Development of a framework for integrated primary/secondary health care governance in Australia
Ms Caroline Nicholson, Director, Mater UQ Centre for Primary Health Care Innovation, Mater Health Services,

Tuesday 17 July 2012

Introduction

Background
Research questions
Literature review
Proposed method
Publications
Timelines

Definitions

- **Primary health care** is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive PHC includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation. (APHCRI)

- **Secondary care** is medical care provided by a specialist or facility upon referral by a primary care physician.

- **Integrated care** is an organising principle for care delivery that aims to improve patient care and experience through improved coordination. (Nuffield Trust)

- **Integrated governance** is a collation of systems, processes and behaviours … which … lead, direct and control functions in order to achieve … objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations. (Peasnell, 2009)

Background

Integrated care is concerned with improving patient care through better coordination

For the goals of health reform to be realised Medicare Locals and Health and Hospital Services (HHSs) (previously Local Health and Hospital Networks) must work together to achieve co-ordinated and integrated primary healthcare services. There is however a paucity of research evidence around successful strategies to deliver this objective.

What does this research add?

This study will describe elements of a ‘best practice’ governance model which allows optimal linkage between Medicare Local and Hospital and Health Services activity informed by integrated clinical care model for chronic and complex diabetes patients.
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**So what?**
- There is a need for more robust and high-quality evidence to inform decisions about how to develop integrated care. There is no single model of integrated care that is suited to all contexts, settings and circumstances. Researchers and policy-makers need to work together with practitioners to develop, evaluate and implement effective approaches. (Nuffield Trust June 2011)

> "Would you tell me, please, which way I ought to go from here?"
> "That depends a good deal on where you want to get to," said the Cat.
> "I don't much care where--" said Alice.
> "Then it doesn't matter which way you go," said the Cat. "--so long as I get SOMEWHERE," Alice added as an explanation.
> "Oh, you're sure to do that," said the Cat, "if you only walk long enough."

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<table>
<thead>
<tr>
<th>Characteristic</th>
<th>National Primary Care Strategy (New Zealand)</th>
<th>Primary Health Care (England)</th>
<th>Medical Home2 (USA)</th>
<th>RCGP3 (England)</th>
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</thead>
<tbody>
<tr>
<td>Population health basis</td>
<td>Individual-orientated</td>
<td>Population orientated</td>
<td>Community-oriented</td>
<td>Individual-oriented</td>
</tr>
<tr>
<td>Clinical care well-integrated, and coordinated with secondary care</td>
<td>No</td>
<td>Linked</td>
<td>Well-integrated</td>
<td>Positively aligned</td>
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<tr>
<td>Access to care</td>
<td>Uniform access</td>
<td>Uniform access</td>
<td>Uniform access</td>
<td>Uniform access</td>
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<tr>
<td>Continuous care</td>
<td>Continuous care</td>
<td>Continuous care</td>
<td>Continuous care</td>
<td>Continuous care</td>
</tr>
<tr>
<td>Primary care workforce appropriate to local conditions and need</td>
<td>GP-led, integrated and expanded</td>
<td>GP-led, integrated and expanded</td>
<td>GP-led, integrated and expanded</td>
<td>GP-led, integrated and expanded</td>
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<tr>
<td>Clinical care delivered to patients</td>
<td>Well integrated, coordinated</td>
<td>Well integrated, coordinated</td>
<td>Well integrated, coordinated</td>
<td>Well integrated, coordinated</td>
</tr>
<tr>
<td>Payment reform</td>
<td>Non-fee-for-service physician payment</td>
<td>Non-fee-for-service physician payment</td>
<td>Non-fee-for-service physician payment</td>
<td>Non-fee-for-service physician payment</td>
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<tr>
<td>Commitment to training and education</td>
<td>Limited</td>
<td>Limited</td>
<td>Expanded</td>
<td>Consistent</td>
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<tr>
<td>Information communication technology</td>
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<td>Has Information Communication Technology (ICT)</td>
<td>Has Information Communication Technology (ICT)</td>
<td>Has Information Communication Technology (ICT)</td>
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<td>Functions of Regional Health Entity</td>
<td>Regional Health Entity</td>
<td>Regional Health Entity</td>
<td>Regional Health Entity</td>
<td>Regional Health Entity</td>
</tr>
<tr>
<td>Local DELIVERY OF PRIMARY CARE SERVICES</td>
<td>Primary Health Care Organisation</td>
<td>Community Hospitals</td>
<td>Public Hospital Services (Conventional Facilities)</td>
<td>Public Hospital Services (Conventional Facilities)</td>
</tr>
</tbody>
</table>

