

# Coordinated Healthcare

**‘Using an Electronic Adaptation of the Resident Assessment Instrument – Home Care to ensure Excellence in Case Management’.**

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## Topics to be discussed during presentation

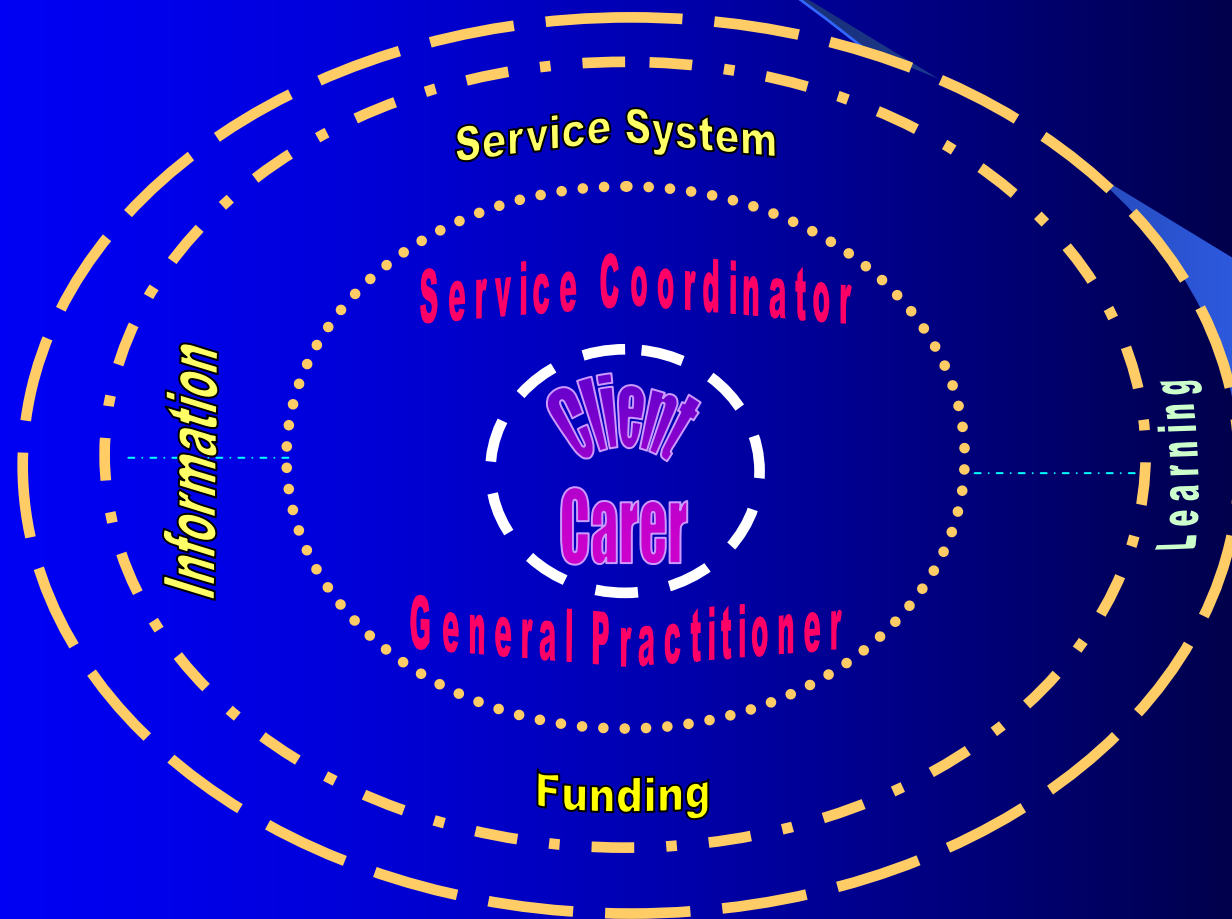
- What is Coordinated Healthcare?
- Goals of Coordinated Healthcare Model of Care
- Role of Service Coordinator
- Role of General Practitioners within Coordinated Healthcare Model
- Process of Service Coordination
- Introduction to the Resident Assessment Instrument – Home Care (RAI-HC) and discussion of how it benefits the clients' of Coordinated Healthcare

- **Benefits provided to GP's and other Service providers by Coordinated Healthcare's use of the RAI-HC**
- **Other factors that allow Coordinated Healthcare to provide a timely, efficient, individualized service**
- **Research Applications & Health Outcomes drawn from RAI-HC**
- **Conclusion and Future Directions**

# What is Coordinated Healthcare?

- Coordinated Healthcare is an innovative, newly mainstreamed HARP initiated community service, formerly a government funded research trial.
- The trial was designed to test the effectiveness of a new model of community service assessment, care planning, coordination and provision for chronically ill older people...

