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Department of Health

Results of the Models of Care Survey

A snapshot of how models of care have been implemented in Western Australia

WA Health Networks

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1. Executive summary

This report provides a snapshot of how models of care, developed by the Western Australian (WA) Health Networks, have been implemented by various service providers across the State. The report provides a descriptive account of the qualitative and quantitative data with a discussion of the results.

A questionnaire was sent to a targeted sample of individuals who had at least some knowledge or understanding of models of care. It collected information about a specific model of care that individual respondents were familiar with and models of care in general.

The questionnaire was developed using the RE-AIM methodology:[1]

1. **R**each - to determine how frequently various groups come into contact with the model of care.
2. **E**ffectiveness - to measure how the model of care is used.
3. **A**doption and **I**mplementation - to measure the impact of the model of care on the delivery of quality health care.
4. **M**aintenance - to measure the extent to which the benefits, or potential benefits, of the model of care will continue into the future.

The invitation to participate in the survey was distributed via email to 1198 individuals and 537 valid surveys were received. The majority of responses were from the Department of Health, Western Australia (WA Health), and of those, most were from the health services. The non-government, research, private and other sectors represented 24 per cent of responses.

The results show that models of care have guided planners and health service providers in delivering best-practice care. According to the responses, almost 75 per cent indicated that the specific model of care that they were familiar with had a positive impact in their work area's delivery of the right care, in the right place, at the right time and by the right team. More than half of the responses revealed that the model of care was often or almost always used and that their organisation was planning to use the model of care in the next 12 months.

Responses were largely positive regarding models of care. For example, the majority of responses agreed or strongly agreed that models of care promote a more collaborative way for people to plan/deliver health care, and engage clinicians, consumers and carers in developing evidence-based care.

Negative responses rated more strongly for questions about resourcing. Over half of the responses disagreed or strongly disagreed that models of care were adequately resourced for effective implementation.

The results are summarised in Table 1 below. Further details are provided in the Results section.

Overall, the snapshot suggests that models of care have a role in guiding planners and health service providers in delivering best-practice care. There is support and enthusiasm for implementing models of care but limited resourcing dedicated for implementation.

As models of care are policy guides in delivering best-practice care for a broad range of populations and conditions, their implementation should be considered in the context of the State's health priorities, resource availability, organisational capability, operational factors and local/community environments.

Table 1. Summary of the quantitative results

	Of the responses:
Demographics	▪ 57 per cent were from individuals working in health services from WA Health ▪ 51 per cent were from individuals working in health service delivery (nurse/midwife, medical officer, allied health practitioner) ▪ 34 per cent were from health administrators working in policy, planning and/or management ▪ 24 per cent were from individuals working in non-government, research, private and other sectors.
Reach	▪ 66 per cent indicated low level or no involvement in developing the model of care ▪ 64 per cent read all and 28 per cent read parts of the model of care ▪ 67 per cent were moderately or extremely familiar with the model of care ▪ 39 per cent perceived colleagues as moderately or extremely familiar with the model of care.
Effectiveness	▪ More than 75 per cent indicated that their work area sometimes, often or almost always used the model of care to: - collaborate - inform service delivery - inform planning - promote delivery of evidence-based care - promote understanding of quality health care - inform strategic goals and objectives - promote a shared vision of health reform.
Adoption and implementation	▪ 71 to 75 per cent indicated the model of care has a positive or very positive impact on their work area's **delivery** of the right care, in the right place, at the right time and by the right team ▪ 66 to 70 per cent indicated the model of care has a positive or very positive impact on the **community's access** to the right

	Of the responses:
	care, in the right place, at the right time and by the right team.
Maintenance	▪ 60 per cent indicated that it was highly likely that the model of care would be incorporated into the core business of their organisation ▪ 47 per cent indicated that it was unlikely or highly unlikely that the model of care would be sufficiently resourced with the required workforce or funding ▪ 42 per cent indicated that it was highly unlikely or unlikely that the model of care would be sufficiently resourced with the facilities and infrastructure required.
General Findings	▪ 87 per cent strongly agree or agree that models of care promote a more collaborative way for people to plan and deliver health care ▪ 85 per cent strongly agree or agree that the frameworks are appropriate for planning and long term investment in health care ▪ 81 per cent strongly agree or agree that models of care engage clinicians and 61 per cent strongly agree or agree that models of care engage consumers and carers in developing evidence-based health care ▪ 62 per cent strongly disagree or disagree that models of care are adequately resourced for effective implementation.

2. Background

WA Health Networks was established in 2006 as a result of the Report of the Health Reform Committee, A Healthy Future for Western Australians.[2] This report identified opportunities to overcome fragmentation and duplication across the WA Health system through collaboration and system wide engagement and partnerships across and with public and private health service providers.

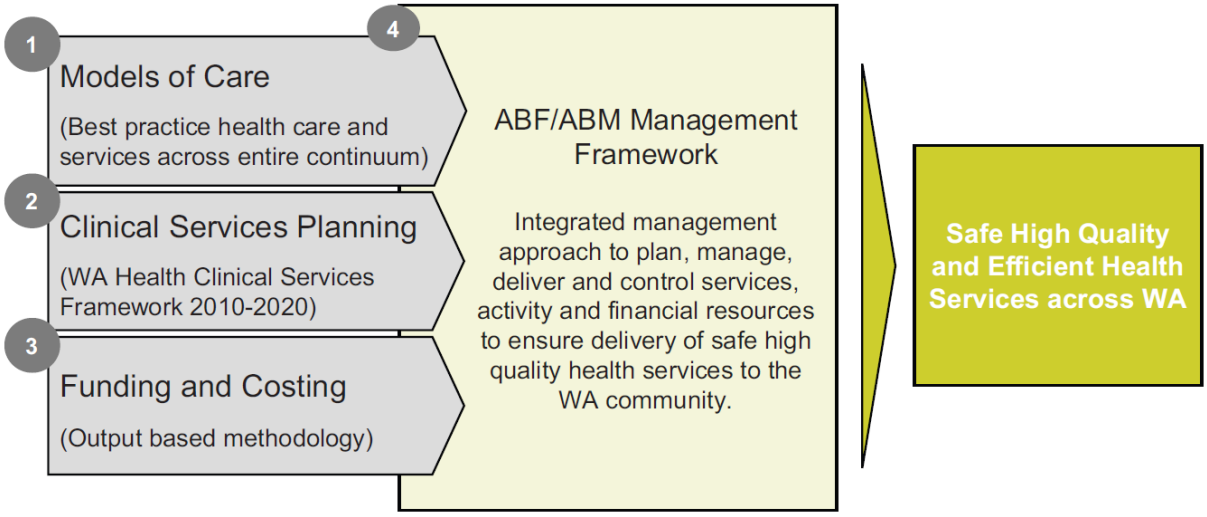
By July 2012, 17 health networks existed and over 60 models of care had been produced collaboratively by clinicians, consumers/carers, policy makers, and researchers.

Models of care outline the principles and directions that apply to the provision of healthcare services to deliver the right care, in the right place, at the right time by the right team.[3] In particular they focus on the systemic structures and strategies to improve service delivery. Together with the WA Health Clinical Services Framework 2010-2020[4] models of care provide the foundation for service and facility planning for specific care processes across the continuum of care.

Models of care inform the prioritising of funding allocations and purchasing intentions as is demonstrated in the Health Activity Purchasing Intentions 2012-13.[5]

The relationship between models of care, clinical services planning and activity based funding is described below.

Models of care and activity based funding[6]



Models of care and associated recommendations also inform the purchasing of service specifications with a range of non government service provider contracts. Specific examples include the service agreements that WA Health has with Diabetes WA and Arthritis Foundation. This approach results in the delivery of evidence-based care between the hospital and community settings.

The collaborative approach to developing models of care has established partnerships across the health and broader social service sector. Much of the work undertaken in implementing the models has occurred independently through existing and new partnerships within and outside WA Health.

The nature and intent of models of care means that it is impracticable and often inappropriate to measure every element of their implementation in detail. Through surveying known stakeholders that have knowledge or understanding of models of care, it is possible to have a better understanding of the how models of care have been implemented in WA and the role the models play in delivering best-practice health care.

Various evaluation approaches and frameworks were identified and tested before a final evaluation framework was chosen. The RE-AIM methodology was selected as the appropriate framework for this evaluation. It has been specifically adapted for, and successfully applied to, the evaluation of health-related policy.[7]

3. Aim and objective

3.1 Aim

The overall aim of the snapshot is to provide information regarding the extent of the influence and implementation of models of care and the degree to which they encourage best-practice care in Western Australia by all service providers.

3.2 Objective

The objective of the evaluation is to assess the implementation of models of care against criteria identified by the RE-AIM methodology.[7] These criteria are:

1. **R**each - to determine how frequently various groups come into contact with the model of care.
2. **E**ffectiveness - to measure how the model of care is used.
3. **A**doption and **I**mplementation - to measure the impact of the model of care on the delivery of quality health care.
4. **M**aintenance - to measure the extent to which the benefits, or potential benefits, of the model of care will continue into the future.

4. Methodology

4.1 Survey

The implementation of each model of care was evaluated using a self-completion questionnaire. A copy of the questionnaire is provided in Appendix 2. The questionnaire was developed in line with the evaluation objective and RE-AIM methodology.

The survey had two components. The first component of the questionnaire was constructed to collect information about a specific model of care. Respondents could subsequently be redirected to the beginning of the questionnaire to allow it to be completed for additional models of care.

The second component of the survey sought feedback regarding models of care in general. Individuals were instructed to complete this section only once (even if they had completed the survey for multiple models of care).

Respondents were also asked to share stories about their own experiences in a section titled 'Your Stories'.

SurveyMonkey was used to design and collect survey responses. A hard-copy of the survey was available on request.

4.2 Sampling

In order to answer questions about the implementation of models of care, respondents needed to have at least some knowledge or understanding of models of care. As the population of individuals with such knowledge was unknown, a traditional random sampling methodology was not feasible and an alternative sampling method was required.*

Referral sampling (or respondent driven sampling) is a recognised technique used to identify and obtain data from information-rich key informants. Using this approach, potential respondents are identified and contacted and asked to pass the survey onto others who may have knowledge or experience of a particular topic. It generates comprehensive information from populations for whom adequate sampling frames are not readily available.[8]

On this basis, referral sampling was identified as the most appropriate methodology for this survey, for the following reasons:

1. Referral sampling is efficient and cost effective when key informants are readily identifiable, and for this survey, the identity and contact details of informants were available from historical data maintained by the health networks.

