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## POSTER ABSTRACT

# Public reporting to facilitate integration of physical and mental care for hospital patients

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**Introduction:** Globally, health systems struggle to deliver care to individuals who suffer combination of chronic physical and mental conditions 1-3. This struggle signals faulty dimensions of integrated care 4 5, public reporting of which can generate required awareness and shared understanding of such failure. Hospital patient of chronic physical and mental conditions is crucial context in this regard, with reported poor health condition<sup>6</sup>. We need to be aware of how the care outcomes of this population vary, particularly from that of hospitalised patients with a chronic physical condition only. A holistic approach to integrating physical and mental care for this population is unlikely without greater data analysis and policy guidance in this matter.

**Description of policy context and objective:** Public reporting of hospital performance facilitates high value patient care 7, an essential aspect of integrated care. We need policy guidance to standardise reporting of variation in dimensions of integrated care, providing comparative view between patients with chronic physical and mental conditions and patients with chronic physical conditions only. Current experience of reporting of hospital data such as variance in length of stay (LOS)<sup>8</sup> is good foundation to develop the policy guidance. The proposed reporting should cover indicators that communicate the structure, process and outcome factors of integrating physical and mental care 9. This way, there can be open transparency regarding the areas of improvement in providing integrated care to this cohort.

Targeted Population: Hospital patients with co-existing chronic physical and mental conditions.

**Highlights:** We investigated the variation in LOS of hospital patients of chronic physical and mental condition, relative to that of patients with chronic physical conditions only. The analysis involved studying 16, 618 de-identified demographic and clinical data from hospital admissions of five years (ending in June 2015) from the four main public hospitals in Tasmania, Australia. These hospital admissions were of primary diagnosis of any of five chronic physical conditions: cancer (lung, colorectal), COPD, diabetes (type 2), ischaemic heart disease or stroke, representing about 20% of the burden of disease in Tasmania, Australia 10. The comorbid mental conditions of the sample varied, with the prominent one being mental and behavioural disorders due to psychoactive substance use.

We found mental illness is a distinguished attribute that generate unfavourable LOS variation of all patients suffering from chronic physical and mental conditions. This LOS variation was detected

even when controlled for confounding factors such as age, gender, socio-economic status and other comorbidities. The increase in LOS was positively associated with increase in per capita cost.

LOS and per capita cost reflect outcome factors of integrated care from the perspective of health system. The consistent unfavourable status of this vulnerable cohort in these factors indicate need for improvement in clinical, as well as, functional integration dimensions. These outcome factors are likely linked to professional integration dimension, indicating need for empowering health professionals with skills to collaborate towards integrating physical and mental care.

**Comments on transferability:** This study endorses that public reporting of integrated care factors can empower community for improved integrated care.

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**Keywords:** integration of physical and mental care; mental illness

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