What is needed for integration of health services?

Medicare Locals: A model for integrating primary health care

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‘PHCRIS helps people to find information, share knowledge, build capacity and exchange ideas about primary health care’

- Professor Ellen McIntyre OAM, Director
What is 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”¹

Meet Geoff

(GEntleman Over Fifty experiencing Fragmentation)

"I hate cats! I want a dog scan."

Image from kevinspear.com
Fragmented Care

• Services are hard to find
• Vulnerable populations miss out on services
• Conflicting advice for multimorbidity
• Lack of coordination across sectors

→ Duplications, Gaps, Adverse Events

• Patients want accessible, affordable, coordinated, integrated local health services
High Expectations

• Improve individual’s experience
  – coordination & continuity of care
• Improve access to services
• Address local population health needs
• Improve population outcomes
• Connect different health professionals
• Create efficiencies
  – Sharing resources & services
The History: PHCRIS’ Divisions Data 2011

• 76% reporting Divisions engaged allied health professionals – 71% recruited psychologists

• 96% Divisions improving GP collaboration with other PHC providers – 82% promoted access to allied health services

• Prevention and early intervention programs: immunisation, diabetes management, mental health – 97% used collaborative approach
The Present: Medicare Locals (MLs)

- Part of National Health Reform
- PHC Organisations (61 across Australia)
- Established between July 2011 and July 2012
- Charged with improving the health care system’s responsiveness to the PHC needs of the local population
Strategic Objectives 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
What is Integration?

• “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”

Integration Internationally

- US, NZ, Canada, UK
- Central theme in UK Health and Social Care Bill
- UK Minister cautioned against a narrow focus on physical health and long term conditions, emphasising the interplay between psychological and physical health problems and the need to address both of these dimensions in the services we develop³

Integration
Working with MLs

• “The vast majority of staff employed by Medicare Locals are frontline health workers including doctors, nurses, psychologists, podiatrists, pharmacists and speech pathologists”\(^4\)

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Relevance to Health Psychology

• Psychologists are key players in:
  – Allied health
  – Multidisciplinary teams
  – Integrated services
  – Responding to local needs
  – Across conditions
  – Primary and acute sector positions

• MLs seeking to include psychologists
PHCRIS Resources

Divisions of General Practice data 1997-2012

Search our extensive acronym list containing over 1100 PHC acronyms

Journal articles and presentations prepared and presented by PHC RIS staff

PHC calendar of events from Australia and abroad

Delivering primary health care news straight to your inbox

Information snapshots showing trends over time

The guide for you on how-to! Information presented clearly and succinctly

Informative and skill-building guides to introduce and expand your knowledge

Publishing news items about and for primary health care

Examining topical policy-relevant issues in primary health care

Providing quick and easy access to the primary health care literature you need

Keeping you up-to-date with Australian primary health care research

Register of primary health care researchers, projects and funding
The Current Study

- Qualitative research
- Perceptions of ML CEOs
- **19 first tranche MLs** (established July 2011)
- 5 CEOs across Australia participated
- Semi-structured interviews
Focus on CEOs’ Perceptions

• Understandings about the principles of integrated health care
• How the ML plans to improve integration of health services
• Strengths, weaknesses, opportunities and threats of MLs as agents for integration
• How the ML will link with the Local Hospital Network in the region
Definitions of Integration

• “all the health providers working together in the most efficient and effective way possible to produce the best outcomes for the patients... probably broader than the patients, to the community”

• “true integration actually requires integration of funding, integration of management and integration of service delivery”
Stakeholders involved in Integration (1)

- “integrating all the providers of PHC with each other and all of them with the acute sector... also the clinical providers with the non-clinical service providers”

- “it’s very much about allied health having a vote and shaping the future of the [PHC] organisation”
Stakeholders involved in Integration

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

• “We need partnerships with universities, stakeholders and other providers so that we can actually learn across the nation around what is the most effective way to do these things”
Stakeholders involved in Integration

• “We want the psychologist to work with the dietician and work with the physio instead of having ‘the physio will see you and now the psychologist will see you’”

• “Now GPs have a much better understanding of what psychologists do and which patients they could send”
Requisites of Integration

• Appropriate funding options/incentives
• Availability of change champions
• Accessibility
• Infrastructure
Building Blocks for Integration

- Relationships/partnerships
- Communication
- eHealth
- Prioritising needs
- Supportive environments
- Evidence-informed practice
Challenges for Integration

- Geography
- Culture
- Funding
- Performance expectations
- Workforce deficits
- Fragmentation
Discussion

• Variation in way integration understood
• Allied health professionals are key players
• Operationalisation dependent on local context and organisation’s history
• Small number of participants
• Informing MLs, health professionals, consumers, communities, policy makers, researchers
Group Discussion

• What are the challenges?
• What works well?
  – At the policy level
  – At the organisation level
  – At the service delivery/practitioner/patient level

• What are the next steps?
Back to Geoff’s Story
Integration in the Future

• Break down silos, engage with MLs
• Connect consumers and service providers
• Support patients/clients at a local level
• Embrace eHealth technologies
• PHC professional partnerships (Multidisciplinary teamwork)
• Be creative in approach
Integrated Primary Health Care

1. Australian policies to supported integrated care
2. International integration policies
3. Integration at meso/organisation level
4. Perceptions from Medicare Locals
5. Integration at the micro/service delivery level

www.phcris.org.au/publications/policyreviews
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