

Taking Integrated Care Forward in Australia: An International Perspective

Over the past decade in Australia there has been a growing realisation of the need to reform the health and care system towards an approach that seeks to better coordinate care, improve quality and promote value. For example:

- The 2017 report from the Productivity Commission called [Shifting the Dial](#) criticised the existing disease-based, episodic, medically dominated and institutionally led characteristics of the health system as being unable to respond effectively to the new challenges of age-related chronic illnesses and the very high percentage of Australians living in ill-health. A more person-centred and integrated approach was required, including a shift in funding away from rewarding volume to incentivising value;
- The 2018 report from the CSIRO on the [Future of Health](#) similarly argued that a shift was needed from illness treatment to health and wellbeing management to ensure investments added value – for example, through empowering consumers, addressing health inequality, unlocking the value of digital health, and building integrated care solutions and new workforce skills;
- A forthcoming 2019 report from the Royal Australasian College of Physicians advocates for local commissioning and the use of pooled budgets to create primary care-based multi-condition teams in order to bring specialist support more quickly and directly into the management of patients with chronic illness in the community. This approach being similar to the Australian Government's [Health Care Homes Program](#) to better coordinate care for people with complex needs.

At State-level, strategies and frameworks seeking to promote value and transform health systems through investments in forms of integrated care are numerous – particular to those promoting access to care through more effective care pathways for consumers.

However, the importance given to this agenda is mostly lukewarm at the Federal level. For example, the August 2019 publication [Australia's Long Term National Health Plan](#) chartered a way forward for the next 3 to 10 years. The key elements of the plan include better access to stronger primary care; improvements to private health insurance; bringing together mental and preventative health; investing in medical research; and enabling better aged care to support independent living. There is passing recognition that care needs to be more integrated, especially between physical and mental health. However, the core focus is on “more services, more treatments, more medicines, increased support for hospitals, expanded rural health services, and breakthrough new medical research” (p.3).

In most countries around the world – including my own country in the UK - fundamental moves are afoot towards more integrated health and social care systems. Yet, there seems to be in Australia no such compelling case for change. Comparatively, it is true the Australian system ranks well on international league tables. For example, in 2017 the [Commonwealth Fund rank Australia second](#) from key developed countries for its overall cost-effectiveness across a number of performance criteria. So, it seems, life is pretty good – Australians should be thankful for the system they benefit from and we should therefore invest to make it more accessible and more technically efficient than hitherto. Yet, in the UK, which ranks at the top of the Commonwealth charts, the health and care system is under significant stress and the need for transformational change is accepted by all (even if the mechanisms to achieve it are not).

The rhetoric coming from Australia also appears to convey to the international audience that its care system is just so fundamentally fragmented that any attempt to do so at the local level may fail in the

face of significant and intractable challenges. That innovation cannot really be embraced until someone else higher up provides a solution – usually to do with finance, governance and accountability. Whilst there is some truth to this, let us observe that the Australian system is not really that much different in the degree of its fragmentation than most other systems worldwide. For sure, services are delivered by multiple public and private providers through a complex mix of federal, state and private entities. But the basic divisions look similar – for example, in the health sector, federally-funded and supported GP and allied health services with local commissioning agents (PHNs) versus secondary and tertiary health care services in community and hospital settings managed by LHDs.

If integrated care can flourish in other countries with similar structural and financial divisions then this perhaps suggests a lack of readiness to change or lack of collective ambition, drive and energy. Perhaps the biggest barrier to taking forward integrated care in Australia is that the case for change does not yet feel compelling or visceral enough – or maybe, more truthfully, that it is only just stepping into the foothills of a journey that feels strange, unfamiliar and perhaps threatening. It is a very common observation that even if managers and professionals can see the reasoning behind a more integrated care system, embracing it in policy and practice is a challenge. Resistant forces, from politicians to patients, can be very strong – so taking change forward requires a strength of collective commitment that does not emerge easily and opportunities to redesign care systems more fit for the future can be lost. However, ‘where there is a will there’s a way’, and the international literature is full of amazing and exciting innovations that emerge in the most unexpected of places.

A final observation, and this time based upon my last 6 weeks being based in Australia to create a new Institute on the Central Coast that will research and promote this agenda, is that there is very little common understanding of what integrated care means and the great potential it has to improve people’s experiences and outcomes. The language is primarily about care pathways and the effectiveness of ease of the patient journey rather than a more holistic vision of person-centred care co-ordination that draws upon the widest range of capabilities and assets. Moreover, integrated care is too often used politically as code for approaches seeking to reduce hospital admissions and manage acute sector demand – a theory rarely demonstrated in practice! Rather, integrated care should be seen as an approach designed to improve care experiences and care quality whilst promoting system sustainability.

In thinking through what lessons the international experience of integrated care might say to its promotion and adoption in Australia then the following eleven observations might act as key priorities for action:

1. **Provide a compelling narrative** for integrated care
2. **Take a population health focus** to promote integrated thinking on key strategies such as public health, mental health, ageing, children and families – this has the biggest potential for transformational change
3. **Engage with the community** through co-productive partnerships that empower and promote person-centred care
4. **Devolve decision-making** to place-based approaches at a regional and local level
5. **Align financial incentives** and move towards pooled budgets and capitation-style contracts in which providers take on financial risks/gain financial rewards
6. **Allow innovations** in integrated care to embed over time
7. **Move away from micro-purchasing** with a short-term competitive tendering mindset to strategic commissioning that develops new types of alliances and contracts for long-term gain
8. **Develop new systems of governance and accountability** that support integrated care systems
9. **Invest in support programmes** for leadership, organisational development, quality improvement, and coaching to support implementation

10. **Invest in workforce skills and capacity**, especially in primary and community care settings, and across physical/mental health care
11. **Evaluate the impact of integrated care** to demonstrate value created rather than efficiencies gained. Avoid a trials mentality. Share innovation and learning. Focus on implementation science and quality improvement.

The thoughts in this blog are based on a presentation made on 14 August 2019 as part of the IFIC Australia webinar series. The presentation can be downloaded [here](#).

Professor Nick Goodwin
Director, Central Coast Research Institute for Integrated Care
nicholas.goodwin@newcastle.edu.au