

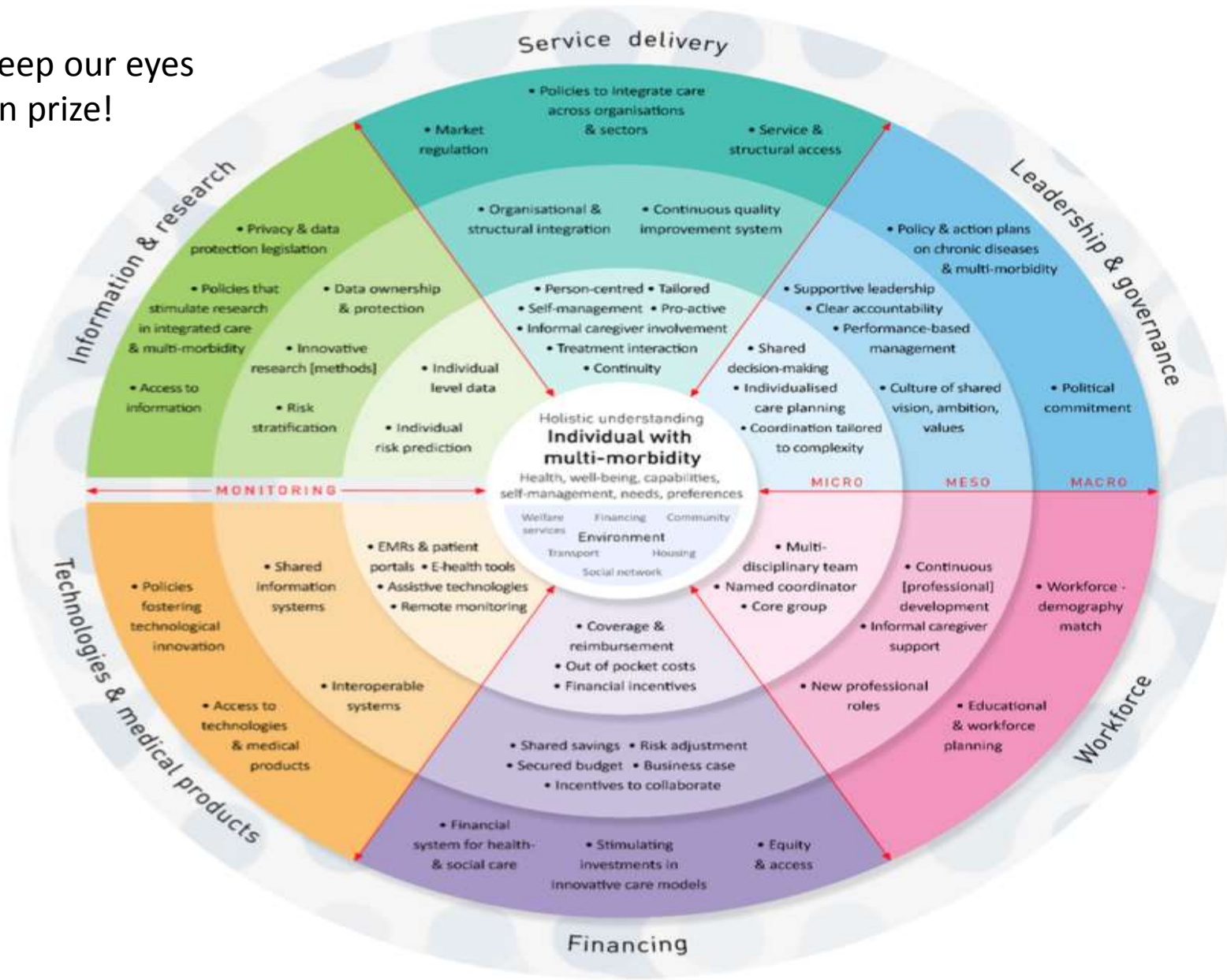


WELCOME

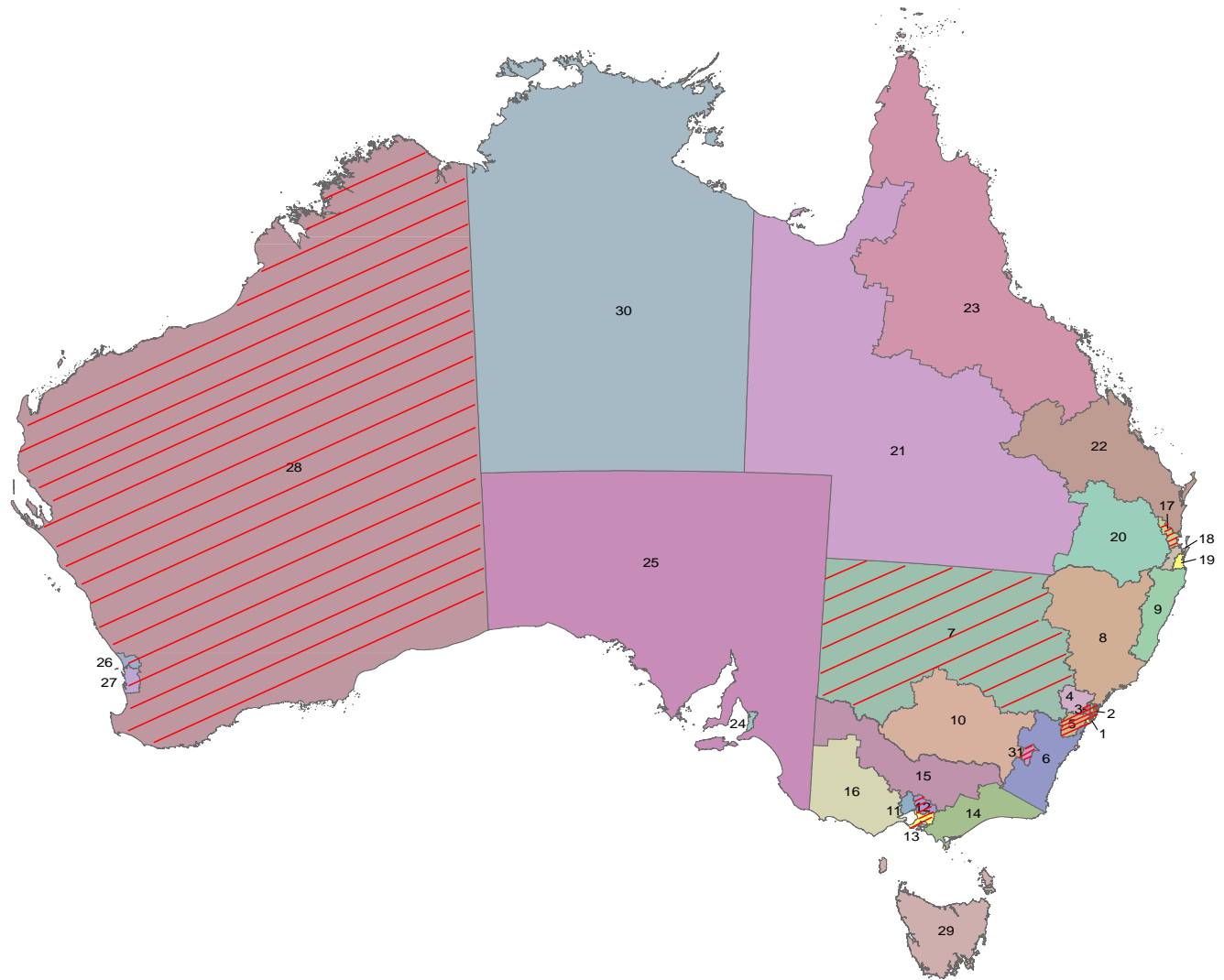
Atlases - Implementation and practical experience

Adjunct Professor & Director John Mendoza

Keep our eyes
on prize!



The SELFIE Framework for Integrated Care for Multi-Morbidity <http://www.selfie2020.eu/>



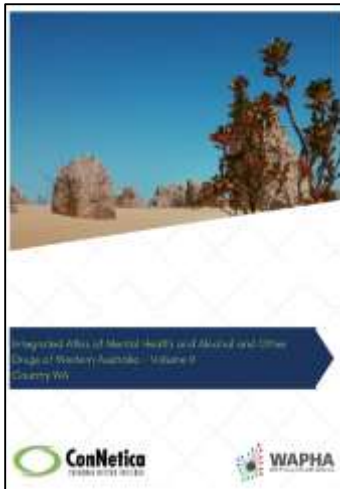
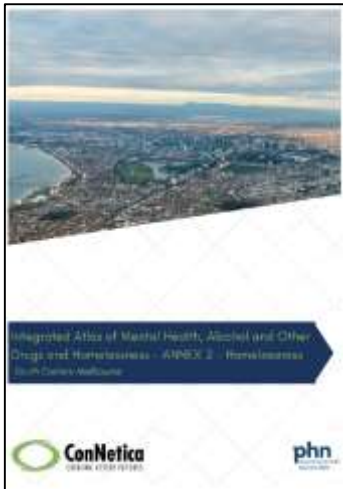
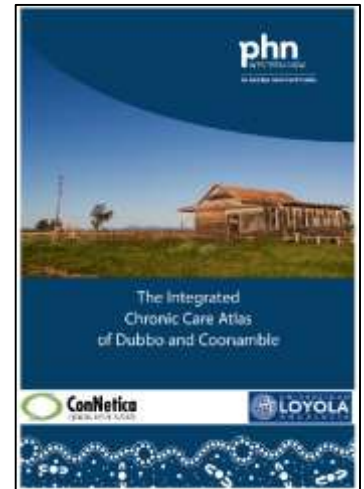
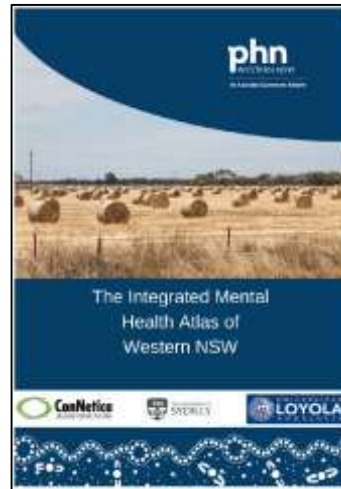
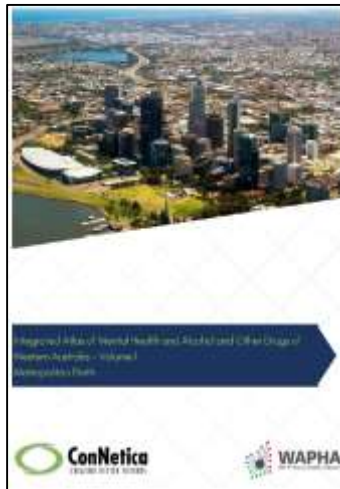
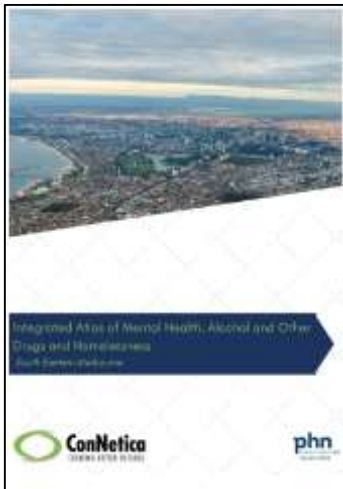
PHN Areas with Integrated Mental Health Atlases (N=12)

ConNetica's experience (since March 2015)

- Atlas of Brisbane North – Mental Health & AOD (Sydney University, Loyola)
- Atlas of South Eastern Melbourne – Mental Health & AOD & Homelessness services (a 1st)
- Atlas of Mental Health and AOD – all WA – the largest region ever mapped
- Atlas of Mental Health – Western NSW (Sydney University, Loyola)
- Atlas of Chronic Care – CVD, COPD, Diabetes – Western NSW (a 1st)

Currently preparing

- Atlas of Mental Health – Northern Sydney (Sydney University) – due 27 August 2017
- Atlas of Mental Health & AOD – Eastern Melbourne – due Nov 2017



**Plus ADF & DVA services
Plus PNG**

Lots of field work ... lagging on publications ...

