

Model of Care Overview and guidelines

WA Health Networks

**Ensuring people get the right care,
at the right time, by the right team
and in the right place**

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Introduction

The Model of Care builds upon the significant work already completed as part of the WA Health reform agenda and provides a structure for outlining system change and redesign that incorporates the shared principles originally outlined in the report *A Healthy Future for Western Australians: Report of the Health Reform Committee (2004)*.

Models of Care will be developed for diseases, conditions or population groups that deliver services that effectively meet the community health need and match national and state priorities for health outcomes through the provision of safe, consistent and equitable health services.

Background information on models of care is also available in the following document: *Models of Care: Scoping Document (2006)*.

Models of Care

Definition

A 'model of care' is a multifaceted concept, which broadly defines the way health services are delivered (Queensland Health 2000). A model of care outlines best practice patient care delivery through the application of a set of service principles across identified clinical streams and patient flow continuums (Waikato Health Board 2004).

Aim

The aim of each model of care document will be to describe:

Best practice care and services within a health care system for a person or population group as they progress through the stages of a condition, injury or event

Objective

The broad objective of developing a model of care is:

Ensuring people get the right care, at the right time, by the right team and in the right place

Underlying Objectives

The following underlying objectives or service principles should be considered in the development and implementation of Models of Care. These principles have been adopted from the recommendations of the A Healthy Future for Western Australians: Report of the Health Reform Committee (2004) and the WA Health Clinical Services Framework 2005 – 2015 (2005).

- Improve access to services;
- Reduce inequality in health status;
- Provide safe, high quality health care;
- Promote a patient centred continuum of care;
- Ensure value for money;
- Optimise public and private services;
- Improve the balance of preventative, primary and acute care;
- Be financially sustainable as an integrated system; and
- Support a highly skilled and dedicated workforce.

Guiding Principles

These communicate the principles that should underpin the development of all future models of care.

Being Patient Centred

Patient-centred care is a focus by the health system on the needs, preferences and outcomes relevant to the patient and their families. There is organisational and individual commitment to ensuring patients are informed, motivated and prepared across the stages of their condition, injury or event.

WA Health will recognise the specific needs of vulnerable populations and those at risk of experiencing difficulty in accessing services.

Promoting equity of health services in Western Australia

It is important to state, that models of care will be responsive to the needs of people (National Health Priority Action Council 2005):

- from all cultural and linguistic backgrounds, in particular the Indigenous population;
- across all stages of the lifespan, including children and older Australians;
- of all socio-economic and educational backgrounds; and
- living in all types of settings, including rural and remote communities.

The development of models of care will be in accordance with the WA Aboriginal Health Impact Statement and Guidelines (2005).

Communicating, Consulting and Collaborating with Stakeholders

The development and implementation of new models of care will involve multi-sectorial and multidisciplinary inter-relationships, and referral and support structures between units with an emphasis on clinical management and partnerships.

Health Networks will actively engage stakeholders, seeking participation and commitment when developing models of care.

Looking Forward

Models of Care will be based on best practice evidence and expert opinion. The models will be dynamic and seek to identify early, those factors, influences and innovations that may necessitate revision of the model of care. These may include new technologies, diagnostic techniques, pharmaceuticals and surgical advancements.

Responding to Existing Policy

National priorities, strategies and frameworks will guide and form Models of Care. For example, the Clinical Services Framework 2005 - 2015 (2005) role delineations will provide direction on the capacity of the hospital inpatient sector and thus enforce creative solutions and redesign of services rather than simply an increase in bed numbers.

Influencing Future Planning

Models of Care will provide an opportunity for stakeholders to influence future policy development. This may include future activity modelling and planning in terms of workforce, infrastructure and information and communications technology.

The Process of Developing a Model of Care

The process is articulated in five phases.

