



Final Project Report

Respiratory Services Review Collaborative Project

Prepared by:	Agnieszka Kleparska – INW PCP Senior Project Coordinator Agnieszkak@inwpcp.org.au (03) 9389 2263
Reported to:	Project Sponsor Emma Fitzsimon – INW PCP Executive Officer INW PCP Chronic Disease and Service Coordination Alliance INW PCP Respiratory Services Review Collaborative Project Group
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- cohealth
- St Vincent's Hospital
- Quit Victoria
- Asthma Foundation Victoria
- North Western Melbourne PHN

The following organisations are acknowledged for supporting the project through consultation.

- Lung Foundation Australia
- Royal Melbourne Hospital
- Merri Health
- YMCA's Active Moreland Program
- Lungs in Action
- Gill + Willcox – Marie Gill

For further information about the Inner North West Respiratory Services Review Collaborative Project or the resources developed, please contact the Inner North West Primary Care Partnership on T: (03) 9389 2263 or refer to the website www.inwpcp.org.au

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Introduction

Background

Increasing prevalence of respiratory and other related health complications, combined with growing service demands, were the impetus for Inner North West Primary Care Partnership (INW PCP) member agencies to agree to work together on developing a more coordinated approach to service delivery. The aims of this project align with one of the key strategic directions of the INW PCP, which is to improve system capacity to increase prevention and support people from priority populations with chronic disease and its co-morbidities (INW PCP, 2013).

Chronic respiratory conditions affect the airways, including the lungs as well as the passages that transfer air from the mouth and nose into the lungs. They can be grouped together in a variety of ways. One common grouping is obstructive lung diseases (diseases affecting the flow of air in and out of the lungs), such as asthma, chronic obstructive pulmonary disease and bronchiectasis, versus other respiratory conditions, such as chronic sinusitis and occupational lung disease (AIHW, 2014).

Based on the 2014–15 National Health Survey, an estimated 7.1 million Australians suffer from a chronic respiratory condition (ABS 2015).

Respiratory conditions are believed to be the most commonly managed problems in general practice. Data from the Bettering the Evaluation and Care of Health survey of general practitioners suggest that respiratory conditions were managed in approximately 1 in 5 encounters from 2005–06 to 2014–15 (Britt et al. 2015).

In 2013, there were 12,465 deaths where the underlying cause was a respiratory condition (acute or chronic) (ABS 2015). Chronic obstructive pulmonary disease (COPD) is a leading cause of death in Australia and internationally, and asthma deaths rates in Australia are high in comparison with many other countries (AIHW: Poulos et al. 2014).

People living in Melbourne's Inner North West experience high rates of chronic respiratory conditions in comparison with both the Victorian and national average rates (Inner North West Melbourne Medicare Local, 2014).

Much of the death and disability caused by chronic respiratory disease is largely preventable and more effort is required to reduce the impact of chronic respiratory disease in the community.

Understandably, there is a growing emphasis on keeping people well and out of hospital. It is widely recognised that people experience better health outcomes when they receive effective treatments, self-management support, and regular follow-up through organised systems of care (World Health Organisation, 2002). Integrated care can be achieved through service coordination practices which act to reduce service fragmentation and maintain consumers at the centre of service delivery. Service coordination involves agencies working cohesively to provide a seamless and integrated service response (Primary Care Partnerships Victoria, 2012).

Improving systems of care for chronic conditions requires a collaborative effort between service providers in partnership with consumers of care. Implementation of truly integrated models of care is recognised as an essential element in reducing the impact of chronic conditions on the health of communities and on health care systems and economies, together with reorientation of care around the consumer and family (WHO, 2002). Integrated care is vital to ensure shared information across service settings, providers and time. The outcome of integrated services is improved health, less waste, less inefficiency and an improved consumer journey through the care system (WHO, 2002).

