Mapping Integrated Care Cases in Australia

**Title of the project:** Development of an organisation-level Integrated Care Strategy by a Queensland hospital and health service

**Location:** Queensland, Australia

**Project Partners**
Children’s Health Queensland Hospital and Health Service (CHQ): a provider of statewide paediatric services, funded and developed the Strategy with input from every level of the organisation.

Implementation of the Strategy involves partnering with local communities, Primary Health Networks, General Practice, Government and Non-Government agencies and consumer groups.
1. SUMMARY

In Australia, integrated care is often considered an issue for policy makers and managers, not one for front line service staff. Clinician buy-in to contemporary healthcare concepts such as integrated care is challenging.

Children’s Health Queensland Hospital and Health Service’s (CHQ) Integrated Care Strategy addresses that issue and is structured as a brief and readily digestible document for busy clinicians and service leads. It is designed for reference at the meso and/or micro levels of integration. The intention is to highlight what can be done right now to better integrate care for children, young people and their families, irrespective of potential future changes to policy or funding arrangements.

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**Further information:**

The Integrated Care Strategy be found here:  
What are the aims and objectives of the Project?

The core objectives of the Strategy are to:

• build upon the existing strong foundations of integrated care initiatives within CHQ;

• inform quality improvement activity within CHQ, such that services become more collaborative and focussed on partnerships in the future;

• raise the profile of the role of the primary care sector, non-health government departments, and other agencies in the care of children and young people; and

• assist other jurisdictions to understand how Integrated Care can be applied in a paediatric context.

The Strategy is relevant to all children and young people who are recipients of care, however it particularly applies to those with medical complexity and/or psychosocial disadvantage, as well as those transitioning to adult care.

How did the Project come to being and what are the significant milestones?

CHQ appointed a Medical Director Integrated Care in July 2016, tasked with developing an integrated care agenda for CHQ. This included developing a strategy for integrated care, and sourcing funding to deliver innovative projects which demonstrate or enable integrated care.

This Strategy development and project delivery occurred concurrently.

Significant milestones for CHQ’s Integrated Care team include:

• Awarding of a $1.1M Integrated Care Innovation Fund (ICIF) grant, to implement a web-based, inter-professional, primary care capacity-building program, Project ECHO® (August 2016).

• An Integrated Care Clinical Advisory Group convened to provide advice and support to the Medical Director and to champion Integrated Care within CHQ (March 2017).

• Project ECHO® Hub launched by CHQ (May 2017).

• Funding received to deliver a state-wide paediatric HealthPathways program. HealthPathways is an online tool for clinicians which facilitates evidence-based care and reduces inappropriate variation in paediatric care across settings (October 2017).

• Successful partnership with the International Foundation for Integrated Care to host the first Asia-Pacific Conference on Integrated Care, and raise the profile of integrated care in Queensland (November 2017).

• Feedback on draft Integrated Care Strategy sought from internal and external stakeholders (January - March 2018).

• Integrated Care Strategy (2018-2022) approved by the CHQ Board and officially launched (April 2018).
2. BACKGROUND

- Funding received to recruit a team of general practitioners as GP Liaison Officers (GPLOs) to work with CHQ to understand current referral patterns and to make recommendations for more integrated models of care (May 2018).

- Integrated Care has grown from a ‘team’ of one in July 2016, and now consists of a growing team of 6 FTE clinical and non-clinical staff, and 8 casual GPLOs.

- Launch of an organisation-wide Integrated Care Survey designed to track how well integrated care is delivered within CHQ, and how this changes over time. The responses will help guide how CHQ can support staff and the organisation to better deliver integrated child and family-centred care (March - April 2019).

How is the project funded, managed and governed?

The Integrated Care Strategy was developed by the Medical Director Integrated Care, a recurrently funded position within Children’s Health Queensland Hospital and Health Service (CHQ).

Non-recurrent funding has been obtained to grow the teams managing Project ECHO®, HealthPathways and the GPLO program, and this comes from a variety of sources including the Queensland Department of Health, Primary Health Networks (PHNs), and the Children’s Hospital Foundation, depending on the specific project.

The Medical Director reports through the Executive Director of Clinical Services to the CHQ Executive Leadership Team and Health Service Chief Executive. Bimonthly “Collaborative” meetings occur between CHQ, Primary Health Networks, Government and Non-Government organisations within south east Queensland to support and progress Integrated Care projects.

