CONFERENCE ABSTRACT

Primary Care Fracture Clinic (PCFC) – a partnership between general practice and hospital specialist outpatients to deliver services to patients closer to home in a more flexible care setting

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Introduction: The Sunshine Coast Hospital and Health Service (SCHHS) is located in Queensland, Australia and services a population of approximately 390,000. Fracture clinics within the SCHHS were operating over capacity on a daily basis and demand for services was continuing to increase.

Practice change implemented: A collaborative integrated care partnership between the SCHHS and General Practice was developed to facilitate the provision of primary care fracture services in primary care settings at no cost to the consumer.

Aim and Theory of Change: The theory of change was based on assumption that primary care injuries were best treated in primary care settings and that this would be appealing to consumers. The specific aims of the project were to:

Reduce demand on specialist services by redirection of non-specialist cases.

Improve access for patients requiring specialist services by increasing capacity within fracture clinics.

Increase conversion to surgery rate for SCHHS specialist fracture clinics.

Provide care for consumers closer to home in a non-hospital setting at no cost to the consumer

Identify if the proposed model was fiscally beneficial to the HHS.

Targeted population and stakeholders

Stakeholders included Orthopaedic surgeons, GP's, HHS clinicians and consumers.

All consumers referred with an injury suitable for primary care management were offered this service.

Timeline: The project was piloted over a 12 month period to prove concept, economic viability and safety.

Highlights (innovation, Impact and outcomes): Evaluation following the initial 12 month pilot project was positive and the model has since been scaled to 5 primary care centres on the Sunshine Coast.

Comments on Sustainability: Executive, clinician and consumer engagement is integral to the sustainability of the model. Initial concern regarding consumable costs were resolved following pilot analysis that showed it was fiscally beneficial to the HHS to support the supply of consumables to the primary care providers.

Comments on Transferability: Well defined processes, communication pathways, reporting structures and governance provide the confidence in transferability and following the initial pilot of this project, the model has been successfully implemented in another 5 centres.

Conclusion and key findings: Total occasions of service delivered in primary care pilot -1969

50% increase in the conversion to surgery rate at the specialist Orthopaedic fracture clinic.

Comparison of consumer experience between the specialist orthopaedic fracture clinic and the primary care fracture clinic overwhelmingly in favour of the primary care fracture clinic

The cost to the HHS for the provision of consumables $17,800 c.f. provision services in the specialist clinic >$140,000.

Discussion: Integrated care partnerships between primary and secondary care providers can improve consumer experience and improve efficiency of service provision without compromising clinical outcomes.

Lessons Learnt: Ensure processes and pathways are in place early and test.

Process cannot be "person" specific – single point of failure if key personnel are absent.

Health systems can undergo change even in the face of funding model rigidities.