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# **Bringing general health and oral health services to work closer together...**

The Service Integration Project at Knox Community Health Service



# Outline

- ▲ Background – why a service integration project?
- ▲ The outcomes: what we have achieved

***The main focus of today's presentation:***

- ▲ How did we achieve these outcomes?
- ▲ What we have learnt along the way?



- ▲ What was bigger than us... Recommendations for the sector



# Background

## What led KCHS to undertake this project?

- ▲ Integration of School Dental services & community dental services
- ▲ Early intervention in chronic disease (EliCD)
- ▲ KCHS Dental Integrated Care Model project
- ▲ Other concurrent initiatives: Victorian Service Coordination & new electronic client management systems

## Also:

- ▲ Service integration: a strategic direction at KCHS
- ▲ Favourable policy context



# A favourable policy context

- ▲ *Healthy mouths, healthy lives: Australia's National Oral Health Plan 2004-2013*, AHMC, 2004.
- ▲ *Improving Victoria's Oral Health*, Department of Human Services (DHS), 2007.
- ▲ *Dental Health Services Victoria (DHSV) Strategic Plan 2007-2010*, DHSV, 2007.
- ▲ *Care in your community: A Planning Framework for Integrated Ambulatory Health Care*, DHS, January 2006.
- ▲ *Better Access to Services, a policy and operational framework*, DHS, 2001.



# Service Integration at KCHS Vision & project aim

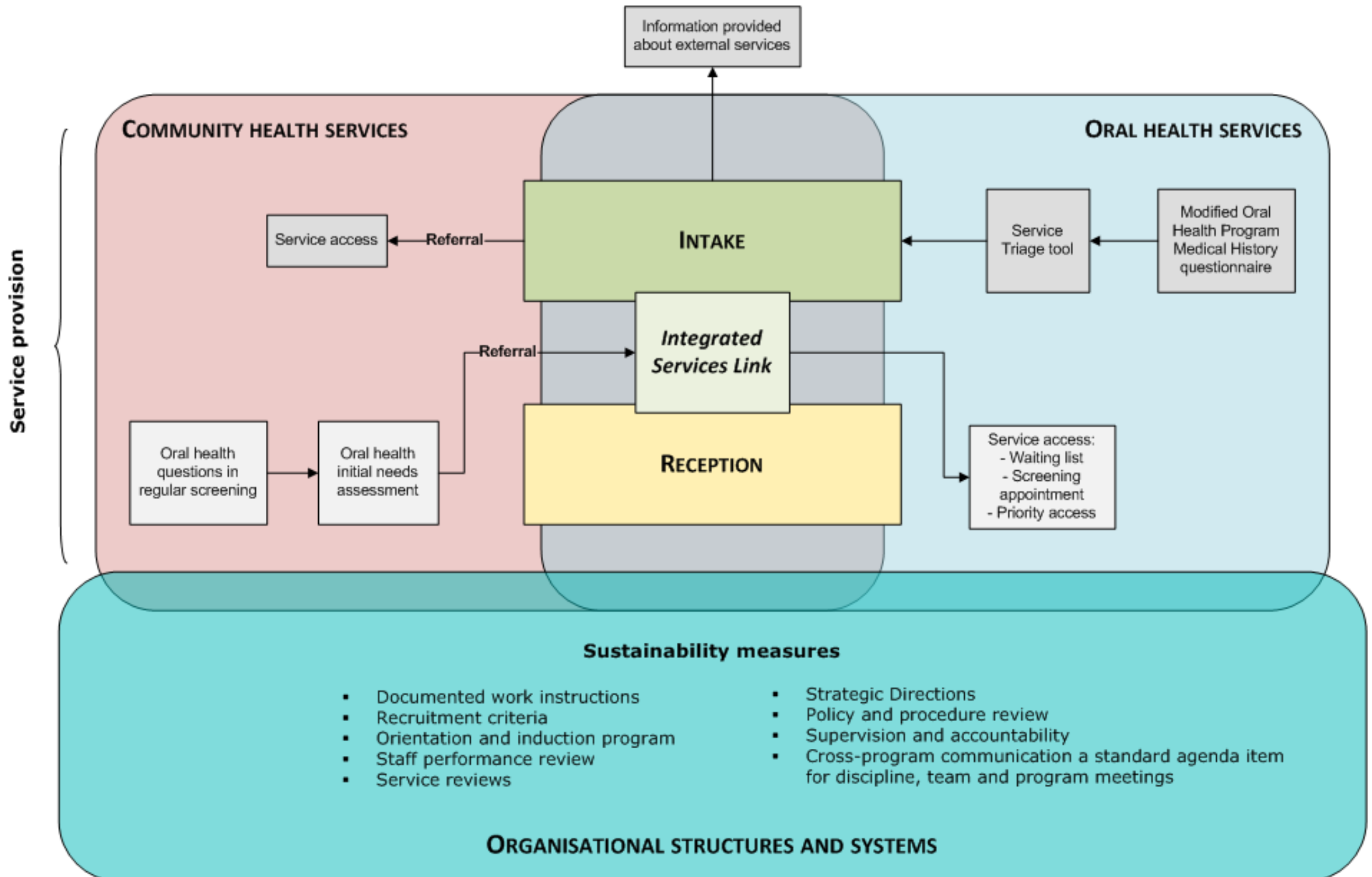
*“At KCHS, a holistic or person-centred approach to care will be reflected in both the systems underpinning service delivery and the face-to-face clinical approach.*”

