Evolving a transformative, integrated, place-based model of care to ensure that by age 5 children with developmental delay are receiving the right care at the right time in the right place to optimise their school readiness.

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**Introduction:** Across North East Melbourne, each year more than 500 five-year old children are identified as vulnerable in one or more domain of development.

In 2018, the wait-time to see a paediatrician at Austin Hospital was more than 365 days, children were on multiple health and disability wait-lists, there were various confusing eligibility criteria and pathways but no map or overarching model of care, and communication between care providers was limited. The 'system' was characterised by gaps in some areas but duplication in others, drop-offs, disengagement and hand-offs, and lack of coordination. Families and providers alike were confused and frustrated. There was room for improvement in all four quadrants of the Quadruple Aim.

**Practice change:** Acknowledging the evidence that the child's longer term developmental, secondary health and psychosocial trajectory can be improved by providing early support and services for infants, young children and their families where there are concerns about the child's development, Better Health North East Melbourne (BHNEM) has embarked on a program of work to evolve a transformative, integrated, place-based model of care to ensure that by age five each child is receiving the right care at the right time in the right place to optimise their school readiness.

**Aim and theory of change:** BHNEM is a collaboration of health commissioners and providers across primary care and community health (through Eastern Melbourne Primary Health Network, North Western Melbourne Primary Health Network, Banyule Community Health, healthAbility, and Your Community Health), acute and secondary care (through Austin Health) with support and representation from the Victorian Department of Health and Human Services (North East Melbourne Area). It covers the local government areas of Banyule, Darebin and Nillumbik.

In 2018, BHNEM’s leadership set the target that by 2023 the wait-time to see an Austin Health paediatrician would have reduced from 365 to 90 days. With BHNEM’s Executive Officer, the BHNEM Executive Sponsor oversees, drives and manages the program of work. The contemporary frameworks employed are the quadruple aim and value-based healthcare. A new model is being developed that fully incorporates the consumer voice.

Each of the five current workstreams is led by clinicians from BHNEM’s member organisations partnering with other key stakeholder organisations. The workstreams are exploring and embracing improvement, transformative and other project methodologies, such as LEAN, Agile and PDSA cycles.
Davies: Evolving a transformative, integrated, place-based model of care to ensure that by age 5 children with developmental delay are receiving the right care at the right time in the right place to optimise their school readiness.

BHNEM’s member organisations are growing, stretching and learning about integration and how to achieve better value for people and populations from the ‘top down’ through the leadership of the Governance Group and from the ‘bottom up’ through the clinical leadership evidenced in the workstreams.

Conclusions and challenges: Shining a spotlight on the ‘problem’ has already resulted in change and investment such that the wait-time to see an Austin Health paediatrician is within the targeted 90 days.

BHNEM Governance Group’s leadership is an enabler to success; it gives the permission and commitment for organisational change ‘within’ and ‘between’ in order to create and deliver an integrated model of care delivering connected healthcare for children under five with developmental delay.