Conference Abstract

Metro-Regional Intellectual Disability Network (MRID.net) A Statewide Collaborative Multidisciplinary Care Model

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Abstract

Objective: People with intellectual disability (ID) frequently have multiple co-morbidities requiring a complex network of supports. Integrated care is essential to optimize outcomes and minimize adverse events such as unnecessary hospitalisation, but access to specialized expertise can be particularly challenging for underserved and rural/remote regions. The goal of the MRID network project is to pilot an innovative service model that would leverage existing resources to improve access to coordinated specialist health services for children, adolescents and adults with ID in regional areas of New South Wales (NSW), Australia.

Methods: The MRID network project was funded by the NSW Government’s Ministry of Health. We adopted a partnership approach including local needs analysis and ongoing formative evaluation to ensure the co-production of a specialist service model meeting the changing needs of consumers, carers, and local government, non-government, health, disability, mental health, and education services. A hub-and-spoke service model was combined with telemedicine support. Key features included:

• A multidisciplinary team of paediatric, medical, psychiatric, specialist nursing and allied health staff providing access to range of specialised services

• A co-design model engaging local stakeholders from government and non-government sectors to provide readily accessed, client-centred, holistic, coordinated care complemented by family and carer support

• Capacity building of local services through provision of educational resources, specialist support and networking

• Implementing a flexible clinic structure, including clinics in various locations such as schools and group homes and the use of Telehealth to provide assessments and consultations at the right place and time for the client

• The co-development of a “Referral Guide” for disability service providers to request specialist clinical support

• Development of data linkage systems to support coordinated care.

**Key Findings:** Partnerships were developed with NGO disability service providers, ADHC, DEC, and health in ten localities across NSW. As of 30 June 2014, fourteen different sites had been developed to host a range of comprehensive psychiatry, medical and school clinics, and 688 clients had been registered, including children, adults, and older adults. The resulting MRID model successfully changed the focus in participating services from ongoing management by specialists, with severe constraints due to limited resources, to a consultative model emphasizing support and education of more generalist services. Increased access to expertise reduced unnecessary hospitalisations.

**Conclusions:** The MRID model demonstrated that an innovative service model could enhance outcomes and access to specialist services for people with ID in regional NSW. The model can be used as the foundation for the development of a state-wide service model for specialist ID service delivery.

**Keywords**

disability; co-design; regional and remote; comorbidities; multiagency

**PowerPoint presentation**