
CONFERENCE ABSTRACT

Strengthening Primary Care for Children through an integrated paediatrician-GP care model.

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Introduction: In Victoria, the healthcare system for children is overburdened by increasing general practitioner (GP) referrals to hospital emergency departments (EDs) and outpatient clinics. GPs could be supported to manage children closer to home.

Practice change implemented: We co-designed and implemented a GP-paediatrician integrated care model comprising: weekly paediatrician-GP co-consultation sessions at the GP practice; monthly case discussions; and phone and email support for GPs.

Aim and theory of change: The model was designed to support GPs to deliver higher quality of care, with greater confidence for a broader range of childhood health concerns. We measured: model feasibility and acceptability; GP confidence, referrals and care quality; family experience and preference for care; and costs.

Targeted population and stakeholders: Population: 49 participating GPs from 5 GP practices (2 metropolitan and 3 regional); and their patients aged 0 – 17 years, and families; and 2 Paediatricians.

Stakeholders: The Royal Children's Hospital; Sunshine and Werribee Mercy Hospitals; North Western Melbourne Primary Health Network (PHN); and the Victorian Department of Health and Human Services.

Timeline: 12-month intervention.

Highlights (innovation, Impact and outcomes): The model was feasible and acceptable to GPs, families and paediatricians with 624 children seen in the co-consultations and 50 case discussions conducted. In pre-post testing, there was a 7% absolute reduction in ED referrals, 20% reduction in GP low value care; increased GP confidence in paediatric care (88% to 100%); and family confidence in GP care (78% to 94%). Families reported ease and comfort of receiving paediatric care closer to home. Model costs as implemented were \$172 over and above usual care, per child seen in the co-consults. However, in an idealised implementation scenario, the model has the potential to be cost saving for families, state/federal governments and hospitals.

Comments on sustainability: Sustainability planning was completed in partnership with the PHN and the practices; two have hired paediatricians, with others exploring options for access to

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paediatric support and learning (e.g. webinar program). The research team plan to complete a larger, multi-site multi-state trial to rigorously evaluate effectiveness and cost-effectiveness of the model in high referral areas.

Comments on transferability: This integrated care model could be replicated for chronic complex care that burdens the hospital system, or implemented in service hubs with co-located paediatricians, or extended to include telehealth for rural/regional hubs.

Conclusions (key findings): Developing and embedding a GP-paediatrician integrated model of care in Australia's primary health care system is feasible and acceptable; improves GP confidence and quality of paediatric care; benefits families and children; and may reduce referrals to hospital services.

Discussions: Truly integrated care, delivered as a collaboration between hospitals, health networks, GPs and their practices has the potential to shape a health system in which children can receive higher quality, timelier care, closer to home.

Lessons learned: Co-design and initial onsite-support were crucial e.g. billing; data collection; co-consult structure and purpose. The drive and desire to provide better care for children is the strongest motivator for change.