An integrated approach towards health and wellbeing in Western New South Wales, Australia

Louise Robinson - Program Manager Integrated Care
276,000
Total population

11%
Aboriginal

8%
Growth to 2031

7,000
Staff

$900M
Budget

13 Million Kilometers
Traveled by staff every year
EVERY DAY IN OUR HEALTH DISTRICT

6 residents die from potentially preventable conditions

1 of the 6 is tobacco related
2 people die <75 years

200 are admitted to a public hospital
21 of them are children

5 Aboriginal
11 are potentially avoidable admissions

587 people present to an emergency department

10 babies are born
1 has a low birth weight
1 Aboriginal

2 has a teenage mother

2,800 people consult their GP

155 are <75 years old

73% conditions that are not urgent
7% serious illnesses/injuries requiring urgent treatment
Western NSW Integrated Care Strategy - Vision

To transform existing services into an integrated Western NSW system of care that is tailored to the needs of our rural and remote communities, improves access to care and health outcomes and focuses on closing the Aboriginal health gap

Better Care......... Better Health............. Better Value
Integrated Care Strategy

- **Program Outcomes**
  - Improve health outcomes and quality of life for patients
  - Reduce avoidable hospitalisations
  - Improve patient and provider experience
  - Better use health resources

- **Exemplar proof of concept sites - local initiatives**

- **Enablers and Tools**

- **District wide initiatives**

http://www.wnswintegratedcare.com.au
Governance

Partnership Governance

Partnership governance established to support collaboration in delivery of the Western NSW Integrated Care Strategy

• Western NSW Local Health District
• Western NSW Primary Health Network
• Bila Muuji Aboriginal Health Services

Health Intelligence Unit

• Shared governance with a strategic and evidence based focus
• Analysis to support strategic and operational management, performance reporting, evaluation
Enablers and tools

Identified enablers and tools are critical to the successful implementation and sustainability of new models of integrated care.

- **Commissioning**: Establishing a dynamic process that enables multiple stakeholders to work collaboratively to plan, design & invest in services & systems.
- **Integrated Care Pathways**: A key enabler describing the route patients take, provide guidance on assessment & management of clinical conditions.
- **Integrated Workforce Planning**: A plan that will consider more flexible workforce roles and employment arrangements.
- **New Organisational Structures**: Consideration of innovative funding arrangements, service networks & formal organisational structures to align organisations.
- **eHealth**: A key enabler at multiple points in the journey of setting up & delivering integrated care. Dependent on state-wide healthenNet solutions & implementation.
- **Risk stratification**: Early use of risk stratification criteria based on disease-based tools like CVD and diabetes risk assessments.
- **Communication**: Key messages, communication protocols and stakeholder engagement plan.
District-wide initiatives

Enabling district-wide implementation of an integrated approach to service delivery

- Patient flow expansion
- Enhanced Ambulatory Care and HITH Service Delivery
- Health promotion planning
- Enhanced specialist support for remote areas
- Mental health models of care
Enhanced Ambulatory Care and ‘Hospital in the Home’
WNSW Local Demonstrator Sites

Test and trial locally led, locally developed integrated models of care to address local health needs – GP led team based care

1300 Patients Enrolled

24% Aboriginal
Local Demonstrator Sites

Work to date

- GP-led multidisciplinary models of care
- Risk stratification using agreed clinical markers
- New model of care designed
- Recruited Care Navigators, based in Primary Care
- Commenced enrolling patients locally
- Shared care planning tool cdmNet
- Collection of patient reported measures
First Wave Demonstrator Sites

**ED Presentations - Enrolled Cohort Wave 1 Demonstrator Sites**

**Enrolled Cohort Admissions to Hospital Wave 1 Sites**
‘The Proof is in the Plum Jam’
Central Western Daily 21/1/16
Key learnings from 1st wave sites

- Support the shift of service from secondary to primary care
- Identify clinical leaders from across sectors to lead the change locally
- Locally developed and locally led models of care
- Review existing workforce across sectors
- Sustainability
  - Build effective cross sector networks and sustainable partnerships
  - Social care sector plays an integral role
  - Not all care needs to be delivered face to face by a clinician
Future direction for Integrated Care in Western NSW

• Evaluation
• Expand ambulatory clinics and HiTH to enable care to be provided in local communities as close to peoples’ homes as possible
• Take the lessons learnt from current sites and transfer integrated models of care across the region with a focus on:
  • Chronic Disease Management
  • Mental Health
  • Aboriginal Health
  • First 2000 days of life
Thank you