- Phase 1: Understanding the WA Health policy context.
- Phase 2: Definition and understanding the current state of play.
- Phase 3: Translating evidence based research and expert opinion into best practice using the model of care matrix template.
- Phase 4: Consulting broadly with stakeholders and incorporating feedback as appropriate to produce a finalised model of care.
- Phase 5: Endorsement of the model of care by the Network Executive Advisory Group and Health Networks Leads Forum.

A more comprehensive description of the phases can be found [Appendix 1: Process for developing a Model of Care](#).

The process of developing a model of care will involve a number of persons with varying roles and levels of contribution. This may be explored in greater detail as part of the planning phase, however some of the key groups include:

- The Network Executive Advisory Group – This group is accountable for the final model of care.
- The Network Working Group – This group works with the network support officers to produce the model of care. This group should include experts in the field and be multidisciplinary and multisectoral in nature.
- The Area Health Service Clinical Service Planning Units (metropolitan and country), Workforce Planning and Supply and Demand Modelling units.
- Stakeholder Consultation Group – This group includes broader stakeholders across health care organisations and the community sector, including consumers.

WA Health Policy Context

It is important to ensure that the future model of care is consistent with and supports the broader WA Health reform agenda. Key documents to review include the A Healthy Future for Western Australians: Report of the Health Reform Committee (2004), Delivering a Healthy WA Strategic Intent 2005–2010 (2005) and the WA Health Operational Plan 2007-08 (2007). Some of the key areas and themes to consider are described below.

Key Focus Areas

The development and implementation of new or redesigned Models of Care retain a focus on the following four key areas. These are based on the National Chronic Disease Action Areas (National Health Priority Action Council 2006).

Prevention & Promotion

A key focus of the WA Health reform agenda is the adoption of prevention programs and the promotion of healthy lifestyles and the modification of risky behaviours. All health care interactions across the continuum of care identified in models of care should include education about risky behaviours and support for instigating or maintaining behavioural changes.

Early Detection & Intervention

Models of care will have a strong focus on the need for early detection and early intervention to prevent or slow progression of a condition and subsequently improve patient outcomes. Significant activity can occur within the primary care setting and this should be encouraged in new models of care.

Integration & Continuity of Care

Partnerships between government agencies, non government and private organisations, primary, specialist and multi disciplinary professionals and home, community and hospital settings should be explored and fostered in the development of new models of care.

Collaboration and commitment between these partnerships and a desire to place the patient at the centre of all activities ensuring continuity of care will support the delivery of more effective and efficient prevention, detection and management services.

Self Management

There is an accepted recognition of the importance of enhancing an individuals ability to self manage, from prevention of risk factors or risky behaviour to the various stages of management of their care.

The current health system is ill equipped to educate and support individuals to self manage. A shift in the culture of the workforce is required. Health professionals need the skills to routinely teach self-management principles and to believe that people are capable of preventing and managing their own conditions.

Strategic Intent

Models of care provide a vehicle for achieving the needed reform in WA as set out in the Delivering a Healthy WA Strategic Intent 2005– 2010 (2005) and subsequent WA Health Operational Plan 2007-08 (2007). Health Networks are encouraged to closely review these documents to ensure that new models of care adhere to these principles and directions.

Healthy Workforce

The development of new or redesigned models of care will influence and inform workforce numbers and job redesign. Consideration of innovative workforce solutions needs to be considered to ensure an adequate, skilled and sustainable workforce is available to the WA Health system. Special consideration needs to be made for increasing and improving the robustness of the Aboriginal and Torres Strait Islander health professionals' workforce.

Healthy Hospitals, Health Services & Infrastructure

The capacity of the inpatient sector has in large been determined by the Clinical Services Framework 2005-2015 (2005). The development of new or the redesign of current models of care have a key role in reducing and managing demand on traditional hospital services (where supported by clinical evidence or expert opinion). When developing models of care consideration should be made to the appropriateness of adopting the following strategies:

- Increasing non hospital ambulatory care services as outlined in the Ambulatory and Community Care – A framework for non inpatient care (Health Reform Implementation Taskforce 2007);
- Improving clinical and non clinical administrative processes within health services (for example, outpatient reform targets);
- Improving care coordination with primary care providers.

