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Integration, co ordination & multidisciplinary care in Australia Growth by optimal governance arrangements

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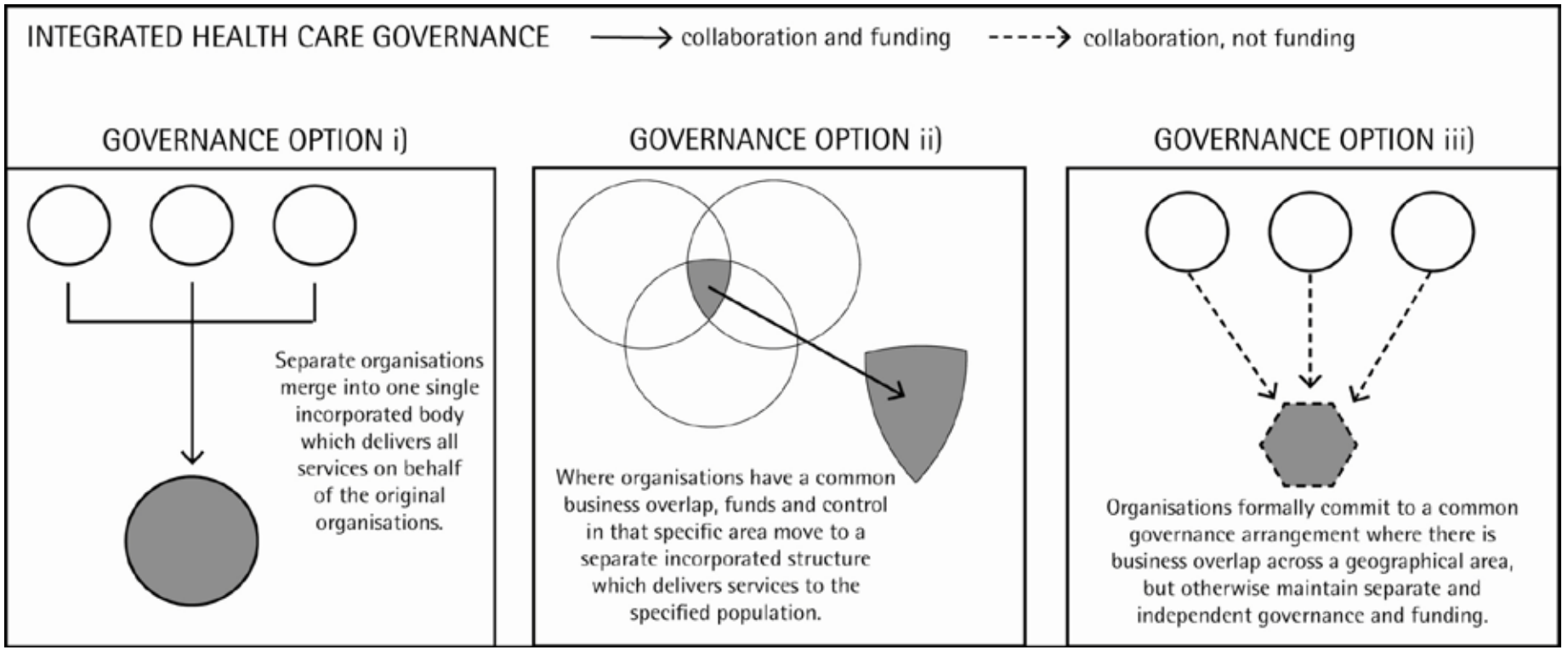
Outline for Today

- Introduction
- Findings
- Policy Implications
- Further research
- Questions
- Appendix

Introduction

- The Australian Primary Health Care Research Institute (APHCRI) funded this research into integrated governance in health care as part of its Stream 4 grant program
- Aim of research: To outline models of integrated governance described in the literature, describe the results of evaluation; and, describe barriers and enablers for achieving sustainable and effective models that can be applied to the Australian context.
- Opportunity to
  - Use a systematic review methodology to identify sustainable health delivery partnerships internationally
  - Utilise a key informant interview methodology to identify information from the 'grey' literature and check evidence 'fit' within the Australian health care context

Findings



e.g. Sunrise (NT), North Wyong (NSW).

e.g. Advanced Community Care Association (SA).

e.g. BSCHSI (Qld); Integrated Primary Mental Health Service (Vic).

