

CASE STUDY 2

A Partnership between Community Health Services and a Division of General Practice

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Background

DDDGP catchment covers Cities of Casey & Greater Dandenong

Total GPs 240 + in 86 general practices

4 community health sites – Southern Health

Part of South East Primary Care Partnership

Introducing the Model

Type 2 diabetes continuum



Tools

Standardised referral processes incorporating the use of the Statewide Service Coordination Tool templates. All GPs use the tool templates (fax/electronic)

Interface

DDDGP coordinates general practice engagement involving Division staff who have rapport & understanding of the general practice environment and culture

Progress to date

- DCAS has been operating since 2003 and has processed over 2,000 GP referrals. Currently 100+ GP referrals per month.
- Commenced with IDM – Diabetes project, and now incorporates 4 programs that cover the diabetes continuum.
- > 240 GPs referred to DCAS.

How it is done

- Staffing 2.6 EFT (RNs, dietitian, administrative support)
- Funded through specific allocation from various projects/programs (Southern Health) to support DCAS role.
- MOUs developed between DDDGP & Community Health.
- SEPCP plays role in facilitation.

Benefits

- Significant increase in patient's ability to access appropriate service and support
- Timely access to services
- Frees up health care professional time to deliver direct services
- GP satisfaction and participation
- Strengthening of partnerships

“The DCAS staff know how to relate to GPs. I am confident the service combines assisting in the welfare of the patient while supporting the GP role. It is a great conduit to appropriate patient services.” (Dandenong GP)

“The Diabetes Self Management Program really helped the patient to understand diabetes and self management.” (Narre Warren GP)

Some lessons learnt

- Collaboration & communication are keys to successful integration
- Develop & nurture partnerships across sectors
 - Agreed & shared vision & objectives
 - MOU & contracts
 - Clearly defined roles & responsibilities
 - Regular contact (using various modes of contact)
 - Executive direction & support
 - TRUST is essential for progress to be achieved
- Delivery of tangible services is essential to engage stakeholders

Conclusion

- Model supports & enhances an effective integrated system of service coordination & delivery.
- Provides an interface between patient & service providers
- DCAS staff mediate the cultural differences between GPs & community health.
- Promotes & facilitates smooth patient journey.

Conclusion

- Like any relationship, it can work but it does require constant attention.

“Pooh!” whispered Piglet.

“Yes, Piglet?” said Pooh.

“Oh, nothing,” said Piglet.

“I was just making sure of you.”

