

# Coordinated Care



## Team Care Health II Perspectives

The second round of coordinated care trials demonstrates a team-based approach to patient care has significant benefits for patients and the health system.

### Health System Benefits

A key finding from Team Care Health II was that service coordination reduced inpatient utilisation and costs for patients with chronic, complex and long-term health conditions.

Hospital admissions proved to be 25% less for the trial intervention group, equating to an inpatient cost reduction of 26%.<sup>1</sup>

When targeted at specific groups such as those over 70 years of age, pension-recipients, or high users of the health services, service coordination benefits are shown to be even higher.<sup>2</sup>

When all costs are included (MBS, PBS, hospital etc), there is a reduction in the cost of service provision for intervention patients of 8%.<sup>3</sup>

### Likely Long-term Effect on MBS Costs

Use of the EPC MBS item numbers, while driving up MBS costs immediately post-recruitment, has a substitution effect on inpatient admissions to the extent that if the trial had proceeded longer, total intervention costs would have fallen below control costs (and absorbed the costs of care coordination).<sup>4</sup>

### Findings

- 25% reduction in hospital admissions for intervention patients
- Inpatient costs were reduced by 26% for intervention patients
- Patients reported less depression
- Patients self-reported better health and quality of life
- Patients reported increased sense of empowerment
- GPs reported increased awareness of services
- These findings confirm Team Care is a viable service delivery model for chronic disease management.

## Client/Provider Benefits

As well as easing pressures on the cost of service provision, care coordination is found to bring about a range of benefits to patients and healthcare providers.

The Health Outcome Survey found that intervention patients reported better general health, less depression and a higher quality of life at the 12-month measurement point compared with the control clients.<sup>5</sup>By connecting those with chronic and complex needs to community models rather than acute models of care it was found that patients had readier access to and knowledge of primary care services and as a result became more actively involved in their own health maintenance.

GPs reported increased awareness of the range of services in the primary healthcare sector. By the end of the trial many GPs considered the concept of coordinated care and a more holistic approach to be part of their 'usual care' practices.<sup>6</sup>

The facilitating role of Practice Nurses was acknowledged and enhanced throughout the trial period.

At the conclusion of the trial, intervention focus groups reported:

- increased levels of improvements in participation in healthcare decision-making;
- improved communication between healthcare providers;
- increased sense of empowerment; and
- overall improvement in their sense of health and well being.<sup>7</sup>

## Better Communication

The inability to achieve goals of electronic communication, networking and data flows was a major impediment to the trials and their ability to effectively engage across the board.

At Gppartners, successful IT development and implementation has emerged as a primary facilitator of care coordination and empowering technology for providers and, patients. Information about the Health Record Exchange (HRX) e-health implementation is available from [www.gppartners.com.au](http://www.gppartners.com.au).

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### References:

1. Part 2, Tables 32 & 33 (pg 134 book\*, pg 103 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia 2007
  2. Part 2, (pg 136 book\*, pg 105 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia 2007
  3. Part 2, Table 33 (pg 134 book\*, pg 103 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia 2007
  4. Part 2, (pg 137 book\*, pg 106 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia 2007
  5. Part 2, (pg 173 book\*, pg 142 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia 2007
  6. Part 2, (pg 125 book\*, pg 94 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia 2007
  7. Part 2, (pg 193 book\*, pg 162 website\*\*): The National Evaluation of the Second Round of Coordinated Care Trials – Final Report, Commonwealth of Australia
- \* Dept of Health and Ageing, (2007), 'The National Evaluation of the Second Round of Coordinated Care Trials', Canberra: Commonwealth of Australia.

\*\* <http://www.health.gov.au/internet/main/publishing.nsf/Content/pcd-chronic-coordinated-care-round-2-trials>