CONFERENCE ABSTRACT

Integrated Care on the Gold Coast: How design thinking supported the development of people-centred integrated models of care

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Introduction: In 2017 the Integrated Care Alliance (ICA) was formed between the Gold Coast Hospital and Health Service (GCHHS) and the Gold Coast Primary Health Network (GCPHN), with a joint vision to create an integrated health system for the Gold Coast region in Queensland, Australia. This was driven by several factors that highlighted the unsustainability of the current model of care: rapid population growth; a growing number of hospital admissions and emergency department attendances; an ageing population with increasing comorbidities and; a greater focus on consumer driven care.

Practice change: Ongoing engagement with consumers and the local clinical community has been central to the ICA strategy, collectively agreeing how seamless and coordinated care can be delivered across the entire system.

Aim and theory of change: This process of engagement was supported by design thinking, a validated approach to promote consumer-centric, innovative problem solving and create integrated, coordinated models of care. Design thinking is an iterative process, based on five principles:

1. empathising with consumers and identifying their main gains and pain points
2. defining the right problems to solve
3. ideating on the best solutions for consumers
4. prototyping
5. testing these solutions in different scenarios

Targeted population: Initially, the ICA used design thinking to reconsider the model of care for 18 conditions or 'presentations', including chronic pain, diabetes and eating disorders. These conditions were selected due to their potential for improvement; high service cost and/or; prevalence in the community. Using the principles of design thinking, 45 clinical workshops and 23 consumer validations were conducted in late 2017, iteratively leading to the redevelopment of 18 collectively agreed models of care.

Highlights: This was an iterative process of design and validation. In some instances, consumer groups did not agree with the emergent model, which led to further redesign by the clinical groups. All models were subsequently reviewed and assessed by a group of highly experienced clinical experts, and endorsed by the ICA leadership group to progress towards implementation.
**Sustainability:** Design thinking enabled an environment where clinical experts from all sectors of the local health system worked with consumers to focus on an ideal model of care, disregarding current system or organisational constraints, silos and agendas. Consumers and clinical expert groups were highly engaged and motivated in the process, which has already started to foster felt accountability for the developed models and supported working across organisational boundaries. GPs were represented at all workshops, yet engaging with a wider community of GPs was challenging. In the next phase of implementation, engagement and relationship management with GPs will need to be further developed.

**Transferability:** Design thinking supported the development of people-centred, integrated models of care, and engagement with heterogeneous groups of stakeholders and consumers. It encouraged innovative thinking, problem solving and collaboration across different organisations and sectors. The design thinking approach is ultimately about creating a truly person-centred health system. This is only possible if the voice of consumers, their families and the wider community helps to inform the solutions that are designed as part of the change process.

**Keywords:** collaboration; engagement; redesign; integration; alliance