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Presentation at the Australian Government Department of Health and Ageing
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Research questions
Aim: To describe the elements of health care system capable of supporting integrated primary/secondary health care governance

Question 1: Are there additional functions to those previously described for a regional governance framework?

Question 2: How is it demonstrated these functions are supported?

Question 3: What is the link between this model and the effectiveness of integrated care delivery for Australian adults with chronic and complex diabetes?

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

Peer reviewed published literature

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Country</th>
<th>Population</th>
<th>Setting</th>
<th>Type</th>
<th>Alliances</th>
<th>Integration</th>
<th>Information Technology</th>
<th>Governance</th>
<th>Evaluation</th>
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<tr>
<td>Baker et al</td>
<td>2010</td>
<td>USA</td>
<td>All</td>
<td>Hospital</td>
<td>Descriptive</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Cameron</td>
<td>2011</td>
<td>Canada</td>
<td>All</td>
<td>Hospital</td>
<td>Descriptive</td>
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<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Smith et al</td>
<td>2012</td>
<td>UK</td>
<td>All</td>
<td>Hospital</td>
<td>Descriptive</td>
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<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Brown &amp; Jones</td>
<td>2013</td>
<td>Australia</td>
<td>All</td>
<td>Hospital</td>
<td>Descriptive</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Wang et al</td>
<td>2014</td>
<td>China</td>
<td>All</td>
<td>Hospital</td>
<td>Descriptive</td>
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<td>Yes</td>
<td>No</td>
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</table>

Total citations identified (n=3101)
Citations excluded on review of abstract (n=3000)
Full manuscripts obtained and reviewed for inclusion (n=101)

Papers meeting criteria:
- Linkage between sectors of health care in the model

Peer reviewed published literature:
- 90%
- 81%
- 81%
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Grey literature
- Grey literature was identified from works known by the researcher, from reference lists and web searches of government departments and policy organisations
- Synthesis of the data comprised of progressive readings of the documents, and the identification, categorisation and comparison of recurrent themes is currently underway

Research plan
- Using a knowledge translation/implementation science approach the research will be a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more efficient health services and strengthen the health care system.

Methodology
1. Derive knowledge; generate tools
2. Apply knowledge: Identify, review and select knowledge, that is to mirror the essential elements of the described governance model in the development and delivery of integrated services for patients with the most chronic and complex diabetes in Brisbane
3. Key informant interviews
   - Data collected over two time periods (July-Dec 2012, July-Dec 2013)
   - Based on the themes related to the elements of the integrated governance model
   - Interviews will be semi-structured, taped and transcribed to allow for thematic analysis
4. Evaluate outcome and sustainability

Outcomes
- Identify functions promote 10/20 integration.
- Methods of measuring functions are determined
- Learn from those integrating what the barriers and enablers are
- Apply the framework to the development of a complex diabetes service

Significance of this:
‘We need to move beyond arguing for integration to making it happen, whilst exploring the barriers’. (NHS Future Forum, 2011)
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Timelines

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Method</th>
<th>Jan‐Jan</th>
<th>Feb‐Feb</th>
<th>Mar‐Feb</th>
<th>Apr‐Feb</th>
<th>May‐Feb</th>
<th>Jun‐Feb</th>
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<tbody>
<tr>
<td>What functions support a regional approach to integrated health service delivery?</td>
<td>Lit. review</td>
<td></td>
<td></td>
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<tr>
<td>What stakeholders and structures are necessary to sustain an integrated regional care governance across the continuum?</td>
<td>Document review</td>
<td></td>
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<tr>
<td>What is the framework supported by the complex diabetes service developed in Brisbane?</td>
<td>Document review</td>
<td></td>
<td></td>
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References