Integration

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Integrated Care

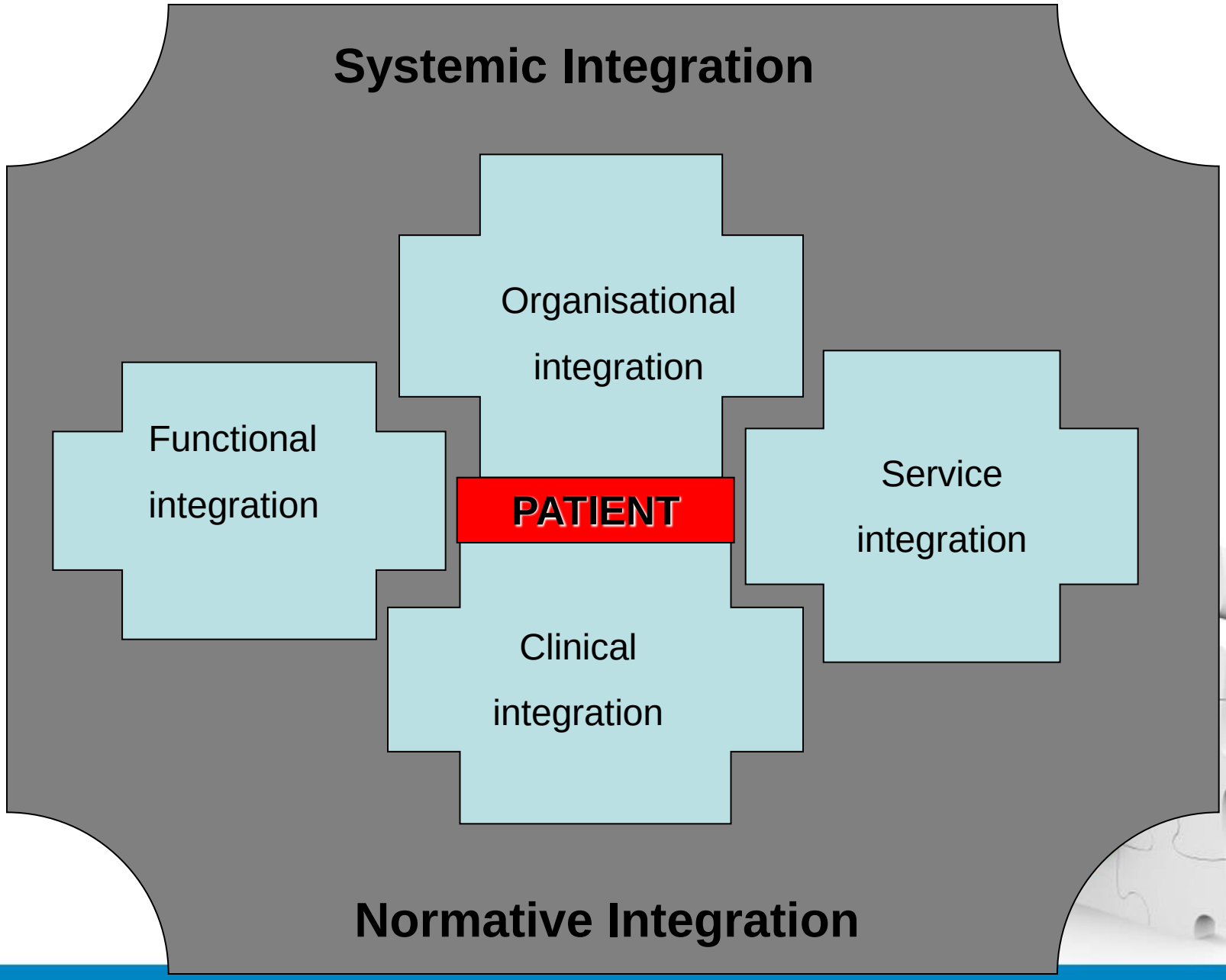
“a relentless focus on the needs of the patient’

We may need to “throw a rock at a tiger”

to get changes happening

- remember to hold onto the tail

And enjoy the ride!



Source: Fulop et al. (2005), adapted from Contandriopoulos et al. (2001)

Integration Outcomes

Organisational integration:

creates **high-trust low-bureaucracy** outcome based contractual arrangements with aligned management and business structures.

