

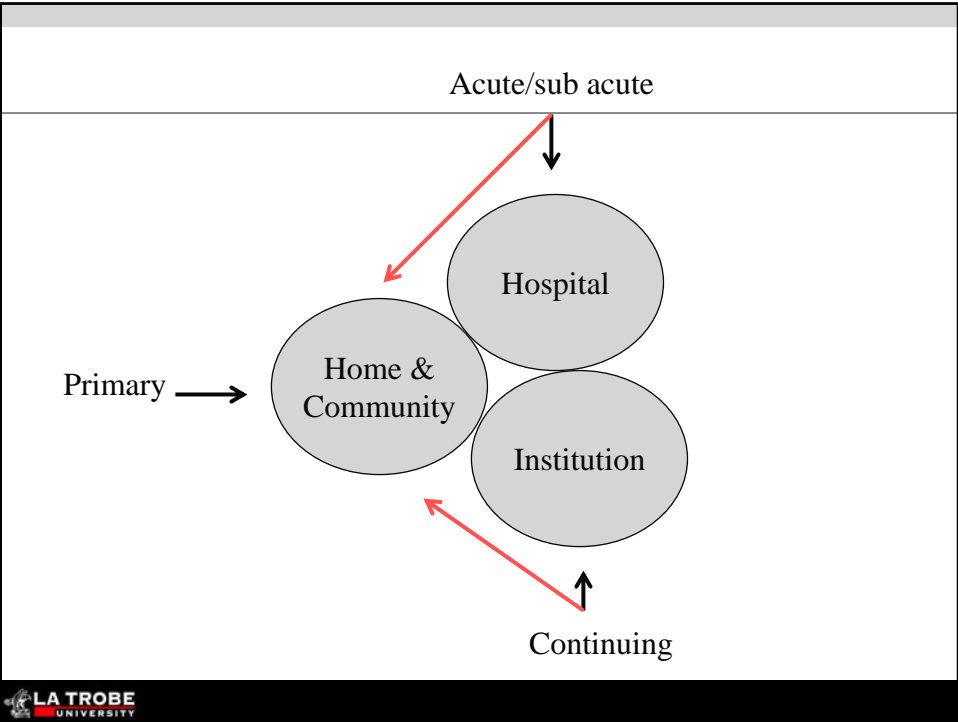

The partnership experience

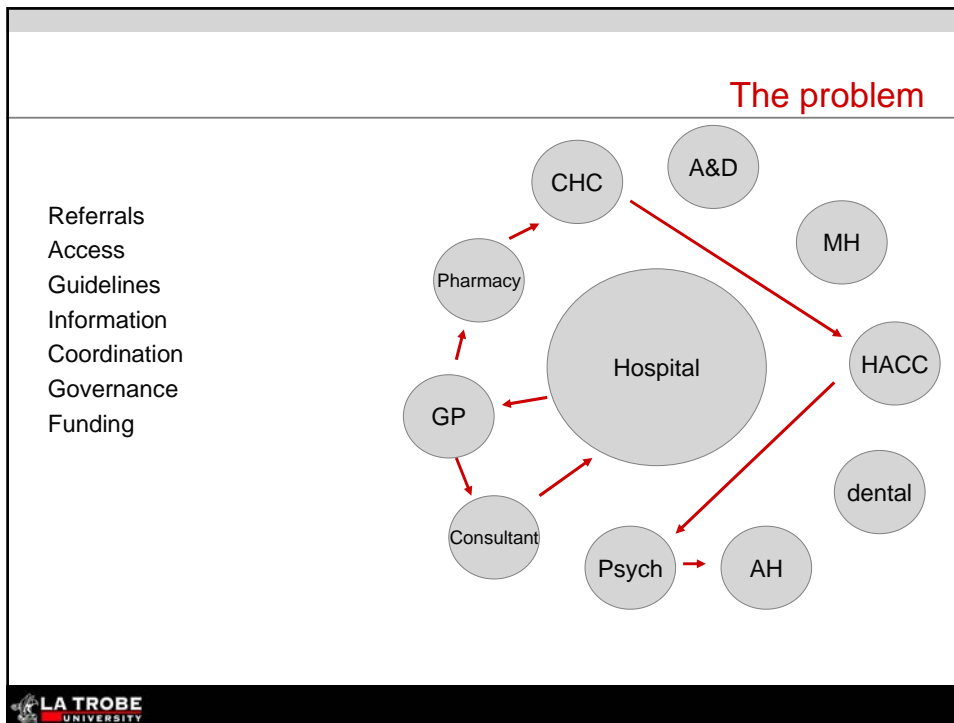
Professor Hal Swerissen
Dean of Health Sciences, Research Director Australian Institute for Primary Care
La Trobe University, Brisbane, CHiC forum, February 2008

Outline

- The problem
- Partnerships as a solution
- The nature of partnerships

Why bother





How good is our health system?

