



2018 and 2019 ADMA Members' Survey RESULTS SUMMARY

Preferred method of receiving information about area of work and integrated care services

Respondents were asked to identify which method they prefer, or would prefer, for receiving information and education on chronic disease and integrated care.

In 2018 Workshops or smaller seminars and webinars were noted as the top weighted preference followed by newsletters and the national conference.

Online communities and regular state wide meetings were the least preferred method.

In 2019 The website was noted as the top weighted preference followed by newsletters, workshops or smaller seminars.

Online communities and regular state wide meetings were the least preferred method.

Newsletter

In 2018 the sections of the newsletter most valued were disease specific news, event and seminar information and websites with useful information. The least interesting section for respondents was technology news however there were no definitive suggestions to remove sections.

A common suggestion to add to the newsletter revolved around case studies, service or clinician profiles including clinicians sharing information and tips.

The majority of respondents prefer to receive the newsletter monthly.

The majority of respondents share the information from ADMA newsletters with colleagues.

In 2019 the sections of the newsletter most valued were disease specific news, event and seminar information followed by Australian News and websites with useful information. The least interesting sections for respondents was technology news although there were multiple comments that all of the newsletter was useful.

The majority of respondents prefer to receive the newsletter monthly.

The majority of respondents share the information from ADMA newsletters with colleagues.

The full list of suggested additions and information to remove were as follows:

What information could be added to the newsletter?

- New health trends and hot topics in the media [2]
- Research / Best Practice [4]
- Can we include ways to benchmark against other services to provide integrated Evidence Based Care? Need to start to measure whether what we are doing is working.
- Partnership grant opportunities in the management of chronic disease
- Happy the way it is
- I think it is good. If it is too long I don't get time to read it I just browse the topics
- education opportunities
- I'm not sure. This is one of a number of sources I use, so I'm not sure that you should add further information unless you are able to become a 'one stop shop'...
- It's well thought out.
- Ample information
- Rural and Remote profile service provisions Consumer Journeys - service systems Lobbying by ADMA - increase capacity
- I think it covers the main topics. I like the programs that are innovative or include alternatives approaches to healthcare like sound, music, art therapy, a little outside the box
- Not sure or N/A [8]
- More disease specific info
- Success stories from the coalface to help inspire & share positive outcomes.
- Case studies and profiles of innovations
- Practical management of chronic disease and preferably health literacy skills to inform and prevent chronic disease
- Oral health and points of access
- I enjoy the newsletter in its present format
- It has an adequate amount of information.
- A more user friendly contents section with enough info so you can go to the directly relevant options. Current format is a little dated. If I open a link in the newsletter then go back it takes me back to the front page which can be frustrating
- Dependent upon whom the members are. I think a good mix of information at differing levels. Executive; Managers; clinicians is useful, as it enable increased knowledge and hopefully a greater understand at what is happening at the differing levels
- The current newsletter is packed full of great and appropriate information, continuing the great work and information.
- Further information about learning/education opportunities,
- Successful overseas chronic disease programs
- Maybe courses that are being provided at hospitals
- More primary prevention lens to some of the articles
- More small rural and remote stories
- Update of programs.

What information could be removed from the newsletter?

- Nil or nothing [24]
- ?? Sorry - all is useful!

- I appreciate receiving the newsletter 'as is' and take from it what I need. Areas that I might skim over are, I'm sure, useful to others, so I wouldn't suggest removing anything.
- I enjoy it all
- I think it's relevant at different times.
- I feel the current content is good
- Anything that is not a 'how to' the rest can be annual
- International disease related research
- Different components are relevant to different people so I think it is currently relevant
- I enjoy reading all the information provided in the newsletter, it is very informative, so cannot suggest anything to be removed.
- I find it all valuable from time to time, depends on what's happening in my role at the time as well. Not sure
- I think it is all of benefit at different times. It depends what you're looking for at the time.

DM Review

In 2018 there were no questions asked about the DM Review.

In 2019 the majority of respondents preferred to keep the DM Review as a quarterly publication and the majority do not share the information with colleagues.

ADMA Website

In 2018 The majority wanted to see events such as conferences and seminars and links to relevant websites on the ADMA website. This was followed by journal articles from Australia on disease management and integrated care.

In 2019 The majority wanted to see events such as conferences and seminars followed by a searchable collection of tools, templates, reports and articles for disease management and integrated care.

ADMA Events

In 2018 The majority of respondents had attended an ADMA event previously. These were mainly the conference or a seminar.

The main reason for not attending an ADMA event in the past year was date and time followed by cost. Comments included that being able to access time and funding to attend events was difficult.

In 2019 there were no questions related to ADMA event attendance.

