



Engagement and Integration of Chronic Care- Enablement, Empowerment & Activation

# Integrated Skin Cancer Clinic

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**Health**  
South Eastern Sydney  
Local Health District

# Why skin cancer?

- 2 out of 3 Australians will get skin cancer
- 3 Fold rise in incidence from 1972-2008
- Sutherland Shire is a known hot-spot for Melanomas
- Fragmented and inefficient system
- Model engages Primary care, specialists in Dermatology and Plastic Surgery
- Provides patient with no-cost access
- Focus on Risk assessment, education and prevention



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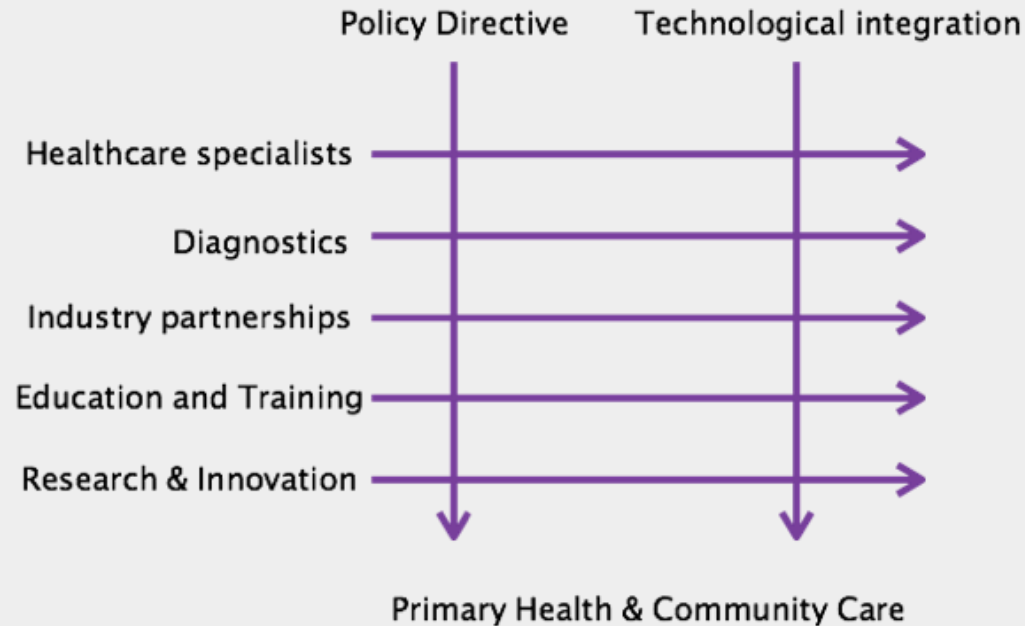
# The co-operative alliance

- A model that incentivises all sectors to work cooperatively
- Patients placed at the centre
- Enablement of staff and patients
- Cross funding
- Efficiency = cost savings = improved access times
- Affordability through patient/doctor incentives



