

## Symposium Description

### Disruptive Innovations: Success stories from the Integrated Care Innovation Fund

#### Symposium Chair: Carly Dyer

*Australian Centre for Health Services Innovation, Institute of Health and Biomedical Innovation, School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia*

HSRAANZ Conference 2017 showcased the Queensland Government's Integrated Care Innovation Fund (ICIF), which supported 23 locally-led initiatives to provide services that 'better meet the needs of the patient'. These initiatives covered the state of Queensland, with a highly diverse geographic and social range of patients and environments.

This symposium will examine the outcomes of some of the most successful ICIF innovations that changed the way healthcare was provided. It will present several case studies illustrating how traditional care models can be redesigned to suit the needs of local, often underserved populations.

#### **Presentation one:** Establishing novel connections between primary, secondary and tertiary care

##### Nicole White

*Australian Centre for Health Services Innovation, Institute of Health and Biomedical Innovation, School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia*

These innovations created new service models that connected providers from across the spectrum of care to reduce avoidable tertiary utilisation.

##### Case studies

- **Ageing in Place**  
Ageing in Place was an innovative networking and collaboration model that connected residential aged care facilities with the emergency department via tele-medicine.
- **QCAT**  
The Queensland Civil and Administrative Tribunal innovation created out-of-session hearings for patients with cognitive impairment to facilitate faster discharge from hospital and increase primary care coordination.

#### **Presentation two:** Central intake models for efficient referral processing and enhanced patient experience

##### Robin Blythe, Bridget Abell

*Australian Centre for Health Services Innovation, Institute of Health and Biomedical Innovation, School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia*

This presentation explores how a single point of entry can be used to improve wait times, increase access, and enhance patient experience.

##### Case study

- **CHIC**

The Child Health Integrated Care project created a central referral and triage pathway for children with developmental and behavioural issues. It supported carers trying to access children's services, improving referral quality and wait time for low cost.

### ***Presentation three: Breaching silos with multi-disciplinary teams***

#### **Hannah Carter**

*Australian Centre for Health Services Innovation, Institute of Health and Biomedical Innovation, School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia*

This presentation discusses how multi-disciplinary integrated services, co-location, and joint planning can be associated with positive clinical and non-clinical outcomes.

#### **Case studies**

- **Floresco**

The Floresco project created a consortium of co-located health providers and social agencies to deliver a range of community services for patients from a variety of backgrounds seeking mental health care.

- **Open Arch**

Open Arch implemented a multi-disciplinary case-conference model with a specialist geriatrician, nurse enablement officers and GPs, working out of local GP practices, to achieve lower hospital dependence and better patient outcomes for pre-frail and frail elderly Australians.

### ***Presentation four: Spreading care in the community, not the virus***

#### **David Brain**

*Australian Centre for Health Services Innovation, Institute of Health and Biomedical Innovation, School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia*

This presentation will showcase how a simple change to patient-centred service provision can have significant positive outcomes for the diagnosis, management and treatment of Hepatitis C virus (HCV).

#### **Case study**

- **Regional Hepatology Partnership**

The Regional Hepatology Partnership improved access to successful HCV treatment for a vulnerable patient cohort through nurse-led community clinics rather than through specialist-led hospital outpatient clinics.