ACHSM & Nous Group:

Health System Integration – reorienting systems to consumer-centred care

Symposium Paper

Insights from leadership roundtables at the 2023 ACHSM Congress

nous | ACHSM | Australasian College of Health Service Management

Symposium paper development process

Facilitated by Nous and attended by more than 30 senior health executives, participants were provided the Nous framework for health system integration. The room was split to focus on three case studies:

(1) Aged Care

(2) Mental Health

(3) Chronic Disease Management.

The groups were asked to focus in on dimensions 4 and 5 of the framework:

- Which aspect of care and support is being integrated? (Clinical service, longitudinal/consumer journey, information)

- What levers can you use to enable integration of care? (e.g., information sharing systems; workforce capabilities; aligned funding/governance)

Please find following a paper prepared by Nous outlining the insights gathered from this 2023 ACHSM Congress Symposium session.

Health system integration is key to health reform priorities

The 2023 ACHSM Congress in Canberra brought together senior leaders in healthcare from across Australasia to share lessons learnt on health care innovation and to address current health system challenges. The Nous Group (Nous) facilitated three leadership roundtables to develop insights from the Congress to inform the College's advocacy on health reform priorities.

The insights from the ACHSM leadership roundtable on health system integration reflect the perspectives of health service managers across the aged care and acute care sectors, from managers in regional and metropolitan public, private and not for profit health services, and government officials responsible for health workforce, service design and digital health policy.

Health system integration is the holy grail of health reform. It requires collaboration across the health sector to align efforts to better meet consumer needs and deliver better care outcomes. Integration presents the opportunity for greater efficiencies in service delivery and implementing change, and re-orienting care, to a holistic approach. As such, system integration is identified as a key and shared challenge across the health sector, and a significant opportunity for managers and leaders to influence positive change.

The WHO defines an integrated health system as one where:

"All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable and all carers are motivated, skilled and operate in a supportive environment." – The WHO Framework on Integrated People-centred Health Services (IPCHS), 2016.

Participants reflected that this definition, while accurate, is incomplete. It presupposes that health services can be examined as distinct from interlocking systems and sectors, and was also felt to under-emphasise the importance of wellness, wellbeing, and prevention in understanding health.

INTEGRATION FRAMEWORK

This Framework provides a common language and a structured approach to understanding the current state of integration and for identifying gaps and opportunities for improved integration across the health sector.

DEFINITION

Integration involves collaborative working across the health sector to align efforts in meeting consumer needs, and providing the highest level of care possible

CONSUMER-CENTRED GOALS

Organisations **collaborate** to **plan, coordinate and deliver** the best care for the consumer's and carers needs
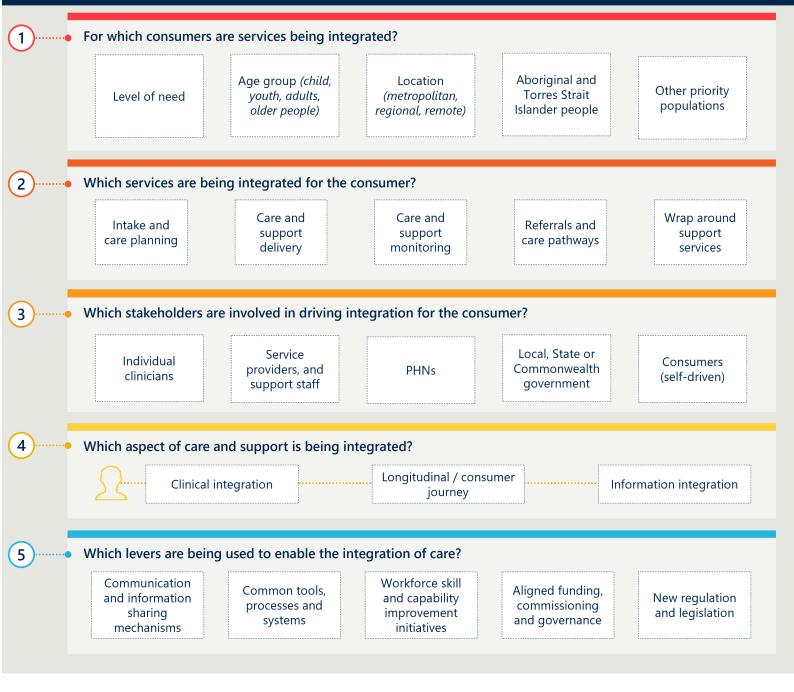
Care is based on a **holistic understanding** of consumer and carers, their **needs** and **priority outcomes**

Consumers experience seamless **continuity of care, transitioning smoothly** between services and locations as **their needs change**

THE FIVE DIMENSIONS OF INTEGRATION

1 · · · · · **For which consumers are services being integrated?**

| Level of need | Age group *(child, youth, adults, older people)* | Location *(metropolitan, regional, remote)* | Aboriginal and Torres Strait Islander people | Other priority populations |

2 · · · · · **Which services are being integrated for the consumer?**

| Intake and care planning | Care and support delivery | Care and support monitoring | Referrals and care pathways | Wrap around support services |

3 · · · · · **Which stakeholders are involved in driving integration for the consumer?**

| Individual clinicians | Service providers, and support staff | PHNs | Local, State or Commonwealth government | Consumers (self-driven) |

4 · · · · · **Which aspect of care and support is being integrated?**

| Clinical integration | Longitudinal / consumer journey | Information integration |

5 · · · · · **Which levers are being used to enable the integration of care?**

| Communication and information sharing mechanisms | Common tools, processes and systems | Workforce skill and capability improvement initiatives | Aligned funding, commissioning and governance | New regulation and legislation |

Health system integration finds its anchor in a consumer-centred model

The model above approaches health system integration as a coordinated continuum of care to meet the evolving needs of consumers and their carers. The ACHSM leadership roundtable explored dimension 4, "What aspects of care and support is being integrated"? and dimension 5, "Which levers are being used to enable the integration of care?" These dimensions are integral to the future advocacy agency to be pursued by the ACHSM. They were applied across three case studies that would benefit from system integration.