* A fundamental prerequisite for the use of random sampling methodologies is that the entire population group under study/investigation must be known. Given that the entire population of persons with knowledge about models of care was not identifiable at the time of this survey, a 'random' sample of the population was not possible.

2. Referral sampling is more directed and purposeful than many other non-random sampling techniques, as knowledgeable individuals overlooked in the initial sample may be subsequently identified and 'referred' to the survey.
3. Compared to other non-probability sampling methods, data from referral sampling produces rich and detailed information.

The referral sampling used in this survey has two methodological limitations:

1. Referral sampling is a non-probability sampling technique and caution is required in generalising results from this survey to the broader population under study.
2. Although the total number of people invited to participate in this study is known, the number of additional 'referred' persons was not monitored. Therefore, it is not possible to generate an accurate response rate for the survey.

4.3 Target audience

The target audience for the survey was individuals who were considered to be familiar with one or more models of care, which included:

- health networks leads
- health networks executive advisory group members
- working party/group members set up by the health networks
- health networks support personnel
- internal and external to WA Health key informants and stakeholders.

4.4 Data collection

On Monday, 9 July 2012, an invitation to complete the survey was emailed to individuals nominated as having knowledge of one or more models of care. These individuals were invited to pass the survey on to any colleagues who might also be interested in providing their feedback. A copy of the invitation is provided in Appendix 3.

On Monday, 30 July 2012, a subsequent email was sent to the target audience thanking those who had already provided feedback and reminding others that the survey was closing soon.

The survey was open for a period of four weeks and closed Friday, 3 August 2012.

4.5 Data analysis

Quantitative data from the self-completion questionnaires was downloaded from SurveyMonkey and analysed using SPSS (Statistical Package for Social Sciences). For descriptive data analysis, survey response categories 'don't know' and 'not applicable' were coded as missing data.

Qualitative data was analysed using the software program NVIVO9 (QSR International). Thematic analysis was used to identify recurring themes that represented common views of the respondents.

4.6 Interpretation of results

The results presented in this report are predominately a descriptive account of the qualitative and quantitative data.

Results reported under the RE-AIM criteria and 'Your Stories' are aggregated responses made about a single model of care that the respondents were familiar with. Responses about models of care in general are provided in the general feedback section.

Please note that the sum of the percentages shown in graphs may not equal 100 due to number rounding.

The methodology undertaken for this survey affects how the results can be interpreted. In particular, generalising results from the survey to the broader population is not appropriate because a selected sample approach has been used.

5. Results

5.1 Responses

The invitation to participate in the survey was emailed to 1,278 individuals and of these, 80 email invitations were not able to be delivered. Of the 1,198 email invitations successfully sent, 661 responses were received.

Of the 661 responses received:

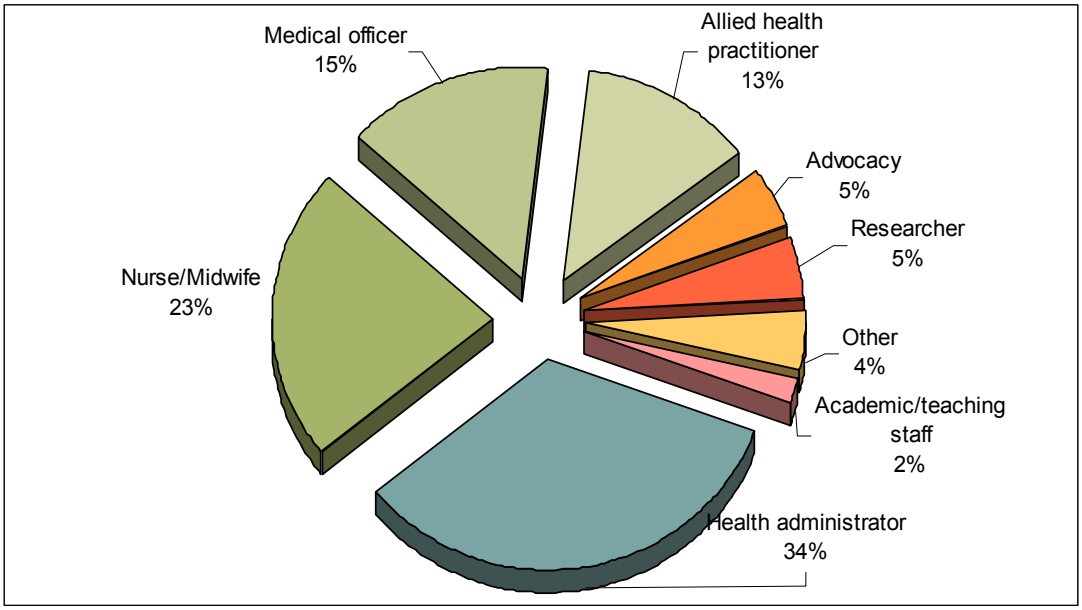
- 61 exited the survey when asked about familiarity with models of care (questions three and four)
- 63 were not familiar with any of the listed models of care.

The final number of usable surveys was 537.

5.2 Demographics

Respondents to the survey were asked to provide basic demographic information about their primary work related role (Figure 1) and primary place of work (Figure 2).

Figure 1: Respondent's primary role in the health sector

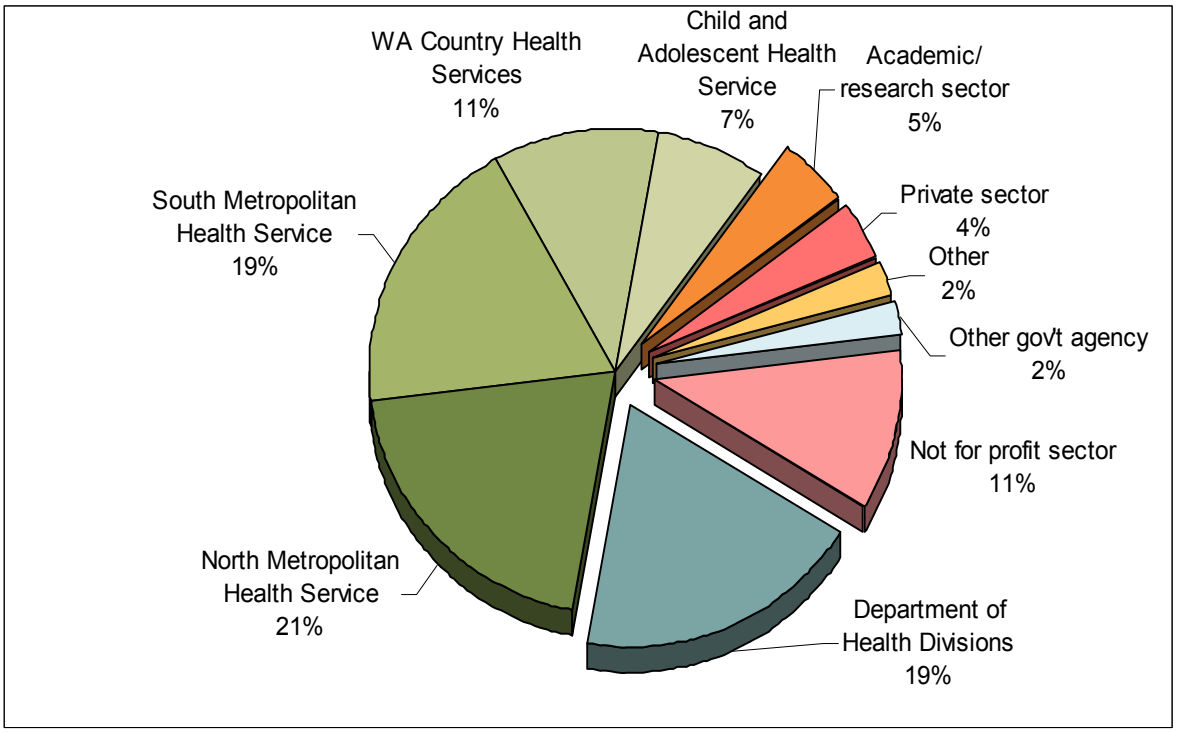


The following response patterns are noted in Figure 1.

Of the responses:

- 51 per cent were received from individuals working in a health service delivery related role (nurse/midwife, medical officer, allied health practitioner)
- 34 per cent were provided by health administrators working in policy, planning and/or management.

Figure 2: Respondent's primary place of work



The following response patterns are noted in Figure 2.

Of the responses:

- 57 per cent were received from individuals working in health services for WA Health
- 24 per cent were received from individuals working in non-government, research, private and other sectors
- 19 per cent were provided by individuals working in the Department of Health Divisions, which includes:
    - Public Health and Clinical Services
    - Performance Activity and Quality
    - Resource Strategy
    - System Policy and Planning
    - Office of the Director General.

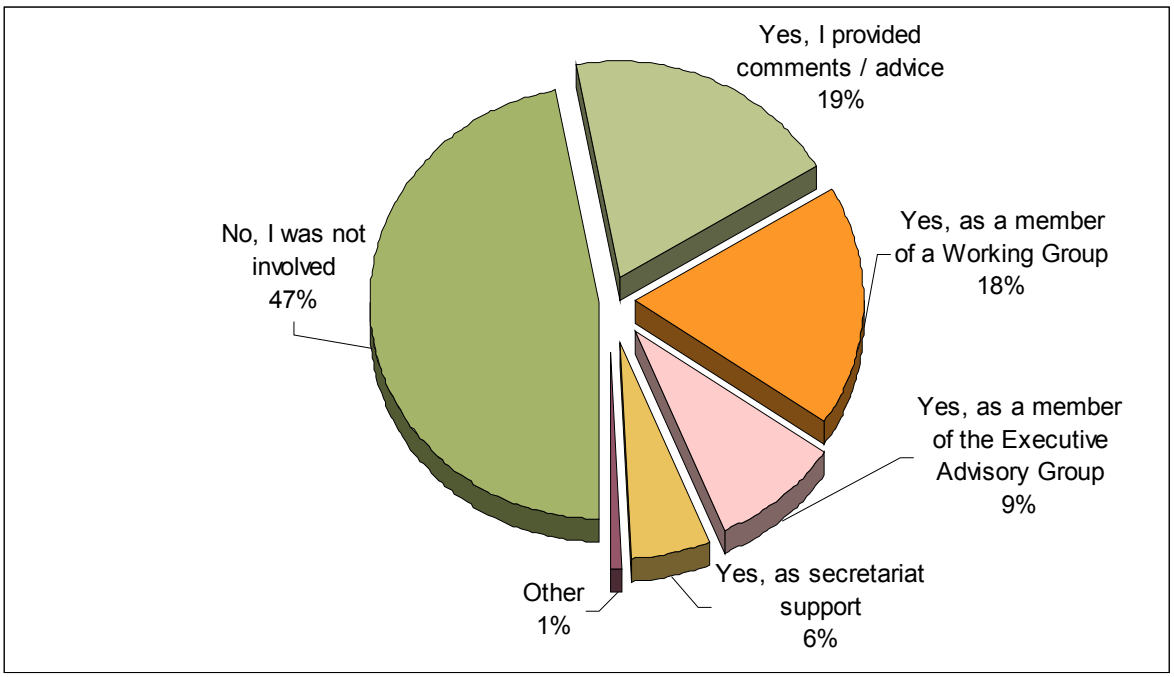
5.3 Reach

Reach refers to how frequently various groups come into contact with the model of care.

