
CONFERENCE ABSTRACT**The Western Sydney Integrated Care Program (WSICP): Qualitative
Evaluation**4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016Steven A Trankle¹, Penelope Abbott¹, Timothy Usherwood², Christian Girgis^{2,3}, Mary
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Introduction: The ageing population together with an increasing prevalence of chronic conditions require a systems wide integrated approach to health care. This includes overcoming barriers between primary and secondary care, physical and mental health, and health and social care in order to provide patient centred care. In Australia, the New South Wales Ministry of Health (NSW MoH) is piloting an innovative Integrated Care Program in Western Sydney (WSICP) focussed on care of those with diabetes, COPD and congestive cardiac failure. Commencing in 2015, WSICP has established multidisciplinary rapid access clinics in two hospitals; initiatives to support General Practices in moving towards a Patient Centred Medical Home model of care as well as establishment of care facilitator roles to coordinate patient care between General Practices and hospitals.

Theory/Methods: The NSW MoH is collecting quantitative data on the WSICP that includes hospital admissions and patient and provider engagement. We are undertaking a qualitative evaluation that complements the NSW MoH evaluation to develop an understanding of how the various WSICP strategies are working for all stakeholders. We have conducted the first of two rounds of in-depth semi-structured interviews with 70 participants including patients and carers (20), health care providers from hospitals and the community (40), and management (10). We have analysed the transcribed audio-recorded interviews thematically according to established protocols and will report on themes identified at this early stage of WSICP.

Results: We are still analysing the data but expect to be able to report improvements in collaboration and shared care described by health care providers. Patients and their carers have described improved health and health care as well as increased efficacy in self-managing illness and navigating the health system. Rapid clinic access is reported to be

preventing hospital admission and reducing waiting times. However, barriers still exist in terms of IT systems and communication, promotion and awareness, and low levels of General Practitioner engagement.

Discussions: As WSICP progresses, early successes will enhance engagement with the program. Challenges identified by our evaluation will be addressed. This comprehensive qualitative review in the early phase of the program will not only refine its roll out, but will inform other similar initiatives.

Conclusions: The WSICP is facilitating improved patient outcomes and greater health care provider collaboration. Barriers to care integration identified by our evaluation are being addressed.

Lessons learned: Our early qualitative evaluation provides opportunities to refine the WSICP and gain understandings of how each element of this comprehensive health services integration pilot is contributing to the intended outcomes.

Limitations: Due to the early stage of WSICP implementation, the experiences of stakeholders have varied relative to their length of engagement with the program. Individual program initiatives were also at various stages of operation.

Suggestions for future research: The second round of data collection, scheduled for December 2016-February 2017, will provide a comparison against this baseline data. Most interviewees consented to a subsequent interview.

Keywords: integrated care; patient centred; qualitative; thematic; Australia
