



Primary/secondary governance elements to bring the health care silo's together: evidence to support implementation

Caroline Nicholson ^{1, 2} Professor Claire Jackson ²

¹ Mater/University of Queensland Centre for Primary Health Care Innovation

² University of Queensland

Consumer quote

“It seemed like quite a few people had pieces of the jigsaw but no-one had the picture on the box”

Scottish Executive: Better outcomes for older people - framework for joint services part one. Edinburgh: Scottish Executive; 2005:11.



Systematic Review

... to synthesise existing published literature and to identify predominant reoccurring themes to form a framework for integrated 1⁰/2⁰ health care governance

Nicholson et al. BMC Health Services Research 2013, 13:528
http://www.biomedcentral.com/10.1186/1471-2902-13-528



RESEARCH ARTICLE

Open Access

A governance model for integrated primary/secondary care for the health-reforming first world – results of a systematic review

Caroline Nicholson^{1*}, Clate Jackson¹ and John Marley²

Abstract

Background: Internationally, key health care reform elements rely on improved integration of care between the primary and secondary sectors. The objective of this systematic review is to synthesise the existing published literature on elements of current integrated primary/secondary health care. These elements and how they have supported integrated healthcare governance are presented.

Methods: A systematic review of peer-reviewed literature from PubMed, MEDLINE, CINAHL, the Cochrane Library, Informa Health Collection, the Primary Health Care Research and Information Service, the Canadian Health Services Research Foundation, European Foundation for Primary Care, European Forum for Primary Care, and Europe Sinapse was undertaken for the years 2006–2012. Relevant websites were also searched for grey literature. Papers were assessed by two assessors according to agreed inclusion criteria which were published in English, between 2006–2012, studies describing an integrated primary/secondary care model, and had reported outcomes in care quality, efficiency and/or satisfaction.

Results: Twenty-one studies met the inclusion criteria. All studies evaluated the process of integrated governance and service delivery structures, rather than the effectiveness of services. They included case reports and qualitative data analyses addressing policy change, business issues and issues of clinical integration. A thematic synthesis approach organising data according to themes identified ten elements needed for integrated primary/secondary health care governance across a regional setting including: joint planning; integrated information communication technology; change management; shared clinical priorities; incentives; population focus; measurement – using data as a quality improvement tool; continuing professional development supporting joint working; patients/community engagement and; innovation.

Conclusions: All examples of successful primary/secondary care integration reported in the literature have focused on a combination of some, if not all, of the ten elements described in this paper, and there appears to be agreement that multiple elements are required to ensure successful and sustained integration efforts. Whilst no one model fits all systems these elements provide a focus for setting up integration initiatives which need to be flexible for adapting to local conditions and settings.

Keywords: Primary/secondary integration, Governance, Health system

* Correspondence: caroline.nicholson@mq.edu.au

¹Department of General Practice, University of Queensland, Brisbane, Australia
²Research Unit, Centre for Primary Health Care Research, Queensland Health Services, Level 2 of Kelly Building, Raymond Terrace, South Brisbane, QLD 4101, Australia



© 2013 Nicholson et al.; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Nicholson C, Jackson C, Marley J. 2013. A governance model for integrated primary/secondary care for the health-reforming first world – results of a systematic review. BMC Health Services Research 13:528



Evidence Policy

	Commonwealth/State		Commonwealth		State		Local
Integrated governance elements:	COAG National Healthcare Agreement 2012	National Primary Health Care Strategic Framework 2013	Medicare Local Operational Guidelines 2013	Medicare Local Strategic Plan	State health department agreement with Local Hospital Network	Local Hospital Network Strategic Plan	Medicare Local/Local Hospital Network local agreements
Joint planning	✓	✓	✓	✓	✓	✓	✓
Integrated ICT							✓
Change management							
Shared clinical priorities	✓	✓	✓	✓		✓	✓
Incentives	✓						
Geographical population focus		✓	✓	✓		✓	✓
Measurement- data as a QI tool for clinical care		✓	✓				✓
IPE supporting joint working together						✓	
Patient/community engagement		✓	✓	✓	✓	✓	✓
Innovation	✓	✓		✓	✓		

Nicholson C, Jackson C, Marley J. 2014. Best practice integrated health care governance-applying evidence to Australia's health reform agenda. MJA S64:201(3).

System wide focus

VISION: To integrate the care of patients, particularly those at risk of poor health outcomes, across the health system in order to improve patient experience, health outcome and efficiency.

Stakeholders – how do we meet community need?

1. Joint planning
2. Community & patient engagement

Process perspective- what do we need to excel at?

3. ICT to share information
4. Shared clinical priorities agreed
5. Data available as measurement tool for QI

What do we need to achieve to ensure sustainability?

6. Focus of care on geographical population
7. Incentives for support care coordination

Learning, growth & change – people and culture

8. Appropriately train workforce with acceptance of values of working together
9. Culture of system innovation
10. Change supported and collaborative

VALUES: 'Right care, right place, right time'

Translating evidence into practice



VISION: To integrate the care of patients, particularly those at risk of poor health outcomes, across the entire health system in order to improve patient experience, health outcomes and efficiency.

STRATEGY MAP			ACTION PLAN	BALANCED SCORECARD	
		Strategic objective – What?	Key activity - How are we going to achieve it?	Initiative/budget/ Who is involved	Measurement / target
Our stakeholders – To achieve our vision how do we add value?	1. Joint planning	<i>Expectations of planning process are met</i>	<i>Co-creation – who is going to be involved as equal partners; Joint alliances</i>		
	2. Patient and community engagement	<i>Consumers are informed</i>	<i>Joint engagement; Linkage with community support groups; Pt experience measured across the continuum</i>		
Process perspective – to achieve our vision what do we need to excel at?	3. ICT to share information	<i>Information is shared</i>	<i>Share information for chronic & complex groups</i>		
	4. Shared clinical priorities are agreed	<i>Shared clinical priorities agreed</i>	<i>Agree priority areas; Clinical leaders working together; Guidelines across the continuum</i>		
	5. Measurement - using data as a QI tool	<i>Focus on quality using joint data</i>	<i>Agreed KPIs for QI for patient care across the continuum; Research & evaluation built into the process and feed back</i>		
Efficiency- To attain our vision what results do we need to achieve?	6. Population focus	<i>Shared population health data</i>	<i>Enrolment</i>		
	7. Sustainable funding model to promote integrated care	<i>Trial funding model to support care coordination</i>	<i>Joint funds pooling; Alliance contracting; Capitated/bundled payment for chronic & complex pts</i>		
Learning, growth & change – To achieve our vision what do we need to do to improve & how are we going to sustain change?	8. Appropriately trained workforce with acceptance of the value of joint working	<i>Provide joint CPD opportunities</i>	<i>Shared care model for training; Workforce planning and education; Joint CPD for skilled workforce in areas of need</i>		
	9. Innovation	<i>Joint projects delivered project goals</i>	<i>Joint innovation funds/ initiatives; Research funding</i>		
	10. Change management	<i>Change process documented & resources allocated</i>	<i>Shared change program agreed and implemented</i>		

Evidence into practice ...



Mercy

Commitment

Quality

Dignity

Care

Thank you



Caroline.Nicholson@mater.org.au



0411 089 143