To measure reach, respondents to the survey were asked to assess their personal familiarity with the model of care, their level of involvement in its development, and estimate the familiarity of workplace colleagues with the model of care.

Results are presented in Figures 3–5.

Figure 3. Were you involved in the development of the model of care?

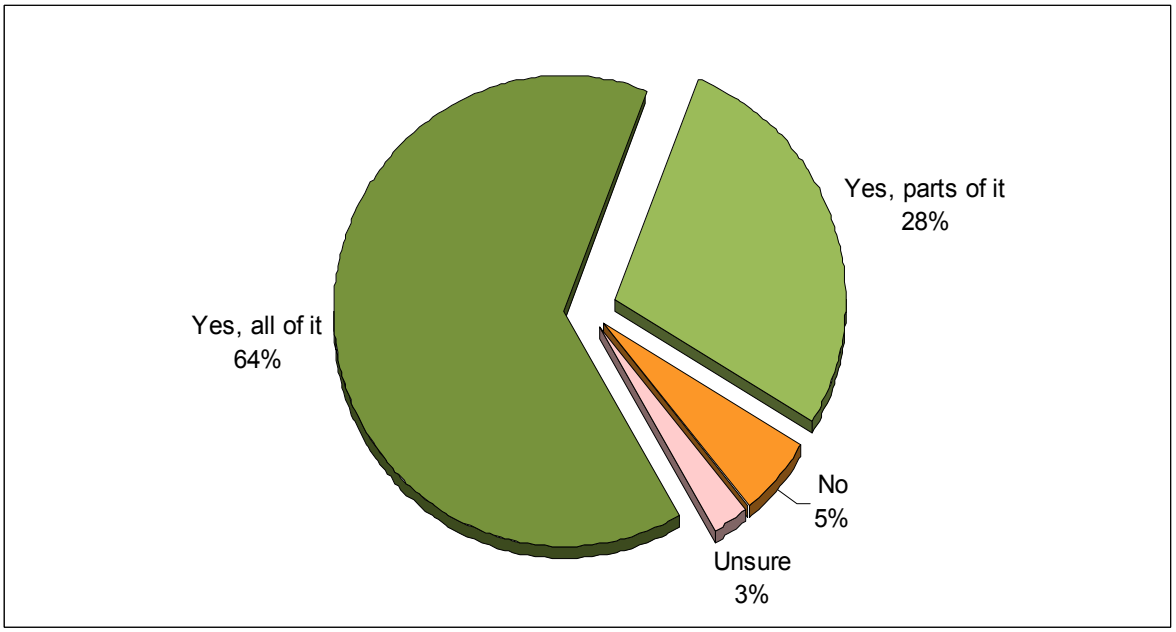


The following response patterns are noted in Figure 3.

Of the responses:

- 66 per cent were received from individuals with either no or the lowest level (comments or advice) involvement in the development of the model of care
- 27 per cent were received from individuals who had direct involvement with the model of care, as a member of either a health network executive advisory group or working group.

Figure 4: Have you read the model of care?

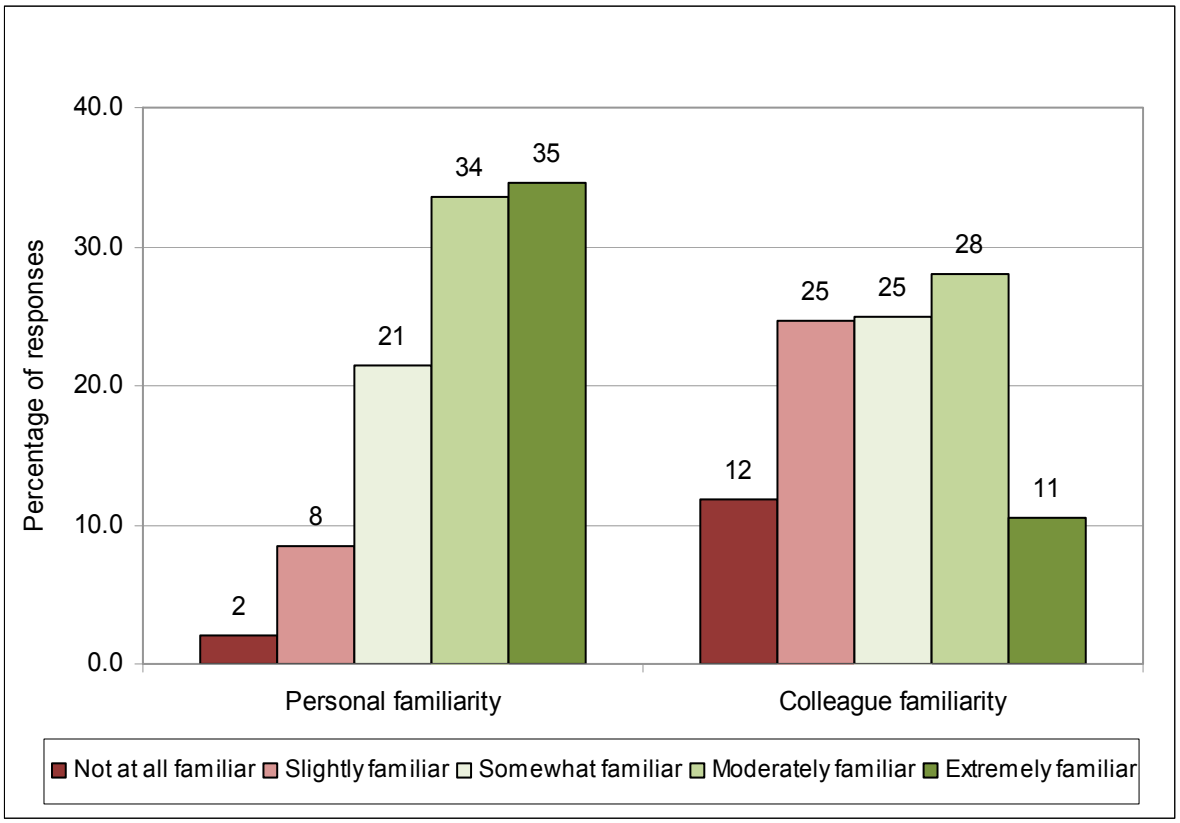


The following response patterns are noted in Figure 4.

Of the responses:

- 92 per cent were from individuals who had read at least part of the model of care
- 64 per cent of were from individuals who had read the full content of the model of care.

Figure 5: How familiar are you/other individuals in your work area, with the model of care?



The following response patterns are noted in Figure 5:

- 67 per cent of the responses were from individuals who were either extremely or moderately familiar with the model of care.
- Respondent ratings of personal familiarity with the model of care were notably higher than the estimates provided for workplace colleagues.
- When asked to rate the level of familiarity of their work place colleagues, respondents estimated that only 39 per cent of their workplace colleagues were moderately or extremely familiar with the model of care.

Comments about reach

After providing responses to closed ended questions, respondents were able to provide additional information regarding the reach of the model of care. In total, 101 responses were received and analysis of the comments identified two main themes:

- dissemination of the model of care to a wider audience
- awareness and promotion of the model of care.

Theme: Dissemination of the model of care to a wider audience

Respondents' comments described examples of how the model of care had been disseminated to, and used by, a broad range of stakeholders.

Some examples provided by respondents included how the model of care had been:

- integrated into nursing units at university
- integrated into nursing practice manuals at a WA Health hospital
- used by clinicians as a reference document for planning service delivery and providing project support
- supported by other state governments and non-government organisations
- used by groups located beyond the original scope of influence for the model, including healthcare providers outside Australia.

> "[The] MoC has reach and support across whole-of-government, community and research organisations. It also is recognised at a national level and has been used in evidence at national and state enquiries…"

> "The Breast Cancer Model of Care is widely referred to by a range of clinicians and allied health professionals within the membership of the [WA Cancer and Palliative Care Network] Breast Tumour Collaborative, and information and guidelines from the Model of Care are used within the organisations each member represents."

Theme: Awareness and promotion of the model of care

Respondents' comments indicated that the awareness of the model of care between and within stakeholder groups across WA Health varied. For instance, there was a perception that healthcare workers delivering services had a low awareness of the model of care.

Respondents indicated the need to further promote the model of care to a broader range of stakeholder groups to increase overall awareness.

> "Most health workers seem oblivious to models of care."

> "Need more aggressive promotion and adherence projects. All health professionals should be well aware of it as well as consumers."

