

Integrating Care

Spring 2017

In 2016, the Clinical Excellence Division invested the Queensland Government's \$35m Integrated Care Innovation Fund (ICIF) into 23 projects across 13 Hospital and Health Services (HHSs). This genuine commitment to better integrating healthcare in Queensland targeted the dual health system challenges of chronic disease and service fragmentation.

The Spring 2017 edition of Integrating Care details our journey to date, the challenges we're addressing and some of the remarkable progress to date.

From the DDG

The \$35 million ICIF supports HHSs to collaborate with Primary Healthcare Networks and other community health providers to develop and progress new models of care and approaches to integrated service delivery.

Twenty-three locally-led ICIF initiatives, supported by the Clinical Excellence Division, are now being implemented across Queensland.

This investment enables clinicians to work across traditional professional and organisational boundaries to provide services that 'better meet the needs of the patient'.

It also enhances primary health care and technology and allows patients, particularly those in rural and remote locations, to access care closer to home.

A formal evaluation including health systems research, implementation science and cost effectiveness of all ICIF projects is being undertaken by the Australian Centre for Health Services Innovation.

We look forward to keeping you informed on the progress of these projects over the next 18 months, particularly to enable the spread of successful local models across Queensland.

Dr John Wakefield
Deputy Director-General
Clinical Excellence Division

ICIF goals

- Targeted investment in local ideas, generated by clinical staff
- Finding new ways to help patients move more easily between services
- Scaling and spreading the best ideas and successful models across the state

The ICIF has funded **23** major projects in **13** Hospital and Health Services across Queensland. These include:



Our challenges in Queensland



Case studies

Diabetic care in the community

This Darling Downs Hospital and Health Service (DDHHS) innovation is designed to support primary health care providers, particularly GPs, to care for diabetes patients in their local communities. Patients are provided with access to diabetes educators through the QAS referral pathway, their GP or hospital diabetes services. Aboriginal and Torres Strait Islander patients treated at a DDHHS facility for diabetes-related illnesses will be identified and assisted to engage with appropriate primary care in their local communities. Patients with complex disease can be referred for home monitoring to assist them and their health care provider to better understand their illness on a day-to-day basis and to ensure appropriate management.

Since February 2017, almost 200 patients have enrolled in the program and 47 patients are receiving GP-led diabetic services. The Queensland Ambulance Service (QAS) is also continuing to work towards transporting more patients to GP services. Tunstall is also partnering with DDHHS to provide a range of connected TeleHealth and care technologies, systems and services for identified patients to self-manage safely within home environments.

Reducing barriers to discharge

This initiative is reducing the barriers to discharge for almost 200 Metro North Hospital and Health Service (MNHHS) inpatients each year who do not have the capacity to make decisions about their own healthcare. These inpatients require the appointment of a substitute decision maker by the Queensland Civil and Administrative Tribunal (QCAT).

These patients previously spent longer than necessary waiting in hospital for tribunal outcomes. In an Australian first, this initiative has allowed MNHHS to purchase additional hospital-based hearing days from QCAT. This has reduced the time that patients wait for QCAT decisions by an average of six weeks, meaning patients can return home sooner. A dedicated QCAT Social worker coordinator within MNHHS has allowed this project to expand to assist the Mater and West Moreton HHS.

Rapid-access Hep C service reduces specialist outpatient appointments

The Sunshine Coast Hospital and Health Service (SCHHS) Hepatitis C partnership is providing an innovative and rapid access service to patients across Wide Bay and Sunshine Coast. The community-based nurse-led Hepatitis C clinic offers mobile fibroscan services and allows rapid decisions on treatment in a multidisciplinary team-setting led by Hepatologists.

GP training and the use of Telehealth have enhanced this model of care to increase access and rapid decision making. Early results show that 70 of 100 patients seen in the community have avoided specialist outpatient appointments.

For more information email Kaye.Hewson@health.qld.gov.au or visit www.health.qld.gov.au/improvement



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