

**HealthWest**

**Assessment of Chronic Illness Care (ACIC)**

**Report**

October 2014



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## Introduction

### Background and context

As a Primary Care Partnership (PCP) HealthWest has worked alongside health and community agencies in the west to ensure members are providing appropriate support and services to people living with chronic conditions. In particular, enhancing interagency responses and pathways of care for people who have or are at risk of chronic disease, and strengthening the relationships and communication between agencies that provide this support.

To assist in measuring the current level of chronic care provided across Victoria, the Department of Health encouraged PCPs to pilot the use of the Assessment of Chronic Illness Care (ACIC) by assisting member agencies to complete the ACIC. The ACIC is a quality improvement tool which assesses the extent to which health care providers are routinely utilising and implementing the elements of Chronic Care Model<sup>1</sup>.

The Chronic Care Model identifies 6 essential elements for improving chronic care:

- Community Resources
- Organisation of Healthcare Systems
- Self-Management Support
- Decision Support
- Delivery System Design
- Clinical Information Systems

### Aims

By encouraging PCP member agencies to complete the ACIC, the Department of Health aims to:

- Strengthen the primary health system to deliver person centred and accessible early intervention and integrated care that aims to keep people well for as long as possible, particularly those with complex needs.
- To demonstrate improvement against the key domains of the Assessment of Chronic Care Illness (ACIC) Survey.

### Participating Agencies

The following HealthWest member agencies completed the ACIC:

- Melton City Council
- Djerrivarrah Health Services
- ISIS Primary Care
- RDNS
- Wyndham City Council
- cohealth
- Western Health

Other HealthWest members were asked to participate, but declined due to conflicting priorities and readiness to participate in the ACIC.

### Anticipated Impacts & Benefits of Project

By encouraging PCP member agencies to complete the ACIC, the Department of Health anticipates the following impacts and benefits:

- Identifying gaps in services for people with chronic disease
- Enhancing collaborative chronic care at a local and regional level

<sup>1</sup> Wagner, E (2014). Chronic Care Model. [http://www.improvingchroniccare.org/index.php?p=The\\_Chronic\\_Care\\_Model&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2)

## Consultation/Engagement Plan

At the beginning of June 2014 HealthWest sent out expressions of interest to HealthWest member agencies to participate in the ACIC. An initial workshop for all agencies was promoted and dates were sent out. Due to conflicting priorities and inability to set a date that suited all, this workshop did not proceed. Instead it was proposed that anyone interested in participating in the ACIC could have a training session held at their agency. Within a two week period, seven 1.5 hour training sessions were held, covering the Chronic Care Model and how to implement the ACIC. To further support the implementation, HealthWest offered to attend and facilitate a discussion regarding completion of the ACIC at each agency. Overall HealthWest provided 1.5 hours (average) of ACIC training to each participating agency. This training consisted of an overview of the Model of Care and the ACIC elements and questions.

## Methodology

### Implementation of Audit Tools and Respondent Selection

To ensure accuracy of information and a clear organisational perspective agencies were encouraged to seek input from varying levels of staff. As shown in Table 1 (below) the seven agencies that participated completed the ACIC in various ways, including individually then collating, through discussion at team meetings or at management level. HealthWest provided support to two agencies by attending a meeting with the relevant staff and collating the scores.

**Table 1 – Agency Implementation Process**

Agency	Implementation Process	Role of HealthWest
<b>Melton City Council</b>	Staff from the Community Care Team completed separately and a meeting was held to collate findings. Staff from different levels within the team participated.	Provided information & training session. Collated scores and provided summary report.
<b>Djerriwarrh Health Services</b>	Meeting time set to complete ACIC, group discussion and came to a consensus. Staff from different levels within the team participated. The group had to assume some information in the questions and how it specifically related to their agency.	Provided information & training session. Collated scores and provided summary report.
<b>ISIS Primary Care</b>	Completed by selected clinicians and managers from across all program and services. Answers collated and placed in one organisational survey.	Provided information & training session. Collated scores and provided summary report.
<b>RDNS</b>	Completed by senior management from two sites, collated into one survey.	Provided information & training session. Collated scores and provided summary report.
<b>Wyndham City Council</b>	Meeting time specifically set to complete ACIC with staff from different levels. Had discussion and came to consensus. The group had to	Provided information & training session. Collated scores and provided summary report.

