

## CARE CONNECT TAKES AN AGILE APPROACH TO CDC

Written by Kate McDonald on 21 January 2015.

As the aged and community care sector struggles to come to terms with the implications of consumer-directed care (CDC), home care provider Care Connect is taking it in its stride, developing a new model of service provision and reconfiguring its IT to manage the transition as smoothly as possible.

Some prominent figures in the aged and community care sector have recently voiced concerns over the ability of service providers to adapt both their business processes and IT systems to the new policy environment, with particular concerns raised over some providers' ability to deal with new requirements to provide clients with a monthly reconciliation of the funding available to them, the services rendered and the balance available.

For Care Connect, which provides aged, disability, mental health and carer support services in Victoria, NSW and Queensland, the transition seems to be going well. Care Connect's CEO, Paul Ostrowski, said one of the reasons behind this is a recognition some years ago, based on published research, that self-management of social services funding makes a measurable difference to social and wellbeing outcomes.

Mr Ostrowski and his team have since instituted policies based on person-centred thinking and person-centred practice, and have re-engineered the manner in which the organisation provides services under a trademarked model it calls My Life, My Choice, My Way.

“That changed us from a welfare-style organisation into one that facilitates and coaches an individual in helping them build a plan for their future,” Mr Ostrowski said. “We are leveraging our experience on what organisations out there that can be put together to deliver on that plan.”

While he said the same factors were driving his organisation as those that led the previous federal government to develop the Living Longer Living Better policy – based on the recommendations of the Productivity Commission and adopted by the current government – what became apparent was that the IT systems then being used were not up to the mark in terms of the new requirements.

Care Connect has since reconfigured not only its IT systems based on agile methodology, but has adapted it to its business processes as well.

“We’ve learnt a lot through trialling a consumer-directed care process with a large number of our existing clients and a number of new clients, but what that demonstrated to us is that the previously existing industry clinical IT systems are not best adapted to the way that we want to work going into the future,” Mr Ostrowski said.

“As an organisation of our size, we’ve been able to make a very substantial investment in configuring completely new and purpose-designed IT systems to enable clients to genuinely manage their own budget. As an organisation you can probably do [the reconciliation] for 10 to 20 clients by Excel, but when you are supporting thousands of clients each year, it’s a very different prospect.”

Care Connect's CIO, Tristan McMichael, said the company had been using an industry standard, vertical solution, and while it contained modules for community care, it was predominantly designed for residential aged care and was not able to deal with the new requirements for individualised services and budgets.

“It is not the only one that has been unable to move to CDC,” Mr McMichael said. “That system, with its background having been residential care, was well suited in many ways to block funding as it wasn’t required to account at client level, but the most important thing to focus on, the only thing to focus on from the client's point of view, was the delivery of services.

“While that software is still there, we now have to overlay managing to a budget to pay for those services and how to account back at an individual client level.”

Mr McMichael said that when the organisation started moving to the CDC model when the first packages were made available, it decided to continue with the legacy software but has added new elements for the new requirements.

“We utilised a transition approach, whereby we implemented a data warehouse that effectively interfaced with our existing client information management system and acted as a sort of transaction-based process,” he said. “We turned the non-financial data into client financial data so that we were able to account on a monthly basis and produce those statements automatically.

“Where we are moving to now is investing in an entirely new platform, taking the lessons from before and during that transition, and basically building a new system fully utilising existing components such as enterprise resource planning (ERP) as well as client relationship management (CRM) software.

“We are taking what you could call a component approach, so we are not building software from empty code. What we’re doing is taking existing, well-proven, well-recognised software and basically configuring it to meet our requirements.”

Mr Ostrowski said it was obvious from other providers that Care Connect works with that it is going to be very difficult to deliver a genuine CDC service on a legacy platform.

“To use an analogy, when people want a really customised thing, you don’t go to a department store and get it all in one store. You want to buy the things you need from a number of different specialist shops. That’s what CDC is. You have to enable your client to be able to as easily as possible get all services that they want from a range of different providers. And that is not the way the industry has worked in the past.

“The bigger providers are trying to get their clients to buy all the services with them, but Care Connect has always had the opposite approach. We’ve always worked with our clients to understand their needs, to work with them to build a plan that meets their needs and then go to outside providers who can deliver on parts of those plans. So that’s probably what’s put Care Connect a good couple of years ahead of many other organisations.”

While in the past there was often a clear differentiation between social support services and more clinically focused nursing support services, Mr Ostrowski said that line was becoming increasingly blurred. One of the challenges of CDC will be the sharing of information between different service providers for the increasing number of people with more complex care needs.

Mr Ostrowski said the PCEHR and the aged care central client record are both topics of “energetic discussion” in the community care sector. Like many others in aged care, however, he has the view that the PCEHR in particular has predominantly been aimed at primary care and tertiary care.

“The trouble is, you can say your average aged care service provider probably sees a senior five to 10 times more frequently than they will see their primary care practitioner. Therefore there has got to be significant opportunity to improve outcomes for the individual if aged care practitioners are able to input into that record.”

Care Connect itself has developed an iPad-based service called iCareConnect that allows people living at home to connect with their families, play games and order groceries. While it is not a clinical package per se, there is the potential in future to use it not just as a virtual community for support services but for clinical care services as well.

“It is essentially a virtual social inclusion tool, but despite the fact that technology is an enabler, it’s less about the technology and more about the ability to build that kind of community,” Mr Ostrowski said.

“Although we are not necessarily using in that fashion at the moment, there is no reason why consultations could not be facilitated between a Care Connect client adviser, the client and any number of allied health professionals who are using a portal into the system.”

As CDC rolls out, Care Connect will continue its work on reconfiguring its IT systems to handle the new environment by using an agile approach both to IT and to business processes. Mr McMichael said agile would allow the organisation to be extremely reactive and to adapt a fast, prototype approach to service provision through IT.

“It’s good business anyway and does align quite well with our person-centred approach to being responsive, but also given some of the ambiguities and the timelines around the transformation of CDC, we think it has also allowed us to be more adaptive and be ready to respond as more information becomes clearer and as we learn through practice,” he said.

Mr Ostrowski said it had been fascinating to observe how an IT-based discipline could influence and improve the culture of an aged care or a social services organisation.

“I don’t think that’s something that happens particularly frequently in our sector.”