Healthy Partnerships

Models of care provide one of the best methods for improving and strengthening partnerships within and across the health system. Due to the pure nature of Health Networks, partnerships and collaboration is occurring with the non-government and primary care sector and strengthening the relationship between rural and metropolitan health services.

This work will need to be fostered and expanded to include the Australian Government and the private sector. Models of care will explicitly describe flows, roles, responsibilities and methods to improve integration and coordination across and within the health care system.

Healthy Communities

A key objective of the WA Health reform agenda is to move the focus of patient care away from hospitals, where it is deemed safe, evidenced based and effective for the patient to do so.

Prevention of ill health and promotion of healthy and safe lifestyles should be delivered in the community setting in collaboration with government and non-government agencies, general practitioners and community groups. Recognition is made that communities are not homogenous and that vulnerable populations, such as the Aboriginal population, should be targeted through culturally appropriate methods that will best meet their health needs.

Models of care should encourage these activities as well as empower communities and individuals to self manage chronic and long-term conditions.

Healthy Resources

The development and implementation of models of care must occur within the financial parameters that have been placed on the Department of Health by the State Government. As part of the reform agenda, models of care will be implemented within the capped financial growth targets. Adoption of policy shifts around the role of non government sector, with increasing emphasis on home and community based service delivery frameworks should be explored to address the resource pressures evident in the health care sector.

Healthy Leadership

One of the key intents of "Healthy Leadership" is to guide others to achieve the WA Health vision. The development of models of care and the delivery of these will occur in collaboration with other partners including the non – government, primary care and private sector. A shared goal for WA Health needs to be achieved with these partners to ensure the delivery of safe, sustainable patient centered care.

Agreed Scope

The scope of models of care and associated boundaries as documented in the Models of Care: Scoping Document (WA Health Networks 2006) and agreed by members of the State Health Executive Forum are shown below:

In scope

- The types of activities to be delivered to patients by a provider, health professional, or care team;
- The types of services to be provided by an organisation;
- The appropriate stage for an activity or service to be delivered;
- The location or context that the activity or service will be provided in;
- The health care team and community partners that will provide the service;
- The policy framework for the model of care.

Out of Scope

- The number of hospital beds required to provide the inpatient care component;
- The number of health professionals required to provide the care (for example number of medical sessions and nursing full time equivalent); and
- The cost of implementing and providing the model of care.

Contents of the Model of Care document

While it is understood that each model of care will vary based on whether it is focused on a condition, service or population group, there are some common content areas that will need to be covered. These broadly include:

1. Methodology
2. Current State of Play
3. The Future Model of Care
4. Horizon Scan
5. Key Recommendations

An example of a model of care contents page can be found in Appendix 2: Sample contents page

1. Methodology

This section should provide an overview of the process that was conducted to develop the model of care. This may include a description of:

- Who was involved in the development of the model of care;
- The process and levels of consultation that was conducted;
- Executive Advisory Group endorsement of model of care.

2. The Current State of Play

This section should present a case for change and the need to move towards an improved model of care.

A definition of the condition, service or population group should be documented followed by a review of existing reliable data available, in terms of burden of disease and current service provision.

Projections, trends and variations between WA and other States, Indigenous, socioeconomic, and geographic regions should be noted as points of interest.

Definition

There needs to be a definition of the condition, service or population group, as well as the scope of the care to be described. A broad range of definitions should be sourced and an agreed definition articulated and applied for the purposes of the model of care.

Burden of Disease

Some data items that should be reviewed and described include:

Area	Data	Potential Source
Population	Trends	ABS
Burden of Disease	Incidence Prevalence Mortality	AIHW AIHW AIHW
Risk Factors	Rates	AIHW

Current Service Provision

It is important to gauge a base line of the current service delivery across the continuum of care to identify the need to redesign services.