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Enablers

Over 50% of studies, supported by key informant interviews, identified the following enablers:

- Shared purpose, clear goals – clear & shared vision, leadership, commitment to outcomes, clear alignment
- Flexible partnership structures – model determined by local need
- Common clinical tools – appropriate clinical governance across the continuum
- Appropriate financing – patient focused approach linked with funding models and incentives

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Barriers

Over 50% of studies, supported by key informant interviews, identified the following barriers:

- Communication – lack of information, unclear expectations, ambiguous roles, duplication.
- Structural – inadequate resources, staff turnover, financial restrictions
- Cultural – lack of trust, eroded credibility, fear of change, unwilling to innovate

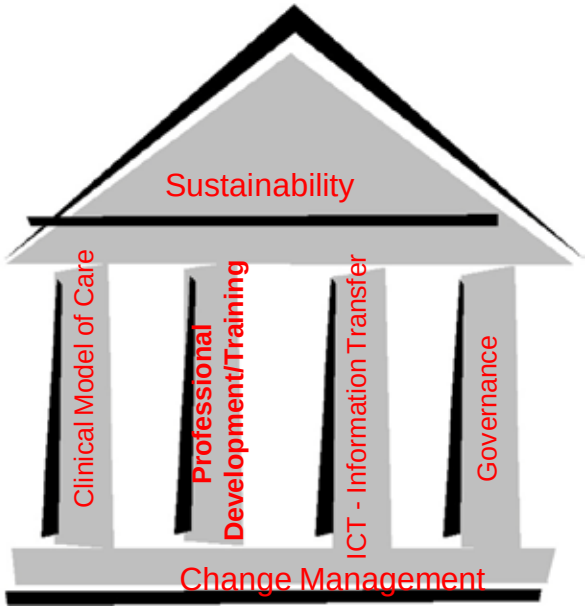
Policy Implications

- Emerging field with limited reported outcome-based research in this area.
- Emerging local examples are identified demonstrated a link between strengthened integrated governance vehicles and improved local clinical /service outcomes.
- There needs to be a clear separation between governance and operational management.
- Careful measurement of process, impact and outcomes is often overlooked.

Further Research

Brisbane South Collaboration for Health Service Integration (BSCHSI) – MHS, QH, DGP utilising the Service Integration Framework undertook:

- Integrated planning and service platform
- Common vision in relevant care areas
- Clear roles and responsibility for each organisation
- Equitable governance structure
- Connectivity focus
- Outcomes focus



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‘Beacon’ practice model

- Builds primary care capacity by uniting local general practices around a central ‘beacon’ practice
- Supports and extends the capacity of local practices in:
  - Areas of local population clinical need
  - Undergraduate and postgraduate teaching
  - Relevant local research
  - Improved integration with local 1^0, 2^0 and other state-funded health care providers

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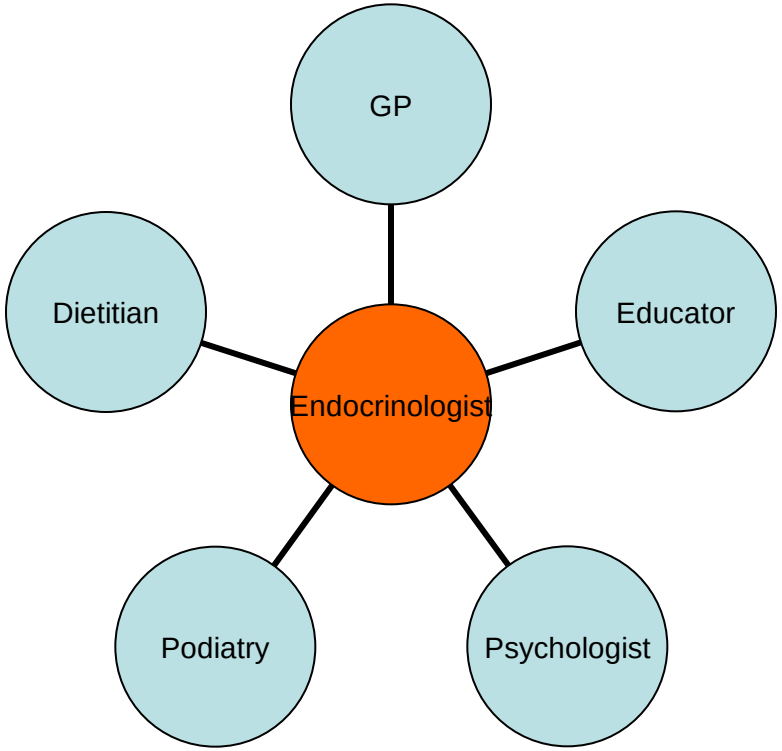
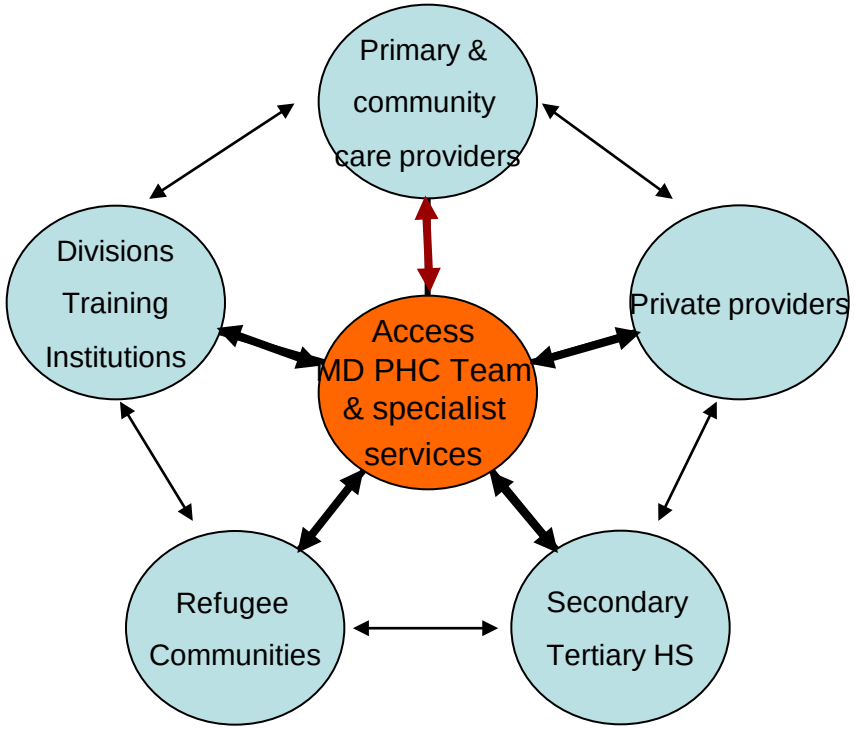
‘Beacon’/ federated/ networked



