Integrated Care – key influencer of whole of systems change?

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Preliminary questions- whole of systems change

What is the system?

Does anyone (important) want to change it?

What are the system objectives?

What does the system do?

Is the system open or closed and in what respects?

Who benefits? E.g. Banks, tax system, housing system,

Who owns the system?

Who governs it?

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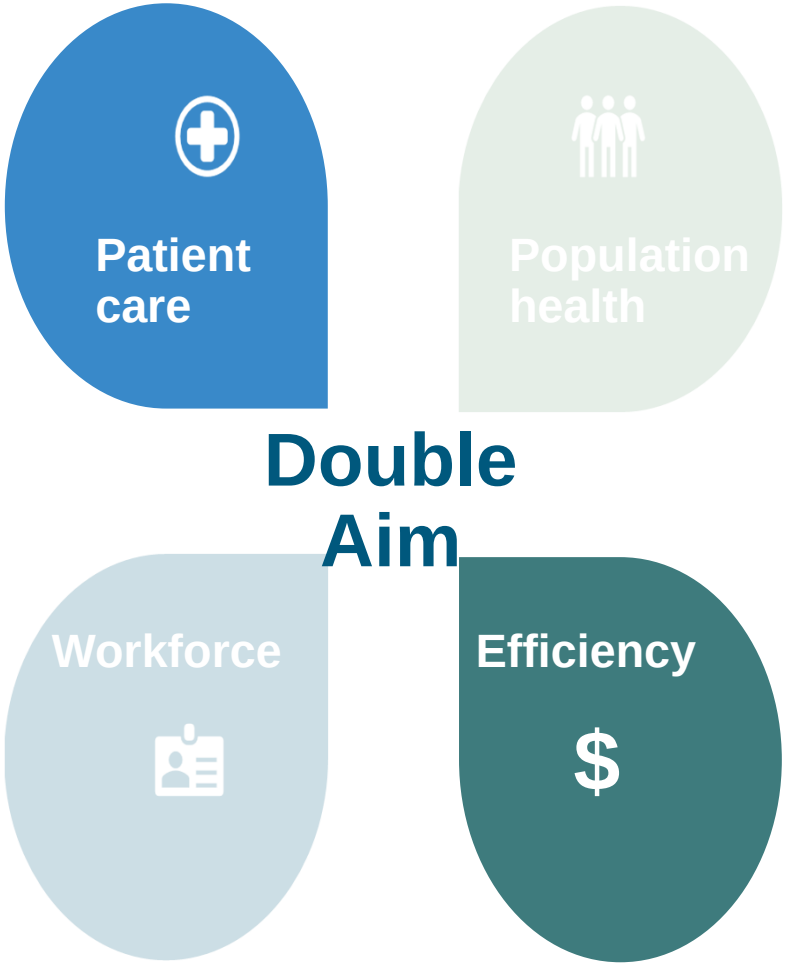
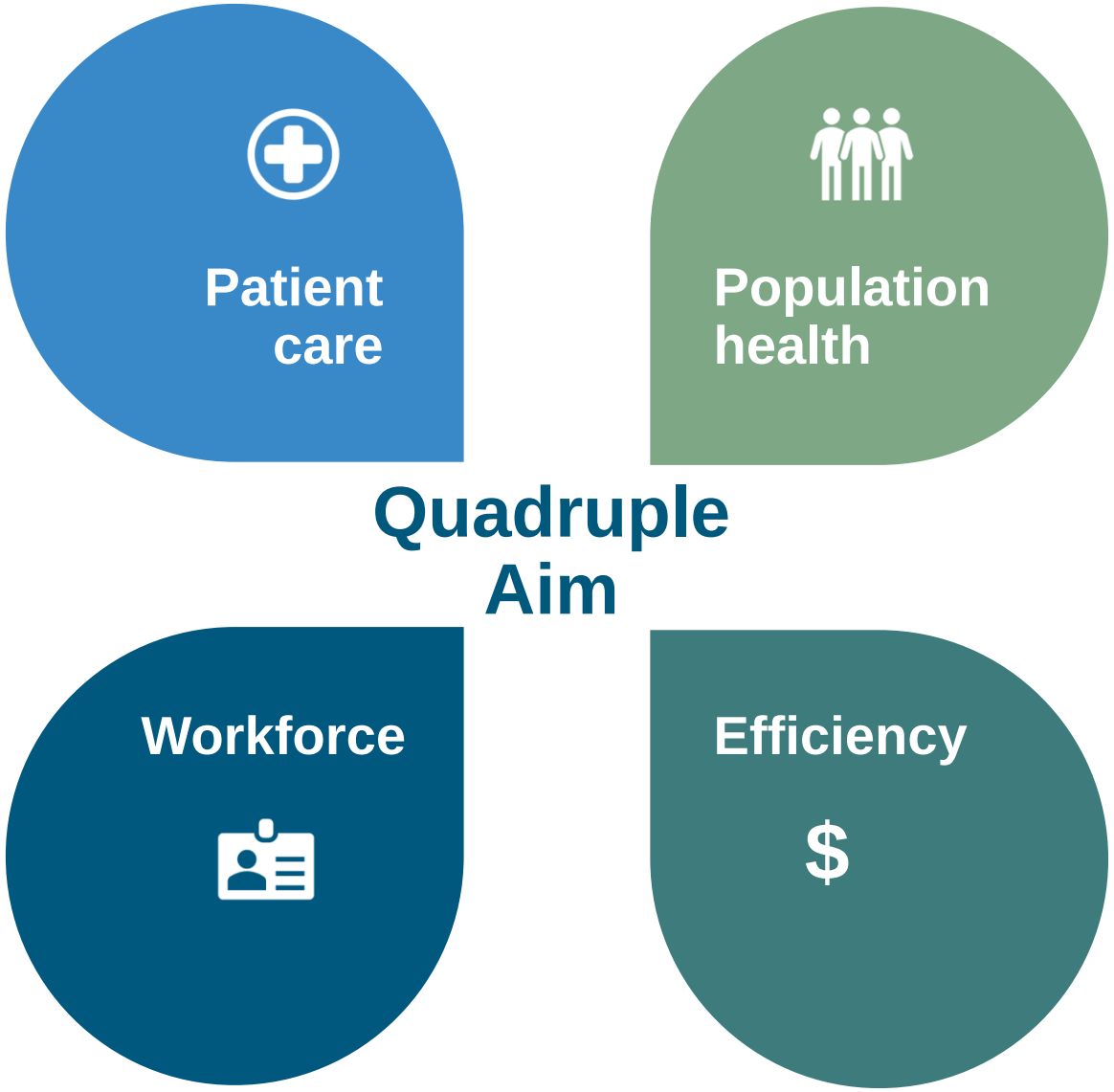


