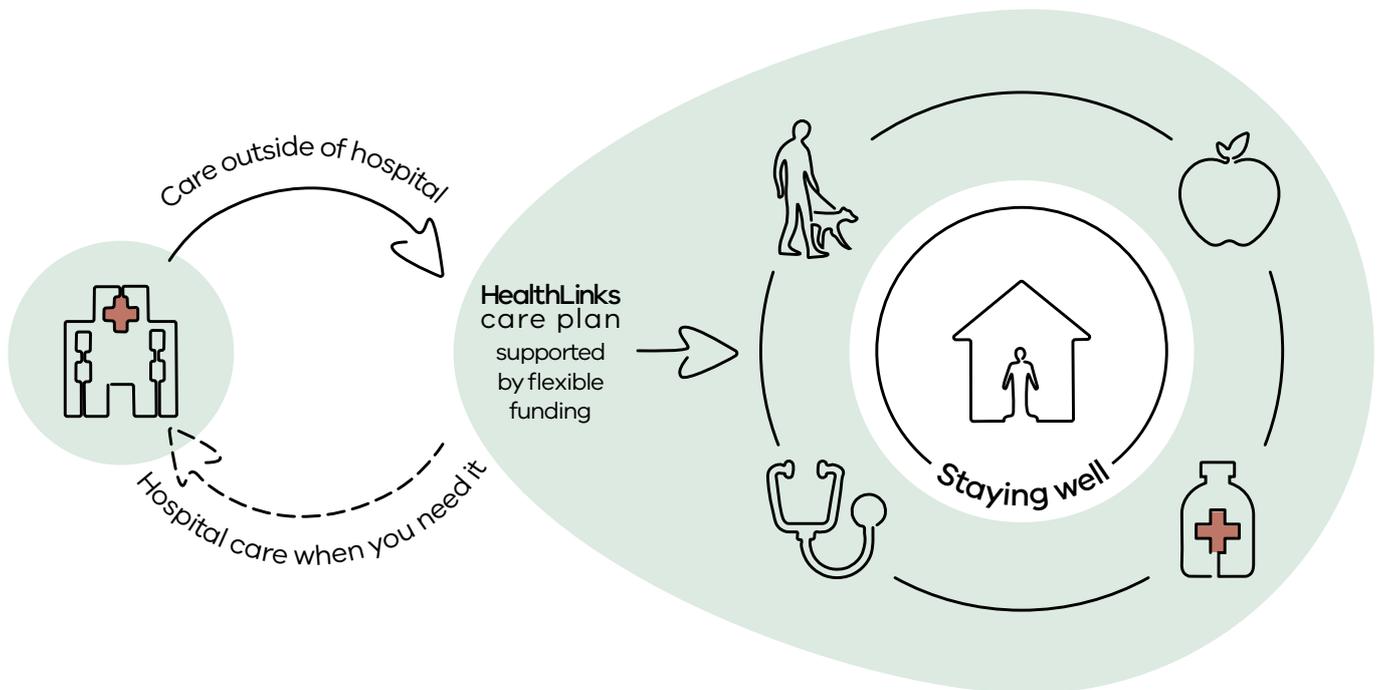


HealthLinks: Chronic Care

What is HealthLinks: Chronic Care?

HealthLinks: Chronic Care ('HealthLinks') enables health services to use funding for a specific cohort of patients with chronic and complex health needs more flexibly to deliver a different suite of services to better meet their needs. HealthLinks has been developed by the Department of Health and Human Services in consultation with health services.

Under HealthLinks, the aim is that patients with chronic and complex health needs will be more accurately identified and provided with targeted active management, reducing unplanned hospitalisations and improving their outcomes.



Why has HealthLinks been initiated?

People with chronic and complex health needs are often frequent users of hospital inpatient services, and we know current activity-based funding models may be a barrier to care that better meets the needs of this patient group.

HealthLinks is being implemented to determine whether more flexible funding arrangements will enable health services to deliver an effective, integrated mix of services to patients at high risk of multiple unplanned hospital admissions, many of whom have chronic and complex health conditions.

Which health services are participating in HealthLinks?

Ten public hospitals are currently participating in the HealthLinks initiative, in Melbourne and Geelong.

What are the funding arrangements for HealthLinks?

There is no new HealthLinks funding stream – the trial is funded from the current total weighted inlier equivalent separation (WIES) funding pool.

Health services have the flexibility to use projected inpatient activity-based WIES funding to design packages of care around the needs of some of their highly complex patients. The projected funds are converted into a separate funding pool ('HealthLinks capitation grant').

Although health services may choose to design packages for a subset of the enrolled patients, funding is based on the predicted *average number* of HealthLinks-enrolled patients.