Chronic disease management, mental health care and aged care serve as key examples of longitudinal health experiences in need of greater integration

Discussions centred on three topical policy areas where health system integration could be beneficial: chronic disease management, mental health and aged care. This section outlines the key themes and insights developed from those discussions.

A key and repeated theme across these settings was the importance of orienting services to consumer centred models, understanding that the health consumer is the constant across discreet healthcare episodes, organisations and sectors. Mechanisms such as empowerment in health literacy and service navigation, as well as data sharing and integration were described as complementary to a transformation agenda that aims to integrate services in their combined goal of consumer-centric health outcomes.

Restraints on workforce capacity was also a recurring theme as a major consideration for health system integration, though this issue will be discussed in more depth in the corresponding *'Workforce'* leadership roundtable summary.

Chronic disease management

Health system integration in chronic disease management relies on a broader uplift of service integration, focusing on clinical service delivery and the consumer journey. Key takeaways from plenary discussions include:

- Promotion of interprofessional practice

- Improved health literacy and education

- Introduction of data standards on vertical integration

- Development of national frameworks for patient journeys

Opportunities for integration present as value-based healthcare and place-based solutions, promoting person-centred and multidisciplinary care. Participants reflected on the potential to aggregate funding models to target efforts based on health outcomes.

Participants noted the special consideration required for regional and remote service delivery and services delivered to First Nations communities, including the need to distinguish between relationship-focused and transactional healthcare delivery, and the promotion of data sovereignty for Aboriginal communities. There must be a focus on person-centred, culturally safe care, with approaches tailored to target the most vulnerable and at-risk groups of these communities. Participants reflected on several barriers to

integration of chronic disease management in rural and remote areas, including poor data surveillance and electronic medical record-keeping, and workforce restraints.

Levers for integration in chronic disease management were identified as:

- **Legislation harmonisation** – The group identified that aligning legislation across jurisdictions would be a critical step to creating an enabling environment for health services to innovate and work towards health system integration.

- **Data sharing** – The ability to accurately collect and share data in a timely manner would significantly reduce barriers to responding to the need of the community.

- **Digital health** – This is a broad umbrella that encapsulates data literacy, electronic medical record (EMR) integration and patient record sharing. All of which are critical enablers to developing information integration and allowing for triangulation of data to better identify at-risk populations.

- **Health prevention and promotion** – The group highlighted the need for a shift in focus at a government and health system level to address health prevention and promotion. This should include a focus on increasing health literacy, promoting healthy lifestyles and preventing chronic disease development.

Mental health

Considerations for mental health integration echo those raised for chronic disease management, with a common target of improved clinical service delivery across the consumer journey. Opportunities for integration include the following:

- Integrating workforce and models of care.

- Delivering robust handover processes and shared plans to ensure a seamless experience for both consumers and clinicians.

- Linking electronic medical records and ensuring updates are timely and effective.

Participants reflected on the key barriers to the integration of mental health care as being:

- inadequate funding to support prevention and early intervention,

- system fragmentation due to funding discrepancies between prevention, primary, specialist and acute care, and

- disruption of care continuity across the patient journey as acuity of care fluctuates.

Several levers were identified to enable the integration of mental health care, including:

- Addressing gaps and incentives in funding arrangement.

- Promoting digital and telehealth access to wellbeing support and specialist mental health services,

- Considering population-based funding.

- Integration into school systems and promoting outcome-based reporting.

Aged care

Integration in aged care presents an opportunity to better manage the transition from support at home and community-based care to residential aged care. Participants noted that integrative measures that

coordinate aged care can minimise morbidity and dependence on services and enhance wellness to reduce unnecessary acute care presentations. It also highlighted the need for a strong focus on acknowledging consumer preferences and managing risk tolerance.

Participants reflected on the following enablers of integration:

- Person-centred models

- Improved access to services across the continuum of need

- Appropriate governance structures and accountability

Barriers to integration were seen as stemming from longstanding structural inequalities which require concerted government commitment and focus. These include: rebalancing of funding arrangements across the aged care spectrum to ensure equity of contribution and sustainability of service delivery, and improved incentives and support for workforce distribution and capability development, especially in rural and remote areas.

Participants reflected on the value of reviewing the scope of care and workforce practice in residential aged care to permit the delivery of more acute care outside of admitted patient health services. This would require consideration of Commonwealth and state government funding implications and realignment of responsibilities.

Next steps for health system integration priorities

When designing and implementing for health system integration, health policy decision makers and health sector leaders should consider the three consumer-centred goals outlined in this integration framework:

1. Organisations **collaborate to plan, coordinate** and deliver the best care for the consumer's and carers needs.
2. Care is based on a **holistic understanding** of consumer and carers, their **needs** and **priority outcomes**.
3. Consumers experience seamless **continuity of care, transitioning smoothly** between services and locations **as their needs change**.

Critical to successful health system integration is collaboration across all levels of government to align priorities. In addition, there needs to be collaboration with and across the sector to ensure efforts are aligned to meet consumer needs and provide the highest level of care possible.

Connect with us:

Yael Cass

Principal

t +61 401 718 533
e yael.cass@nousgroup.com
w nousgroup.com

Dr Paul Eleftheriou

Principal

t +61 413 090 734
e paul.eleftheriou@nousgroup.com
w nousgroup.com