Integrated Care

The provision of healthcare in Australia is largely both fragmented and episodic. This is caused by a lack of coordination and accountability across healthcare providers and parts of the health care system, in addition to a short term focus on meeting health needs. Funding models also contribute to this sub-optimal approach to providing healthcare.

Healthcare should be provided with a view to the life course of each individual and to their specific needs as they journey this path. This points to the importance of the continuum of care, starting with preventive care and ranging through community, primary, acute, disability and aged care.

The rising prevalence of risk factors for chronic disease are associated with increasing rates of people suffering from these conditions. It is also becoming more common for people to have multiple chronic diseases and complex conditions.

The changing population health needs requires the care system to adapt from being largely based on episodic care with fee for service funding models, to integrated care across the care continuum and across the life course.

The delivery of integrated care must be tailored to local community needs and local system capacity. This means that models of integrated care will vary across Australia.

All tiers of government must work cooperatively to achieve integrated care. The different systems in the continuum of care must also work cooperatively to maximise patient outcomes and whole of system efficiencies.

AHHA POSITION:

- Better coordination of patient care leads to better patient outcomes and greater system efficiencies.
- Achieving these improved patient outcomes and system efficiencies may only occur in the medium and long term. This should not compromise the commitment to integrated care.
- Integrated care requires a perspective across the continuum of care from preventive care to community, primary, acute, disability and aged care.
- Integrated care requires a perspective across each individual's life course.
- The rising prevalence of risk factors for chronic disease, multiple chronic and complex conditions requires a strong initial focus on integrated care among primary, acute, aged and disability care health professionals.
- Integrated care must be appropriately funded recognising that any short term increase in costs will be associated with future savings.
- Integrated care should be delivered according to local needs and local system capacity, including the flexible use of local healthcare professionals.
- The Health Care Homes pilots announced by the Australian Government in March 2016 must:
  - Select sites that will test the delivery of integrated care from a representative broad range of settings in which Australians live
  - Be informed by recent comparable experiences of trialing integrated care such as with the Coordinated Veterans' Care program, service delivery by Aboriginal Medical Services and the Diabetes Care Project
  - Better primary health data and greater use of the My Health Record are needed to support the design, implementation and evaluation of the pilots
  - Commit to a rapid and conclusive evaluation of the pilots with clear recommendations
  - The Australian Government must move rapidly following completion of the evaluation to a roll out of integrated care across all of Australia
  - The rollout of Health Care homes across Australia must be done with appropriate funding
- The Australian, state and territory governments must meaningfully cooperate in the Health Care Home pilots, as required by the Council of Australian Governments (COAG) Heads of Agreement of 1 April 2016.

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