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A RAPID REVIEW OF INTEGRATED PRIMARY CARE CENTRES AND POLYCLINICS

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POLICY CONTEXT

Integration within primary health care and with secondary care is a major policy concern in many countries. Integrated primary health care centres (IPHCs), which bring a range of primary healthcare clinicians together under a single organisational structure, are often seen as a part of the solution. IPHCs in Australia include GP Super Clinics and Aboriginal Community Controlled Health Services (national), HealthOne NSW (NSW) and GP Plus (SA) in Australia, and the proposed national reforms recommend their broader establishment. This review examines what is known about the use and effectiveness of integrated primary healthcare centres in Australia and comparable countries and to identify what Australia can learn from this experience.

KEY FINDINGS

Integrated primary health care centres form a recognised part of primary health care in Australia, Canada, New Zealand, England, the USA and Finland, and to a lesser extent in other parts of Western Europe. Across these countries fourteen different models were found that fell into three broad types:

- **Extended General Practice models:** These are general practices whose range of providers and services has developed to the point of offering multi-disciplinary primary health care. However primary medical care (which may be delivered by doctors or nurses) remains the core of the service, with GPs usually taking the leading role. Some models include some secondary and specialist as well as primary health care services (including shifted outpatients), but they are built around a core of integrated primary health care. This model includes both hub and spoke and co-located structures. There is limited evidence of improvements in internal (but not external) integration and teamwork and access for some groups to some services, but overall little evidence about their effectiveness, although one USA example was associated with sustained/improved patient satisfaction and quality of care. Australian examples include HealthOne NSW (NSW), GP Plus (SA) and the GP SuperClinics (national).
- **Broader Primary Health Care Centre models:** Although these services offer primary medical care, they have a broader primary health care focus, and usually address the needs of a disadvantaged community or group. They tend to have a stronger focus on prevention and the social determinants of health than Extended General Practices. Their staffing commonly includes a mix of co-located health professionals from differing disciplines as well as social, welfare and community workers. For some models, the USA community health centres in particular, there is evidence that they reach their target groups, improve equity

and quality of care and in some cases health outcomes. Australian Indigenous Community Controlled Health Services fit this model.

- **Centres with a strong focus on secondary care:** These may include medical specialists or specialist teams and shifted hospital outpatient services. Although they provide some primary health care, the focus tends to be on integration of general practice with secondary care rather than within primary health care.

The first two main types of IPHCs complement each other, with Broader Primary Health Care services typically addressing the needs of groups not well served by traditional or extended general practice.

- The move to IPHCs can challenge existing professional roles, creating a need for skilled leadership and change management. Critical factors for their development include
 - a bottom up, clinician led development process in order to optimise their commitment and participation
 - balancing the range of professional interests and the need for an inclusive approach to clinician leadership
 - investment in team development and change management, including dedicated resources, effort and time for a team culture to develop, and for integration to move beyond referral linkages
 - ongoing political support for service delivery partnerships at all levels of the health system
 - effective community engagement to ensure the development of locally responsive and appropriate services. Engagement with other local service providers is also essential for ensuring services are not developed in isolation from existing services.

POLICY OPTIONS

- IPHCs can be seen as only one of a number of approaches to achieving more integrated care. Others include partnerships and networks of services.
- Integrated care depends upon coordination at many levels, from funding and service development through to service provision, and many individuals need their care coordinated across centres as well as within them. This requires integration between centres or services and across the health care system as a whole. Primary Health Care Organisations have the potential to play an important role here.
- A balance is needed between the two main types of integrated primary health care centres. The focus of recent national and state-based initiatives on Extended General Practice services is appropriate for mainstream primary health care provision, although they generally lack a system of patient registration to identify the people for whose care they are responsible. However, under some circumstances, Broader Primary Health care centres will be required, with their greater focus on equity, health problems in the community and social determinants of health and community involvement in their governance.
- The varying arrangements for IPHCs may influence how they operate. For example, the state funded programs (HealthOne NSW and GP Plus in SA) focus particularly on involving community health services, and GP Super Clinics on private allied health providers. Community health brings a wider range of primary health care providers, with extensive networks of relationships with other services, but also a more troubled history of integration with general practice.
- There is scope for both co-located or hub and spoke models. In the absence of convincing evidence for either, this is largely a matter of which best fits local circumstances. Hub and spoke models may be better for achieving a broad reach, particularly in urban areas, as the 'hub' can service a large number of 'spoke' general practices. The fact that both structures are currently being developed creates an opportunity for a comparative evaluation of the two.
- More work is needed to develop appropriate models of care, including a focus on prevention and early intervention. Collaborative protocols can be an effective way of developing practical teamwork and models of care.

- IPHCs need governance structures that can deal with complex financial and clinical arrangements. They will need to accommodate a wide range of professional interests, while ensuring that the public interest is served and providing for a public voice.
- While existing services have shown that it is possible to provide some types of multidisciplinary care under current funding arrangements, more flexible arrangements will be needed if integrated primary health care centres are to be the core of the primary health care system.
- The movement towards more integrated primary health care will need consistent political support to allow reform across the entire system and to re-assure clinicians that it is safe to invest their professional lives and in some cases their equity in this form of primary health care.
- A development as complex as a move to integrated primary health care services will need information from ongoing monitoring and evaluation. This will be needed in the structures used to bring the different professions together, the models of care, teamwork and integration, access and reach, and the impact on quality of care and health outcomes.

METHODS

This was a rapid narrative systematic review, with the same major steps as a full systematic review (defining questions, determining search terms, appraisal of literature, data extraction, analysis and synthesis), but modified to meet the two month time frame.

The search sought to identify both published and unpublished literature about integrated primary health care centres/polyclinics, which met defined characteristics. A broad search of the electronic databases was conducted using generic terms to identify the relevant search terms. Conventional internet search engines as well as selected web sites were searched to identify relevant reports. Focused searches were also undertaken on sites identified by research team members and key informants. Searches were limited to the following criteria: literature published from 1999 onwards; papers that referred to primary health care in selected countries; literature available in English and electronically. A total of 38 papers provided evidence on their effectiveness, with most being descriptive studies (survey and case studies) and quasi comparative studies, as is common for applied health services research.

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

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