# The Model of Flexible and Coordinated Service Delivery



# The Goals of the Coordinated Healthcare Model of Care

- To provide people (usually older) with a system of coordinated care focused on maintaining the quality of life of participants and carers
- To avoid assessment duplication, and unnecessary hospital admissions
- To provide coordinated and flexible service delivery by 'navigating' clients to the most appropriate services (HACC or private) and assisting clients to access them
- To work in partnership with clients GP to achieve best possible outcomes

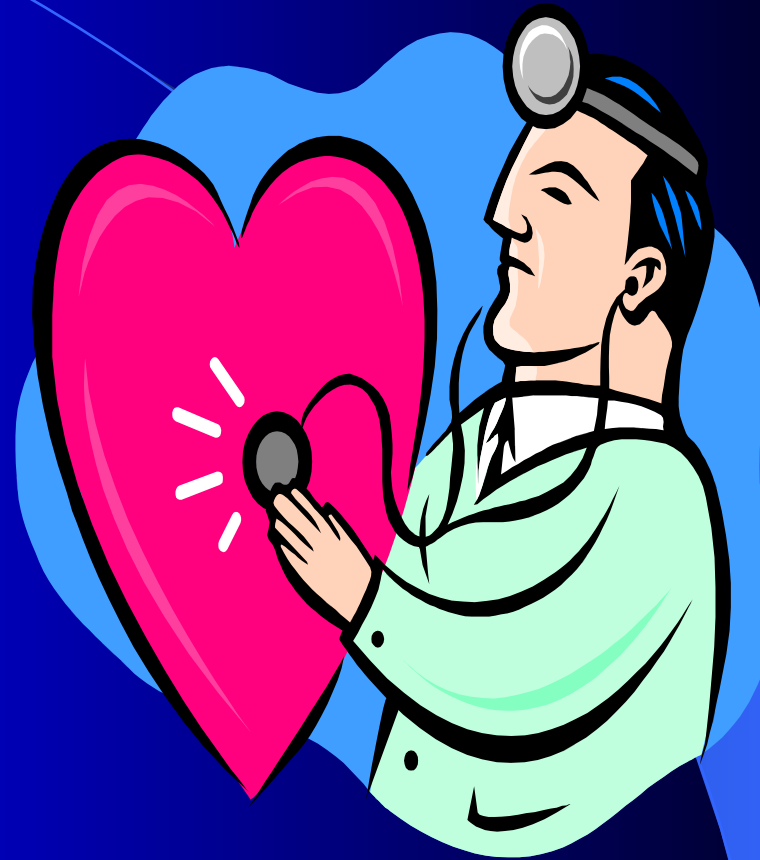
# The Role of the Service Coordinator

- To work in partnership with the client (and carers) and their GP to maximize client outcomes
- To act as a Single Point of Contact for clients in relation to their service needs
- To perform comprehensive generalist assessments
- To operate in an autonomous and flexible manner related to participant need rather than the funding mechanism



# The Role of the General Practitioner

- GP's work with SC's to maximize outcomes for client
- Responsible for most referrals received by Coordinated Healthcare
- Responsible for the medical component of assessment and care planning
- Regularly receive updated assessment and care plan from SC after each review



# The Process of Service Coordination

- **The specific roles of the Service Coordinator are described as:**
  - **To develop and maintain a working partnership between the GP, the client (and carer) and the Service Coordinator**
  - **To undertake a comprehensive generalist assessment, using an electronic version of the RAI-HC**
  - **To develop an effective care plan**
  - **To discuss the care plan with the client and their GP**

- To budget any private services in the care plan;
- To implement the care plan and ensure all services are delivered as planned, and
- To forward copy of comprehensive assessment and care plan to GP so they can add the medical component.
- The SC makes three to six monthly reviews and can also visit clients in between these reviews as needs arise (eg. Post Hospital, Selected Intervention or Crisis Interventions)

# The Resident Assessment Instrument – Home Care (RAI-HC)

# History of the RAI-HC

- Developed by InteRAI in 1990-1991 and revised in 1999
- Designed to highlight issues of functioning and quality of life for community residing individuals
- Is a comprehensive, generalist, client-centred tool used to guide care planning in the home environment

The RAI-HC has two elements:

- Minimum Data Set for Home Care
- Client Assessment Protocols.

