



Evaluation of stage one of Health Care Homes

Stage one of Health Care Homes (2017-2019) will be comprehensively evaluated to establish what works best for different patients, general practices, ACCHS and in different communities.

The Department of Health has contracted a consortium led by Health Policy Analysis (HPA) to undertake this evaluation. It will focus on:

- identifying changes in the way participating practices organise and deliver health care to their patients
- estimating early impacts of the Health Care Home model on patient outcomes.

The objectives of the evaluation are to:

- describe the process of implementing the Health Care Home model
- evaluate stage one, including:
 - measurable quality improvement in care for patients with chronic and complex conditions
 - patient experience of care (including engagement, activation and the patient journey)
 - practice experience and behaviour (including changes to scope of practice, quality improvements, system development, models of care, service delivery and business models)
 - service use (particularly potentially preventable hospitalisations)
 - the cost of care for the government, providers and patients
- assess the suitability of the Health Care Home model for national rollout for different practice types across a range of contexts.

HPA will collect quantitative and qualitative data from participating practices and patients through:

- automated extracts of data from practice clinical software, including:
 - information on patient demographics
 - clinical encounters
 - chronic illnesses
 - prescriptions
 - pathology and imaging tests
 - risk factors (smoking/alcohol)
- practice surveys and practice staff surveys
- practice staff face-to-face interviews
- patient surveys, interviews and focus groups



HPA will also use national administrative data sets (e.g. MBS, PBS, emergency department attendances and hospitalisation) to compare the use of health services for patients enrolled in the Health Care Home program with a matched comparison group receiving usual care.

What does this mean for practices?

Practice members will be approached by HPA to provide information about their experiences of being involved in the Health Care Home program (as specified in the letter of agreement). All practices will be expected to participate in surveys. A sample of practices will also participate in interviews. Informed consent will be obtained at the time of the survey/ interview.

Practice surveys will be run three times: at baseline (late 2017/early 2018); July-August 2018; and in the last half of 2019. Staff surveys will occur at baseline and in the last half of 2019 and practice interviews will occur in the last half of 2018 and the last half of 2019.

What does this mean for patients?

As part of the Health Care Home enrolment form, patients will be provided with information about the evaluation. From a patient perspective there are two parts to the evaluation:

1. participation in evaluation activities such as interviews, focus groups and surveys; and
2. use of their de-identified data from existing data sets.

By enrolling in a Health Care Home, patients are providing their consent to the secondary use of their de-identified data for the evaluation. Patients will not be contacted by HPA regarding this part of the evaluation.

Patients will be able to opt-out of being contacted by HPA to be invited to participate in interviews, focus groups and/or surveys by signing the [evaluation opt-out form](#). This form will be provided to practices with the Health Care Homes' enrolment and consent form.

Informed consent will be obtained at the time of the survey, interview or focus group. Patients can choose not to participate in any of the evaluation activities they are invited to.

How will the data be used?

At the end of the baseline period (late 2018) the following information will be reported on:

- Number of practices and mix against the evaluation strata
- Basic characteristics of practices (e.g. number and type of staff, number of active patients, number of patients enrolled per practice)



- Number of patients enrolled
- Basic characteristics of patients (e.g. location, age group and risk tier)
- Historical characteristics of the practices and patients (e.g. MBS/PBS claims per person per year)
- Describe the process of risk stratification and outputs
- Describe the uptake of training (practices, staff, modules)
- Describe the initiatives that practices identify as a focus during Stage 1.

Evaluation results and lessons learned from the evaluation will be used to make refinements to the Health Care Home model and will help inform any future national roll out.

After the completion of stage one, the findings of the evaluation will be provided to health care providers, patients and their families/ carers, governments, professional and peak organisations, academics and researchers and the general community.