Mapping Integrated Care Cases in Australia

Title of the project: GP Liaison Program

Location: Children’s Health Queensland Hospital and Health Service

Project Partners
Children’s Health Queensland Hospital and Health Service
CheckUp – a not-for-profit organisation dedicated to health equity and healthier communities
Primary Health Networks throughout Queensland
Department of Health
1. SUMMARY

The GP Liaison Program at Children’s Health Queensland Hospital and Health Service (CHQ) employs General Practitioners to work as GP Liaison Officers (GPLOs) within the organisation, improving the interface between the community and hospital health sectors and improving access to outpatient paediatric care.

Through representation of general practice on steering committees and workgroups within CHQ, the GPLO role ensure the voice of primary care is heard throughout the organisation. GPLOs challenge CHQ to consider a broader view of the health system, beyond the hospital walls. Likewise, GPLOs challenge primary care to better understand the difficulties faced by a large, complex public hospital and health service, and for both parties to work collaboratively.

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Further information:

https://www.checkup.org.au/page/Networks/General_Practice_-_Hospital_Liaison_Officer_Network/

2. BACKGROUND

What are the aims and objectives of the Project?

CHQ's General Practice Liaison Program aims to ensure best-practice care of Queensland children is delivered as close to home as possible and within safe, clinically recommended timeframes. Over time the program also aims to build trust between primary care and specialist services.

The specific goals of the GP Liaison Program are to:

- champion the role of the general practice within CHQ and contribute to development of models of care that are inclusive of the primary care sector;
- lead development of systems and processes that improve communication between GPs and CHQ including fit for purpose referral guidelines and clinical handover protocols;
- assist in the development of paediatric clinical decision support tools including HealthPathways;
- ensure standardised statewide referral criteria are incorporated within developed clinical pathways;
- participate in relevant meetings/committees as required;
- liaise and communicate with referring GPs and other primary care providers; and
- facilitate GP education and primary care capacity building.

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

General practitioners play a crucial role in the care of children and young people, and often know the child in a wider family and community context. However primary, secondary and tertiary care is rarely well connected in Australia, and children are not always seen in a timely manner, close to home.

In recognition of this problem, a GPLO position was piloted within CHQ in 2012, funded by the state Department of Health. A brief evaluation of the role was conducted in 2015, following which CHQ took over recurrent funding of the position.

Since 2012, the GPLO has played a major role in identifying service gaps and opportunities for system improvements within CHQ, particularly where services interface with general practice. In recognition of the importance of this boundary-spanning role, further part-time GPLO positions were established.

The motivated and diverse team of part-time GPLOs report to the Medical Director of Integrated Care and contribute to a wide range of programs delivering integrated care.

Significant milestones of the GPLO program include:

- Establishment of the annual Paediatric Masterclass for General Practice, the largest paediatric conference for general practitioners in Queensland, now in its fifth year (2015-2019).
- Acquisition of $225K in funding for the Queensland Children’s Eye Health Strategy (QCEHS), driving integrated care for children with eye conditions.
- Establishment of the Paediatric Optometry Alignment Program, part of the QCEHS, a model of structured shared-care between community optometrists and paediatric ophthalmologists, the first of its kind in Australia (see separate Paediatric Optometry Alignment Program case study).
2. BACKGROUND

- Championing of timely and safe clinical handover between general practice and the acute paediatric sector, and development of resources to support this, including referral guidelines, referral templates, and discharge criteria.
- Representation of general practice on the Queensland Child and Youth Clinical Network.

How is the project funded, managed and governed?

One part-time GPLO position is recurrently funded by CHQ. Another 8 GPLOs work flexibly across a range of integrated care projects, and are non-recurrently funded through their relevant projects. The GPLOs all report to the Medical Director Integrated Care, and work closely with the broader Integrated Care team.

CHQ’s Integrated Care Strategy is made up of diverse projects which enable integrated care, and the GPLO team works across all projects, providing expert advice.

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

GPLOs at CHQ contribute to care coordination and integration through the development of paediatric HealthPathways for the state of Queensland. HealthPathways is an online resource that provides primary care teams with guidance on assessment and management of common conditions, and articulates the roles and responsibilities of all care providers, both within and external to the hospital sector. HealthPathways also provides guidance on the most appropriate referral options, with an emphasis on community based care where appropriate.

CHQ’s HealthPathways are available to all 8,000 GPs throughout Queensland.

How is the project being taken forward in the future?

The Medical Director Integrated Care plans to build on the success of the GPLO program through:
- Continued efforts to expand the capability of general practice to provide care for children through interprofessional education, including using innovative platforms like Project ECHO®, and the development of structured clinical attachments for GPs.
- Continuing to develop new models of shared care to better serve the children and clinicians of Queensland.
- Creating a GP Liaison registrar position, to embed system-level knowledge of integrated care.
3. EVIDENCE

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

Since the inception of the program, GPLOs within CHQ have contributed to:

- Involvement in CHQ’s Patient Online Portal project, which will enable patients and families to schedule their own appointments within CHQ and have access to some of their records
- Promotion of the uptake of the national personally controlled health record, My Health Record, which puts families in charge of their health information
- Local place-based initiatives, and the co-design of service delivery with patients and families
- Promotion of the role of the informal and NGO sector through HealthPathways

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

As General Practice Liaison Officers do not deliver care directly in their capacity as a GPLO, direct care outcomes can’t be measured. However, through their role in improving the interface between hospitals and general practice, GPLOs can lead to better outcomes for patients through:

- improving timeliness and quality of clinical handover;
- development of new models of shared care; and
- facilitation of high quality education in paediatrics for GPs.

See also the question below regarding evidence that HealthPathways is having a positive influence on health outcomes.

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)?

An evaluation of HealthPathways conducted in New Zealand showed that HealthPathways contributed to increased delivery of care in the community, improvement in referral quality, a reduction in the rejection rate of referrals, and a more transparent demand for secondary care. 69% of hospital clinicians surveyed felt that HealthPathways ‘improved the overall quality of referrals’. HealthPathways has also acted as a change management tool, by disseminating information about new models of care.

CHQ commenced its HealthPathways program in early 2018. As of February 2019, evaluation has not commenced, however this is planned to occur in late 2019.

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?
Predictions about improved cost-effectiveness secondary to HealthPathways will be possible once CHQ has conducted its own evaluation.

Other aspects of the GPLO program cost-effectiveness are yet to be evaluated.

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

GPLO positions in many Queensland hospital and health services, including CHQ, were established in 2012 to improve access to specialist outpatient services. An evaluation conducted by the Department of Health in 2016 demonstrated that access to initial specialist outpatient appointments did improve across all urgency categories during the time the GP liaison programs were running. However, a variety of other initiatives to improve access were undertaken at the same time, and the discrete contribution of the GPLO role to that improvement has not been established.

A small qualitative component of the evaluation found that amongst fellow GPs who had been contacted by a GPLO, 89% reported they had a willingness to engage with the GPLO program and considered it beneficial to patients and GPs and worthy of continuation.
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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