
POSTER ABSTRACT**A STARR is Born! A shining example of Integrated Care**1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

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In 2016, Queensland Health funded an innovative pilot for integrated care in a regional mental health service to improve consumer outcomes.(i)

The STARR service model has funding for one year to determine the viability, applicability, and sustainability of integrated social and mental health services. Building on the international, national, and state strategies for integration, a service contract that required colocation, collaboration, agreed intent; and processes to coordinate services, was developed and implemented.(i)

This abstract addresses integrated care between a regional Adult Mental Health Team and a Non-government organisation (NGO). The region provides case management and support to clients aged 18 or over, who have a severe and persistent mental illness; complex psychosocial needs, many requiring care co-ordination across sectors.

Implementing collaborative, integrated shared care models is a challenge.(ii) Undertaking this in a regional setting presents the potential for sustainable and replicable service delivery frameworks.

The Support Time and Rehabilitation Recovery Service (STARR), provided by a contracted NGO working with clinicians, aims to deliver better coordination of psychosocial supports to clients and their families. In devolving care coordination to the NGO, the intent of this pilot was to demonstrate increased capacity for clinicians to deliver therapeutic interventions to improve an individual's health.(iii,iv)

The first quadrimester has shown 15 referrals to STARR on the first day; with a total 79 referrals for this period with over 1260 hours of psychosocial supports delivered to mental health consumers.. Early indicators attest clinicians have decreased the time spent coordinating services, increased dedicated time for individual care by 5%, and increased therapeutic interventions by 2%.

Collaboration has driven a range of holistic approaches in its first quarter with jointly developed care plans, case reviews, and targeted programs, including smoking cessation, a social recovery and carer program. Referrals to STARR have become routine practice for clinicians and the NGO has become an integrated part of the team.

Co-location has been critical, in the early uptake of the service. Shared communication has been integral to develop shared intent. Engagement of clinicians, clients, and carers has been imperative and involvement from both organisations has reinforced shared intent.

The early success of this pilot commenced with stakeholders documenting the service model inclusive of reorienting the role of case managers. Integration of an NGO into the clinical setting has increased consumer access to psychosocial and rehabilitation support services. STARR demonstrates that the challenges to implement an integrated model can be addressed.(iii,iv)

The (STARR) Service, provides an innovative example of a NGO working in partnership with a public Mental Health Service delivering the key elements of integrated care, collaboration, coordination, and co-location. A STARR is born.(v)

References:

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