Service Coordination: technology supporting good practice



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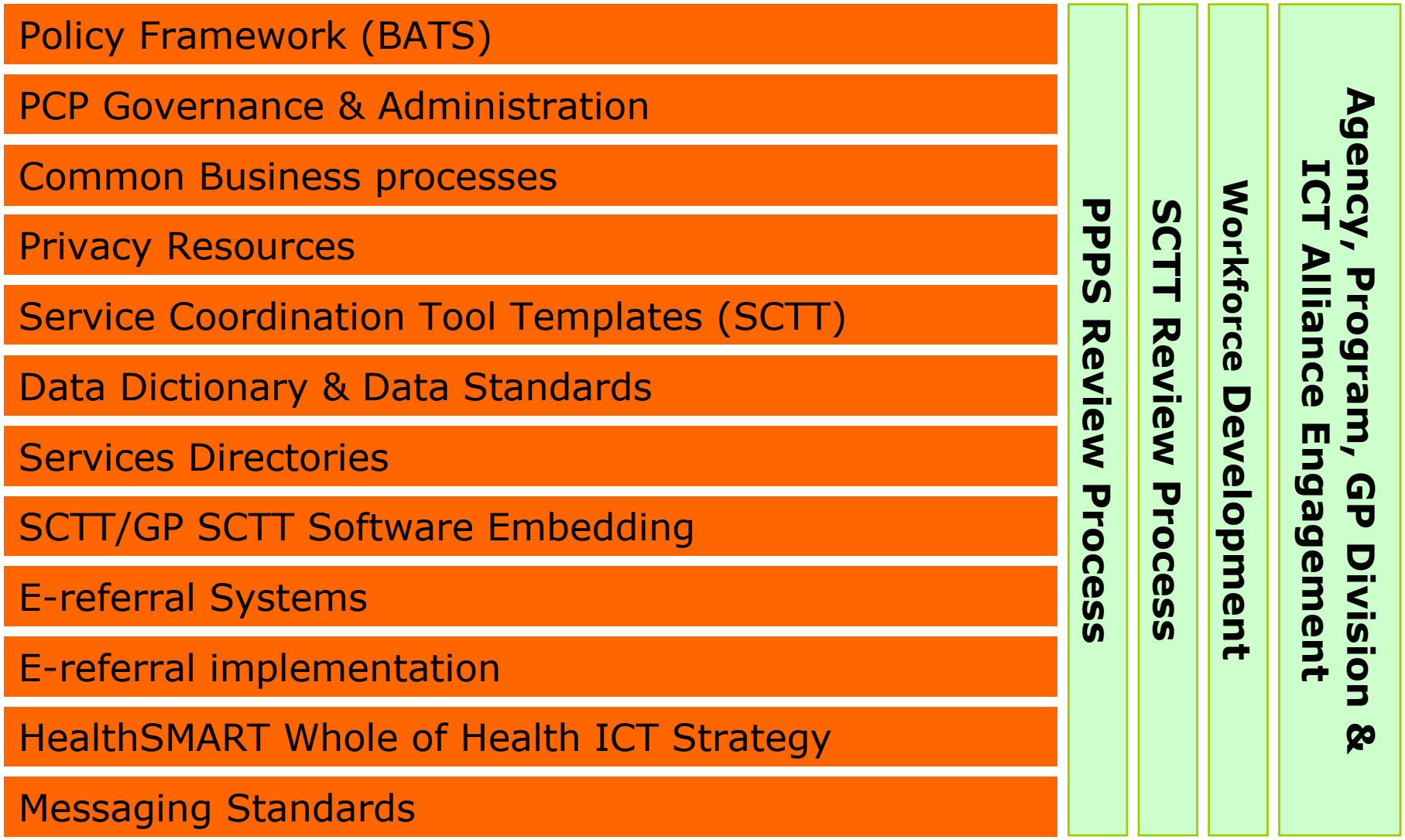
Service Coordination Team

What is Service Coordination?

