

Case study

Co-designing a community centred, outcome focused and culturally responsive model of care with a discrete Aboriginal community

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

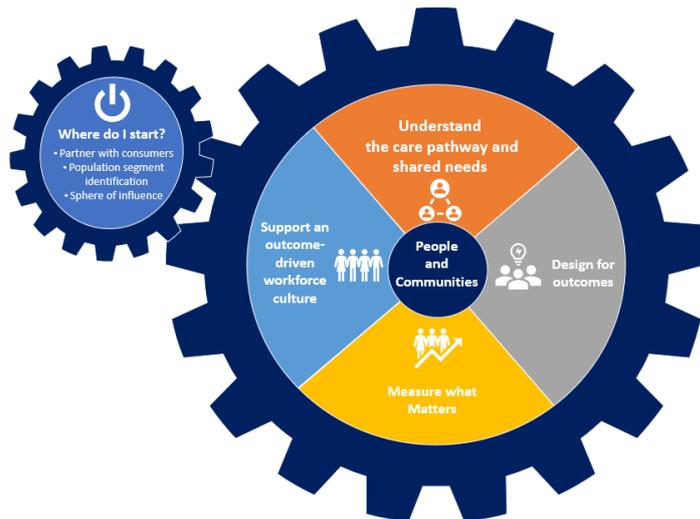


Figure 1

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 community need and inter-agency collaboration in order to design a model of care that improves outcomes.

Critical enabler

Where do I start? Identifying the population and sphere of influence

It was identified by the Aged Care Assessment Team (ACAT) within the Cairns and Hinterland Health and Hospital Service (HHS) that despite having a high proportion of ageing community members with complex needs, there was a very small number of referrals to ACAT from the Aboriginal community of Yarrabah.

Thus, ACAT identified this community (the aged community of Yarrabah) as a defined population segment that was within their jurisdictional sphere of influence to improve health outcomes.

To work more effectively with this defined population ACAT needed to build community trust. Critical to this would be developing partnerships with existing trusted community-controlled services and providers. This led to the development of a formal partnership with the local Aboriginal Medical Service (AMS) Gurriny Yealamucka and the development of a close working relationship with the community service provider Mutkin Aged and Community Care in Yarrabah.

Understand the care pathway and shared needs

ACAT and Gurriny began by reviewing the current process to identify and analyse what wasn't working well. Both formal and informal community consultation was undertaken to better understand the care pathway and shared needs, this involved informal conversations with community members and staff at Gurriny and Mutkin (community care organisation), and inter-agency case conferencing and stakeholder meetings.

Through this process several areas of shared needs were identified including:

- the aged care system wasn't well known or understood by community members or the health services in Yarrabah.
- the ACAT referral process was not well known, difficult to access and confusing for community members.
- ACAT referrals were regularly cancelled, and referral numbers were low.
- there was limited contact and no established working relationships between ACAT and the health and community services within Yarrabah.
- Clients often couldn't access the care they had been approved for following assessment.
- Clients were notified of allocation of home care packages via mail, which were often not received.

Building genuine and respectful relationships with community-controlled services and community members was, and continues to be, an essential component of providing culturally responsive care and understanding the needs and outcomes that are important to these communities. Clients need to feel safe with the ACAT assessor to build the trust required to share their own information and needs, and to take on board information provided by the assessor. It was identified though speaking with people that for a lot of clients this could not be achieved through a single visit.

Working relationships and collaboration with Indigenous Health Workers was fundamental to facilitating a better understanding of need and ultimately to the success of the new model of care. Indigenous Health Workers act as leaders both within the community and within health service, providing cultural brokage between visiting community services and Yarrabah community members, enabling ACAT to better communicate with and understand the people they were there to care for. The Indigenous Health Worker partnered with the ACAT assessor at all points of the client journey and often took a lead role in the process.

Design for outcomes

In response to the identified needs and in collaboration with community, ACAT and Gurriny co-designed a more flexible model of care that addressed the unmet needs and barriers to clients accessing an assessment and services after assessment.

