

## CONFERENCE ABSTRACT

### **Integrated care for participants attending general practice: a record linkage study based on the 45 and Up population cohort study**

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**Introduction:** Addressing the burden of chronic disease and reducing the cost of health care has provoked interest in better integrating health care.

**Aim:** To explore the uptake of measures of integrated care among a cohort of participants in the 45 and Up Study and to examine the factors that are associated with uptake and the impact on hospitalisation.

**Theory/Methods:** Eligible subjects were identified from the NSW 45 and Up longitudinal population health study who resided in a specific catchment area. Their baseline data were linked to the NSW Admitted Patient Data Collection, NSW Registry of Births Deaths and Marriages, and Australian Department of Human Services Medicare data. The final linked data collection comprised 26,429 participants.

Measures of integrated care included: a) Preparation of a general practice management plan (GPMP) and/or implementation of team care arrangements (TCA); b) Review of GPMP/TCA; c) Continuity of primary care provider; d) Medicare claims for health assessments, allied health or nursing care. Hospitalisation was defined as any hospitalisation in the 12 months following recruitment. The study factors included demographic characteristics, socioeconomic status, lifestyle and health and wellbeing.

**Results:** A claim for preparation of a GPMP/TCA arrangement was noted for 16% and a review of GPMP/TCA by 6% of subjects. Older age, number of health conditions, physical impairment, psychological distress and frailty were associated with increased likelihood of preparation or review claims. A third of participants had continuity of care. Continuity increased with age, being born overseas and physical limitation and psychological distress or frailty. Seven percent of subjects had claims for nursing and allied health and these were more frequent in females, older participants, and those who reported more health conditions, physical limitation, psychological distress or frailty.

One quarter of participants had one or more hospitalisations in the 12 months following recruitment. Claims for the integration measures were associated with an increased risk of hospitalisation.

**Discussions, conclusion and learnings:** There are positive benefits from implementing integrated measures in primary care for older patients with chronic health conditions. There are opportunities to enhance the implementation of these among at risk hospitalised patients to ensure that they are referred back to general practice following an admission.

**Limitations:** The 45 and Up cohort is not designed as a cross-sectional study, nor can it provide prevalence estimates. The limitation of current linked data collections based on administrative data collections is the lack of clinical indicators. This preliminary work had the capacity to investigate only 12 months of follow-up. The facility to include ongoing linkage will enable follow up of at least 10 years of data.

**Suggestions for future research:** Further research is needed to explore associations between general practice care and hospitalisation and to examine the factors that are associated with care planning and multidisciplinary care following hospitalisation.

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**Keywords:** primary Care; integrated care

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