

# Case study

## Understanding the care pathway and shared needs in Lymphoedema screening

While the health system reorients to incentivise and support person-centred and sustainable care that focuses on outcomes over activity, and value over volume, health services are already demonstrating such shifts.

This case study was developed in collaboration with the Allied Health Professions' Office of Queensland (AHPOQ) as part of the Queensland Health Allied Health Framework for Value-

Based Health Care (visually represented in figure 1). It has been presented to demonstrate how a shift towards Value-Based Health Care was achieved against the domains of the Framework, and particularly highlights the importance of understanding the care pathway and shared needs.

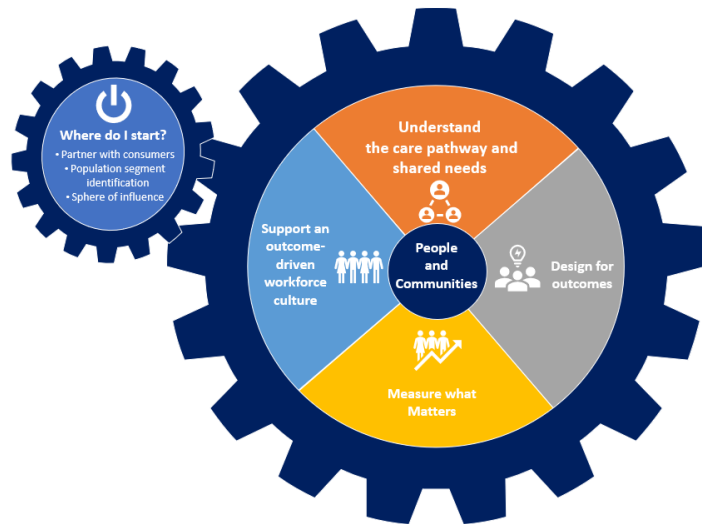


Figure 1

Framework domain	Adopting a VBHC approach
<b>Where do I start?</b> <b>Identifying the population and sphere of influence</b>	<p>Six years ago, a Ministerial complaint was made regarding patient dissatisfaction of access to lymphoedema screening in the Metro North area.</p> <p>The complaint identified that services were primarily located close to inner city Brisbane hospitals and that the population segment of patients at risk or with Lymphoedema had to travel long distances creating a poor patient experience.</p>
<b>Understand the care pathway and shared needs</b>	<p>The care pathway was mapped from the evidence base with an acknowledgment that in a public health context there were constraints in what could be accessed.</p> <p>Surveys and focus groups were undertaken to get a deeper sense of the shared needs of people accessing lymphoedema services, with engagement and collaboration across a number of public hospitals, NGOs, GPs, and the Primary Health Network (PHN). Private providers were invited alongside key stakeholders to map out the pathway based on what was known of existing services. This was then presented back to the groups to confirm and talk through solutions. Once agreed, a number of multidisciplinary meetings led to the development of a draft pathway to identify where the entry points for consumers would be.</p>

	<p>Care pathways were developed within 12 months and designed to put the person at the centre of care. Stakeholder engagement focused on understanding, maximising, and connecting existing services to create a pathway that supported those impacted by lymphoedema to access services closer to home.</p>
<p><b>Design for outcomes</b></p>	<p>In response to the needs and available services identified in the mapping process, a new service was established with recurrent funding to run from Redcliffe hospital. Additional fixed term funding was also awarded to support an additional clinician to build the capability of community providers to provide quality care for these patients. Education resources and electronic decision-making tools were created and programmed into software to assist GPs and practice nurses to support people in the community.</p> <p>Electronic pathways were also created for patients accessing services via their NGO and private provider. These were broken up into different phases of the patient journey from referral documents and screening tools to ensure consistency relating to patient access to care.</p>
<p><b>Measure what matters</b></p>	<p>The extensive breadth of this project required the consideration of several measures to determine if improvements were being made. Indicators that were considered within this project included:</p> <ul style="list-style-type: none"> <li>• reporting of risk assessment (against the agreed risk definition), undertaken post-surgically at multidisciplinary team meetings,</li> <li>• communication of the level of risk to patients in a timely manner,</li> <li>• access of GPs to lymphoedema information,</li> <li>• GP attendance at training on the screening and monitoring of patients at risk of lymphoedema,</li> <li>• monitoring of patients within the pathway</li> <li>• number of users of the electronic decision-making tool developed to support clinicians,</li> <li>• increase in lymphoedema service activity by participating NGOs,</li> <li>• reductions in unnecessary hospital admissions due to complications of poorly managed or late managed lymphoedema,</li> </ul> <p>Patient outcomes were planned to be collected at the following time points postoperatively: 4 weeks, 3 months, 6 months, 9 months, 12 months. Patients were contacted by mail and telephone to determine responses to questions regarding:</p> <ul style="list-style-type: none"> <li>• signs or symptoms of lymphoedema,</li> <li>• awareness of the Lymphoedema Clinical Pathway Project and what it meant for their care management,</li> <li>• whether their risk for lymphoedema had been reviewed since surgery, and if so, by whom,</li> <li>• access to monitoring services, including their preferred service provider, location, distance to travel,</li> <li>• satisfaction with their health care, via a standardised tool because satisfaction is difficult to measure.</li> </ul>
<p><b>Support an outcome driven</b></p>	<p>The collaborative nature of the project and the establishment of a common goal from the very beginning helped to create a problem-solving culture</p>

<b>workforce culture</b>	within the integrated team of consumers, NGOs, private providers, PHNs and the HHS.
<b>Challenges and enablers</b>	The overarching consensus was that having the consumer engaged early and throughout the entire process created a clear person-centred pathway to meet identified needs.
<b>Lessons learned</b>	<p>Consumers help shape a project in ways you cannot anticipate. Don't have preconceived ideas about what the consumer will contribute and how they will participate. If we open ourselves to the possibility of being influenced by the consumer voice, we will end up with a better outcome.</p> <p>Health provider mapping and engagement is critical from an early stage of the project.</p> <p>Keep decision makers and funding bodies aware of the project throughout – this project was funded for recurrent service as a result of closely engaging these people throughout.</p>