

## **GVPCP Vision**

“Health and Wellbeing for all”

- Well communities
- Strong families
- Healthy individuals

### **Our Chronic Disease Management Vision**

By 2010, Integrated Chronic Disease Management across the Goulburn Valley will mean we have a partnership between the consumer and service providers to deliver the right care in the right place at the right time

## **Background to Chronic Disease Management in the GVPCP catchment**

Although there are several programs taking a leading role in systems change for 'better' chronic disease management, an important element of the PCP Chronic Disease Management work is to focus on common systems and partnerships across the health system in Goulburn Valley, not to focus on a select number of programs.

As a part of the restructure of GVPCP, the Executive Committee has made the decision to fund a member agency to implement the goals and objectives set out in the GVPCP Community Health Plan for Integrated Chronic Disease Management in an agreed manner with the PCP membership. It is in line with the new philosophy of the GVPCP to empower members and assist them in building their capacity through positive partnership development. Currently GVPCP receives funding for the ICDM initiative through Department of Human Services.

Under the current arrangements GVPCP works with and supports both the Early Intervention in Chronic Disease Program (EICD) and the Aboriginal Health Promotion And Chronic Conditions (AHPACC) Program and potentially other new programs.

The PCP provides a platform of partnership between the following agencies working on:

### **EICD:**

- GV Community Health Service
- GV Health  
Represented on the steering committee is above organisations and
- GV Division of General Practice
- Rumbalara Aboriginal Co-operative

### **AHPACC**

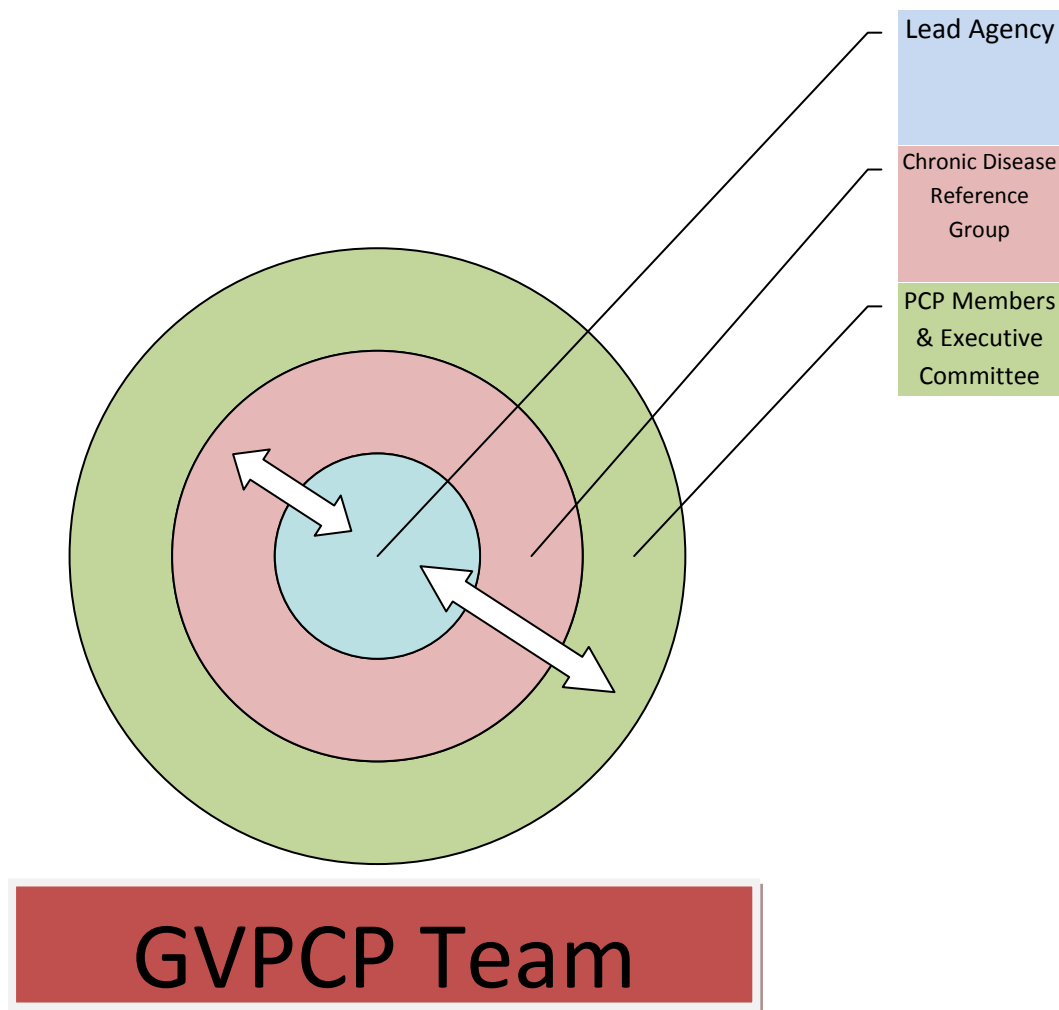
- GV Community Health Service
- Rumbalara Aboriginal Co-operative
- GV Division of General Practice
- GVPCP