Long-term, the aim is for the Integrated Care team to continue to deliver/manage enablers of integrated care, and pilot new demonstrator projects. It is hoped that all divisions and services within CHQ are empowered to use a Plan-Do-Study-Act (PDSA) cycle approach to increasingly deliver their own services in a more integrated way.

How is care organised and delivered to users and patients in local communities?

As CHQ’s Integrated Care Strategy is implemented, communities will adopt the principles of integrated care in a way that acknowledges local contexts and challenges. Delivery of integrated care for children and young people will therefore ‘look’ different from region to region.

How is the project being taken forward in the future?

The Integrated Care Strategy will guide CHQ to deliver its services in a more integrated way. The ‘project’ surrounding the development of the Strategy has moved into a new phase. A framework has been developed to assist the implementation and is currently being rolled out. An evaluation plan is being developed to measure impact.

Our aim is that working in an integrated way with all other providers of care for children and young people becomes ‘business as usual’ for CHQ staff.

Following publication of the Integrated Care Strategy, CHQ has been approached by the Queensland Department of Health to assist in development of an Integrated Care Strategy for the whole state, relevant to both adult and paediatric populations, and we hope to be able to influence that statewide agenda.
3. EVIDENCE

What is the evidence related to improvements in the experience of service users?

It is too early to measure improvements in the experience of service users resulting directly from the Strategy. However, following endorsement of the Strategy, CHQ has:

• established a new Family Centred Care Committee, chaired by the Health Service Chief Executive, with membership including the Medical Director Integrated Care, senior leaders within CHQ and a cross section of consumers;

• progressed a Community Collaborative of non-government organisations involved in the care of children, young people and their families to promote the role of this sector and to strengthen our partnerships with them; and

• launched a series of place-based initiatives involving cross-sector data linkage to understand population health needs. See separate Our Children and Communities Matter case study.

• commenced a large program of work focused on interprofessional-education for CHQ staff, which will enable staff to deliver better integrated care.

What is the evidence related to positive influences on care and health outcomes to individuals and/or communities?

Individual integrated care demonstrator projects, which are part of the overarching Strategy, are beginning to demonstrate a positive influence on care. For example, see the Navigate your Health case study.

What is the evidence related to impact on reducing the unnecessary utilisation of care facilities (e.g. of hospitals and long-term residential homes), or the growth in use of alternatives (e.g. domiciliary care; care in the home; self-care)?

As above, individual integrated care demonstrator projects, part of the overarching Strategy, are beginning to demonstrate a positive influence on care. For example, see the Navigate your Health case study.

Navigate your Health utilises Health Navigators to coordinate health screening, referrals and ongoing care for children in Out of Home Care (OOHC). Children and young people in OOHC currently experience significantly worse health and wellbeing than peers who are not in care. With the inception of the Health Navigator roles, it is likely that we will see an increase in primary care service usage for this cohort, with a longer-term decrease in hospitalisations, due to early detection and intervention.

What is the evidence that suggests the project has been able to secure a more cost-effective or sustainable care solution when caring for vulnerable people and communities through integrated community care?

Ultimately, we believe implementing the Integrated Care Strategy will support CHQ to achieve the Quadruple Aim, which includes more efficient/cost-effective use of resources. However, as the Strategy is still in the implementation phase, we have no current evidence of cost-effectiveness.
3. EVIDENCE

Evaluation of individual integrated care demonstrator projects will include cost-effectiveness evaluation and will be available within the next 12 months.

Has the project ever been, or is it currently subject to a research and evaluation study?

Development of an evaluation framework for the overarching Integrated Care Strategy is underway.

CHQ's integrated care ‘enabler’ programs are being separately evaluated. For example, the Project ECHO® pilot is being evaluated by the Australian Centre for Health Services Innovation (AusHSI), Griffith University. Evaluation is due by the end of 2018 and will cover:

- Patient outcomes
- GP outcomes (self-efficacy)
- Implementation outcomes
- Cost-effectiveness

The HealthPathways program evaluation will look at referral quality and quantity.

A research project examining child, parent, and health provider experiences of integrated care within one of CHQ’s services – the Connected Care Program - is also underway, as part of a dissertation for a Master of Public Health student.
About IFIC Australia

The core mission of IFIC Australia is to develop capacity and capabilities in Australia and the Asia Pacific Region in the design and delivery of integrated care. IFIC Australia seeks to achieve this by providing a platform to develop and exchange ideas and promote activities in the region in keeping with IFIC’s mission.

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