When asked for suggested topics the following responses were provided:

- Just highlighting various clinicians from different health networks
- Prof Glen Maberly re: his work on whole of system approach to improve health and wellbeing in Western Sydney: <https://www.westernsydneydiabetes.com.au/about-us/the-core-team>. Others along the same line would be good. Also work on implementing these in practice - how this can be done (implementation science experts).
- Cardiac rehabilitation
- Integrative approaches and resources
- Diabetes focus
- Health coaching
- Dementia, complex childhood trauma and chronic disease

- I am interested in the global picture, the national picture and the local picture to understand work in the area-innovative ideas and replicable programs
- Flinders University Kate Lorig Palliative Care Australia VAADA
- Dr Craig Hassed - author of The ESSENCE of Health
- How alternative care models like music, medication, art therapy etc have been successfully integrated in chronic care services.
- Don't know
- Speakers from different areas within Victoria/Australia
- Reducing hospital readmission rates, ways to improve communications between hospital/community/primary providers, Hoarding & Squalor.
- The broader focus on health and wellbeing and prevention is very welcome
- Nobody specific but a focus on work that is transferable to other settings as opposed to something that works well in a local setting but cannot really be applied elsewhere.
- Behavioural change, how we make change by our everyday conversations, baby steps lead to giant leaps and change
- Integrated health record systems
- Health promotion/ preventative measures
- CDM, regional staffing, shortfalls
- As I work more in primary prevention it would be helpful to have some focus on this area and also healthy ageing
- More about prevention initiatives and holistic care
- Values based care- Pim Valentijn
- Carer stress and available supports
- Chronic heart disease
- Gut health
- Shared medical appointments - Dr Garry Egger
- Chronic liver disease and its complexities
- Social prescribing seems to be the buzz word at the moment would be interested in how that could be incorporated into integrated care.
- Impact of Mental Health on Chronic Disease Management
- Updates re heart failure. Technology and specific research based apps for clients with chronic health disease. Sedimentary life styles and how the public health system can cope with this in the future.
- Inter-professional practice competencies for health worker's leadership training

Other suggestions for ADMA

In 2019 the following suggestions were provided:

- Information on new evidence based guidelines or clinical practice changes
- Measurements for assessing effectiveness of what we are doing, and being able to compare to others.
- Networking opportunities
- Opportunity for clinicians to meet using a peer support model and share best practice. It is a challenge for small organisations to achieve this.
- Satisfied
- Templates for smaller organisations
- Any resources relative to Physiotherapy and chronic conditions
- As stated, I use ADMA as one of my sources (and as a great resource). I'm not sure at this stage that I have any suggestions; if you don't provide all the 'assistance' I need I explore

where I might find this. The most important thing for me is that newsletters etc are easily navigable (so that I can go straight to the info I need and simply scan read the rest).

- Trauma informed care
- Supporting regional workers and farming communities
- I like the email out as visiting the website is if I am looking for something specific. time is already quarantined so anything that supports-"information at the finger tips" helps my day
- Best practice tools and systems much like Flinders University - what has happened to the Chronic Care Model or Kate Lorig work; challenges for rural and remote service access
- Regional workshops not always city based
- Regional seminars and more webinars
- Indication of what disciplines training would suit
- More disease specific info
- Breakfast meetings or seminars, held quarterly. Perhaps an annual travel scholarship as an incentive for members?
- Keep up the great work!
- I work in a community health centre, without GP's, they only visit weekly at best for a few hours. We need chronic disease management templates to create care plans and follow ups, the clients are getting frustrated as they visit the GP and the practice nurse, duplicates all we do, and often they are nonclinical. We have no platform to share client information with GPs.
- More exercise evidence
- Offering of seminars in Shepparton I seem to always have to travel to them
- Regional solutions, CDM, pathways & cycle of care for CDM
- Chronic disease management and dementia
- Overall ADMA is a good resource for my work.
- Integrated care- values based care Co-design
- May be some case studies and feedback from other hospitals in regards to CD management and providing support to the patient in the community. what strategies they find useful
- More opportunities for networking
- Allied Health specific information within DM
- Primary prevention in chronic disease - further resources and research on what is being done in Australia and worldwide to improve healthy eating, physical activity, mental health and social inclusion to reduce the risk factors of chronic disease.
- Again just more rural and remote stories to see how bigger location's quality improvements and initiative can be implemented at a smaller scale.
- Workshops in other states, they all seem to be held in Victoria
- Ongoing updates with chronic health trends / health tracking.
- Nil [8]

Additional Questions

In 2018 there were two additional optional questions related to Integrated Care

Respondents were asked to identify the barriers and enablers for providing quality integrated care or care coordination.

Barriers could be grouped into the following themes:

- Lack of coordination, communication or interest across the sectors (17)
- Lack of funding (7)

- Lack of technology which is integrated (7)
- Lack of time (7)
- Multiple funding streams (4)
- Lack of staff or staff skills (4)
- Aged care reforms / My Aged Care (4)
- Transport issues (2)
- Regional lack of service (2)
- Patients who don't fit in a funding stream (1)
- Different reporting systems (1)
- Lack of consistency across organisation (1)
- Asking patients the same questions over again by different providers (1)
- Uncertainty of future reforms (1)

Enablers could be grouped into the following themes:

- Training for staff, competent staff (8)
- Patient focused / centred care (6)
- Communication (6)
- Fostering good relationships (6)
- Funding (5)
- Sharing experience, knowledge and evidence base (4)
- Technology for communication (4)
- Team work (4)
- Health literacy / health coaching (3)
- Integration (2)
- Good governance (2)
- Home visits (2)
- Understanding models and promotion of models (2)
- Patient advocates (1)
- CQI (1)
- Flexibility (1)
- Well planned discharge and written discharge summary (1)

In 2019 there were two additional questions requesting suggestions for services to profile in the newsletter and examples of working collaborative models of care. The suggestions provided are followed up for the newsletter.

Outcomes

- Monthly newsletter continues
- Quarterly DM Review continues
- A new website is under construction, launching soon
- Dissemination of suggested services and other working models via newsletter program profiles and the new website
- Annual prevention and population health seminar continues
- Review smaller forums