Functional integration:

aligns back-office functions, IT, budgets and financial systems, and create a **single entry point** to IFHC services including outpatients, inpatients and community based care

Integration Outcomes

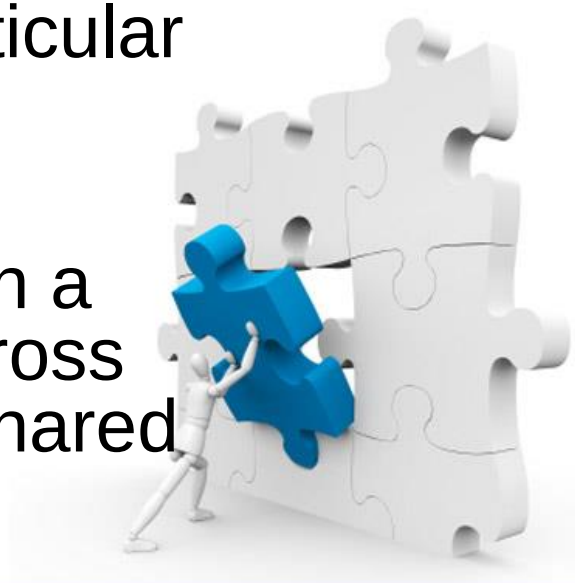
- Service integration:
  - drives interdisciplinary health care teams to deliver **connected health and disability service** across primary and secondary care

- Normative integration:
  - drives the development of **shared values**, culture, vision, mindsets and behaviour across the IFHC

Integration Outcomes

- Clinical integration:
  - creates **patient focused models** of care that are supported by well established clinical governance, clinical networks and collaborative clinical pathways with integrated performance accountability and shared outcomes measures with a particular focus on Maori outcomes

-where patient care is integrated in a single process both within and across professions, e.g. through use of shared guidelines.



Integration Outcomes

- Systemic integration:
  - will be underpinned by the principles of Māori health and Whānau Ora, and engagement of front-line clinicians and patients in designing services.
  - Aligned incentives and accountability will drive service improvement activities.

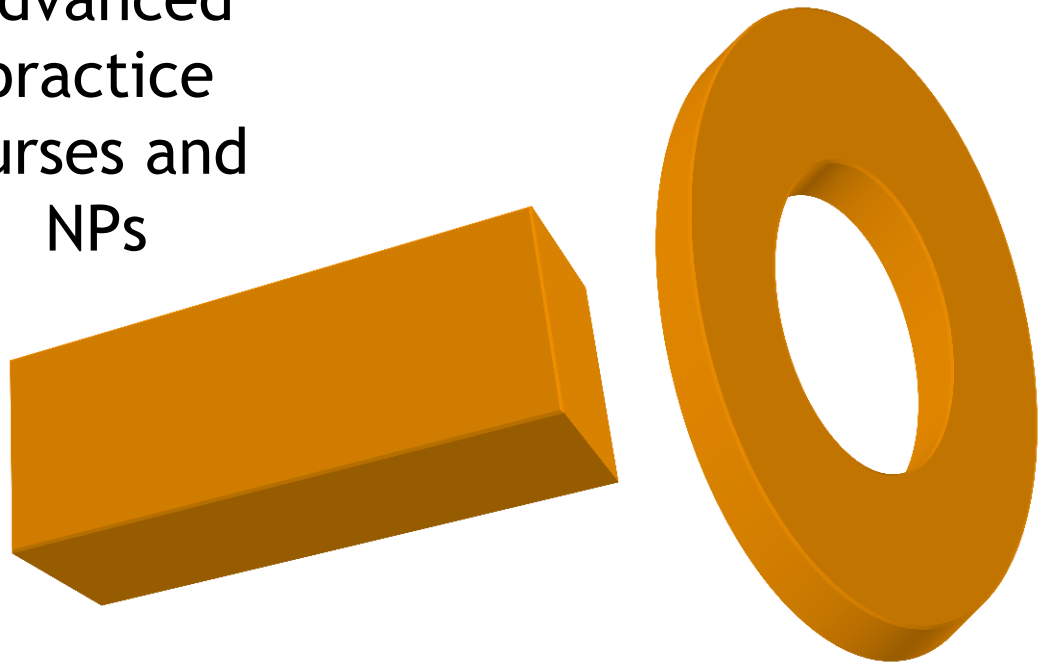
The current paradigm

General practice may not be the ideal "home" but it is the best we have….

