

CONFERENCE ABSTRACT

Integrated primary/secondary health care governance: We have the evidence, do we have the practice?

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Introduction: There is an identified need for more robust and high-quality evidence to inform decisions about how to develop and deliver integrated primary/secondary health care. Researchers and policy-makers need to work together with practitioners to develop, evaluate and implement effective approaches. For the goals of health reform to be realised primary and secondary care must work together to achieve co-ordinated and integrated healthcare services. This study investigates the perceptions of board members and CEOs currently working in mid level organisations on how the elements of a health care system, identified through a systematic review, capable of supporting effective integrated primary/secondary are being used, or could be in the future.

Methods: Using a 'co-creation' approach which emphasises an ongoing, collaborative value creation process between multiple stakeholders this brings researchers and end users - academics, clinicians, policy makers, service organisations - together. This study presents the results of two case studies, which used an exploratory case study design and semi-structured interviews, and contextual evidence.

Key findings: The ten elements, identified through systematic review, linked to successful primary/secondary health care integration, include, taking a population focus; shared clinical priorities; joint planning; using data as a quality improvement tool across the continuum; innovation; effective change management; an appropriately trained workforce; integrated information communication systems; incentives; and, patient engagement, are all supported in the case studies. While the current reform environment has made some progress in some elements, others remain ad-hoc or non-existent. The development of a balanced scorecard to support organisational working has been developed.

Highlights: To apply important evidence to health care policy, and maximise reform success, we must review current governance frameworks to address the gaps identified in this paper. Following a Queensland Clinical Senate symposium consensus was agreed regarding the necessity for shared governance between primary and secondary organisations based on the work by the authors. Organisations are challenged to develop /consolidate shared governance

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models locally, using the balanced scorecard based on the ten elements, and to report back in twelve months on the progress that has been made.

Conclusion: Whilst challenging to bring historically disparate partners together into formal agreements, they are essential to creating the scalable 'business rules' and a sustainable environment required to achieving new care models.

Keywords: integrated governance; health; primary care; secondary care