CSIRO PUBLISHING

Australian Health Review

<http://dx.doi.org/10.1071/AH15154>

Integrated mental health atlas of the Western Sydney Local Health District: gaps and recommendations

Ana Fernandez^{1,2,6} PhD, Postdoctoral Research Associate

*James A. Gillespie*³ PhD, Associate Professor

*Jennifer Smith-Merry*² PhD, BA(Hons), Senior Lecturer

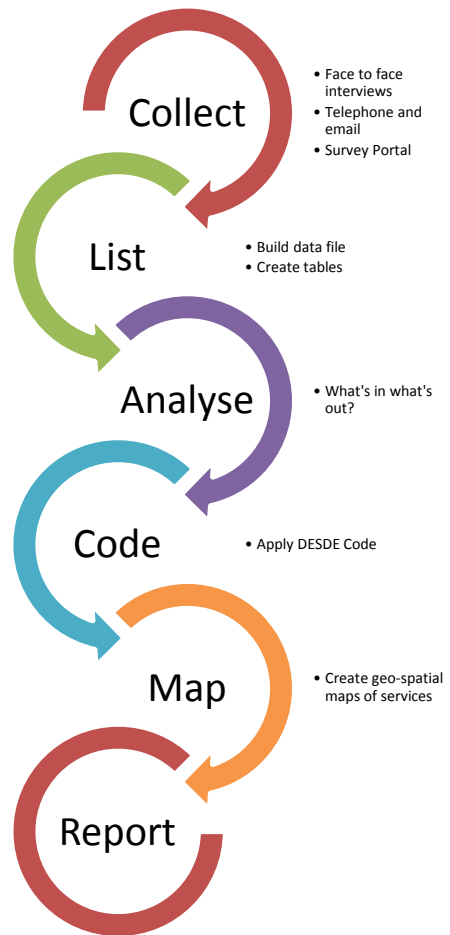
Xiaoqi Feng^{3,4,5} PhD, Senior Lecturer

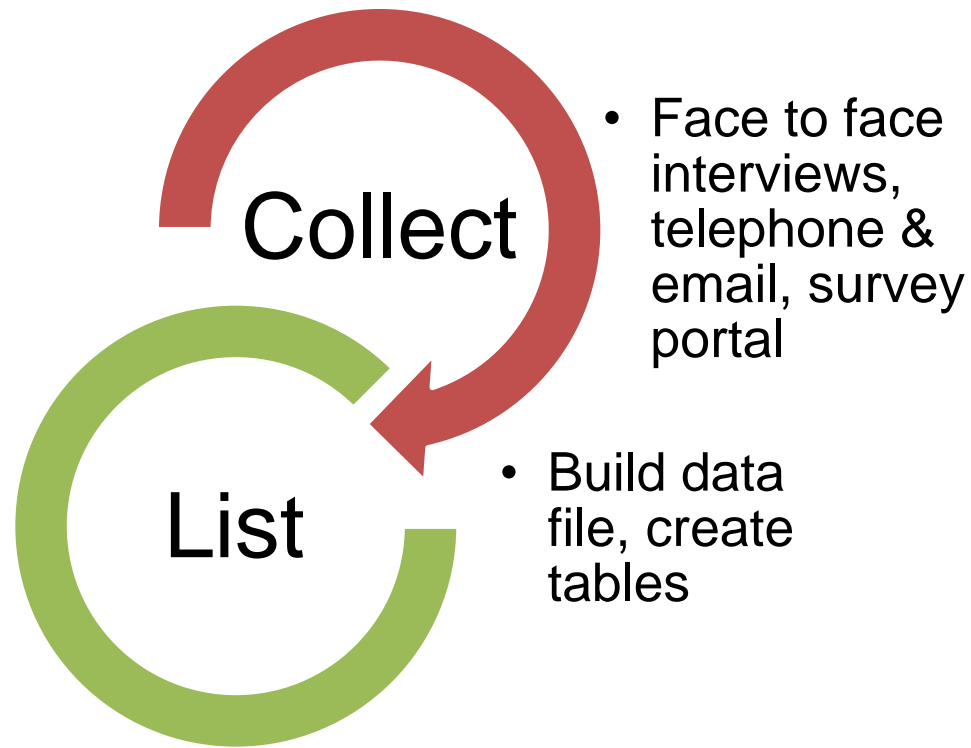
*Thomas Astell-Burt*⁴ PhD, Associate Professor

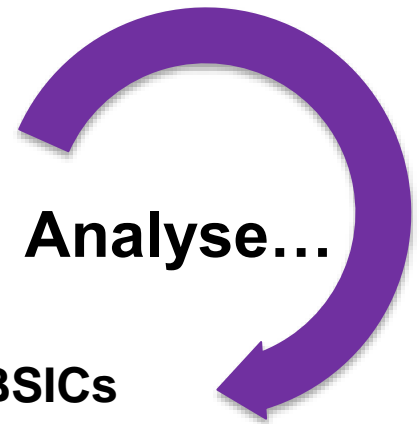
Cailin Maas^{1,2} BA(Hons), Research Assistant

Luis Salvador-Carulla^{1,2} MD, PhD, Profesor, Director

The path to service maps...







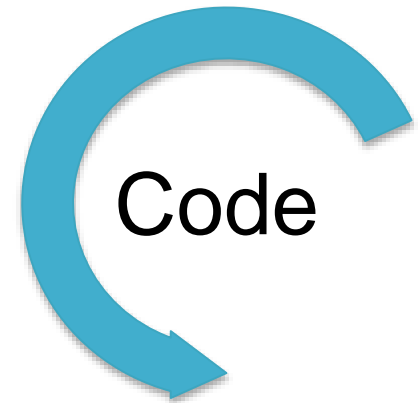
Inclusion Criteria

- Specialised – e.g. MH Specific, homeless specific
- Universally accessible
- Located within PHN/LHD area

Functional Teams = BSICs

- Stable
- Structural stability e.g.
 - Admin
 - Space
 - Own \$





6 Main Service groupings:

- **I = INFORMATION:** guidance/ assessment/ information WITHOUT follow up (*e.g. information about availability of services*)
- **A = ACCESSIBILITY:** access to care WITHOUT direct provision of care related to needs (*e.g. access to employment*)
- **O = OUTPATIENT:** contact with the person in a limited period of time (*eg. visit with the GP*).
- **D = DAY CARE:** the person spends the day at the facility (*e.g. day hospital or social club*)
- **R = RESIDENTIAL:** the person sleeps at the facility (*e.g. acute unit -hostel*)
- **S = SELF CARE/VOLUNTARY:** non-paid staff (*e.g. Alcoholic anonymous*)

Summary of Findings – Experience of Implementation

- Level of chaos in the field – very unclear & changing policy context – hence capacity of stakeholders to engage
- Stakeholder support, Communications and “Marketing” are crucial
- Important to all be on the same page
- The Australian terminology is different so the questions evolve and the code evolves
- Difficult to source FTE information
- Ethics, ethics, ethics & variability
- Alignment between all parties (Government, State agencies, HHS, PHN, Sector) highly preferred but difficult to achieve & maintain
- Be creative to meet the situation (Interview face-to-face, via phone or Zoom, hold group forums, research then validate)



Summary of Findings



Geographical Boundaries

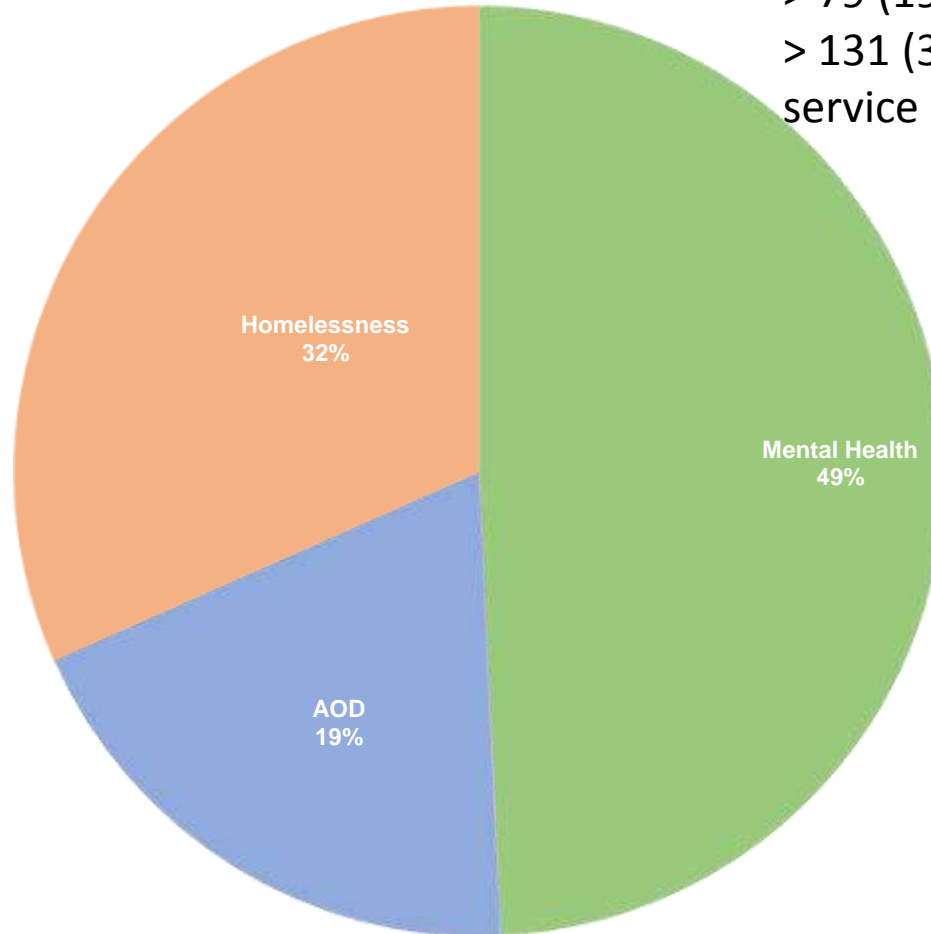
South Eastern Melbourne PHN
Victoria

Sourced from: ABS (2011)

