Care and Systems Experience – Diabetes CASE-D

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The region

1.7 million people

High growth, High deprivation

Planning and integrating services
- 9 LGAs
- 4 Primary Care Partnerships
- 4 Medicare Locals

Many previous diabetes projects
- Poorly sustained

Aim: Pathways to care
- Local context
- Marginalised groups
Methods

5 Case narratives based on 15 interviews
  • Single Question Induced Narrative;
  • Clusters: Index patient, carer, provider
  • Biographic Narrative Interpretive Method

4 Stakeholder workshops over 12 months with 40 participants
  • Delphi process to identify elements of ideal care and barriers
  • Use of patient narratives in workshops
  • Systems exercises including casual loop diagrams to identify leverage points for change
  • Potential interventions examined using NPT

Data scoping exercise
  • Capacity of routine collected data to inform planning to meet the needs of these target groups
Finding patients marginalised from the system is challenging

Gary’s story
“...my GPs got me in a circle of five people... they report back to him...that way he keeps me in the middle”

Margaret’s story
“I don’t know if there are more barriers.... The thing with Margaret is that in some respects the diabetes is really only a very small part of the whole picture ...”

Paula, Nurse for Margaret.

Accessing care involves
• Timely care from trusted providers
• Negotiating multiple complex health and social services and systems

Accessing health information: Timely and personalised

Self-management strategies
• Context dependent (eg service timing, closure)
• Focused on function not disease
Findings 3: Data

Chaotic

Drowning in data

Poorly integrated

Interpretation skills poor

Access to Public Transport (Tram, Light Rail, Bus and Train) across the North West Metropolitan Region

Legend
- High: 1,750
- Low: 0.0346712

Index of Relative Socio-Economic Disadvantage
- No Data
- Percentile

Integrating heat maps of vulnerability and services
## CASE D Findings and recommendations

### Reflexive monitoring at the system level: A Learning Partnership

#### Innovations in data
- "Primary Care Epidemiologist"
- Data mapping project
- Other

#### Innovations in mapping client and provider experience
- "Primary Care social scientist"
- Provider and consumer engagement

### Rethinking access – not just about getting into care
- System responsiveness
- Linking health and social care

### Rethinking health literacy – not just about reading
- Social model
- Whole of Govt
- Client feedback
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