*Within current existing constraints, oral health services and community health services will adopt a joint framework to offer clients with a coordinated, timely and equitable access to services.”*

- ▲ Service Integration Project – July 2007 to January 2010
- ▲ Funding support provided by DHSV from Sept. 2007 to June 2008



# KCHS integrated service model





# Key outcomes – for clients

▲ **Improved health outcomes** through holistic approach to care and early intervention

▲ **Community health clients:** at least 68 internal referrals to oral health

▲ **Oral health clients:**

- 96 service requests initiated

- Access to additional KCHS services for  $\geq 40$  oral health clients;

▲ **Improved knowledge about services** available

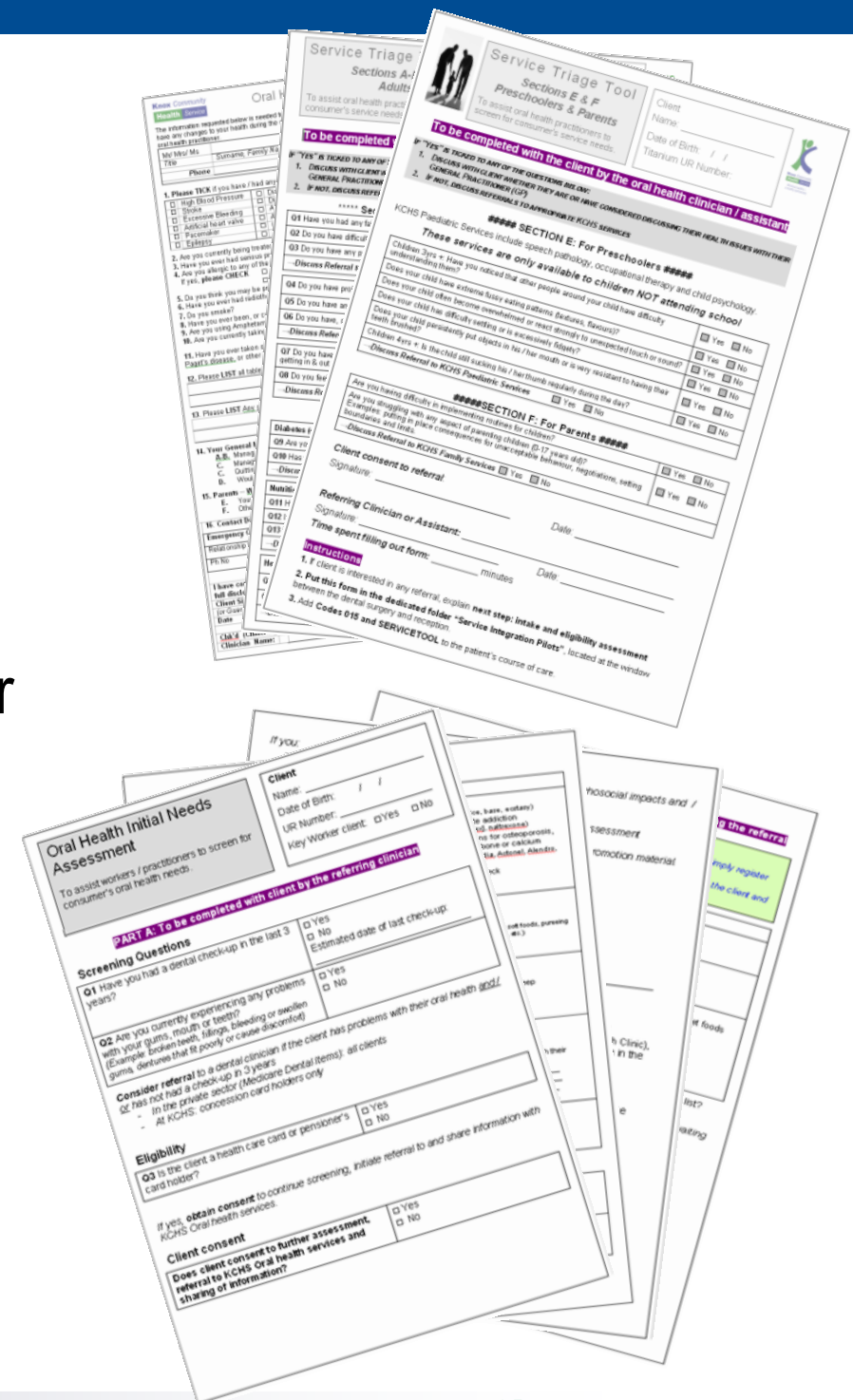
▲ **Better continuity of care** – transition between oral health and community health services is better supported and more seamless