The new model established an introductory home visit led by the Indigenous Health Worker, where the client was introduced to the assessor, the purpose of assessment was explained and consent for assessment was obtained. This process allowed for important family members to be identified and present for the assessment visit. A follow up home visit would then occur to explain the outcome of assessment and deliver client documents. 6 months post

	<p>assessment a client follow up would again be completed to ensure clients, families and service providers were supported to take up offered home care packages and to provide information on next steps.</p> <p>Issues with receiving correspondence were addressed by having My Aged Care correspondence sent to the AMS who would deliver documents to the client and provide the support and education as needed.</p> <p>To improve communication between the 3 key stakeholders (ACAT, Gurriny and Mutkin), a fortnightly case conference was established. The purpose of this was to discuss clients in need of support, to refer to each other's services, and to follow up on referrals made. It also included an educational element allowing services to learn from each other.</p> <p>A third initiative from this new model of care was to have a single, dedicated ACAT assessor embedded within the Gurriny service on a regular basis, depending on community need. The assessor became the primary email and phone contact for enquiries and was able to provide education around the aged care system both formally and informally to providers and community members. This regular physical presence allowed ACAT to build community trust and engage with health services and the community in a more meaningful way.</p>
<p>Measure what matters</p>	<p>The aged care assessment team have KPIs centred around timeliness of assessment, set by the Commonwealth, which are regularly audited and monitored. Data was also readily available on the numbers of referrals by location. An additional measure examined through this model of care was access to support following assessment, which is not a measure routinely reviewed by ACAT or the Commonwealth.</p> <p>A retrospective data analysis demonstrated that referral numbers increased from 13 in 2019 to 44 in 2021. Referrals were made from a greater variety of sources. In 2019 referrals were mostly made by the service provider, Mutkin, whereas in 2021 referrals were also received from Gurriny doctors, nurses and health workers.</p> <p>The data revealed that in 2019, 8 people were approved for a home care package and none of these clients had accessed their package. In 2021, 20 clients were approved for a home care package, 5 were receiving their home care package, 4 had been allocated a package and were awaiting services to commence, 6 were still on the National Queue for their package, 3 had withdrawn due to accessing residential care, 1 person had passed away and 1 had not taken up their offered package.</p> <p>This data demonstrates that the new model of care has resulted in more community members being able to access assessment and, most importantly, aged care supports following assessment.</p> <p>The scope of this initiative did not allow for the formal co-design and measurement of outcome indicators, beyond access, that were identified as important to the community. However informal reports from the community and health services within Yarrabah have highlighted that people feel that</p>

	<p>their outcomes have improved as a result of the increased access to aged care information and care supports.</p> <p>VBHC outcomes measurement requires a shift to measuring ‘how are you doing’ rather than ‘how are we doing?’. This is a significant shift in the context of healthcare measurement and one that it is still in its infancy within the Australian health system.</p>
<p>Support an outcome driven workplace culture</p>	<p>Prior to the implementation of the new model of care, ACAT, Gurriny and Mutkin were working mostly in isolation. There were no robust means to facilitate ongoing communication between the 3 services, particularly in relation to shared clients.</p> <p>All three stakeholders identified the need to strengthen relationships and communication between services. This was achieved through participation in the newly established case conferences and the consistent presence of an ACAT assessor within the community.</p> <p>Structures to promote ongoing communication and collaboration, ensured the 3 stakeholders were working towards shared goals and supported an outcome focused culture in relation to aged care services. A strong element of the culture fostered through collaboration was an openness to learning from each other, through both informal and formal learning opportunities. Leadership in driving an outcome focused workplace culture was provided by all three stakeholders who have been equally invested in ensuring the success of the new model of care.</p>
<p>Challenges and enablers</p>	<p>Key to the success of the model of the care was the previous experience the ACAT assessor working with the Yarrabah community had working with discrete Aboriginal communities. The assessor was motivated to learn about the unique, shared history of Yarrabah, to learn from community members and providers within the community and to take a collaborative approach to service design and delivery. The ACAT assessor was both the provider and receiver of education within the model.</p> <p>Executive buy-in and ‘permission to lead’ were also important with the ACAT assessor on the ground in Yarrabah trusted to use their judgement and make changes in response to need.</p> <p>The openness of Gurriny and Mutkin around embracing and seeing value in the change to service delivery was another key enabler.</p> <p>Succession planning for the ACAT assessor role has been a challenge, impacting the ability of ACAT to ensure the continued implementation of the model of care with a suitably experienced assessor.</p> <p>COVID-19 has also posed challenges with community access restrictions impacting the ability of ACAT to maintain regular visits to the Yarrabah community. Competing COVID-19 related priorities within Gurriny (vaccination and outbreak management) have also impacted ACAT access to Gurriny staff, a critical partner in the delivery of the new service model.</p>

Lessons learned

The importance of co-design and inter-agency collaboration from the outset when designing and implementing a new service model.

Allowing the model of care to evolve based on feedback received and ongoing evaluation.