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Conference Abstract

Evaluating a Health Care Partnership in Australia

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Abstract

Introduction: Local Health Districts in Australia are responsible for providing publicly-funded community and hospital health services. Medicare Locals support primary health care doctors (general practitioners) and provide other primary health care services. Historically this care has not been systematically integrated. In 2012, Western Sydney Local Health District (WSLHD) and Western Sydney Medicare Local (WSML) signed a Partnership Memorandum committing to integrating health services in this relatively disadvantaged urban area.

Theory/ Model: We undertook an evaluation of the consequences of the Partnership using a Program Logic Model (PLM). We met with key stakeholders to define inputs, activities, outputs, outcomes and early impacts and to assign measurable indicators of progress in each component. We collected quantitative and qualitative data from a review of local health and health services data, documents related to the partnership and semi-structured interviews with a range of informants and organisational representatives. We analysed these data descriptively using the PLM as a framework. Interview transcripts were further analysed using an inductive approach to identify areas of achievement and facilitators of the Partnership, challenges and barriers to the Partnership and to make recommendations for its future development of integrated health services.

Results: The common geography and therefore population health needs faced by WSLHD and WSML have been key factors in building a shared vision and agreeing on common priorities.

Operationalization of the Partnership has been facilitated by strong governance arrangements. Previous relationships and joint activities contributed to mutual respect, trust, and collegiality.

In common with many partnerships at this early stage, the strong leadership provided by senior management, was not always evident at operational levels of the organisations, where resourcing of partnership activities may have been an issue. In addition to new shared oversight arrangements for pre-existing health programs, a number of new services have been established under the Partnership. Focussing on a limited number of agreed health priority areas has driven the implementation of key activities and achievement of early outcomes, although the need for adequate resourcing limited the number and range of these areas that could be actively engaged at any one time. Several initiatives focussed on integration of health information are likely to facilitate integration of health care across primary and secondary/ tertiary settings in the future, however service connectivity including sharing of patient records remains a challenge at present.

Discussion: The enormous complexity of this undertaking, noted in evaluations of similar initiatives, has been compounded by policy changes and uncertainty surrounding primary health care organisations in Australia. Despite these challenges the Partnership has clearly articulated its vision of coordination and integration of healthcare across western Sydney, as summarized by the WentWest Chair: “Think as one system and act as if there are no barriers.” Organizational leadership, strong governance and mutual trust and respect have been essential to its early achievements.

Differences in organisational size, governance and structure don't preclude partnership, though integration of services takes longer to achieve and the consequent health outcomes, even longer.

Conclusions: Although the Partnership is just one element of a very complex system, after two years the groundwork has been largely established for the Partnership to produce outputs that will benefit health outcomes in region. The findings of this evaluation have been considered by the WSLHD-WSML Partnership Advisory Council and used to inform ongoing Partnership activities.

Lessons learned: Establishment and maintenance of organizational partnerships, whilst challenging, provide a basis for health care integration. Time invested early in the course of the Partnership in developing a structured evaluation framework, for example using a PLM approach, enables evaluation of all components of the Partnership, though outcomes and impacts require longer term measurement.

The PLM approach provides a useful framework for mapping the Partnership and a valuable tool for evaluation. Evaluation of the inputs, activities and outputs of the Partnership at this early stage has informed review and re-direction of resources and activities. Collection of baseline data related to longer term outcomes and impacts of the Partnership will facilitate future evaluations.

Limitations: This evaluation is limited to the first 18 months of a single partnership in a relatively disadvantaged area of urban Australia at a time of considerable policy upheaval. Nevertheless, the study has informed the Partnership's ongoing development and demonstrates a methodology for evaluation of similar partnerships.

Suggestions for future research: The PLM approach provides a framework for longer term evaluation of health service partnerships. Future studies should explore in more depth how the policy environment both constrains and enables effective organizational partnerships.

Keywords

health services; integration; evaluation

PowerPoint presentation

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