
CONFERENCE ABSTRACT

Integrated Care Model Improves Skin Cancer Assessment and Treatments in South Eastern Sydney Local Health District

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Introduction: The Integrated Skin Cancer Clinic was established as a partnership between South Eastern Sydney Local Health District (SESLHD) and Integrated Specialist Healthcare Education and Research Foundation (ISHCERF) to address the growing need for high quality, bulk billed skin cancer services.

Prior to the initiative it could take more than three months to see a local Dermatologist and out of pocket costs may have prevented clients from using specialists.

Practice change implemented: A model was built around integrated care principles to up-skill local General Practitioners (GPs) and create networks with Dermatology and Plastic Surgery. For clients this is a 'one stop shop' providing access to high quality assessment and treatment with no referral required.

A free six month training program was established for GPs. Once completed, the GP is working to the extent of their scope of practice with direct referral pathways for complex cases.

Aim and theory of change: The aim is to provide a high quality service under one roof with minimal waiting times with no referral required. The use of GPs enables bulk billing, ensuring that there are no barriers to skin cancer assessment and treatment.

Integrated Care theories used in this model are partnerships, pooled funding and multidisciplinary care.

Targeted population and stakeholders: Anyone can access the service easily and in most cases it is bulk billed, making the service truly accessible to all. It is based in the Sutherland Shire (a known hot spot for melanomas).

Timeline: The skin cancer clinic started in June 2015 and became self-sustaining by November 2017.

Highlights: The clinic was a finalist in the NSW Premier's awards in 2018.

Sustainability: The skin cancer clinic became self-sustaining in November 2017 as client numbers gradually increased. Other clinics using this model will also become sustainable as client numbers grow.

Transferability: This model has proven highly transferrable to other disease states and other locations.

It has already spread to Figtree, Hurstville and Macquarie (NSW). It has been used to improve chronic wounds, obesity, joint health, breast health and there are plans to spread to other clinical areas in the near future.

Conclusions: Community members have found the clinic very accessible as seen by the growing numbers of clients.

GP feedback has shown that the training program enables the GPs to work at the extent of their scope of practice and provide higher quality skin cancer checks to their patients.

Discussions: Cost should not be a barrier to skin cancer checks as when skin cancers are left undiagnosed or untreated there can be significant harm to the individual and cost to the healthcare system.

Each month the clinic diagnoses and treats multiple melanomas, which if left untreated can quickly spread to other areas and become life threatening.

Lessons learned: Partnerships and pooled funding are essential to this project. Many partners have contributed to this clinic, making it so successful.

The underlying value of healthcare for all and principles of integrated care have made this clinic so effective, efficient and valued by the community.