Medicare Locals: A model for integration in primary health care

Petra Bywood
Lynsey Brown
Rachel Katterl

HSRAANZ Conference, Wellington, 2-4 December 2013
Medicare Locals (MLs)

• Part of Australian Health Reform
• 61 PHC organisations across Australia
• Established July 2011 – July 2012
• Charged with improving health care system’s responsiveness to the PHC needs of the local population
Aims of MLs

- Identify health needs of local areas, develop responsive services
- Facilitate implementation and performance of initiatives and programs
- Support clinicians to improve patient care
- Be efficient and accountable with strong governance and effective management
- Improve the patient journey through integrated and coordinated services
Research project

• Qualitative research
• ML CEOs’ perceptions of integration
• 19 first tranche MLs (established July 2011)
• 5 CEOs from first tranche
• Semi-structured interviews
Research questions

• What is understanding about the principles of integrated health care?
• How does ML plan to improve integration of health services?
• What are the challenges for MLs as agents for integration?
• What are the key requirements to enable integration?
Role of stakeholders

• “it’s very much about allied health having a vote and shaping the future of the [PHC] organisation”

• “… it’s growing the strength of every service within the primary care sector, but linking them to general practice, being aware that there’s a major resource that’s in the primary care sector that we need to be linking with”
Plans to improve integration

• Act as a brokerage service
  – “... we bring the pharmacist, GP, physio and consumers together around the same table and then we look at the planning and the pop health, burden of disease, the risk taking behaviour”

• Stakeholder engagement & relationship building
  – “... the focus of our integration work is really going to be trying to improve the working relationship with others”

• Improving coordination of care (including care pathways)
  – “... we’ll do that through things like pathways. We’re also strongly involved in the development of multidisciplinary education for community based providers and other providers”
Plans to improve integration

• Identify **local population needs**
  – "... using our population health analysis to look at what are our greatest health burdens or concerns that we have and then saying ‘okay, do we have an appropriate model of care that is continuous, that is integrated between the sectors and also within the sectors’ and if not, how do we wok with the stakeholders so that we can talk it through”

• Develop **shared governance practices**
  – "... from executive level down to service management level and site level we have sort of interface management processes”
Challenges for MLs as agents for integration

- **Political environment** – ‘wait out the storm’
  - “… ‘well look Medicare Local is not terribly relevant. I don’t know how long they’re going to be around for and through COAG and everything there has been this lack of cooperation and you really are not relevant to us’”
  [comment to ML by senior health bureaucrat]
Challenges for MLs as agents for integration

- **Performance expectations**
  - “There is an expectation that Medicare Locals will suddenly, in this case, have fully integrated healthcare networks up in place in a really short period of time. In reality, that isn’t possible, it does take time”
Challenges for MLs as agents for integration

• Differences in priorities
  – “One of the challenges is working with the health district. They’re a much bigger organisation. They obviously want to work with us but they have some other priorities as well. They’re a bit like a container ship; it’s a bit hard to change direction. It can be quite hard to get them to do something a bit differently”
  – “… how do you get the public and the private and then the continuity of care in that when there are competing sort of policy frameworks within each of those?”
Challenges for MLs as agents for integration

• Culture

  “... still very much about ‘if we build more beds and hospital beds we’ve done the right thing’ we’re still facing the perception in the community that investing in more hospitals and hospital beds is a good thing”

  “I wasn’t expecting all of a sudden all these extra people would be wanting to work with us but that’s what happened ...”
Requirements for integration

• **eHealth and telehealth infrastructure (PCEHR)**
  – “...we’ve struggled to get the technology working just for VOIP and Skype”

• **Partnership with local hospital networks**
  – “...we’re working with them to start sending out other communications like letters back from specialists’ clinics electronically”
Requirements for integration

• **Funding models** that incentivise integration
  – “… we’re really pushing it to Canberra that you need to get flexible fast and the ideal for us in our rural region would be to have flexible funding full stop”
  – “… if you want GPs to integrate with other providers then you need some incentives in place to encourage them to do that”

• **Leadership, change champions**
Lessons

• No single integration approach fits all
  – Operationalisation dependent on local context and organisation’s history

• Diversity of key stakeholders relevant to integration
  – Allied health professionals, community health services

• Macro and meso level integration required

• Integration is not the main outcome but the path to patient-centred care
Acknowledgments

• Thank you to all CEOs who participated
• Funding was provided by the Australian Department of Health
• Contact us: petra.bywood@flinders.edu.au
• Visit us: www.phcris.org.au
Primary Health Care

• First level of contact with health system
  – “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”
  
  – “… 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”

[APHCRI, 2010]
Key stakeholders in integrated care
Principles of integrated care

• “GPs and allied health professionals across the board working to deliver patient-centred service”

• “True integration actually requires integration of funding, integration of management and integration of service delivery”
Future directions for MLs

• Well-positioned as population health planners
• Shared governance with Local Hospital Networks
• Break down silos, improve linkages
• Connect consumers and service providers
• PHC professional partnerships
• Creative approach