Key aims:

- Shift burden from consumers to providers
- Information to travel with the consumer (with their consent)
- Information about all services readily available
- Screen for the full range of needs as early as possible
- Simplify ‘entry’ to system
- Use technology to support good practice

Service Coordination Building Blocks

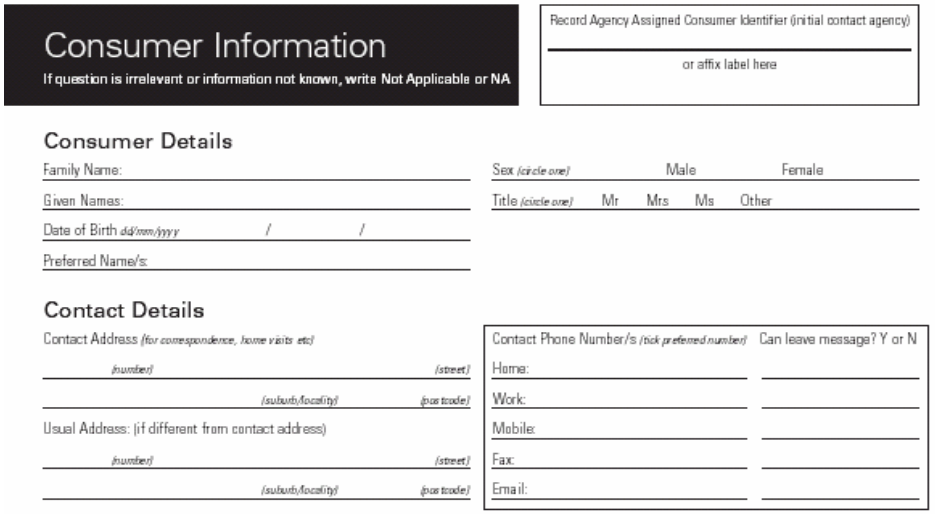


Service Information

- Upto date information on agencies and the services they provide is critical
- Information comes in many forms
  - Paper based directories
  - E-directories
  - Locally developed lists
  - Clinical knowledge base
  - Networks and relationships
- E-referral needs to be supported by an e-directory
  - Industry level
  - Statewide level Human Services Directory

Service Coordination Tool Templates (SCTT)

- Standardised information for sharing across diverse programs & services
- Victorian SRF for GPs
- Not assessment tools!
- Not one big software solution



Consumer Information

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Consumer Details

Family Name:

Given Names:

Date of Birth dd/mm/yyyy / /

Preferred Name/s:

Sex (circle one) Male Female

Title (circle one) Mr Mrs Ms Other

Contact Details

Contact Address (for correspondence, home visits etc)

(number) (street)

(suburb/locality) (postcode)

Usual Address: (if different from contact address)

(number) (street)

(suburb/locality) (postcode)

Contact Phone Number/s (tick preferred number) Can leave message? Y or N

Home:

Work:

Mobile:

Fax:

Email:

Embedding the SCTT in software

- Ongoing process of negotiating with vendors to incorporate the SCTT in existing software
- Attempt to capture main software providers to Primary Care and General Practice
- System updates ie. Tool revision Jul 06
- Need for functional specs will be addressed
- Discussion with vendors will commence as part of revision process

Data Dictionary and Data Standards

- Defines data content & data relationships for the SCTT
- Assists the SCTT to be embedded in existing software, available on PCP website
- http://www.health.vic.gov.au/pcps/coordination/datast.htm
- Provides basis for development of messaging standards

HL-7 Messaging and SCTT

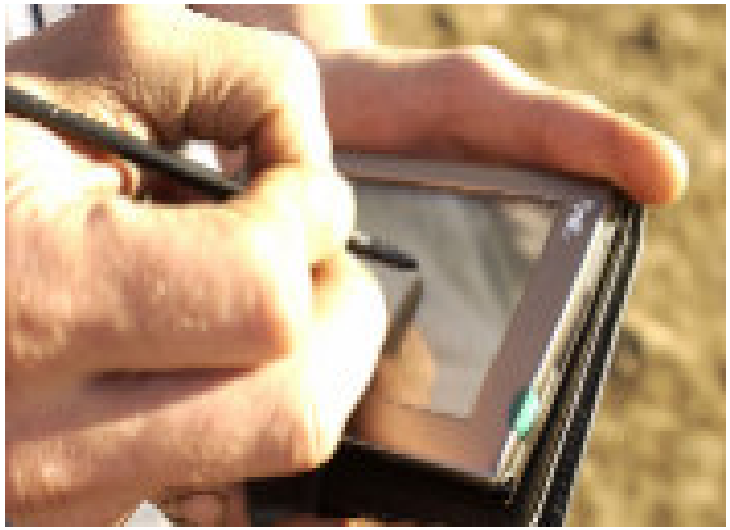
- Messaging standards
  - have been developed for the current version of the SCTT
  - posted on the PCP website to enable vendors to make their systems HL-7 compliant
  - may need to be revised for the new iteration of the SCTT
  - require business rules to be successfully implemented
- Business rules will be developed as part of HealthSMART lead agency implementation

