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## CONFERENCE ABSTRACT

# Where the Rubber Meets the Road: Key barriers to integrated care in Australia

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**Introduction:** High-value integrated care is a priority for health system reform in Australia; however, there is a paucity of research informing strategies to achieve this in practice. Factors preventing integration, particularly at organisational, functional and systemic levels, are poorly understood. The aim of this research was to identify key barriers in current practice in order to inform planning and implementation of future integrated care initiatives.

**Theory/Methods:** The Australian Centre for Health Service Innovation (AusHSI) completed a state-wide evaluation of 23 integrated care initiatives implemented across Queensland during 2016-2019. Qualitative data was collected via a combination of semi-structured individual interviews and focus groups designed to explore factors that facilitated or impeded successful implementation of the integrated care initiatives, and factors relating to sustainability, scalability and generalisability. Interviews were audio-recorded, transcribed, and coded using the Consolidated Framework for Implementation Research to inform detailed identification of barriers and facilitators of implementation. The six dimensions of the Rainbow Model of Integrated Care informed additional analysis of the data to synthesise the salient obstacles to integrated care.

**Results:** 162 stakeholders across 13 Health and Hospital Service districts in Queensland participated, representing: Hospital and Health Services; Primary Health Networks; primary care practices; allied health services; and various non-government organisations. Stakeholders included steering committee members, executive sponsors, clinicians, project managers, administrative officers, and external partners. Analysis identified key factors under broad interrelated themes: funding; digitisation; data evaluation; disciplinary boundaries; administration and governance. Higher-level organisational, functional and systemic factors significantly constrained the possibilities for integration at clinical and professional levels. Initiatives had made progress overcoming some clinical, professional and organisational barriers; however, functional and systemic barriers remained significant obstacles to integrated care.

**Discussion:** A notable concern raised by these findings is that segmented and incongruent funding models across care sectors in Australia are contributing to competing organisational interests and values. This study highlights the potential for system level reforms to alleviate challenges through: new Medicare item numbers; other regulatory mechanisms or incentives to support GP engagement in integrated care initiatives; and opportunities for shared digital solutions to improve integrated patient-centred care, efficient service coordination, and meaningful service evaluation.

**Conclusions:** Inter-organisational partnerships are substantially constrained in the level of genuine integration they can achieve within existing structures and funding models. Strategic leadership, strong individual inter-professional relationships, and transparent inter-organisational negotiations are likely to enhance the success of future integrated care initiatives.

**Lessons Learned:** This research informs priorities for strategic operational change across all sectors of the health system in the pursuit of high-value integrated care. An integrated approach to future funding and service models is critical. Implementation of appropriate digital solutions to facilitate clinical and service integration remains an urgent priority.

**Limitations:** These findings may not be generalised to dissimilar societies or healthcare systems.

**Future Research:** Evaluating care integration frameworks that can successfully overcome organisational, functional and systemic barriers is a priority for future research.