

Development of a framework for integrated primary/secondary health care governance in Australia

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Research questions

Aim: To describe the elements of health care system capable of supporting integrated primary/secondary health care governance

Questions: Are there additional functions to those previously described for a regional governance framework?

What are the structures that contribute to sustainable clinical & organisational governance across the continuum of care?

What is the role of a shared e-portal in this governance framework?

Literature review

- Electronic databases:
PubMed, Medline, CINAHL,
Cochrane Library, Informat
Health Collection, PHC RIS,
Canadian Health Services
Research Foundation,
European Foundation for
Primary Care, European
Forum for Primary Care,
Europa Sinapse
- Search strategy
- Duplicates removed. Results
filtered and formatted

Total citations identified by
search (n=3105 citations)

Passed full text screening and
included in review (n=21
citations) By country:

- Australia (n=6)
- Canada (n=4)
- New Zealand (n=1)
- Sweden (n=1)
- UK (n=5)
- USA (n=4)

Regional Health Focus

86%

80%

Elements of successfully integrated healthcare systems

Measurement Innovation Incentives Care Priorities Professional Development **Planning** **Integrated ICT** **Change Mangement** Population Focus **Patient Engagement**

Primary and Community Services

Acute Care Services

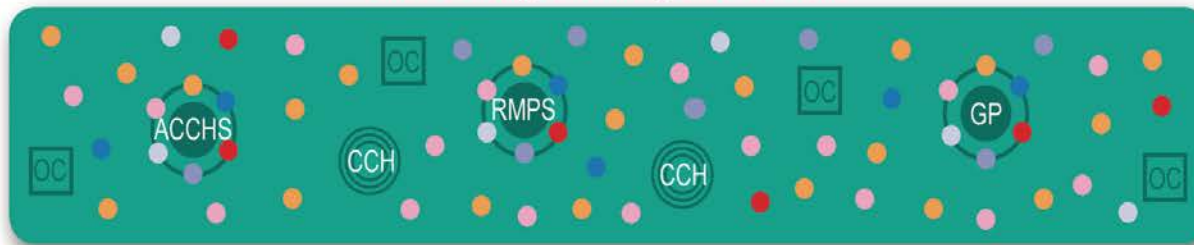
Primary Health Care Organisations (Medicare Locals)

Community Hospitals

Public Hospital Services (Hospital & Health Service Networks)

Private Hospital Services

Local Delivery of Primary Care Services



- General Practice
- Aboriginal Community Controlled Health Services
- Rural Multipurpose Service
- Comprehensive PHC Centre
- Other Community Services

- Mental Health Services
- Child & Family Services
- NGO community Services
- Aged Care Services
- Allied Health Services
- Community Pharmacy Services

Individuals and Families

LOCAL POPULATION

Community Groups

ICT = Information Communication Technology

NGO = Non-government organisation

Elements

Element	Interventions shown to be effective	n=*
1. Joint planning	Joint strategic needs assessment agreed; formalising relationships between stakeholders; joint boards; promotion of a community focus and organisational autonomy; guide for collective decision making; multi-level partnerships; focus on continuum of care with input from providers and users.	18
2. Integrated information communication technology	Systems designed to support shared clinical exchange i.e. Shared Electronic Health Record; a tool for systems integration linking clinical processes, outcomes and financial measures.	17
3. Change management	Managed locally; committed resources; strategies to manage change and align organisational cultural values; executive and clinical leadership; vision; commitment at meso and micro levels.	17
4. Shared clinical priorities	Agreed target areas for redesign; role of multi-disciplinary clinical networks/clinical panels; pathways across the continuum.	16

Element	Interventions shown to be effective	n=
5. Incentives	Incentives are provided to strengthen care co-ordination e.g. pooling multiple funding streams and incentive structures, such as equitable funding distribution; incentives for innovative and development of alternative models.	15
6. Population focus	Geographical population health focus.	13
7. Measurement – using data as quality improvement tool	Shared population clinical data to use for planning, measurement of utilisation focusing on quality improvement and redesign; collaborative approach to measuring performance provides transparency across organisational boundaries.	12
8. Continuing professional development supporting the value of joint working	Inter-professional and inter-organisational learning opportunities provide training to support new way and align cultures; clearly identifying roles and responsibilities and guidelines across the continuum.	11
9. Patient/community engagement	Involve patient and community participation by use of patient narratives of experience and wider community engagement.	8
10. Innovation	Resources are available and innovative models of care are supported.	7

* Number of studies reporting the specified element

Key barriers/enablers

- Key enablers
 - Leadership
 - A vision that remains centre stage focusing on patient safety and quality care
 - Commitment to partnership
- Significant barriers
 - Existence of conflicting aspirations of different parts of the system and the need to balance the interests and values of all stakeholders involved in the continuum of care
 - Macro-level reforms alone are insufficient to deliver integrated care, they need to be linked to meso-level and micro-level reforms
 - A feature of much of this work has been the failure to document, evaluate and share lessons learnt in trying to effect change

Implementation

- ✓ Paper in press
- ✓ Ethics approved
- ✓ Consent gained from Boards and CEO's:
 - Greater metro South Medicare Local
 - Metro South Brisbane Health & Hospital Service
- ✓ Initial interviews with CEO's underway and to be completed by mid-August 2013
- ☐ Interviews with Board members Feb/March 2014