



# How Do We Expose Excellence? Less Can Be More - a WA Perspective

A combined presentation on behalf of:

*Silver Chain, Perth Home Care Services. Brightwater Care Group, Mercy Care Group,  
Alzheimers Association, Multiple Sclerosis Society*



# History & Context of Case Management in Community Care

- v Initial model of Community Options developed by Aged Cottage Homes (SA)
- v Introduced to NSW & Victoria ( Linkages) mid 80's
- v Introduced later in WA with limited geographical coverage & little discussion with other service providers



## History & Context Cont.

- v WA Sites – 4 metropolitan, 1 country.
- v Model not embraced by WA Dept of Health
- v Services funded by Commonwealth HACC
- v Started as a pilot of brokerage programmes & evolved into a case management role
- v Introduced the concept of purchasing from private providers to supplement services from HACC



## Recent Situation

- v Community Options programmes not a distinctive service type
- v Most initial programmes now part of mainstream services
- v Development in disability and packaged aged care of “case management/facilitation”
- v Outcome was a lack of clarity about who needs case management and who gets it.



## Towards an agreed definition

**Case Management, Case Co-ordination, care co-ordination ..... what do we mean?**

### Accepted Definition – WA Group

- v **“Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality cost effective outcomes”**

Case Management Society of Australia: National Standards of Practice for Case Management  
September 2004



## Developing a WA Model

- v Cross Agency Group of 6 major providers determined through discussion that there is a common WA Model. Features
- v a) The case management function is combined with coordination and delivery of services for the individual client
- v b) Intensity of case management varies from high to minimal across the client caseload.

# WA Current Model

## CASE MANAGER\CO-ORDINATOR - ROLES AND FUNCTIONS



Engagement

Admission

Assessments

Case planning

Monitoring/evaluation

Case closure (referral and advocacy).



Recruitment

Staff Training and performance

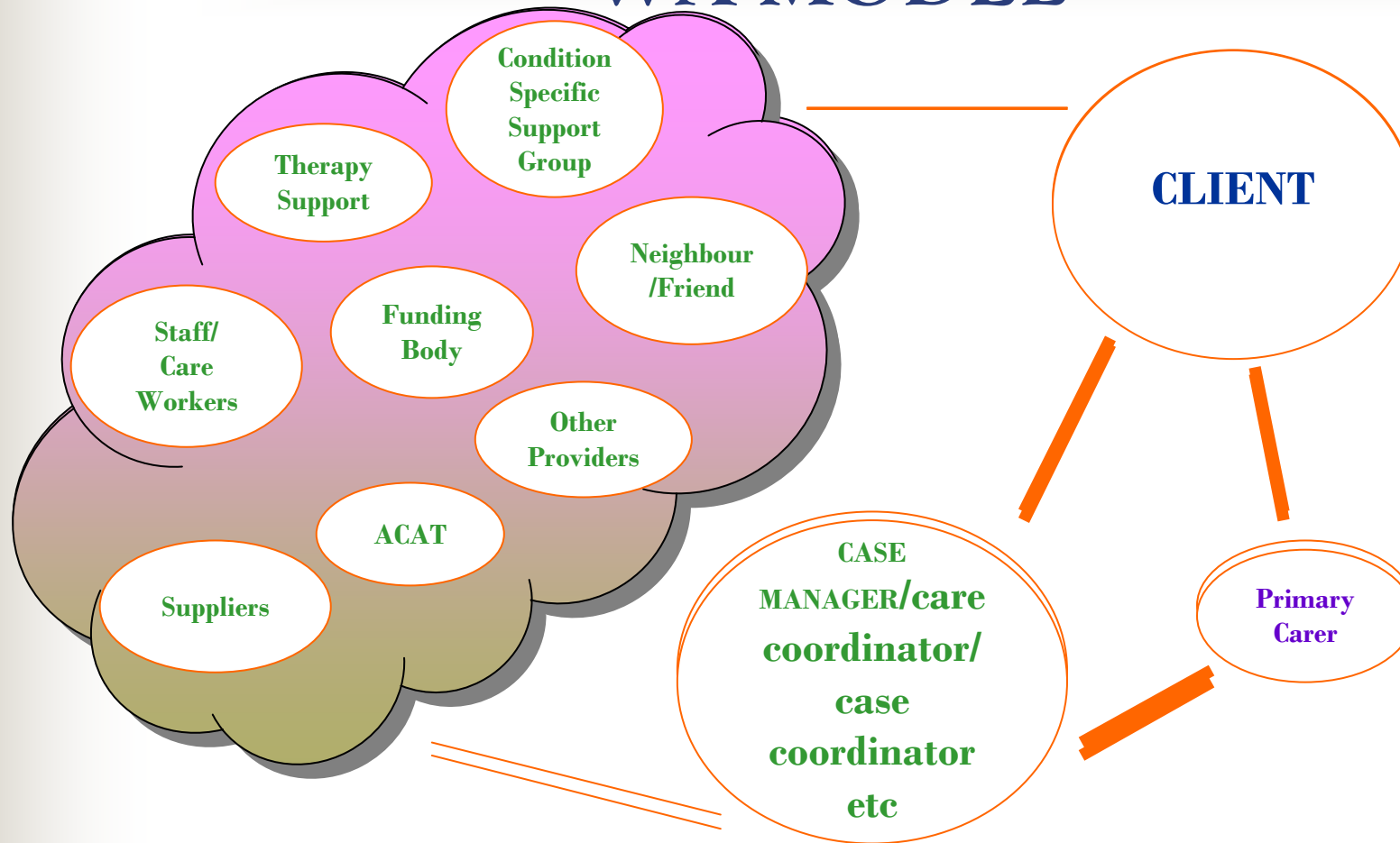
Rostering

Matching staff to client

Time Sheets/Payroll

Resource monitoring

# WA MODEL



## Single Contact

Link between partners involved in care provision;  
disseminator of information as well as advocate



