

## Statewide HealthOne NSW Workshop – Friday 17 October 2008

### Concurrent Session 4 – Integration Summary of discussion

Heather Wellington introduced the session and identified integration as a critical aspect of HealthOne NSW, addressing the fragmentation of services across the primary and community health care sector.

HealthOne NSW services are generally developing as co-located, hub and spoke or virtually integrated service models. What then does integration mean in the context of these emerging service models?

Integration is a frequently used term, although there is no agreed definition about what it actually means. There is however a body of literature on how integration can be conceptualised. Heather used the continuum model of team practice developed by Boon et al<sup>1</sup> to explore what integration means in a HealthOne NSW service.

In thinking about individual HealthOne NSW services, the Boon continuum model was mapped against the HealthOne NSW service models. This provided a useful framework for participants to think about where their service was currently situated and where it wanted to be in the future.

	<b>Co-located</b>	<b>Hub and Spoke</b>	<b>Virtual</b>
<b>Parallel</b>			
<b>Consultative</b>			
<b>Collaborative</b>			
<b>Coordinated</b>			
<b>Multidisciplinary</b>			
<b>Interdisciplinary</b>			
<b>Integrative</b>			

Critically, all stakeholders in a developing service need to agree on the desired level of integration and develop and implement strategies to achieve it.

In a virtual model where teams work together but are not co-located, a shared record is vitally important, however it needs to be supported by good communication strategies including a common language, common assessment tools, case conferences and joint care planning. The spread of teams or team members over various locations with different badging arrangements could be confusing for HealthOne NSW clients. On the other hand, HealthOne NSW services will develop along the continuum, and maintenance of separate identities may be important to the partners in the early phases.

In rural areas a hub is seen as advantageous as it provides an identifiable physical presence and location for the community to access. Care was needed however not to make the building the focus, as this could deflect effort away from service integration.

Co-location allows greater informal and formal, planned and opportunistic communication. Co-location is not always feasible though, especially in metropolitan areas.

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<sup>1</sup> Boon, H., Verhoef, M., O'Hara, D. & Findlay, B. (2004). From parallel practice to integrative health care: a conceptual framework. BMC Health Services Research, 4(15). Available at <http://www.biomedcentral.com/1472-6963/4/15>

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It is therefore important to think first about what activities a team wants to conduct together that they can't conduct well at present and then look at the systems and processes needed to enable this to occur. Coordination of care should be the highest priority, irrespective of whether the services are co-located or virtually connected.

An integrated health record was considered essential for HealthOne NSW services, but did not of itself lead to effective integration. Much more than a shared record is required, for example changing professional cultures so that different team members can work together. Sharing of a health record has to be supported by conversations, sharing of ideas and ensuring that information shared in a health record is interpreted and acted upon.