

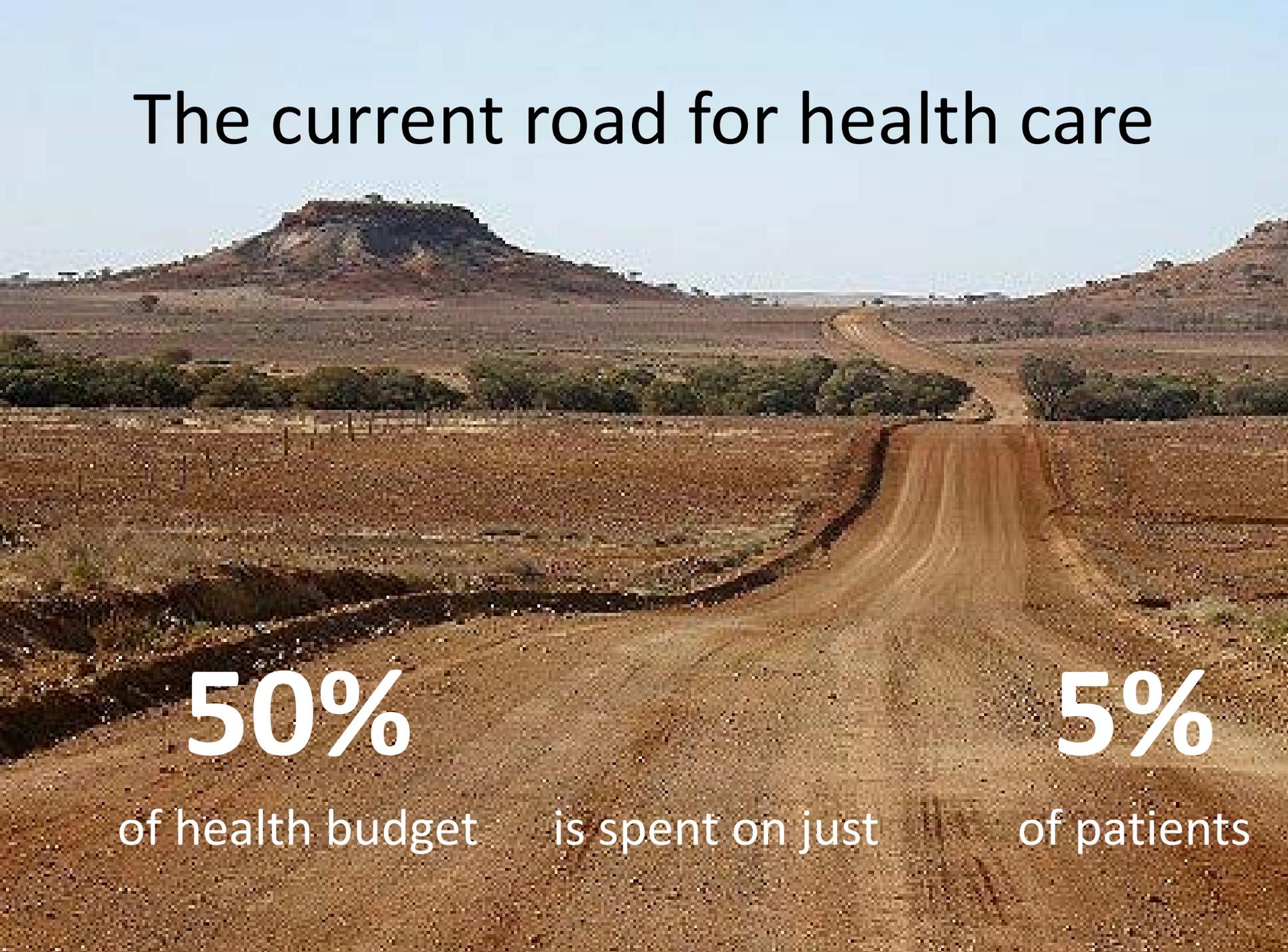


West Moreton
Hospital and Health Service

Choosing a new
road to follow
in delivering
health care
services



The current road for health care

A wide-angle photograph of a dirt road winding through a dry, hilly landscape. The road is the central focus, curving from the foreground towards the background. The terrain is arid, with sparse vegetation and a few small structures visible on the hills in the distance. The sky is clear and blue.