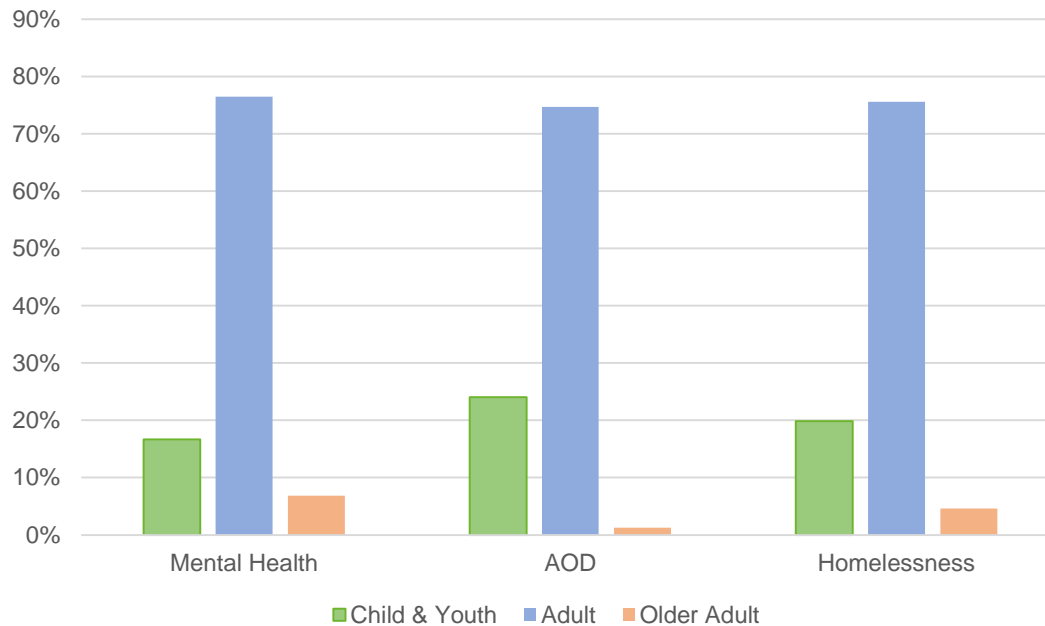
LGA	Single parent families* (%)	Homelessness (per 1,000)†	Needing Assistance† (%)	Early School Leavers* (ASR per 100)	Unemployment‡ (%)	Income <\$400/wk† (%)	IRSD Score (Decile)†
Bayside	12.4↓	2.2↓	4.2↓	15.8↓	3.2↓	32.7↓	1091 (10) ↑
Cardinia	19.2↓	1.7↓	4.0↓	37.9↑	7.0↑	37.6↓	1024 (9) ↑
Casey	18.5↓	3.4↓	4.2↓	34.3↑	8.0↑	39.7↓	1006 (8) ↓
Frankston	26.6↑	3.6↓	4.8↓	34.0↑	6.0↑	38.6↓	997 (7) ↓
Glen Eira	12.7↓	2.7↓	4.5↓	17.5↓	4.1↓	34.9↓	1069 (10) ↑
Greater Dandenong	22.3↑	10.3↑	6.6↑	34.3↑	12.4↑	50.4↑	895 (2) ↓
Kingston	15.9↓	2.4↓	4.9↓	26.5↓	5.8↓	37.8↓	1038 (9) ↑
Mornington Peninsula	22.7↑	1.8↓	5.1↑	29.9↑	4.3↓	39.5↓	1023 (8) ↑
Port Phillip	18.6↓	15.3↑	3.3↓	14.0↓	4.2↓	24.1↓	1066 (10) ↑
Stonnington	12.7↓	5.1↑	3.5↓	12.4↓	3.0↓	28.4↓	1084 (10) ↑
SEMPHN	18.6	4.6	4.6	26.8	5.7	37.3	1022
Victoria	19.6	4.0	5.0	29.4	5.9	39.9	1010
Australia	21.3	4.9	4.6	34.3	5.9	38.9	1000

Socioeconomic Factors in SEMPHN

414 MTC:
> 204 (49.2%) MH
> 79 (19%) AOD
> 131 (31.6%) homelessness
service delivery teams

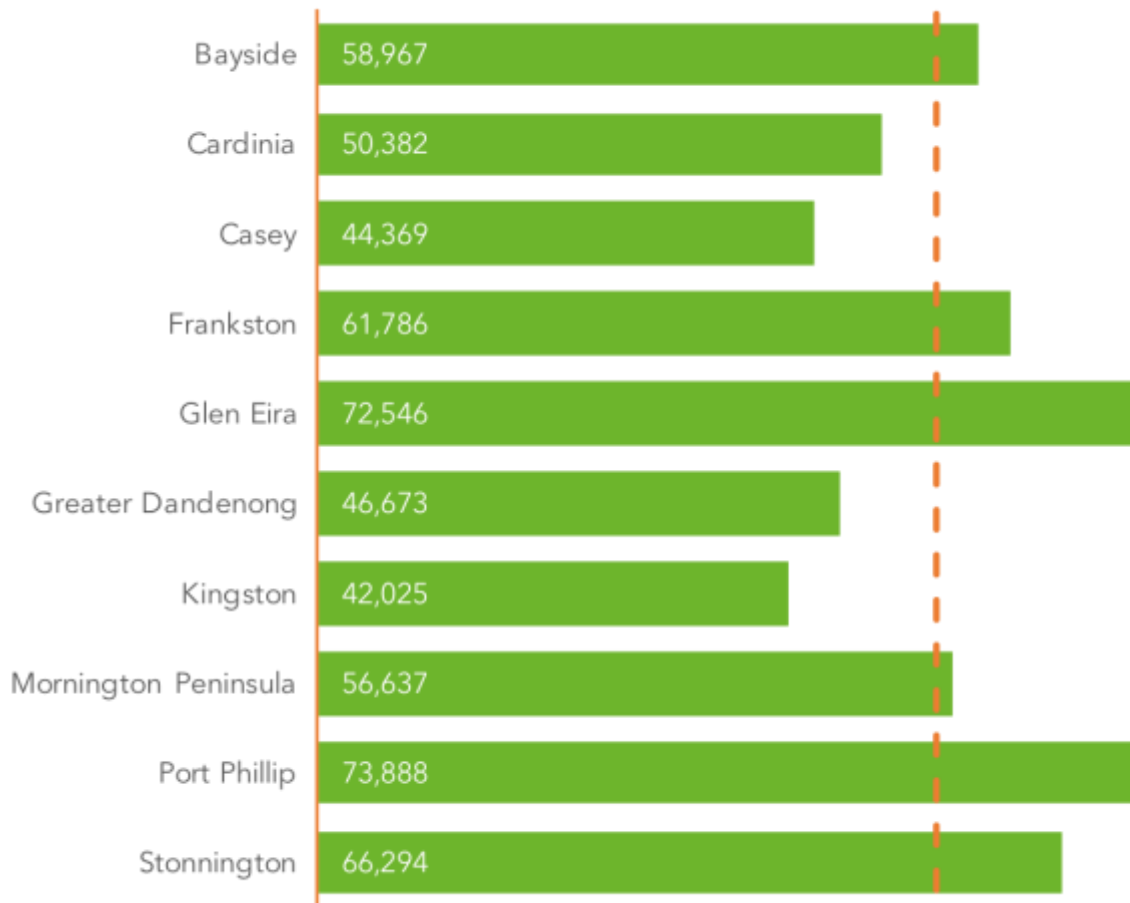


SERVICE TYPE BREAKDOWN IN SEMPHN

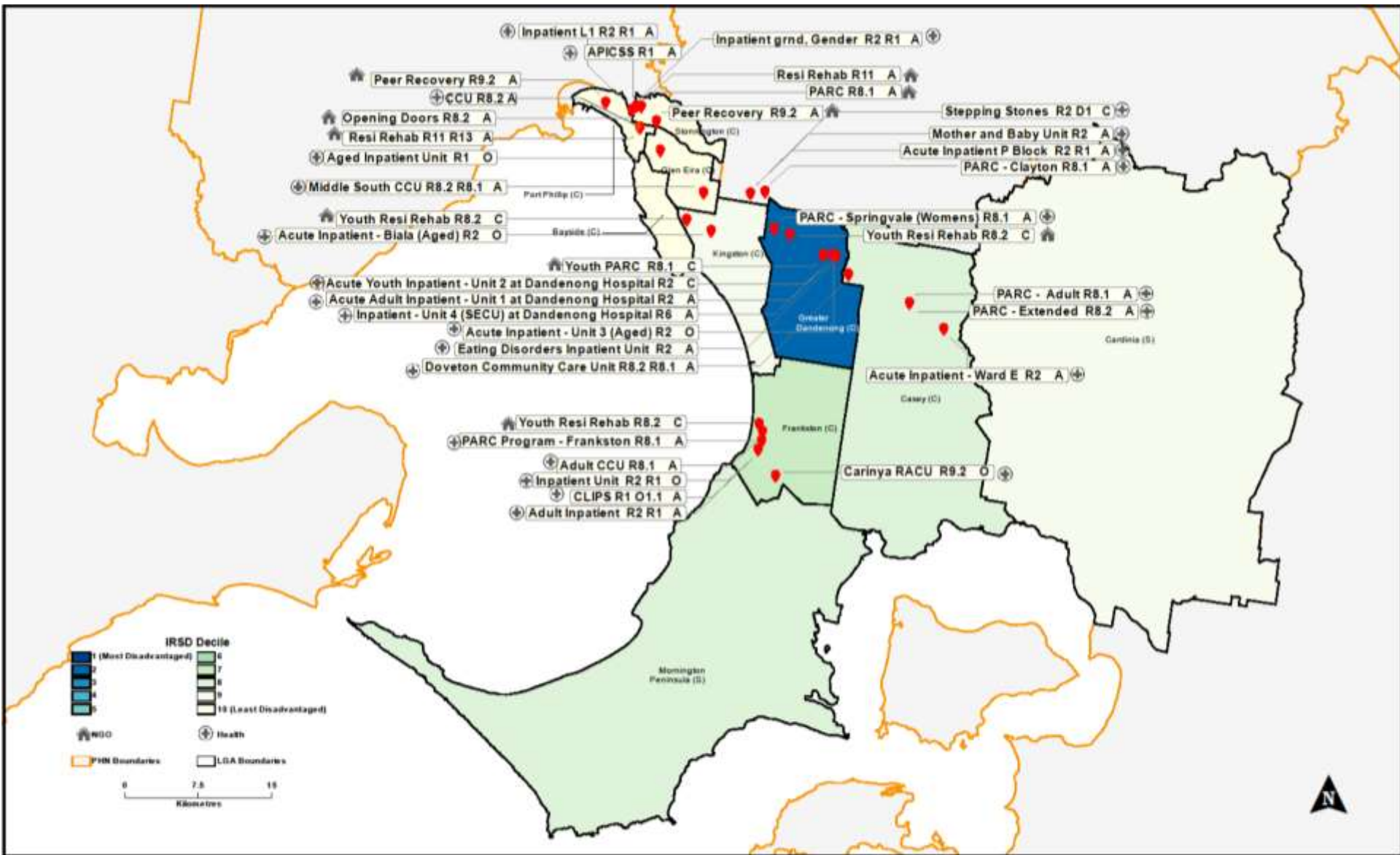


Child & adolescent teams N=73 (18.0%)
 Adults (and general) N=312 (76.8%)
 Older adults, N=20 (4.9%)

