

HARP Chronic Disease Management Program

This program is currently under review

Document creation date 3 March 2004

Program	External program
Program code	Individual program codes apply.
Definition	<p>The HARP Chronic Disease Management program is a state-wide program that will focus on continuing to improve the management of people with defined chronic diseases and complex needs who frequently use hospitals or who are at risk of hospitalisation.</p> <p>The HARP Chronic Disease Management program involves embedding models of care that have emerged through the Hospital Admissions Risk Program (HARP) from 2001 to 2004 into the Victorian service system (DHS:2005).</p> <p>Funding responsibility for individual chronic and complex care programs resides with acute health services, although the program is designed to provide integrated care across the acute and community sectors.</p> <p><u>Note:</u> Draft guidelines for this new program are currently available for comment, with final guidelines anticipated in October 2005.</p> <p>http://www.health.vic.gov.au/harp-cdm/</p>
Responsibility	RDNS General.
Referrals	<p>To RDNS centres.</p> <p>From Chronic and complex care programs.</p>
Type of service	<p>Chronic and complex care programs have directly employed RDNS staff in various roles such as Case Managers, Care Coordinators, Care Facilitators, Diabetes Nurse Educators, Clinical Nurse Consultants and Project Officers/Managers.</p> <p>Direct care services – nursing, personal care via brokerage or HACC funding (see <i>Fees</i>).</p>

continued

Eligibility/criteria for accepting referral

The target population for the HARP Chronic Disease Management program is frequent hospital attendees who are most likely to benefit from integrated care and have the potential to reduce avoidable hospital use.

This includes:

- people with chronic heart disease
- people with chronic respiratory disease
- older people with complex needs, and
- people with complex psychosocial needs.

Eligibility is determined by the HARP Chronic Disease Management program.

Eligibility for RDNS HACC services is as per the HACC Program guidelines.

Overseas visitors Determined by the program.

Health insurance

Not applicable.

Fees

As per arrangements with each individual HARP Chronic Disease Management program.

Fees are not charged for visits made by staff whose visits are directly funded by the program.

General principles that may apply:

Non-HACC eligible clients are charged as per the RDNS Fee for Service schedule.

RDNS recognises 'continuity of care' for current HACC-eligible clients, or clients discharged from RDNS within the previous 10 days and will maintain services to these clients at the existing level, with fees charged to the client as per the HACC fee schedule. Additional services to these clients will be charged as per the RDNS Fee for Service fee schedule to the program.

Requests for new HACC-eligible clients who have not received RDNS services in the past 10 days will be charged to the HARP Chronic Disease Management program as per the RDNS Fee for Service fee schedule for the first 10 days of care.

This will be for all 'standard care allocation' that would normally be provided under HACC. All care not normally provided under HACC is charged to the HARP Chronic Disease Management program as per the RDNS Fee for Service fee schedule.

New HACC-eligible clients requiring care after 10 days will be registered as HACC clients and charged individually as per the HACC fee schedule. Again, any visits beyond 'standard care allocation' will continue to be charged as per the RDNS Fee for Service fee schedule to the program.

continued

Liaison charge	Not applicable.
Consumables	Some HARP Chronic Disease Management programs will fund consumables such as dressing supplies (check with the individual program).
Continuity of care/Core	Continuity of care applies for current HACC-eligible clients or clients discharged within the previous 10 days.
Access responsiveness	Dependent on agreements with individual programs.
RDNS policy reference	Not applicable.
Contract/agreement	Individual agreements exist with each program.
<i>Contract responsibility</i>	GM/DON North and West Regions is responsible for programs in the North and West. GM/DON South and East is responsible for programs in the South and East.
<i>Contact responsibility</i>	GM/DONs, CEO or Board of Directors.
<i>Expiry date</i>	Vary as per individual agreements.
Other programs permitted	HACC, DVA and others (dependent on the individual program).
Comments	
Reference/source of information	DHS website: http://www.health.vic.gov.au/harp-cdm/ Project Officer Clinical Services – Community Partnerships.

Reviewer:	HACC Non-HACC Committee	Last review date:	November 2005
Authoriser:	GM/DON	Next review date:	September 2006