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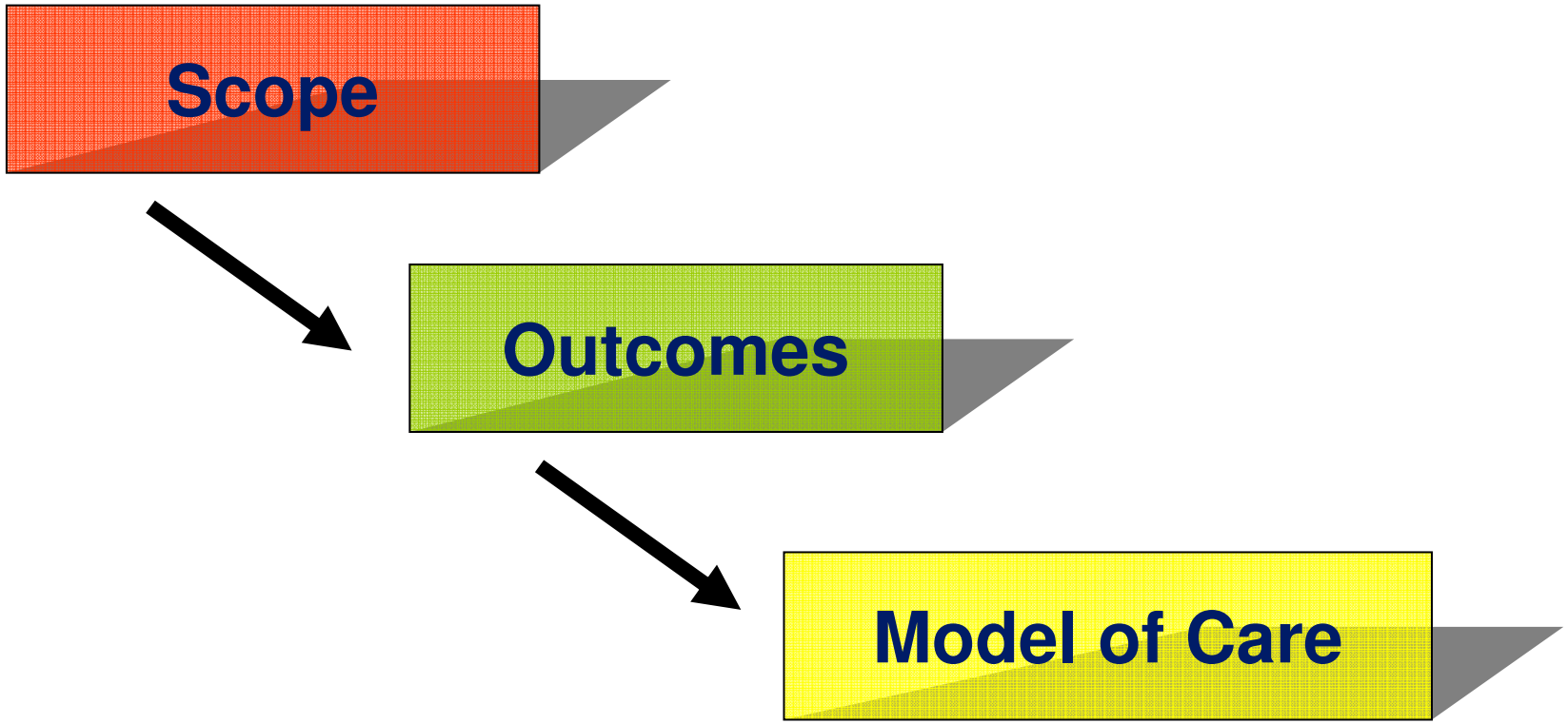
General Practice led care coordination works for Patients and works for the Health System

Many other studies done WITHIN countries, both industrial and developing, show that **areas with better primary care have better health outcomes**, including total mortality rates, heart disease, mortality rates, and infant mortality, and earlier detection of cancers such as colorectal cancer, breast cancer, uterine/cervical cancer, and melanoma. The opposite is the case for higher specialist supply, which is associated with worse outcomes.

