CONFERENCE ABSTRACT

Can a delphi study assist in understanding the strengths and weaknesses of an integrated coordination program for families.

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Elizabeth Harris¹², Erin Miller¹, Penny Finlay¹², John Eastwood¹, Jane Lloyd¹²

¹: Sydney Local Health District, NSW, Australia;
²: Health Equity Research and Development Unit, Research Centre for Primary Health Care and Equity, UNSW, Sydney, Australia

Introduction: The Healthy Homes and Neighbourhoods (HHAN) integrated care program seeks to enhance vulnerable family access to, and engagement with, health and social services. This is achieved through a care-coordination model and other integrated care activities targeted towards capacity building at the professional and organisational level. The initiative is supported by a multiagency steering committee comprised of representatives from local government and non-government agencies who are responsible for the provision of a range of health, social and education services to the community.

This study, conducted early in the HHAN implementation phase, sought to build consensus from service partners and staff on what was working, not working, areas of improvement and training needs of the program to ensure effective service delivery and ultimately better outcomes for families.

Methods: A three stage process was undertaken, according to a Delphi method:

Stage 1: A representative from 15 HHAN-partnered organisations were interviewed and asked to comment on what was working, not working, areas for improvement and training needs. Staff involved in this project were also interviewed. Interviews were transcribed and thematically analysed.

Stage 2: Participants were then asked to rank these themes in order of importance. These responses were analysed, collated and fed back to participants.

Stage 3: Participants were then asked to re-rank the most commonly identified themes in order of importance.

Results: What is working: Findings suggest that service delivery is flexible and innovative and consequently allows access to a wider range of services, joint multidisciplinary assessments, ‘soft’ entry points and assertive follow-up.

What is not working: Findings suggest that the shift in delivery of services has resulted in tension as organisations adapt to a new professional culture that involves novel information-sharing methods, common language and protocol development, role clarity and change sustainment.

Areas for improvement: Findings reflected two major themes: 1. Strengthening adaptive processes by improving access to protocols, promoting a shared vernacular and process and recognising that
Can a delphi study assist in understanding the strengths and weaknesses of an integrated coordination program for families.

change causes professional and organisation discomfort; and 2. Improving models of care by encouraging utilisation of a breadth of integrated strategies such as step-down or exit pathways for clients.

Training: Findings reflected adaptive processes including additional support, training and supervision, experience in joint planning and case conferencing, and contact with other services. These processes facilitate knowledge of available resources in the health sector.

Discussion: This study suggests tension and debate should be expected between and within organisations involved in attempting to integrate care. Novel processes are adopted and organisations are required to adjust to shifting workplace culture.

Limitations and suggestions for further research: It is unknown if participants ranked issues based on personal rather than organisational priorities, introducing a source of reporting bias. Involvement of researchers in organisational change may assist in developing a theoretical basis of how individuals and services can be supported to integrate care.

Keywords: integrated care; delphi study; qualitative