SUMMARY OF SERVICE TYPES AND AGE GROUPS IN SEMPHN



MBS SERVICE CLAIMS PER 100,000 POPULATION 2014-15 IN SEMPHN



Mental Health

Residential Services

Sourced from: PH-IDU 2010, LGA 2014, PHA 2010, Service Location Data 2016 - ConNetica

South Eastern Melbourne PHN

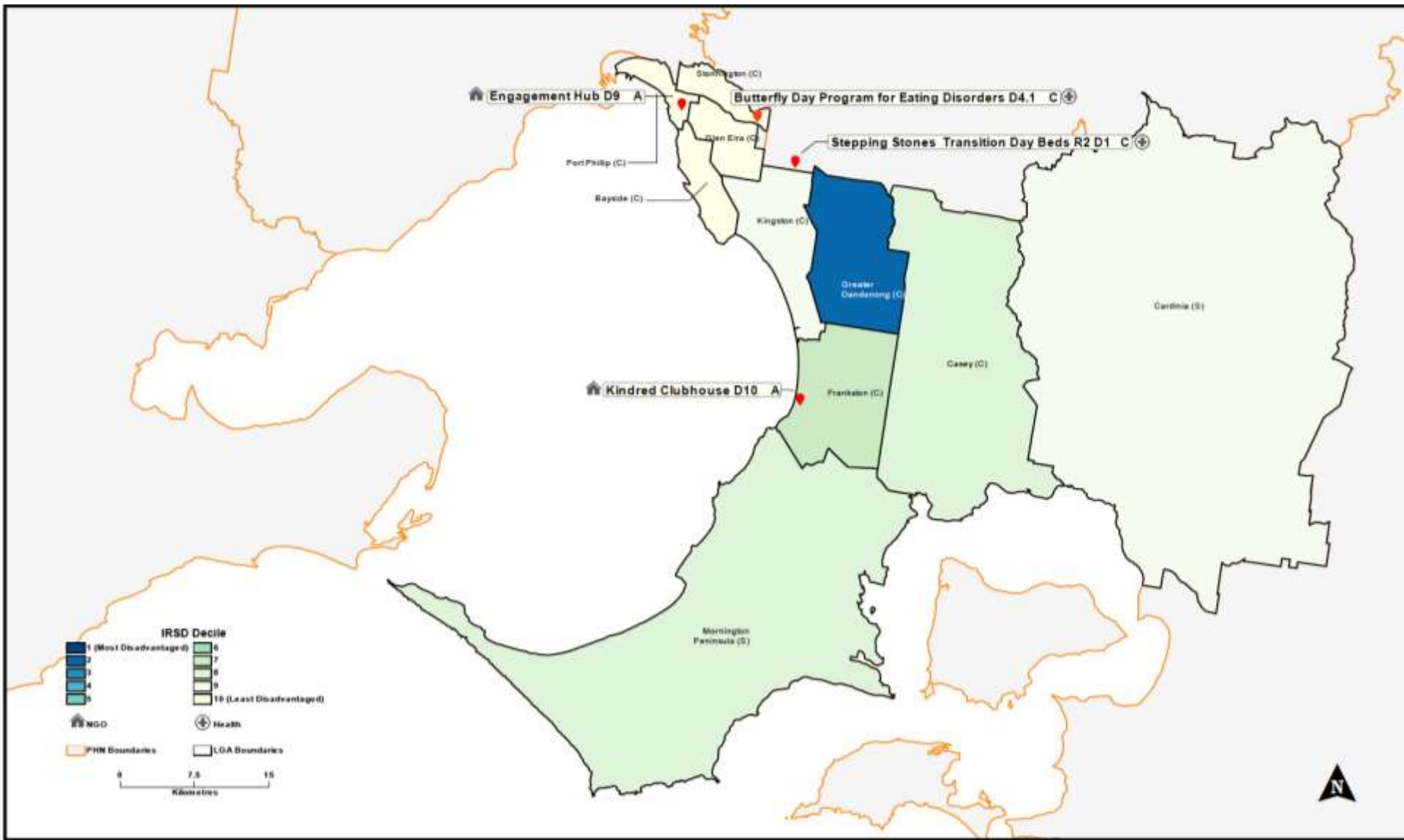
Victoria

A = Adult

C = Child, Youth and Adolescents

O = Older Adults





Mental Health

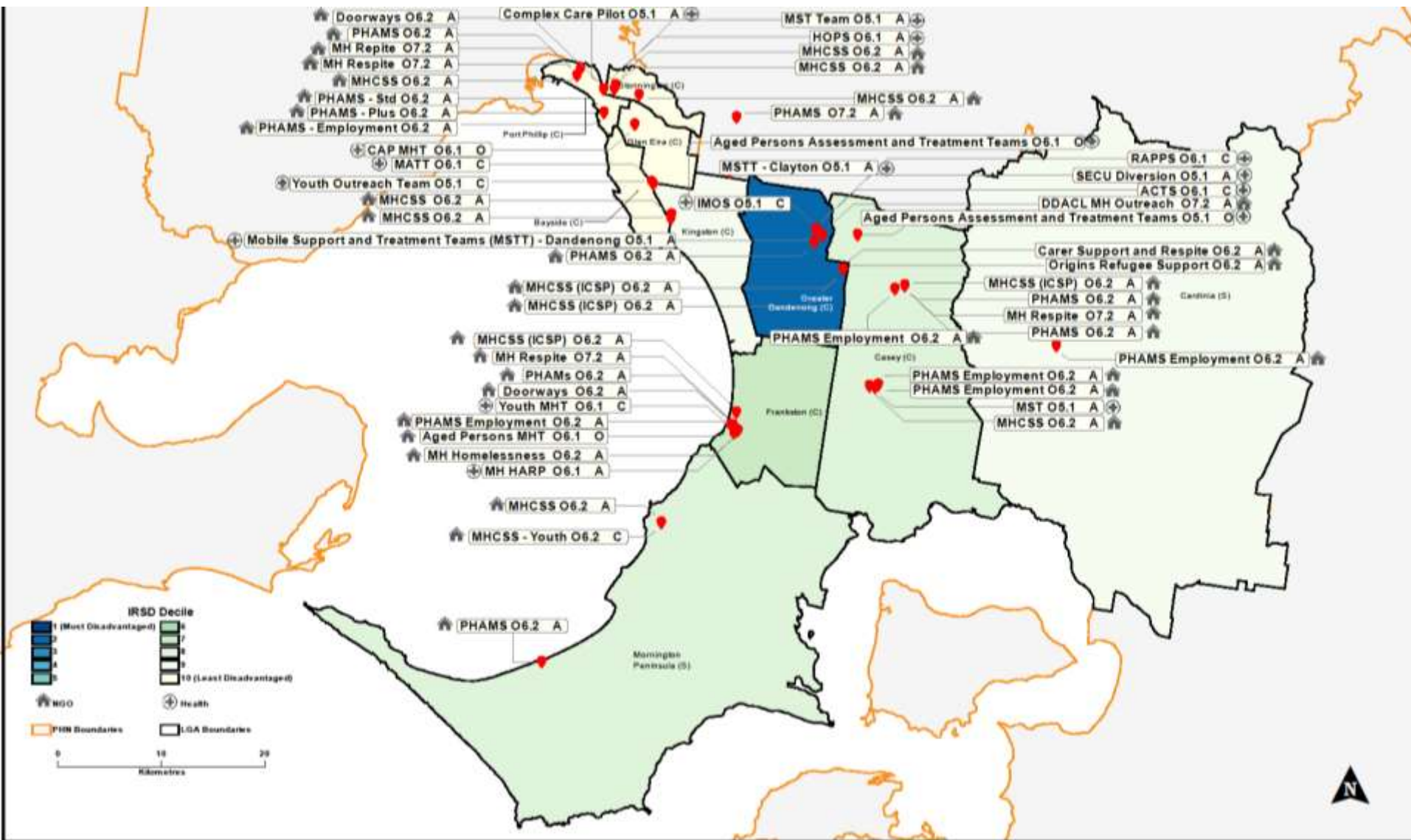
Day Care Services

Sourced from: PHIDU 2016, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica

