Appendix H

Stanford Chronic Disease Self Management Program

An existing strategy working to support the following elements from the Green Paper (outlining how Stanford fits into this system re-design)

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES - GREEN PAPER			
Section from the paper	**Page number**	**Comments**	**Reference**
The Green Paper outlines the process we will use to determine where and how services are provided; balancing safety with access, efficiency, suitability and equity. This includes ensuring that we have an effective and responsive primary care sector to promote wellness, limit the long-term impact of complex and chronic conditions, keep people out of hospital, and ultimately, improve the quality of life of Tasmanians. We will do this by: Having a greater focus on primary and community care Shifting the balance of care provision from the hospital to the community Redesigning our clinical services Strengthening our public-private partnerships Strengthening our interstate partnerships	Page 5	Research into the effectiveness of the Stanford CDSM program has demonstrated positive outcomes eg. proven to reduce hospital visits and increase participants self-efficacy including improved confidence to manage their condition, improved quality of life and psychological wellbeing, improved partnership with doctor etc.	Expert Patients Program (EPP) – Internal Monitoring Results 2005 (UK). National Primary Care Research and Development Centre (Rogers A; Bower P; Gardner H; Gravelle H; Kennedy A reeves D – 2007).
The Tasmanian Clinical Services Profile will provide a principles-based model for the identification, management and governance of statewide clinical services by: Placing patients first and ensuring a smooth and rapid pathway to the most appropriate care Providing holistic, evidence-based health services that deliver the best	Page 8	Stanford CDSM Program covers a range of issues associated with long term health conditions, providing participants with various tools and techniques to better manage their health. Low cost for participants – the program is provided to	DHHS GTMOOL Website

patient outcomes at an affordable cost Identifying clinical services that can be delivered safely and efficiently through an agreed role delineation framework Improving the quality and safety of care by ensuring agreed standards are met and that minimum service volumes are maintained Strengthening the role of the DHHS as the system manager to plan the arrangement, location, type and quality of clinical services Providing a process for accessing more complex care in the community Developing and sustaining a highly skilled workforce Strengthening partnerships between primary, private health and education providers, Strengthening interstate partnerships, and Providing agreed definitions for health care providers and planners.		participants at the cost of a gold coin donation. Well established internal infrastructure (statewide) with 55 leaders (including 2 master trainers) from DHHS/THOs trained (and an additional 6 peer leaders), with programs delivered across the state. Program meets National Safety and Quality Standards and EQUIP (eg. 2 Partnering with Consumers, 10 Preventing Falls and Harm from Falls, 11 Service Delivery (better health and wellbeing). Proven broad skill development for staff trained as leaders – see Stanford Leader Case Study project. Leader training provided annually in Tasmania (low cost training). Program also supports a range of partnerships between Gov and Non-Gov organisations (see website).	Stanford Leader Case Study Project (2012): Leader Case Study Project Key Themes.p Report Stanford Leader Case Study Pr
Tasmania faces particular challenges of population distribution, lifestyle factors, and high rates of chronic disease that drive a heightened need for a responsive, effective primary care sector. There have been increasing costs and investment in the acute care system, but there has not been equivalent investment in primary and community care. In fact, there is underinvestment and underutilisation of Tasmania's primary community care sectors. An effective and responsive primary care sector is crucial to promote wellness, limit the long-term impact of complex and chronic conditions,	Page 20	Programs are provided across the state from West Coast, King Island to Flinders Island and Cygnet. Healthy Settings Program Manager With well established infrastructure the program is provided at a low cost to the organisation (predominately leader's time and program resources).	Expert Patients Program (EPP) – Internal Monitoring Results 2005 (UK).

keep people out of hospital and, ultimately, improve the quality of life of Tasmanians. Tasmanians must have: Greater access to local primary care services Better pathways to specialised care when they need it More opportunities for treatment in their community, progressing appropriately to hospitalisation only when it is the most appropriate treatment option Timely return to home or to a facility closer to home - as soon as it is safe and appropriate Better coordinated and more accessible care for those services that are provided outside of their local community Care delivered by a competent and skilled health workforce, and Access to early care to enable them to return to optimal health and maximum independence.		Research into the effectiveness of the Stanford CDSM program has demonstrated positive outcomes eg. proven to reduce hospital visits and increase participants self-efficacy including improved confidence to manage their condition, improved quality of life and psychological wellbeing, improved partnership with doctor etc. Currently piloting referral pathways into Stanford programs eg. Smithton pilot (opt out process for hospital and community clients) – initial pleasing results.	National Primary Care Research and Development Centre (Rogers A; Bower P; Gardner H; Gravelle H; Kennedy A reeves D – 2007). Smithton model: HealthLinksDec2014Ston.pdf
We will work with our partners to treat more patients in the community by: Providing better care coordination services for people with complex chronic conditions, with a focus on improving health outcomes and reducing avoidable hospitalisations Developing and promoting care pathways that support the delivery of evidence-based, seamless care for consumers, and Better managing more complex, urgent cases within the community by delivering more innovative urgent care services, especially in areas of need.	Page 21	As above.	
Range of services can be delivered safely and efficiently in the community. This is not only more efficient for the system, it is more convenient and less disruptive for patients and their families. When someone does need to go to hospital, community support services must be in place to ensure these clients are able to return to their homes and families safely. To shift the balance of care from hospital to the community we will: Design services to meet the needs of people with multiple health	Page 22	As above	

problems to keep them out of hospital unless absolutely necessary Provide more out-of-hospital services to patients who have traditionally received their care in a hospital Improve the community management of people with chronic and complex conditions, and Provide non-admitted 'hospital type' services - such as acute, sub-acute and post-acute services in health centres, clinics, and people's homes.			

