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**CONFERENCE ABSTRACT****Building relationships for Integrated Care via Integrated Care Communities  
of Practice**

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**Introduction:** Building local relationships, trust and respect across the health and social sectors have been documented as integral for developing an integrated system of person-centred care. The 2017 Integrated Care Productivity Review by the Australian Productivity Commission reported that negative undercurrents affected relationships between disciplines and sectors<sup>1</sup>. These were attributed to multiple factors and likely impede a multidisciplinary and collegiate approach to care as well as innovation. The implication noted here is that system reforms will not be enough for progressing Integrated Care and as presented elsewhere, relationships matter. <sup>1 2 3 4 5 6 7</sup>

**Methods:** To foster local relationships at the micro level, increase provider connectivity and service awareness, Integrated Care Communities of Practice (CoPs) have been developed in five local areas within south eastern Melbourne as part of the Victorian Integrated Care Model (VICM). The ultimate plan is that these facilitate collaboration.

The CoPs are unique in that they are multi-discipline and multi-sector regular gatherings and have evolved to also offer providers a safe space to share experiences and knowledge in delivering local patient care, thereby promoting a collegiate environment.

The CoPs commenced in 2018 with 12 held in 2018-2019 and 18 CoPs planned for 2019-2020. Other CoP work includes the development of a toolkit which may assist with transferability into other regions.

**Results:** To date there have been 10 CoPs with 545 attendees. In ongoing surveys 96% stated that they would attend future CoPs; 100% believe there are benefits in holding regular multidisciplinary and multiservice CoPs for their area and 93% have become aware of a service they were not aware of as a result of attending. Similarly 93% of attendees have met a

provider or service they did not know previously while 100% would recommend the CoPs to colleagues. Other anecdotal outcomes have been reported.

**Discussion/conclusion:** Local frontline providers from all health and wellbeing sectors are attending CoPs in their own time and report that they will continue to attend future CoPs. Evaluation responses indicate a willingness to connect with other providers and familiarise themselves with services in their region. Once established, CoPs have the potential to be used as a ground up approach to facilitate improved collaborative person-centred care and provider confidence.

#### References:

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