South Eastern Melbourne PHN
Victoria

A = Adult
C = Child, Youth and Adolescents
O = Older Adults





Mental Health

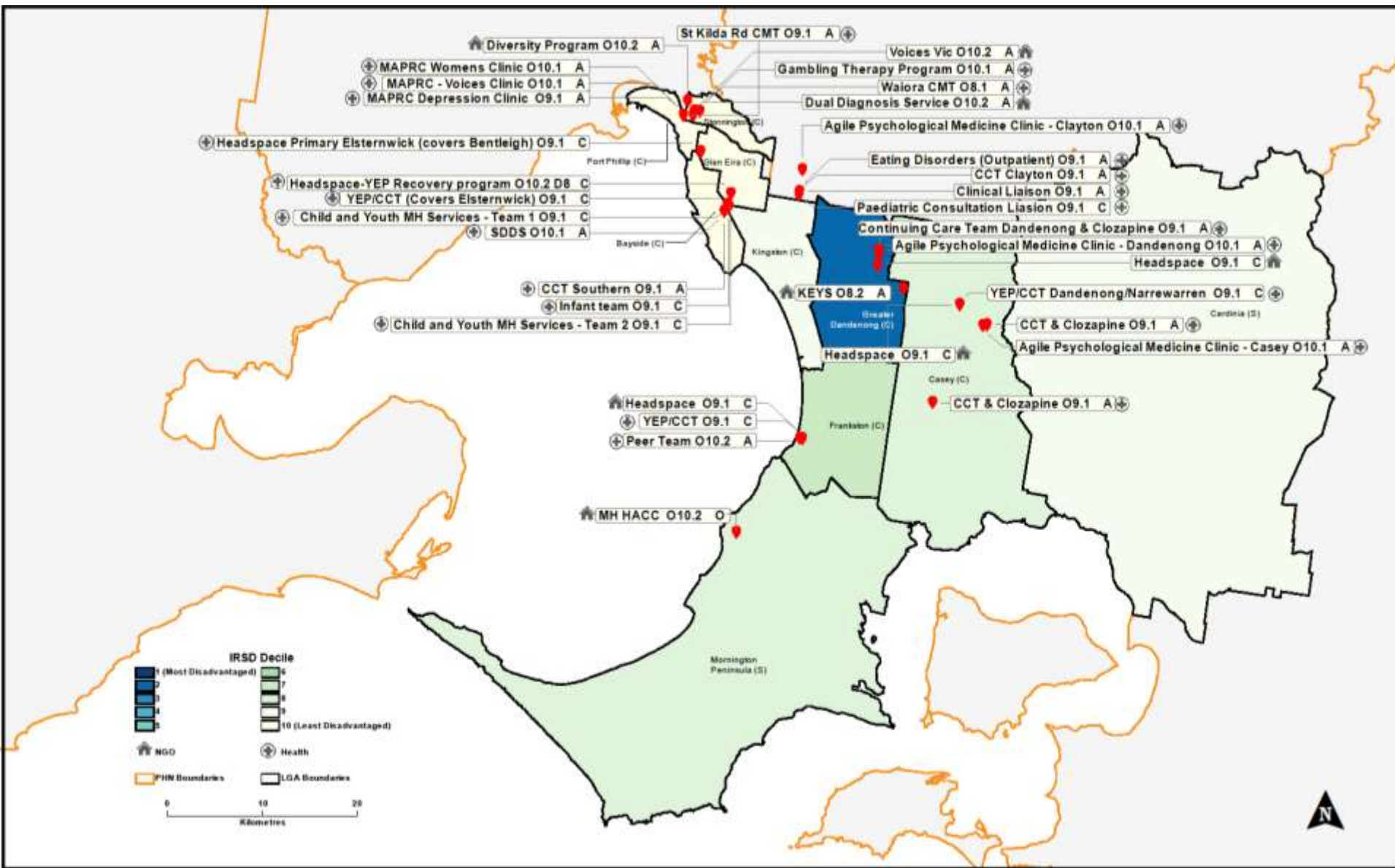
Non-Acute Mobile Outpatient Services

Sourced from: PHN DU 2016, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica