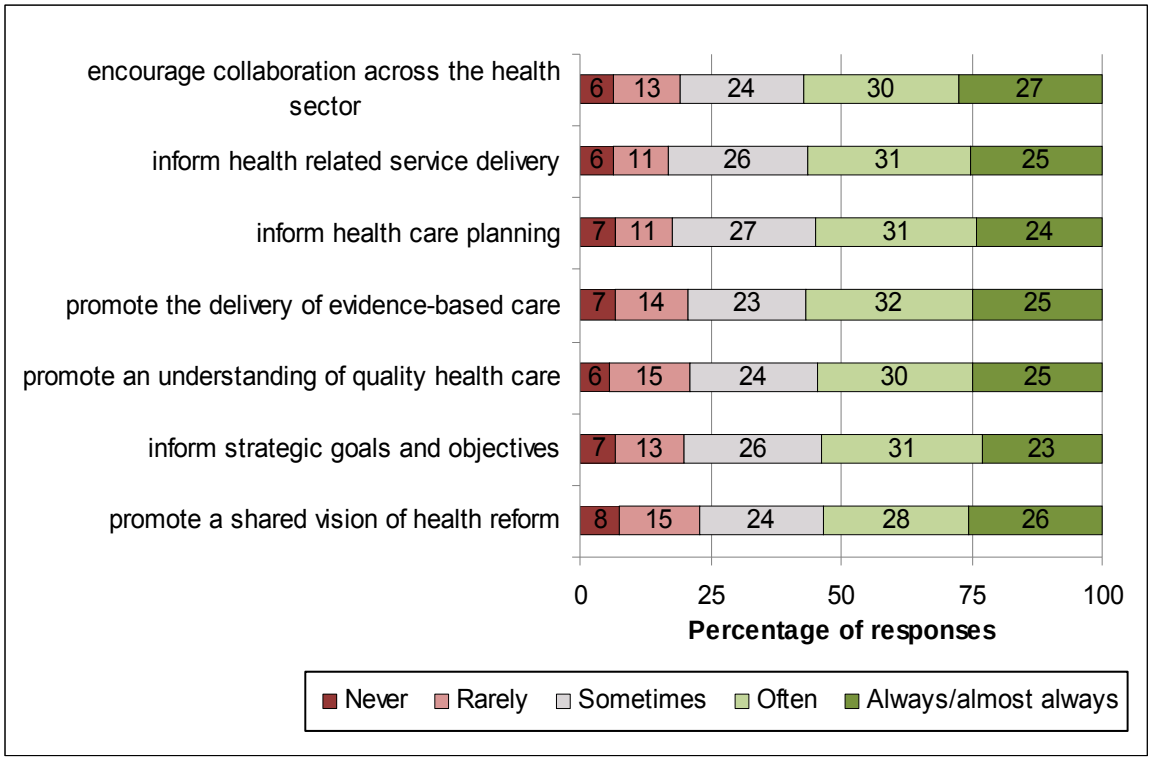
5.4 Effectiveness

Effectiveness refers to how the model of care is used.

To measure effectiveness, respondents to the survey were asked to assess how frequently the model of care is used within their work area to plan and deliver health services, and promote shared knowledge and collaboration.

Results are presented in Figure 6.

Figure 6: Within your work area, how frequently is the model of care used to:



The following response patterns are noted in Figure 6.

Of the responses:

- Ratings were similar across all seven measures of effectiveness
- More than 50 per cent rated the model of care as being used always/almost always/often across all measures of effectiveness
- More than 75 per cent rated the model of care as being used at least sometimes (sometimes/often/always/almost always) across all measures of effectiveness.

Comments about effectiveness

After providing responses to closed ended questions, respondents were able to provide additional information regarding the effectiveness of models of care. In total, 93 responses were received and analysis of the comments identified two main themes:

- using the model of care as a reference document
- model of care effectiveness limited by implementation.

Theme: Using the model of care as a reference document

Respondents described using the model of care as a reference document to inform and guide healthcare planning and service delivery. For instance, the model of care had been used:

- to support business cases for new services
- as a reference in federal funding priorities
- to evaluate and review clinical care
- for evidence of patient care.

> "Primarily I worked in a…Hospital in the formation of setting up a…unit, I found this document beneficial and worthwhile and an excellent tool to use in planning and delivering care."

> "…the model of care has been extensively used as a template for 'the ideal scene' against which actual practice has been compared. We have assessed all centres in detail providing…care and have generally found most sites have a service with few gaps relative to the MOC."

Theme: Model of care effectiveness limited by implementation

Respondents' comments indicated the effectiveness of the model of care was limited by insufficient implementation.

The reasons given by respondents included the model of care was not given sufficient priority, was not used across the State, and needed more support.

Respondents indicated the model of care would be more effective if implementation was more fully supported and resourced.

> "Some staff not involved in the development of the model, even after being informed of the working [group's] decisions, remain reluctant or negative about changes believing it interferes or challenges their own professional beliefs."

> "The model of care appears to be another "pathway" that can be chosen to be ignored at certain levels - since it is in general not promoted it does not seem to get the buy in from all the stakeholders in the organisation. The information in the pathway is very relevant and would be a useful tool to implement and follow through on improving care (some of it has [been] implemented) but an increase in resources could also maybe be more justified if all the stats mentioned in the model of care were taken seriously."

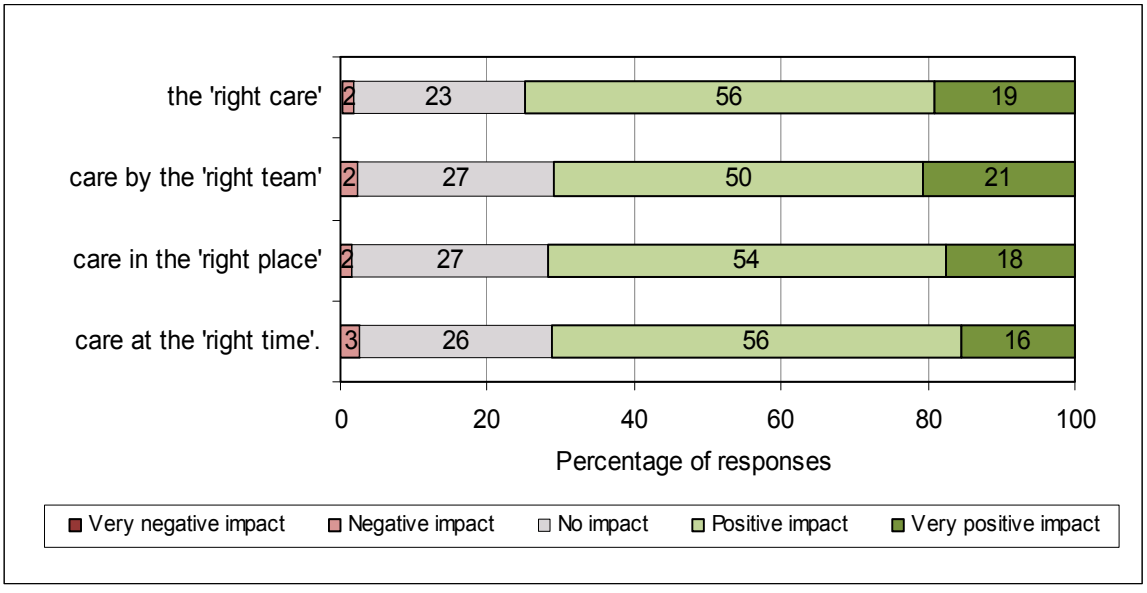
5.5 Adoption and implementation

Adoption and implementation refers to what impact the model of care has on the delivery of quality care, and the community's access to quality care.

To measure adoption and implementation, respondents to the survey were asked to assess the impact of the model of care on the delivery of 'quality care' in the 'real world'. 'Quality of care' was defined as 'the right care, in the right place, at the right time by the right team' for the given population or condition addressed in the model of care.

Respondents were asked to rate the level of impact the model was having on the delivery of care (Figure 7) and the community's access to care (Figure 8).

Figure 7: What impact is the model of care having on your work area's delivery of:



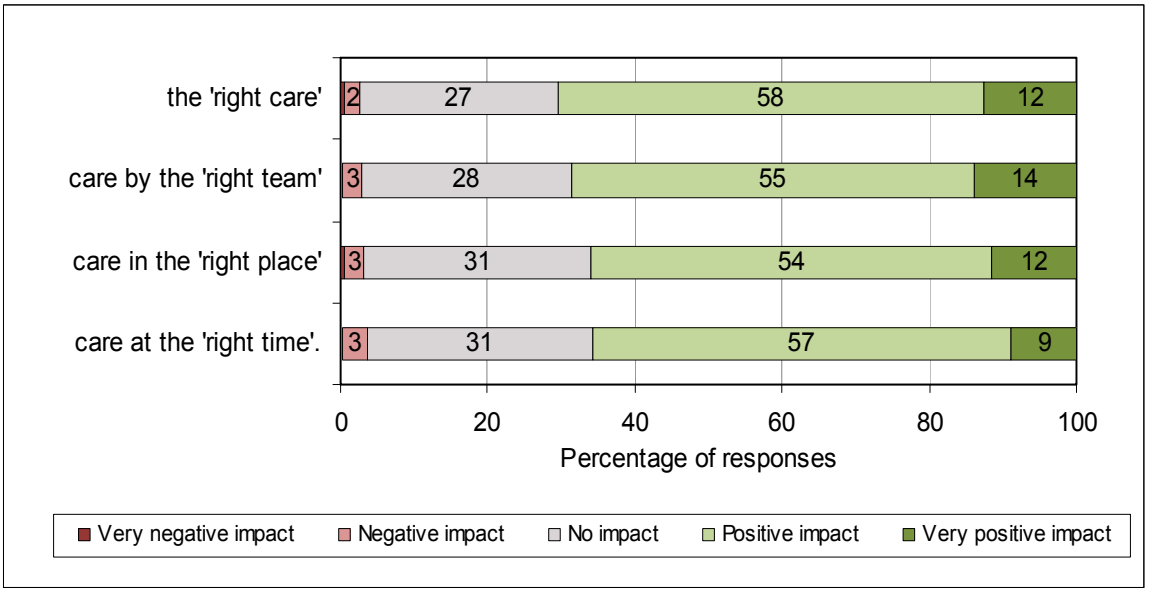
The following response patterns are noted in Figure 7.

Of the responses:

- 75 per cent rated the model of care as having a very positive/positive impact on delivery of the 'right care'

- 72 per cent rated the model of care as having a very positive/positive impact on delivery of care in the ‘right place’ and at ‘the right time’
- 71 per cent rated the model of care as having a very positive/positive impact on the delivery of care by the ‘right team’.

Figure 8. In your opinion, what impact is the model of care having on the community’s access to:



The following response patterns are noted in Figure 8.

Of the responses:

- 70 per cent rated the model of care as having a very positive/positive impact on the community’s access to the ‘right care’
- 76 per cent rated the model of care as having a very positive/positive impact on the community’s access to care by the ‘right team’
- 66 per cent rated the model of care as having a very positive/positive impact on the delivery of care in the ‘right place’ and at ‘the right time’.