E-Referral Systems

- Need to be able to generate e-SCTT
- Need to be able to save the file
- Need a way of sharing that information
- Locally developed solutions to facilitate this for Primary Care Agencies, 2 significant systems emerged

E-referral Implementation

- Recent funding $650K to expand e-referral
- Regional approach through PCPs engaging key agencies to expand or implement e-referral (expect 250 agencies)
- Key components
  - Change management
  - Protocol development
  - Training
  - Sustainability



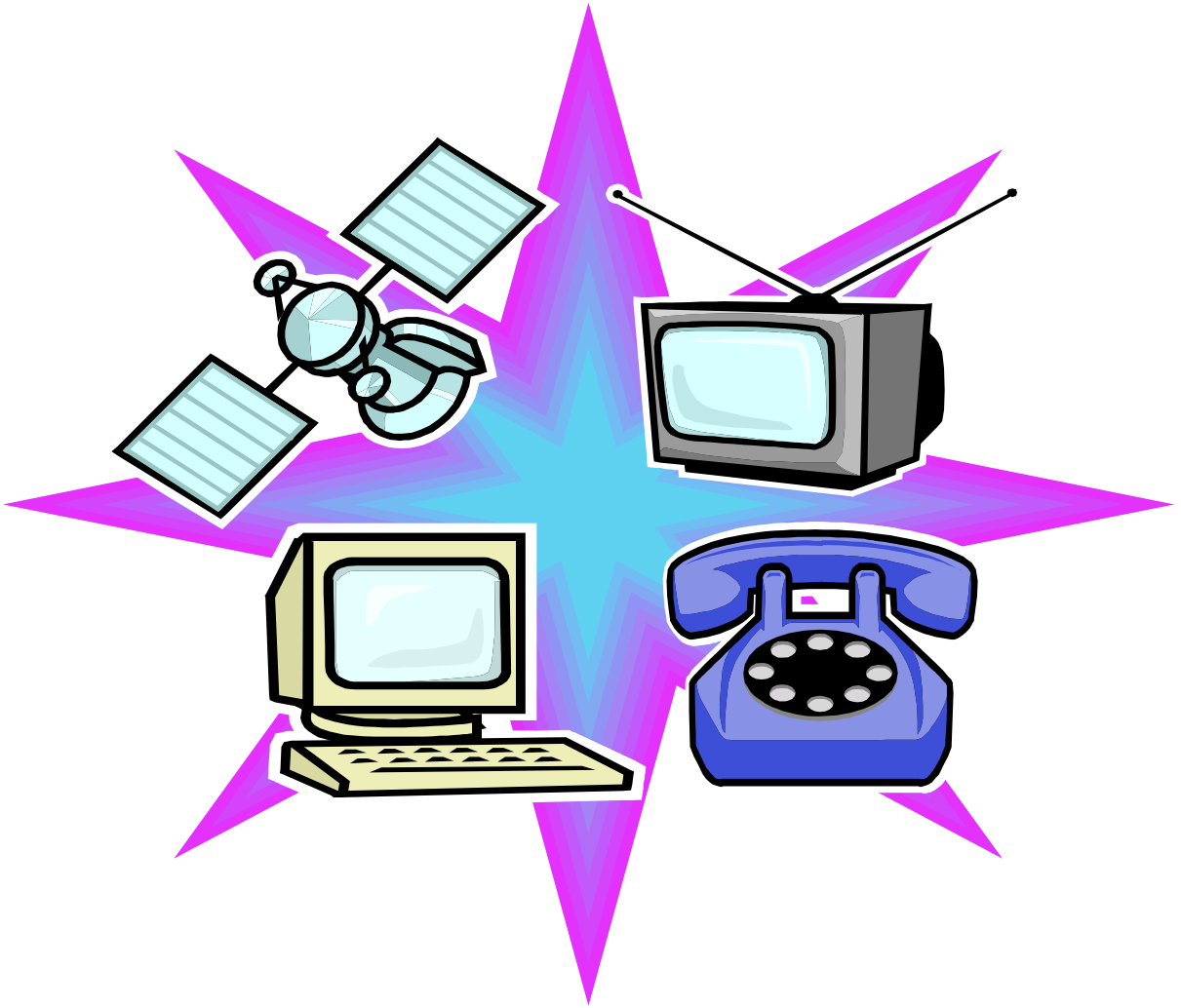
HealthSMART

www.health.vic.gov.au/healthsmart

healthSMART
Victoria's Whole-of-Health ICT Strategy

- Delivering centrally managed applications for financial, patient/client, and clinical systems
- CMS (with embedded SCTT), 13 lead agencies engaged due to start implementation Feb 06
- Includes applications interface (HL-7)
- Requires broadband connectivity (secure healthnet through regional alliances)
- Statewide shared services model

Growing Victoria Broadband Connectivity



Growing Victoria

- $30million allocated for health infrastructure
  - $15M to Health Services
  - $15M to Primary Care 2001 to 2004
- Purpose of the funding was to provide key agencies with WAN broadband infrastructure
- Alliances set up in each of the 8 Regions to manage connectivity needs
- Targeted at agencies who have a key role in service coordination (referral patterns)eg. RDNS LGA CHS
- Type of connectivity and QOS varies b/n regions

