

## HARP Chronic Disease Management (CDM) Program

<b>Document date</b>	January 2008
<b>Program</b>	External program
<b>Program code</b>	Individual program codes apply.
<b>Service subtype</b>	Case management
<b>Definition</b>	<p>The HARP Chronic Disease Management (CDM) program is a state-wide program that focuses 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 objectives of HARP CDM are to:</p> <ul style="list-style-type: none"> <li>• improve patient outcomes</li> <li>• provide integrated seamless care within and across hospital and community sectors</li> <li>• reduce avoidable hospital admissions and Emergency Department presentation, and</li> <li>• ensure equitable access to healthcare (DHS: 2007)</li> </ul> <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>DHS HARP CDM Guidelines:  <a href="http://www.health.vic.gov.au/harp-cdm/guidelines.htm">http://www.health.vic.gov.au/harp-cdm/guidelines.htm</a></p>
<b>Responsibility</b>	RDNS General.
<b>Referrals</b>	<p><i>To</i> RDNS HARP staff.</p> <p><i>From</i> HARP CDM programs.</p>
<b>Type of service</b>	<p>HARP CDM 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>

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**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.

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**Health insurance**

Not applicable.

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**Fees**

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

Fees are not charged for visits made by RDNS HARP 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.

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<b>Liaison charge</b>	Not applicable.
<b>Consumables</b>	Some HARP Chronic Disease Management programs will fund consumables such as dressing supplies (check with the individual program).
<b>Continuity of care/Core</b>	Continuity of care applies for current HACC-eligible clients or clients discharged within the previous 10 days.
<b>Access responsiveness</b>	Dependent on agreements with individual programs.
<b>RDNS policy reference</b>	Not applicable.
<b>Contract/agreement</b>	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.
<b>Other programs permitted</b>	HACC, DVA and others (dependent on the individual program).
<b>Comments</b>	
<b>Reference/source of information</b>	DHS website: <a href="http://www.health.vic.gov.au/harp-cdm/index.htm">http://www.health.vic.gov.au/harp-cdm/index.htm</a>  Clinical Services Project Officer– Community Partnerships.

<b>Reviewer:</b>	HACC Non-HACC Committee	<b>Last review date:</b>	November 2007
<b>Authoriser:</b>	GM/DON	<b>Next review date:</b>	July 2011