Minimum Data Set has a number of domains and collects information on topics such as:

cognition, vision, hearing, medical conditions, medications, service utilization, and social functioning - just to name a few.

Client Assessment Protocols are items which are displayed in response to the client's answers to questions in the assessment and provide triggers to identify where further assessment may be necessary.

For example, a client may trigger the 'IADL' (Instrumental Activities of Daily Living) CAP it has been identified that they are having difficulties with tasks such as: meal preparation, shopping, transport etc.

The manual that accompanies the RAI-HC helps the assessor interpret that CAP

**•CAPs      IADLs**

**•TRIGGERS**

**•H1aB - Some/great difficulty in meal preparation**

**•H1fB - Some/great difficulty in shopping**

**•H1gB - Some/great difficulty in transportation**

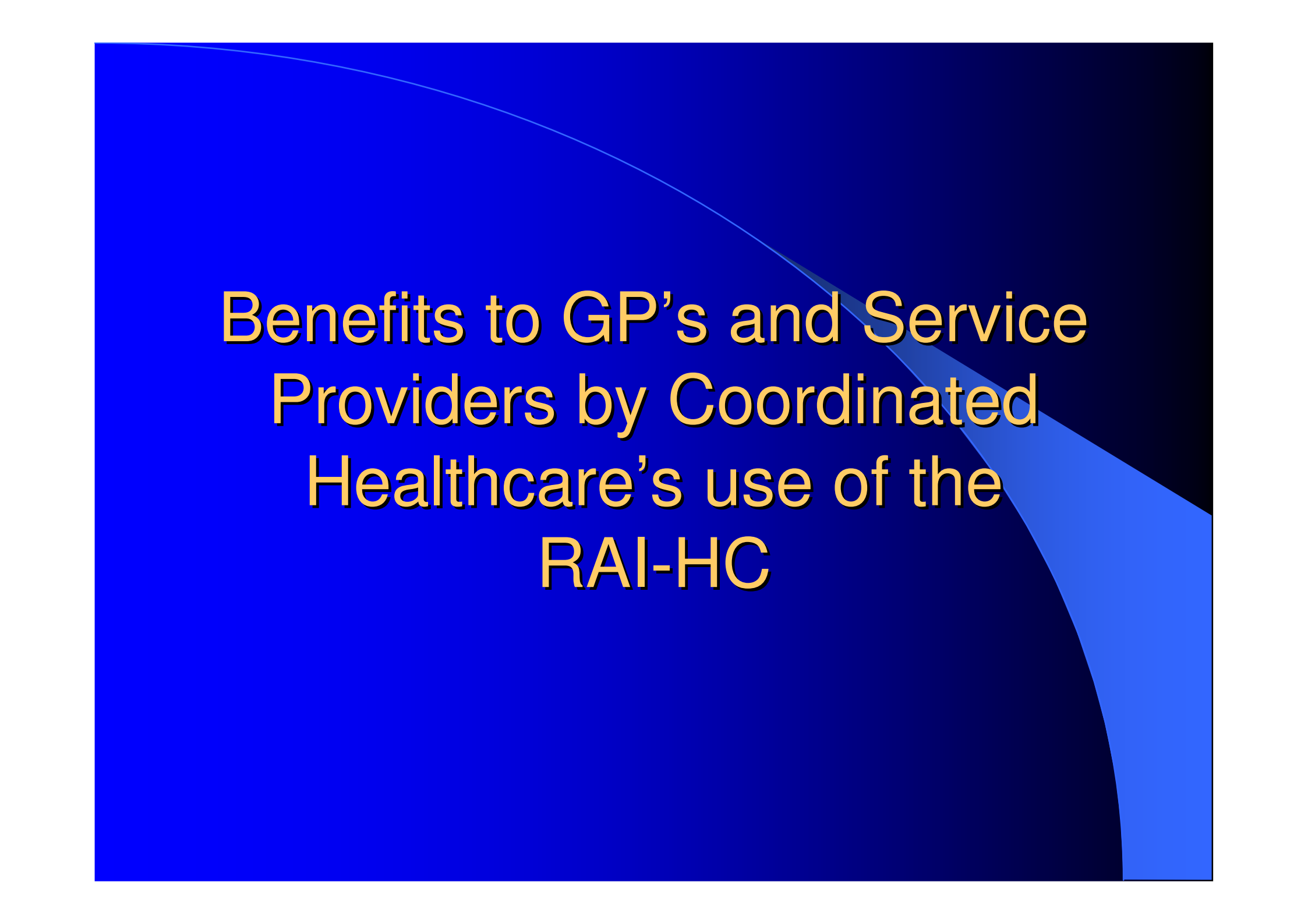
- The RAI-HC manual outlines the function of each the CAPs, the ‘triggers’ that have produced this CAP, background information on the topic and suggestions for how to address this identified issue
- CAPs can help the tool user to mould the Care Plan and are used in conjunction with the assessors clinical knowledge to develop a care plan

