

Central CCAC School Health Support Services Pilot

GTA Rehab Network - Best Practices Day
February 25, 2013

Outstanding care – every person, every day

Goals of the School Health Support Services (SHSS) Pilot

- Provide flexibility in number of visits per student based on individualized goals
- Provide flexibility in method of service delivery e.g. groups, parent sessions, teacher sessions
- Facilitate knowledge transfer to parents/caregivers and to teachers/educational assistants
- Promote clinical accountability

Scope of SHSS Pilot

Number of Service Providers Organizations (SPOs)	6
Number of Students	1,158
Total Number of Visits	14,697
OT Average Number of Visits per Student	9.77
SLP Average Number of Visits per Student	13.98

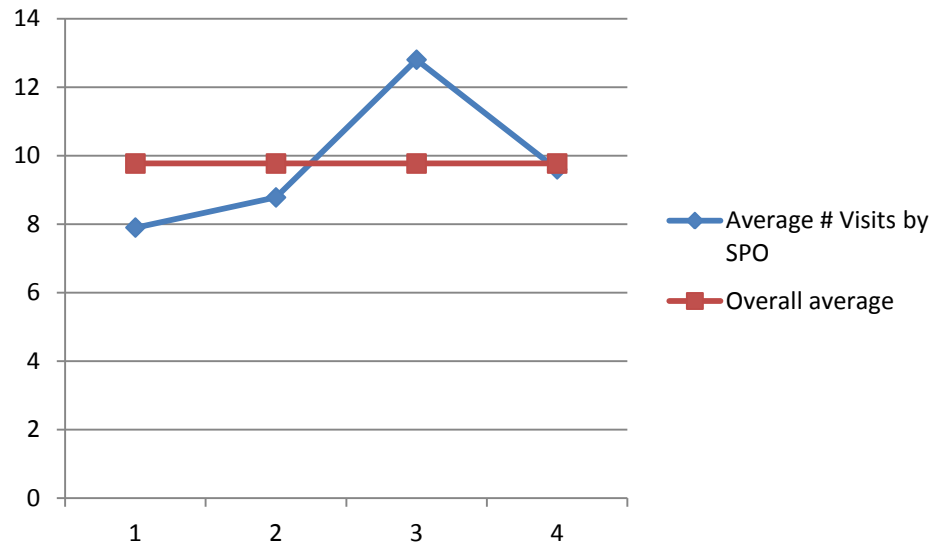
Output is only as good as the input!

- Challenges with:
 - SMART goal development by all
 - Understanding Goal Attainment Scaling (GAS)
 - Completeness of data submission
 - Timeliness of data submission
 - Lack of clear definitions

Findings of SHSS Pilot - #1

Average Number of OT Visits

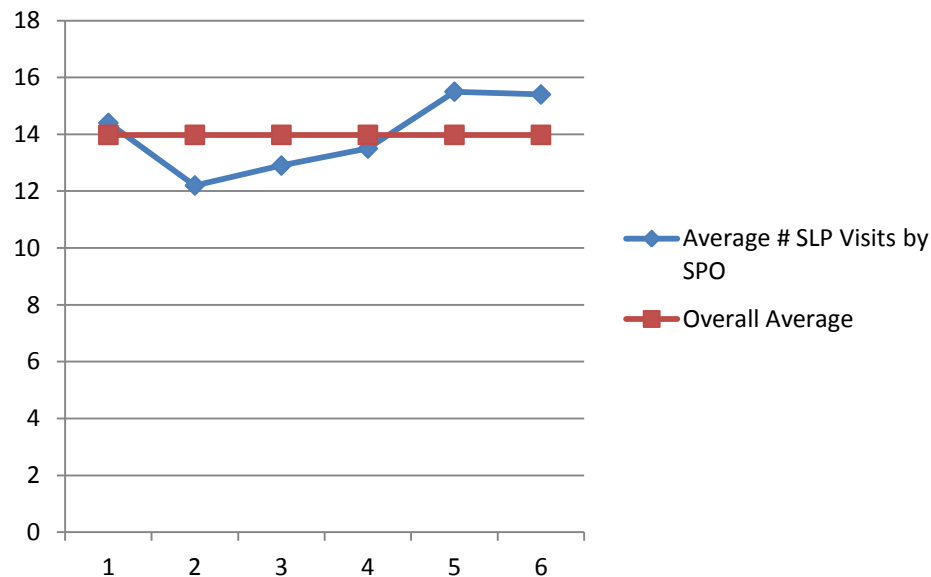
- Range 7.93 -12.83 visits
- Average 9.77 visits
- 4 Service Providers