Comments about adoption and implementation

After providing responses to closed ended questions, respondents were able to provide additional information regarding the adoption and implementation of the model of care they were familiar with.

In total 120 responses were received and analysis of the comments identified three main themes:

- positive examples of the impact of the model of care
- model of care needs an implementation plan

- adequate funding and resources needed for adoption and implementation of the model of care.

Theme: Positive examples of the impact of the model of care

Respondents' comments indicated the model of care was having a positive impact where they had been implemented. For instance, respondents indicated that using the model of care to guide and inform service delivery policy had resulted in positive outcomes for both community access to health care and the quality of health service delivery.

> "Aspects of this model, and the process for developing it, have influenced capacity building in the regional areas, relating to workforce education and professional development, telehealth support and injury prevention harm minimisation awareness."

> "There have been some positive developments such as the implementation of the Waterbirth Policy…which arose partly in response to this document."

Theme: The model of care needs an implementation plan

Respondents' comments indicated that there was insufficient planning to support the statewide implementation of the model of care going into the future. Respondents indicated that without a formal implementation plan, the model of care will not have the intended impact across the health system in WA.

> "The [Chronic Kidney Disease] MOC has not been implemented. While it is a valuable document to inform policy, very little has been turned into practice."

> "The impacts on the general community will not be realised until this model is implemented."

Theme: Adequate funding and resources needed for adoption and implementation of the model of care

Respondents' comments indicated the existing levels of funding and resources to implement the model of care were insufficient.

The reasons given by respondents included a lack of 'dedicated' funding available to the model of care and insufficient human resources (full-time equivalency). Respondents expressed how insufficient resources had limited the extent to which the model of care had been implemented, and that without such resources the impact of the model of care on the health system in WA would be limited.

> "Adoption and implementation is not resourced, therefore not applied to service delivery."

> "The impact of the MoC is limited by workforce and other resources. Where resources are available the impact is very positive. Where resources are not available then impact is negligible."

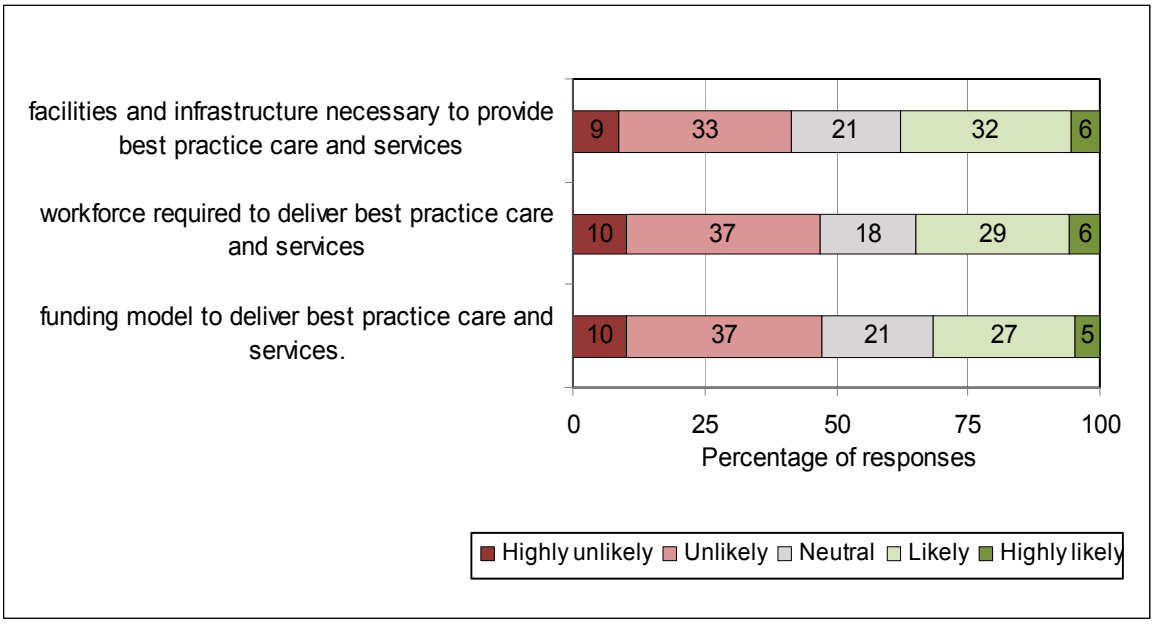
5.6 Maintenance

Maintenance refers to the extent which benefits or potential benefits will continue into the future.

To measure maintenance, respondents to the survey were asked to assess the likelihood that the benefits or potential benefits of models of care would be sufficiently resourced and sustained into the future.

Results are presented in Figures 9 and 10.

Figure 9: How likely is it that the model of care will be sufficiently resourced to be sustainable in the following areas:

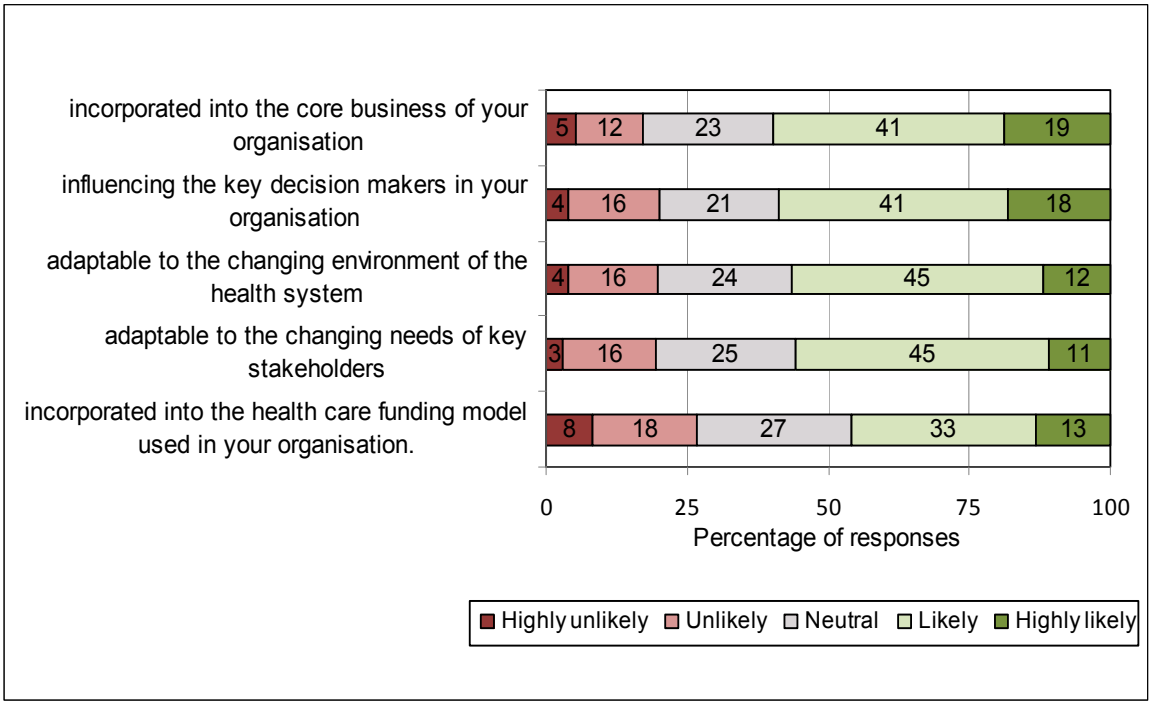


The following response patterns are noted in Figure 9.

Of the responses:

- 42 per cent indicated it was highly unlikely/unlikely that the model of care would have the facilities and infrastructure required to provide best-practice care and services
- 47 per cent indicated it was highly unlikely/unlikely that the model of care would have the required workforce or funding model to provide best-practice care and services.

Figure 10: In the next 12 months, how likely is it that the model of care will be:



The following response patterns are noted in Figure 10.

Of the responses:

- 60 per cent indicated it was highly likely/likely that the model of care would be incorporated into the core business of their organisation
- 59 per cent indicated it was highly likely/likely that the model of care would influence the key decision makers in their organisation
- 57 per cent indicated it was highly likely/likely that the model of care would be adaptable to the changing environment of the health system, and 56 per cent indicated it would be adaptable to the changing needs of key stakeholders
- fewer than half (46 per cent) indicated it was highly likely/likely that the model of care would be incorporated into the healthcare funding model used in their organisation.

Comments about maintenance

After providing responses to closed ended questions, respondents were able to provide additional information regarding the maintenance of the model of care they were familiar with.

In total 80 responses were received and analysis of the comments identified two main themes:

- insufficient funding to sustain or maintain the model of care
- improving the workforce for the model of care.

Theme: Insufficient funding to sustain or maintain the model of care

Respondents' comments described funding as either the main 'limitation' or 'problem' with the model of care.

Respondents were pessimistic regarding the likelihood that the model of care would be implemented or sustained by the current level of funding. Respondents indicated there needs to be more priority allocated to resourcing the model of care.

> "[The model of care] appears to be a comprehensive framework however will require significant funding to implement and how likely is this in current economic climate? Who will drive the reform needed to implement the key priorities?"

> "We have seen no indication that this framework has become a priority area to be funded."

Theme: Improving the workforce for the model of care

Respondents' comments indicated that human resources needed to sustain the model of care were 'insufficient'.