South Eastern Melbourne PHN Victoria

A = Adult
C = Child, Youth and Adolescents
O = Older Adults





Mental Health

Non-Acute Non-Mobile Outpatient Services

Sourced from: PHDU 2016, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica

South Eastern Melbourne PHN Victoria

- A = Adult
- C = Child, Youth and Adolescents
- O = Older Adults



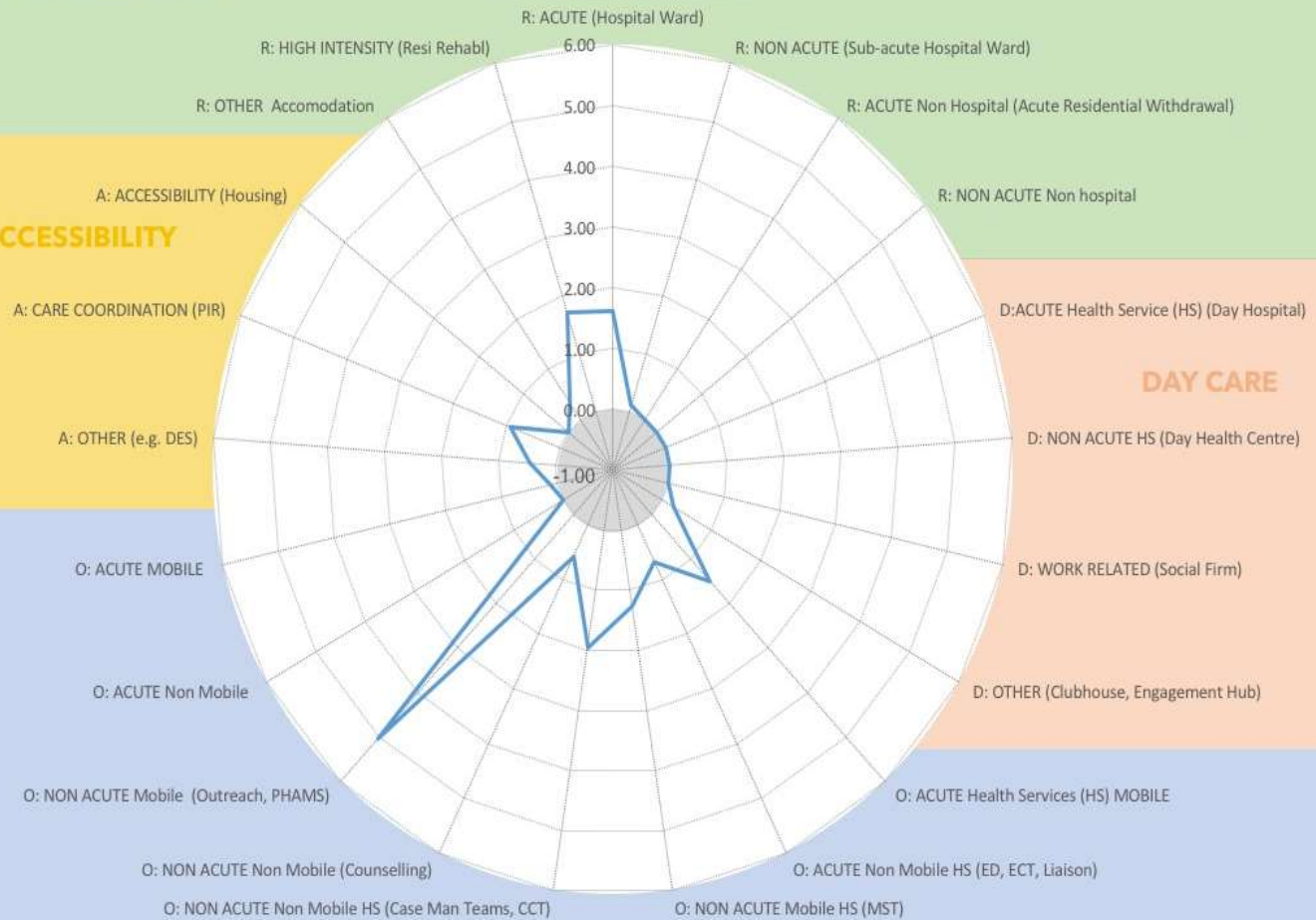
RESIDENTIAL CARE

**Pattern of Mental Health Care
South Eastern Melbourne**

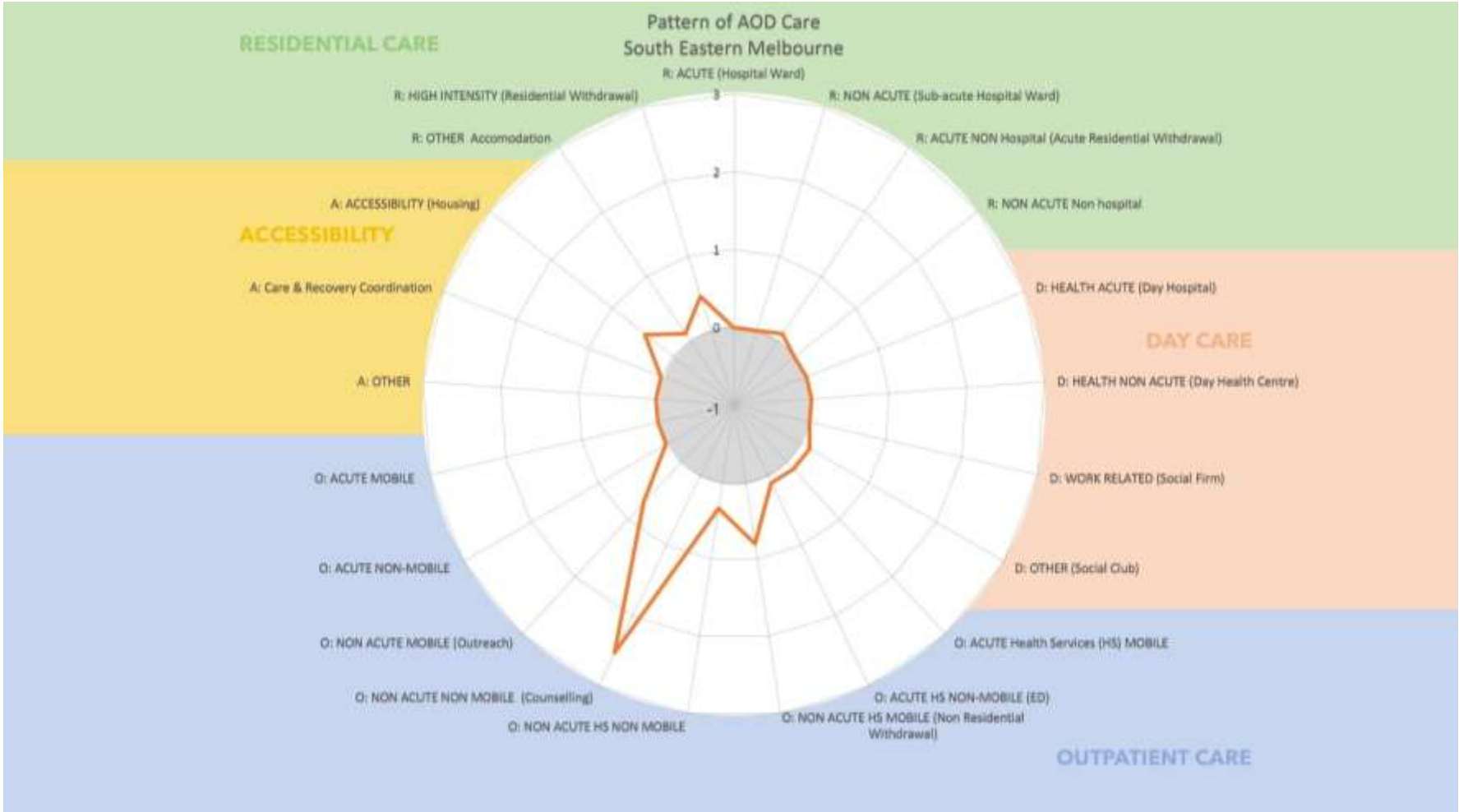
ACCESSIBILITY

DAY CARE

OUTPATIENT CARE



Pattern of Mental Health Care for SEMPHN



Pattern of AOD Care SEMPHN

RESIDENTIAL CARE

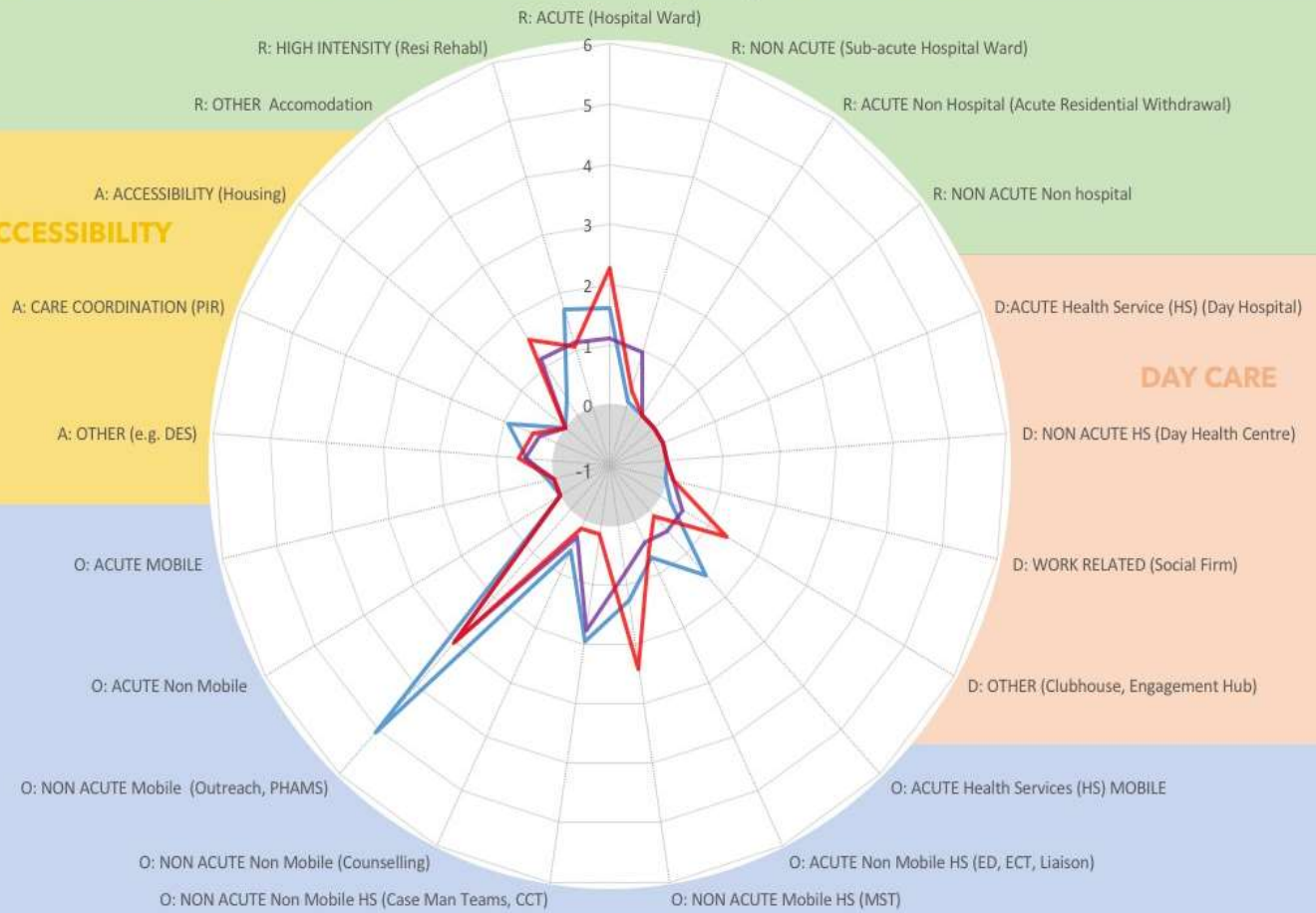
**Pattern of Mental Health Care:
South Eastern Melbourne vs. Western Sydney vs. Brisbane North**

— SEM — Western Sydney — Brisbane North

ACCESSIBILITY

DAY CARE

OUTPATIENT CARE



Patterns of Care for Mental Health - National Comparisons

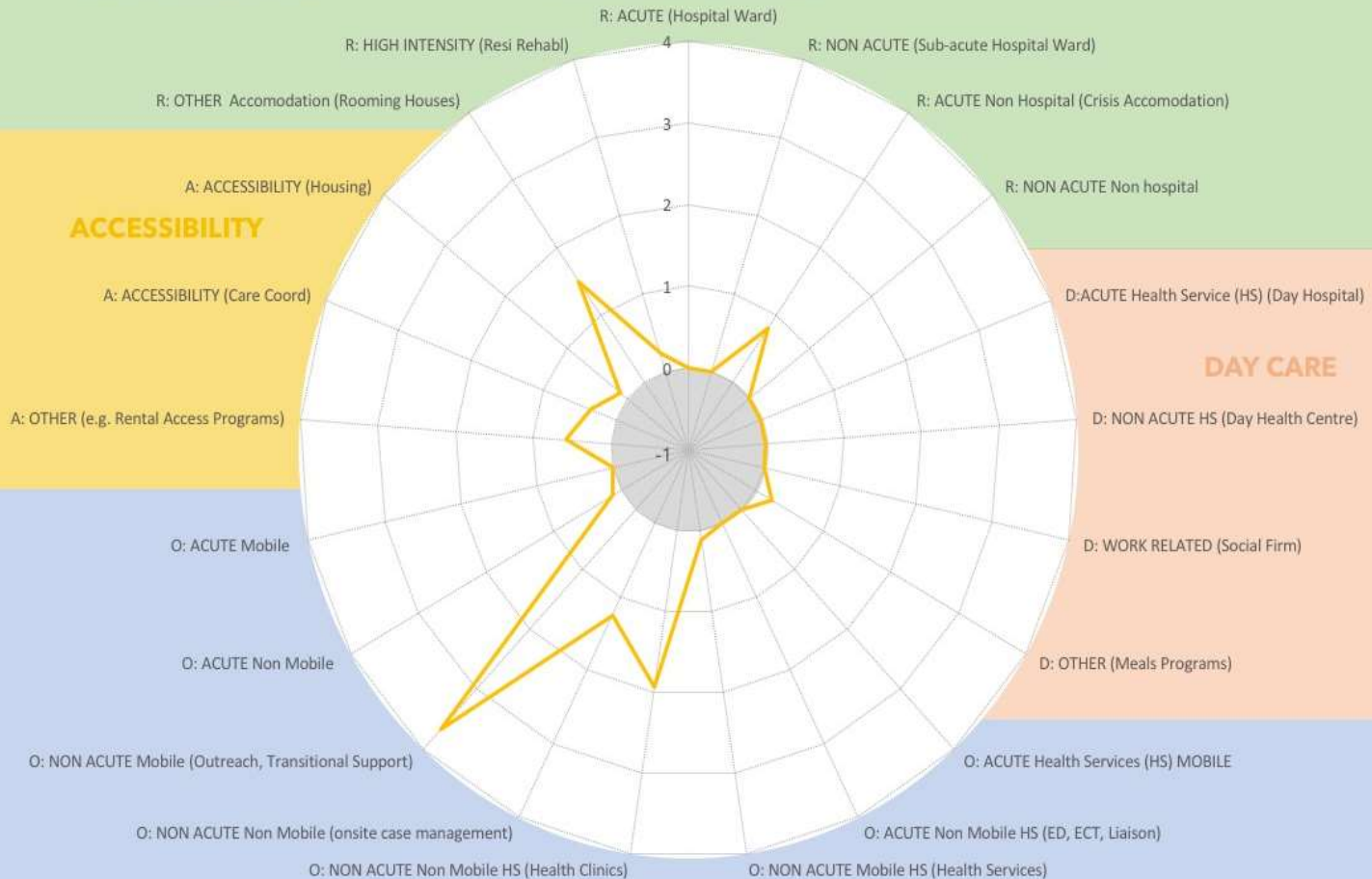
Pattern Of Homelessness Care
South Eastern Melbourne