Some data items that should be reviewed include:

Area	Data	Potential Source
Health Promotion & Prevention	Campaigns delivered.	WA Health Units, NGO Reports
	Prevention activities delivered.	WA Health Units, NGO Reports
Primary Care	General Practice activity	BEACH data and SAND supplements
Ambulatory Care	Hospital Outpatient Occasions of Service	ICAM
	Emergency Department presentations	HMDS, Analysis of demand and utilisation of metropolitan emergency departments in Western Australia report
	Community Physiotherapy Program Activity	Healthy @ Home
	Chronic Disease Team Activity	Healthy @ Home
	Phone Coaching Activity	Healthy @ Home
Tertiary Care	Hospital in the Home Activity	Healthy @ Home
	Sameday and Overnight Separations	HMDS, Australian Hospital Statistics 04-05
	Ambulatory Care Sensitive Hospitalisation Separations	Australian Hospital Statistics 2004-05
	Sameday and Overnight Separation Rates	HMDS, Australian Hospital Statistics 04-05
	Number of Beddays	HMDS, Australian Hospital Statistics 04-05
	Average Length of Stay	HMDS, Australian Hospital Statistics 04-05
Rehabilitation	Rehabilitation Occasions of Service	HMDS
	Rehabilitation in the Home Occasions of Service	Healthy @ Home
Palliative Care	Palliative Care Occasions of Service	NGO provider reports

Quality of Care

This section should provide commentary on the quality of care provided under the current model of care. Leatherman (2007) explains that quality of care can be measured under the following areas:

- Effectiveness;
- Access;
- Patient centeredness/ responsiveness;
- Safety;
- Equity; and
- Capacity.

To describe quality of care, a number of questions could be posed including:

- Is the current model of care safe?
- Is it consistent across health services?
- Does it provide equity of access?
- Is it based on the most appropriate evidence?
- How often is the care process/ treatment reviewed?