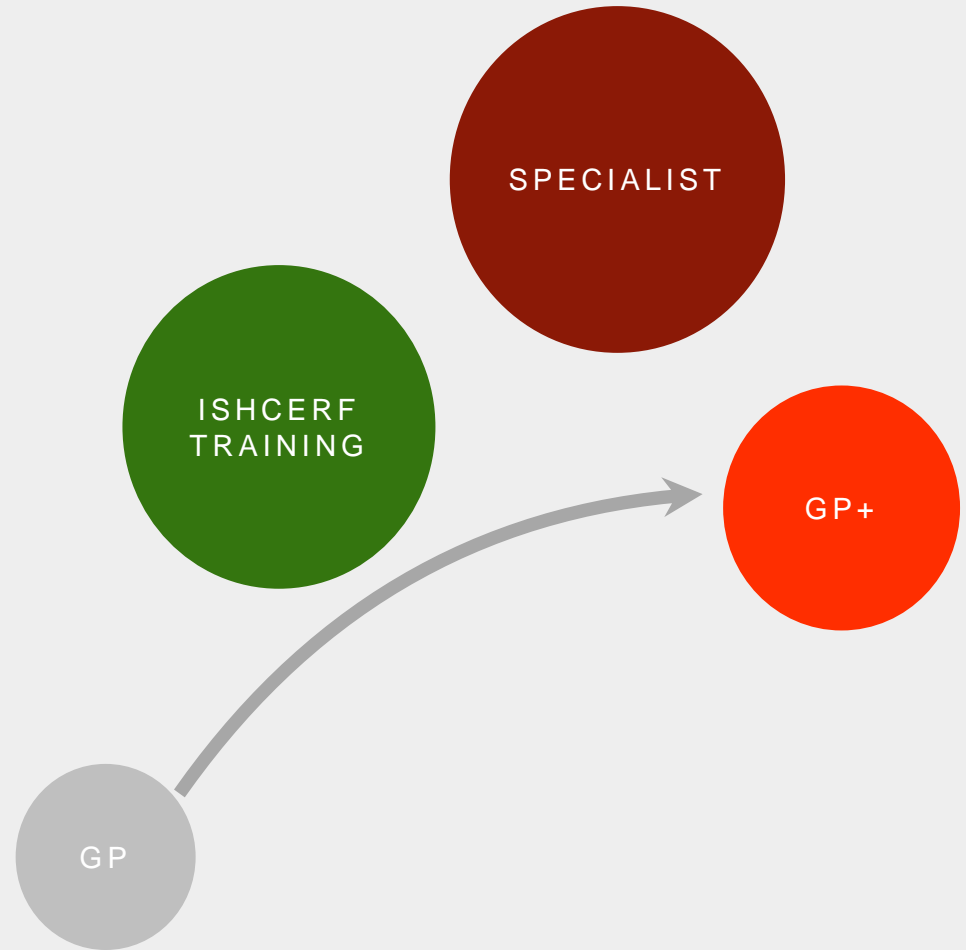
# The MLIC model

- Initially funded by NSW MoH Integrated Care Innovators grant
- Aim is to give patients access at the point of first contact with minimal or no cost and to improve efficiency of healthcare delivery



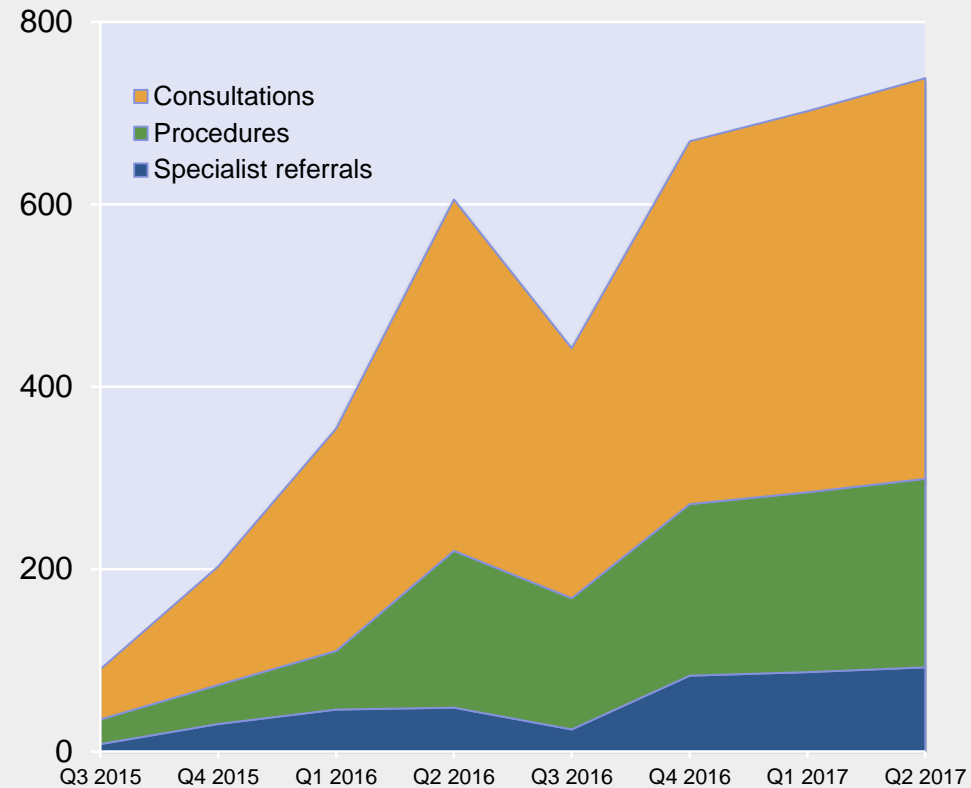
# GP+

- Disruptive model
- Transformation of traditional divide between GP and specialist
- Benefits to accessibility and affordability (patients and GPs)



