Connecting Care

Chronic Disease Management Program

Presented at Western Sydney HACC Managers Forum
on 20 July 2011

NSW Department of Health Connecting Care: Severe Chronic Disease Management Program

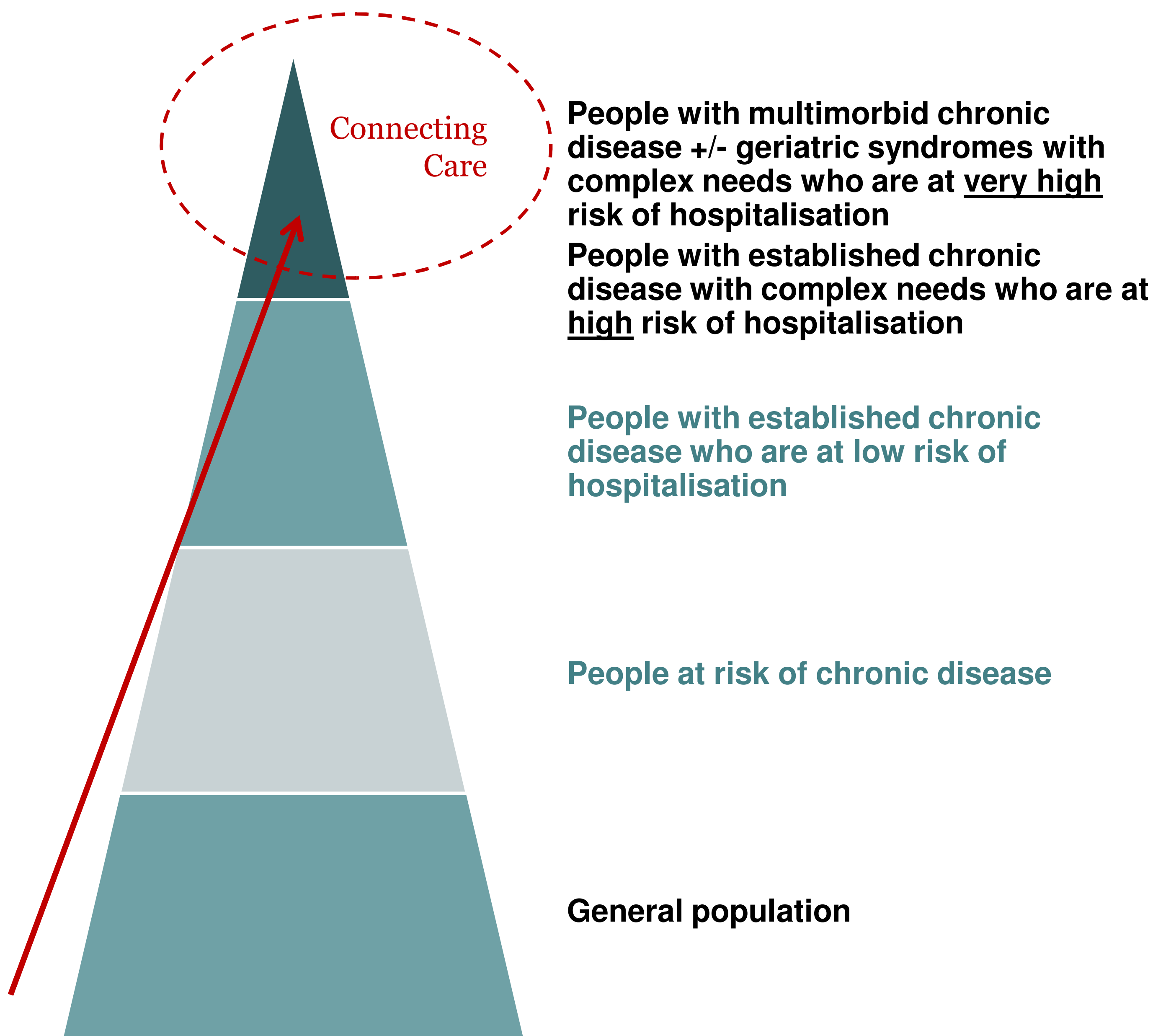
- A framework on which to build regional partnerships between
  - Local Health Districts
  - Divisions of General Practice,
  - Ageing, Disability and Home Care (ADHC)regions
  - Department of Health and Ageing (DOHA)

