

Community Health Program

Tabled 6 June 2018

VAGO

This presentation provides an overview of the Victorian Auditor-General's report *Community Health Program*.

Overview



The Community Health Program (CHP) aims to provide effective preventative and primary care services to the most disadvantaged Victorians.

Disadvantaged Victorians:

- socially or economically disadvantaged
- experience poorer overall health outcomes
- have complex care needs
- have limited access to appropriate healthcare

DHHS needs to:

- review its funding of the CHP
- analyse program demand
- improve its monitoring of community health services
- evaluate program outcomes.

The Community Health Program (CHP) is a primary care program administered by the Department of Health and Human Services (DHHS). It aims to deliver effective primary care services to the most disadvantaged people in our community, those that could not otherwise afford care.

Primary care is important. It helps people manage or cure medical conditions without the need for hospital stays and keeps people productive in society.

Disadvantaged Victorians, or priority populations, refers to people who are socially or economically disadvantaged, experience poorer overall health outcomes, have complex care needs, and have limited access to appropriate healthcare.

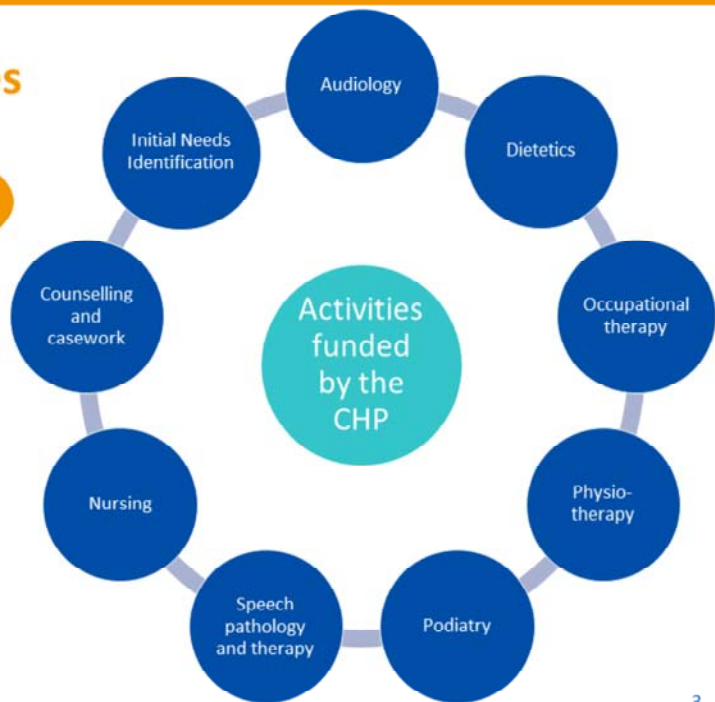
To keep the CHP functioning effectively, DHHS needs to review its funding, analyse program demand, improve its monitoring of community health services and evaluate program outcomes.

Community health services

85

Community health services in Victoria that deliver the CHP

- In 2017–18 community health services received \$105 million to provide approximately 1 million hours of care
- CHP budget makes up less than 1 per cent of the overall Victorian health expenditure



The CHP is delivered through community health services. There are 85 community health services in Victoria that deliver the CHP. Its allied health services include physiotherapy, occupational therapy, speech pathology and dietetics.

In 2017–18 community health services received \$105 million to provide approximately 1 million hours of allied health care. While the CHP budget makes up less than 1 per cent of the overall Victorian health expenditure, it has the potential to prevent significant costs, such as avoidable hospital admissions.

Focus of this audit



Does the CHP contribute to good healthcare outcomes for Victoria's priority populations?

To assess this we examined:

- The Department of Health and Human Services' (DHHS) management of the CHP—evidence base, strategic objectives, funding, allocations
- Access and demand management
- Performance monitoring—by DHHS and community health services

Audit Scope

DHHS and 10 community health services

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This audit examined whether the CHP effectively contributes to good healthcare outcomes for Victoria's priority populations. We examined DHHS' management of the CHP, with a focus on its strategic direction, access and demand management and performance monitoring.