> "Appropriate staffing levels are key to the sustainability of this model of care…"

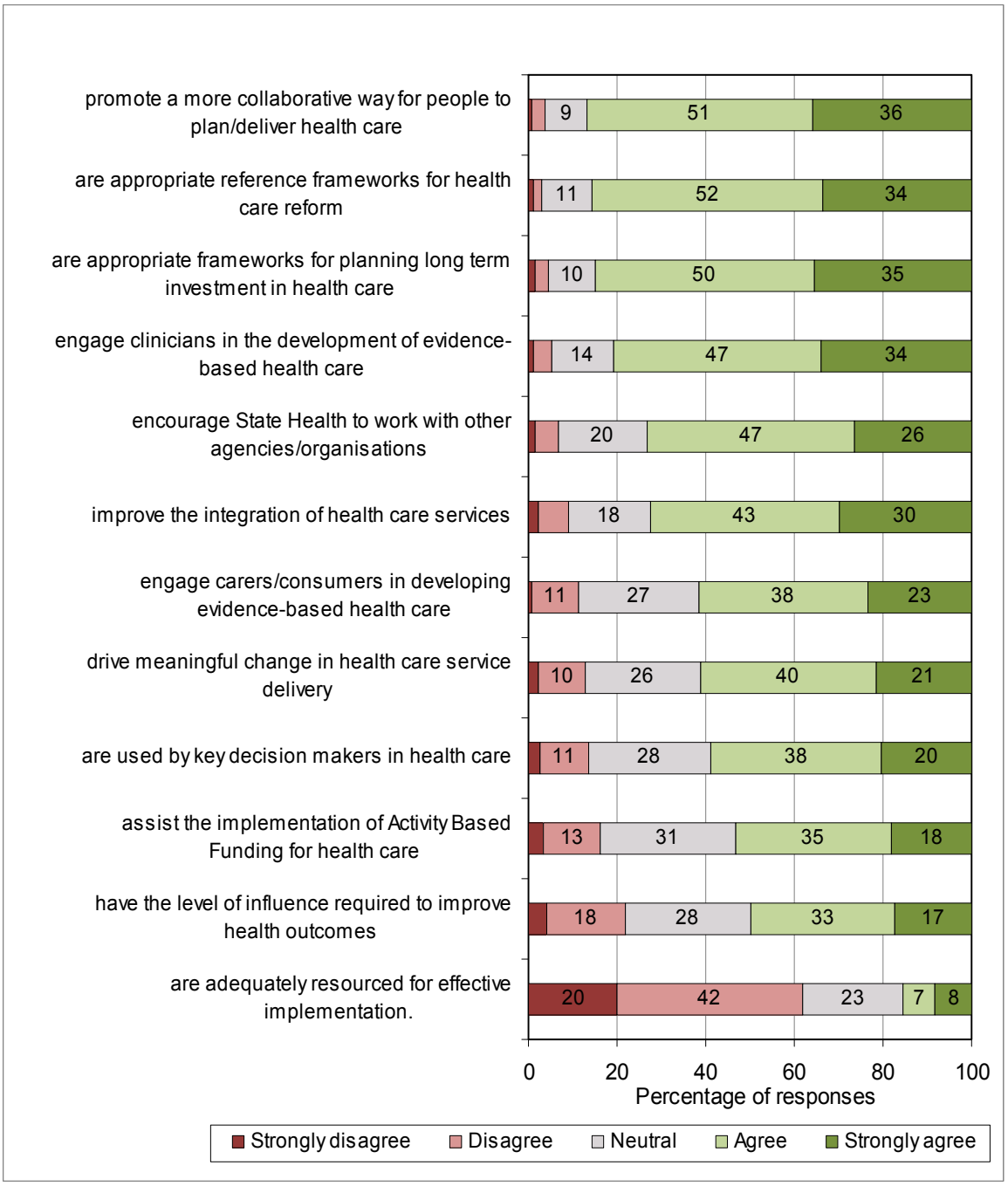
> "Sustainability and maintenance of any projects aimed at implementing the MOC will be dependent on permanent funding and FTE support."

5.7 General feedback

In the general feedback section of the survey, respondents were first asked to provide a global assessment of models of care. Respondents were instructed to consider all models of care they were familiar with when rating their level of agreement with 12 general statements about models of care.

Results are presented in Figure 11.

Figure 11: Please indicate your level of agreement with the statements below



The following response patterns are noted in Figure 11.

Of the responses:

- 87 per cent strongly agreed/agreed that models of care promote a more collaborative way for people to plan and deliver health care
- 86 per cent strongly agreed/agreed that models of care are an appropriate reference framework for healthcare reform
- 85 per cent strongly agreed/agreed that models of care are an appropriate reference framework for planning long term investment in health care
- 80 per cent strongly agreed/agreed that models of care engage clinicians in evidence-based health care
- only 15 per cent strongly agreed/agreed that models of care are adequately resourced for effective implementation.

5.8 Your stories

Respondents were asked to share their stories or any additional information about the positive and/or negative aspects of implementing models of care in a section titled 'Your Stories'. This included instances where the model of care has had particularly wide reach, or where significant health outcomes have been achieved.

A total of 189 responses were received. Two main themes emerged with several subthemes identified:

- examples of how the model of care has been implemented or positive outcomes
- challenges in implementing the model of care.

Theme: Examples of how the model of care has been implemented or positive outcomes

Subtheme: Establishing additional staffing, services, resources or programs

Respondents' comments provided examples of how the model of care had been used to support additional staffing, services, resources or programs with shared understanding and support.

> "The adult asthma action plan has been widely implemented across WA with pharmacists from the Pharmaceutical Society of WA being employed to specifically work on the implementation of the asthma action plan cards. The Asthma Model of Care has been adopted as the key policy document to inform services, programs and resources produced by the Asthma Foundation WA. There is ongoing collaboration between the Respiratory Health Network and the University of Western Australia in researching pharmacy practice."

> "Community Physiotherapy Services' Orthopaedic program is currently undergoing expansion/restructuring to include a number of more condition specific streams. Osteoporosis is one program requiring development and the model of care is being used as a guideline to develop the program."

Subtheme: Collaboration, networking and partnering

Respondents' comments indicated that the process of bringing together all the key stakeholders in the development of the model of care had enhanced partnerships through collaborating and networking between providers in different sectors.

> "Developing this recent model of care has enabled collaboration and discussion between providers in all sectors which in itself helps to improve quality as people strive together to articulate a shared understanding of what is quality care."

> "This head and neck model of care has been widely accepted and has resulted in shared patient information across the state. The 3 tertiary departments of both Speech Pathology and Dietetics have worked together to develop consistent assessment and educational material for their colleagues in all sectors to use. This has helped patients to receive coordinated care as they move from the tertiary to community setting for their rehabilitation and survivorship care."

Subtheme: Identifying best-practice

Respondents' comments indicated that the model of care was a useful tool to identify best-practice and/or promote a 'gold standard of care'. There was a general consensus that the model of care was well researched and evidence-based.

> "Models of care have opened up evidence-based care for groups that previously may have been managed by GPs or nurses who did not have the experience or knowledge to be across current trends of care. It has improved governance of decision making for care pathways."

Subtheme: Improvements in service delivery

Respondents commented that when the model of care, or particular aspects of the model of care, had been implemented there had been improvements in service delivery and positive health outcomes.

> "The model of care has improved the way Maternity Services are delivered in the country with the establishment of a collaborative approach to care…"

Subtheme: Examples of dissemination

Respondents provided examples of how the model of care had been disseminated either at a local, national or international level. For example, the model of care was discussed at international clinical meetings and had been used in other countries to advocate for changes in the health system.

> "This Framework is widely accepted across child and youth services as a valuable reference document that provides overarching direction for service provision."

> "This MoC has reach and support across whole of government, community and research organisations. It also is recognised at a national level and has been used in evidence at national and state enquiries into [Fetal Alcohol Spectrum Disorder]"

> "The model of care is providing the basis for the development of community service models."

Theme: Challenges in implementing the model of care

Subtheme: General implementation issues

Respondents indicated that there were barriers with translating the model of care into clinical practice, and implementing the model in many instances had been limited.

Respondents stated that despite the significant amount of work invested into developing the model of care, there were no actionable plans for its implementation. Respondents described this had resulted in people becoming disengaged and cynical about its value.

In addition, respondents indicated that where aspects of a model of care had been implemented, there were inconsistencies across the health sector. Respondents' comments described a lack of support to implement the model of care despite the need for changing the service model.

> "When the model of care is adopted it has a very beneficial impact on care but unfortunately it is not adopted or promoted to the levels it should be."

> "This Model of Care I know has been discussed at 'upper levels' of management and clinical input, and briefly discussed at unit meetings. However translation to practical health care on the floor (hospital ward environment), is not always readily identified by the key players (nurses). It would help nurses to appreciate the big picture of managing these groups of patients, so goals of the model of care can be readily attained as an organisational whole."

> "I believe the model of care is accepted by most practitioners in WA Health however [there are] barriers in transferring what is known into clinical practice…"

Subtheme: Funding issues

Respondents' comments indicated that the model of care had a strong theoretical framework and that considerable time had been invested into its development, however, the model was insufficiently funded to support the recommendations.

> "The process and development of the model of care was highly successful and necessary. Equally, the model of care needs to be costed and some new funds available to implement aspects or the priority areas within the model of care - this was always an obvious weakness in the approach. A lot of resources, good will and clinician time [were] invested in developing the model of care - there needs to be an authentic effort to fund implementation."

> "The Diabetes model of care is well structured and has a strong theoretical framework and from this perspective it is a bench mark document. However there is no funding capacity or clear pathways of how to access funds in order to implement the model. More needs to be done to ensure the right place, right services etc is actually happening and being delivered by the right agencies."

Subtheme: General resourcing issues (including workforce and infrastructure)

The respondents' comments indicated that the successful implementation of the model of care was dependent on appropriate staffing, infrastructure and support. Overall, respondents expressed a view that there had been inadequate workforce and infrastructure.

> "The resources at the moment (staffing and money) are not adequate to ensure the [stroke] model of care…is implemented fully. "

> “Attempts to implement the model of care have been unsuccessful due to the lack of human resources and organisational support.”

Subtheme: Further promotion and dissemination required

The respondents’ comments indicated that, in general, there was a lack of awareness of the model of care and that dissemination could be improved through networking and hosting clinical presentations.

> “The MOC (is) not promoted as a resource across health that helps shape services. Unless you have been involved in the development as a key stakeholder, you are not aware of the work that is being or has been done.”

> “The falls prevention model of care requires further dissemination. I would suggest we reach out more…with education and information.”

6. Discussion

The aim of this snapshot is to provide information on how models of care have been implemented across WA Health using a survey approach. The snapshot provides insight into the extent of the influence and implementation of models of care and the degree to which they encourage best-practice care in WA by all service providers.

The snapshot indicates that models of care are:

- having a broad reach across the health system
- used to promote evidence-based care
- informing the strategic goals and objectives of healthcare providers
- appropriate frameworks for planning long term investment in health care and planning healthcare reform
- having a positive impact on the delivery of and community access to high quality, evidence-based health care
- inadequately resourced for effective implementation.

A summary and discussion of the results against each of the RE-AIM criteria used to conduct the snapshot and general feedback is provided below.

Reach

In measuring how frequently individuals had come into contact with the model of care, the results indicated that most of the responses were from individuals who had read the model of care and were familiar with the model of care. This was despite results showing that two-thirds of responses indicated little or no involvement in the development of the model of care. A high proportion also considered their colleagues to be familiar with the model of care.

