

CONFERENCE ABSTRACT

An Integrated Health Collaboration – A Localized Solution

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Introduction: Operating under confirmed Terms of Reference and supported by a signed Statement of Intent, an Integrated Health Committee (IHC) was established between a Local Health District and Primary Health Network to oversee improved integration of services and information between them and other health providers. Under this stewardship, great progress has been made in developing initiatives for a population of 950,000 where locally tailored solutions are delivered balanced with a remit to scale these across this population base.

This paper will address the opportunities and barrier of this large-scale and fast-paced health reform and to identify lessons to be learned.

Short description of practice change implemented: The Service Model from the IHC has designed around community needs, maximises community participation, harnesses emerging technologies and optimises interagency coordination to address targeted health issues and to facilitate access to a wide range of services and assistance.

Aim and theory of change: The aim of the IHC is to strive for a health neighbourhood model in which services are designed to envelope their users, where data is collected and analysed, and technology and shared real-time patient information is available to health care providers to facilitate more integrated and continuous care.

Targeted population and stakeholders: The IHC established comprise a range of stakeholders from the Local Health District, Primary Health Network, General Practitioners (GP), senior clinicians, consumers and indirectly with Non-Government Organisations and Local Government. It aims to change the way local residents use traditional health services. The framework conceptualise the governance and support structure to achieve this vision include a strong stakeholders engagement from consumers, health service staff and primary health care workers inclusive of the GP.

Timeline: The groups reflect the core integrated care elements and are tasked with identifying and scoping priority models of care and resources required for implementation in order to select suggested areas for action. The partners have acknowledged the importance of articulating a clear vision, provide dedicated resources and the value of working in true partnership with stakeholders.

Highlights: The initiatives implemented, under the leadership of the IHC include:

- ORAN Park Family Centre - infrastructure
- Wollondilly Health Alliance – population and system
- Health Pathway – system and infrastructure
- Research & Evaluation in integrated care – system

These initiatives have been evidenced in filling some of the gaps and issues identified in the region such as improved access to GPs, health service planning in align to population projections and health priorities and connectedness between providers and sharing of clinical information.

Conclusions: Integrated care can be implemented successfully in any type of health system and it does not depend on the presence of a single point of control. However, implementation is difficult, and success cannot be achieved quickly. But if the elements and enablers are in place, particularly led by champions, integrated care can work almost anywhere.

Discussions: As part of broadening the reach of this endeavour, the IHC has re-energing to become an Integrated Care Collaboration operating under a well-defined Governance Framework and Strategy.

Keywords: model of care; network; partnership