What is the HealthLinks service model and what kind of services are being delivered through HealthLinks?

HealthLinks does not specify an intervention model, so each participating health service is developing its own model. Intervention models may take a continuous service improvement approach or may be new models of care. Intervention models can include inpatient care and services that reach beyond the traditional hospital walls.

All models aim to deliver a more comprehensive and integrated mix of services.

How can this funding be used?

Participating health services have flexibility in the way they use the capitation grant to deliver a range of integrated services that best suits the local context and needs of their patients.

The HealthLinks capitation grant is used:

- for all future acute hospital inpatient admissions for the enrolled cohort
- to invest in alternative services that may prevent, or help plan for, some of the predicted inpatient admissions.

Who is eligible for HealthLinks?

Patients who are eligible for HealthLinks are those who have complex and chronic conditions and have been identified as at high risk of multiple unplanned hospitalisations.

An algorithm has been developed to identify patients who are eligible for HealthLinks. The algorithm calculates an eligibility score based on characteristics that include:

- the age of the patient
- the number of unplanned admissions in the past six months
- the number of emergency department visits in the past three months
- their hospital stay being caused by selected chronic condition(s) such as asthma, kidney disease, chronic obstructive pulmonary disease, rheumatoid arthritis, hepatitis
- their smoking status
- whether or not they live in a residential aged care home.

When do patients who are eligible for HealthLinks become enrolled?

Once a patient is eligible for HealthLinks, they do not become enrolled until they have a subsequent unplanned admission to hospital.

Health services are developing processes to identify the eligible cohort so they can identify these patients when they present to hospital.

What does 'enrolment' in HealthLinks mean?

When a patient becomes enrolled in HealthLinks, this triggers a change in the way services for the patient are funded, with funding being derived from the HealthLinks capitation grant rather than WIES for admissions that occur after the initial 'trigger' admission.

Is there a choice about being enrolled in HealthLinks?

A health service does not have any discretion as to which patients are enrolled in HealthLinks.

Patients who meet the assessment criteria are automatically enrolled in HealthLinks, which changes the way their services are funded at that health service.

In those health services where an intervention has been established as an alternative model of care, patients should be given the choice as to whether or not they participate in a HealthLinks intervention. Health services are responsible for letting patients know that they have this choice and making sure they fully understand the alternative model of care.

Who is excluded from HealthLinks?

Some patients or specific types of inpatient admissions are excluded from HealthLinks. Most of these patients are cared for under specialist statewide programs (such as poliomyelitis, cystic fibrosis) or are people who require unavoidable inpatient care (such as trauma, active cancer treatment). Some patients enrolled in HealthLinks may become ineligible if they develop a condition that requires frequent hospital admissions, or if the services they require are predicted to be high cost.

How will health services know who is eligible for HealthLinks and when they are excluded?

The department provides health services with monthly lists of both the patients who are eligible for HealthLinks and those who are enrolled in HealthLinks, as well as those who have become ineligible because of their condition or the type of services they need.

Are all patients who are enrolled in HealthLinks streamed into a different model of care?

No. Patients enrolled in HealthLinks may receive usual care or a different model of care specific to HealthLinks. Health services decide which services best suit the patient's needs.

Enrolled patients who do not receive alternative services through HealthLinks will continue to receive usual care.

Health services implementing HealthLinks have been encouraged to focus on a subset of their enrolled patients. This provides an opportunity for health services to determine if an investment in a targeted subset of patients and an alternative model of care can have an effect on inpatient services for that group.

Is the initiative being evaluated?

Yes. The Department of Health and Human Services and participating health services are keen to understand the impact of this new initiative.

The department is undertaking an evaluation of the HealthLinks initiative in partnership with the Commonwealth Scientific Industrial Research Organisation (CSIRO) and participating health services.

The evaluation has the primary aim of determining whether flexible funding enables health services to develop and implement alternative models (to inpatient acute care) that provide better experiences and outcomes for patients with complex and chronic conditions, at equal or lower cost.

The evaluation will include surveying HealthLinks enrolees on their perceptions of health and wellbeing and satisfaction with health services.

Want to know more?

The department's *Policy and funding guidelines* includes a section on HealthLinks: Chronic Care at <<https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>> (see volume 2, Chapter 2, pp. 87–91).

[More information](#) on HealthLinks: Chronic Care is available at <<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/integrated-chronic-care>> or by contacting the HealthLinks project team at:

Phone: (03) 9096 2769

Email: integratedchroniccare@dhhs.vic.gov.au

To receive this publication in an accessible format email <integratedchroniccare@dhhs.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Available at: <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/integrated-chronic-care>

© State of Victoria, September 2017. (1707033)