# Don's new smile



# Key outcomes – for the staff

- ▲ **Inter-disciplinary capacity building sessions**
- ▲ **Increased awareness and knowledge about:**
  - The links between general health and oral health
  - The breadth of services offered
- ▲ Supported with **standard questions and tools** for screening
- ▲ **Shift in traditional role boundaries**  
– particularly for oral health staff



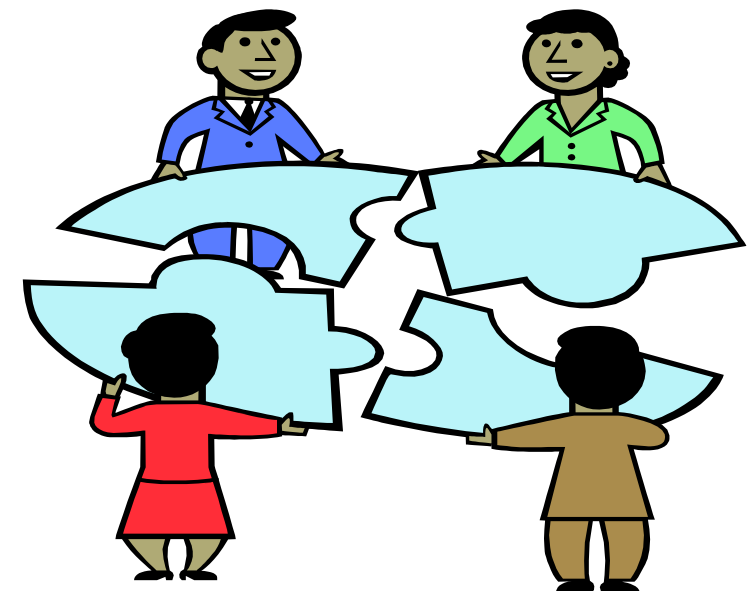


*‘For the dental assistants, there has been a real **shift** in the way they see their role, from ‘I’m just here to help the dentist’ to ‘I’m here to help the client’. Even if that meant that they didn’t fill out the service triage form themselves, but reminded the clinician that he or she had to do that follow-up. It has been **empowering** for them.’*



# Key outcomes – for the organisation

- ▲ **Standardised, streamlined & more efficient processes for:**
  - Referring oral health clients to other services
  - Referring community health clients to oral health services
- ▲ Support the move towards **other consistencies**
- ▲ **Break down of barriers** between disciplines
- ▲ *Overall, a noticeable culture shift*





*‘The **culture change**... People say they feel it’s a happier working environment and feel more that they belong (...) The increase in attendance of oral health staff to the Christmas party is a **powerful sign of that**’*

(CEO)



# How did we get there?

## The project's journey

- ▲ What's allowed us to achieve what we achieved (**enablers** + clever strategies)?
- ▲ What has been **challenging**?





