CPAC Scoping Document for
Integrated Care

Project Proposal

Integrated care has been identified as a College P&A priority, and the importance of this topic is supported by a number of other College committees and Fellows; notably the NSW/ACT State Committee.

The College is yet to fully define its position, policy or narrative on this topic, which is hindering its ability to contribute to and shape the debate.

It is proposed that this scoping document serve as the basis for formally constituting a new Working Party on integrated care.

Background

Integrated care is a topic that is increasingly becoming a focus for health policy makers, organisations and agencies.

The 2009 report from Australia's National Health and Hospitals Reform Commission stated that Australia’s “fragmented health system with a complex division of funding responsibilities and performance accountabilities… is ill-equipped to respond to [Australia's future] challenges.” The integration and coordination of care was a key aspect of many of the recommendations in the report.

The 2013 National Primary Health Care Strategic Framework, endorsed by the Standing Council on Health, has as its first of four strategic outcomes “a consumer focused and integrated primary health care system”.

Some reforms over the last few years have had integrated care as an aspect of their work, including Medicare Locals and Local Health Districts (LHDs), but progress has been slow and the announcement of the closure of Medicare Locals and establishment of Primary Health Networks (PHNs) changes the policy landscape further. However, with such change comes opportunity, and we have advocated at meetings and in submissions that integration of care be a core part of the PHNs’ remit.

RACP work to date

RACP NSW/ACT State Committee

Integrated Care is a stated priority of the RACP NSW/ACT State Committee, and under the lead of this Committee, P&A have hosted a couple of events for Fellow interested in this topic:

- an evening presentation by Dr Martin McShane, NHS England’s Director of care for people with long-term conditions
- lunchtime meeting for Fellows to meet with NSW Health Director of Integrated Care and representatives from the three NSW Integrated Care demonstration sites (Western Sydney, Western NSW and Central Coast)

Aged Care (Community Hubs)

Earlier this year, Prof Ian Maddocks AM, a highly respected Fellow of the College, geriatrician and Senior Australian of the Year in 2013, wrote to the College with a proposal regarding
Community Aged Care Hubs. CPAC approved a response from P&A in which it was highlighted that “there is a lot of interest within the College to pursue advocacy around integrated care and this model would certainly fit well within this work.”

Initial investigation into this area supports the proposal that better integrating the provision of care between specialists, primary care and care provided in Residential Aged Care Facilities, would be of benefit both to the quality and timeliness of patient care and to the efficiency of the health system.

Demand for aged care health services

The average age of the Australian population has been increasing over the last 40 years, and this trend is expected to continue.¹ The greater number of Australians living longer has meant an increased demand for services such as places in Residential Aged Care Facilities (RACF). As at June 2013, there were nearly 169,000 people living in permanent residential aged care, an increase of just over 20% since 2003.²

RACF residents are often frail and may require medical treatment, whether in the facility or in hospital. A recent study of movements between hospital and residential aged care in 2008–09 estimated that 9% of hospital admissions involved permanent aged care residents³, whilst research from the Australian Institute of Health and Welfare found that 1 in 4 RACF residents (25%) had at least 1 admission to hospital in 2011–12.⁴

Permanent RACF residents accounted for 9% of hospital admissions and 18% of all deaths in hospital. At first glance, this figure would appear to be concerning, but “it is likely that this is simply a reflection of the general frailty of the RAC population when compared with patients admitted to hospital from the general community.”⁵

Issues identified within provision of aged care services to RACFs

In their 2006 paper, Finn and colleagues created a clinical expert reference group to discuss issues associated with the transfer of residents from RACFs to hospitals. The four key issues noted were.⁶

---

⁵ Accessed 08/10/2014.
1) Lack of clinical support for staff in RACFs, especially after hours. Due to this lack of support, hospitalisation may be required, even in relatively minor cases which could be resolved with appropriate facility based expertise.

2) Lack of planning for adverse clinical events. Facilities often do not have clear guidelines regarding when admission to hospital is appropriate, and, even in cases where they do have such guidelines, they are often not written down or easily accessible.7

3) Lack of alternative to Emergency Department for relatively simple clinical procedures.

4) Lack of communication between RACF and hospital. Issues identified included significant delays (up to two weeks) between discharge and the provision of the discharge report, as well as a lack of documentation supplied to the hospital on admission. This can lead to inefficient case management and planning.

**RACP recent advocacy for Integrated Care**

Integrated care has also been a key part of College input to a number of reviews, inquiries and discussions:

- peak body meeting on the establishment of PHNs
- RACP input to the National Diabetes Strategy Advisory Group
- Submission to the inquiry by the Senate Select Committee on Health into health policy, health administration and health expenditure [http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Submissions) (submission no.37 on pg 2)

There has been interest from a range of organisations keen to work with the College on this topic, including NSW Health, LHDs, MLs (who plan to tender to become a PHN) and other policy bodies such as the Australian Hospital & Healthcare Association (AHHA).