These results indicate that the reach of the model of care has extended well beyond those who were involved in the development of the model.

Respondents' comments indicated that there were still gaps in the level of awareness throughout WA and that the model of care needed further promotion.

Effectiveness

In gauging the effectiveness of a model of care, indicators of use showed that over three-quarters of responses were frequently using the model of care for planning of service delivery and providing project support. Respondents suggested the model of care was effective as a reference document, used to support business cases and used to evaluate/review clinical care.

Results also suggested the model of care had a positive influence across the health system in WA and was a useful tool for integrating best-practice care into the planning of health services. Respondents suggested the model of care has the potential to improve the quality of health services across WA, but that its impact is limited by insufficient resourcing and implementation planning.

Adoption and Implementation

With respect to measuring adoption and implementation, responses indicated that the model of care had a positive impact on both the delivery of, and the community's access to, quality health care. Over two-thirds of responses indicated that the model of care had either a positive or very positive impact on the quality of health care delivered by their work area. A small proportion of responses indicated that the model of care had either a negative or no impact.

Consistent with responses against the other criteria, limited resourcing and implementation were identified as adversely affecting the impact of the model of care.

Maintenance

Respondents' perceptions were less positive about the likelihood that the benefits or potential benefits from the model of care could be sustained going into the future. A high proportion of responses indicated the model of care was insufficiently resourced in areas such as workforce, funding, facilities, and infrastructure.

Approximately one-third of respondents indicated that there was sufficient funding for the model of care.

General Feedback and Your Stories

General feedback responses and the examples respondents provided about models of care were largely positive, including in the areas of collaboration, partnerships, planning, long term investment in health care, and clinician engagement in developing evidence-based care.

However, views concerning the adequacy of resources and support for implementation of the model of care were more negative.

These results are consistent with responses and comments provided against the RE-AIM criteria.

Overall, the snapshot suggests that models of care have a role in guiding planners and health service providers in delivering best-practice care. There is support and enthusiasm for implementing models of care but there is limited resourcing dedicated for their effective implementation.

As models of care are policy guides in delivering best-practice care for a broad range of populations and conditions, their implementation should be considered in the context of the State's health priorities, resource availability, organisational capability, operational factors, and local/community environments.

7. References

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7. Jilcott S, Ammerman A, Sommers J, Glasgow REP. Applying the RE-AIM framework to assess the public health impact of policy change. Annals of Behavioral Medicine 2007;34(2):105-14.
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Appendices

Appendix 1: List of models of care

- Abdominal Aortic Aneurysm Model of Care
- Asthma Model of Care
- Burn Injury Model of Care
- Cancer:
    - Breast Cancer Model of Care
    - Model of Care for Cancer
    - Colorectal Cancer Model of Care
    - Gynaecologic Cancer Model of Care
    - Haematology Malignancy Model of Care
    - Head and Neck Cancer Model of Care
    - Integrated Primary Care and Cancer Services Model of Care
    - Model for Neuro-Oncology Cancer
    - Psycho-Oncology Model of Care
    - Thoracic Cancer Model of Care
    - Thyroid Cancer Model of Care
    - Upper Gastro-intestinal Cancer Model of Care
- Chronic Kidney Disease Model of Care
- Chronic Obstructive Pulmonary Disease Model of Care
- Clinically Coordinated Patient Transfer Model of Service Delivery
- Coeliac Disease Model of Care
- Colonoscopy Services Model of Care
- Cystic Fibrosis Model of Care
- Diabetes:
    - Diabetes Model of Care
    - Type 2 Diabetes in Children and Adolescents Model of Care and Clinical Practice Guideline for WA
- Elective Joint Replacement Service Model of Care
- Epilepsy Model of Care
- Falls Prevention Model of Care for the Older Person in Western Australia
- Familial Hypercholesterolaemia
- Fetal Alcohol Spectrum Disorder Model of Care
- Framework for the Care of Neonates in Western Australia
- Framework for the Treatment of Nicotine Addiction
- Heart Failure Model of Care
- Hepatitis C Virus Model of Care
- HIV Model of Care
- Home Enteral Nutrition Model of Care
- Improving Maternity Services: Working together across Western Australia- A Policy Framework
- Inflammatory Arthritis Model of Care
- Model of Care for Acute Coronary Syndromes in Western Australia

- Model of Care for the High Risk Foot
- Model of Stroke Care 2012
- Morbid Obesity Model of Care
- Motor Neurone Disease Services for Western Australia
- Older person:
    - Amputee Services and Rehabilitation Model of Care
    - Delirium Model of Care
    - Dementia Model of Care
    - Geriatric Evaluation and Management (GEM) Model of Care
    - Model of Care for the Aged Person in Western Australia
    - Orthogeriatric Model of Care
    - Parkinson's Disease Services Model of Care
    - Rehabilitation and Restorative Care Services Model of Care
- Osteoporosis Model of Care
- Our Children, Our Future: A framework for Child and Youth health services in WA 2008-2012
- Paediatric Chronic Diseases Transition Framework
- Palliative Care:
    - Paediatric and Adolescent Palliative Care Model of Care
    - Palliative Care Model of Care
    - Rural Palliative Care Model in Western Australia
- Sexually Transmitted Infections Model of Care
- Sleep Disorders Model of Care
- Spinal Pain Model of Care
- WA Non-major Trauma Framework
- WA Primary Health Care Strategy

Appendix 2: Survey

Implementation of models of care

The Director General has asked WA Health Networks to evaluate how models of care have been implemented in Western Australia. Your assistance in completing this survey will provide valuable information to help us understand more about the positive and negative aspects of implementation.

Methodology

The survey uses the REAIM methodology which investigates the following criteria:

1. Reach to determine how frequently various groups come into contact with the model of care.
2. Effectiveness to measure how the model of care is used.
3. Adoption and Implementation to measure the impact of the model of care on the delivery of quality health care.
4. Maintenance to measure the extent to which the benefits, or potential benefits, of the model of care will continue into the future.

Models of Care

Over 50 models of care/frameworks have been developed. This questionnaire has been designed to ensure that feedback is received on individual models of care and frameworks.

It is likely that you may wish to provide feedback on more than one model of care or framework. Please note that in this instance, you will need to complete an individual survey for each model of care or framework. You will receive the relevant instructions at the completion of the survey (including the need to reenter the demographic information).

Confidentiality

The answers you provide regarding this survey will remain confidential.

Closing date

Your assistance in completing this survey by Friday, 3 August 2012 would be appreciated.

Further Information

If you are having problems completing the survey, or would like further information, please contact the Health Networks Branch on:

Telephone: (08) 9222 0200

Fax: (08) 9222 2130

Email: healthpolicy@health.wa.gov.au

Thank you for your interest and contribution.

NOTE: The wording for this survey is as it occurs electronically (ie. as it is presented on SurveyMonkey). There are some minor variations to instructions on the hard copy version.

Demographic Information

1. Which category below best describes your PRIMARY role in the health sector? Please select one answer.

- ❑ Medical officer
- ❑ Nurse/Midwife
- ❑ Allied health practitioner
- ❑ Researcher
- ❑ Academic/teaching staff
- ❑ Health administrator (eg. health policy, planning and management)
- ❑ Advocacy (including carers/consumers)
- ❑ Other (please specify) _____

2. Which category below best describes your PRIMARY place of work? Please select one answer.

- ❑ Child and Adolescent Health Service
- ❑ North Metropolitan Health Service
- ❑ South Metropolitan Health Service
- ❑ Northern and Remote Country Health Service and/or Southern Country Health Service
- ❑ Department of Health Divisions (eg. Royal St Divisions, Health Corporate Network, Health Information Network)
- ❑ Academic/research sector
- ❑ Not for profit sector
- ❑ Private sector
- ❑ Other (please specify) _____

Familiarity with Models of Care

3. Which model of care are you MOST familiar with? (If this is the second or subsequent time you are completing this questionnaire, please select the next model of care you wish to comment on.)

- ❑ I am not familiar with any of these models of care/frameworks

  → Thank you for taking the time to consider this survey. Based on your responses, we do not require any further information from you. Please press the "Done" button.

  You will then be redirected to the beginning of the questionnaire. When this occurs, please close the survey using the 'X' button at the top right of your computer screen.

- ❑ Abdominal Aortic Aneurysm Model of Care
- ❑ Aged person – Model of Care for the Aged Person in Western Australia
- ❑ Amputee Services and Rehabilitation Model of Care
- ❑ Asthma Model of Care
- ❑ Breast Cancer Model of Care
- ❑ Burn Injury Model of Care
- ❑ Cancer - Model of Care for Cancer
- ❑ Child and youth – Our Children, Our Future: A framework for Child and Youth Health Services in WA 2008-2012
- ❑ Chronic Kidney Disease Model of Care
- ❑ Chronic Obstructive Pulmonary Disease Model of Care
- ❑ Clinically Coordinated Patient Transfer Model of Service Delivery
- ❑ Coeliac Disease Model of Care
- ❑ Colorectal Cancer Model of Care
- ❑ Cystic Fibrosis Model of Care
- ❑ Delirium Model of Care
- ❑ Dementia Model of Care
- ❑ Diabetes Model of Care
- ❑ Elective Joint Replacement Service Model of Care
- ❑ EpilepsyWA - Epilepsy Model of Care
- ❑ Falls Prevention Model of Care for the Older Person in Western Australia
- ❑ Familial Hypercholesterolaemia
- ❑ Fetal Alcohol Spectrum Disorder Model of Care

- ❑ Framework for the Care of Neonates in Western Australia
- ❑ Framework for the Treatment of Nicotine Addiction
- ❑ Geriatric Evaluation and Management (GEM) Model of Care
- ❑ Gynaecologic Cancer Model of Care
- ❑ Haematology Malignancy Model of Care
- ❑ Head and Neck Cancer Model of Care
- ❑ Heart Failure Model of Care
- ❑ Hepatitis C Virus Model of Care
- ❑ High risk foot - Model of Care for the High Risk Foot
- ❑ HIV Model of Care
- ❑ Home Enteral Nutrition Model of Care
- ❑ Improving Maternity Services: Working together across Western Australia – A Policy Framework
- ❑ Inflammatory Arthritis Model of Care
- ❑ Integrated Primary Care and Cancer Services Model of Care
- ❑ Morbid Obesity Model of Care
- ❑ Motor Neurone Disease Services for Western Australia
- ❑ NeuroOncologyModel for NeuroOncology Cancer
- ❑ Orthogeriatric Model of Care
- ❑ Osteoporosis Model of Care
- ❑ Paediatric and Adolescent Palliative Care Model of Care
- ❑ Paediatric Chronic Diseases Transition Framework
- ❑ Palliative Care Model of Care
- ❑ Parkinson's Disease Services Model of Care
- ❑ Primary health care WA - Primary Health Care Strategy
- ❑ Psycho-Oncology Model of Care
- ❑ Rehabilitation and Restorative Care Services Model of Care
- ❑ Rural Palliative Care Model in Western Australia
- ❑ Sexually Transmitted Infections Model of Care
- ❑ Sleep Disorders Model of Care
- ❑ Spinal Pain Model of Care

- Stroke - Model of Stroke Care 2012
- Acute coronary syndromes The Model of Care for Acute Coronary Syndromes in Western Australia
- Thoracic Cancer Model of Care
- Thyroid Cancer Model of Care
- Trauma – WA Non-major Trauma Framework
- Type 2 Diabetes in Children and Adolescents Model of Care and Clinical Practice Guideline for WA
- Upper Gastro-intestinal Cancer Model of Care

Answering Questions for the Selected Model of Care

Questions 4-17 in this survey will ask about the Reach, Effectiveness, Adoption, Implementation and Maintenance of the model of care. Please answer these questions by referring specifically to the model of care you have just SELECTED IN QUESTION 3.

