

POLICY OPTIONS

Experiencing integration: A pilot study of consumer and provider experiences of integrated primary health care

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Michelle Banfield, Anne Parkinson, Ian McRae, Tanisha Jowsey, Darlene Cox, Kirsty Douglas, Lyndall Strazdins, Paresh Dawda

Policy context

The rise in prevalence of chronic conditions, particularly multiple comorbid conditions, has resulted in a number of treatment and services problems such as prescription medication issues, poor coordination of care and complex primary health care (1). With chronic conditions estimated to account for up to 80% of healthcare costs in developed countries (2), it is important to identify ways that the complex needs of people with chronic conditions can be better met in primary health care, potentially improving both consumer outcomes and reducing costs.

The GP Super Clinic program aimed to promote co-location and integration of general practice with allied health and other service providers in order to more effectively support those with or at risk of chronic disease. However, there is a lack of agreed methods to define and measure integration in order to assess the success of such initiatives. Integration as a process and integrated care as an outcome are complex and information about people's experiences and how best to investigate them are needed to inform further developments in primary health care policy.

Project overview

The objective of the "Experiencing integration" study was to explore the perspectives of consumers and providers on integrated care within a newly-opened multidisciplinary primary healthcare centre. The study investigated how consumers with chronic illness and providers conceptualise integration, what they expect in terms of integrated care and what they experience. A key focus was whether the typologies of integration developed from professional and organizational perspectives could be effective modes through which we might explore and analyse people's perspectives.

This pilot project was conducted in a GP Super Clinic that had been in operation for 15 months at the time of the study. The research was developed and conducted according to a flexible participatory research model. The research team included health professionals, consumer leaders and researchers from various disciplinary backgrounds. The team worked closely with a multidisciplinary reference group throughout the project who provided feedback on the research protocols, facilitated data collection and contributed to analysis and reporting of results. Data collection methods included interviews with consumers and providers, interrogation of clinical records in the electronic practice management system and trialling of a comprehensive consumer experience survey.

Policy options

- > Clinical information systems are not designed to be effective enablers for integration. Completion of only minimum data within records compounds the issue. There is need for minimum clinical information system specifications and standards aligned to health system aims.
- > The GP Super Clinic model, providing co-located multidisciplinary care was viewed positively by consumers and providers. Although only one model of integrated primary health care, the convenience of a “one stop shop” for primary health care has significant potential to improve the experiences of people with chronic disease.
- > Many existing frameworks for conceptualizing integration focus on business processes, whereas consumers and providers discuss experiences in terms of continuity of providers and information, communication and trust. Evaluations of integrated primary health care need a focus on relational aspects of care in addition to examination of structures and processes.

Key findings

Methods of measuring and conceptualizing integration

- > Clinical record review provides some measurement of information continuity underpinning integration but requires minimum standards of data entry and information systems aligned with health system aims to be effective
- > Interviews provide rich information on people's experiences of integration, its relationship with primary health care more broadly and the utility of frameworks for organizing concepts
- > Consumer experience surveys provide detailed information that could inform quality improvement processes in primary health care, but further work is needed to define how consumer-defined dimensions of quality care can be focused on integrated primary health care
- > Existing frameworks of integrated care have been heavily influenced by the provider and organisational perspectives. Consumers of integrated primary health care may be more focussed on relational aspects of care and outcomes of the care with less focus on the organisational or structural processes necessary to produce them.

Experiences of integrated care

- > Consumers were very positive about co-location, appreciating the time savings and convenience of "one stop shop" health care
 - > Consumers and providers valued the continuity, good communication with providers and information sharing between providers offered by the multidisciplinary centre
 - > Providers additionally noted that co-location built trust between professionals
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 2. Glynn LG, Valderas JM, Healy P, Burke E, Newell J, et al. (2011) The prevalence of multimorbidity in primary care and its effect on health care utilization and cost. *Family Practice* 28: 516–523

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