Existing model:
- Removing focus of care away from GP
- Specialist centre holds onto patient



Beacon model:
- Increase capacity of GPs to manage these patients and reduce need for specialist $1^0/2^0$ care
- Flow on effect of improving other general practices knowledge to manage refugee patients

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Further Research

- Inala Primary Care & Inala Chronic Disease Management
  - CDMS team based approach to Diabetes management
- Refugee Health Chronic Disease
  - Multi-disciplinary team approach to management of CD in Refugee populations – focus on IPL, clinical model of care, communication using ICT, governance model and research.
- GP Super Clinic for Redcliffe – 'Moreton Bay Integrated Care Centre' to provide 2 streams of care
  - Acute care service
  - CDMS team based approach to CDM

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Challenges

- Policy makers have to reconsider commonwealth/state boundaries
  - Whose responsibility is it to educate the primary health career?
  - What is the incentive for the GP to participate and how engage?
    - Review remuneration for the “Clinical Fellow”/up-skilled GP, specialist and multi-disciplinary team
- Review “Business Rules” especially with respect to information systems and sharing of patients clinical information eg who owns the patients and the patient record?
- Navigating MBS to ensure sustainable and identifying need for new MBS item numbers
- Culture change - GP refer to another “GP”
- Long term sustainability and applicability to other chronic disease and settings

International experience

Polyclinics (UK) – no evaluation yet

- *Development of polyclinic should only proceed where quality, access and cost benefit to local population is clear*.
- Primary focus should be on developing new pathways, technologies and ways of working together.
- Co-location alone not sufficient to generate co-working
- Investment in CMx and strong clinical & managerial leadership required.
- Hub and spoke model more likely to achieve desired development of primary care services than major centralisation.
- Needs to be responsive to local need
- Requires rigorous evaluation

§ Other countries

- Lack of rigorous evaluation of polyclinics and contextual differences are important.
- Co-location not enough to guarantee integrated care.

International experience

Integrated Care Pilots (UK) - 16 sites launched 1st April 2009

- Identified need for improved integration between health and care services, to improve access to and quality of care within local communities
- Pilots to test and evaluate a range of models of integrated care
- Recognising one model will not work everywhere
- Requires bringing teams together, integrating the way staff work and creating new relationships between organisations
- National evaluation – impact on health outcomes, improved quality of care, service user satisfaction, effective relationship and systems.

Family Health Teams (Canada)

Questions?

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Appendix

- Jackson CL & Nicholson C. 2008. 'Making integrated health care delivery happen – a framework for success' Asia Pacific Journal of Health Management 3(2): 19-24.
- Jackson CL, Askew D, Nicholson C, Brooks P. 'The Primary Care Amplification Model: taking the best of primary care forward'. BMC Health Services Research 2008, 8:268.
- Jackson CL, Askew D. 'Is there a polyclinic alternative acceptable to general practice? The 'Beacon' Practice model'. BJGP 2008, 733.