

Promising initiatives for integrated service delivery

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More specialisation – more fragmentation



I can't find anything wrong with you at all.

Fragmented care



- Services are hard to find
- GPs unaware of patients' hospital visits
- Vulnerable populations miss out on services
- Conflicting advice for multimorbidity
- Lack of coordination across sectors

⇒ ⇒ ⇒ ⇒ Duplications / Gaps / Adverse events

**Patients want accessible, affordable,
coordinated, integrated local health services**

Understanding integrated care



Aim

- To identify initiatives and mechanisms that facilitate integrated care at the level of service delivery
 - Patient experience
 - Health provider experience
 - Challenges and enablers

Method



- Literature review
 - Electronic databases, grey literature, websites, organisation publications
- Search terms
 - Integration, integrated care (synonyms)
- Literature
 - Publicly available, last 5 years
 - Peer-reviewed articles, programs, reports, government documents

Australian examples of integrated care

- Australian Comprehensive PHC [Jackson et al. 2010]
 - Initial evaluation
 - High Indigenous population
 - High prevalence of diabetes with complications
 - Poor attendance by Indigenous population
 - Redesigned setting – culturally sensitive
 - Indigenous attendance increased
 - Increased glycaemic control



Jackson et al. (2010) GPs with special interests impacting on complex diabetes care. AFP vol. 39

Australian examples of integrated care

- GP Super Clinics

[Consan Consulting, 2012]

- 83% attended because of access to wide range of providers
- 66% patients reported staff coordinated all aspects of their care
- Referrals, access, communication improved



- Medicare Locals (61) (meso level)

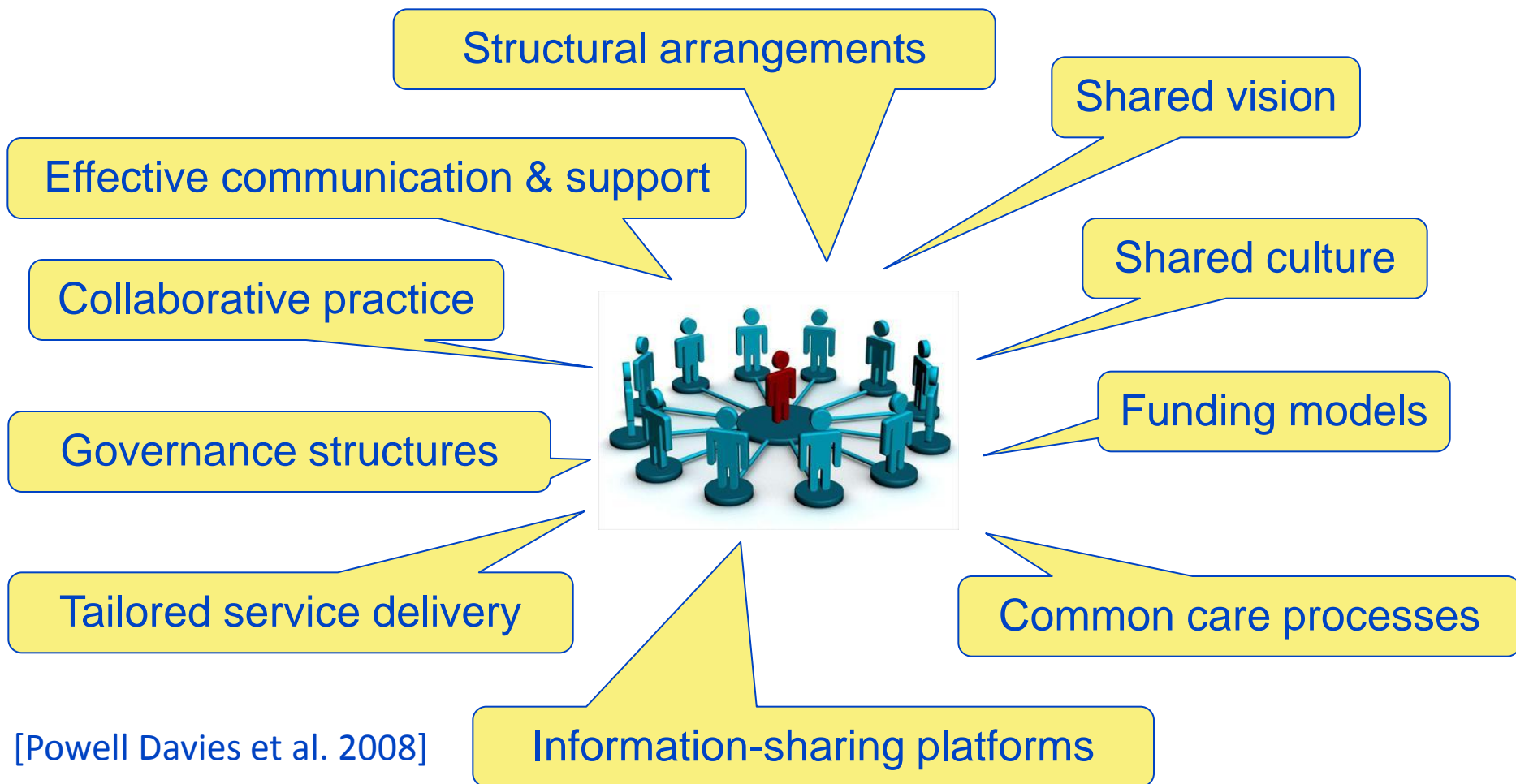
Consan Consulting (2012) Evaluation of the GP Super Clinics program 2007-2008. Canberra: Dept of Health and Ageing

What do patients value most?

- Continuity of care, specific personnel, care teams
- After-hours access to care & advice
- Sensitivity to needs (cultural)
- Involvement in clinical decision-making
- Links between health and social services
- Co-location of services (multidisciplinary)



Mechanisms of integration - Sharing



[Powell Davies et al. 2008]

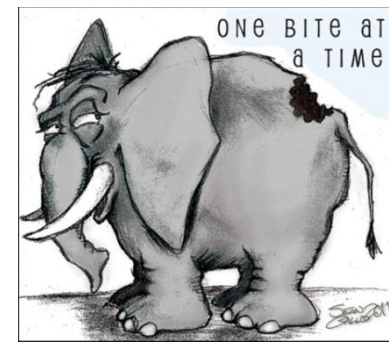
Challenges



- Limitations of the research
 - Lack of consensus/consistency
 - Inadequate time for follow-up
- Barriers to integration
 - Lack of clarity in roles, responsibilities
 - Lack of engagement with other sectors
 - Lack of sustained funding for integration
 - Time-consuming processes



Take-away messages



- **Integration is complicated!**
- Better integration for patients means:
 - At local (**micro**) level: more attention needed to change processes, communication modalities and care pathways
 - At organisational (**meso**) level: tailored support needed for providers, engagement across health/social care sectors
 - At systems (**macro**) level: policies that enable organisations & providers to deliver integrated care

More information

- Policy issue reviews: www.phcris.org.au
- Contact details: petra.bywood@flinders.edu.au



High expectations



- Improve individual's experience
 - coordination & continuity of care
- Improve population outcomes
- Improve access to services
- Address local population health needs
- Create efficiencies
 - Sharing resources & services

Levels of integration

