Building linkage into evaluation of care models – Care Collective

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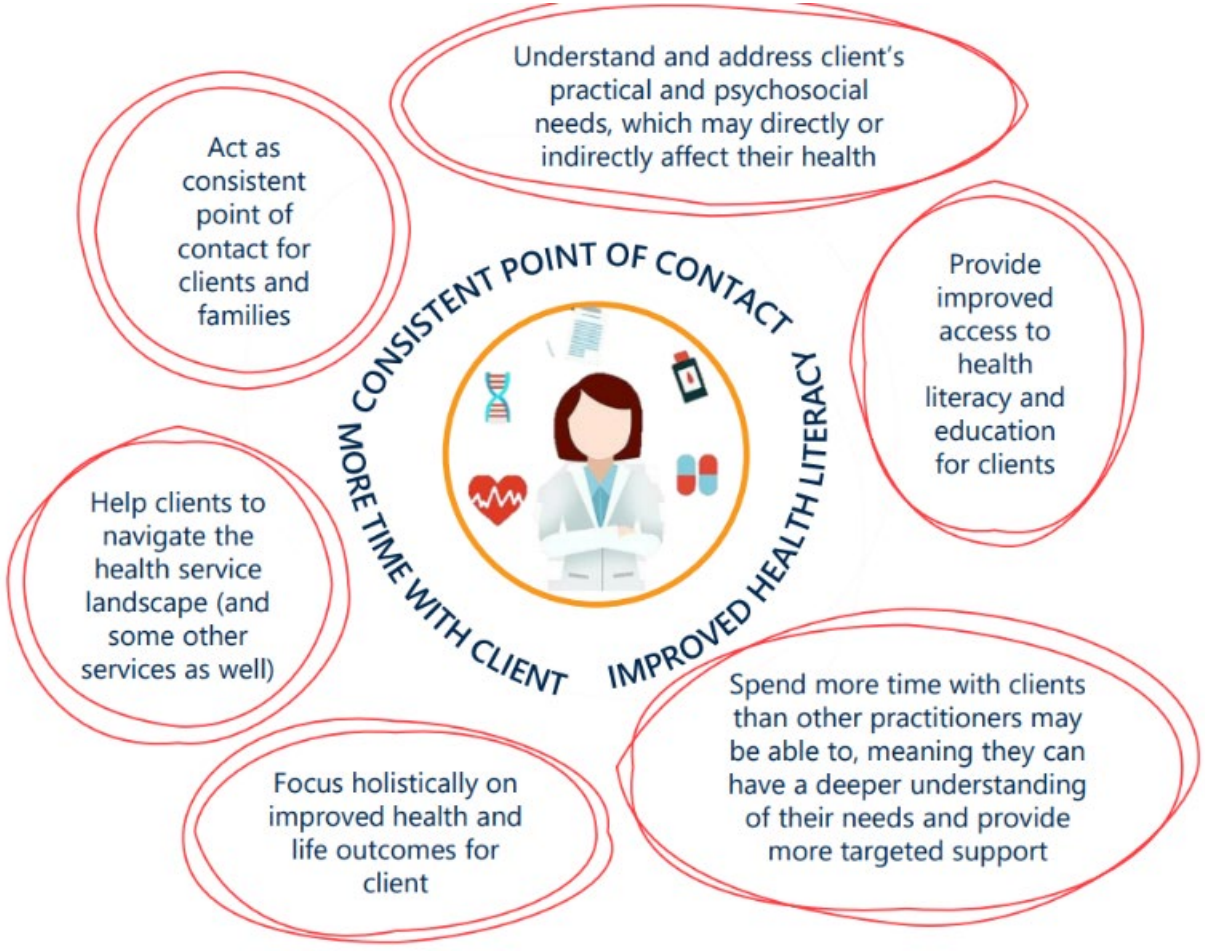
I acknowledge the traditional owners of the lands on which we meet today, and pay my respects to Elders past, present and future for they hold the memories, the traditions, the cultures and hopes of Aboriginal Australia.

Care Collective: Background

- Focus on adult clients with COPD, CHF, Debility (frailty, dementia – living independently) presenting frequently at ED for non-urgent issues.
- Coordination of care and social needs utilising existing services in the region.
- Enhancing communication between primary care, hospital clinicians and community providers.
- Complex Care Coordinator roles in General Practice.



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Key Objective of the evaluation

Create a picture of what Complex Care Coordinators do in general practice and the potential impact for the client and usage of other services.