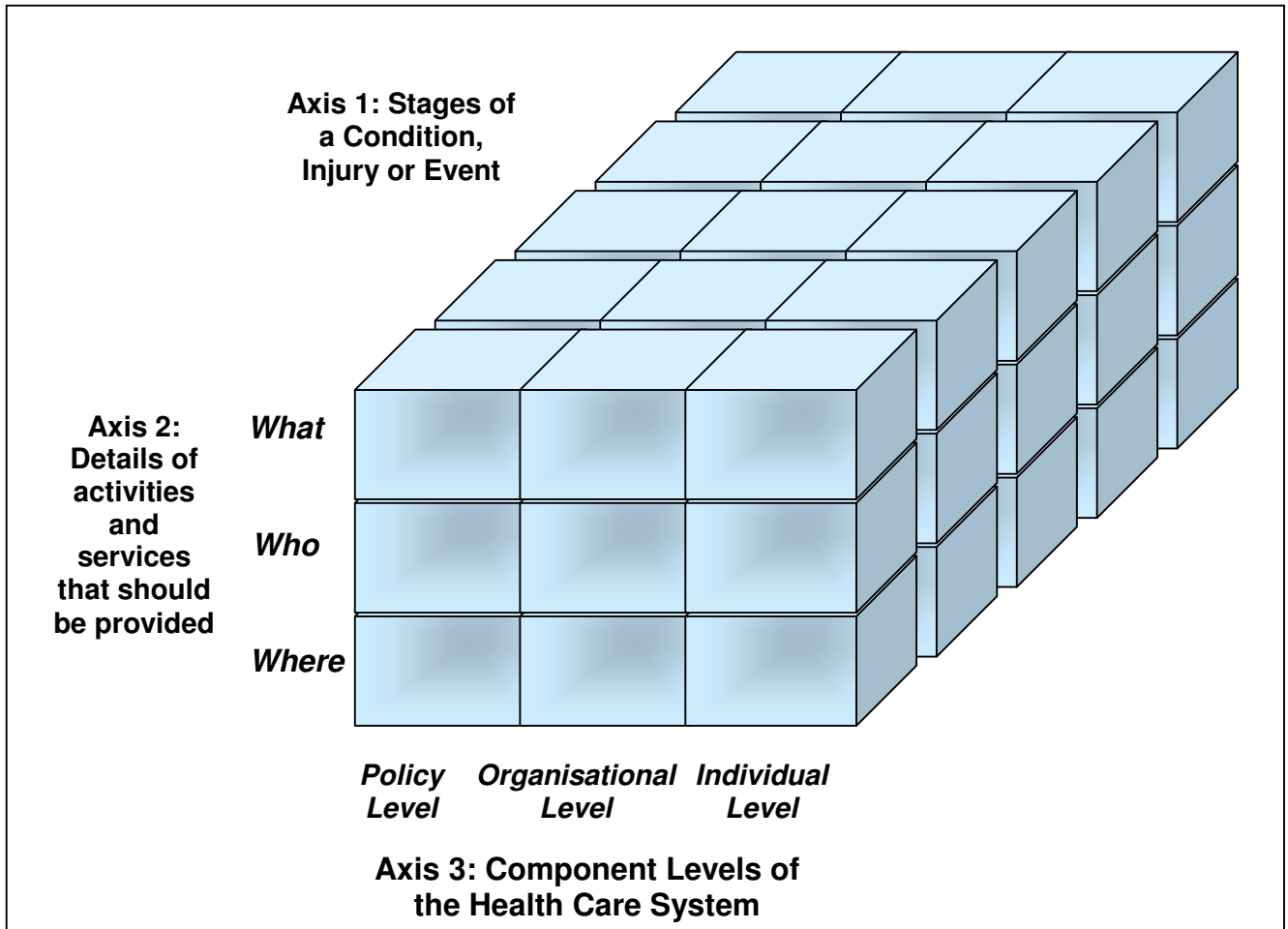
A review of adverse occurrences and readmission rates should also be conducted.

3. Future Model of Care

The WA Health model of care is illustrated as a multidimensional matrix consisting of three axes, described below, all of which need to be completed in order to describe the future model of care:

- Axis 1: Stages of a condition, injury or event;
- Axis 2: Component levels of a health care system; and
- Axis 3: Details of activities and services that should be provided.

Figure 1: Model of Care matrix



Axis 1

In the first phase, the stages across the continuum should be defined. Each stage should be discrete and consistent in style, for example each stage could follow patients through their journey (from well to advanced disease).

Existing frameworks, strategies and initiatives at the State and National levels may already describe the stages for a condition; injury or event and these are a preferred starting point.

The second phase to be completed should be guided by a set of broad objectives and these should be articulated.

Axis 2

Axis 2 describes the details of the activities and services that should be provided. In order to complete this section, there needs to be a comprehensive review of best practice evidence. Sources of evidence include, but are not limited to, evaluations of a model of care currently implemented in parts of the WA Health system or in other jurisdictions, peer reviewed journals, Cochrane systematic reviews and expert opinion.

Under each of these headings a list should be created to describe:

- **What** should be provided?
 - What are the actions that should be undertaken?
 - What activities, programs and services should be delivered?
 - What are the guidelines and protocols that should be in place?
 - What needs to be undertaken to support enhanced integration across and between the stages of a condition, injury or event?
 - What policy should be in place to support this?
- **Who** should provide it?
 - Who should comprise the care team?
 - Who should lead the care team?
 - What competencies are required to deliver the care?
 - What training and education requirements are there?
 - Are there opportunities for job redesign and role delineation?
 - What policy should be in place to support this?
- **Where** should it be provided?
 - Where should the various activities/ services/ programs be provided? For example, in the primary care, inpatient, ambulatory or residential care settings?
 - What policy should be in place to support this?

All items should be referenced to published materials or expert opinion.

