

KEY MESSAGES

A framework for integrated primary/secondary health care governance in Australia: results of a systematic review

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Policy context

The National Primary Health Care Strategy states that, 'Medicare Locals will be an integral component of the National Health and Hospitals Network' and, 'have common governance membership with Local Hospital Networks in their region'. Given the priority placed on effective governance frameworks to deliver clear roles and responsibilities to both funders and providers of health care the governance vehicle best suited to achieving our national reform outcomes has not been developed. A governance framework that supports bringing historically-disparate partners together into formal agreements is essential to creating the 'business rules' and sustainable environment required achieving the new care models we seek.

Key messages

A systematic review identified ten key elements, many inter dependent, from twenty-one papers that met the inclusion criteria. Evidence suggests the following specific governance elements are important to support integrated care across the primary/secondary care continuum:

1. Joint planning was identified as key and included formal agreements e.g. Memorandum of Understanding, joint board membership and multi-level partnerships in the planning process.
2. Integrated information communication technologies, particularly, a shared electronic health record; and, systems that link clinical and financial measures.
3. Effective change management requires a shared vision, leadership, time, and committed resources to support implementation.
4. Agreed shared clinical priority areas, including the use of multi-disciplinary clinician networks, a team based approach and, pathways across the continuum optimise care.
5. Aligning incentives to support the clinical integration strategy included pooling multiple funding streams and creating equitable incentive structures.
6. Providing care across organisations for a geographical population requires a form of enrolment that maximises patient accessibility and minimises duplication.
7. Use of data as a measurement tool across the continuum for both quality improvement and redesign, requires agreement to share relevant data.
8. Professional development supporting joint working, allowed alignment of differing cultures and agreement on clinical guidelines.
9. An identified need for consumer/patient engagement is achieved by encouraging community participation at multiple governance level.
10. One third of papers acknowledged the need for adequate resources to support innovation allowing adaptation of evidence into care delivery.