Program Stages:

- 2022-2023: Pilot program
- 2023: Acceptance of Pilot and Extension
- 2024: Expansion of the program to Redcliffe

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Data collection mechanisms required to be:

Considered and purposeful

Some facts about lemurs - Wander Lord

Balanced and collaborative

Balance Wallpapers - Top Free Balance Backgrounds - WallpaperAccess

Flexible

20 Amazingly Flexible Cats Who Are Laughing In The Face Of Gravity

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Data collection mechanisms required to be:

Considered and purposeful

Data Linkage wasn't the first step in data collection but planning for the inclusion of it was important

Data Collection matched the stage and purpose.

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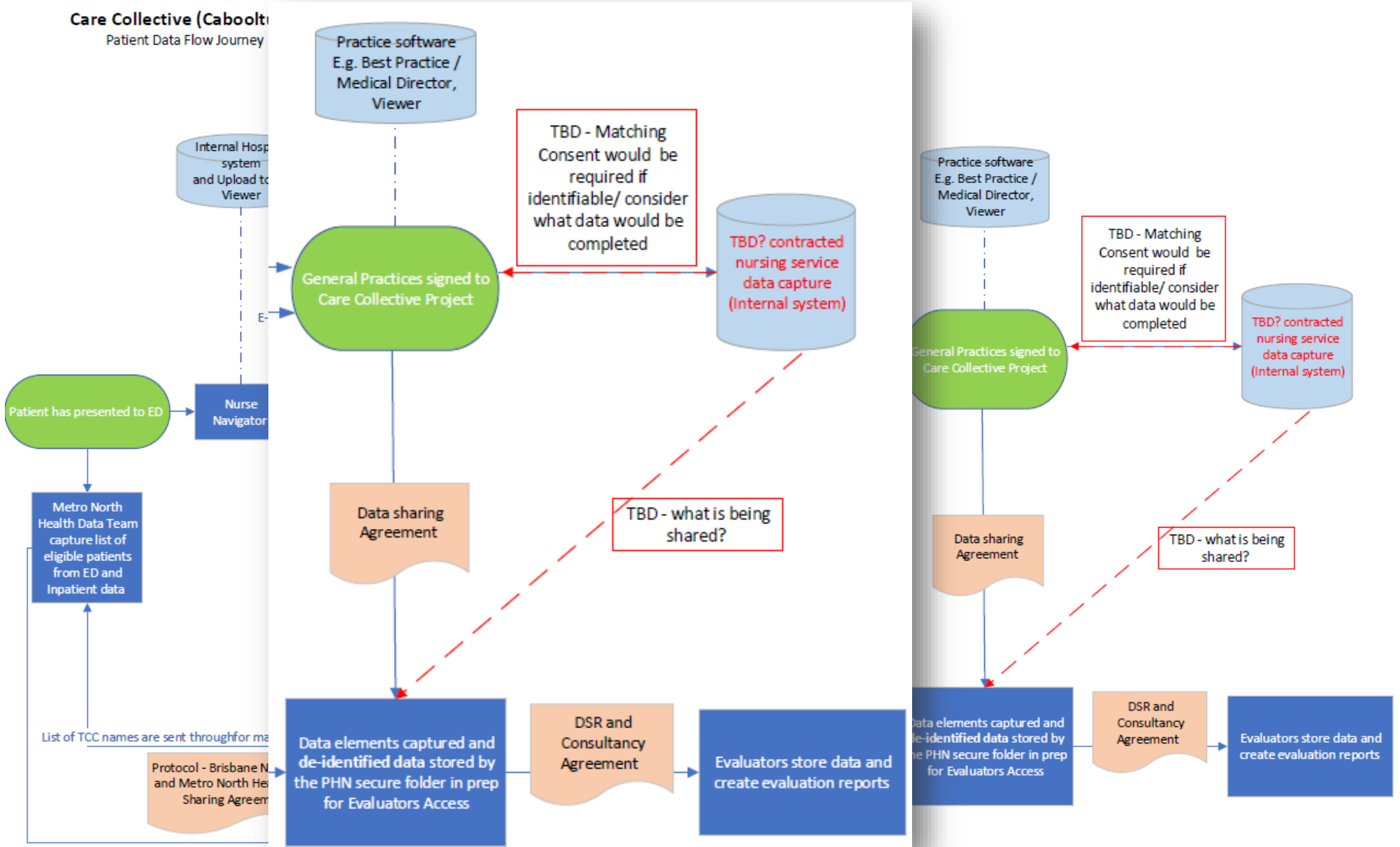
Early Data Mapping – Care Collective Program



