

POSTER ABSTRACT

Walking the talk: An Honorary Academic Advisor's experience of helping to build field-based practice knowledge about integrated care

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Introduction: After 10 years of health policy and systems research around the challenges of comprehensive health assessments for children and young people from statutory care in Australia I was asked 2 ½ years ago by staff in an area office of a Victorian government department to provide some brief input about a small new health initiative for children in care. From that initial meeting a door unexpectedly opened to a great opportunity to take that research knowledge into the field as an Honorary Academic Adviser.

Policy context and objective: Integrated health care approaches for children and young people in statutory care are newly forming in Victoria. While several state health policies authorise publicly funded health services to give priority to these children there are multiple barriers to achieving priority access at the practice level. Staff tasked with building new initiatives by their own admission lacked a deep knowledge of health issues for children in statutory care or of the systems complexities involved. The main objective in the Academic Advisor role was to 'walk alongside' staff through each developmental step of the new initiative, putting ideas and research evidence on the table as needed.

Targeted population: The focus of integrated care approaches is children and young people aged 0-18 in statutory care. But the Academic Advisor role focusses on working with program managers, policy advisors, managers, clinicians and other stakeholders as they make sense of the problems at the local level and consider possible solutions in trying to build integrated care.

Highlights: Bringing frameworks to the table for thinking about these children as a low-incidence, high-health-need population and ideas about currently accepted best practice for the care of children with chronic health conditions has gradually had an impact. Stressing the value of logical programs built on sound theories of change has focussed attention on long-term goal setting, strong leadership and governance, developing business models and the real need for robust data. Background papers written on an 'as needed' basis which are freely distributed among stakeholders have added further value as a means of research translation.

Transferability: After the first 12 months, the continuing role of Honorary Academic Adviser proved to be readily transferable to a second demonstration site, 550 km away in northern Victoria. The challenges of integrating local systems are the same and yet different from site to site.

Conclusions: The theory, science and knowledge base around integrated care are not learned intuitively.

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At the practice level people can be tasked with complex health system planning decisions while lacking adequate time and organisational support to pause and research the important evidence base. Academic input at the practice level can deepen stakeholder's appreciation of the complexity of integrated care, can help maintain focus on key building blocks of integrated care and be reassuring when progress appears painstakingly slow. Walking the talk as research translator is a privileged opportunity.