Methodology

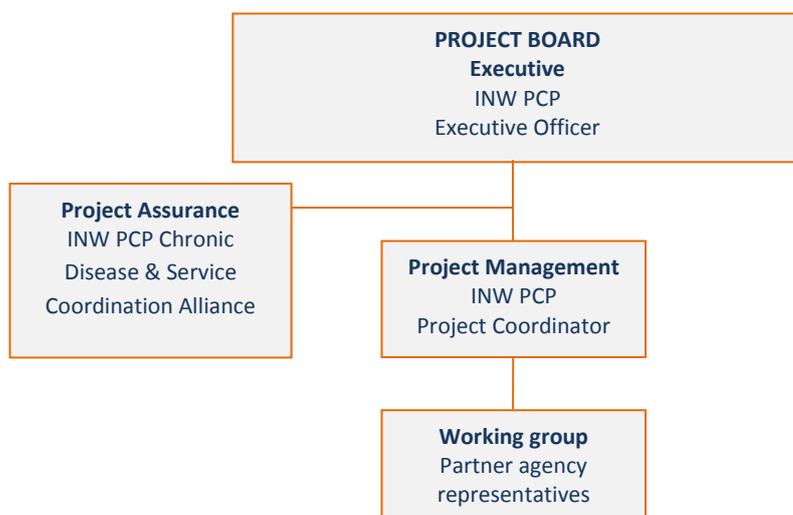
A number of PCPs have successfully implemented service system improvements using the Collaborative Methodology. Lessons learned from previous PCP initiatives informed project planning and implementation, particularly the INW PCP Diabetes Services Review Collaborative Project which sought to improve diabetes service integration.

Collaborative Methodology: The Model for Improvement

The Collaborative Methodology is a well-established improvement method which involves the distribution and adaptation of existing knowledge to multiple settings, to achieve a common aim (Langley et al. 2009). The Model for Improvement, a key component of the Collaborative Methodology, offers a framework for developing, testing and implementing changes, one small manageable component at a time. Each small change is tested to ensure improvement is occurring and effort is not being wasted (Langley et al. 2009). The Collaborative Methodology can be implemented through either a workshop or meeting based approach. Collaboratives bring organisations together to look at how to improve care for a designated condition or care process and involve joint planning, problem solving and periodic learning sessions. By examining proven strategies for improving care, plans can be refined to incorporate these strategies within organisations. Between learning sessions are action periods, during which teams implement system change plans and share findings and lessons learned with the group.

Governance

The INW PCP Executive Officer was ultimately responsible for overseeing the project's delivery in line with the INW PCP strategic directions. The INW PCP provided project coordination and delivered the project in collaboration with members of the project working group. The INW PCP Chronic Disease & Service Coordination Alliance, which oversees relevant operational activity under the strategic directions of the INW PCP, provided project assurance via regular project progress updates and consultation as required. The working group members undertook project activities with support from the INW PCP Senior Project Coordinator throughout the initiative.



Project Aims and Objectives

Project Aim

The aim of the project is to achieve improved respiratory service coordination and integration whereby clients are seen by the right service, in the right setting, at the right time.

This project aligns with one of the key strategic directions of the INW PCP, which is to improve system capacity to increase prevention and support people from priority populations with chronic disease and its co-morbidities (INW PCP, 2013).

Project Objectives

Problem Identification and Needs Analysis Phase:

- To improve the understanding of local referral options and pathways between General Practice, community health services, local government, HARP and hospital based services in the Inner North West Melbourne catchment.
- To improve the understanding of the challenges faced by consumers accessing the respiratory services in the Inner North West Melbourne catchment.
- To identify the strengths, gaps and opportunities for improvement of the current respiratory system in the Inner North West Melbourne catchment.

Implementation Phase:

- To reach consensus on levels of respiratory care and referral criteria.
- To develop a local respiratory referral pathway.
- To promote the local respiratory referral pathway developed with local services in Melbourne's Inner North West, in order to increase access to primary care and community based programs by people who require support to manage their chronic lung disease.
- To develop a local agreement for service coordination arrangements within and across services including information sharing, referral and acknowledgement processes and health literacy responsiveness.

Key Stakeholders

The project has included representatives from organisations and programs providing services for people with respiratory disease across the Inner North West PCP catchment, which includes the local government areas of Melbourne, Moonee Valley, Moreland and Yarra. The Stakeholder Analysis Table is provided in Appendix 1.

Members of the Respiratory Services Review Collaborative Project Working Group collaborated to deliver the project outcomes. This included representatives within the following project partner agencies:

- cohealth
- St Vincent's Hospital
- Quit Victoria
- Asthma Foundation Victoria
- North Western Melbourne PHN

Further to this, the following representatives supported the project through consultation.