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Data collection mechanisms required to be:

Balanced and collaborative

Key Points:

- New Concept
- Multiple stakeholders involved
- Clear consent for consumers
- Understanding of what to collect at each of the different stages
- Awareness and Agreements in place with Providers

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Data collection mechanisms required to be:

Flexible

2022-2023: Pilot program

- Focus on baseline data collection in General Practice – Initially de-identified – understand usage
- Linkage initially tested with Team Care Clients

2023: Acceptance of Pilot and Extension

- Program continuation required robust data collection and ability to collect and store identifiable data from general practice to support linkage

2024: Expansion of the program to Redcliffe

- Full integration and implementation of Statistical Linkage Key (SLK)

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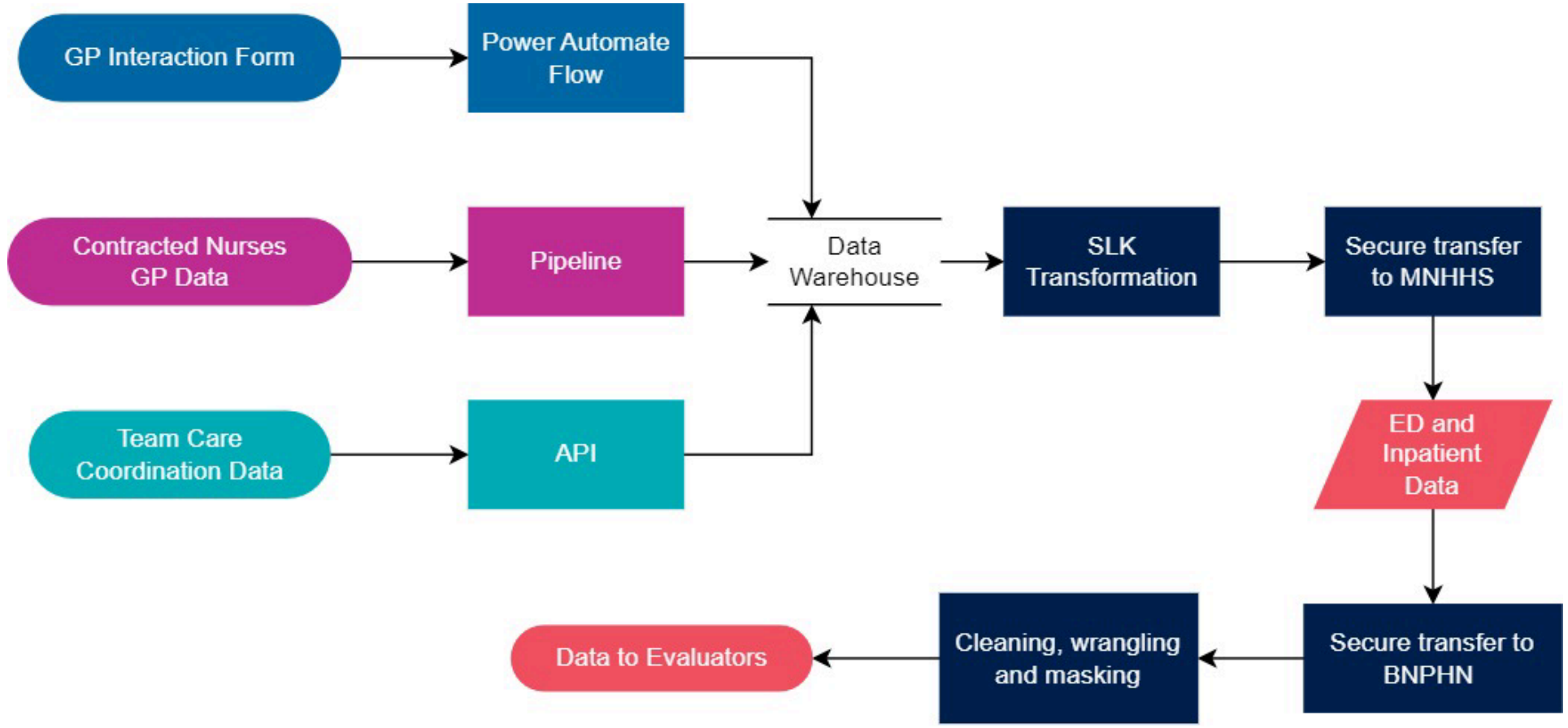
Data Flow for Data Linkage



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Technical aspects

Structure

The structure of the complete SLK-581 element is: **XXXXXDDMMYYYYN**.