Connectivity

Shared Services

Mitcham Data Centre

HealthSMART applications

Target

Connect 450 agencies

Progress

290 connected to date

Eastern Region

48 Sites connected (100%)

Southern Region

47 Sites to be connected

NorthWest Region

83 Sites connected (100%)

Gippsland Region
GHAnet

36 Sites connected (100%)

Grampians Region
GRAHnet

54 Sites connected (100%)

Loddon Mallee Region
LMHAnet

32 Sites connected
More to come
(50%)

Barwon SouthWest Region
SWARHnet

32 Sites connected
More to come
(75%)

Hume Region
Humenet

6 Sites connected
More to come
(15%)

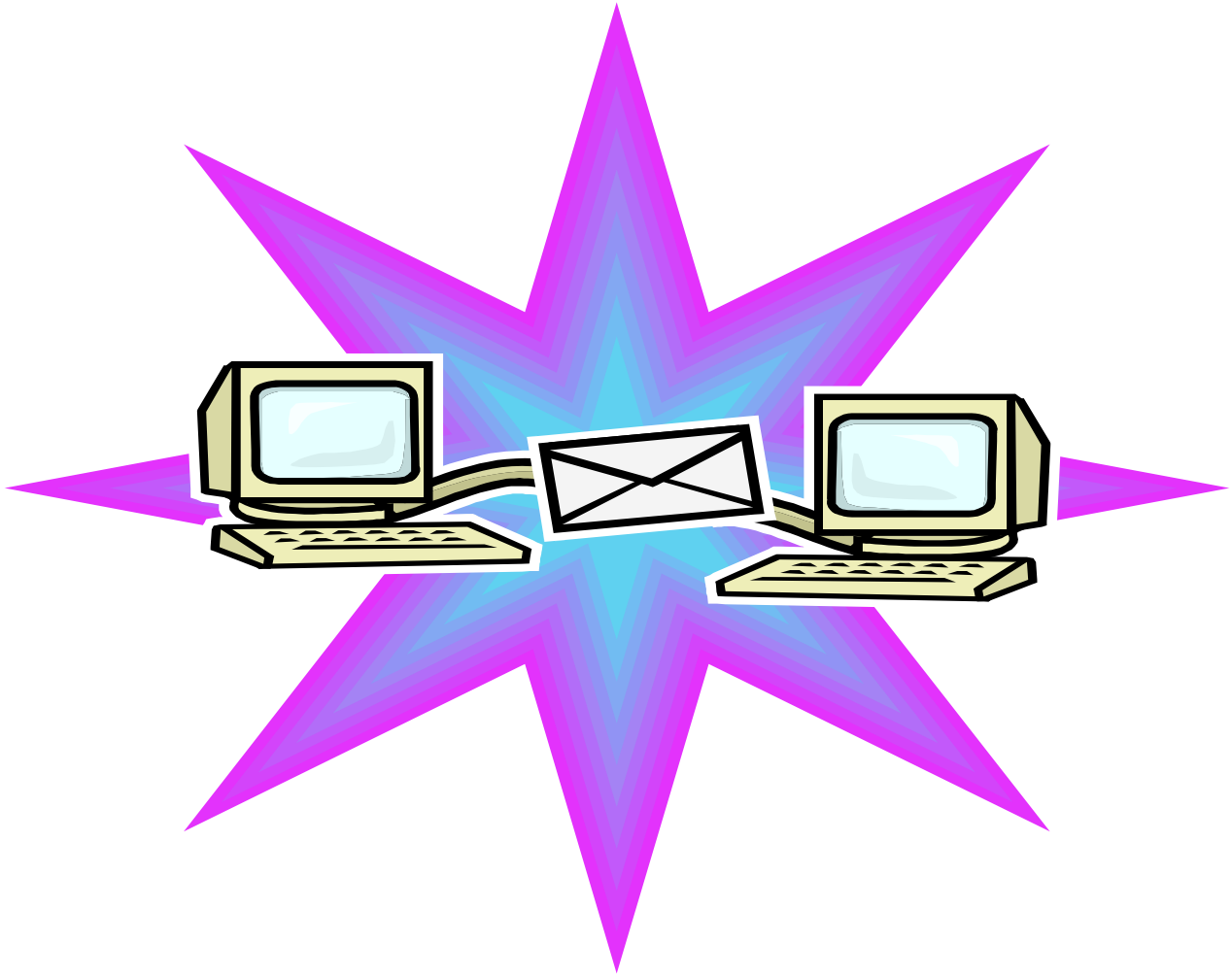
Alliance benefits

- Secure VPN broadband connectivity with reliable connection
- IP Telephony
- Video conferencing
- Internet
- Help desk
- Delivering applications centrally
- Purchasing power
- Strategic direction

Connectivity- links with GPs

- Commitment to attempt and link GP and state connectivity
- Alliances encouraged to pursue registered provider status under the Commonwealth scheme (LMHA, GRAH, SWARH approved)
- DHS working closely with GPDV to encourage engagement
- Need to continue to explore the barriers and how we may resolve these

