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Conference Abstract Oral presentation

## **ClinicalLINKS – How to coordinate and integrate between primary, community and hospital-based care**

*Tiana Maree Gurney, Darling Downs South West Queensland Medicare Local, Australia*

*Shirley-Anne Gardiner, Darling Downs South West Queensland Medicare Local, Australia*

*Kim Passent, Darling Downs South West Queensland Medicare Local, Australia*

*Jodie Edge, Darling Downs South West Queensland Medicare Local, Australia*

*Manjeet Singh, Darling Downs South West Queensland Medicare Local, Australia*

Correspondence to: **Tiana Maree Gurney**, Darling Downs South West Queensland Medicare Local, Australia, E-mail: [tgurney@ddswqmedicarelocal.com.au](mailto:tgurney@ddswqmedicarelocal.com.au)

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### **Abstract**

June 2014 saw the establishment and commencement of the ClinicalLINKS project by the Darling Downs South West Queensland Medicare Local (DDSWQML). The DDSWQML identified a need, through the completion of a Comprehensive Needs Assessment (CNA), for better communication between health providers throughout the region, focused on integrated care between primary and secondary providers. The importance of this communication, with reference to clinical pathway developed was also highlighted in the Independent Review of Medicare Locals [1].

The DDSWQML region covers 23% of Queensland (an area of over 400,000km<sup>2</sup>), with 50% of the population residing in non-metropolitan and geographically isolated rural and remote areas. The DDSWQML liaises with over 400 health service providers, practice and representative bodies in the region, including two Hospital and Health Services.

The ClinicalLINKS project aims to improve the integration of patient care between primary and secondary care providers through the establishment of referral pathways. Each patient's needs are different and therefore there is a need for clinical resources that provide process, sequencing, timing, interventions, multiple options of care [2 - 4]. This is achieved through the ClinicalLINKS project as each pathway offers a point of reference for health providers based on evidence. The project is based on a UK software system - Map of Medicine. Pathways have gained popularity both internationally and nationally in recent years. They are recognised as the most effective means of standardising healthcare delivery, minimising variants and ensuring appropriate referrals while simultaneously increasing access to high quality guidance for clinicians. A recent feasibility study conducted in New Zealand [5] examined fourteen different pathway tools and evaluated them against eight high level evaluation criteria, with Map of Medicine resulting as the preferred tool.

The software, Map of Medicine, creates visual procedural diagrams of referral processes for specific medical conditions within each geographic region. The creation of these procedural

pathways supports the optimisation of patient care by providing health care providers in both a primary and secondary care setting, reduces patient wait times, and supports considerable cost savings through access to comprehensive, evidence based guidance and clinical decision support at the point of care [6, 7].

The ClinicalLINKS project has commenced with the development of orthopaedic pathways and sexual health pathways. Further pathway development is planned in the areas of mental health and asthma across the region. Pathway identification has been based on CNA data.

The groups that are developing these pathways are clinically led by General Practitioners, Specialists, Allied Health professionals, all who have been identified as having a vested interest in the pathway development and who are considered experts in the clinical areas. Community involvement is encouraged through a consumer panel that assist in the reviewing of the pathway, and inclusion of consumers in the working groups, dependent on the pathway being developed. Feedback received from health professionals is that this work is highly needed in the DDSWQML region and this is an integral time for primary and secondary care to work together for the benefit of the community.

## **Keywords**

**pathways; medicare local; primary care; secondary care**

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## **PowerPoint presentation**

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