

IDEAS (Integrated Diabetes Education and Assessment Service)

Organisation: Carrington Health

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General overview of your service and the main components of the service: IDEAS (Integrated Diabetes Education & Assessment Service) is an across-sector team-based approach to care for people with type 2 diabetes. It integrates specialist medical and allied health services, providing multidisciplinary team-based care in a community setting, for people with type 2 diabetes. IDEAS first started at Carrington Health in 2009 in collaboration with Eastern Health Endocrinology and replicated in 2011 at EACH (then Knox CHS). Our vision was to utilise the best available skills across both the acute and community sectors to deliver evidence based multidisciplinary service and divert outpatients into community health. In keeping with international and Australian evidence relating to best practice in chronic disease management the IDEAS model of care has a strong focus on lifestyle, behaviour change and self-management.

The IDEAS team consists of (specialist medical) endocrinologist and endocrinology registrar (provided via Eastern Health) and a range of allied health practitioners including diabetes nurse educator, podiatrist, community health nurse, dietitian (provided via community health). Whilst the service is underpinned by common guidelines, including single assessment and care planning tool, it also allows for the flexibility of team members that are employed across community health services.

Scaling up the model of service: Project funding for 2017-2018 from Eastern Melbourne PHN enabled a scaling up of IDEAS with the aim to replicate and evaluate the IDEAS model of care across three new service sites in the eastern metropolitan region of Melbourne; with partners Eastern Health, EACH and Access Health and Ability. As project lead Carrington Health, using existing protocols, undertook a three-month phased establishment of IDEAS to three additional service sites within community health; representing half day sessions across four days of the week and five regional locations. Partnership engagement included a clinical working party (from all five IDEAS sites); across sector steering group; lead/change champions; and focus on effective (locally relevant) engagement with general practice, including an education event attracting CPD points.

The end of the project now sees five sites operating, with ongoing active involvement of IDEAS staff in clinical quality improvement activities. Comprehensive implementation guidelines are in place for whole of service consistency, as well as site specific detail. During the project period 432 new referrals received, 861 consultations, 545 new individuals and over 680 hours of additional service time took place across the IDEAS sites. Critical systems have been embedded (consistently across all sites) including new referral systems between outpatient departments and community health sites; access to e-health records, including pathology results; and development of clinical assessment and outcomes tabs within the (Trakcare) community health client health record ensuring consistency of reporting and capacity to produce aggregated clinical outcomes data. There have been significant increases in GP referral direct to community health and strengthened triage within out patient's that results in the majority of type 2 diabetes referrals now being diverted.

This next year will strive to consolidate these existing five IDEAS sites and add another, to be based in Lilydale at Inspiro.

Measuring outcomes: In previous years, service effectivity has been demonstrated by quantitative and qualitative research and included positive clinical outcomes, client experience and behaviour change. Recognising that more meaningful review of clinical health outcomes could be expected if collection and interpretation of data was to have an extended time frame, this element of reporting is to continue for six months post the scale up project period. Included will be clinical health indicators such as HbA1c, as well as client and staff satisfaction.

Current challenges and enablers: As will any across-sector approach to service delivery there are ongoing challenges in ensuring consistency of practice, flexibility across sites to allow for locally appropriate response and the ability to foresee and prepare for systems changes that may occur within any of the partner organisations (eg. change of client management system). The presence of a key contact and steering group aims to facilitate across partner communication that can enable relevant problem solving and IDEAS' systems refinement in response. The past and present commitment of partners in this regard is critical to the ongoing success of the service across the region.