Connecting Care in Disability

A partnership model for integrated health care in metropolitan and regional areas

Dr Robert Leitner
Director, SESLHD Developmental Disability Network

Lif O’Connor
Clinical Nurse Consultant, MRID Network

Jurgen Wille
Senior Social Worker, Kogarah DAS

Anne Funke
Carer Advocate, MRID Network
Complex Healthcare Needs

- People with developmental and intellectual disability have poorer health outcomes and greater difficulty accessing healthcare in comparison with the general population.

- They experience a high prevalence of significant medical problems and their health conditions are often unrecognised, misdiagnosed and poorly managed.

- The co-existence of multiple and complex health and mental health needs impacts on the ability of primary healthcare services to effectively assess, identify and meet the range of needs.

- Health co-ordination and specialised assessment, interventions and support for primary health services are essential.
Guiding Principles

I. Inclusion into society and services
II. Patient centred care
III. Carer inclusiveness
IV. Equity of access
V. Addressing multiple disadvantage
VI. Prevention and timely intervention
VII. Multi-disciplinary approach
VIII. Interagency collaboration
IX. Co-design in equal partnership
X. Information sharing

Mathew’s Gospel: ‘Whatever you did for one of the least of my brethren, you did for me.’
Policies promoting Integrated Care

- National Disability Strategy 2010-2020
- The Disability Inclusion Act (2014)
- National Disability Insurance Scheme Act (2013)
- NSW Carers (Recognition) Act (2010)
- NSW Health Service Framework to improve the health care of people with Intellectual Disability (2012)
- National Safety & Quality Health Service Standard 2: Partnering with Consumers (2012)
- People with a Disability: Responding to Needs During Hospitalisation (revised 2008)
- Provision of Services to People with an ID & MI - MOU & Guidelines (2010)
The Egg Model of Connecting Care

- Young Person
- Family
- Carer
- GP
- Other Agencies – Private, Public, NGOs
- Specialist Health & Mental Health Care Providers
- MRID Network
- Leadership
- Service Identification and Engagement
- Escalation Processes
- Capacity Building
- Education
- Primary & Community Health
- Consultation
- Hospitalisation
- Management
- Review
- DEC
- Assessment
- Carer Support
- ADHC
- Health Care Planning
- Support
Key Life Stages
Health Assessments Connecting Care

Preschool
Middle School
School Clinic
Diagnosis and Assessment Clinic
Adolescence
Transition Clinic

Tough Love
Fly!
Diagnosis and Assessment Clinic

Client family level
- Child and parent

Professional level
- Paediatrician, psychologist, social +/- therapist
- Comprehensive developmental and psychosocial assessment

Organisational level
- Health, early childhood & intervention service

System level
- moving towards integrated assessment in the child’s natural environment

Andrew and his Mum
School Clinic

Client family level
• student and the family and community supports

Professional
• paediatrician, teacher and school therapist
  +/- support worker/ therapist
• ongoing management and health check in his natural environment

Organisational level
• health, education +/- disability support services

System level
• connecting health and education and social wellbeing
Transition Clinic

Client family level:
• client, family | carer and support worker

Professional level:
• paediatric, adult +/- psychiatry, transition coordinators (health and education), teachers, allied health
• coordinated planned and timely transition services from paediatric to adult, education to work, and home to the wider community

Organisational level:
• assessment at school with Health, Education, ADHC| NGO and follow-up in community service

System level:
• comprehensive, integrated, holistic health & wellbeing, social & functional assessment

Andrew is now a young man
Capacity Building

My Toolkits

School Kit  schoolkit.org.au

Codesign Kit  codesignkit.org.au

• Training in Intellectual Disability Medicine
  – STP Registrars
Challenges in Connecting Care

- Complexity of service provision
- Identification of local champions
- Engaging mainstream services, including Mental Health
- Linkages with Primary Health Networks
- Networking across several organisations with no common language
- Accessing different databases across agencies - confidentiality
- Establishing and sustaining local service developments
- Competing priorities and established culture of services
- Devolution of ADHC and transition to the NDIS
NSW Health Initiatives in Connecting Care

- Incremental progress
- Moving towards universal disability inclusion
- Specialised Health Teams (Tier 4)
  - MRID, Kogarah
  - NSIDHT, Cremorne
  - SDHT, Fairfield
- Clinical leadership, research and education (Tier 5)
  - ACI ID Network
  - Chair ID MH, UNSW
- Dedicated funding
- Training and workforce development
- Co-design with carers, based on patient experiences
- Networking and communication
Where to from here?

I am leaving the old world

Welcome to the new world

ADHC

NDIS

mrid network connecting care