Axis 3

This axis describes the different component levels of the health care system, which are integrally linked and which need to work together to achieve successful and sustainable reform:

- Policy Level – The health policy environment.
- Organisational Level – Health Care Organisations and Community Service Organisations.
- Individual Level – Patients and their families, health care professionals and community providers.

Definitions and additional information of these levels can be found in Appendix 3: Methodology for the Development of the Model of Care Matrix Framework

Activities or services need to be classified into the level of the health care system to which they are relevant. This has been illustrated in table format, in Table 1.

It is important to note that the finalised model of care does not need to be formatted into a table, but could be included in a more narrative form, however it is suggested that this is the best form when populating it.

Table 1: Classification of activities or services

	Policy Level	Organisation Level	Individual Level
What What should be provided?	What policy is required?	<ul style="list-style-type: none">▪ What are the services or programs that should be delivered?▪ What are referral, discharge and follow up processes?	<ul style="list-style-type: none">▪ What are the activities that should be undertaken?▪ What care should be provided to a patient?▪ What are the activities that should be undertaken by a patient?

	Policy Level	Organisation Level	Individual Level
Who Who should provide it?	Who should be delivering this policy role?	<ul style="list-style-type: none"> ▪ Who should be delivering the services or programs? ▪ Who comprises the care team? ▪ What is the role of health care organisations and community service organisations? 	<ul style="list-style-type: none"> ▪ Who should be delivering these activities? ▪ Who should be delivering the care? ▪ What competencies are required to deliver care? ▪ What are areas for training and development
Where Where should it be provided?	Where should relevant policy be implemented?	Where should programs and services be delivered?	Where should activities and care be delivered?

A Patient Journey

Opportunities to translate the matrix information into different forms will enable the concept to be clearly understood by a variety of audiences. One option is to present the information as a patient journey which would describe the steps that would typically occur. This scenario could describe the specific issues related to geographical setting and vulnerable population groups.

Approaches to describing this patient journey could be in narrative form, dot points or illustration with the patient in the centre and the activities or services to be provided radiating from them.

4. Horizons Scanning

A model of care is time limited and will need to be dynamic given the changing health environment in terms of potential technological, workforce and pharmacological advancements or changes in disease profiles. For example, progress towards a vaccine for cervical cancer has the potential to greatly influence the future model of care for cervical cancer, or the mutation of a virus may impact on the workforce requirements in an area.

When developing a new model of care, a review of the evidence and consultation with experts on advancements should be carried out to review the impact it could have on healthcare finances, operations and patient care.

One horizon-scanning tool that could be used is the Emergency Care Research Institute (ECRI) Health Technology Forecast (2007). This resource is available to the Health Networks via the Health Networks Support Unit.

Advancements that have the capacity to influence the future model of care should be summarised with commentary on how the model of care may adapt or be responsive to these changes.

5. Key Recommendations

Once the State Health Executive Forum has endorsed the model of care a limited number (such as three or four) key recommendations should be presented.

These recommendations should represent the 'best buy' or options that will maximise efficiency, improve patient outcomes and facilitate the largest impact for a given investment.

As implementation should occur on a gradual basis and these time scales should be included in the documented recommendations.

6. Evaluation

Models of Care must be reviewed periodically to ensure that they continue to consist of best evidence practice. This section should describe the process, timeframes and group that should be involved in evaluating the model of care.

7. Other

Glossary

A glossary will need to be included in the document that describes any key terms used.

References

All models of care will need to be referenced using Harvard style referencing.

Appendices

Any additional information or evidence to support the model of care should be placed in the appendices section of the document.

References

Department of Health (2005), Clinical Services Framework 2005-2015, Perth, Western Australia, Department of Health WA.