- To
  - Identify
  - Assess
  - Enrol
  - And provide a shared care plan for patients with chronic disease

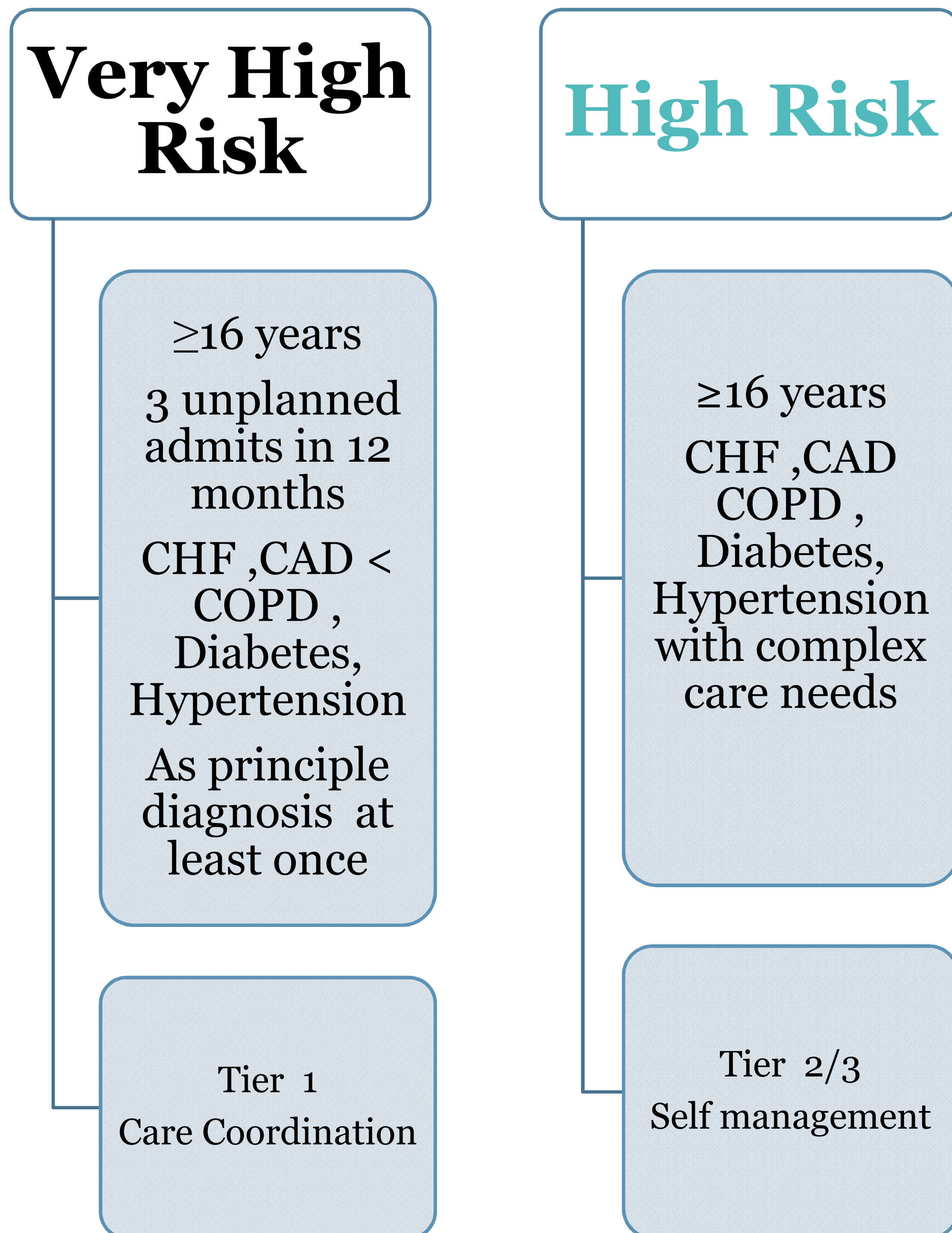
- Through
  - collaborative connected care and care continuity

