Cross sector service coordination for people with high and complex disabilities and needs: The Australian situation

Rosamond Madden

International Rehabilitation Medicine Forum
28-29 March 2015, Guangzhou
Talking about:

- people who require services in hospital and a range of services and long-term supports in the community
- how important it is for different parts of the health and human services system to work together - good coordination can lead to better outcomes for people with complex needs

Three questions discussed:

- What are the drivers of action in Australia?
- What is happening in Australia?
- What needs to be done?
  - The findings of a study examining the evidence
What are the drivers of action in Australia?

System complexity: Health and other human services

Health

› Other human services such as:
  - Housing and homelessness services
  - Support services for people with disability and people ageing
  - Children’s services

› All these services are funded or run by federal and state governments, via national funding and administrative agreements, and by NGOs

What are the drivers of action in Australia?

Costs of inaction

› Costs to people of navigating among unconnected services, or being forced into services which they do not want

› Health insurance and funding may cover acute care but not support services for people with longer-term needs or chronic problems
  - ‘Bed blocking’

› Costs to systems of
  - duplication or ‘role confusion’
  - gaps
  - potential risk of not using the most cost effective services
What are the drivers of action in Australia?

New directions in health and disability services

▪ **The context**
  ▪ Population growth and ageing
  ▪ Increasing chronic disease
  ▪ Advances in technology
  ▪ Workforce shortages in many countries
  ▪ Health inequalities

▪ **Some new directions**
  ▪ Person, family, community, environment
  ▪ Continuum of care (integrated approach)
  ▪ Maintenance of health, quality of life, participation and inclusion
  ▪ Participation and access by all – UN Convention on the Rights of Persons with Disabilities
  ▪ International emphasis on Community-based Rehabilitation (CBR)

What is happening in Australia?

Trends away from institutional care in disability services

Figure 16: People aged 5–64 years with severe or profound limitations living in cared accommodation, by age group, 1981–2003 (per cent)

Source: Table A15.

What is happening in Australia?

Trends away from residential aged care

Figure 2.1: People aged 65 and over using aged care in a year, 2002-03 to 2010-11

Data linkage series no.18. CSI 20. Canberra: AIHW.
What is happening in Australia?

New integrative care models in health

The example of Partners in Recovery:

› Aims to better support people with severe and persistent mental illness with complex needs and their carers and families, by
  - getting multiple sectors, services and supports … to work in a more collaborative, coordinated, and integrated way.

› Developed in recognition that health and welfare systems are hard to navigate and often inefficient in caring for people with severe long-term mental illness and complex needs

› Found to require ‘well trained and enthusiastic practitioners’ to develop partnerships to establish and maintain ‘system-wide responses that are genuinely consumer focussed’


What is happening internationally?

Community-based rehabilitation (CBR) as an integrative model

See: http://www.who.int/disabilities/cbr/guidelines/en/
What needs to be done?

Our study in Australia

› New national program to fund ‘reasonable and necessary supports’ in the community for people with disability (National Disability Insurance Scheme - NDIS)

› People may require an integrated package of services including
  - Specialist disability
  - ‘Mainstream’

› Discussion paper, commissioned by government, as a stimulus to policy development and discussion

› Using what is known and building on experience

› Partnership
  - Centre for Disability Research and Policy, University of Sydney
  - Young People in Nursing Homes National Alliance (YPINH)
Framework for analysis

› Used for structuring findings and analysis
› Matrix was developed after preliminary review of literature

<table>
<thead>
<tr>
<th>System and stakeholder</th>
<th>Evaluation focus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>goals</td>
</tr>
<tr>
<td>micro</td>
<td></td>
</tr>
<tr>
<td>meso</td>
<td></td>
</tr>
<tr>
<td>macro</td>
<td></td>
</tr>
</tbody>
</table>
Main findings on value of service coordination

Evidence on outcomes points to the value of service coordination

| Micro (person) | Greater well-being, higher levels of community participation, better social outcomes, sustainability of informal care arrangements, greater understanding of and choice about services, better communication with service providers, reduced time in hospital, enhanced ability to remain in the community, and a greater sense of control. |
| Meso (service providers) | Greater understanding of people’s needs and a better ability to link and communicate with other services to meet these needs. Better understanding of local population. Overall service quality was enhanced. |
| Macro (systems) | Positive outcomes can include: streamlining and avoidance of duplication, reduced hospital stays, the prevention of admissions to residential care, reductions in health expenditure. |
Example: Spinal cord injuries response (SCIR)

› Program initiated in Queensland 2005; ongoing. Provides service coordination for people with SCI transitioning from hospital to community.

› **Key features**: Formal partnership between health, housing and disability departments to arrange access to necessary services and supports. Multidisciplinary needs assessment, coordinated by the participant’s ‘Key worker’ within the hospital. Services and supports in place before person’s transition back to community.

› **Outcomes**: Higher quality of life for SCIR clients immediately post-transition (compared to ‘controls’)
  - Less financial hardship, greater access to equipment and support, less frustration about unmet needs, greater choice about where and how to live, and increased independence
  - Hospital length of stay reduced for SCIR clients with paraplegia (but not quadriplegia – extra time to plan services).
Example: Multiple & Complex Needs Initiative (MACNI)

› Program initiated 2004 in Victoria; ongoing. Intensive, time limited (up to 2 years) care planning and coordination for **people with multiple and complex needs** related to combinations of mental illness, intellectual or physical disability, brain injury, behavioural difficulties, etc.

› **Key features:** Comprehensive needs assessment; Coordinated care planning; Intensive case management; Care plan coordinator; Brokerage funds to purchase services; Statewide Panel (determines eligibility and care plans); Regional Gateway (manages consultation and referral).

› **Outcomes:**
  - Half of participants showed behavioural improvements; one-quarter showed a greater level of engagement with care managers and other supports in the community
  - Reduced emergency department use, hospital admissions and bed days
  - Initiative contributed to capacity within the sector, including workforce skills development and development of professional networks.
Defining cross-sector service coordination

Proposed definition

**Cross-sector service coordination** is a key element of NDIS design, requiring funding, and involving:

› agreed goals focussed on outcomes for people, including social and economic participation

› coordinators actively negotiating between sectors and services to ensure people obtain the necessary supports: a range of local and cross-sectoral mechanisms enable coordination activities

› high level inter-sectoral collaborative agreements and related infrastructure so that system barriers do not undermine NDIS aims
Key directions suggested by the study

Not a single model

1. Ingredients of good service coordination – at micro, meso, macro levels – were listed in the study and can inform the creation of coordination options

2. Coordination options should allow variation and choice:
   - About the location and provider of coordination
   - To experiment, review and adjust

3. Top level cross-sectoral commitment and agreement are essential
   - Who coordination is for: ‘high and complex needs’
   - Designated linkage points in human service systems

4. Vertical and horizontal integration are required

5. Workforce development essential
Main findings of study

› Cross-sector service coordination is of value
  - Personal outcomes are positively influenced and system efficiencies can be gained

› Key components of effective service coordination can be identified at macro, meso and micro levels: vertical and horizontal integration are required
  - Models of effective coordination can be built, based on these components

Thank you

Centre for Disability Research and Policy
www.sydney.edu.au/health_sciences/cdrp/

Email: ros.madden@sydney.edu.au