Interoperability



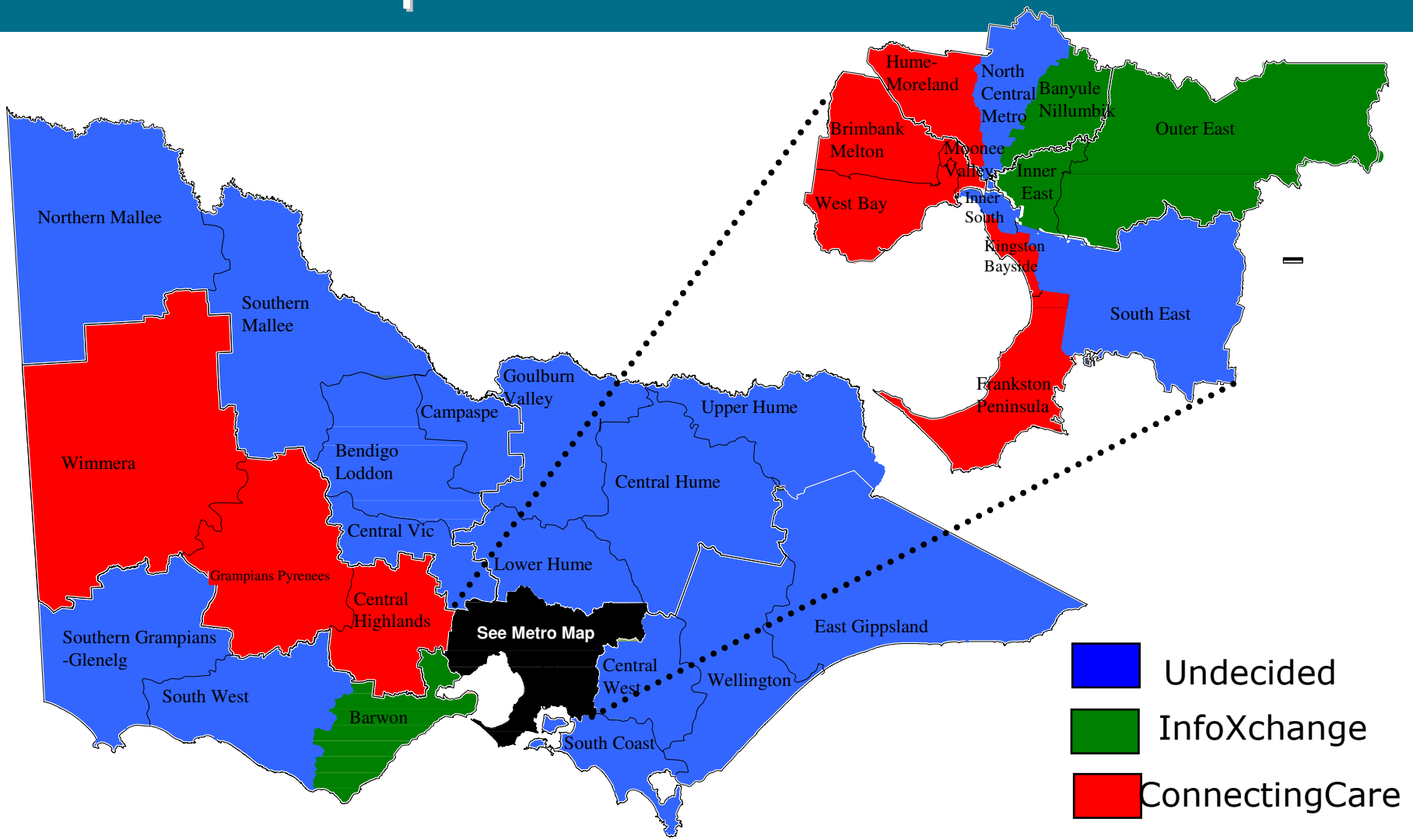
Interoperability (why is this a problem?)

- Two key referral systems which are not interoperable
- As e-referral grows across the state the inability to refer clients to agencies using different systems has a greater impact on service coordination
  - Across PCPs within the same region
  - Between regions (Statewide)
- Impacts on right service, right place, right time,
- Not consumer focused

Interoperability

- Current e-referral funding is expanding capacity and agency engagement
  - 224 agencies across the state (6 DHS regions)
- Added dimension of engaging with Metro wide and statewide services (acute, RDNS) *impacts on implementation*

Current Implementation



DHS Perspective

- Feedback from agencies and PCPs identifies interoperability as a significant and growing issue which is impacting on e-referral implementation and therefore service coordination
- There is a sense of urgency to address the problem if e-referral is it to deliver on market expectations

DHS Perspective

- Aim to promote a local solution to the problem
  - By building on existing investment
  - By promoting ownership at a PCP agency level
  - By building on change initiatives already underway
  - By resisting the need to invent a new wheel
- Why a local solution?
  - Usually more cost effective
  - Responsive
  - Better ownership and therefore greater chance of success
  - And far less prescriptive

Working Towards a Solution

- Vendors met on 7 of July 05
- Indepth discussion about current barriers and possible solutions
  - Sharing directory information
  - Managing PKI messaging
  - Other non technical issues
- Support to work towards a solution
- Exploratory work to be undertaken with feedback expected early September

Health Connect

Health Connect - update

- After considerable discussions, workshops, general DHS feedback and communication with DoHA: 2 proposals were chosen from 8 submissions
  - CLARIFY Health Connect Vic (Loddon Mallee)
  - NorthWest consortia
- Need more discussion at C'wlth level prior to commencement of proposals
- Consortia may need to work together with a possibility of uniting proposals if needed
- Cannot be 'wedded' to any one product as things may change

Health Connect - update

- Not a quick process
- No timelines have yet been specified
- DHS Vic has signed a MoU with DoHA
- Next step is to brief Vic Minister for Health so that funding can be made available
- Governance structures will then need to be established in line with MoU and HealthConnect implementation strategy
- www.healthconnect.gov.au/whats_new.html

Future Directions