Professional Collaboration

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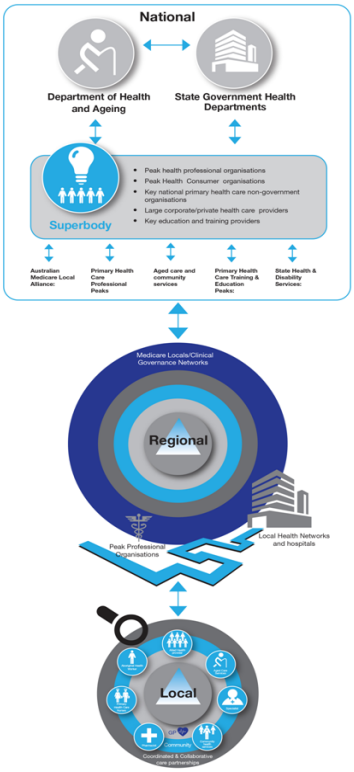
Key Findings

The findings of the project were highly complex and largely interdependent on each other. Key themes which emerged included: (1) there is a lack of a shared strategic vision for collaboration between primary health care professional groups at a national (e.g. peak bodies) and regional level (e.g. Medicare Locals); (2) the current fee-for-service funding model was seen a key barrier as it provides no incentive to find efficiencies or innovation in care delivery; (3) data on collaborative practice is rarely collected and there are currently no standardised set of measures for evaluating collaboration; (4) while primary health care professionals reported a willingness to collaborate, there was a general lack of understanding and respect of the roles and responsibilities of others; (5) communication was perceived to be ad hoc and slow among health professionals and a lack of time was cited as the main barrier; and (6) education is delivered in professional silos with little interaction between professions at the undergraduate level.

In the current context of health system reform, all professionals are being asked to take a systems-thinking approach to the delivery of care, i.e. to consider the Australian healthcare system as one system, with multiple sub-systems (e.g. state based, acute care vs. primary care) that influence the overall outcome. Looking at the primary health care system in this way provides the opportunity to reassess what it means to be a primary health care professional within a primary health care team, and to understand where each set of health care skills best fit within a consumer journey. As such a model of collaboration was developed which proposes:

- Three-tiers comprising National, Regional and Local levels. This is in line with international literature on integration occurring at the micro, meso and macro levels.
- The formation of a *National Primary Health Care Professional Forum* to provide overarching leadership and strategic vision for the role and function of each of the key players involved. The principles on which the Forum is based can then cascade to the regional level via Medicare Locals and again to the local practice levels of the model through a range of activities such as case conferencing.
- A structure that encourages behavioural and attitudinal change, facilitated by a range of key underpinning principles.
- Engagement of front-line health professionals through transparent and real 'bottom-up' and 'top-down' communication. As such, throughout the implementation journey, local and regional level experiences will help inform the national approach to collaboration. The Medicare Locals will play a key role in linking communication and initiatives from the local and national levels.



- ***National level*** commitment and collaboration as a Superbody to define:
  - Shared vision
  - Collaborative leadership
  - Mutual benefits and shared incentives
- Alignment on key policy issues and prioritisation of funding
- Aligned to National Health Strategy objectives
- Use of existing infrastructure and implementation mechanisms

See Section 7.3.5 for more detail

- ***Regional level*** primary health care organisation/Clinical Governance network
- Engagement of health care professionals and consumers in collaboration
- Alignment of funding and incentives for performance outcomes
- Improvements in local health care delivery and provider support (eg. collaborative care pathways, guidelines and resources)
- Use of existing infrastructure and implementation mechanisms.

See Section 7.4 for more detail

- ***Local level*** collaborative networks centred around the consumer
- Connected and coordinated care delivery
- Shared knowledge and information systems
- Use of existing infrastructure and implementation mechanisms

See Section 7.4 for more detail

Overall, the model leverages and builds on existing infrastructures (e.g. Medicare Locals), partnerships (e.g. Lead Clinicians Group) and models (e.g. the Home Medicines Review program and multidisciplinary chronic disease programs) wherever possible and does not attempt to create further layers of complexity or bureaucracy. The key objective of the regional/local (meso-level) model is to have the need of the consumer as the central focus, which can be achieved through the enablement of a localised collaborative care partnership. Overall, change needs to be driven from the ground up. The success of the model requires a mindset switch whereby health care professionals and peak bodies come together to progress a collective vision for primary health care.

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