

## **Health Care in the Community Workshop – Summary by Heather Wellington**

### **Key points from discussion throughout the day**

#### *In relation to interfaces...*

Interfaces between sectors will always be present, even with reform of the current arrangements. Given this, there remains a need to identify and implement ways of working most efficiently and effectively across these interfaces.

Standard tools (for example, standard ways of linking with other sectors) could be helpful in managing the sector interfaces, particularly to benefit patients' experiences of transitions of care.

While integration of and communication between services was thought to work well in pockets, there was a widely held view that considerable improvement overall was still required.

This could in part be addressed by better understanding and promotion of the community health sector. Respect for the professional roles community health staff play and an improved professional status of the community health sector were identified as areas for improvement.

#### *In relation to integration...*

With HealthOne NSW as an occasional reference point during the workshop, it was evident that funding and policies linked to incentives which reward strong integrated primary health care were necessary. Champions and demonstration programs to model effective integrated primary health care were also identified as enablers.

The discussion on integration was grounded in the recognition that there may not be the clinical need or sufficient resources for wholesale integration of services. Reforming the system for particular groups of patients on the basis of need and best application of scarce resources was put forward as an option.

Given the current structure of the MBS and the largely fee for service model in general practice, the limited ability of GPs to engage in the process of integrating with community health services was recognised.

Working within these constraints required significant commitment. It also required key supportive strategies such as the implementation of an electronic health record that could be shared and accessed by general practice and state funded services.