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Appendix 1: Process for developing a Model of Care (updated June 2007)

Process	Responsibility
1. Organise a time limited working group who will develop the model of care. These groups will include representation from key stakeholders and may operate virtually.	Health Network Executive Advisory Group & Health Networks Branch
2. Compile the model of care overview, current state of play.	Health Networks Branch & Network Working Group
3. Conduct research to develop a preliminary model of care matrix.	Health Network Executive Advisory Group & Network Working Group and Health Networks Branch
4. Review, comment and revise the model of care matrix.	Network Working Group
5. Assess whether the model of care matrix fits within the WA Health reform agenda	Health Networks Branch & Network Working Group
6. Review, comment and revise the model of care overview, methodology, current state of play, horizon scan, key recommendations and evaluation sections.	Network Working Group
7. Finalise a first draft of the model of care.	Health Networks Branch & Network Working Group

Process	Responsibility
8. Conduct broader consultation of the model of care with key stakeholders. This includes: <ul style="list-style-type: none"> ○ the Area Health Service Clinical Service Planning Units ○ workforce planning ○ supply and demand modelling units ○ other Networks as appropriate ○ Office of Aboriginal Health – to carry out an Aboriginal Health Impact Assessment 	Health Networks Branch
9. Incorporate feedback into the matrix as appropriate.	Health Networks Branch
10. Endorsement of the model of care.	Health Network Executive Advisory Group
11. Submission to Health Networks Leads Forum for presentation and comment	Health Network Leaders
12. If required, submission to SHEF sub-committees: <ul style="list-style-type: none"> ○ Operational Review ○ Workforce 	Health Networks Branch
13. If required, review by Network Executive Advisory Group	Health Networks Branch
14. Submission to Health Networks Leads Forum for endorsement	Health Networks Leads
15. Submission to State Health Executive Forum for endorsement	Executive Director, Health Policy and Clinical Reform
16. Implementation of the model of care	Area Health Services, Health Network Executive Advisory Group & Network Working Group

Appendix 2: Sample contents page

Executive Summary

- 1. [] Model of Care Overview**
 - a. Key Objectives
- 2. [] Model of Care Key Points**
- 3. Methodology**
- 4. Current State of Play for [condition, service or population group]**
 - a. Definition of [condition, service or population group]
 - b. Burden of Disease
 - c. Current Service Provision
 - d. Quality of Care
 - e. Patient journey
- 5. Future Model of Care for [condition, service or population group]**
 - a. Definition of Stages for the [condition, injury or event]
 - b. Description of Objectives for each Stage
 - c. [] Model of Care Matrix
 - d. A Patient Journey
- 6. Horizon Scan**
- 7. Key Recommendations**
- 8. Glossary**
- 9. References**
- 10. Appendices**

Appendix 3: Methodology for the Development of the Model of Care Matrix Framework

Historically, the health system has been structured to address the needs of acute illnesses, however it is projected that by 2020, chronic conditions will be responsible for 78% of the global burden of disease.

Chronic conditions include selected persistent communicable diseases (HIV/AIDS), non-communicable diseases (coronary heart disease, cancer, diabetes), mental health disorders (depression) and ongoing impairments in structure (amputations, blindness, joint disorders) (Non-Communication Diseases and Mental Health 2006).

This significant burden of disease is impacting on the environment in which our health services are currently operating and is driving the need for reform.

For successful reform to occur a committed effort from all levels of the sector and different settings needs to occur. The Innovative Care for Chronic Conditions Framework (Non-Communicable Diseases and Mental Health 2006) illustrated in [Figure 2](#), provides a guide for action to people, health professionals, communities, policy makers and health planners for making these changes. For this reason this framework has been adopted as the basis for the WA Health Model of Care.