- By means of
  - Care Coordination &
  - Self Management

Target Population



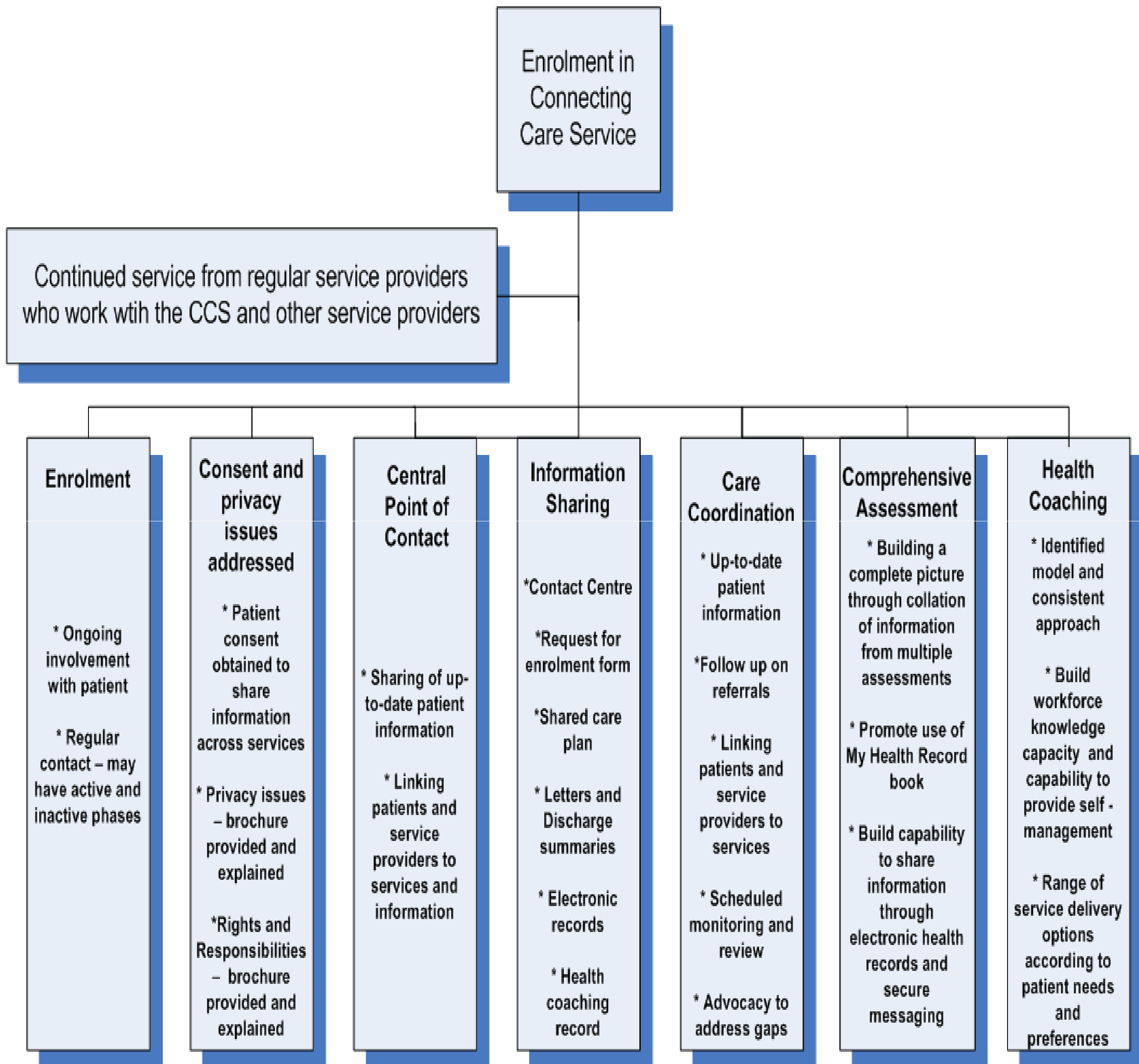
Target Population

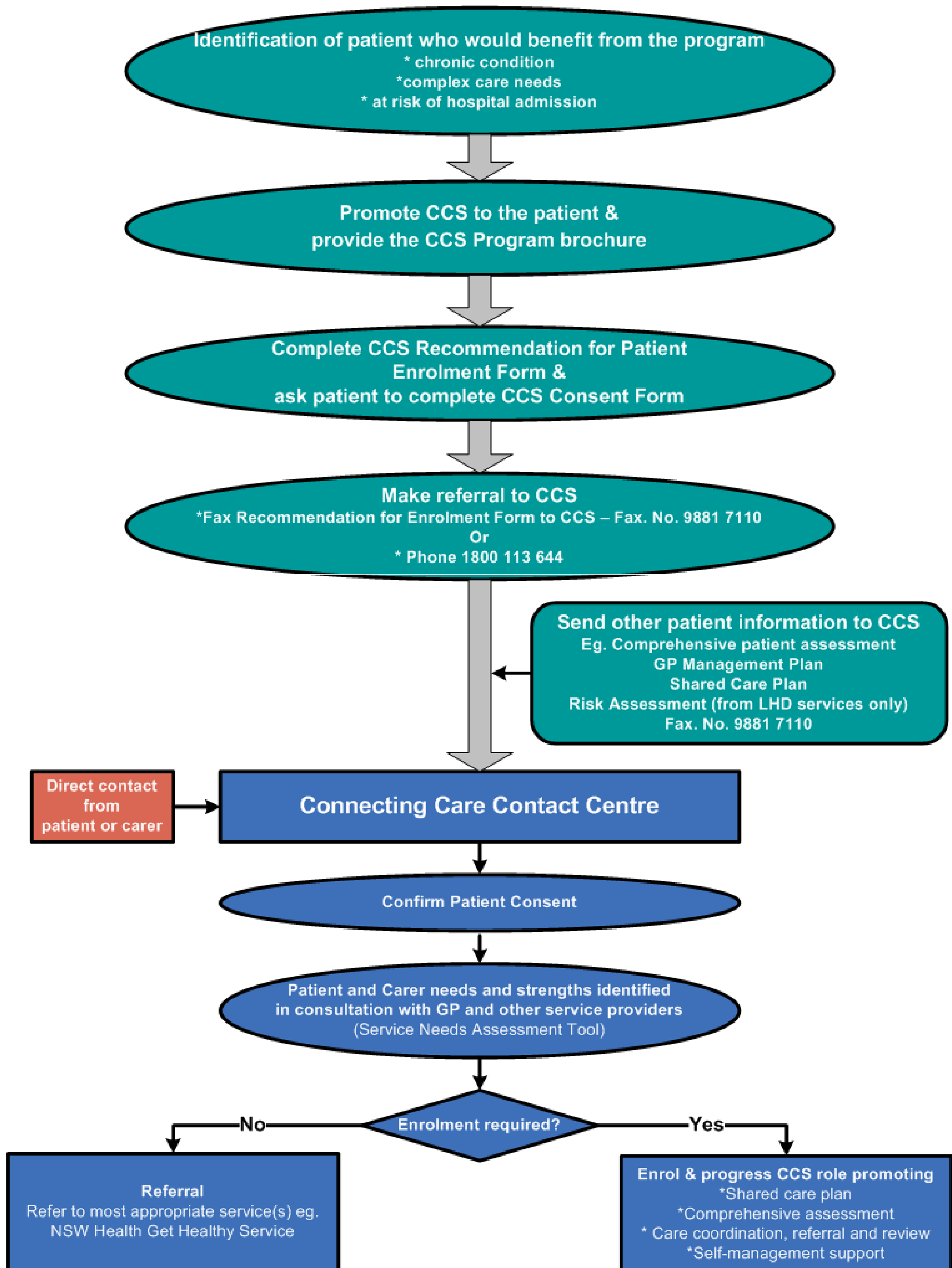


Key Strategic Goals

- ***Patient Care Coordination***
  - Improve multi-disciplinary approaches to case management and care navigation for high risk people with chronic disease
  - Provide collaborative care arrangements for enrolled patients between GPs, health professionals, DVA, HACC services, LHD and private health providers.
  - Ensure patient is linked to services that assist them to live in the community
- ***Self Management Support***
  - Work in partnership with patients to make decisions, set goals and review goal achievement, develop care plans, monitor symptoms and know when to take appropriate action
- ***Care Collaboration***
  - Increase links with other agencies , GPs and Local Health Districts to create a new model of care
  - Develop interagency agreements and Memorandums of Understanding between Local Health Districts , Aboriginal Medical Services, GP Divisions, and other Health and Care service providers

Benefits of Enrolment in the Connecting Care Service




Connecting Care Service (CCS) – Referral Pathway
Identification of patient who would benefit from the program
* chronic condition
*complex care needs