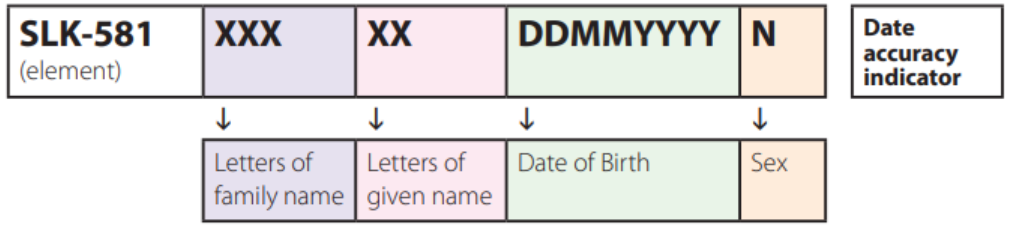
The SLK-581 is made up of four elements:

- *3 Letters of family name*
- *2 Letters of given name*
- *Date of birth*
- *Sex.*

See overleaf for which letters to record

Additionally, the SLK-581 is to be submitted with a companion element: *Date accuracy indicator*

The relationship between the elements relating to the SLK-581 is shown in the figure below. Further information on each element is listed below.



- SQL script creates the SLK-581 from GP and Team Care Coordination Data.
  - First and last name
  - Date of birth
  - Gender
- Contracted GP Data has SLK pre-generated.
- Secure file transfer of all SLKs between BNPHN and MNHHS using permissions-based access
- Returned data is cleaned, wrangled and masked in R based on pre-determined requirements:
  - Age brackets
  - SLKs and other IDs replaced with UUIDs
  - Grouping health conditions

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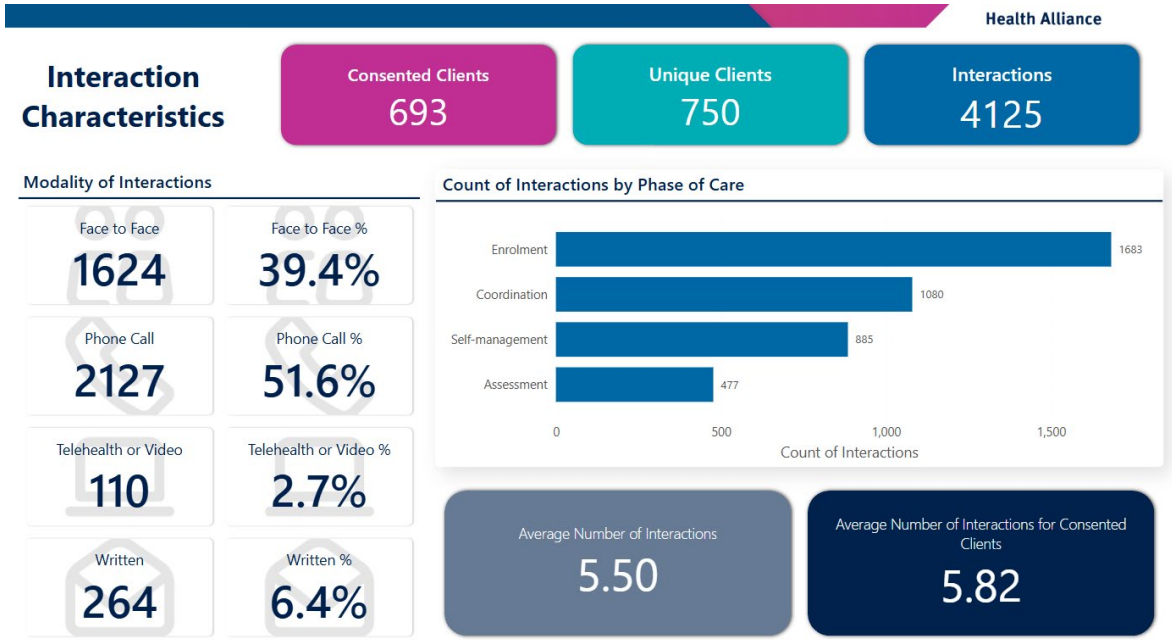
How the findings have helped

- Matching MNH and TCC/General Practice patient data demonstrates reduction in ED presentations by Care Collective clients and tracks planned vs unplanned admissions (data shows increase in planned and decrease in unplanned)
- Verification of non-billable time required in primary care to effectively coordinate complex and chronic care for clients.
- Assist evaluators to calculate approximate Return on Investment of allocated funding and savings to the health system per client per month to inform funders.



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Questions?