

**AUSTRALIAN PRIMARY HEALTH CARE  
RESEARCH INSTITUTE**

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SUPPORTIVE SERVICES**

**INTEGRATION, COORDINATION AND  
MULTIDISCIPLINARY APPROACHES IN  
PRIMARY CARE: A SYSTEMATIC  
INVESTIGATION OF THE LITERATURE**

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**POLICY CONTEXT**

In Australia, the changing pattern of demand for health services has raised interest in new approaches to health care provision leading to improved patient health outcomes. Pressures on the Australian health system include: the ageing of Australia's population and a rapidly developing chronic disease burden.

Effective care and management of these chronic disease groups is important to the health system. Integration, Coordination and Multidisciplinary (ICM) approaches are presumed to offer particular benefits to those with complex care requirements across a range of different providers and services.

This project explores what is meant by the terms, what models exist, and the effectiveness of integration, co-ordination and multidisciplinary approaches in primary health care.

**KEY FINDINGS**

- Co-ordination improves health outcomes for patients.
- The more disciplines involved in the ICM care, the greater the improvement in patient health outcomes.
- Multidisciplinary care comprises two distinct periods of contribution:
  - i. When developing tools or resources; and
  - ii. When providing direct care.
- ICM approaches may not reduce costs.

- There is no consistent and shared understanding of the terms, concepts and models associated with ICM approaches. There are issues associated with the generalisability of research between populations, settings and countries.
- Case conferences can provide benefits for patients. There are a number of practical aspects and implementation issues that can affect uptake and participation.
- Multi-disciplinary teams (MDTs) are often part of a broader intervention or care approach. MDTs can contribute to the development of tools, plans and protocols.
- ICM approaches in the delivery of care in the primary health care setting can improve patient health outcomes. There are many factors that could potentially affect the outcomes such as psychosocial issues, quality of communication and committed involvement of practitioners.
- Multidisciplinary care planning for COPD patients (within the context of different care models) improves functional patient outcomes, but may not reduce services.
- Nurse-led stroke care in the community, with appropriate liaison with GPs may provide an appropriate model of care as an alternative model to care planning prior to discharge. Multidisciplinary-care planning in stroke is usually embedded within a broader service-delivery framework which is the subject of the published studies.

## POLICY OPTIONS

- Working within Australia's health system using co-ordination and linkage approaches will be most fruitful in the short term.
- Engage relevant stakeholders appropriately. For example, how General Practitioners are involved in ICM approaches (e.g. inter-professional respect, timely, planned (not as an after thought) and as key players) is as important as the act of involving them.
- While evidence may be ambivalent, there is substantial local knowledge and experience. There is capacity to improve within existing frameworks and processes.
- Interventions need to be tailored to the particular characteristics of the population and/or disease.

## METHOD

The project comprised six phases:

- Phase 1: Identification of project parameters
- Phase 2: Scoping study
- Phase 3: Refinement of Project Methodology
- Phase 4: Conduct of individual reviews
- Phase 5: Linkage analysis
- Phase 6: Development of final report

The final project approach identified in Phase Three used a series of “illuminating” systematic reviews each dealing with a sentinel condition (for example, specific chronic condition) and a particular integration, coordination or multidisciplinary strategy (for example, case conferencing). These reviews are then assessed for common themes and findings.

The three diseases identified are Type 2 diabetes mellitus; chronic obstructive pulmonary disease; and completed stroke. The other two reviews dealt with frail aged and palliative care populations.

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

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