Supports and Hindrances to the Integration of Collocated Services in Multiple Models of Primary Health care Delivery Integration in Collocated Primary Health Care Services

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AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE
Australian Primary Care

• Almost exclusively provided by private sector medical general practices and allied health practitioners.

• Funding
  • Fee for Service payments for general practice face to face services only with GPs from the monopoly government insurer Medicare.
  • Approximately 10% of GP funding comes from quality payments.
  • Limited government funded subsidies for psychologist (10 annual visits) and allied health (5 annual visits) services on referral from GP requiring a written care plan.
  • GPs can charge out of pocket fees and do so in 1 in 5 encounters.
  • Allied Health can also charge out of pocket fees.
  • 50% of the population have private insurance cover which will refund limited costs for allied health services but not GPs.
Changes in Australian Primary Care

- Increase in Chronic Disease.
- No increase in GP or allied health Medicare remuneration from 2012 until 2018.
- Tensions in the split of funding between the Commonwealth Federal Government and the State and Territory Governments.
- Better Mental Health Plan to provide care for common mental health problems.
- Severe rationing of State and Territory Allied Health Services outside hospitals.
General Practice Superclinics

- Introduced in 2010 as part of new health strategy by the Labor Commonwealth Government.
- Designed to improve primary care infrastructure and ease impending challenges of chronic disease, clinical complexity and increasing demand for clinical placements for future health professionals.
- Modelled to some extent on the London Darzi Polyclinics.
- Funded only for infrastructure. Service delivery costs funded under Medicare and private fee arrangements.
- Program discontinued in 2013 with change of government with 60 functioning clinics.
APHCRI Funding of Studies of Integrated Primary Care Centres

Directed at finding answers to the following questions around effective integration:

• What are the enablers and barriers to achieving integration of different service types, for example allied health, social care, acute care?

• What are the enablers or barriers to co-located services achieving objectives of improved integration and access?

• Are there any differences between GP Super Clinics and other co-located models such as Health One/ GP Plus that have an impact on achieving objectives of improved integration and access?

• Using individual GP Super Clinics as case studies:
  • What has been the role of the centres in diverting emergency department presentations? what factors have contributed to successful diversion e.g. co-location, triage and service profile?
  • What has been the experience of consumers and what education/communication strategies have been required and effective?
  • What has been their role in development and implementation of e-health initiatives and virtual networks to support integration?
  • What measures of service quality have been adopted for individual services and for the centre as whole?
  • What are the potential frameworks that would support quality improvement in multi-service/discipline integrated care settings?
<table>
<thead>
<tr>
<th>Clinic</th>
<th>Type (Foundation)</th>
<th>PHC Services</th>
<th>Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playford Super Clinic</td>
<td>Not for profit university (2011)</td>
<td>GP treatment, nursing, podiatry, physiotherapy, psychology, nutrition/dietetics, exercise physiology, occupational therapy (when requested), diabetic education, massage therapy.</td>
<td>general surgery, radiology, audiology, pathology.</td>
</tr>
<tr>
<td>Kardinia Health Super Clinic</td>
<td>Not for profit university Health Board PHN (2010)</td>
<td>GP treatment, nursing, podiatry, physiotherapy, psychology, nutrition/dietetics, diabetic education, exercise physiology, pharmacy.</td>
<td>audiology, pathology general physician/ endocrinologist</td>
</tr>
<tr>
<td>Modbury GP Plus Super Clinic</td>
<td>South Australian Government (2011)</td>
<td>GP treatment (private practice), podiatry, physiotherapy, nutrition/dietetics, exercise physiology, diabetic education, social work</td>
<td>RDNS, pathology cardiac nurse practitioner, spinal assessment clinic, Falls Assessment Clinic Dentist.</td>
</tr>
<tr>
<td>Health at Campbelltown</td>
<td>Private GP practice (2001)</td>
<td>GP treatment, nursing, podiatry, physiotherapy, nutrition/dietetics, diabetic education, psychology</td>
<td>massage therapy, ENT specialist, gastroenterologist and pathology</td>
</tr>
<tr>
<td>Adelaide Medical Solutions</td>
<td>Private GP practice (2012)</td>
<td>GP treatment, nursing, exercise physiologist in the clinic and services from tenants within the complex: psychology, podiatry, physiotherapy, pharmacy, nutritionist, diabetic educator.</td>
<td>RDNS, pathology, radiology, audiology.</td>
</tr>
</tbody>
</table>
An Australian Definition of Integration in Primary Care

“Integration and integrated care have multiple definitions in the literature and people’s understanding of these terms differs according to their perspective”.