RESIDENTIAL CARE

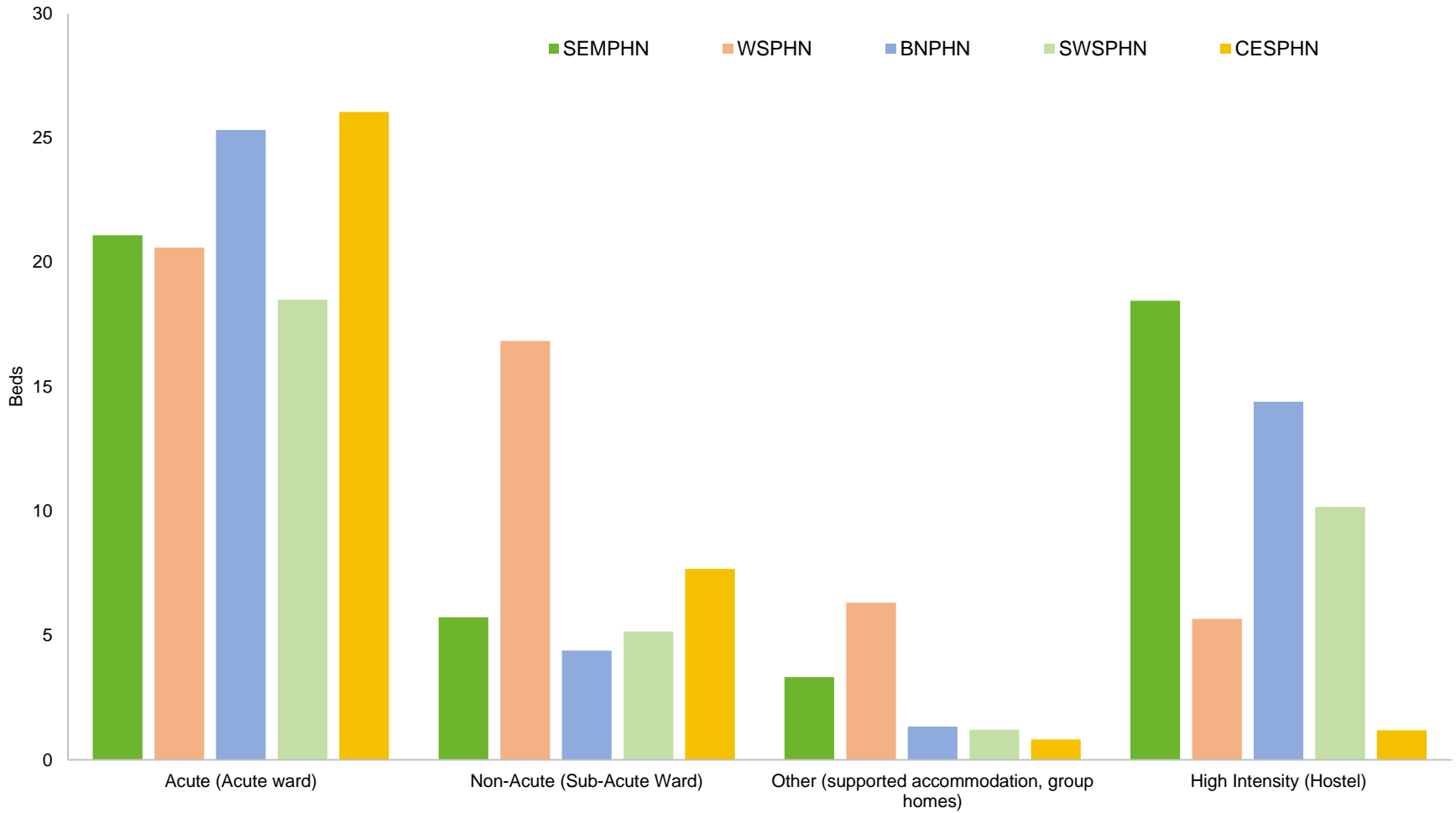
ACCESSIBILITY

DAY CARE

OUTPATIENT CARE



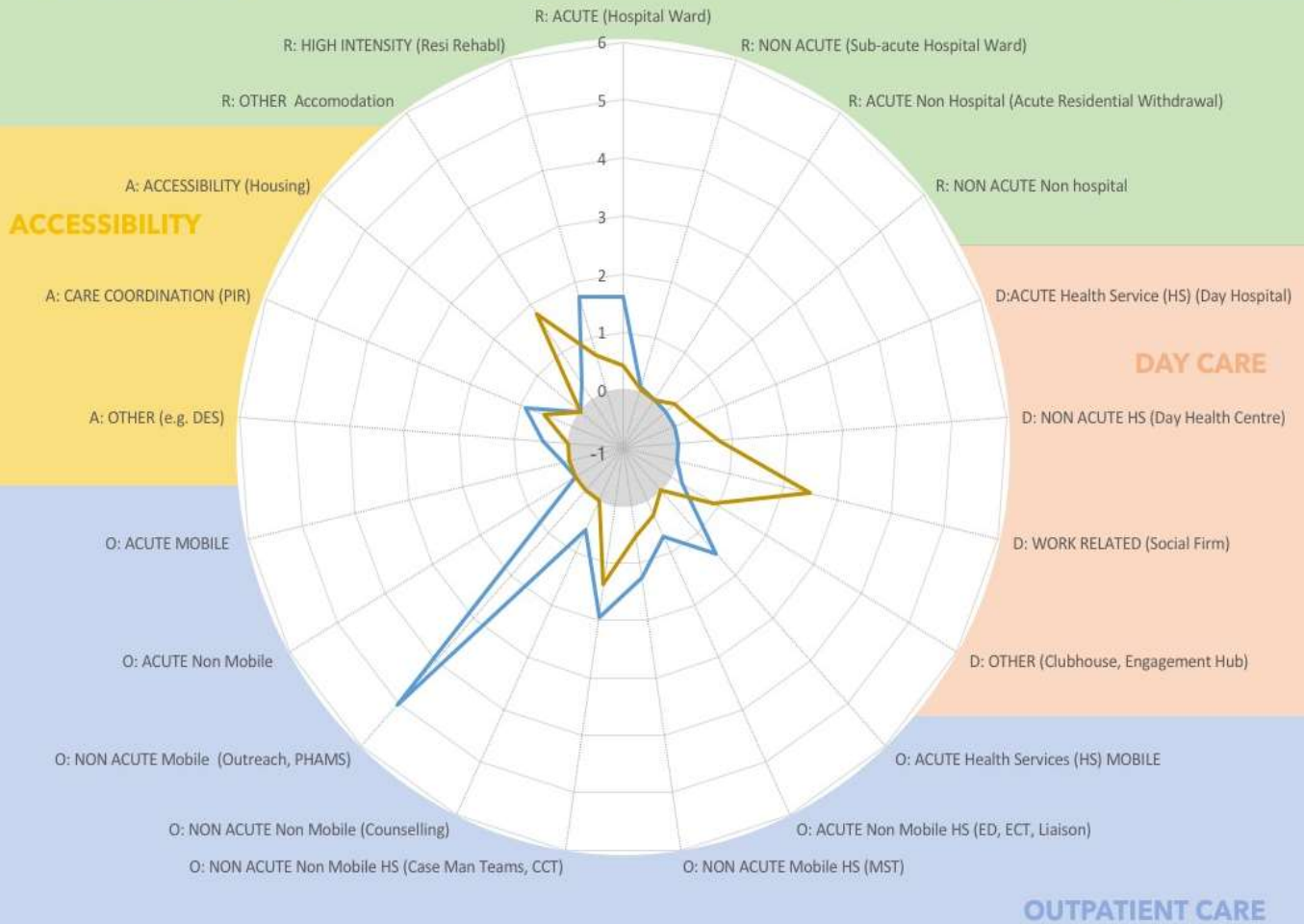
Pattern of Adult Homelessness Services in SEMP HN



NATIONAL COMPARATIVE BEDS PER 100,000 ADULTS

RESIDENTIAL CARE Pattern of Mental Health Care: South Eastern Melbourne vs Barcelona

— SEM — Barcelona



Patterns of Mental Health Care in SEMPLHN and Barcelona

RESIDENTIAL CARE

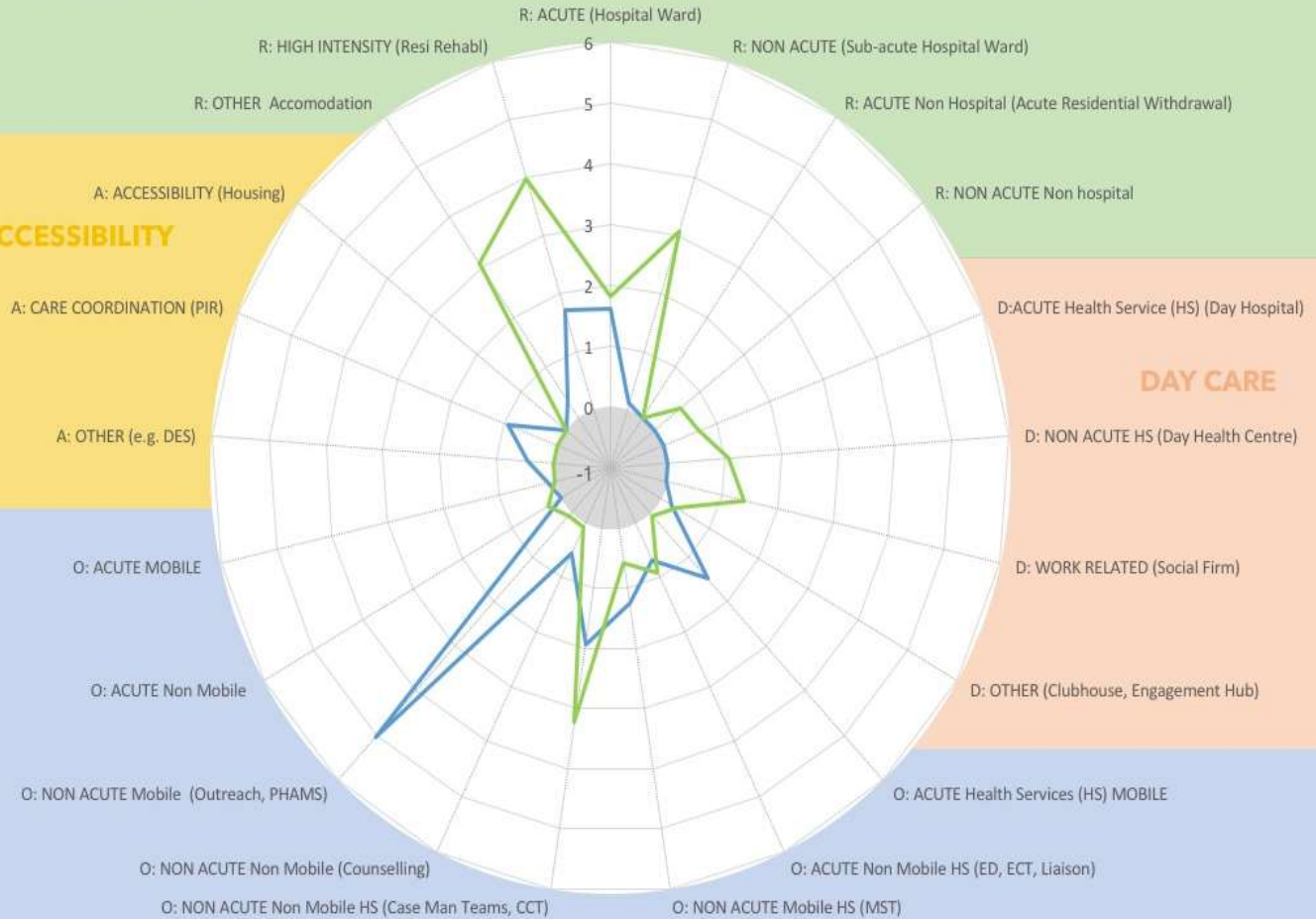
Pattern of Mental Health Care: South Eastern Melbourne vs Finland

SEM Finland

ACCESSIBILITY

DAY CARE

OUTPATIENT CARE

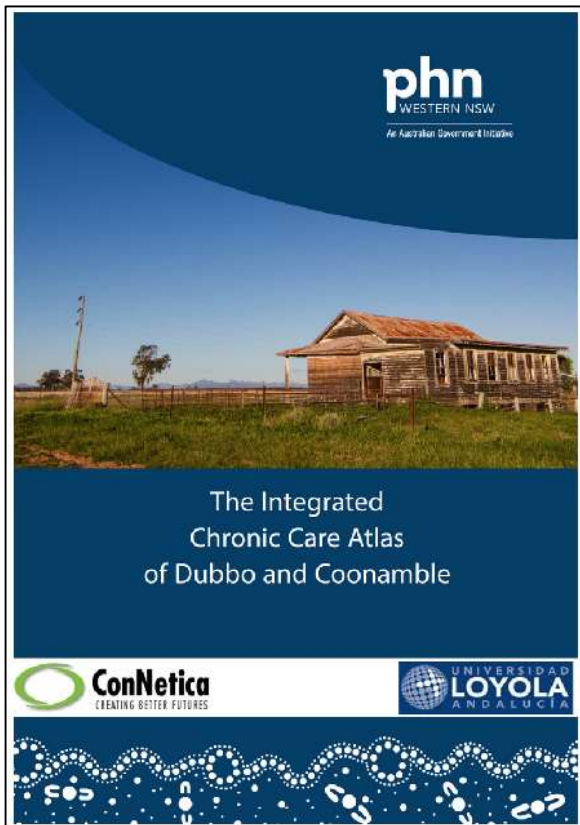


Patterns of Mental Health Care in SEMPHN and Finland

Trends in Australia

- **High reliance on**
 - High intensity residential care,
 - Acute inpatient care
 - Acute health related outpatient care (mobile), and
 - Non acute outpatient care (mostly mobile in nature)
- **Very low provision of**
 - Day care programs
 - Other options for Inpatient care out of in Hospitals
- **Alcohol & other Drugs**
 - Less services for AOD per 100,000 than Mental Health
 - Single digit AOD services for young people
 - Small AOD teams

