Clinical Ambassador Program

Health Leaders Forum
12 October 2012
People with a chronic disease (such as diabetes) will be able to choose to register with a general practice or primary health care service. This will provide them with a ‘health care home’ with better coordinated care and access to an expanded range of health and community support services to meet their needs over time.

The National Diabetes Advisory Group shaped the direction

### Diabetes Advisory Group organisations

- Diabetes Australia
- Australian Diabetes Society
- Australian Medical Association
- Royal Australian College of General Practitioners
- Australian Nursing Federation
- Diabetes Australia Queensland
- Diabetes Western Australia
- Australian Diabetes Educators Association
- Allied Health Professions Australia
- Dietitians Association of Australia
- Australian Practice Nurses Association
- Baker IDI
- Diabetes Institute
- Australian General Practice Network
- Australian College of Rural and Remote Medicine
- Consumers Health Forum

### Major system changes

- More flexible funding model
- Rewards for improvement
- Better information and communication
- A dedicated Care Facilitator
- A performance framework
Data and measurement underpin the care process and the multidisciplinary team

1. Patient registry: Each MDT holds a register of all patients who have diabetes.

2. Risk stratification: The IT tool stratifies patients based on risk and complexity.

3. Shared clinical protocols: All providers in the MDT agree to provide high quality care as laid out in the recommended pathways and protocols.

4. Care planning: Each patient is given a tailored care plan.

5. Care delivery: Patients receive care from a range of providers.
   - Everybody uses the IT tool to coordinate delivery of care
   - Telehealth options used to provide access where required

6. Case Call: Most complex patients discussed at a multidisciplinary Case Call, which will help plan and coordinate care.

7. Performance reporting: IT tool provides MDT with performance reports to aid members to change behaviours where required.
We are part way through the journey but now our focus is on helping practices adopt the changes.

- **Jan 2009**: Set the stage
  - The National Health and Hospitals Reform Commission laid the foundation
  - The National Diabetes Advisory Group shaped the direction
  - The DCP Consortium was established with over 20 Organisations

- **Jul 2011**: Design the solution
  - Clinical groups designed the solutions, informed by the evidence
  - The DCP operating model has been built

- **Feb 2012**: Test the concept
  - Over 150 practices have signed up
  - We have enrolled over 6,000 patients

- **Late 2014**: Scale up?
  - Help practices adopt the new ways of working
  - Evaluate the effectiveness of the changes
Making change happen requires four sets of actions

The influence model

"I will change my own behaviour if ..."

1. Fostering understanding and conviction
   “I know what is expected of me – I agree with it, and it is meaningful”

2. Role-modelling
   “I see my leaders, workmates and teams behaving in the new way”

3. Developing talent and skills
   “I have the skills and competencies to behave in the new way”

4. Reinforcing with formal mechanisms
   “The structures, processes and systems reinforce the change in behaviour I am being asked to make”

Mindset & behaviour shifts
We have developed actionable modules to address each element

<table>
<thead>
<tr>
<th>How do we ensure the right skills and capabilities?</th>
<th>How do we establish role models?</th>
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<tbody>
<tr>
<td>3a In-person training</td>
<td>2a Video testimonials by clinicians, for clinicians</td>
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<tr>
<td>3b Online training</td>
<td>2b Leading clinicians network : DCP ambassadors</td>
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<tr>
<td>3c Endocrinologist calls</td>
<td>2c Best practice sharing at Quarterly Forums</td>
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<td>3d Written training materials (handbooks, FAQs, checklists)</td>
<td>2d Success celebrations, reported in Newsletter “Spotlight on…”</td>
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<td>3e In-practice training by Care Facilitators</td>
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<tr>
<th>How do we reinforce change with formal mechanism?</th>
<th>How do we create understanding and conviction?</th>
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<tr>
<td>4a Development reviews (CF reviews, state body lead reviews)</td>
<td>1a Regular program newsletter for practices</td>
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<td>4b Clinical improvement conversations</td>
<td>1b External press and publications</td>
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<td>4c Top 10% program</td>
<td>1c Tailored interventions based on organisational survey and assessment</td>
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<td>4d IT system</td>
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<td>4e Financial incentives</td>
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<td>4f Organisational structure and roles</td>
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Mindset & behaviour shifts
So I greatly hope that clinicians will be having lots more difficult conversations with their colleagues and peers about variable performance: celebrating the good, and addressing the bad openly and quickly.

