Collaborative Care

Playing Ball – Embracing Collaborative Care and Reducing Load on Rural Practice Through True Multidisciplinary Integration
Associate Professor Joe McGirr

Collaborative Care Outline of Presentation

• What is it and why do it?
• What does it look like?
• Key elements
• Issues
• NSW health integrated care strategy
What is collaborative care?

A system of care in which multiple professionals of different areas of practice co-operate across different settings to care for a patient.

Why?

Chronic disease contributes to more than 70% of the disease burden and by improving management health care will improve with reduced costs.
Collaborative Care – what does it look like?

- Communication between service providers – usually case conferencing
- Systems to support coordination of care – shared care plans and shared decision support tools
- Coordinating clinical activities – organising consultations in appropriate succession or shared assessments
- Support for service providers - supervision or reminders
- Patient support – education, reminders
- Health system organisation
  - Joint facilities
  - Joint planning, funding or management
  - Organisation of the health care system

Elements in a collaborative care program

- Providers
- Governance
- Information technology
- Patient education
Elements - Providers

- General Practitioners
- Allied Health
- Practice nurses
- Mental health specialists
- Aged Care personnel
- Care coordinators
- Non-health providers – meals on wheels

Range of remuneration models and incentives
Elements - Governance

- Local Health District
  - Acute
  - Sub acute
  - Community
- Mental health
- Primary care – Primary Health Networks
- Aged Care
  - Assessment teams
  - Facilities
- Consumers
- Private Health Insurance funds
- Other providers e.g. telephone health services

Providers work in and across organisations
Governance – Example
Riverina Palliative Care Alliance

• Partners
  • Murrumbidgee Local Health District
  • Nursing, Community health, funding for inpatient beds
  • Murrumbidgee Medicare Local
  • General Practitioners
  • Calvary Health Care Riverina – private hospital
  • Aged Care facilities
  • Consumer representatives.

• Model of care
• Rules of operation
• Agreed outcomes and monitoring
• Working group to implement
Elements - Information technology

- Discharge summaries
- Electronic health record
- State
- Commonwealth
- General Practice
- Decision support tools
- Apps for patients and professionals
- Shared care planning tools
- My Aged Care portals and other portals
- Risk stratification tools
Element - Patient Education

- Is seen as critical
- May be more difficult than appears
- Not helped by current ICT systems
Decay and decay
• It is difficult
• Role of specialists
• Documentation of benefit
  • NSW Connecting Care Program
• Risk stratification
Chronic complex care can be difficult

- Conditions interact
- Risk factors interact
- Prioritisation challenging – *some one has to make a decision*
- Patient literacy
- Overlapping specialist care
- Communication between team members
- Information systems are still not optimal
- There are many programs

Role of medical specialist

- Arguably linked to episodic hospital based care
- Have some teams themselves
  - Stroke units
  - Rehabilitation
- But not linked to prevention or secondary prevention
- Come to them when they have had a poor event
Documenting the benefit – does it work?

NSW Health Chronic Disease Management Program

- Aim to reduce avoidable acute hospitalizations in people with chronic disease by better connecting their care and support
- Older patients and those with chronic disease account for over half of acute hospital admissions in NSW Health
- Care coordination and self management support
NSW Health CDMP Elements

NSW Health CDMP Evaluation

- Identifying, managing and tracking enrolments
  - Limited by ICT
  - Usually when patients at their worst
- Integration with other chronic disease management programs/services
  - Rehabilitation and community health reasonable
  - Aged care - less
- Governance structures
  - Integration with primary care variable
  - Aboriginal groups and consumers least represented
NSW Health CDMP Evaluation

• Evolution over time
• Enrolments peaked at peak service use times – reductions seen in service use would be expected with reduction to mean and were matched in controls
• No effect of the program of admissions when compared to control group
• Unexpected increase in unplanned admissions


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Issues - Risk stratification

• Who do we target with collaborative care?

• Top 1% account for 22% costs; top 20% for 80%.


• There appear to be a range of tools to do this

Risk Stratification - NHS

• Predictive accuracy modest
• Some interventions designed to improve the impact of risk stratification may worsen health inequality
• May lead to an increase in overall costs

NSW Health Integrated Care Strategy

- “Seamless, effective and efficient care that responds to all of a patient’s needs, across physical and mental health, in partnership with the individual, their carers and family.”
- “…services connected across many different providers…”
- “Locally led integration ... will appropriately address the coordination and provision of services…”
- “… primary, community and acute care....public, private and not for profit…”
NSW Health Integrated Care Strategy

- Joint governance, shared financial incentives, IT systems and tools for communication
- Statewide roll out of fully linked-up electronic health record
- Tools to identify early intervention opportunities
- Systems for tracking patient outcomes and for patients to provide direct feedback
Murrumbidgee Local Health District - CHESS initiative

- Chronic/Complex Healthcare: Engaged with all Stakeholders and Services
- High rate of avoidable and repeat admissions
- Places the GP at the core of the service overseeing a coordinated multidisciplinary team that will provide alternatives to acute hospital admission
Edgy Issues Topic 2 - Playing ball: Embracing collaborative care and reducing load on rural practice through true multidisciplinary integration
Closing Summary – Collaborative Care

- Consensus that collaborative care is important
- The collaboration involves organisations and personnel
- The collaboration should be underpinned by strong systems and governance
- Ongoing need for evidence