This audit was conducted as a follow-the-dollar audit. We included 10 community health services.

Strategic management



- The CHP aligns to DHHS's long-term health strategies, but DHHS cannot measure the CHP's contribution
- DHHS's evidence base supports the CHP's approach of person-centred care
- However, DHHS could use population health data and its own CHP data to inform decisions, such as funding allocation, to better match services to needs

DHHS' strategic management of the CHP is important to ensure the program has the resources required to meet its overarching objective.

We found that while the CHP's aim aligns with DHHS' long-term health visions it does not collect data that allows it to measure the contribution the CHP makes to its long-term health strategies and objectives.

We also found that the CHP's evidence base supports the CHP's model of person centred care. However, DHHS could use population health data and its own CHP data to inform decisions, such as funding allocation, to better match services to needs.

Funding



- The CHP's funding model has not been reviewed since 2007
- DHHS does not know whether the:
 - unit price meets the cost of providing a service
 - quantum of funding meets the needs of Victoria's population
 - distribution of funding provides effective care to priority populations

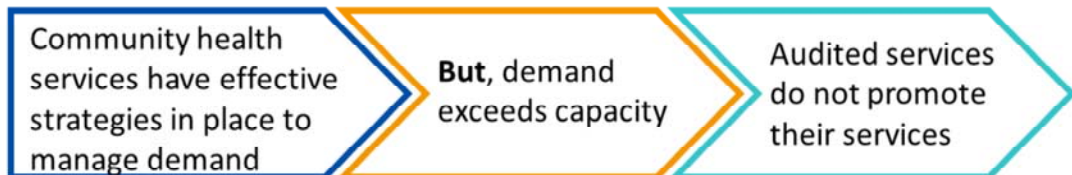
DHHS has not reviewed funding for the CHP since 2007. As a result DHHS does not know whether its unit funding meets the cost of service provision, the quantum of funding is sufficient or whether the distribution of funding meets the needs of Victoria's priority populations.

Access and demand



DHHS:

- Has not updated access and demand guidance since 2008
- Collects activity data quarterly, however, it cannot use this data to monitor demand
- Is unsure if the CHP meets demand



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Timely access to the CHP is important for Victoria's priority populations as early intervention may prevent people's conditions worsening.

DHHS' key guidance on managing access and demand was last updated in 2008. We recommended DHHS update its guidance.

While DHHS collects activity data quarterly, it has no data on demand across Victoria. It therefore does not know whether the one million hours of service meet demand. In addition, we found that DHHS does not review its data regularly to make sure that community health services provided services to its priority populations.

All 10 audited community health services had effective strategies to manage demand. However their demand exceeds their capacity. As a result, community health services told us that they do not promote their services as they may not have the resources.

Performance and quality



DHHS cannot assess whether the CHP meets its objective as reporting focuses on the number of service hours delivered by community health services, not the outcomes achieved



Performance monitoring is important to ensure that programs meet their aim. We found that DHHS cannot assess whether the CHP meets its objective. This is because its reporting and monitoring largely focuses on the number of service hours delivered by community health services, not the outcomes achieved.

We also found inconsistencies between the way that registered and integrated community health services were monitored. This increases the risk of missing performance issues.

Recommendations

7 recommendations for DHHS

- Link its strategic documents to the CHP
- Ensure it monitors that CHP services are provided to priority populations
- Review the CHP unit price to ensure it meets the cost of service delivery
- Develop a more sophisticated funding model to inform the quantum and distribution of funding
- In conjunction with community health services, regularly review and revise the demand management framework
- Have internal and external measures that assess program equity and quality, while working towards outcome measures
- Provide divisional offices with guidance to standardise monitoring of community health services

We made seven recommendations for DHHS.

These have all been accepted.

For further information, please view the full report on our website:
www.audit.vic.gov.au

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