# Case Management Triggers

*Crisis – family/clinical, medical/social*

*Family dynamics*

*Primary carer capacity*

*Client capacity - Decline*

Active/Critical  
Intervention

Routine  
Intervention



Crisis management  
Individualised Approach  
Systems perspective  
Personhood  
Time Intensive

Monitor  
Review



## Case Study

- v GL – female, mid 50's , MS, living alone, no family in Australia
- v Multiple agencies involved- daily personal care, f/n domestic, social support.
- v Agreed using the Cross Agency MOU that Silver Chain would take on case management role
- v Involved in housing, medication, financial management, referral to mental health services as well as coordination of community care services.



## Cross Agency MOU

- v Developed by 5 agencies involved in service to clients with high and/or complex needs
- v Purpose - to better meet needs of clients by improving understanding and communication between agencies
- v Disseminated and explained to Coordination staff in all agencies

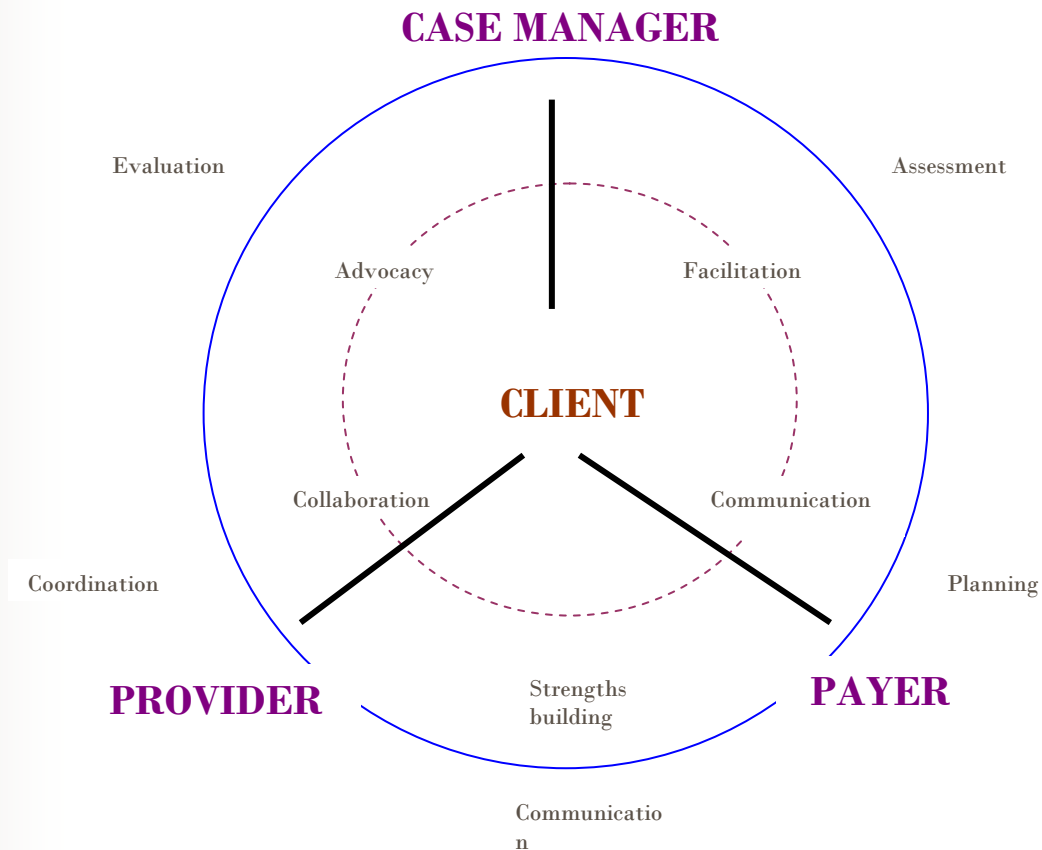


# MOU Components

- v Introduction
- v Principles
- v Definition of Target Group
- v Description of Services Provided by Each agency. ( Inclusions and Exclusions)
- v Cross Agency Referral Flow Chart

# Comparative Model

- ref CMSA model 2004



In this model Case Manager is not the provider – common model within Eastern States.



## Strengths of Current WA Model

- ✓ Ensures continuity in assessment process and the flexibility to adjust care provision to the client's unique and changing needs.
- ✓ Facilitates the development of TRUST. The growing knowledge of the client system/story remains with the same person.
- ✓ Enables the matching of care worker and client (personality, cultural background etc).
- ✓ Promotes the monitoring of equity of access to resources within and across organisations.( ref MOU)
- ✓ Promotes the development of an agreed and coherent perspective of case management which is more appropriately targeted
- ✓ The mix of roles –an incentive to provide case management only when required ( less is more)
- ✓ Cost effective case management resource spread



## Challenges For Current WA Model

- v Determining an optimum work load
- v Balancing different roles and functions  
(case management vs service delivery)
- v Balancing client needs
- v Setting priorities (squeaky wheel, vested interests, bias)
- v Development of case management performance standards



# Challenges for Case Management

- ⊖ Expectations and limitations of different programmes
- ⊖ The potential impact of the Community Care review on availability
- ⊖ Ensuring service delivery is flexible and responsive to client need
- ⊖ Demonstrating that case management is cost effective