I also hope the clinicians leading these new organisations stick with it. I think there is a unique power in clinicians driving change (and have heard so many reports of primary and secondary care clinicians meeting to discuss these changes and the line ‘why didn’t you tell us this is what you wanted?’). I'm pretty sure a commissioning clinician will be harder to bullshit than a commissioning non-clinician.

Editorial 27 September 2012: address to the Liberal Democrat party conference about what clinicians will be doing now they’re running the NHS.
Abassador Program

What is the NHSC Ambassador Program?

The National Health Service Corps (NHSC) Ambassador Program is a membership organization comprised of a dedicated group of volunteers on campuses and in communities across the Nation. These volunteers, or “Ambassadors,” work in partnership with the NHSC to improve the health of the Nation’s underserved. Ambassadors self-identify as either Campus-based, Community-based, or both. Together, these Ambassadors provide a “Continuum of Support” for students and clinicians who are dedicated to providing uncompromised healthcare services to areas across the country that lack an adequate number of healthcare providers.

The common denominator of the Ambassadors, whether Campus or Community-based, is that they are passionate about promoting primary care careers in service to the underserved and understand what it takes to both enter into this field and to sustain a career in it. The efforts of this coalition of volunteers are invaluable to the NHSC mission of improving the health of the Nation’s underserved.
DCP clinical ambassadors network

What is it?
• The leading clinicians network is a group of clinicians and people with diabetes who can be advocates of the DCP and who role model the changes in behaviour required
• Ambassadors can be GPs, specialists, AHPs, or PNs

Why is it important?
• The DCP could benefit greatly from the on-going support of clinicians who are motivated, results-driven innovators who believe in the bigger picture of what we are trying to achieve through the DCP
• They will help promote the program and encourage other clinicians to modify their practices

How will it work?
• There are three stages to making the leading clinicians network effective:
  1. Define and identify ambassadors
  2. Engage ambassadors
  3. Deploy ambassadors
# Clinical ambassador network

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<th>Engage ambassadors</th>
<th>Deploy ambassadors</th>
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<tr>
<td><strong>Project leads identify people who are</strong></td>
<td><strong>Formal invitation and program kick-off</strong></td>
<td><strong>Involve ambassadors in internal DCP activities</strong></td>
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<td>• Progressive, big picture thinkers</td>
<td>• Launch dinner and information evening</td>
<td>• Video testimonials</td>
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<td>• Strong supporters of the DCP operating model</td>
<td><strong>Training will be provided to ambassadors, as required</strong></td>
<td>• Quarterly Forums</td>
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<td>• Respected by their peers</td>
<td>• Training on key topics, including:</td>
<td>• Training events</td>
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<td>• Articulate and persuasive speakers</td>
<td>– How to be an effective coach, mentor/leader</td>
<td>• Write articles for DCP internal newsletter</td>
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<td>– Communications training (e.g. public speaking, presentation skills)</td>
<td>• Visit and support individual practices</td>
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<td><strong>Ongoing enablers</strong></td>
<td><strong>Involve ambassadors in external DCP activities</strong></td>
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<td>• Regular local events to get them networked</td>
<td>• Represent the DCP at national and international conferences and events, e.g. National Diabetes Awareness week, FILEX</td>
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<td>• Email distribution list to maintain communication and sharing</td>
<td>• Engage with the national and local press</td>
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<td>• Support from DCP PMO</td>
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Ambassadors in action...

Coast diabetes victims get into trial program

Murphy Street Medical Centre, Hervey Bay
Fraser Coast Chronicle
14 July 2012
Video testimonials

Brady Schulz
Dietitian & Exercise Physiologist, QLD

Lyn Field, RN
Chronic Disease Co-ordinator
Stellar Medical, QLD

Dr Janus Van Heerden, GP
Withcott Medical Centre, QLD

Lyn Melrose
Practice Nurse
Willowbank Surgery, QLD
Introducing one of our ambassadors...

TROY MORGAN
Managing Director
Willows Health Group