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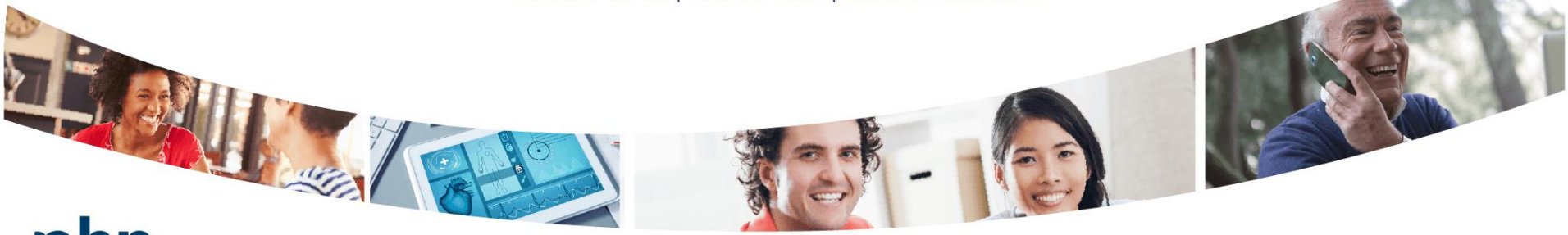
My Care Partners

Shared Vision | Shared Care | Shared Outcomes



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Shared Vision

What was the issue?

- Patients with complex conditions experience fragmented care
- Poor communication between members of the patient care team
- Unmet social needs
- At risk of frequent Potentially Preventable Hospitalisations (PPH)

Shared Vision

What was the issue?

My Care Partners

- Fundamental challenge to integration is the misalignment of current financial incentives between the primary and acute care sectors.
- The benefits of reductions in PPH favour the hospital funder, but not necessarily the general practices most likely to influence this outcome

Shared Vision

What is the goal?

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- Improve coordination between the patients' medical home, primary and community services and acute care
- Improve outcomes for patients with complex and chronic conditions who are at risk of potentially preventable hospitalisations
- Improve patient and provider experience by encouraging continuity of care and team-based care to reduce the risk of omission or duplication of services

Shared Vision

What did we do?

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- Stakeholder consultation forum
- Working groups formed to develop and implement a medical neighbourhood model of care
- Funded equally and co-designed by SWSPHN and SWSLHD the model focuses on shared responsibility for outcomes.
- Expression of interest sent out to general practices and information webinars held

Shared Care

Key Features of My Care Partners

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GP-led multidisciplinary care coordination built on risk stratification and patient tracking

Introduction of a Care Enabler to help facilitate delivery of care

Integrated information and communication technology

Ongoing general practice capacity building

Shared cost savings back to general practices

Shared Outcomes

Commissioned Services

- Direct engagement with South Western Sydney LHD to deliver “care enabling” services
- Engagement with general practices after expression of interest
- Closed tender for evaluation partner
- Management and monitoring cycle

Shared Outcomes

General Practice Payments

My Care Partners

- Practice seed payment
  - made when practices agree to become a My Care Partners practice and commit to completing a series of capacity building activities
- Patient enrolment and activity payment
  - made per patient enrolled, after completing a series of patient care activities
- Patient outcome payment
  - made when enrolled patients have avoided hospitalisation over a set period of time. Generated from a pool of cost savings achieved by reductions in PPH, which is shared amongst participating general practices in addition to usual care.

Patient Outcome Payment

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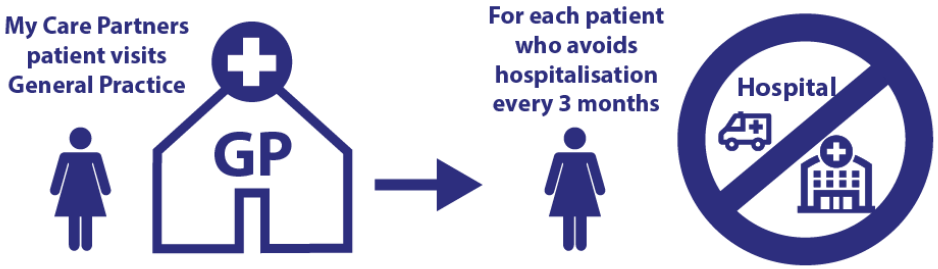

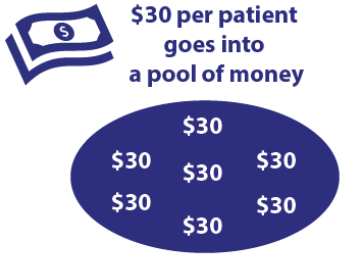

The pool of money total is placed in an equation every 3 months

EQUATION

Pts enrolled (by your practice) X Pts avoided PPH (neighbourhood) X 30 ÷ Pts enrolled (neighbourhood)

Medical Neighbourhood

Shared cost savings are distributed amongst practices within the medical neighbourhood for that quarter through the % of the total patient enrolments each practice contributes

General Practice A	General Practice B	General Practice C
20 x 35 x 30 / 80 = $263	15 x 35 x 30 / 80 = $197	45 x 35 x 30 / 80 = $590

Example: 80 patients enrolled in the medical neighbourhood, 35 avoided hospitalisations

The story so far…

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- Wave 1 pilot of the model commenced in March 2021 with 5 practices recruited
- Eligible patients are being flagged via the NSW Health Risk of Hospitalisation patient identification algorithm or the Hospital Admission Risk Prediction (HARP) tool. The CCoPS screening tool further determines patients at risk of hospitalisation.
- Communities of practice are being formed between participating general practices
- Practice and patient recruitment is ongoing

What have we learnt?

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COMMITMENT TO CO-FUNDING REQUIRES EQUAL INVESTMENT IN TIME AND RESOURCES AS WELL AS FUNDS

ENGAGEMENT AND INTEGRATION AT ALL STAFFING LEVELS

FOUNDATIONAL WORK WITH GENERAL PRACTICE CAPACITY BUILDING

What have we learnt?

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GENERAL PRACTICE READINESS FOR CHANGE (COVID-19!)

ONGOING STAKEHOLDER AND COMMUNITY CONSULTATION

FORMAL EVALUATION IS CRITICAL BUT ADDS COMPLEXITY

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Find out more

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