

Towards better healthcare integration

Integrated Health Care (IHC) focuses on coordinated and integrated health service delivery. The World Health Organisation (WHO) defines it as 'the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system'. IHC is also known as coordinated care, comprehensive care, transmurial care and seamless care and has been seen as a solution to fragmented and silo forms of healthcare delivery, which do not take into account patient needs and lack communication, connectivity and continuity of care between sectors.

By Dr Sandeep Reddy, Senior Research Fellow, Flinders University

The concept is not exactly new and has been around since the 1980s. It received attention because of potential benefits including streamlined care for patients, efficient use of resources, better cover of patients and improved quality and safety. Even in Australia, the model has received increasing attention by the government and the non-government sector. In fact, the thinking was a strong reason for recent national reforms and the establishment of Medicare Locals and now primary health networks.

However, interest and policy is one thing, and implementation another. There is confusion about what IHC involves means and limited information on workable models. And now that Medicare Locals are being rolled back to give way to Primary Health Networks, IHC faces an uncertain future.

IHC IN AUSTRALIA

Health service integration has been accorded various levels of priority by

different governments. While Australia has one of the best healthcare systems in the world, inefficiencies associated with split Commonwealth/State funding responsibilities, a fragmented and under-resourced primary care sector, and changes in workforce models have led governments to think how cross-sectoral integration can be achieved.

The national healthcare reforms that began in 2010 set out a pathway for improved integration of public hospital and primary healthcare services. Establishing Medicare Locals, and now Primary Health Networks, with a key focus on system level coordination and integrated service delivery, was to achieve this strategy. The future health care system in Australia must be strategically positioned to provide greater access to healthcare, increase quality and safety and meet consumer driven expectations and demand. There is a need for policy and program development to incorporate service integration as a priority including the development of key

performance indicators, which capture joint cross-sector activity.

ADVANTAGES

An IHC System has been claimed to have multiple benefits:

- Cost efficiency by sharing resources
- Greater patient access to a spectrum of services
- Improved pathways from better linkages, resulting in seamless care
- Reduced burden thanks to a collaborative approach
- Better quality of services through feedback loops and information sharing
- Service sustainability thanks to prevention focus which helps reduces avoidable or unnecessary hospitalisations

CRITICISMS

Health service integration has not always been welcomed. Critics have argued there is no point in changing existing models of care in favour of an integrated model if existing models are functioning well.

Concerns have been raised that the high quality of separate programs may be jeopardised by integration and also an integrated program may dilute focus on a priority condition.

There has also been criticism that IHC is unrealistic and overlooks the current interest of stakeholders in targets and short-time frames. However implementing IHC does not mean that everything has to be amalgamated into one package and, in fact, several combinations can be trialed. And integration is not a cure for all issues especially if there are inadequate resources.

MODEL FOR DELIVERY

One of the key criticisms of IHC is that there is a lot of theory but a lack of workable models. This is not factually correct as numerous examples of successful models abound locally and internationally.

Integration (the combination of parts into a working whole by overlapping services) is the key concept and two types come into play:

- Horizontal Integration (connecting similar levels of care, e.g. multiprofessional teams)
- Vertical Integration (involving different levels of care, e.g. primary, secondary and tertiary care).

In contrast to the popular misconception of IHC programs leading to workforce cuts, the proper integrating of care does not mean merging roles, an uneconomical

Sandeep Reddy is currently working as an academic with Flinders University. Based in Alice Springs, he also manages a project that involves the development of clinical guidelines for primary care practitioners. He is also undertaking Ph.D. studies involving realist evaluation of a regional hospital program in the context of national health reforms. In the past, he has managed several health projects and programs in Australia, New Zealand and India. These experiences include introducing innovative health solutions in challenging circumstances and complex situations. Sandeep is also a Fellow with the College.

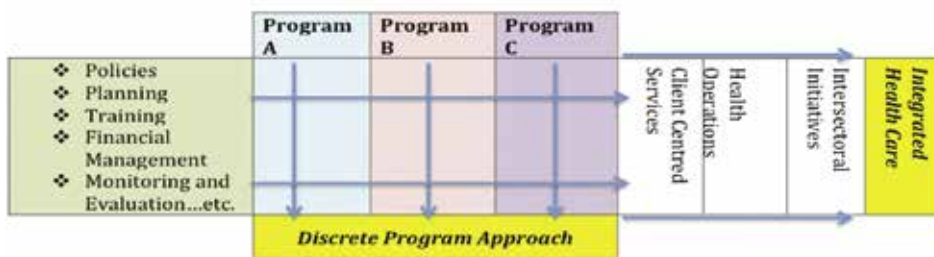


Figure 1. IHC Matrix (adapted from WHO 2008 & PATH 2011).

approach in the long run, with clashes with accreditation and certification requirements. So it is pragmatic and efficient to retain a mix of roles within an IHC program.

For a workable model, key elements that comprise IHC program have to be defined. Successful models have used varying elements, the most common ones including, patient focus/client-centred care, planning and budgeting, staffing, training, logistics and even organisation culture and leadership.

To establish a workable IHC program, each defined element has to be well planned for and assessed if it gels with the other key elements. In bringing the programs together, the organisation has to have a focus on patient centred care

or client centred service, as this is the defining approach of an IHC model.

The matrix above illustrates the intersection of these elements within a system framework.

An IHC program not only interlinks normally siloed health services but also places the patient at the centre of its approach. This leads to better outcomes for both the patient and organisations involved. In a period of cost savings and moves to establish sustainable and efficient services, the concept of IHC seems to be a ready-made solution requiring renewed attention from policy makers and funders. As Medicare Locals give way to Primary Health Networks, the concept of IHC has to be still accorded priority and funding continue for existing care coordination programs. ■■■

REFERENCES

- Armstrong K. *Developing a Framework for Health Service Integration in Queensland*. Brisbane; 2010 p. 1-15.
 PATH. *PATH's framework for health services integration*. Seattle, USA; 2011 p.1-4.
 Suter E, Oelke ND, Adair CE, Armitage GD. *Ten key principles for successful health systems integration*. *Healthc Q*. 2009; 13(Spec No): 16-23.
 World Health Organization. *Integrated health services – what and why?* Technical Brief. 2008 p.1-8.