POLICY CONTEXT

Australian governments, communities and health professionals are looking to new ways of delivering high quality health care services to the Australian public as traditional, fragmented models struggle to deliver appropriate accessible care to their communities.

There is a significant and historic opportunity in the Australian health care environment to progress effective integrated governance relationships focused on improved community health outcomes. Reforms to improve the health system, the National Action Plan on Mental Health and Australian Better Health Initiative will require a far more significant ability to work productively between jurisdictions. Emerging local examples have demonstrated a link between strengthened integrated governance models and improved local clinical/service outcomes.

KEY FINDINGS

- Both the review and interviews identify local communities with the vision, leadership and commitment to extend health service integration as the logical starting point for more ambitious integrated governance arrangements regionally.

- A clear separation between governance and operational management is also a continuing theme in both systematic review and key informant interviews. The governance vehicle needs to set priorities for strategic goals (align environmental forces, organisational strategies and capabilities), choose membership composition, obtain and manage resources and provide measures of accountability to maximise success.

- Careful measurement of the process, impact and outcomes of such activities is of key importance and often overlooked.
POLICY OPTIONS

The project identified three options for integrated health care governance, with a demonstrated ability to be sustained effectively in the medium term. These are:

i. The creation of an incorporated body, with governance responsibility shared across integrating organisations and with resource allocation capability for a given population or region - Sunrise and North Wyong

ii. An incorporated body with its own funding pool, established by integrating organisations, with responsibility for defined areas of common business overlap - Advanced Community Care Association

iii. A formal and agreed governance arrangement between organisations to ‘share’ resources in delivering services across a finite geographical area - Brisbane South Collaboration for Health Service Integration, Integrated Primary Mental Health Service. Key elements of this model, including regional purchasing arrangements, risk management of sub-populations and the publication of performance reports, have been proposed and discussed by Andrew Podger (2006)

Figure 1. Integrated Health Care Governance Options

Key enablers include:
- involving the ‘right people’
- a patient-focused (local client and community) approach
- having a clear vision
- providing flexible partnership structures
- addressing clinical governance across the continuum
- developing appropriate financing mechanisms
- ensuring clinician input in decision-making
- providing suitable infrastructure
- focusing on a team-based approach to service delivery
- collecting consistent data for evaluation and review
A common set of barriers include:

- a lack of communication between organisations and professions
- structural barriers such as the Commonwealth/State funding mechanism
- cultural barriers such as a lack of trust, limited time and protection of territory
- a lack of accountability; and incomplete data collection to report outcomes
- incomplete data collection

State Governments are increasingly attempting to work in alignment with the non-government organisations and private sectors to maximise scarce resources in the face of increasing health care demand. Such significant and ambitious integration agendas must be underpinned by effective governance mechanisms, appropriate to the undertaking, partners involved and scale of delivery.

METHOD

Integrated health governance is an emerging field and there is limited reported outcome-based research in this area within the international literature. However, a number of robust models have been described internationally, which have a ‘fit’ with the Australian health care context.

For more details, go to the full report

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