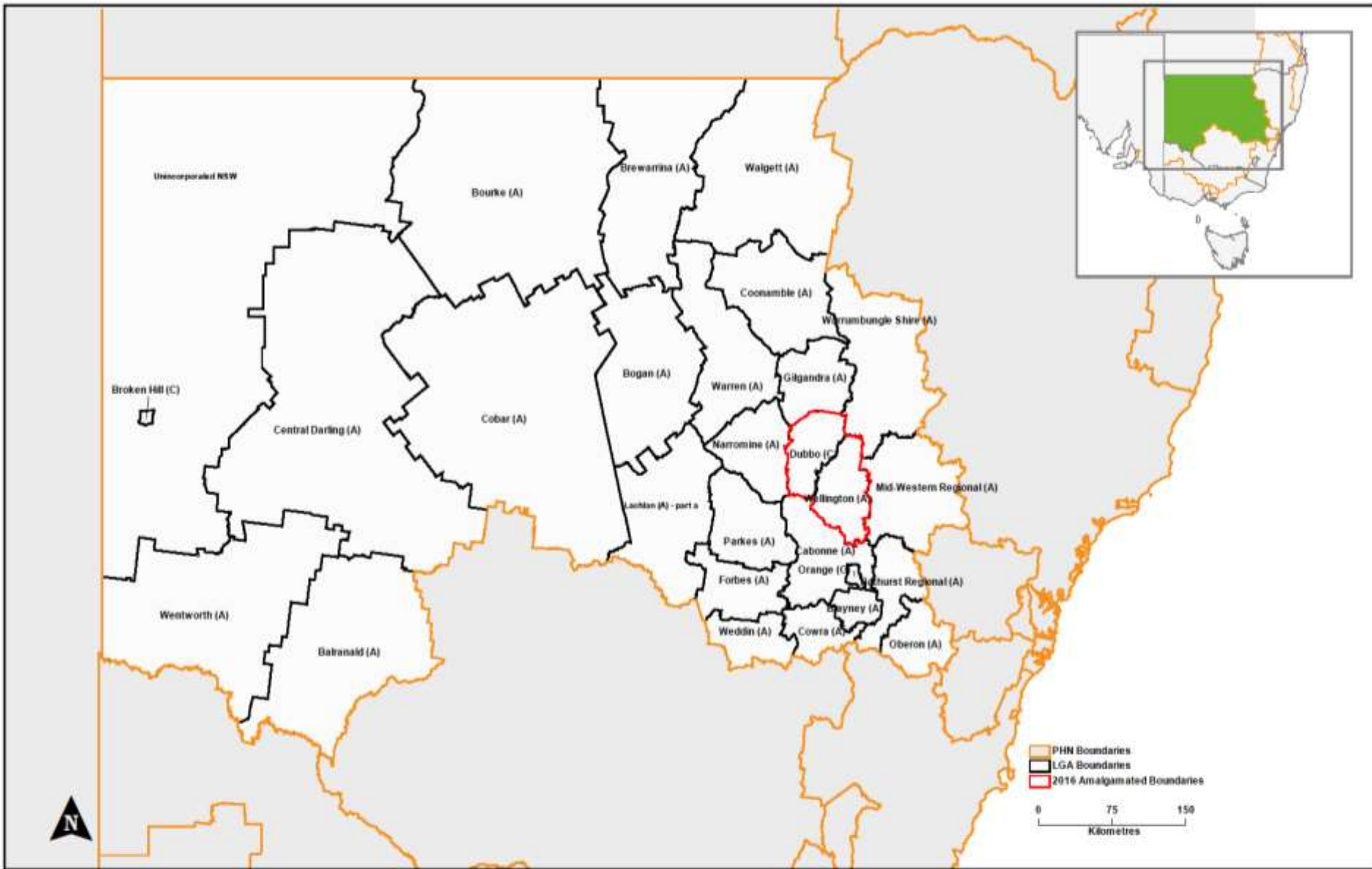
The Chronic Care Atlas (pilot)



Multi-morbidity of chronic disease is common & rates of preventable hospitalisations remain high, strengthening the push for a ***more integrated, multi-disciplinary approaches*** to service provision & management.

The planning & development of new models & approaches relies on a ***sound knowledge*** of what services are currently available.

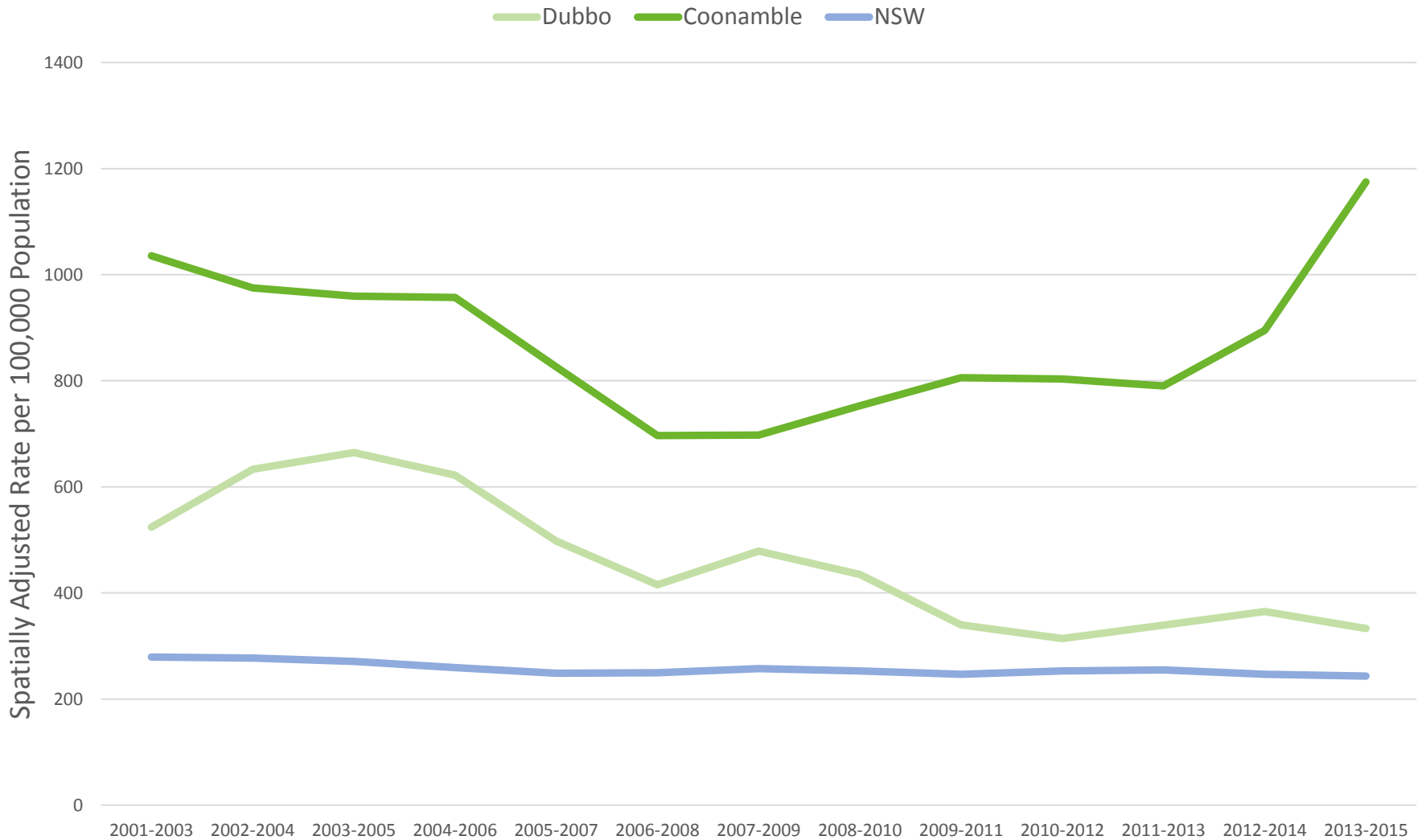
Further, an ***in-depth understanding of the local context*** is crucial to the implementation of any new strategy & local context & relevance shapes the lens through which policy makers appraise the salience of evidence (Oliver et al, 2014).



Geographical Boundaries

Sourced from: ABS (2011)

Western New South Wales PHN
New South Wales



Chronic Obstructive Pulmonary Disease Hospitalisations, Dubbo & Coonamble & NSW

Key characteristics in the provision of chronic care in the towns of Dubbo & Coonamble

- Consistent with patterns of care provided in other rural-remote locations (e.g. Country WA), there is a high number of Non-Acute Non-Mobile Outpatient services, but these are small or very small in capacity.
- More chronic disease services (or 'teams') than mental health 'teams' per 100,000 population (139.21 vs. 89.45).
- No specialised inpatient beds or wards for treating specific chronic diseases in either Dubbo or Coonamble (e.g. coronary care units).
- No age-specific chronic disease services, rather services are generally open age.
- Chronic disease service provision is almost entirely clinical, delivered by the public health sector or private health providers.
- Team sizes are extremely small, often less than one FTE & often run on set days or for blocks of hours rather than every day.
- Services are hub & spoke in many cases, with the service based elsewhere or provided by a 'visiting' clinician.

Evolution and application

- Integration in Stepped Care Modeling
- Integration in Hospital Transitions Processes
- Inclusion of new data (e.g. ATAPS, MBS, GP data, etc..)
- New ways to analyse and present (e.g. heat mapping, overlays etc..)
- Additional Chronic Conditions analysis – COPD, CVD, Diabetes...
- Development of regional decision-support systems – e.g. adding outcome measures, service utilisation
- Mapping other social services (e.g. Employment, housing, transport)
- Commissioning new services – BNPHN “Crisis Home”
- Application to other technical solutions and analysis
- Assessing the effectiveness of commissioning activities – See the change in service provision in 3, 5, 10 years

Thank you

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