**Proposed ideas**

From the discussions and reviews done thus far, a number of ideas have been put forward suggesting areas where the College could focus its efforts:

- Development of a ‘narrative’ on Integrated Care that would form the basis of the College’s position, views and perspective. It would tell the story of why the College believes this topic is so important, what is could mean for patient care and their journey through the health system, and how it might impact on physicians in terms of their clinical practice and their inter-professional relationships.

- This narrative would also include calls for **new models of care** and **appropriate funding systems** that drive, enable and support integrated care, including by

---

supporting the delivery of more specialist services in community based settings and appropriately rewarding the time and work required to support integrated care.

- The investigation and possible modelling of these new models of care and funding systems. These new funding models would need to appropriately value teamwork and collaboration between healthcare professionals as well as incentivise early intervention and preventive care. One problem with the fee for service (FFS) model is that under certain circumstances it may encourage multiple visits and procedures while not appropriately valuing synergies in the delivery of healthcare.

- Advocacy for improved electronic health records and flow of information across the system; and for the increased use of telehealth and other technologies.

- The investigation of potential changes in training curricula that would better equip the health workforce of the future for provision of better integrated healthcare.

- Cross-professional collaboration led by the College, to foster and model effective multidisciplinary relationships and improved understanding of each profession’s roles.

- Development of a ‘case study’ of integrated care in the context of aged care, to investigate and propose how it might work and the benefits it could deliver.

Business Benefits Expected

Having a position on and working to progress the integrated care agenda would position the College as a thought leader in this area.

The better integration of care, and its ability to improve patient care and drive efficiencies in the health system, is one of the College’s main responses to the last Federal Budget. Our position has been that this should be the focus for future health policies. For us to sustain this position, further work and active advocacy will be required.

The resulting narrative, guidelines and options papers produced as a result of this work will also provide a basis for future College submissions to the government’s White Paper on the Reform of the Federation, due at the end of 2015. The introductory phrase on this White Paper refers to “… the responsibilities of different governments, to ensure that, as far as possible, the States and Territories are sovereign in their own sphere”. Reforms coming from this White Paper could therefore have considerable impact on how healthcare is funded, organised and delivered in the future.

Initial Product End Description

- A narrative on integrated care; that would form the basis of the College’s position, views and perspective.

- Options papers detailing possible new approaches and funding models that would facilitate and incentivise the better integration of primary and specialist healthcare.

- A ‘case study’ detailing how integrated care might work in the context of aged care and highlighting the potential benefits to patients, clinicians and the overall health system.

- An agreed work plan identifying additional aspects that would support the progression of Integrated care and the College’s advocacy on this, for example:
Further advocacy and activities to support the increased uptake and use of telehealth

Collaborative events and advocacy with other Colleges, to foster improved multidisciplinary approaches and relationships

Advocacy to support the provision and availability of training positions in the community, as these are recognised as providing strong experiential learning for Trainees and supporting greater multidisciplinary approach to the provision of care

Promotion of general medicine physicians, to foster a greater focus on patient-centred care

**Business Alignment**

- The development of a narrative on Integrated Care will provide the College with a strong platform that will support a number of policy and advocacy priorities.

- Active work being undertaken and led by the College will support our goal of shaping the health system, raising our profile as a key policy body, and enable us to engage with the increasing number of Fellows who are keen for the College to be active in this area.

**Primary Objective**

- Produce a narrative on Integrated Care.

- Provision of ‘case studies’ on integrated aged care.

- Engage in active advocacy on the matter.

**Secondary Objectives**

- Develop strategies, materials and advocacy opportunities to support various drivers and enablers of Integrated Care.

**Project Quality**

This work will be led by a Working Party comprising College Fellows.

The project will be subject to the College’s quality assurance processes, including consultation with relevant internal College bodies (e.g. DFaCs, CPAC, CEC) and external stakeholders such as RACGP, Local Health Districts (LHDs), MLs/PHNs, State Health, Commonwealth government, other relevant medical bodies, consumer groups.

**Deliverables**

- A College narrative on Integrated Care
- Recommended models of care and associated funding models
- Case studies on Integrated care in the context of aged care and/or chronic disease
- Other pieces of work, to be determined by the Working Party
Out of Scope

- To be confirmed by the Working Party.

Related Projects

- Telehealth advocacy project (joint with ACRRM)
- General Medicine physician P&A work
- ATSIHC national framework for access to specialist care
- Input to the Federation White Paper
- General and opportunistic advocacy to the Independent Hospital Pricing Authority (and State equivalents) on alternative models of funding hospital services,

Assumptions

- Working Party is established with full membership
- P&A staffing resources are available to support this project from approval to completion

Constraints

- Ability for Fellows to engage and provide time for this work
- Competing P&A priorities distracting from this matter