



New Models of Care Design and Delivery

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Care Connect

- *“its about you - your wellness and independence”*
 - Independent non profit charity established 1994
 - Core business is case management
 - Activities : assessment, packaged care, respite, care co-ordination, transition care, independent brokerage
 - Targets: high need clients, CALD, ATSI, dementia,
 - Scope: 10 Service outlets in four states
 - Service extensions: Low care, High care, Rehabilitation, Re-enablement, Assistive Technologies

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SENIOR CARE

Care Connect
SPECIALIST CASE MANAGEMENT

Home Instead Senior Care

- Non medical provider of home care & companionship services
- Founded 1994
- 800 offices in 12 countries
- Franchised business model
- 9 offices in Australia
- Client focused
- Relationship driven



Our Relationship

- 2007 Brokerage – Aspley Qld
- Shared values
- Strong business relationship
- Understanding needs of all stakeholders
- Win - win - win Clients - CC - HISC
- Early successes



Home Instead Senior Care model

- Interest in HISC stemmed from successful relationship
- Closer scrutiny of business model
 - Non medical care for seniors
 - Client focused
 - Providing client choice
 - CAREGiver /client relationships
 - Quality of care
 - Scaleable and replicable



Care Connect:

“its about you, your wellness and your independence”

- Service extension:
 - “In-house” direct care service option for all service teams
 - Engagement with clients at earlier stage of care continuum
 - More specialised/ personalised care interventions
- Cultural shift to client directed care driven by consumer choice/ preferences



Strategic partnership

- Home Instead Senior Care franchise
 - Franchised offices in areas currently served by CC
 - Opportunity to expand range of services to new areas and to meet higher care needs
 - Business culture
 - Business model branding, disciplines and tools
 - Need to have closer involvement in delivery of care services
 - Cultural adaption to choice



Shape of HISC Franchise

- Managed offices, common profile and branding
- Mix of government subsidised care clients and self funded care clients or combination
- 2 way referral as clients move seamlessly between different funding arrangements
- Continuity of service provider and CAREGivers for clients regardless of funding
- Enhanced training for carers
- Introduction of ISO standards
- Flexibility of local profile to dynamic market

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Shape of HISC Franchise

- Enables and encourages clients to remain at home vs residential care for acute episodes
- Clients choose the services which suit their needs & lifestyle & can change as their needs change
- Transition between different levels of care
- Replicable quality and service delivery standards

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Challenges

- Extend choice of services to clients as care needs increase eg disability care
 - Adaptive, flexible, responsive
- Based on demographics and characteristics of communities served
- ‘Bolt on’ choice of brokered intervention for high care clients
- Adaptability of Franchise model to teams with different contract bases

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Future direction

- Quality
- Choice
- Continuity
- Diversity





Thank you