	assume some information in the questions and how it specifically related to their agency.	
<b>cohealth</b>	Meeting time specifically set to complete ACIC. Management to clinician level participated, from different teams that provide Chronic Care. Group read through questions and came to a consensus.	Provided information & training session Attended ACIC meeting to assist with facilitating discussion and collate scores. Collated scores and provided summary report
<b>Western Health</b>	Meeting time specifically set to complete ACIC. Management to clinician level participated, from different teams that provide Chronic Care. Group read through questions and came to a consensus.	Provided information & training session Attended ACIC meeting to assist with facilitating discussion and collate scores. Collated scores and provided summary report

## Results

The following data was compiled from the completed ACIC's. Agencies were de-identified for privacy reasons. Each agency was provided with a summary report, detailing their results and suggested areas of improvement.

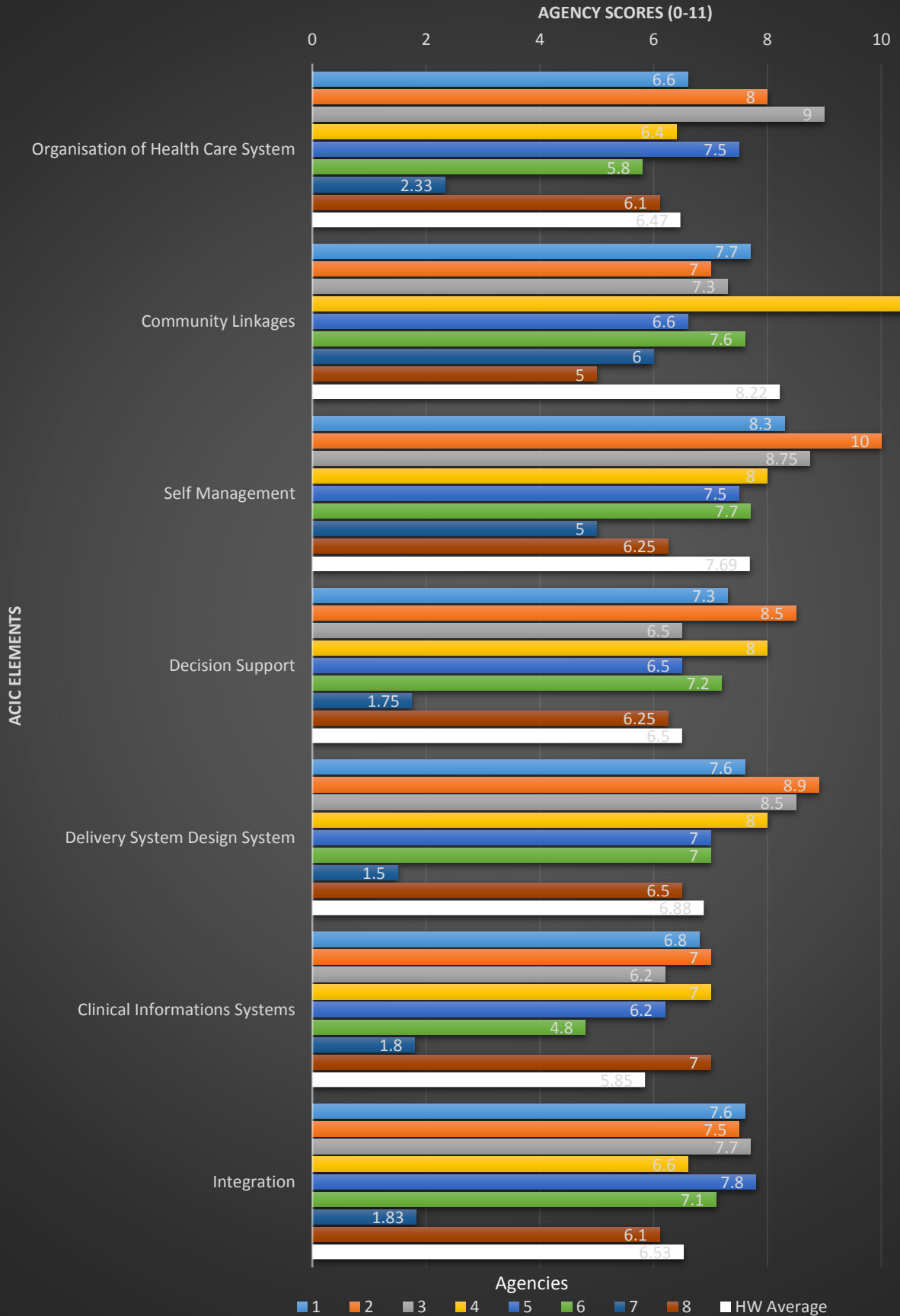
The ACIC Scoring Interpretation Scale:

- Between 0 and 2 = limited support for chronic illness care
- Between 3 and 5 = basic support for chronic illness care
- Between 6 and 8 = reasonably good support for chronic illness care
- Between 9 and 11 = fully developed chronic illness care

**Table 2 – ACIC Results**

ACIC Elements	Average Agency Scores								Average Across Agencies
	Agency 1	Agency 2	Agency 3	Agency 4	Agency 5	Agency 6	Agency 7	Agency 8	
<b>Organisation of Health Care System</b>	6.66	8	9	6.4	7.5	5.8	2.33	6.1	6.47
<b>Community Linkages</b>	7.73	7	7.3	11	6.6	7.6	6.00	5	8.22
<b>Self Management</b>	8.36	10	8.75	8	7.5	7.7	5.00	6.25	7.69
<b>Decision Support</b>	7.30	8.5	6.5	8	6.5	7.2	1.75	6.25	6.5
<b>Delivery System Design</b>	7.64	8.9	8.5	8	7	7	1.50	6.5	6.88
<b>Clinical Information System</b>	6.8	7	6.2	7	6.2	4.8	1.80	7	5.85
<b>Integration (of the six elements above)</b>	7.65	7.5	7.7	6.6	7.8	7.1	1.83	6.1	6.53
<b>Total Score</b>	<i>52.14</i>	<i>56.9</i>	<i>53.95</i>	<i>55</i>	<i>49.1</i>	<i>47.2</i>	<i>20.21</i>	<i>43.2</i>	<i>47.21</i>
<b>Total Average Score</b>	7.45 Reasonably good support for chronic illness care	8.13 Reasonably good support for chronic illness care	7.70 Reasonably good support for chronic illness care	7.85 Reasonably good support for chronic illness care	7.01 Reasonably good support for chronic illness care	6.74 Reasonably good support for chronic illness care	2.89 Limited support for chronic illness care	6.17 Reasonably good support for chronic illness care	6.74 Reasonably good support for chronic illness care

# HealthWest Catchment ACIC Scores



As demonstrated in Table 2 the majority of agencies fell within the range of *reasonably good support for chronic illness care* for many of the ACIC elements. At a catchment level there was an average score of 6.74 out of 11.

Across the catchment *Community Linkages* had the highest score with 8.22. *Community Linkages* referred to the work agencies were doing in ensuring their client was linked into appropriate community services. Higher results in this area could be due to a number of reasons, including the participation in regional projects that have enhanced knowledge and rapport between services and the introduction of the Active Service Model (ASM) and other person-centred models of care. These findings are extremely positive and are encouraging of the work that has been done in relation to promoting consumer engagement and consumer directed care.

Also ranking quite high was *Self-Management* with a score of 7.69 across the catchment. *Self-Management* refers to the strategies that agencies put in place to encourage consumers to manage their own health needs, including assessment, goal setting and action planning. As above, these results could be reflective of the work that agencies have been doing in regards to ASM, including ASM pilot projects, trialling the new Department of Health assessment tool, completing training in goal setting and implementing new models of care, such as the consumer directed care and person centred care.

Scoring the lowest was *Clinical Information System*. This element required agencies to consider the organisation of client and population data to facilitate efficient and effective care. Across the HealthWest catchment there are number of client information databases that are being used, for example TRAK, Expodite and Carelink Plus. Each of these systems work differently and are able to perform different functions. There is limited interoperability between these programs, and limited functionality and useability of existing e-health platforms, which has been noted as an ongoing issue within the HealthWest catchment and was reflected in the 2013 Service Coordination Survey results and in the evaluation process for HealthWest's ASM projects.

When considering the scores for each agency it is important to consider the validity of the information. Variations in the scores may be due to:

- Interpretation of survey questions
- Variations in policies and procedures for teams within an agency
- Level of understanding of chronic illness care and the Chronic Care Model

## **Prioritisation & Action Planning**

### **Improvement Plan**

On the completion of the ACIC HealthWest collated the findings and completed individual agency reports highlighting the key findings. The reports highlight each agencies strengths and areas of improvement. Within the report an Action Plan template was provided to encourage Program Managers to consider areas of improvement and develop specific actions to address areas of need.