50%

of health budget

is spent on just

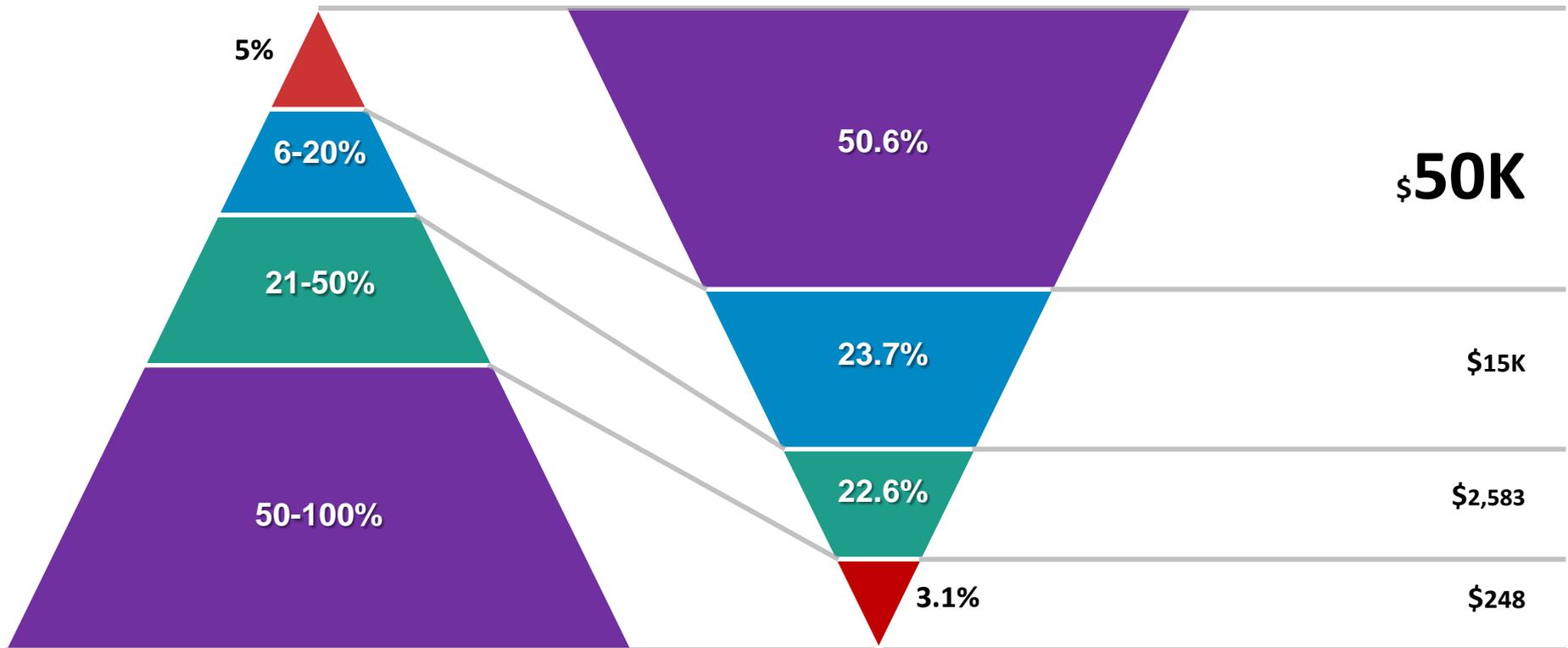
5%

of patients

Segmentation based on healthcare spending

Percentage of total expenditure

Average expenditure per patient per year





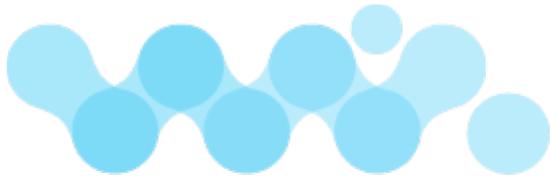
MeCare:
a new road forward



MeCare – A new model of care for
healthcare in Australia

MeCare is a partnership between

Vote MeCare



West Moreton
Hospital and Health Service

and

PHILIPS



Model overview

Once part of the MeCare Program, the patient will be cared for virtually in the home with the MeCare unit reaching out to the patient providing specialist medical, nursing and allied health support as required by the individual patient – in line with the individualised care plan developed for the patient, with the patient, the patients GP and the multi-disciplinary MeCare team.

The model uses a phase of care approach with the phases including; patient intake/ assessment phase, optimal health phase, rehabilitation phase, deterioration phase, crisis phase, end of life care phase. Each patient will be assessed on entry to the program with a multi-disciplinary team case conference with relevant stakeholders held. This conference will define the phase of care the patient should be allocated to on entry and will co-design an individual care plan with the patient. This plan will define the parameters for psychosocial and physical signs, frequency of monitoring/ review and interventions for the patient with the health coaches and other members of the multi-disciplinary team as appropriate. The model of care is still being refined therefore the details in relation to how that original plan will be developed are still being considered. It is envisaged the care plan will be reviewed through patient huddles/ review conferences and will include the patient and the relevant members of the patients care team but on all occasions the patient and their GP will be actively involved in care decisions

The interdisciplinary plan will be recorded and available to all in the team, in real time, including the patient with clear goals, outcome measures and accountability. Progress and accomplishments against the plan will be recorded in real time. This holistic, multi-disciplinary team approach is not new however utilising the 360 degree care team, as close (and real) partners in the management of the patient, with timely/ earlier intervention with signs of deterioration. Further innovation lies with the model of care being enabled by the technology to receive the relevant evidence based biometric and psychosocial data to drive patient management. Using big data and predictive tools developed with Philips, service delivery and patient outcomes will be measured and become increasingly predictable. This will lead to increased unit efficiency and better patient outcomes over time. Importantly, patients remain supported by McCare permanently (or until they choose to exit voluntarily or move out of the area) so that they continue to benefit long term.

Inclusion criteria: Specific inclusion criteria for patient recruitment includes the following: through review of activity data those patients who have already demonstrated high cost over time and through sound predictive modelling demonstrate they will continue to be high cost for the next 4 years ie the top 5% of patients consuming the largest part of the HHS budget but little or no return for investment in relation to clinical outcomes, behaviour change for long term health gains, community engagement, and the health care dollars spent . Adult \geq 18 years, consent to participate, resident within the West Moreton catchment area, and one or more chronic health conditions consistent with those in scope under the National Potentially Preventable Hospitalisation (PPH) Chronic Health Condition Category and including from those with select DRG's under the following groupings: CVD, Diabetes Complications, COPD/Asthma and Chronic Kidney Disease.