- Fee for service - volume
- Activity based funding – efficiency
- Market subsidy – MBS, PBS
- Process not outcome indicators
- Competition rather than collaboration, short term contracts
- Diversification of market CMOs, NGOs
- Particular rural problems


Patient care
Population health
Quadruple Aim
Workforce
Efficiency
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Appetite for change?

- *Reorganizations* – response to crisis
- *Disjointed incrementalism* – successful lobbying, monopoly or monopsony power
- *Logical incrementalism* – small steps with greater end in sight

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Whole of systems change – 10 themes, no recipe

Plsek 2016

- New, vital, inspiring vision
- Clear steps that all agree will make a difference
- Ability to live with complexity, multiple ”everythings”
- Frame issues to engage/energize stakeholders, distributed leadership
- Multiple processes and subsystems build on and support change
- Continually refresh story, attract new converts
- Emergent planning, codesign, adaptability and engagement
- Accept you cannot predict outcomes in detail
- Transform mindsets through engagement, the new way is better
- Maintain and refresh leaders’ energy over long term

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Whole of systems change – e.g. rural suicide prevention

- Narrow and short term to broad and extended
- Normal focus – actively suicidal people
- Multi-component – Black Dog Lifespan trial
- Broad focus - CRRMH model

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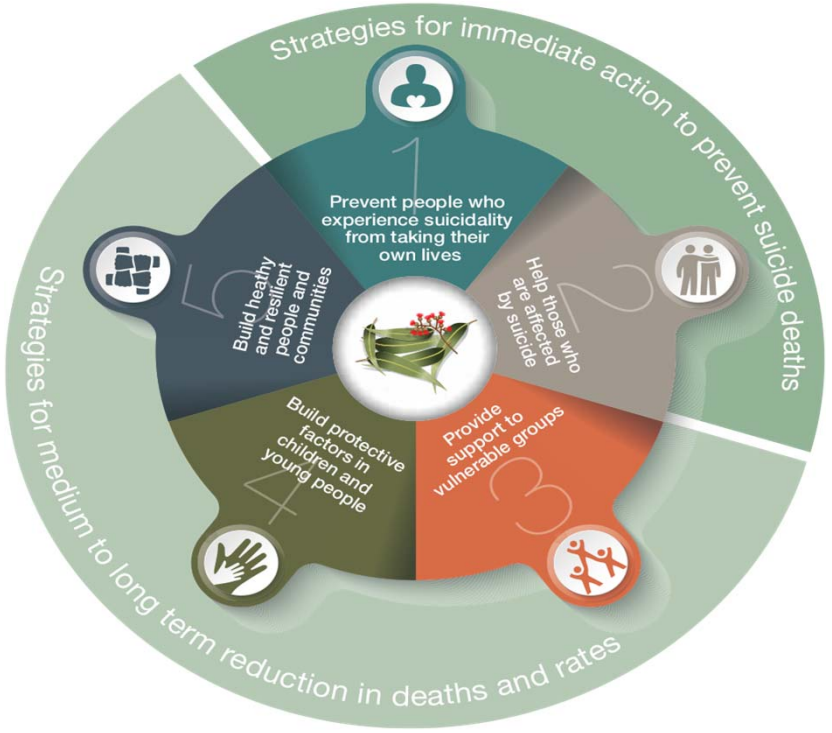
Whole systems?

