then be shared securely between authorised services.

According to feedback from service providers, using the SCTT as part of e-referral can halve the time taken to make a traditional referral using phone and fax. In addition, e-referral enables quicker multiple referrals—an increasingly common requirement for consumers with complex needs.



Ann-Marie Deeker.

Sent and received e-referrals by financial year



Ann-Marie Deeker, Eastern Health's Emergency Care Coordinator, is a great advocate for e-referral.

"E-referral, and the agreed common practices that underlie it, has supported us to link in more strongly with other services," she says. "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!"

Building blocks for e-referral

PCP member agencies and the Department of Humans Services have worked together to put in place the building blocks needed to enable e-referral. For example:

- PCP member agencies have agreed to statewide standards for service coordination practices.
- More than 500 agencies now use the SCTT to document consumer information, screen for unmet needs and provide quality referrals.
- Client management software vendors are provided with resources that enable consistent deployment of the SCTT in an electronic environment.

- Agencies are able to access information about other services quickly and effectively using the department's Human Services Directory.

Future of e-referral

The Primary Health Branch is working with the department to further develop the standards and infrastructure that support e-referral in Victoria in line with the national e-health agenda.

More detailed information on e-referral in Victoria is available from the 2006–07 e-Referral Capacity Building Through Primary Care Partnerships Summary Report.

http://www.health.vic.gov.au/pcps/publications/ereferral_summary.htm

Strengthening our partnership with general practice

The Department of Human Services is supporting its vision for stronger collaboration with general practitioners (GPs) through the publication of two significant resources.

Launched by Victoria's Minister for Health, the Hon Daniel Andrews MP, in December 2007, *The Working with General Practice Department of Human Services Position Statement* and the *Resource Guide*, present a department-wide commitment to improving the way the department works with practitioners in general medical practice.

...department-wide commitment to improving the way the department works with practitioners in general medical practice.

Visit the Community Health website http://www.health.vic.gov.au/communityhealth/gps/position_statement.htm for the *Position Statement* and the *Resource Guide* or for further information about both, including summary information.

The *Working with General Practice DHS Position Statement* was developed primarily for departmental staff and as a guide for state-funded agencies and the general practice sector. The position statement:

- outlines a vision for a robust and effective collaborative interface between general practice and the department
- highlights opportunities to further align State and Commonwealth Government agendas for health care
- identifies actions to further the department's contribution to better collaboration with the general practice sector.

The *Resource Guide* provides practical information for departmental staff and other service providers committed to better engagement with GPs over various state health initiatives. The guide presents:

- the department's position, vision and guiding statements

- practices that support successful partnerships with general practices
- a simple checklist to get started
- case studies showing how people from the department, state-funded services and general practice have worked together to achieve better client outcomes
- background information on general practice and Divisions of General Practice.

A mail out to a wide range of general practice organisations and health service providers, including general practice peak organisations, Divisions of General Practice, hospitals, Primary Care Partnerships and Community Health Services, is currently underway.

For hard copies contact
GP Partnership team,
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Tel (61 3) 9096 7606 or email
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Refugee Health Nurses critical to Victorian response

In 2007, approximately 3,300 refugees settled in Victoria—more than in any other state.

According to the Department of Immigration and Citizenship Settlement Database, the Victorian figure represents almost 30 per cent of Australia's total refugee intake last year.

The Primary Health Branch's Refugee Health Nurse Program (RHNP) employs Refugee Health Nurses to assess these people's health care needs and help them access the services they require.

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Amanda Quinlivan has been a Refugee Health Nurse with South West Healthcare in Warrnambool since June 2007. In her role, Amanda assists the local refugee communities to access quality and culturally appropriate health services.

Amanda has also observed how important her role is to ensuring people can get to the services they need. "Having access to specialist services can be difficult in regional areas. I recently assisted a client to access the Victorian Patient Transport Assistance Scheme which enabled her to attend a specialist eye care appointment in Melbourne, more than three hours from her home," said Amanda.

Refugee Health Nurses critical to Victorian response

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The RHNP, set up in 2005, currently funds 14 nurses in nine Community or Women's Health Services across Victoria.

The nurses play an important role in increasing the capacity of Community Health Services and general practices to respond to the health and wellbeing needs of people from refugee backgrounds.

Having received initial referrals from community, health and welfare agencies, the nurses either deal with the people's

health needs themselves or refer them to other appropriate services.

As highlighted in the *Refugee Health and Wellbeing Action Plan 2005-08: Progress Report 2007*, the program has had a major impact on improving the primary care sector's response to the health needs of newly arrived refugees.

For more information go to
http://www.dhs.vic.gov.au/multicultural/html/refugee_action.htm

More information

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