

Better Together

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NNSW INTEGRATED CARE MADE POSSIBLE BY STRONG LOCAL PARTNERSHIPS:



Benefits of being an Integrated Care Innovator

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Northern NSW

- Population ~ 300,000 (ATSI ~ 4.9%)
- Socio-economic disadvantage
- Estimated >65 year old (24% by 2021)
- High fertility rates
- 7 Local Government Area (LGAs)
- Urban/rural mix
- 2 Health Service Groups (HSGs)
- Significant natural patient flows from Queensland (~60,000)





Context

- Existing relationships at Executive level
- Smooth transition from Medicare Local to Primary Health Network
- Consistency of leadership
- Shared vision

Before Integrated Care Strategy

- Little two way communication
- Patients needing to repeat their story
- Onus on patients to convey information between providers
- GPs did not consistently receive discharge summaries



Benefits

- Being an innovator – free rein as to what we did – building on the vision of NSW Health
- We took the long view –
- Set the foundations for transformation
- Quality Improvement
- Relationships
- Partnerships
- We just got on with it – started with the ICC
- The soft stuff is the hard stuff



Lessons

- The soft stuff is the hard stuff (to measure and to do)
- In a complex system, probe and discover, emergence of practice
- IC not a project or a program, rather a set of principles – a journey
- System wide change
- Quadruple aim, scale and pace
- Stay connected with ACI, eHealth, Ministry
- Integrated Care costs before it pays – not only in monetary costs

Lessons

- Steal shamelessly & Copy left
- Embracing PCMH model
- Bottom up with top down change
- Staying person centred isn't natural
- Re-forming the HS around patient values is hard
- The future involves more change. Be positioned for this

Enablers

- Strong Leadership
- Joint Clinical Council & CEAC
- Shared vision
- Embracing Mental Health and Chronic Disease
- Change at multiple levels
- Integration counts when it is personal, face 2 face valued
- Shared investments, shared risks



Thank You

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