# Enablers – vision

## What has helped to drive the vision forward?

- ▲ Policy context
- ▲ KCHS Strategic Directions: 2006-2009 and 2009-2013
- ▲ Commitment at all levels
- ▲ Reference Group (DHSV, DoH, WCHS, DCH)
- ▲ Dedicated project resources



# Enablers – the process

▲ Collaborative, consultative and iterative approach



▲ Newly created dedicated role to ***‘fill the gap’*** of compatibility between TrakCare to Titanium

# Enablers – the culture change

- ▲ Constant communication of the approach
- ▲ Positive outcomes witnessed: *‘what’s in it for clients?’*

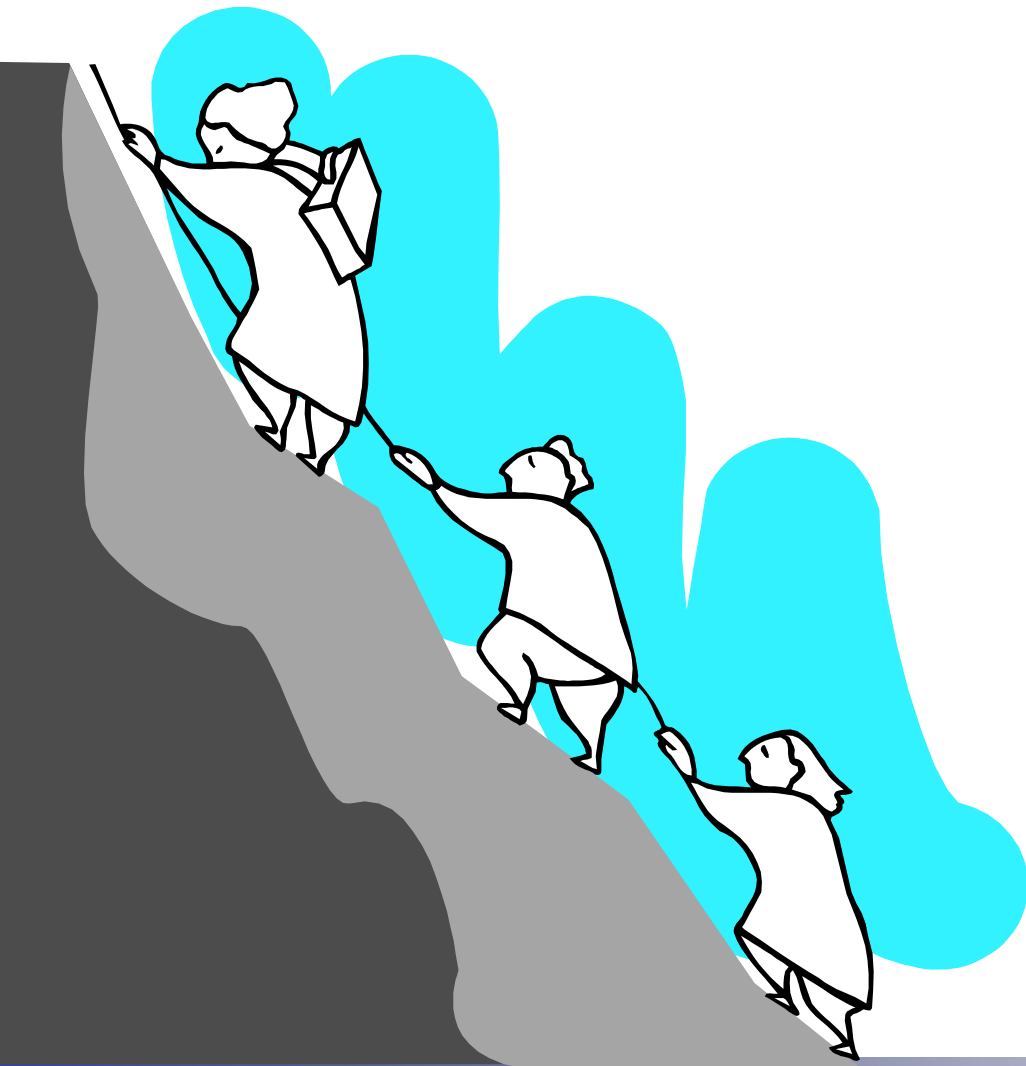


- ▲ Creating spaces and occasions for teams to meet and exchange



# Challenges

- ▲ Client expectations of services
- ▲ Competing demands for service providers
- ▲ Spectrum of perception of one's role to play in a consumer's healthcare experience
- ▲ Making it all sustainable
- ▲ *Remembering that it's a long, slow process...*