- Lung Foundation Australia
- Royal Melbourne Hospital
- Merri Health
- YMCA's Active Moreland Program
- Lungs in Action
- Gill + Willcox – Marie Gill

An important stakeholder group of course, are the people in Melbourne's Inner North West who experience chronic respiratory disease. Throughout the project three focus groups with 13 consumers had been conducted.

Results

Key Project Deliverables

Problem Identification and Needs Analysis Phase

The following deliverables were produced by the partnership in the Problem Identification and Needs Analysis Phase:

1. Service Mapping

The aim of the service mapping was to build an accurate picture of the current respiratory service system in the Inner North West Melbourne Catchment.

The objectives of the service mapping were to:

- improve the understanding of local referral options and pathways between General Practice, Community Health Services, Local Government, HARP and hospital based services
- determine the barriers to and enablers of, respiratory care access in the catchment.

The following agencies participated in the service mapping exercise and provided data:

- St Vincent's Hospital
- Merri Health/Royal Melbourne Hospital (RMH) Admission Risk Program (HARP)
- cohealth
- Asthma Foundation

Respiratory service profiles are included in the INW PCP Respiratory Services Mapping and Consumer Consultation Report (Appendix 2).

2. Consumer and Stakeholder Consultations

In the first phase of the project the INW PCP also undertook a consultation exercise to assist stakeholders to identify strengths, gaps and pressure points in the current service system and identify opportunities for improvement.

In addition to the consultations with the major service providers three consumer focus groups had been conducted. 13 consumers with a range of chronic lung conditions took part in consultations. The participants were recruited through Royal Melbourne Hospital, St Vincent's Hospital, Merri Health HARP Program and Support Group in Coburg.

The aim of the consumer consultations was to explore the information needs, service gaps and service preferences of consumers with chronic respiratory conditions, including conditions such as chronic obstructive pulmonary disease, asthma and chronic bronchitis.

Detailed data from the consultations including referral processes information, service strengths, gaps, opportunities and future priorities is included in the INW PCP Respiratory Services Mapping and Consumer Consultation Report (Appendix 2).

The following key themes emerged from the consultations:

	Consumers	Service Providers
Strengths	<ul style="list-style-type: none"> • Good quality service provided by the HARP programs • Qualified and dedicated staff • Personal relationships with health care professional 	<ul style="list-style-type: none"> • Highly qualified and dedicated staff • Flexibility of some of the programs e.g. home visits • Availability of wide scope of HARP multidisciplinary, multi-team services for advice, support and direct services provision • Good communication between HARP programs • Broad eligibility criteria and minimal waiting time
Gaps	<ul style="list-style-type: none"> • Consumers' lack of knowledge of available services <i>"Some of the services have been good and some have been non-existent and this is the problem. I don't think there is enough information out there for people with lung complaints that is available to them easily or to the full extent of what's available is not known by GPs because they work within a narrow field which is what they specialise in... they are ignorant of a lot of things that are happening in the lung department."</i> • GPs' lack of knowledge of available services • Lack of accessible information about available services • Lack of local maintenance exercise programs in the community <i>"You've got all these wonderful things but where do you find the information? And what happens when you get discharged from HARP? What happens then?"</i> • <i>"The problem is once you've finished your program – finished – gone – goodbye! There's no follow up. And when there are follow up things there are things that don't necessarily suit."</i> • Insufficient communication between GPs, other service providers and consumers 	<ul style="list-style-type: none"> • Need for a good quality education for General Practitioners and Practice Nurses in areas of respiratory conditions and available services • Lack of strong links with other service providers including GPs • Lack of suitable services to refer to after the pulmonary rehabilitation program • Lack of transport • Different HARP models • Lack of funding and resources