* at risk of hospital admission
Promote CCS to the patient &
provide the CCS Program brochure
Complete CCS Recommendation for Patient
Enrolment Form &
ask patient to complete CCS Consent Form
Make referral to CCS
*Fax Recommendation for Enrolment Form to CCS – Fax. No. 9881 7110
Or
* Phone 1800 113 644
Send other patient information to CCS
Eg. Comprehensive patient assessment
GP Management Plan
Shared Care Plan
Risk Assessment (from LHD services only)
Fax. No. 9881 7110
Direct contact
from
patient or carer
Connecting Care Contact Centre
Confirm Patient Consent
Patient and Carer needs and strengths identified
in consultation with GP and other service providers
(Service Needs Assessment Tool)
Enrolment required?
No
Yes
Referral
Refer to most appropriate service(s) eg.
NSW Health Get Healthy Service
Enrol & progress CCS role promoting
*Shared care plan
*Comprehensive assessment
* Care coordination, referral and review
*Self-management support

Health
Western Sydney
Local Health District

Connecting Care Program (Severe Chronic Disease Management Program)

Draft Recommendation for Patient Enrolment

'lease complete all sections of this form and return to the Connecting Care Contact Centre on:
=ax No. 9881 7110. For enquiries please phone 1800 113 644.

Patient Name:	AUID or MRN: (Local Health District staff only)	
