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## CONFERENCE ABSTRACT

### Engaging Clinicians to lead improvement of care integration

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**Introduction:** Health systems are complex and the outcomes of a given action are not easily predictable. While the International experience provides principles for successful integration, these require local adaptation to be effective in the context of a regional area of Northern NSW.

At an organisational level health jurisdictions in the region have been working in partnership, building trust and developing a shared vision for Integration (top-down) but we needed to learn what could be done at the individual clinician and clinical team level (bottom-up) and clinicians were best placed to teach us.

**Short Description of practice change implemented:** The implementation of an Integrated Care collaborative provided a mechanism to engage with clinicians from across the system and gave these clinicians with the license to test new ideas by implementing small changes and measuring the effects of these changes.

**Aim and Theory of Change:**

- Our aim was to build bottom up change that would work across a health system that has some long standing funding and structural barriers to change.
- Complexity Science (Cynefin Framework) suggests that in complex systems you can't rely on precedence. We needed to do things in new ways.

**Targeted Population and Stakeholders:**

- Multiple stakeholders- describe core business of each
- Geography and workforce size, type and distribution
- Identification of chronic and complex patients – approach to risk stratification

**Timeline:**

- Early projects
- Integration Strategy
- Engagement with clinicians to plan and implement
- 9 month duration

**Highlights:**

- Successful and positive engagement (Clinician reported experience measures)

- 194 “case studies” (PDSAs)
- Improved multidisciplinary team work across sectors
- Maturing of organisational relationships

**Sustainability:**

- Good foundations for further change have been established
- Rich list of changes that can be systematised within existing resources
- Strengthening of local networks of care
- HealthPathways as a tool to make it easy to do the right thing

**Transferability:**

- The methods used in the Collaborative are transferrable – next steps
- Cross sector engagement was positive. Need to provide more opportunities for cross sector interactions
- Governance

**Conclusions:**

- Effective engagement with a cohort of clinicians who are interested in improving, but this was only a small portion of the whole clinician population
- Not the only answer, but an effective starting point
- Difficult to measure the impact
- The sky does not fall when you work differently

**Discussions:**

- Growing interest in the patient centred healthcare home as a relevant model
- Patient self management still needs lots of work
- Need to build clinical leaders to drive change
- Money is not the main motivator
- Workforce development and redesign required
- The timing was right for this approach

**Lessons Learned:**

- Clinicians know what is wrong with the system and are well placed to test solutions if allowed to do so
- Leadership and Executive sponsorship is all important.
- Untapped support in the system that can be harnessed
- It takes time for momentum to grow
- Clinicians and patients would benefit from ongoing data and feedback

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**Keywords:** collaborative; clinician; change; partnership

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