- It has the systems- IT, quality, data systems
- It has the continuity of care
- it is in the community where the patient lives
- The high performers have a team culture

What's Wrong Here?

Advanced practice nurses and NPs



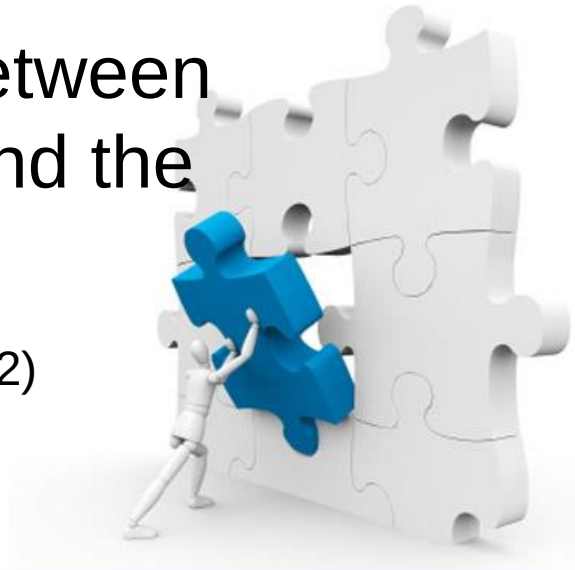
Health care system designed to provide predominantly episodic care

Emerging paradigm

- When enough anomalies are recognised in the current paradigm, it will exist in a state of crisis - and even conflict - until a new paradigm emerges.

- An intellectual "battle" takes place between the followers of the new paradigm and the hold-outs of the old paradigm.

Kuhn,T *The Structure of Scientific Revolutions* (1962)



Integrated Care

Integration may be implemented at different levels, Curry and Ham (2010):

- **Macro**
- **Meso**
- **Micro**

Macro level focuses on delivery integrated care to the populations they serve

Characteristics:

Multispecialty medical groups

Aligned financial incentives- eg avoiding perverse incentives

IT technology - supported shared health record

Use of guidelines and best practice evidence

Registered population to facilitate continuity of care

Robust quality programmes utilising data from all health professionals

Effective leadership with a focus on CQI

Collaborative culture focusing on teamwork with patient centred care

Meso level focuses on the needs of particular groups of patients and populations with the same condition

Characteristics:

- Organised provider networks with service agreements, joint training, shared information systems

- Redesign of care pathways

- Case management multidisciplinary team care with single point of contact

Micro level focuses on improve care co-ordination for individual patients and carers

Characteristics:

Patient centred medical homes

Utilises care management/co-ordination

Use of technology- IT, telehealth

Electronic health care record

What will the MoH do?

- Performance and incentive framework:
  - Tiered performance pathway with access to “flexible funding”
  - Targets will reflect system integration and performance
  - Rewards high performing PHOs and practices
  - Allows PHOs and practices to have more input into planning and management of services as they move up the tiers

How will DHBs do?

Assume greater responsibility and accountability for integration **AND**

For performance for Primary Care performance

Will form Alliance agreements with PHOs that includes use of the flexible funding pool

Develop specific areas of their DAPs with PHOs

DHBs will develop system wide service configuration changes in collaboration with PHOs

What about PHOs?

Proposed PHO functions

- Facilitating and coordinating service integration.
- Purchasing.
- Driving continuous quality improvement.
- Service development, coordination and integration.
- Service provision.
- Accountability.
- Infrastructure support.
- Administrative and support services.

What can nurses do?

What can nurses do?

HOW CAN
nurse leaders influence at the macro, meso and micro level to transform the health system to improve overall health outcomes?

What can nurses do?

- Shared Vision
- Collaborative strategic intent
- Focus on benefits for patients
- Focus on professional and evidence base practice aspects of nursing
- Actively seek consumer support for change

Conclusion

He tawhiti ke to koutou haerenga

Ki te kore e haere tonu

He tino nui rawa o koutou mahi

Kia kore e mahi nui tonu

We have come too far not to go further, we have done too much

not to do more……