A requirement of the successful member agency(s) is that they work with these and other current programs established, and any potential new programs, to ensure better integration and support for all members across the entire catchment to access skills and learning's from these programs

Other key programs that need to be integrated within the ICDM framework include

- HARP
- Diabetes Self Management
- Service Co-ordination Workgroup

## Governance Structure for Lead agency Model:



## Roles within Governance Structure

### 1. GVPCP Executive Committee

The GVPCP Executive committee will oversee the project from a strategic perspective. They will receive reports from the Lead Agency on progress and make decisions on any recommendations made by the Lead agency or the Integrated Chronic Disease Management Reference Group (CDMRG). It is the ultimate responsibility of the GVPCP Executive, as they represent the membership to ensure the Lead agency is achieving agreed requirements, as well as assist the Lead agency overcome any issues or barriers that inhibit their ability to achieve these required outcomes. It is also the role of the GVPCP Executive Committee to convene mediation on any disputes that may arise between any of the parties involved.

## **2. GVPCP Team Leader & Service Coordination Project Worker**

To support the lead agency establish, if required, networks with the relevant members, assist with any communications that are required to all or some of the other PCP member agencies. The GVPCP Team will also assist the Lead Agency develop the Integrated Chronic Disease Management Reference Group which will work in collaboration with the GVPCP Service Coordination .

## **3. Integrated Chronic Disease Management Reference Group (CDMRG) incorporating the GVPCP Service Coordination Working group**

The CDMRG reference group will have three very specific roles:

- a. Act as a communication forum for the lead agency to use for reporting mechanisms as well as disseminating information.
- b. CDMRG will also monitor the progress of the Lead agency in achieving agreed goals and objectives
- c. The membership of the CDMRG will also offer in kind support and advice where appropriate to the Lead agency in supporting them in obtaining the catchment's Vision for Chronic Disease Management.

The membership of the CDMRG will include, but not limited to:

- PCP member agencies facilitating
  - EICD
  - AHPACC
  - HARP
  - Diabetes Self management
- PCP member agencies facilitating Self management services within the GVPCP catchment
- PCP member agencies looking for support in developing their capacity in the area of CDM
- PCP member agencies who are currently involved in the GVPCP Service Coordination working group
- DHS Regional & Central

Collaboration between Service Co-ordination Workgroup and CDMRG will achieve the following:

- Disseminate information and engage the membership in improved practises, protocols and procedures
- System change
- Membership engagement to implement agreed changes to improve practices, protocols and procedures for the client

Responsibility for the group's function will be shared by the GVPCP Service Coordination Project worker and the Lead agency representative. Meetings will be held together to avoid duplication and improve time effectiveness for members.