It is important that all respondents are given the same opportunity to respond to this questionnaire. For this reason a number of questions may not be relevant to your particular circumstances.

ALL questions require an answer, so please select the 'not applicable' category if the question is not relevant to you.

Model of Care Reach

This section of the survey asks questions about the Reach of the selected model of care. Reach is assessed by measuring how frequently various groups of people come into contact with the model of care.

4. How familiar are you with the model of care?

- ❑ Not at all familiar
- ❑ Slightly familiar
- ❑ Somewhat familiar
- ❑ Moderately familiar
- ❑ Extremely familiar

5. Were you involved in the development of the model of care?

- ❑ Yes, I was a member of the Executive Advisory Group
- ❑ Yes, I was a member of a Working Group
- ❑ Yes, I provided secretariat support
- ❑ Other (please specify) _____

6. In your opinion, how familiar are other individuals in your work area with the model of care?

- ❑ Not at all familiar
- ❑ Slightly familiar
- ❑ Somewhat familiar
- ❑ Moderately familiar
- ❑ Extremely familiar
- ❑ Don't know
- ❑ Not applicable

7. Have you read the model of care?

- ❑ Yes, all of it
- ❑ Yes, parts of it
- ❑ No
- ❑ Unsure

8. If you wish, please provide any additional information regarding the Reach of the model of care.

_____

_____

_____

_____

_____

Model of Care – Effectiveness

This section of the survey asks questions about the Effectiveness of the selected model of care. Effectiveness is assessed by measuring how the model of care is used in your organisation.

9. Within your work area, how frequently is the model of care used to:

	Never	Rarely	Some-times	Often	Almost always/ always	Don't know	Not applic-able
Inform strategic goals and objectives	❑	❑	❑	❑	❑	❑	❑
Inform healthcare planning	❑	❑	❑	❑	❑	❑	❑
Inform health related service delivery	❑	❑	❑	❑	❑	❑	❑
Promote a shared knowledge and understanding of quality health care	❑	❑	❑	❑	❑	❑	❑
Promote a shared understanding of evidence-based health care	❑	❑	❑	❑	❑	❑	❑

Promote the delivery of evidence-based health care	❑	❑	❑	❑	❑	❑	❑
Encourage collaboration across the health sector	❑	❑	❑	❑	❑	❑	❑
Promote a shared vision of health reform	❑	❑	❑	❑	❑	❑	❑

10. If you wish, please provide any additional information regarding the effectiveness of the model of care.

_____

_____

_____

_____

_____

Model of Care - Adoption and Implementation

This section of the survey asks questions about the Adoption and Implementation of the selected model of care.

Adoption/Implementation is assessed by measuring the impact of the model of care on the delivery of 'quality care' in the 'real world'.

Quality of care is defined as 'the right care in the right place at the right time by the right team' for the given population or condition addressed in the model of care.

11. What impact is the model of care having on you or your work area's delivery of:

	Very negative impact	Negative impact	No impact	Positive impact	Very positive impact	Don't know	Not applic-able
The 'right care' for the population/condition	❑	❑	❑	❑	❑	❑	❑
Health care in the 'right place' for the population/condition	❑	❑	❑	❑	❑	❑	❑
Health care at the 'right time' for the population/condition	❑	❑	❑	❑	❑	❑	❑

Health care using the 'right team' for the population/condition	❑	❑	❑	❑	❑	❑	❑

12. In your opinion, what impact is the model of care having on the community's access to:

	Very negative impact	Negative impact	No impact	Positive impact	Very Positive impact	Don't know	Not applic-able
The 'right care'	❑	❑	❑	❑	❑	❑	❑
Care in the 'right place'	❑	❑	❑	❑	❑	❑	❑
Care at the 'right time'	❑	❑	❑	❑	❑	❑	❑
Care by the 'right team'	❑	❑	❑	❑	❑	❑	❑

13. If you wish, please provide any additional information regarding the Adoption and/or Implementation of the model of care.

_____

_____

_____

_____

_____

Model of Care – Maintenance

This section of the survey asks questions about the Maintenance of the selected model of care.

Maintenance is assessed by measuring the extent to which the benefits, or potential benefits, of the model of care will continue into the future. Sustainability or Maintenance can be considered at the level of individual benefits, organisational change or community change.

14. How likely is it that the model of care will be sufficiently resourced to be sustainable in the following areas:

	Highly unlikely	Unlikely	Neutral	Likely	Highly likely	Don't know	Not applic-able
Workforce required to deliver best-practice care and services	❑	❑	❑	❑	❑	❑	❑
Facilities and infrastructure necessary to provide best-practice care and services	❑	❑	❑	❑	❑	❑	❑
Funding model to deliver best-practice care and services	❑	❑	❑	❑	❑	❑	❑

15. In the next 12 months, how likely is it that the model of care will be:

	Highly unlikely	Unlikely	Neutral	Likely	Highly likely	Don't know	Not applic-able
Adaptable to the changing needs of key stakeholders?	❑	❑	❑	❑	❑	❑	❑
Adaptable to the changing environment of the health system?	❑	❑	❑	❑	❑	❑	❑
Influencing the key decision makers in your organisation?	❑	❑	❑	❑	❑	❑	❑

Incorporated into the core business of your organisation?	❑	❑	❑	❑	❑	❑	❑
Incorporated into the health care funding model used in your organisation?	❑	❑	❑	❑	❑	❑	❑

16. If you wish, please provide any additional information regarding the sustainability or Maintenance of the model of care.

Models of Care - Your stories

17. Please share below any stories or additional information that would help us understand more about the positive and/or negative aspects of the implementation of the model of care. For example, you may have knowledge of where the model of care has had particularly wide reach, or where significant health outcomes have been achieved.

Models of Care – General Feedback

The final section of the survey asks questions about your OVERALL assessment of models of care. You will only be required to answer these questions once, even if you go on to provide feedback for additional models of care.

18. Have you previously completed this questionnaire for at least one other model of care?

❑ Yes → Go to "Thank you" (end of survey).

❑ No

In providing your response to the following questions, please consider the model you have responded to in this survey, as well as ALL other models of care you are familiar with.

19. Please indicate your level of agreement with the statements below. Overall, models of care:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know	Not applic-able
Engage clinicians in the development of evidence-based health care	❑	❑	❑	❑	❑	❑	❑
Engage carers and consumers in the development of evidence-based health care	❑	❑	❑	❑	❑	❑	❑
Promote a more collaborative way for people to plan and deliver health care	❑	❑	❑	❑	❑	❑	❑
Improve the integration of health care services	❑	❑	❑	❑	❑	❑	❑
Are used by key decision makers in health care	❑	❑	❑	❑	❑	❑	❑
Drive meaningful change in health care service delivery	❑	❑	❑	❑	❑	❑	❑
Have the level of influence required to improve health outcomes	❑	❑	❑	❑	❑	❑	❑
Are adequately resourced for effective implementation	❑	❑	❑	❑	❑	❑	❑

Are an appropriate reference framework for health care reform Are an appropriate framework for planning long term investment in health care	❑	❑	❑	❑	❑	❑	❑
Assist the implementation of Activity Based Funding for health care Encourage State Health to work with other agencies/organisations	❑	❑	❑	❑	❑	❑	❑

Thank you

Thank you for your assistance. Your feedback regarding the implementation of models of care is greatly appreciated.

Redirection

You will now be redirected to the beginning of the questionnaire to allow you to complete the survey for additional models of care.

If you do not wish to provide any more feedback, please close the survey using the 'X' button at the top right of your computer screen.

Appendix 3. Email invitation to participate in the survey

Help us evaluate the implementation of models of care in WA Health

You have been nominated as someone who has knowledge of one or more **models of care**.

The Director General has asked WA Health Networks to evaluate how models of care have been implemented in Western Australia.

To achieve this, a survey has been developed to send to key people that may be interested in sharing their views. We will use this information to report back to the Director General via the State Health Executive Forum (SHEF).

The survey will give you an opportunity to help us understand more about the positive and negative aspects of implementation. You may have knowledge of where the model of care has had particularly wide reach, significant health outcomes have been achieved, or there is opportunity for improvement.

Please **complete the survey,** and pass it onto any colleagues who you think might also be interested to providing their feedback and valuable insights.

Your assistance in completing the survey by **Friday 3 August 2012** would be much appreciated.

Complete the survey from this link:

https://www.surveymonkey.com/s/Moc-Implementation-Evaluation-Survey

(Should you experience problems with the survey link, please copy and paste the link into your web-browser.)

If you have any problems completing the survey, or for further information, please contact the Health Networks Branch:

Telephone: (08) 9222 0200

Fax: (08) 9222 2130

Email: **healthpolicy@health.wa.gov.au**

Thank you for your interest and involvement. I look forward to reviewing your feedback.

Kind regards

Jodie South

A/Executive Director, System Policy and Planning

Delivering a **Healthy WA**

Produced by Health Networks Branch