



Implementing Our Vision for Success in Care Coordination

Debra Burden Manager Aboriginal Health

National Primary Health Care Conference - November 2013

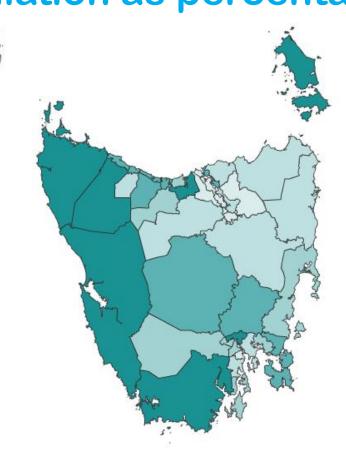
Tasmania Medicare Local acknowledges the financial and other support of the Australian Government Department of Health



Tasmania's Population



Aboriginal and Torres Strait Islander population as percentage

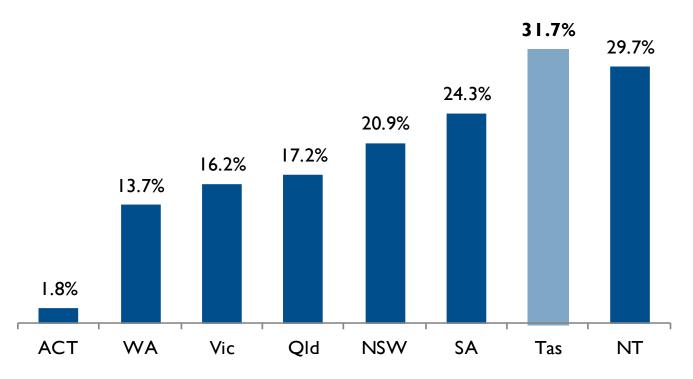




- 1.2 2.5
- 2.6 3.7
- 3.8 4.2
- 4.3 6.1
- 6.2 16.4



SEIFA Index by Percentage



ABS, SEIFA 2006; National Healthcare Agreement Performance Report 2009-10, Table 1.2



Implementation



What Does Success Look Like?

Connecting health to meet local needs

Who is better off because of it?

How do we know they are better off?

How well are we doing it?



What is our vision for the Care Coordination?

Is there something else we could be doing?

Are we doing this right?



Implementation

Evaluation

- Support tools
- Sustainable service model

Training

- Staff
- Health sector

Community of Practice

- Support and education
- Continuous improvement

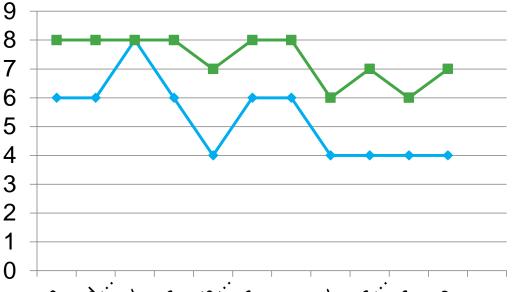


Case Study

Patient Outcomes







-- Admission

Review

Now story take the predictives are a strength of the strength



From Disempowered to Engaged

Disempowered/ not engaging Referral to CCSS TML via Outreach Worker

Admitted to
Acute –
regressed to
Palliative Care

Admitted into Permanent care Discharged Home with service support Patient Goal Achieved engaged with health services

Continuous Care Coordination - Supporting Patient Goal Outcome



Benefits and Plans for the Future

Program Development

- Implement step down/step up model between OW and CC
- Structured framework for CC backed by policy and TML Chronic Care Management Model

Sustainability

- Two TML staff members as accredited Flinders CtG trainers
- Inclusion in service agreements and contracts



Thank you