**4. Lead Agency: The responsibilities of the Lead Agency are:**

- Deliver agreed outcomes and objectives, to be advised later in this document
- Promote the role of all relevant member agencies in ICDM
- Provide support and information to all members in relation to Integrated Chronic Disease management.
- Provide catchment wide leadership in the area of Integrated Chronic Disease management.
- Ensure engagement of current CDM programs within CDMRG.
- Coordinate meetings in partnership with Service Coordination Project worker.
- Provide reports to complete PCP reporting requirements to DHS and the Executive
- Clear work plan to be developed for the approval of the Reference Group including:
  - Objectives
  - Strategies
  - KPI's & Resources required

## **Chronic Disease Management Deliverables:**

**Objective 1: Define the current structure of chronic disease management within the Goulburn Valley In preparation of the 2009-12 PCP Community Health Plan:**

- Building on the results of the Self management mapping exercise completed in 2007, and the service co-ordination survey completed in 2008, an audit of member agencies in relation to their organisational and operational understanding of Chronic Disease management using an agreed assessment tool and process by the end of 2008.

**Objective 2: Build a platform for the integration of current Chronic Disease Management programs, this will include:**

- Improved communication and referral pathways between current programs which will include the supporting of the E Referral implementation and other relevant communication structures.
- Assist in the broadening of referral pathway across the catchment to meet the practise standards as outlined in the Victorian Service coordination practise manual for Initial Needs Identification (INI) and Referral.
- Support the implementation of the Better Access to Services (BATS) Policy and Operational Framework

**Objective 3: Build the capacity of agencies and their staff in their knowledge of current Chronic Disease management structure/programs currently being provided within the GVPCP catchment, this will include:**

- Assisting member agencies with developing the capacity of their staff in understanding the Wagner Model as an overarching framework for improving chronic disease management at a whole of health system level.
- Assist member agencies in understanding and developing capacity in the various models and approaches to self management support, including but not limited to;
  - Stanford Model
  - Flinders
  - Health Coaching &
  - Motivational Interviewing
- Support member agencies with change management required to establish improved Chronic Disease management protocols

**Objective 4: In consultation with the other members of GV PCP and under the guidance of the reference group, build on the reports from recent partnership forums and subsequent discussion papers to develop a plan for the implementation of an integrated Chronic Disease management framework for the GVPCP that will be reflected in the 2009 to 2012 Primary Care Partnership Community Health Plan.**

## Selection Criteria

The Selection of the Lead agency to facilitate the Deliverables as outlined in this document will be based on the applicant's response to the criteria and their budget.

**Criteria 1:** Outline your agencies capacity in delivering GVPCP catchment wide leadership in the area of Chronic Disease Management. Limit 400 words

**Criteria 2:** Outline what strategy your agency(s) will adopt to define the current structure of Chronic Disease management in the GVPCP Catchment. Limit 500 words

**Criteria 3:** Define your agencies' methodology in developing a platform of integration of all current Chronic Disease management structures, and then outline how your agency will engage and assist other PCP members to access and integrate with these services. Limit 800 words

**Criteria 4:** Establish how your agency (s) will facilitate and support the GVPCP catchments understanding and implementation of the various Chronic Disease care models. Limit 800 words

**Criteria 5:** Describe the process your agency will undertake to lead the development of the Chronic Disease Management component of the GVPCP 2009-2012 Community Health Plan. Limit 600 words

**Criteria 6:** Please outline what in kind support your agency will offer if successful in applying for the lead agency role for this project. Limit 400 words

## Budget

The PCP Member selected as the lead agency will paid

\$50,000 per annum (ex. GST)

The lead agency will be required to invoice PCP monthly at \$4166.66 per month (ex. GST)

As a part of the application agencies must provide a detailed annual budget for the project. This must be submitted with their answers to the selection criteria as outlined above.

All applications are to be sent to and marked **Private and Confidential**

Kym Durance

Chair

GVPCP

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By Friday 22nd of August 2008