A key priority in HealthWest's Strategic Plan 2013-2017 is focussing on working with member agencies on enhancing interagency responses and pathways of care for people who have or are at risk of chronic disease. To help guide this HealthWest will continue to support agencies by continuing to provide support in areas of Service Coordination and Integration, in particular continuing to promote the use of e-health strategies, use of Service Coordination Tools and implementation of the Service Coordination Survey.



Not only does the report provide an opportunity for each agency to develop an action plan, it provides a baseline for future evaluation. HealthWest will encourage agencies to complete the ACIC in 1-2 years, as directed by the Department of Health.

### **Agency Feedback/Reflections**

Throughout the consultation phase and on collection of the results HealthWest agencies were encouraged to give feedback on their experience with understanding and completing the ACIC survey. The following issues, concerns and suggestions were raised:

- Teams within an agency have different policies and systems in place which provided varying results.
- Due to difficulty interpreting the ACIC survey and how this fits within their agency some agencies modified the language to reflect how their particular agency operates and the systems that they use.
- Due to lack of use or understanding of the Chronic Care Model there were small number of staff members that found the wording challenging to understand and required some clarification as to the meanings of some of the areas being rated.
- Agencies reported that intent to spend more time preparing for the ACIC in the future, including more time for individuals to consider the survey and a group discussion to discuss the responses and explore the implications and plans for the agency that emerge from this.

For the agencies that were approached and declined to participate they opted out due to conflicting priorities, their understanding in the ACIC and Chronic Care Model and their limited support directly to individuals with chronic care.

To further encourage accurate ACIC results, it would be beneficial to provide agencies with consistent training and resources on how to complete an ACIC accurately. Although HealthWest provided training in the ACIC, this was brief and did not provide an opportunity to workshop the questions and ensure all staff had a clear understanding of the elements and the relating questions.

### **Limitations**

When collating the ACIC results it was evident that there were several limitations in the ability for HealthWest to gain rich data from the participating agencies, including:

- The relevance of the ACIC questions in the context of the agencies and the west of Melbourne.
- Individual staff members' interpretation and understanding of the ACIC elements and questions.
- Local councils' ability to link the ACIC questions into the services they provide due to lack of specific chronic care services provided.
- The limited number of agencies that completed the ACIC may hinder the ability for HealthWest to complete a regional ACIC Action Plan.
- The variant between the techniques used between participating agencies in gathering the information (group discussion, individual completing, management perspective).

## Summary & Recommendations

Across the HealthWest catchment seven agencies completed the ACIC, a diverse range of HealthWest's membership was represented. Undertaking the ACIC provided an opportunity for agencies to explore the extent to which elements of the Chronic Care Model are embedded in the services delivered to people with chronic conditions.

As demonstrated, agencies report providing reasonably good support for chronic illness care across majority of the elements. In particular agencies report providing better support in the areas of community linkages and self-management. Further work is needed around other elements, including clinical information systems and decision support. In the area of clinical information systems, HealthWest will continue to actively support improvements through encouraging integration, e-referral and secure messaging practices and implementation of Service Coordination Tool Templates. These findings, in conjunction with those of the annual Service Coordination Survey Report, provide an opportunity for HealthWest to support catchment level collaboration focused on shared improvement strategies.

From the seven agencies who completed the ACIC, there was overall concern about their ability to understand and link the ACIC questions to the services they provide, in particular the Americanised terminology. This and other limitations such as the number of agencies who completed the ACIC may limit the validity of the data collected and the ability for HealthWest to develop a regional ACIC Action Plan.

To help guide continuous improvement in chronic care, agencies were provided with ACIC reports highlighting areas of improvement and inclusion of key notes and discussion that occurred during the completion of the ACIC to ensure accuracy when completing the plan in the future. A template was provided to encourage Program Managers to focus on developing an ACIC Action Plan. It is recommended that participating agencies complete the ACIC in 1-2 years time to capture agencies progress in embedding the Chronic Care Model.

HealthWest recommend:

- The Department of Health provide resources and training to equip agencies to complete the ACIC successfully and accurately.
- Use 2014 results as a benchmark and encourage agencies to complete ACIC in 1-2 years time.
- Encourage and support agencies to complete Action Plans to establish quality improvement initiatives.
- HealthWest continue to support and provide information regarding the Chronic Care Model.
- HealthWest consider future ACIC results and action plans from a regional perspective and consider coordinating the development of a regional plan to guide collaborative activities into the future.

