

Innovative Models of Care (IMOC)

Deliberate team-based care model







Innovative models of care case study

The IMOC Program helps organisations trial new ways of providing primary care in rural and remote communities. Funding is for governance, community engagement and program management activities to support innovative health services delivery.

The desired outcomes of the Program are to:

- learn from funded trials and share learnings that will allow other communities to apply place based innovative models; and
- evaluate whether they improve rural practice and lead to better health outcomes.

Summary of the DTBC model

	Location:	Canowindra, New South Wales
	Problem:	An ageing GP workforce combined with high-risk patients who live with chronic health conditions
	Solution:	A multidisciplinary team-based care model led by a GP. The team coordinates the care of patients with chronic health conditions
	Barriers:	<ul style="list-style-type: none">• No shared IT systems across the team• Changes in deliberate team-based care personnel
	Enablers:	<ul style="list-style-type: none">• An understanding of the integrated care model• Health practitioners who work well together
	Funding and resources:	<ul style="list-style-type: none">• Medicare Benefits Schedule billing of patient health care plans and case conferences• Nearby health teams working in the Local Health District, NSW Ambulance, and pharmacy

About the model

A GP practice in Canowindra uses a community-based deliberate team-based care (DTBC) program involving multiple medical disciplines.

The practice has 271 patients, and 69 of those (25%) are taking part in the DTBC program.

The model manages the chronic health conditions of high-risk patients. Patients can join the program when they are considered high risk and suitable for team care. The program helps patients in lower-risk categories through traditional, general practice methods.

The model supports patient-centred care, shared across a team of health professionals. The team includes allied health professionals (physiotherapist and occupational therapist), pharmacists, and paramedics. Aside from the pharmacists and paramedics, all other clinicians are Western NSW Local Health District staff.

The team meets once a month for up to 1.5 hours in a meeting led by the GP and coordinated by practice staff.

Findings

The DTBC program has:

- reduced hospitalisation and improved patient experiences
- improved access to care, reducing treatment waiting times
- involved the patient in their own health care
- promoted the efficient use of healthcare resources
- improved the teamwork between medical professionals
- proven that a team-based approach can offer broad, high-quality care.

Enablers

Several factors helped in the success of the DTBC program, including:

- simple practice management processes to make it easier to bill for chronic disease management
- suitable, accessible facilities for case meetings and patient consultations
- GP and practice staff leadership and commitment to manage a team-based care approach
- a well-supported GP with a core team of administrative staff and practice nurses familiar with clinical duties, including handling urgent cases
- a broader team of local health nurses and allied health practitioners who can, and want to, participate in team-based care
- daily care from local GPs to support urgent cases and lower-risk patients.

Current status

The DTBC model continues to operate in Canowindra, guided by the Nyrang Health Team.

The model is financially viable for the GP when eligible MBS items are billed appropriately.

The model relies on the support of LHD-employed health workers, and local pharmacists who do not received financial support.

MORE INFORMATION

For more information about the Innovative Models of Care Program visit health.gov.au/our-work/imoc-program.