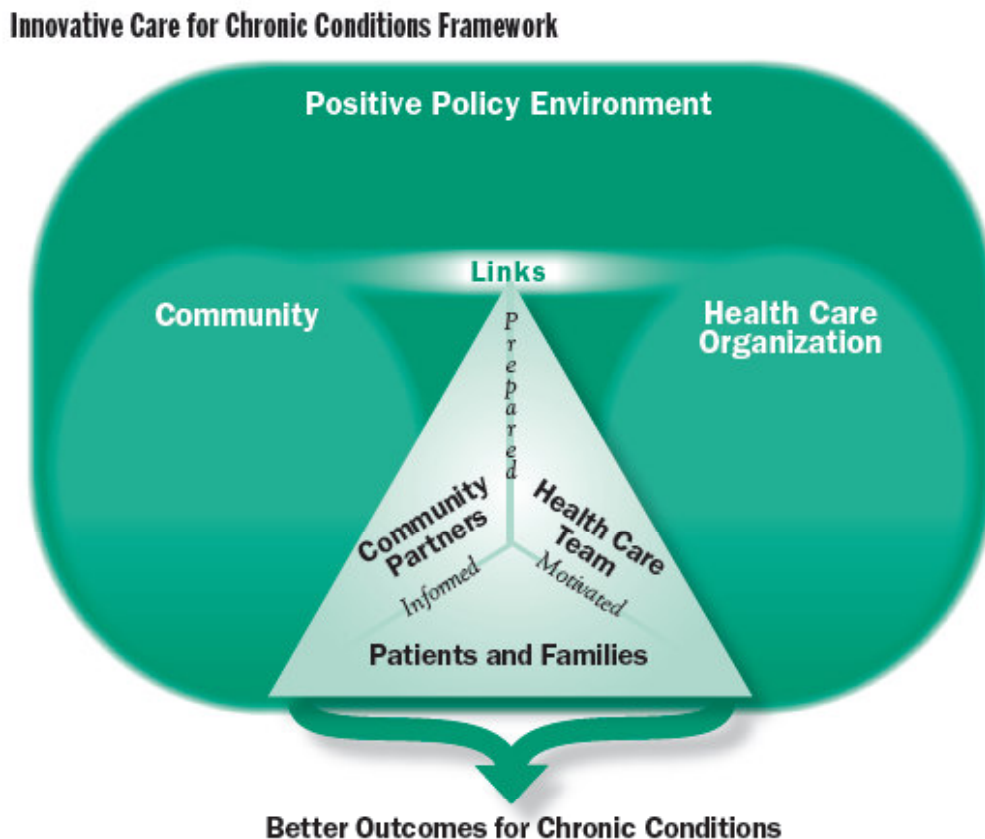
This framework defines a health care system as a system that encompasses all the activities with the primary purpose to promote, restore, or maintain health.

The integral components of that health care system include:

- Patients and their families
- Health Care Organisations
- Community Service Organisations
- Policy Frameworks.

It is understood that positive outcomes can be achieved when the various building blocks are informed, motivated, prepared and working together.

Figure 2: Innovative Care for Chronic Conditions Framework



Further to this, the component levels of the health system as applied in the model of care matrix are defined below:

Policy Level – Policy is the instrument of governance and direction. Policy describes the broad intentions or specific mandatory requirements and is the key driver for all activities at the patient care level. For example, key policy for infrastructure and hospital inpatient capacity is the Clinical Services Framework 2005-2015 (2005). The models of care will describe the key policy drivers and areas where policy development should be pursued to deliver care at organisational and individual levels.

Organisational Level – Organisations may be health care organisations or community service organisations. They may deliver organised campaigns and programs. For example, North Metropolitan Area Health Service delivers the heart COACH program, which pursues patient targets for cardiovascular risk factors to prevent relapse and the National Heart Foundation health promotion campaigns for physical activity. The models of care will describe what programs should be available and how care should be organised. Actions at the organisational level should support integration, coordination and communication between and across health professionals at the individual level.

Individual Level – Individuals include single health practitioners and the patient. Health practitioners may be a health promotion officer, heart COACH provider, a General Practitioner or a cardiology specialist. The models of care describe the activities that should be delivered directly during the patient interaction and the role of a sole practitioner. For example, the models of care will recommend that diagnosis of heart failure should be confirmed by echocardiogram and that patients with established conditions should be referred for home medication reviews.