**Agency 1**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	6.66	Reasonably good support for chronic illness care
<b>Community Linkages</b>	7.73	Reasonably good support for chronic illness care
<b>Self Management</b>	8.36	Reasonably good support for chronic illness care
<b>Decision Support</b>	7.30	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	7.64	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	6.8	Reasonably good support for chronic illness care
<b>Integration</b>	7.65	Reasonably good support for chronic illness care
<b>Total Score</b>	52.14	
<b>Total Average Score</b>	7.45	Reasonably good support for chronic illness care

**Agency 2**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	8	Reasonably good support for chronic illness care
<b>Community Linkages</b>	7	Reasonably good support for chronic illness care
<b>Self Management</b>	10	Fully developed chronic illness care
<b>Decision Support</b>	8.5	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	8.9	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	7	Reasonably good support for chronic illness care
<b>Integration</b>	7.5	Reasonably good support for chronic illness care
<b>Total Score</b>	56.9	
<b>Total Average Score</b>	8.1	Reasonably good support for chronic illness care

**Agency 3**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	9	Fully developed chronic illness care
<b>Community Linkages</b>	7.3	Reasonably good support for chronic illness care
<b>Self Management</b>	8.75	Reasonably good support for chronic illness care
<b>Decision Support</b>	6.5	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	8.5	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	6.2	Reasonably good support for chronic illness care
<b>Integration</b>	7.7	Reasonably good support for chronic illness care
<b>Total Score</b>	53.95	
<b>Total Average Score</b>	7.7	Reasonably good support for chronic illness care

**Agency 4**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	6.4	Reasonably good support for chronic illness care
<b>Community Linkages</b>	11	Fully developed chronic illness care
<b>Self Management</b>	8	Reasonably good support for chronic illness care
<b>Decision Support</b>	8	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	8	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	7	Reasonably good support for chronic illness care
<b>Integration</b>	6.6	Reasonably good support for chronic illness care
<b>Total Score</b>	55	
<b>Total Average Score</b>	7.8	Reasonably good support for chronic illness care

**Agency 5**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	7.5	Reasonably good support for chronic illness care
<b>Community Linkages</b>	6.6	Reasonably good support for chronic illness care
<b>Self Management</b>	7.5	Reasonably good support for chronic illness care
<b>Decision Support</b>	6.5	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	7	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	6.2	Reasonably good support for chronic illness care
<b>Integration</b>	7.8	Reasonably good support for chronic illness care
<b>Total Score</b>	49.1	
<b>Total Average Score</b>	7.01	Reasonably good support for chronic illness care

**Agency 6**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	5.8	Basic support for chronic illness care
<b>Community Linkages</b>	7.6	Reasonably good support for chronic illness care
<b>Self Management</b>	7.7	Reasonably good support for chronic illness care
<b>Decision Support</b>	7.2	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	7	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	4.8	Basic support for chronic illness care
<b>Integration</b>	7.1	Reasonably good support for chronic illness care
<b>Total Score</b>	47.2	
<b>Total Average Score</b>	6.7	Reasonably good support for chronic illness care

**Agency 7**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	2.33	Limited support for chronic illness care
<b>Community Linkages</b>	6.00	Reasonably good support for chronic illness care
<b>Self Management</b>	5.00	Basic support for chronic illness care
<b>Decision Support</b>	1.75	Limited support for chronic illness care
<b>Delivery System Design System</b>	1.50	Limited support for chronic illness care
<b>Clinical Information Systems</b>	1.80	Limited support for chronic illness care
<b>Integration</b>	1.83	Limited support for chronic illness care
<b>Total Score</b>	20.21	
<b>Total Average Score</b>	2.87	Limited support for chronic illness care

**Agency 8**

<b>ACIC Elements</b>	<b>Average Score (1-11)</b>	<b>Interpretation Scale</b>
<b>Organisation of Health Care System</b>	6.1	Reasonably good support for chronic illness care
<b>Community Linkages</b>	5	Basic support for chronic illness care
<b>Self Management</b>	6.25	Reasonably good support for chronic illness care
<b>Decision Support</b>	6.25	Reasonably good support for chronic illness care
<b>Delivery System Design System</b>	6.5	Reasonably good support for chronic illness care
<b>Clinical Information Systems</b>	7	Reasonably good support for chronic illness care
<b>Integration</b>	6.1	Reasonably good support for chronic illness care
<b>Total Score</b>	43.2	
<b>Total Average Score</b>	6.2	Reasonably good support for chronic illness care