Findings of SHSS Pilot - #1

Average Number of SLP Visits

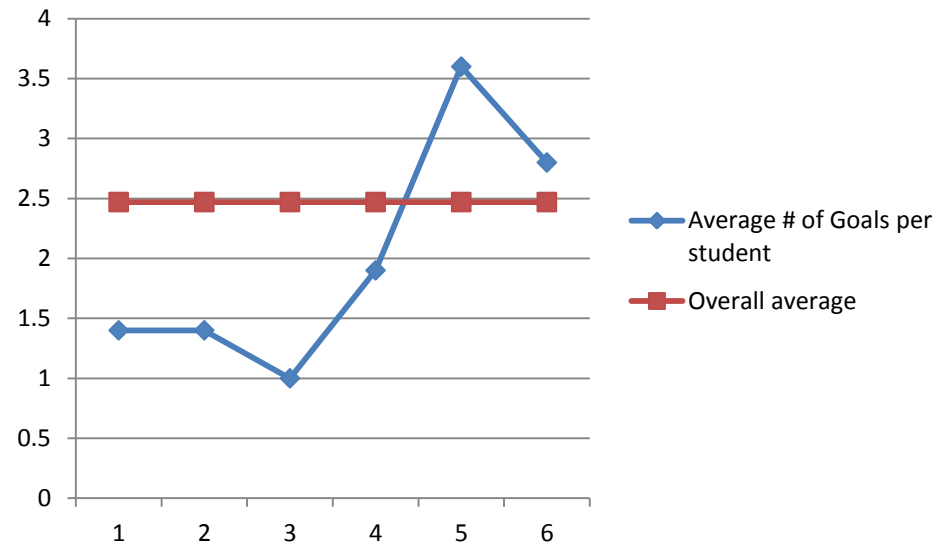
- Range 12.2 to 15.5 visits
- Average 13.98 visits
- 6 Service Providers



Findings of SHSS Pilot - #2

Average Number of Goals per Student

- Range 1 to 3.6 goals
- Average: 2.5 goals
- 6 Service Providers



Findings of SHSS Pilot - #3

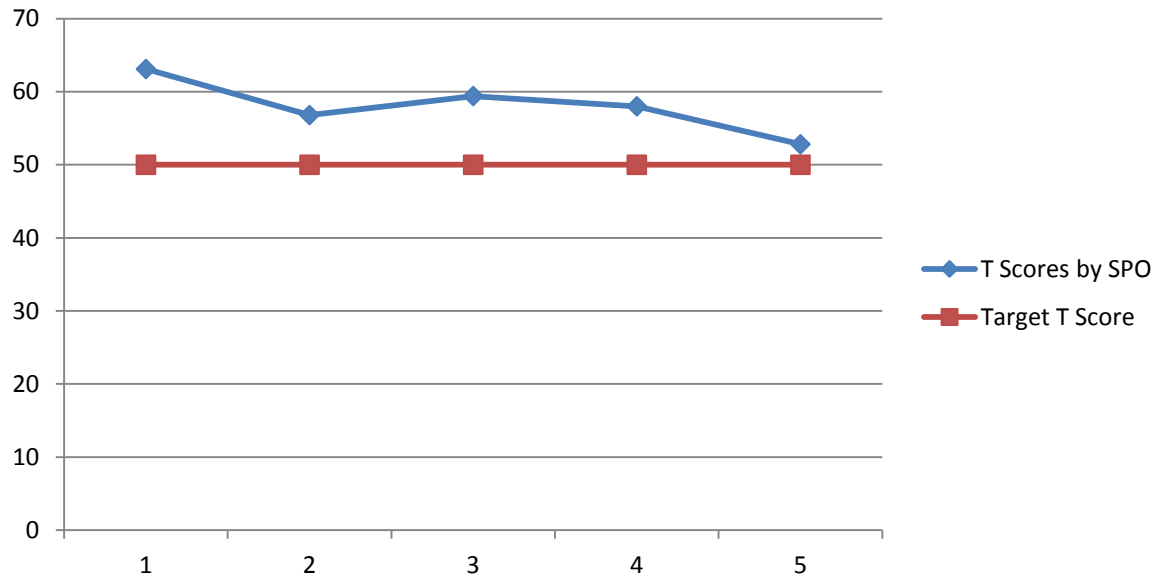
Percentage of Students by GAS Rating

Rating	6 SPOs
+2	27.3%
+1	26.9%
0	35%

Findings of SHSS Pilot - #3

GAS T Score by Service Provider

- Range 52.8 - 63.1
- 5 Service Providers



Preliminary Recommendations

- Central CCAC to:
 - Develop written material for front-line providers to outline processes and explain purpose of flexible funding
 - Consider introducing annual Best Practice Award for creativity in provision of cost-effective programming
 - Consider expanding use of SMART goals and GAS across rehab services
 - Consider implementation of an Accountability Framework to accompany a flexible funding model

Indicator	Baseline	Target	Corridor	Actual	Variance
Clinical % of clinical staff audited					
% of clients with goals set and scored		100%	-5%		
Average T score GAS					
Client Satisfaction scores					

Preliminary Recommendations

- Rehab Service Providers to:
 - Set up a system to monitor quality of the goals being developed e.g. audit process
 - Educate staff re: the purpose of the flexible visit model
 - Educate staff on Goal Attainment Scaling (GAS)
 - Educate new staff on SMART goals and GAS as part of orientation
 - Develop a 'bank' of SMART goals to share with staff

Conclusions

- SHSS pilot advanced CCAC and SPO readiness to adopt a new outcome-based reimbursement model
- Model resulted in lower visits to achieve outcomes, and identified potential for future efficiencies
- Opportunities exist to expand tools across CCAC's rehab services spectrum and beyond
- Undertake Phase II of pilot to confirm findings of initial pilot