Source: Starfield B. www.pitt.edu/~super1/lecture/lec8841/index.htm

Team Care Health II Coordinated Care trial



Scope of TCHII

- **3 year** randomised control trial
- **North Brisbane** area
- **179 GPs**
- **108 General Practices**
- **16 Service Coordinators**
- **8 Project Staff**

Scope of TCHII

- **2720 participants**
  - Chronic and complex over 50 years old
  - Multiple co-morbidities
  - 60% aged between 60 and 79
  - 2/3 female and 1/3 male

- **In-Kind** - Blue Care, St Lukes, OzCare, QHealth Community Health (10 FTE nurses)
- **Allied Health** – 5,500 services were ordered from 550 providers

Scope of TCHII

- **Data Collection** - MBS, PBS, HACC, ED, Public and Private Inpatient, Care Coordination activity
- **Sponsored** - Division of General Practice
- **Funded** - QHealth and DoHA
- **National Evaluators** - PWC

Scope of TCHII

The Team Care Health II trial was a significant body of research on General Practice led care coordination.

Outcomes

- **Qualitative** data - focus groups, case studies, trial experiences
- **Quantitative** data - compare service use between intervention & control participants
- **Health outcomes survey** conducted at baseline, 6 months and 12 months

Health Outcomes

- **Self-rated general health** - SF1
  - There was a significant difference between the mean scores for general health for the intervention and control groups at the 12 month measurement point with intervention participants reporting better general health.

Health Outcomes

- **Depression** - Kessler 10
  - There was a significant difference between the mean scores for depression for the intervention and control groups at the 12 month measurement point with intervention participants reporting less depression.
  - For the intervention group there was a significant decrease in depression between the baseline and 12 month measurement points.

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Health Outcomes

- **Health related quality of life** - EuroQol 5D
  - There was a significant difference between the mean scores for health related quality of life for the intervention and control groups at the 12 month measurement point with intervention participants reporting a higher quality of life.
  - The control group reported a significant decrease in quality of life between the baseline and 12month measurement points.

Qualitative data

- **Benefits reported by intervention clients (Focus Groups)**
  - Increased knowledge of the health system and how it worked
  - Higher levels of satisfaction regarding service availability and transport
  - Higher levels of satisfaction regarding the appropriateness of services (in terms of range, timing and combination)
  - Improvements in timeliness and frequency of access to services
  - Modest improvements in communication between the different health professionals
  - Increased sense of empowerment and personal responsibility for their health

Qualitative data

- **Trial experiences**
  - Systems change requires significant input including training, procedures & protocols, ongoing stakeholder engagement/ support, and clinical leadership
  - Brokerage funds for “at risk patients” improves patient access to services
  - Potential of information systems to improve information exchange between providers and enable collaboration

Quantitative data

- **Service utilisation by service type shows:**
  - ▼ **Hospital** utilisation for intervention participants was **11% to 36% lower** than control participants
  - ▲ **MBS** utilisation for intervention participants **increased** when compared to control participants
  - ► **PBS** utilisation **similar** between both groups
  - ▲ Participants exhibit **increased utilisation with age**

Quantitative data

- **Brokerage funds**
  - Improved access to **Allied Health** services
  - **Timely** access to services
- **Services supplied** include:
  - Physiotherapy 17%
  - CDSM courses 12%
  - Exercise Programs 11%
  - Dietician 10%
  - Hydrotherapy 10%

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Outcome summary

- Primary care led chronic disease management significantly impacts on **secondary health care**
- Participant **health and wellbeing** benefits are significant

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TCHII Model of Care

- Formula

  = GP + SC + Care Planning + Brokerage funds + Project Staff

- Affects
  - Patients
  - Health System

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General Practice

- Structured **Care Planning**
- **Patient focus** - GP & Team
- Brokerage funds improved **patient access to services**
- **Electronic tools are essential** to support multi-sector, multidisciplinary care teams

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Health system

- Significant **change process** for each of the partners
- Takes **time and commitment**
- **Needs resources** – investment in training, new processes, systems, people
- **Leadership** to remove roadblocks

The Service Coordinator

- **Within the General Practice Team**
  - **shares** information on local services with GPs and practice staff
  - **assists** in the development of the Care plan
  - **contacts & coordinates** services on the Care Plan
  - **knowledgeable** in GP systems,
  - **trained** in Practice medical software

- **Community resources knowledge**

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We should invest in
General Practice
led care coordination

as it works for the

Health System
and

is essential for chronic and
complex Patients

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