INTRODUCTION
At some time in their lives, most people will require health care services from multiple health care providers, whether it is for short-term unexpected ill-health, long-term chronic conditions, or co-morbidities that cross disciplines. Integration of health services is particularly important for people with chronic or complex conditions as they must negotiate a path that crosses various health care sectors.

AIMS
In 2011 PHC RIS undertook an abbreviated appraisal of evidence (Rapid Response) to address the following:
- What types of initiatives have been implemented in Australia (or elsewhere) to integrate primary and acute health care?
- How have these initiatives impacted on patients’ health outcomes and patients’ experience of their pathway through the health system?

METHODS
Evidence was sourced using primary information sources that included major citation databases (Medline, Pub Med, CINAHL), websites (ABS, AIHW, APHRC), systematic reviews and the grey literature. A snowballing technique was used to search for further articles from the bibliographies of relevant papers and reports.

REFERENCES

RESULTS
While numerous initiatives have been implemented to facilitate the integration of health care services between different providers and organisations, few have been evaluated in terms of their effectiveness in improving patients’ health outcomes and experience of integrated care.

Overall, the types of initiatives that were identified as most effective for improving patients’ health outcomes were likely to be multifaceted and those that included two key approaches: 1. Communication and support for providers and patients: Tools to enhance communication and foster collaborative relationships between providers and patients. 2. Structural arrangements to support integration: Strong, well-supported and efficient communication systems and protocols to facilitate information exchange and coordination of care for patients within and between different health care services.

<p>| Table 1: Communication and support for providers and patients |</p>
<table>
<thead>
<tr>
<th>Integration Initiative</th>
<th>Patient outcomes and experience</th>
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</thead>
<tbody>
<tr>
<td>Continuing Medical Education (CME)</td>
<td>Small improvements in patient outcomes when CME was interactive, conducted in small groups and focused on a specific problem</td>
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</tbody>
</table>
| Case conference | Reduced inappropriate medications  
Increased patient and caregiver awareness of relevant services  
Improved identification and resolution of problems  
Reduced primary care visits  
Improved function and independence |
| Patient education, health literacy & self-management support | Health literacy increased patients’ understanding of their condition  
Decision-making aids increased patients’ knowledge, improved their experience and led to more appropriate use of health services  
Self-management coaching increased patients’ knowledge, improved their experience, led or more appropriate use of health services and improved health behaviours and functional status |
| Reminders (patients &/or providers) | Improved patients’ health status, medication compliance and use of services |
| Patient-held records | High level of acceptance by patients  
Evidence of benefit to patients’ health is unclear |

<p>| Table 2: Structural arrangements to support coordinated care (integration) |</p>
<table>
<thead>
<tr>
<th>Integration Initiative</th>
<th>Patient outcomes and experience</th>
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| Multidisciplinary teams/ multidisciplinary care | Improved patients’ control of symptoms and pain  
Increased patients’ satisfaction with care  
Reduced mortality and dependency in stroke patients  
Reduced mortality and hospital readmissions in heart failure patients  
Reduced clinical symptoms for terminally ill patients |
| Care planning | Improved clinical outcomes |
| Case management | Improved clinical outcomes, quality of life and functional status  
Reduced hospitalisations |
| Shared information systems and decision-making | Evidence of benefit to patients of electronic health records alone is unclear  
Some positive outcomes in centralised systems  
A three-way phone communication system between patient, GP and allied health professional increased patients’ perception of empowerment and participation in their own care |
| Co-location of services | Patients were satisfied with the convenience, immediacy of services and easier access to consultations  
No significant improvement in patient health outcomes |
| Shared care | Mixed outcomes for patients:  
Some improvements in medication prescribing  
No improvements in health outcomes, hospitalisations or satisfaction with care  
Patients in the ‘Sharing Health Care Initiative’ gained more confidence in patient-provider communications and experienced less hurried, more personal consultations |

<p>| Table 3: Telemedicine and telehealth |</p>
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<tr>
<th>Integration Initiative</th>
<th>Patient outcomes and experience</th>
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</thead>
<tbody>
<tr>
<td>Telephone and internet information systems</td>
<td>Mixed results: Studies that reported positive benefits were typically poor in quality</td>
</tr>
<tr>
<td>Electronic referrals</td>
<td>Some positive benefits for patients are emerging in new technologies</td>
</tr>
<tr>
<td>Telehealth consultations</td>
<td>Evidence of benefit to patients’ health is unclear</td>
</tr>
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<td>Telemonitoring</td>
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Figure 1: Illustration of the level and intensity of interactions between health care organisations (1-3) in cooperation, coordination and fully integrated frameworks (adapted from Strandberg-Larson, 2011).