

POSTER ABSTRACT

Integrating Health Care – Our Journey Continues

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: In March 2014, the NSW Government announced the NSW Integrated Care Strategy to:

Transform delivery of care

Improve health outcomes

Reduce associated costs of inappropriate / fragmented care

Practice change implemented: A Local Health District LHD and a Primary Health Network PHN have been working collaboratively and developing multiple projects across Sydney's South West. From this collaboration, an Integrated Care Collaboration ICC group was established in October 2013.

The ICC Research and Evaluation R&E Implementation Working Group formed early 2015 oversees and coordinates the research and evaluation strategies related to Integrated Care initiatives.

Aim / theory of change: From the implementation of those initiatives and guided by the Population, Intervention, Comparator and Outcomes PICO framework, the ICC R&E group conducted a theory analysis to consolidate each projects' aims and align the evaluation with the Integrated Care Strategy. The outcome was the development of Common Areas of Research Concepts, each with their Logic Map and Working Group:

Timeliness to Diagnosis:

Management of Conditions

Prevention of Escalations
Supported Self-management / Care
Technology Enabled

Population and stakeholders: Membership consists of stakeholders across multiple tiers of the health system, including government state, federal, local, non-government organisations, private enterprise, and consumer and community participation; collaborating in partnership for the Sydney's South West community.

Timeline: Established 2013 - prospective long-term

Highlights: The diversity of initiatives and future evaluation prospects has also encouraged identification of key stakeholders for broader collaboration across organisations.

The number of research projects and external partnerships has increased from: 4×10^{-2} x research projects, and 9×10^{-2} x research projects, and 9×10^{-2} x research projects and 18×10^{-2} x partnerships.

Results from research projects have already proven valuable by providing insight into details of delivering integrated care, understanding of practical issues from implementation of the strategies, advising innovative models for new technologies, and allowing for expansion.

Sustainability: The ICC R&E has been able to identify some of the factors crucial for its sustained development, including:

Collaborative governance model

Enhanced partnerships and relationship building

Defined responsibilities and terms of reference

Whole of system approach for resources allocation and project management

Transferability: The increasing number on partnerships and initiatives is a result from the replication of the engagement model which has proven successful since the beginning of the original three projects.

Conclusions: This collaborative model has provided a stable platform for co-designing enhanced service delivery across primary and secondary care. It has also assisted with streamlining methods and turnkey solutions implementation for identifying and addressing barriers within current models of care, and for research and evaluation methodology and reporting.

Discussion: The foundation of Alliances and new ways of collaboration has open the ground for innovation and transference across Local Government Areas, where key stakeholders are identified and become the crucial backbone for the establishment of new partnerships.

Lessons: Formulae for maintenance of momentum and drive for development of projects concept to completion has proven to be, in great part, due to the commitment and lead from the Working Groups.

Keywords: integrated care; partnerships; collaborations