Executive summary

There is a need for a shared vision in which the service user perspective and patient experience is central. This will then shape how, when and where to integrate services in order to improve patient care (Rosen et al., 2011, p 20).

Context

The first tranche of Medicare Locals (MLs) was established in July 2011 as part of the Australian Government’s health care reform agenda. Nineteen proposals were accepted from Divisions of General Practice (DGP) to establish MLs, with an additional 18 established from January 2012, and a further 24 from July 2012. MLs are charged with improving the health care system’s responsiveness to the primary health care (PHC) needs of the population in their area. In order to achieve this, MLs will work in partnership with the Local Hospital Networks (LHNs) being established in each region by State and Territory Governments.

One of the five objectives of MLs is improving the patient journey through developing integrated and coordinated services. Though there are a number of definitions available, integration of health care services typically relates to

the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system (WHO, 2008).

In the operational guidelines for MLs there is detail under each strategic objective which provides high-level guidance on how integration may be achieved. For example, there is reference to engaging with patients, clinicians, LHNs and other stakeholders to fill service gaps. However, due to the recency with which MLs have been established, detailed information about how they are currently aiming to accomplish/are addressing integration in their local area is limited.
Scope
This qualitative research explored the role of MLs in the integration of PHC services in Australia. At the time of the study, 19 tranche-one MLs had recently prepared strategic and implementation plans for approval by the Department of Health and Ageing. CEOs were therefore aware of their organisations’ plans to address integration, and had considered the organisational structures required to implement their plans. CEOs of five MLs across Australia were interviewed using a semi-structured questionnaire. This project enabled participants to contribute their knowledge and strategic thinking to an analysis of the health reform agenda, specifically around how to improve integration of local health services. The small number of participants in this convenience sample and the qualitative nature of the study preclude generalising the findings to MLs more broadly. Results from the research may inform future practice as they allow the participants to see where other similar organisations are positioned; while researchers, communities and consumers will benefit through a deeper understanding of the issues relevant to integrated health care from the perspective of MLs. This study may also iteratively inform subsequent policy development within State and Australian Governments.

Aims
The study aimed to gain an appreciation of MLs’ understanding of integration within the PHC sector by examining four main issues:

- the ML Chief Executive Officers (CEOs)’ understandings about the principles of integrated health care;
- how their organisation plans to improve integration of health services;
- how their ML will link with the LHN/s in their region; and the
- strengths, weaknesses, opportunities and threats of MLs as agents for integration.

The aim of this report is to present a brief background around integration and MLs; describe the nature of the study; highlight results using representative quotes from the research participants; and discuss how the CEOs’ perceptions of integration in their MLs can inform future practice and policy.

Findings
Analyses provided operational definitions of integration as connections across service providers and organisations, with emphasis on continuity of care for patients. The requisites for integration identified in the research referred to issues such as service accessibility, availability of change champions, flexible funding, infrastructure and incentives. Results indicated that successful integration was achieved through engaging stakeholders; building relationships and working in partnerships; creating supportive environments; providing brokerage services; prioritising needs; and applying evidence-informed models. In terms of challenges, factors such as geography, funding, performance expectations, workforce deficits and fragmentation require further attention. In addition, there was variability in the progress towards partnerships with LHNs and State/Territory health authorities. Nevertheless, the MLs involved emphasised the value of being ‘local’ and not only embracing e-Health technologies, having the flexibility to be creative, and connecting consumers and stakeholders, but also having the opportunity to apply population health approaches to support patients at a local level.

Discussion
This research indicates that CEOs’ language regarding integration centres on a number of themes: variation in the way in which integration is understood; the role of competition versus collaboration; the level at which integration may occur within the health care system; the importance of consumers in service integration; the barriers and enablers to integration; the variation in the scope and nature of relationships; historical factors and their impact on integration; and the assistance
that MLs require to enable them to facilitate service integration. Findings illustrate that there is significant variation between MLs regarding their definition of integration, as well as the scope of their responsibility to achieve integration. Stakeholders within the Australian health care system can benefit from a greater understanding of how their MLs understand and hope to operationalise ‘integration’, which is a key platform of Australia’s PHC Strategy.