# Outcomes

- GP education program >40 graduates, 9 GP+, excellent feedback
- 4020 consultations (Jan '17- June '18)  
5905 consultations and 2715 procedures since opening (May '15)
- Time from presentation to definitive treatment 9.3 days vs 6.3 weeks  
@ NO COST to patient
- PROMS/PREMS show excellent engagement and feedback



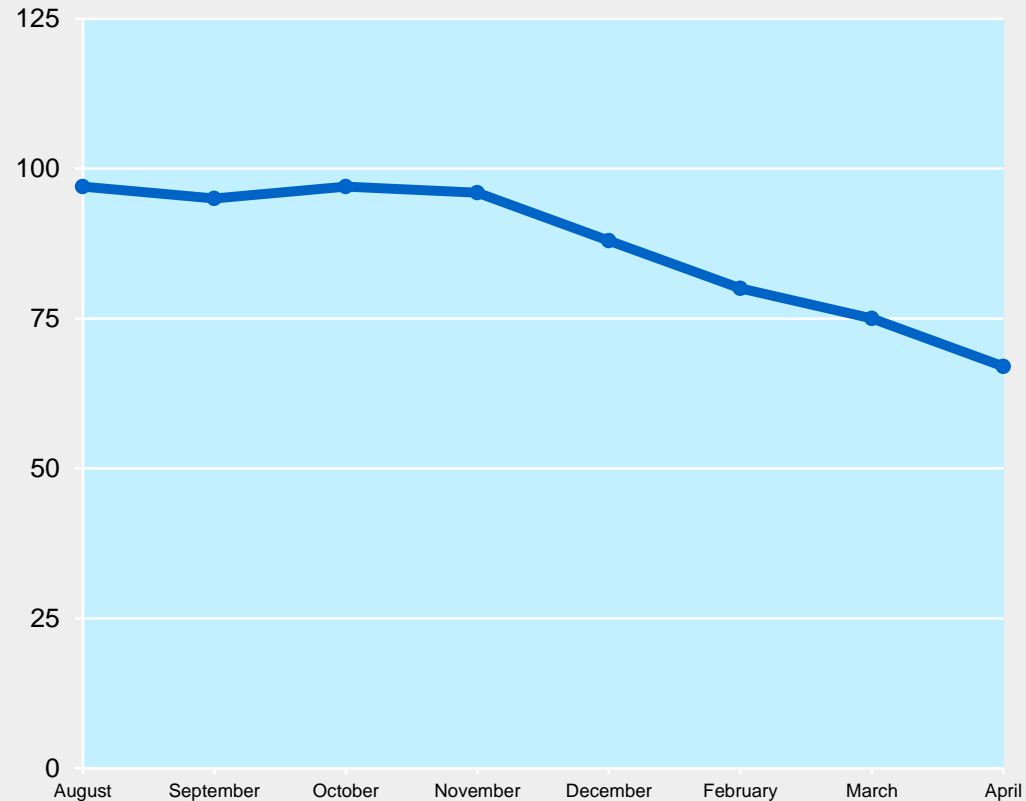
# Outcomes continued

## Independence of GPs

**“ Working together enhances trust and gives the patient the best option for treatment”**  
**GP+**

**“I learn everyday from working with GPs. My understanding and respect for their work has been enhanced”**  
**Specialist**

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# Patient perspective

- M 64, seen at GP led skin cancer clinic. Hx NMSC
- Had seen Dermatology, but cost prohibitive
- Last visit 6 weeks prior - pronounced disease free and advised no further follow up
- Family member informed him of integrated skin cancer service
- Initial assessment by GP+ then on the spot consult requested. Plastics - dermatoscopy - infiltrating BCC
- Instant referral to Dermatology/Plastics - underwent MOHS surgery and reconstruction
- Time to diagnosis - 6 days, to definitive treatment 35 days
- Now on 6 monthly surveillance



