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

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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, Informit 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)
## Elements

<table>
<thead>
<tr>
<th>Element</th>
<th>Interventions shown to be effective</th>
<th>n=*</th>
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</thead>
<tbody>
<tr>
<td>1. Joint planning</td>
<td>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.</td>
<td>18</td>
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<td>2. Integrated information communication technology</td>
<td>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.</td>
<td>17</td>
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<td>3. Change management</td>
<td>Managed locally; committed resources; strategies to manage change and align organisational cultural values; executive and clinical leadership; vision; commitment at meso and micro levels.</td>
<td>17</td>
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<td>4. Shared clinical priorities</td>
<td>Agreed target areas for redesign; role of multi-disciplinary clinical networks/clinical panels; pathways across the continuum.</td>
<td>16</td>
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<td>5. Incentives</td>
<td>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.</td>
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<td>6. Population focus</td>
<td>Geographical population health focus.</td>
<td>13</td>
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<td>7. Measurement – using data as quality</td>
<td>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.</td>
<td>12</td>
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<td>improvement tool</td>
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<td>8. Continuing professional development</td>
<td>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.</td>
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<td>supporting the value of joint working</td>
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<td>9. Patient/community engagement</td>
<td>Involve patient and community participation by use of patient narratives of experience and wider community engagement.</td>
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<tr>
<td>10. Innovation</td>
<td>Resources are available and innovative models of care are supported.</td>
<td>7</td>
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</table>

* 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