HealthLinks Chronic Care – Evaluation
First year results

Victorian Integrated Care Forum
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Background

- People with chronic and complex health needs are often frequent users of hospital inpatient services.
- Integrated community-based care and active management can result in better outcomes for people living with chronic conditions, and may help reduce their need for inpatient care.
- Current funding mechanisms can create barriers for health services in providing a cohesive and coordinated model of care that integrates hospital, ambulatory and community-based services.
- HealthLinks aims to remove some of those barriers, enabling health services to trial innovative models of integrated care.
What is HealthLinks?

The model
Model design

- Identified patient characteristics that were most likely to be predictive of a patient’s risk of 3+ admissions in a 12 month period
- Used this to determine estimated volume of patients that could be classified as frequent users of inpatient services.
- Released activity based funding to be used for the enrolled cohort.
- Patients are ‘enrolled’ by the department. Enrolments are not capped.
- Funding from the HealthLinks pool is used to cover costs associated with any inpatient and intervention strategies for the enrolled cohort.
- Interventions and commencement are flexible.
- Intervention group may be a sub set of enrolled patients.
HealthLinks Cohort

Eligible patient cohort
DHHS algorithm score ≥ 9

Intervention cohort

Enrolled patient cohort
Unplanned admission

Patient survey cohort
Consisting of (i) usual care patient cohort, (ii) intervention patient cohort(s)
Patient Identification and selection

All hospital patients → Eligible cohort → Enrolled cohort → Patients are added to the intervention cohort based on locally defined criteria at each individual health service.

Patients are removed from cohorts based on exclusion criteria.

- Algorithm identifies patients more likely to be admitted to hospital.
- Eligible patients become enrolled after an unplanned admission - enrolled cohort increases over time.

Usual care patients → Intervention cohort.
Status

• 10 services initially invited to participate.
• 4 health services financially participating in HealthLinks in 2017-18.
• Co-design approach – health services, the department and CSIRO
Evaluation Aims

• Principal Aim
  – Can flexible funding enable health services to develop and implement alternative models (to inpatient acute care) that provide better experiences and outcomes for patients with chronic conditions, at equal or lower cost?

• Secondary Aims
  – Seek to understand the impact of the flexible funding model on the delivery of care from a system perspective and where possible a patient perspective.
Evaluation Design

Baseline
- Health Service Data
- Patient Surveys
- Workforce Focus Groups

6 Months
- Health Service Data
- Patient Surveys
- Workforce Focus Groups

12 Months
- Health Service Data
- Patient Surveys
- Workforce Focus Groups
Evaluation Design

Flexible funding sites  VS  Control Site

Intervention  VS  Usual Care
Findings so far...
Caveats

- Data from 2016-17
- Some sites haven’t participated for a full year
- Different ways of selecting patients for an intervention not random
  - Clinical issue vs. Geography
Health services role in the trial to date

• Flexible funding hospitals
  • Barwon Health
  • Monash Health
  • Northern Health
  • Western Health

• Control hospitals
  • Austin Health
  • Melbourne Health
  • St Vincents Health
Patient characteristics: flexible funding sites vs controls sites, 2016-17
Patient characteristics: flexible funding sites vs control sites, 2016-17
Patient characteristics: flexible funding sites vs control sites, 2016-17
Patient characteristics: intervention patients vs usual care patients, 2016-17
Patient characteristics: intervention patients vs usual care patients, 2016-17
Patient characteristics: intervention patients vs usual care patients, 2016-17
Enrolled patients (intervention and usual care patients) were excluded because...
Impact on Emergency Department utilisation: Intervention patients vs usual care patients and flexible funding sites vs control sites, 2016-17

![Graph showing impact on Emergency Department utilisation](image)
Impact on hospital length of stay: Intervention patients vs usual care patients and flexible funding sites vs control sites, 2016-17
Enrolled patients (usual care and intervention patients) utilised a range of other services
WIES utilisation: control sites vs flexible funding sites, 2016-17
WIES utilisation: intervention patients vs usual care patients, 2016-17
Impact on the workforce

• Focus groups and semi-structured interviews
• Early stage of HealthLinks implementation at Barwon Health, Monash Health and Northern Health
• Sessions focused on:
  – Barriers and enablers of successful implementation
  – Perceived positive and negative impacts
• Participants included:
  – Nurses and medical specialists “Healthcare providers”
  – Executive, program and clinical team managers “Healthcare managers”
• Audio recorded transcripts professionally transcribed
• Thematic coding undertaken using NVivo software
Perceptions of the workforce: barriers to successful Implementation

“The key and most obvious one is our IT infrastructure stuff...we have different patient management systems and we don’t all participate properly and fully in the digital medical record...” Healthcare Manager

“I do think our technology interface could be better...” Healthcare Provider

“The clients need to be willing and accepting of change...” Healthcare Provider

“...if they're not the right people and they're not the right data, we’re making poor decisions.” Healthcare Manager
Perceptions of the workforce: enablers for successful Implementation

“...a model of resilience and responsiveness to individual patients’ needs.” Healthcare Manager

“Our CEO is very supportive of HealthLinks and was very keen to sign up, and that’s why we were able to enrol patients really quickly…” Healthcare Manager

“It needs to be system-based approach for us at this level so it’s sustainable…” Healthcare Manager

“...a lot of redesign of work within the existing teams to be able to make them more nimble to work in this workforce.” Healthcare Manager

“There’s a lot of the time they don’t fit into the standard box of what’s available, so looking at how we can really individualise it…” Healthcare Provider

“...a lot of the time they don’t fit into the standard box of what’s available, so looking at how we can really individualise it…” Healthcare Provider

“And so it’s a really holistic way of working with people.” Healthcare Provider

“...a model of resilience and responsiveness to individual patients’ needs.” Healthcare Manager
Perceptions of the workforce: positive impact

“We try to help them take their own ownership of their problems, so we teach them how to also be resilient in that sense I suppose…” Healthcare Provider

“We talk a lot about integrated care in community health, and I think this will create it…” Healthcare Manager

“…an increased sense of support through our health services, probably more timely access to the services that they need, because we’ve got a lot of services in our community but a lot of people don’t know about them…” Healthcare Manager

“What I would hope is that people feel more confident in navigating the healthcare system…” Healthcare Provider

“…recognising that there’s a continuity and a degree of respect between the hospital and the GP, and that they can trust their GP to manage perhaps more than they would previously have trusted their GP to manage.” Healthcare Provider
Patient Surveys

• How many surveys- flexible funding vs control
  • 600 surveys for each flexible funding site
  • 340 surveys for each control site
• Surveys first administered in February 2018
  ~260 surveys returned to date, all from control sites
• How we are tracking (return rate – between 5 and 30 percent)
• Limitations – mail based surveys with prompt phone calls, some in hospital surveys
Evaluation Challenges

- Multiple interventions
- Financially participating sites and non-participating sites
- Patient survey administration
- Data integration and consistency from multiple sources
- Algorithm changes over time
Next Steps

• Annual report
• Final report
• Completion date
Contact

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