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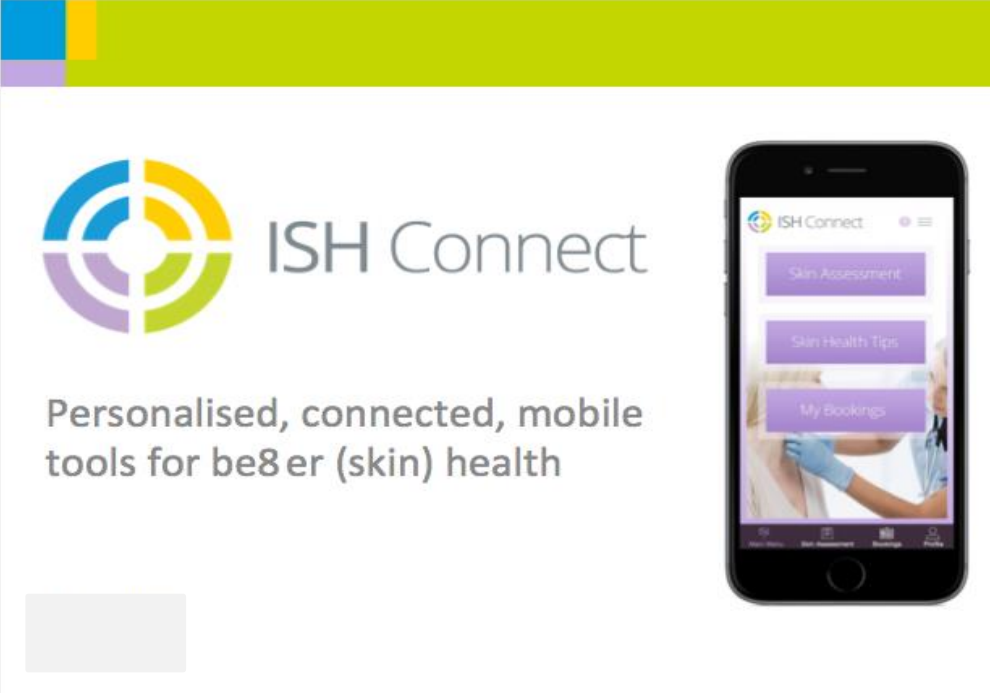




# What's next in skin cancer?

- Trial of skin cancer risk assessment tool
- Community campaigns
- Spread & scale model at 2 new locations – Illawarra and MQ Health
  - Recruitment/training of GP+
  - Recruitment of specialists
- Alliance with national skin cancer clinics

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The image shows the ISH Connect logo, which consists of a stylized circular icon with four colored segments (blue, yellow, green, purple) and the text "ISH Connect". Below the logo is the tagline "Personalised, connected, mobile tools for be8er (skin) health". To the right is a smartphone displaying the ISH Connect mobile app interface, which includes buttons for "Skin Assessment", "Skin Health Tips", and "My Bookings".



