

cohealth case study

New model of care for people with chronic conditions

The Chronic Care Model element highlighted in this case study is **organisational support**.

This project demonstrates the organisational commitment to delivering effective chronic care through vision, leadership and appropriate resourcing.

Background

When cohealth reviewed its care processes five years ago, it found the client journey was unnecessarily complex and many clients were experiencing poorly coordinated care.

Feedback from staff and clients suggested that the organisation's structures, policies, procedures and systems across primary care services did not support multidisciplinary care or a collaborative approach to service delivery.

cohealth decided it needed to improve its model of care.

What they did

Setting up a change team

The change process had strong organisational support and was led by the Primary and Community Health Directorate.

The architecture of the new model was developed by a steering committee.

Each component was developed by working groups with broad representation from management, clinical and administrative staff.

The working groups used the Plan-Do-Study-Act (PDSA) framework to design, implement and improve each component of the model.

Changes were informed by a literature review, staff workshops and a broad range of client consultations.

Implementing a new model of care

Using the Chronic Care Model as a benchmark of best practice, the organisation decided to implement:

- site-based interdisciplinary collaborative care teams for allied health that included the addition of counselling and social work
- a care coordinator role, a key liaison role, client review meetings, and a coordinated appointment system
- a range of new policies, procedures and systems to support the work of the interdisciplinary collaborative care teams
- an evaluation framework to support the systematic evaluation of the interdisciplinary collaborative care teams and associated innovations.

Investing time and resources in implementing the new model of care

The specific investments required to design, implement and evaluate the care model included:

- project officer time to research best practice models, undertake a literature review, consult with staff, clients and carers
- staff time to participate on the project committees and working groups
- staff input into the development of policies, procedures and tools
- IT support to enhance the capacity of TRAK to support the model
- management time rewriting position descriptions, scope of practice and work plans to reflect the requirements of the model
- reorientation of allied health into site-based teams, including the addition of a care coordinator role and a counselling/social work position
- a comprehensive training program for practitioners covering motivational interviewing and person-directed goal setting
- consultancy costs for the external evaluator.

Outcomes

The findings of an independent evaluation conducted between 2011 and 2015 shows that cohealth's model:

- is person centred and is delivering improved health outcomes for clients
- has enabled the organisation to streamline and enhance many of its structures, policies, procedures and systems
- contributes to improved staff morale, competency and confidence
- has resulted in improvements when audited against the Chronic Care Model using the Assessment of Chronic Illness Care tool.

cohealth is currently rolling out the model across all its allied health multidisciplinary teams. In addition, cohealth is looking to enhance the model by implementing new initiatives around Service Access and Care Planning.

The model is supported by documented policies, procedures, protocols and systems, and importantly it has been embedded into everyday clinical practice. Position descriptions, individual workplans and work instructions set out expectations for all relevant staff.

After the initial investment to design the model, it is now embedded in cohealth structures and work practices. Ongoing refinement of the model is facilitated through inter-professional clinical supervision and continuous quality improvement processes.

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