This electronic version of the tool also includes other sections such as the ‘Service Provision Schedule’, ‘Interpreters’, and ‘Medications’

# Other Advantages

- After the initial assessment, new assessments are built onto the previous one
- Very time efficient
- Allows immediate identification of any changes in any of the domains, as compared to previous assessment (even for an assessor not familiar with client)
- All users replicate each days work onto a shared server which ensures all team members have access to every clients most up-to-date information

- Very little paper based files are required.
- Tool comes with a very prescriptive manual ensuring each person using the tool does so in a standardized way
- Electronic version of this tool allows team leader to access assessments and care plans done by any team member, perform quality assurance checks and monitor the volume of work being completed
- The assessment and care plan can be used for referrals and simply need to be accompanied by a fax cover sheet saving great deal of time.

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# Benefits to GP's and Service Providers by Coordinated Healthcare's use of the RAI-HC

- λ Tool provides any GP or service it is sent to a wealth of information about each client
- λ Has allowed some service providers to cut down their own assessment times
- λ Includes a comprehensive care plan detailing specific issues requiring attention and the actions being taken

Other Factors that allow  
Coordinated Healthcare to  
provide a timely, efficient and  
individualized service

- λ Close relationship with GP's including face-to-face visits to discuss clients
- λ Opportunity to intervene at an earlier time than other services
- λ Opportunities to teach self-management strategies and reinforce over time on a one-to-one basis in client's home
- λ Ability to work within the HACC system plus access to a flexible funding pool driven by client need

- Clients are not discharged and take peace of mind from having a person they can contact any time
- Fill a gap in the service system, picking up those clients not yet requiring case management but still requiring support.
- If clients are waitlisted for a case management program they stay on our program and are supported whilst waiting
- Manage large client loads



# Research Applications and Health Outcomes

- λ The RAI-HC has been translated into a number of different languages and is used internationally
- λ Due to the standardized nature of training assessors, there is evidence of good inter-rater reliability (i.e. different clinicians assessing the same clients received similar results – even across cultures)
- RAI-HC has the ability to be used as an outcome measure, to track changes over time and determine whether implemented care plans are achieving their aims

# Health Outcomes

- Intervention clients improved over time in many aspects of their functioning in comparison to the control group.
- Improvement was also seen in stress and burden levels of intervention clients' carers
- Areas of improvement included: hearing, meal preparation, medication management, transferring, locomotion in the home, dressing, personal hygiene, continence management, and pain



# Conclusions and Future Directions

- λ Coordinated Healthcare is able to offer a timely, efficient, individualized service due in part, to the use of the RAI-HC assessment tool which is a comprehensive generalist assessment that includes Client Assessment Protocols (CAPs) which assist development of care plans
- λ The model of care, partnerships with GP's, flexible funding pool, and early intervention strategies also contribute

# References

1. Heaney, C., Lydall-Smith, S., O'Connor, C., & Tenni, C. (n.d.) *The Utility of the Resident Assessment Instrument for Home Care (RAI-HC)* (n.p.)
2. Lydall-Smith, S., Martinelli, D., O'Donnell, M., Turnball, C., & Zhang, L. (n.d.) *Victorian Coordinated Healthcare Trial: Health Outcomes Evaluation Phase II* (n.p.)
3. [www.interrai.org](http://www.interrai.org)