# The challenges that were bigger than us...



**How could the broader health sector support the delivery of better integrated oral health and general health care?**

- ▲ Interface between client management systems
- ▲ Public oral health funding formula & access model
- ▲ A whole-of-health approach
- ▲ Service integration leadership & implementation guidance





# In conclusion...

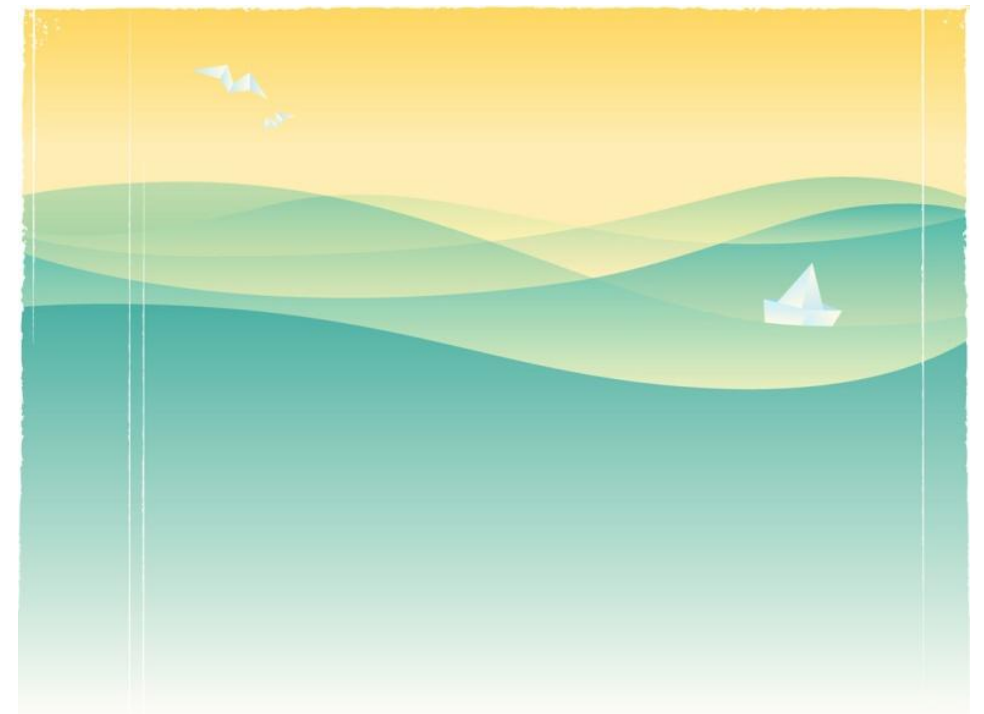
***More than a project... a long term vision***

**For community health organisations**

- ▲ Readiness: vision & commitment
- ▲ Clinical approach
- ▲ Systems change

**Broader sector**

- ▲ Systems – IT, funding
- ▲ Whole-of-health focus



***Always keeping a focus on the clients***



# THANK YOU!

Project final report, executive summary report & toolkit available  
Please contact [denise.harisiou@kchs.org.au](mailto:denise.harisiou@kchs.org.au) or [veronique.roussy@kchs.org.au](mailto:veronique.roussy@kchs.org.au)