Medicare Number:	Date of Birth:	Sex: (please tick) ☐ M ☐ F
Address:	Suburb:	Postcode:

Home Phone:	Other Phone:	Alternate Contact Name and relationship:	Contact Number:

Country of Birth:	Interpreter required?: (please tick) ☐ Yes ☐ No	Preferred Language:

Is the patient of Aboriginal or Torres Strait Islander descent? (please tick)

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and Torres Strait Islander

General Practitioner – Name and suburb	Specialist and specialty

Chronic Conditions: (please tick)

☐ Heart failure ☐ Diabetes ☐ Coronary Artery Disease

☐ Hypertension ☐ Chronic Obstructive Pulmonary Disease

Other factors for consideration (eg. health, psychological, cognitive, social, environment and lifestyle factors):

Name of primary carer or support person: Contact details:

Carer information (if relevant):

Key services and supports involved in patients care and wellbeing:

Checklist of accomanying information – if known: (please tick)

Consent form signed by client	☐ **Yes**	☐ **No**	**Comprehensive assessment or summary**	☐ **Yes**	☐ **No**
GP Management Plan	☐ **Yes**	☐ **No**	**Team Care Arrangement**	☐ **Yes**	☐ **No**
Shared Care Plan	☐ **Yes**	☐ **No**	**Discharge Summary**	☐ **Yes**	☐ **No**

Other accompanying information: (please detail)

'ate Received:(office use only) **Actioned By:**(office use only)