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# Way forward

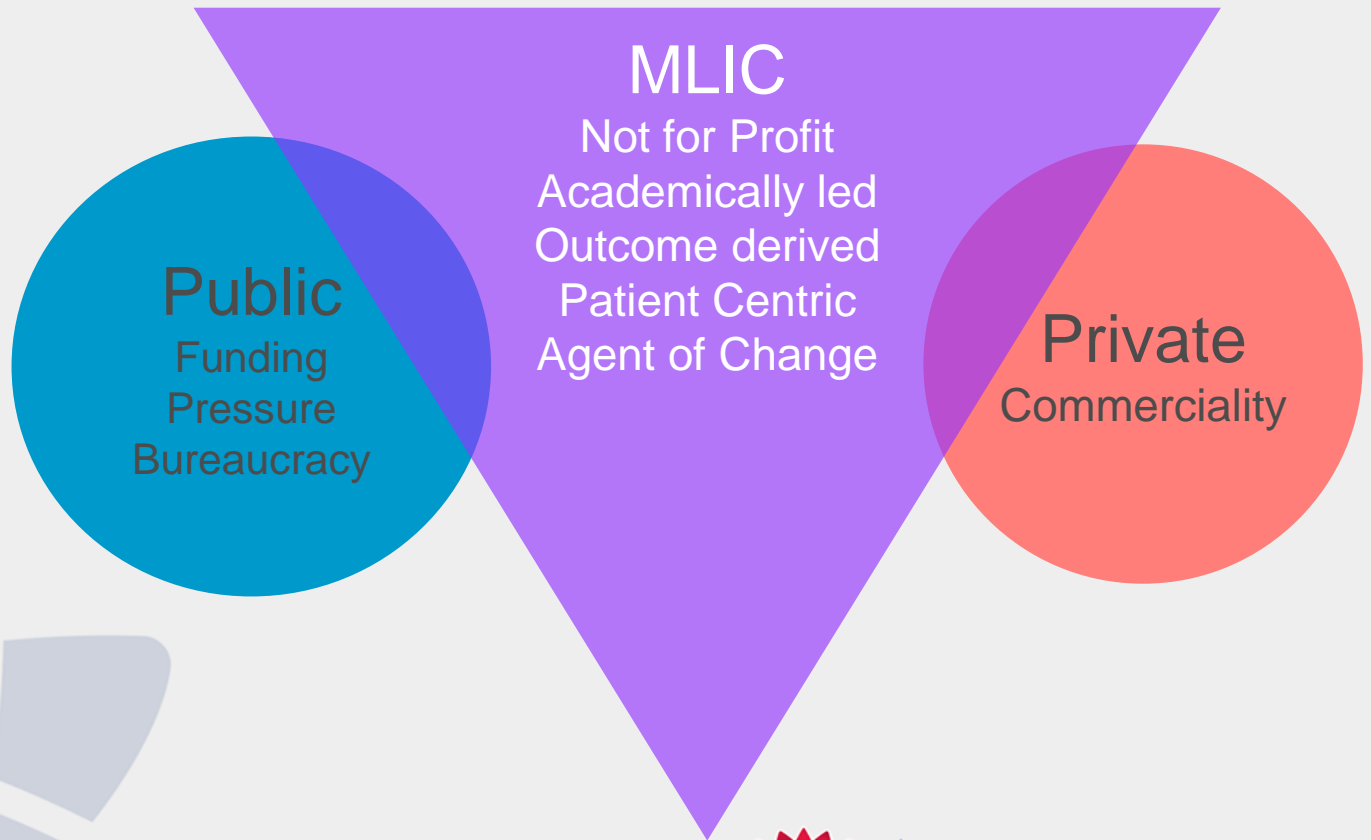
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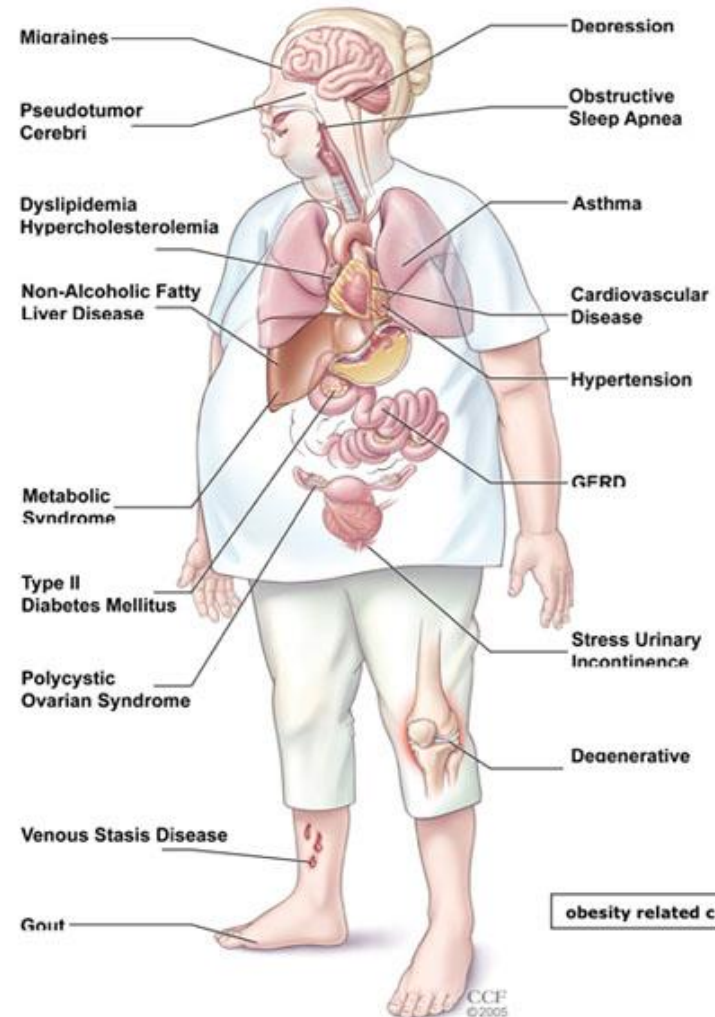
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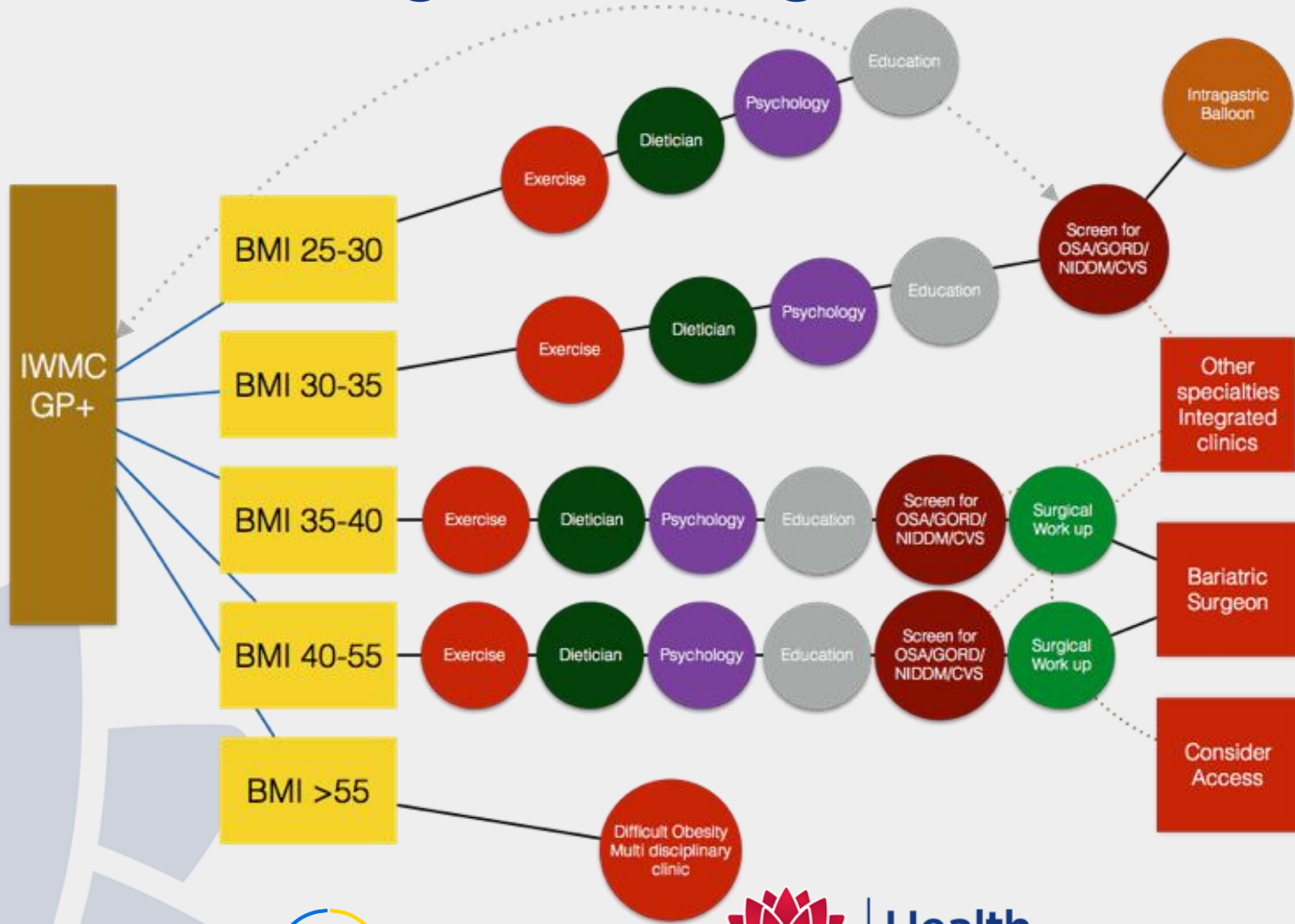
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# MLIC targets the Obesity Epidemic

- More than 2/3rds of Australians over 18 are overweight or obese
- The number of obese Australians has increased 50% across all age groups over last 10 years.
- Associated with many systemic illnesses and chronic disease
- Pressure on medical resources



# Integrated Weight Management



# Expansion of the MLIC Model

- Frailty and Aged Care
- Breast health
- Men's health
- Eye health
- Others



# Credits

Professor Anand Deva (ISHCERF & SESLHD)

A/Professor Peter Gonski (ISCHERF & SESLHD)

Nick Vasudeva (ISHCERF)