	<u>Access</u>	<u>Quality</u>
▪ Urgent care	good	good
▪ 'simple' primary care	good	good
▪ Maternity	good	good
▪ Post acute care	variable	variable
▪ Sub acute care	variable	variable
▪ Chronic care	variable	poor

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Poor quality care

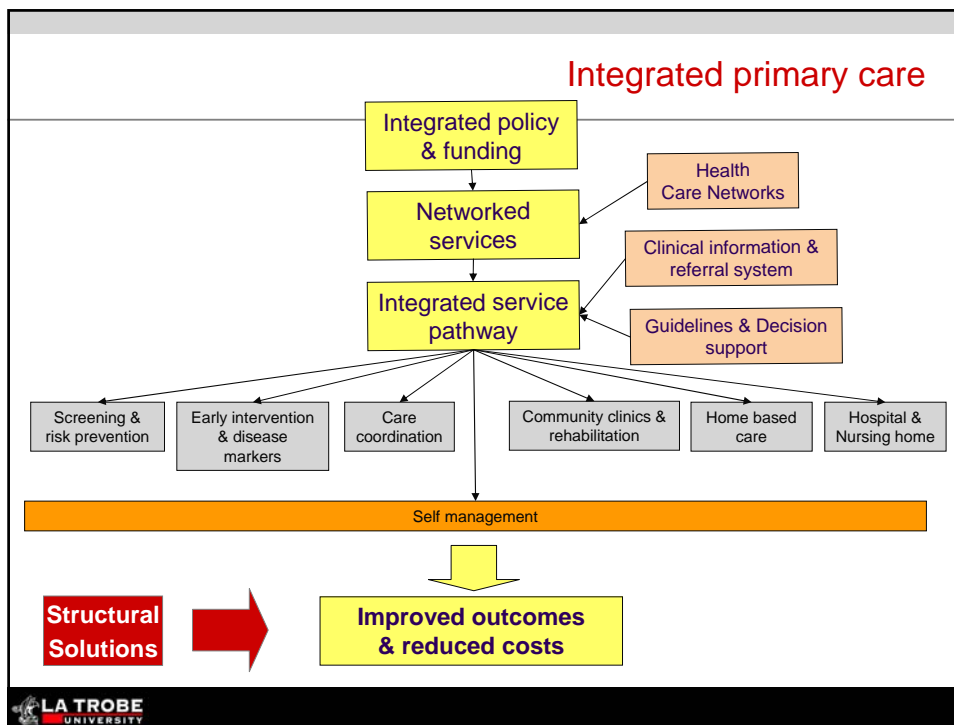
Table 3. Adherence to Quality Indicators, Overall and According to Type of Care and Function.

Variable	No. of Indicators	No. of Participants Eligible	Total No. of Times Indicator Eligibility Was Met	Percentage of Recommended Care Received (95% CI)*
Overall care	439	6712	98,649	54.9 (54.3–55.5)
Type of care				
Preventive	38	6711	55,268	54.9 (54.2–55.6)
Acute	153	2318	19,815	53.5 (52.0–55.0)
Chronic	248	3387	23,566	56.1 (55.0–57.3)
Function				
Screening	41	6711	39,486	52.2 (51.3–53.2)
Diagnosis	178	6217	29,679	55.7 (54.5–56.8)
Treatment	173	6707	23,019	57.5 (56.5–58.4)
Follow-up	47	2413	6,465	58.5 (56.6–60.4)

* CI denotes confidence interval.

Source: McGlynn et al (2003) NEJM 348(26) 2635-2645

Solutions?



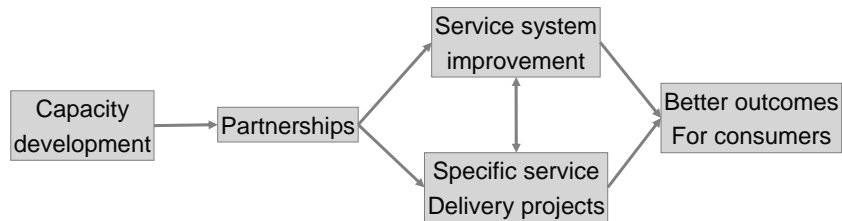
- ### Current initiatives: National & Commonwealth
- COAG
 - Australian Health Care Agreements
 - National Health and Hospitals Reform Commission
 - Medicare
 - SIP
 - PIP
 - CDM
 - GP Divisions
- The La Trobe University logo is in the bottom left corner.

Current initiatives: State

- Networks & partnerships
- GP linkages models
- Capital integration models
- Data integration initiatives
- Access (social disadvantage) projects
- Hospital demand management initiatives

Partnerships

Partnerships as a solution



What is a partnership?

- Relationship between independent parties to achieve mutually agreed purposes
- Varying structures, processes and purposes
- Reduce transaction costs, improve effectiveness, increase stakeholder engagement & participation
- Alternatives: integrated area organisations (area health authorities), integrated enrolment organisations (HMOs), area based purchaser provider arrangements (primary care trusts)

What are the stages of partnership

- Problem/issue identification
- Partner recruitment and formation
- Partnership development, leadership & governance
- Planning
- Resourcing
- Capacity building
- Implementation & action
- Monitoring & feedback
- Institutionalisation & sustainability

The experience elsewhere: Victoria

- Departmentally mandated
- Centrally structured agenda
- Funding for
 - Partnership & relationship development
 - Planning, service coordination
 - Some projects
 - Evaluation
- Minimal service delivery funding

CHIC

- Departmentally facilitated
- Locally structured agenda within guidelines
- Funding for
 - Partnership & relationship development
 - System innovation
 - Service delivery
 - Evaluation

Will it work?

Issues

- Centralism vs localism
- Transaction costs vs control/independence
- Service delivery vs planning & problem identification
- Service delivery vs capacity building
- Resource reallocation vs additional resources
- Trust vs competition
- Policy drift

Success factors

- Clear vision
- Action plan
- Agreed leadership, governance & organisation
- Capacity for action (staff, skills, resources etc)
- Stakeholder commitment

Conclusion

- Primary and community care – the renovator’s opportunity
- Integration, coordination & increased capacity to improve: access, quality and efficiency of services and programs
- Partnerships as the vehicle for integration, coordination & capacity
- Wide spread adoption (not just in health)
- Staged process of development & evolution