Tasmania's Health WORKFORCE - Supplement No.2			
Section from the paper	**Page number**	**Comments**	**Reference**
The renewed focus on primary and preventative care combined with the increase in the number of patients with chronic illnesses and co-mobidities, signals the need to provide more complex care in the community. To do this we need to support our workforce to create a culture of collaboration and implement team based approaches to the delivery of safe, high quality care. There is potential for assistants and support workers to build capacity in a range of workforce areas in Tasmania. These may include, allied health assistants, personal care workers and patient care attendants, medical practice assistants and peer workers. There is also the potential to increase the use of the enrolled nurse workforce to work across a broader range of health environments. For some service areas, such as mental health and aged care, there is also the opportunity to strengthen and support volunteer and carer roles to reinforce consumer self-management capability.	Page 5	Research into the effectiveness of the Stanford CDSM program has demonstrated positive outcomes eg. proven to reduce hospital visits and increase participants self-efficacy including improved confidence to manage their condition, improved quality of life and psychological wellbeing, improved partnership with doctor etc. The program is delivered by accredited leaders from DHHS/THOs and peer leaders. Proven broad skill development for staff trained as leaders – see Stanford Leader Case Study project. Leader training provided annually in Tasmania (low cost training). Current license with Stanford until April	Expert Patients Program (EPP) – Internal Monitoring Results 2005 (UK). National Primary Care Research and Development Centre (Rogers A; Bower P; Gardner H; Gravelle H; Kennedy A reeves D – 2007). Stanford Leader Case Study Project (2012): Leader Case Study Project Key Themes.p Report Stanford Leader Case Study Pr

		2017 - opportunities to train additional staff / peer leaders from a range of areas (more targeted approach).	
Expanding scope of practice isn't about a single profession; it involves a range of health professionals working together to deliver comprehensive patient care. The roles of multidisciplinary teams need to be clearly negotiated and defined within agreed governance structures, systems and protocols to support the delivery of safe, high quality care (see Supplement No.1 - Sustainability and the Tasmanian Health System).	Page 6	Opportunity to focus on systems support – see report (2013).	Report: Stanford CDSM Program - Models of organisational support within Australia (2013): Report Models of Organisational Suppo
If we are to refocus our health system on wellness, prevention and primary health care we also need to refocus the education and training programs that prepare and support our workforce.	Page 7	Leader training as noted above.	

Building a Stronger COMMUNITY CARE System Supplement No.3			
Primary Health refers to a range of community health and care services that are provided in the community close to where people live and work. These services are the first point of contact for people accessing the broader health care system. Primary Health Services include a range of allied health, community nursing, pharmacy, diagnostic services, general practice and community support services. In its broader sense, Primary Healthcare can also be taken to include preventative health services such as smoking cessation programs, lifestyle education, immunisation and screening services. A shift in emphasis to care outside of acute hospitals will enable health consumers to take a more active partnership role in managing their health needs. By increasing the capacity of primary health care services to manage more complex conditions in the community, a more efficient	Page 3	Programs are provided across the state from West Coast, King Island to Flinders Island and Cygnet. Stanford CDSM Program covers a range of issues associated with long term health conditions, providing participants with various tools and techniques to better manage their health. See website.	DHHS GTMOOL Website

system will be created.			
Community based chronic disease management programs promote healthy lifestyles and environments and encourage early detection and intervention, including lifestyle and risk factor modification.	Page 4	As above.	
Tasmania's Integrated Care Centres (ICCs) have an important role to play in the management of chronic disease. Integrated Care Centres in Launceston and in Hobart currently provide a range of diabetes, cardiopulmonary, musculo-skeletal and other programs that help people self-manage their condition. Capacity exists to extend and integrate these programs with prevention and health promotion activities in our ICCs and community health centres.	Page 4	North Integrated Care Service identified as a hub-site for the program (program model for the north). Programs to be provided regularly from the centre in 2015. See article.	SundayExaminer22June2014.pdf
The provision of non–admitted alternatives to care based in the community in many cases provides a far more cost effective method of health service, reducing negative impacts for people being admitted to hospital. These include risks of harm within the hospital and social isolation for otherwise well people. Timely intervention to support a patient's rehabilitation, both in hospital and after hospital discharge, improves the level of recovery the person can achieve and the rate at which recovery can take place.	Page 4		
Rural health services play a vital role in providing sub-acute inpatient health care, day treatment and primary health care services and in some instances residential aged care and emergency response capability.	Page 6	Rural health sites imperative for providing support to those with long term / chronic conditions: • Currently piloting referral pathways into Stanford programs eg. Smithton pilot (opt out process for hospital and community clients) – initial pleasing results.	Smithton model: HealthLinksDec2014Smithton.pdf
Funding of PHC Services The THOs are working closely with the Tasmanian Medicare Local on a number of major projects that will bring efficiencies to the state health system, most notably the Health Pathways project which assists with clinical decision making, ensuring that patients are able to receive care that is appropriate to every stage along their health care journey.	Page 7	Stanford current model in Tasmania – low cost, infrastructure well established with ability to provide programs across the state (taking programs to the community). See annual report 2013/2014. Stanford program now included in Tasmanian Health Pathways.	Stanford CDSM Program: Annual Report 2013 / 2014 (scroll to bottom of webpage).

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