“Although the definitions are varied, a central principle of integrated care is to bring together a diverse group of individuals and organisations to align administrative, funding, organisational, clinical and service delivery models that are designed to enhance access to good quality health care, particularly for patients with complex needs”.

Our study

The design was a multiple case study (mixed methods design) of small to large health services varying between 4,000 – 19,000 patients of the six clinics utilising data collection by:

- Written survey of management.
- Written survey and focus groups of consumers.
- Written survey and focus groups of health practitioners.

Each aspect of data collection occurred concurrently across the six sites.
What the patient liked more about their clinic

The GP
- Private: 31.7%
- Government owned: 31.8%
- Non-profit: 21.1%

Quality of service
- Private: 67%
- Government owned: 69.4%
- Non-profit: 64.8%

Convenient
- Private: 37.3%
- Government owned: 36%
- Non-profit: 44.7%

P-values:
- P-value = 0.027
- P-value = 0.027
- P-value = 0.543
Patients' perception on whether health care practitioners work together on treatment goals.
Patient Focus group themes

The four main themes arising from the patient focus groups were:

- Co-located health services have benefits and advantages for patients.
- The consumer use of services is strongly influenced by health professionals especially GPs and their use of tools. Patients tend not to be proactive about simply going to another support service.
- Patients have expectations of their health professionals. They want individualised service and not have the experience of being treated in a formulaic manner.
- Experience of a lack of linkage / separateness of services.
Patients' views on how to improve integration

- The importance of the reception area. This was an area of common ground between the health professionals and patients. There was a sense that it was at this point that coordination occurred.
- We need to consider reimbursement for physicians and other professionals to engage in shared decision making.
- Giving patient’s sufficient time.
- Consider how to reduce first port of call load on doctors.
- Educate health professionals on patient expectations within PHC.
- Integration is promoted by supporting internal communication mechanisms between professionals. Integration is seen in terms of things that build relationships.
# Health Professional responses

<table>
<thead>
<tr>
<th>Health profession</th>
<th>Number</th>
<th>% of all respondents</th>
<th>% of each profession across all clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP/ GP registrar</td>
<td>16/50</td>
<td>45</td>
<td>32</td>
</tr>
<tr>
<td>Nurse/ Practice nurse</td>
<td>7/16</td>
<td>21</td>
<td>44</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>2/11</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Diabetic educator</td>
<td>1/3</td>
<td>9</td>
<td>33</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1/10</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Nutritionist/dietician</td>
<td>1/4</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Exercise physiologist</td>
<td>1/4</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Psychologist</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession not stated</td>
<td>2</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>35/108</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
Health professional focus group themes

Four key themes identified by the health professional focus groups:

- Co-location supports better service to patients
- Communication enhanced between professionals
- Trust and familiarity established with other professionals
- The importance of process

Nurses can be an anchor point, common denominator because they are there a lot of the time and are moving between patients, doctors and other health professionals.
Health professionals’ perception of barriers to integrated care in clinics

- Delays in patients being able to see other health providers: 46%
- Lack of formalised integration structure: 35%
- Difficult to find time to talk with other professionals here: 27%
- Too few case conferences in this clinic: 24%
- Lack of clinical leadership for service integration: 14%
- The fee structure discourages time spent on inter professional communication: 14%
- There is high turnover of professionals in this clinic: 11%
- Integration is not well supported in this clinic: 11%
- The building layout and room organisation does not lend itself to integration: 11%
- Lack of appropriate clinical services within this clinic (with whom to ‘integrate’): 8%
- Other: 8%
- IT systems are not conducive to integration within this clinic: 5%
- I rarely refer or liaise with the health professionals in this clinic: 3%
"I think everything should start with the patient, and then it should flow on from there, because everybody is an individual. So any integrated process needs to be able to have branches that can go for a patient with whichever need that they may need."

Health professional in focus group
Questions?