1. Suicidal people
2. Those affected by suicide

3. Vulnerable sub-populations
4. Children and young adults
5. Healthy and resilient communities

Figure 1: Rural Suicide prevention Focus areas



Person-centred and integrated care (WHO)

- The obvious alternative – provider-centred and fragmented
- Assumes single (usually physical) morbidity and specialist solution

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Fragmented care is the default setting of most health care systems

Integrated care as a concept should be seen as so much more than the sum of a range of organisational processes acting at different levels. As with primary care, integrated care should rank alongside universal health coverage and equity of access as a core property of high-quality health systems since, without it, care experiences and outcomes are unlikely to be as good as they should be. So whilst it is important to better comprehend the complex and multi-dimensional nature of integrated care as a process, it is also important to recognise that integrated care is a fundamental design principle.”

WHO

People-centred health services

Integrated people-centred health services means putting people and communities, not diseases, at the centre of health systems, and empowering people to take charge of their own health rather than being passive recipients of services. Evidence shows that health systems oriented around the needs of people and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.

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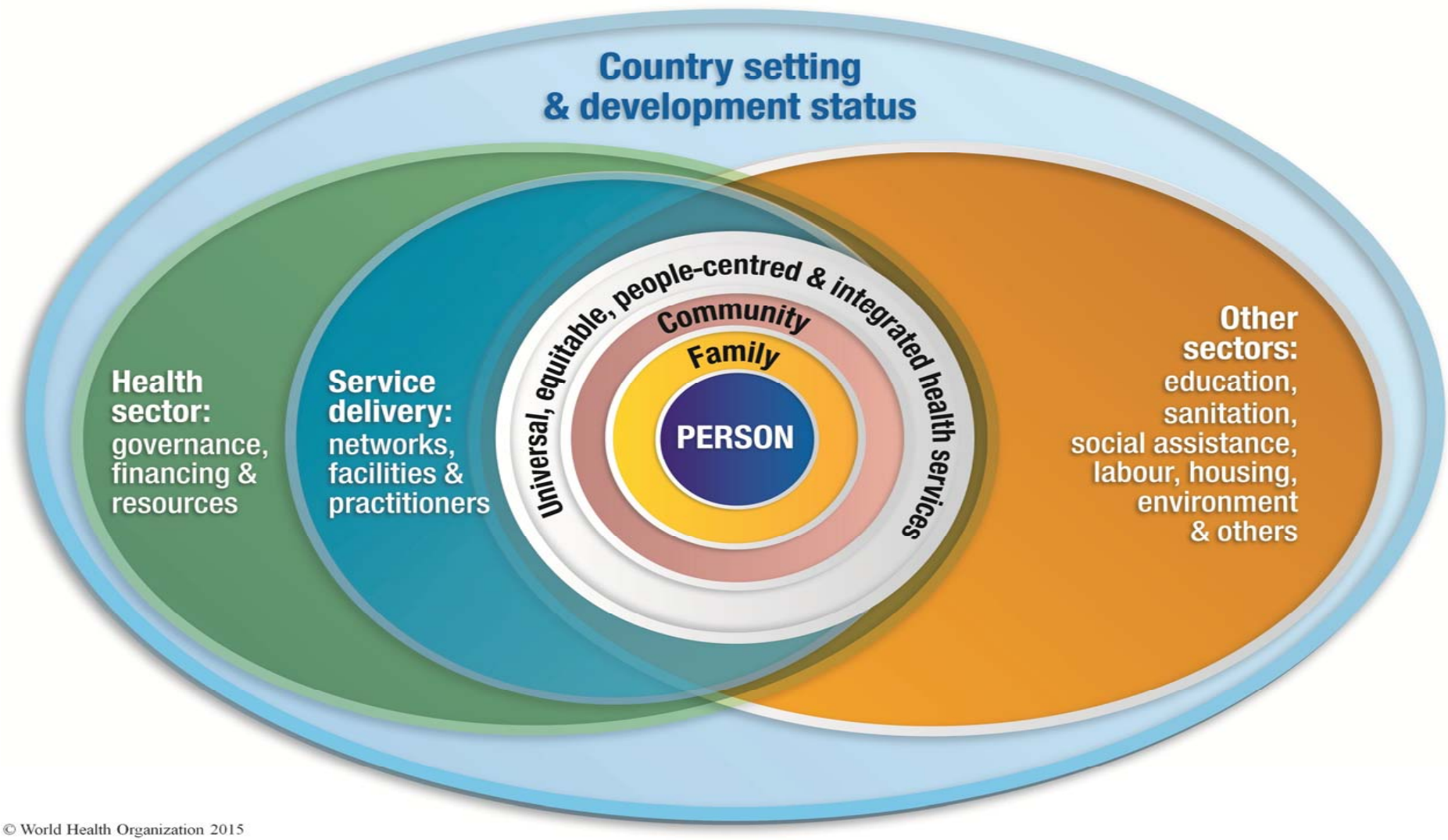
WH0 – Person-centred and integrated care



WHO

Integrated health services

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Report of the Secretary-General, document A/66/83

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Contacts

www.crrmh.com.au

https://integratedcarefoundation.org/ific-australia

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Thank you

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