



## AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

### UNSW RESEARCH CENTRE FOR PRIMARY HEALTH CARE AND EQUITY

# COORDINATION OF CARE WITHIN PRIMARY HEALTH CARE AND WITH OTHER SECTORS: A SYSTEMATIC REVIEW

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## POLICY CONTEXT

Coordination of care is important for the increasing numbers of people, often aged or with chronic conditions, who require complex care from an often fragmented and highly specialised health system. This review addresses strategies to improve coordination of care within primary health care and between primary health care and other health and health-related services. It also looks at what is known about the costs and effectiveness of these strategies in different contexts.

## KEY FINDINGS

Most of the studies on which these findings are based were concerned with one of three areas of health care: chronic diseases (cardiovascular disease, diabetes, asthma, chronic obstructive pulmonary disease and AIDS/HIV - 38.9 per cent), mental health (including substance abuse - 28.2 per cent) and aged care (including palliative care - 17.6 per cent). The greatest number involved primary health care and a specialist provider or service (47 per cent), followed by the interface between primary health care and hospitals (34.1 per cent) and then linkages between providers or services located within primary health care (16.5 per cent). Although each of these studies was concerned with improving health outcomes through better integration or coordination of care, most included other elements: for example the use of specific guidelines or treatments. The nine broad categories of strategy used for coordinating care in these experimental studies are shown in the list below.

## **Categories of strategies used for coordinating care: those relating to**

Communication between service providers  
Use of systems to support the coordination of care  
Coordinating clinical activities  
Support for service providers  
Support for patients  
Relationships between service providers  
Joint planning, funding and/or management  
Agreements between organisations  
The organisation of the health care system

The effectiveness of strategies was assessed in terms of the percentage of studies reporting health, patient satisfaction or economic outcomes that had significant positive results.

The most successful strategies in terms of health outcomes were those addressing relationships between service providers (65.5 per cent), arrangements for coordinating clinical activities (61.3 per cent) and use of systems to support coordination (60.5 per cent). For patient satisfaction, the most successful were those addressing relationships between service providers (66.7 per cent), support for clinicians (57.1 per cent) communication between service providers (54.5 per cent) and support for patients (50 per cent).

While there were some variations across settings and health issues, in general strategies that involved providing systems and structures to support coordination were the most successful in achieving significant health outcomes, and those that involved communication and individual support were most successful in achieving patient satisfaction (although the relationship between service providers was important here too).

## **POLICY OPTIONS**

Based on the findings of the study, the following were suggested as opportunities for coordinating care in Australia.

### **Supporting coordination of clinical activities**

- Developing service networks between general practice and allied health and other community based care, to clarify relationships between service providers and ensure more coordinated access to and provision of services. One current area of concern here is early intervention to prevent diabetes and heart disease

## **Strengthening relationships between service providers**

- Strengthening general practice multidisciplinary teams, including the role of practice nurses in chronic disease management
- Co-locating general practice and other services, and investing in the systems to support coordination of care within co-located systems
- Strengthening the link between patient and primary health care providers, particularly for those with complex care needs

## **Use of tools, instruments or systems to support coordination of care**

- Further developing tools (e.g. common assessments, care plans, decision supports) that can be used by a range of providers across both national and state funded services to integrate the care provided by different services
- Improving systems for communicating or sharing information between primary health care and other service providers
- Structures, particularly at regional level, which are able to develop the systems to support coordination of care

## **METHOD**

Studies were found through the main bibliographic databases, using a wide range of terms combined with 'integration', 'coordination', 'multidisciplinary care' and 'primary health care'. This was followed by a limited snowballing exercise. Primary studies were selected using the Cochrane filter for identifying Random Controlled Trials (RCTs), clinical trials and evaluation studies, and the Scottish Intercollegiate Guidelines Network (SIGN) filter was used for the systematic reviews. Information was collated on major National and State/Territory integration initiatives and policies through searches of web sites and consultation with key informants and representatives from State Health Departments.

Only studies that focused on coordination of care within primary health care or between primary health care and other services were included. The primary studies were assessed for methodological rigour using a published quality checklist (Quality Assessment Tool for Quantitative Studies, Effective Public Health Practice Project) and five studies were excluded from the analysis of effectiveness in Question Two. Eighty-five primary studies and 21 previous systematic reviews were selected.

For Question One, the strategies reported in each study were analysed and categories developed to describe them in terms of their particular contribution to coordination of care. For Question Two, studies were analysed in terms of their strategies and the health, patient satisfaction and economic outcomes they reported. The effectiveness of strategies was assessed as the percentage of studies reporting any outcome that achieved at least one statistically significant positive result. The differential impact of each strategy type was also assessed as the effectiveness of studies that included a strategy type compared with studies that did not. Data were analysed for all studies and also by health issue, setting and country.

Most of the systematic reviews had approached their topics from a different angle from the one taken in this review. Their results were therefore analysed separately and used to confirm or disconfirm findings from the primary studies.

For more details, go to the [full report](#)

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