	Consumers	Service Providers
	<p><i>“When you’ve got different organisations you’ll often find that they are overlapping in what they are doing with each other but they are not aware of what the other person is doing and there seems to be a lack of distribution of information that is suitable. You go to your local councils and they have their little view, you go to your doctor and he has a different view and you go to your specialist and he has yet another view. There doesn’t seem to be any coordination to put all the information for people whether it is lung, heart diabetes or whatever into one pot where the information can be given out as required”</i></p> <ul style="list-style-type: none"> • Lack of reliable transport and parking • Lack of home support services • Need for more holistic and flexible approach to respiratory management 	
Opportunities	<ul style="list-style-type: none"> • Improving communication between GPs, other service providers and consumers • Establishing local maintenance exercise programs in the community • Establishing or linking in with support groups where people can socialise, talk about their condition and feel safe • Establishing a local hub where people access most of the services they need in one place. 	<ul style="list-style-type: none"> • Improving communication between all services • Raising awareness among General Practitioners about available respiratory services • Establishing a special interest group of local providers of respiratory services for education and communication • Developing shared agreed respiratory pathway with agreed and standardised criteria for entry and discharge • Developing a list of all available services • Establishing easily accessible pulmonary rehabilitation programs at local gyms • Developing standardised flyer for all pulmonary rehabilitation programs in the local area • Establishing links with local media to raise awareness about chronic respiratory conditions among the local community.

3. Stakeholder workshop

On 4th August 2016 a workshop was held with most of the key respiratory service providers and peak bodies in the Inner North West catchment. The purpose of the workshop was to:

- present the results of the consultations with agencies and consumers
- identify and agree on the priorities and focus of the project
- network with others who work in this space.

14 representatives from the following agencies participated in the workshop:

- Inner North West PCP
- Melbourne Health/Merri Health HARP
- Merri Health
- North Western Melbourne PHN
- Quit Victoria
- St Vincent’s Hospital Melbourne - Complex Care Services
- The Asthma Foundation

The participants had a facilitated discussion regarding improvements needed in the respiratory care system. The following key themes emerged during the discussion:

Theme	Key points
Communication	<ul style="list-style-type: none"> • Accurate diagnosis • Info sharing (especially with hospitals in other catchments) • Consistent information and communication (everybody on the same page) • Good quality referrals with all information needed • A lot of conflicting advice • Community of practice re respiratory conditions
Referral Pathways	<ul style="list-style-type: none"> • Promoting Health Pathways to GPs (finding out what is working for GPs and what information do they need) • Continuum of care • What services exist within GP clinics e.g. respiratory education • Education regarding pathways and available services • Timeline for all the interventions at different stages and what is required and what is available (clear referral pathways) Promote guidelines to GPs • Understand what GPs need to manage respiratory conditions • Discharge guidelines and plans – agreed by GPs and specialists • Coordination of services for individuals
Education	<ul style="list-style-type: none"> • Improving GPs knowledge on how to manage exacerbations and respiratory conditions in general • Education of health professionals re respiratory conditions • Better education and support for patients to better manage their condition • Building confidence of health professionals of other professionals
Linkages	<ul style="list-style-type: none"> • Linking with more general health and wellbeing services • Linking in with social support services to social and emotional needs after completing the rehab program
Resources	<ul style="list-style-type: none"> • More pulmonary rehab programs needed • Long term maintenance programs needed (lifelong condition needs lifelong support) • Better transport
Consumer engagement	<ul style="list-style-type: none"> • More consumer engagement with designing new programs (looking at different models e.g. home based exercise) • Understanding of patients’ behaviours • Improving health literacy

4. Working Group

A Project Working Group was established to support the planning and implementation of the INW Respiratory Services Review Collaborative Project, and provide project assurance. The Project Working Group included representatives within the following project partner agencies:

- cohealth
- St Vincent's Hospital
- Quit Victoria
- Asthma Foundation Victoria
- North Western Melbourne PHN

The Working Group Members met three times to review the findings from the consultations, analyse the available data and identify and agree on the focus of the project. At the first meeting a representative from North Western Melbourne PHN presented on the Health Pathways Melbourne, a free, web-based portal with relevant and evidence-based information on the assessment and management of common clinical conditions including referral guidance.

Implementation Phase

At the last Working Group meeting in December 2016 the members decided not to progress the project into the implementation phase. Some of the factors that contributed to this decision included:

- *Existence of the Health Pathways Melbourne*
During the development of the 2013-17 INW PCP Strategic Priorities the Health Pathways Melbourne did not exist. Previous care pathways projects (Diabetes and Cardiac Services Review Collaborative) conducted at the beginning of this strategic planning cycle were very successful in developing the care pathways, improving understanding of the local services and referral options as well as establishing and strengthening professional links and collaboration between services. The collaborative projects led by the INW PCP were the only platform at the time for the agencies to work together to establish referral pathways. Since then the Health Pathways Melbourne have been established and a number of project partners have been involved in the development of the respiratory care pathways through this platform. The working group members didn't want to duplicate the work that has been done through Health Pathways Melbourne and North Western Melbourne PHN and decided not to focus on the referral pathways. The working group members offered to provide feedback instead during the next respiratory pathways review cycle.
- *Lack of engagement from some of the key stakeholders*
Most of the identified key stakeholders have been engaged in the initial consultation phase and also attended the workshop. However, as the project progressed, some of the stakeholders didn't express interest in being part of the working group or disengaged after joining the working group. Some of the reasons for not being involved in the project included lack of capacity and time of the meetings clashing with other commitments.
- *Lack of current and local data to determine the need for the project*

Expenditure

Budget		
Costs	\$ Budgeted	\$ Actual
Facilitator consultancy fees	1386.00	1386.00
Workshop facilitation: Marie Gill, quote provided		
Catering	300.00	240.00
Workshop – lunch and morning tea		
Venues	In kind	In kind
Workshop and Meetings: Merri Health and Asthma Foundation		
Consumer representative reimbursement	300.00	240.00
Focus group reimbursement for 13 consumers		
Total	1986.00	1866.00

Discussion

The Inner North West Respiratory Services Review Project has provided the opportunity to collectively identify strengths, gaps and pressure points in the current service system and identify opportunities for improvement. The Project also helped to gain the insight into consumers' experiences of the current system as well as the issues they are facing and opportunities for improvement.

Through the project it has been identified that one of the main issues faced by consumers as well as the service providers is the lack of local maintenance exercise programs in the community. As a result Merri Health and Moreland City Council and YMCA's Active Moreland Program are planning to trial a [Lungs in Action](#) exercise program in Coburg Leisure Centre in early 2017.

Appendices

Appendix 1: Stakeholder Analysis

Stakeholder	Current Relationship	Desired Relationship	Interfaces	Key Messages
INW PCP Agnieszka Kleparska INW PCP Project Coordinator	Coordinating Project Working Group	Coordinating Project Working Group	Cardiac Services Review Collaborative Diabetes Services Review Collaborative	
Barbara Paolini Administration Officer	Project Working Group Minute Taker and administration support	Project Working Group Minute Taker and administration support	Care planning Collaborative	
Consumer Representation	Consultation	Project Working Group	Experiences of respiratory care	
North Western Melbourne PHN Sarah O'Leary Program Officer, Chronic Disease Integration	Project Working Group	Project Working Group	Health Pathways Melbourne Collaborative	
cohealth Sharon Malcolm Chronic Care Program Manager	Project Working Group	Project Working Group		
St Vincent's Health HARP Mark Tran, Cardio Pulmonary Rehab Program Craig Edlin, Respiratory Physiotherapist HARP	Project Working Group	Project Working Group		
Asthma Foundation Jayde Cesarec, Education Programs Coordinator Catriona Bastian, Education Programs Manager	Project Working Group	Project Working Group		
Quit Victoria Donita Baird, Cessation Manager	Project Working Group	Project Working Group		
Merri Health HARP Julie Steinkrug, Respiratory Team Leader Debbie Ng, Respiratory Physio	Consultation	Project Working Group		Information sharing and consultation only, lack of capacity at the moment
Merri Health Christine Buckley, Smoking Cessation Facilitator Wellness & Preventative Care, Primary Health Care	Consultation	Consultation		Information sharing and consultation only, lack of capacity at the moment
Melbourne Health Louis Irving, Head of Respiratory Michelle Thompson, Respiratory Clinical Nurse Consultant	Consultation	Project Working Group		Seek engagement
RDNS	Not represented	Project Working group		Seek engagement
North Richmond CHS	Not represented	Project Working Group		No respiratory services
Access Health and Community	Not represented	Project Working Group		Seek engagement
YMCA – Active Moreland Chris Arena Active Moreland Community Programs Director	Consultation	Project Working Group	Lungs in Action	
Lung Foundation Australia Kirsten Phillips, Director, COPD National Program	Consultation	Consultation	Lungs in Action	National peak body based in Brisbane
Healthscope Kiel Pumpa, Lungs in Action	Not represented	Project Working group		Seek engagement

Appendix 2: INW PCP Respiratory Services Mapping and Consumer Consultation Report

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