



Case Management Action Group

16th March 2011

State-wide equipment program (SWEPE)

Aids & Equipment Program (A&EP)

Supported Accommodation Equipment Assistance Scheme
(SAEAS)

Domiciliary Oxygen (DOP)

Continence Aids (CA)





Welcome & Introduction

Jeni Burton	Manager, State-wide equipment program
Simone Rosewall	Program Manager, Aids & Equipment





SWEP

Business modality built around key principles:

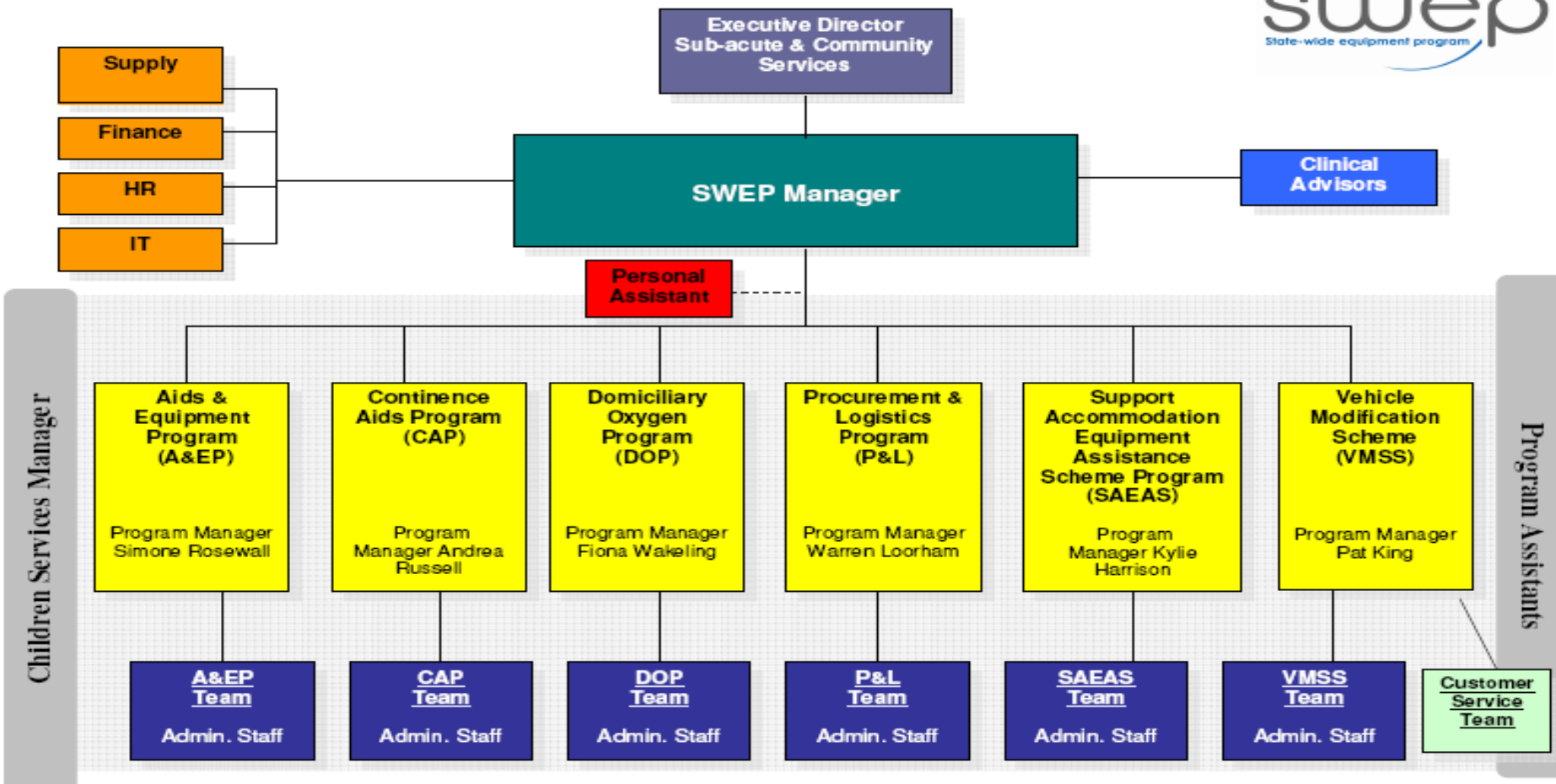
- ❖ Improve outcomes
- ❖ Provide customer focused service
- ❖ Streamlined and timely access
- ❖ Transparent processing, prioritisation and equitable access
- ❖ Efficient and cost effective use of resources
- ❖ Significant value-adds
- ❖ Maximise equipment funding for clients





SWEP structure

SWEP Organisational Chart





The client's journey – assessment & application - no changes

A ssessment and Application:

- ❖ Confirmation of disability by medical practitioner
- ❖ Assessment of needs by appropriately qualified prescriber
 - ❖ Identify issues
 - ❖ Consider and discuss options of equipment
 - ❖ Trial/simulate trial of proposed equipment
 - ❖ Consider and discuss options for funding
- ❖ A&EP, SAEAS, DOP, CA or VMSS application
- ❖ Lodgement of documentation





The client's journey – service delivery – no changes

Supply

- ❖ Status of application determined
- ❖ Funding / equipment availability / timeframe for supply
- ❖ Equipment/service supplied
- ❖ Co-payment if required
- ❖ Ongoing support where necessary





SWEP processes – receipt of application - no changes

- S** WEP processes:
- ❖ Registration of application on ASSIST
 - ❖ Communication
 - ❖ Assessment of application:
 - ❖ Documentation check
 - ❖ Eligibility of client
 - ❖ Appropriate prescriber
 - ❖ Equipment requested within guidelines
 - ❖ Cost of equipment within maximum subsidy level
 - ❖ Determine need for clinical expertise
 - ❖ Priority of application determined in line with:
 - ❖ Overarching priority of access guidelines
 - ❖ Availability of reissue equipment where appropriate
 - ❖ Budget availability





SWEP service delivery – no changes

Behind the scenes:

- ❖ Arrange supply/education/installation
- ❖ Communication
- ❖ Arrange payment
- ❖ Reconciliation and reporting
- ❖ Ongoing support where necessary





Transition

- ❖ Transition status 06/12/2010 – 15/03/2011 (24 Issuing Centres)
 - ❖ Group 1 – regional
 - ❖ Group 2 – regional
 - ❖ Group 3 – east metro
 - ❖ Group 4 – south metro
 - ❖ Group 5 – northern & central metro
 - ❖ *Group 6 – western metro & RCH
 - *still to transition





SWEP responsibilities during transition phase

SWEP tasks and responsibilities

- ❖ Viability check and relocation of reissue assets
- ❖ Receipt of incomplete and waitlisted applications
- ❖ Review and scanning of all required documentation to SWEP client digital record
- ❖ Processing new applications
- ❖ Implement and roll out of communications strategy
- ❖ Review of waitlist applications/reissue equipment
- ❖ Development of state-wide reissue database
- ❖ Review of allocated equipment





Changes

- ❖ Procurement strategy
- ❖ Clinical Advisors
- ❖ Credentialing
- ❖ Classification system
- ❖ Pre-approved repairs
- ❖ Off-site re-issue equipment within each region – ready to go
- ❖ State-wide re-issue database
- ❖ Planned maintenance scheduling
- ❖ Children's services integrated into state-wide model
- ❖ Develop application templates and clear processes





Procurement

Why?

- ❖ Maximise available funding for equipment provision
- ❖ Decrease waiting periods
- ❖ Standardise equipment products
- ❖ Allow prescribers to focus on core tasks of assessment
- ❖ Provide equity to all applicants
- ❖ Ensure equipment supplied is safe and meets all relevant standards
- ❖ Develop service requirements for not only products supplied, but also delivery and/or installation





Clinical Advisory Panels

- S** WEP & Prescribers Support:
- ❖ A team of 'Subject Matter Experts'
 - ❖ Support for inexperienced prescribers
 - ❖ Improved prescription of equipment
 - ❖ Provide clinical support to the programs,
 - ❖ Enable a formal link to be established with the professional associations
 - ❖ Work with supply management to identify product specifications
 - ❖ Clinical review of new assistive technology.





CA Areas of Expertise

Clinical Advisors Areas of Expertise:

- ❖ Paediatric equipment
- ❖ Mobility equipment
- ❖ Beds, bed related and transfer equipment
- ❖ Home modifications
- ❖ Environmental controls
- ❖ Continence aids
- ❖ Oxygen





Credentiailling

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- ❖ Suppliers
- ❖ Prescribers
- ❖ Repair Agencies
- ❖ Key Performance Indicators to be determined





Equipment classification system

How and why?

- ❖ Proposed prescription forms
- ❖ Specific details to be determined by Clinical Advisor Panels
- ❖ Determined by prescriber
- ❖ Reliance on equipment to ensure that SWEP determines appropriate response time for repair, not supplier





Documentation templates

Templates:

- ❖ Developed by CA Panels
- ❖ Allow prescribers to focus on core tasks
- ❖ Ensure all applications considered equitably
- ❖ Ensure all necessary documentation captured
- ❖ Assist prescribers to consider all key aspects of prescription recommendation





Ongoing Communications Plan

- ❖ Communication Plan
 - ❖ Website
 - ❖ Fact sheets
 - ❖ Brochures
 - ❖ Marketing packages
 - ❖ Email/phone
 - ❖ Newsletters

- ❖ Stakeholder Engagement





Contact SWEP

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