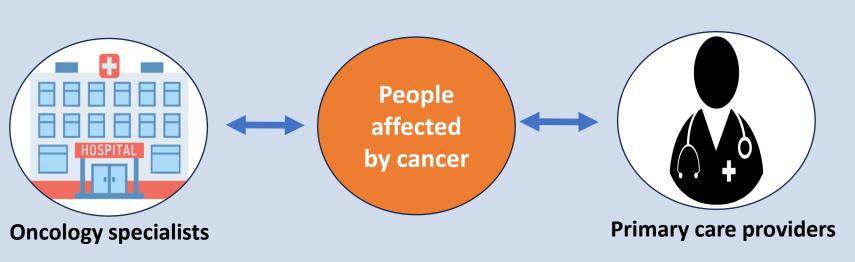
# ADVANCING IMPLEMENTATION OF SHARED CARE FOR CANCER SURVIVORS USING A SYSTEMS-THINKING APPROACH

Ria Joseph\*, Fiona Crawford-Williams, Imogen Ramsey, Chad Y. Han, Oluwaseyifunmi A. Agbejule, Carolyn Ee, Michael Jefford, Adam G. Elshaug, Jon Emery, Bogda Koczwara, Lillian Leigh, Vivienne Milch\*, Raymond J. Chan\*

### **INTRODUCTION**



## **METHODS**

1. Workshop 1

- Review of literature on system-level factors for implementing shared care models
- Identify system-level factors and relationships between these factors.
- 2. Drafting of causal loop diagram (CLD) and identification of key leverage points
- Develop preliminary CLD based on stakeholder input
- Use existing literature to refine the preliminary CLD
- Identification of key leverage points by research team

3. Workshop 2

- Stakeholders provide feedback on the CLD
- Prioritise the identified key leverage points
- Identify innovative strategies and specific actions.
- 4. Refinement of CLD and identification of key feedback loops
- Review and refine CLD based on stakeholder input and existing literature
- Internal review of CLD, key leverage points and strategies by research team
- Identification of key feedback loops by research

#### **CONCLUSIONS**

A systems-thinking lens enabled our stakeholders to identify key leverage points and generate *innovative* strategies to optimise the implementation of shared care.

These strategies provide practical solutions to drive meaningful change in policy planning and practice across Australia.

#### **RESULTS**

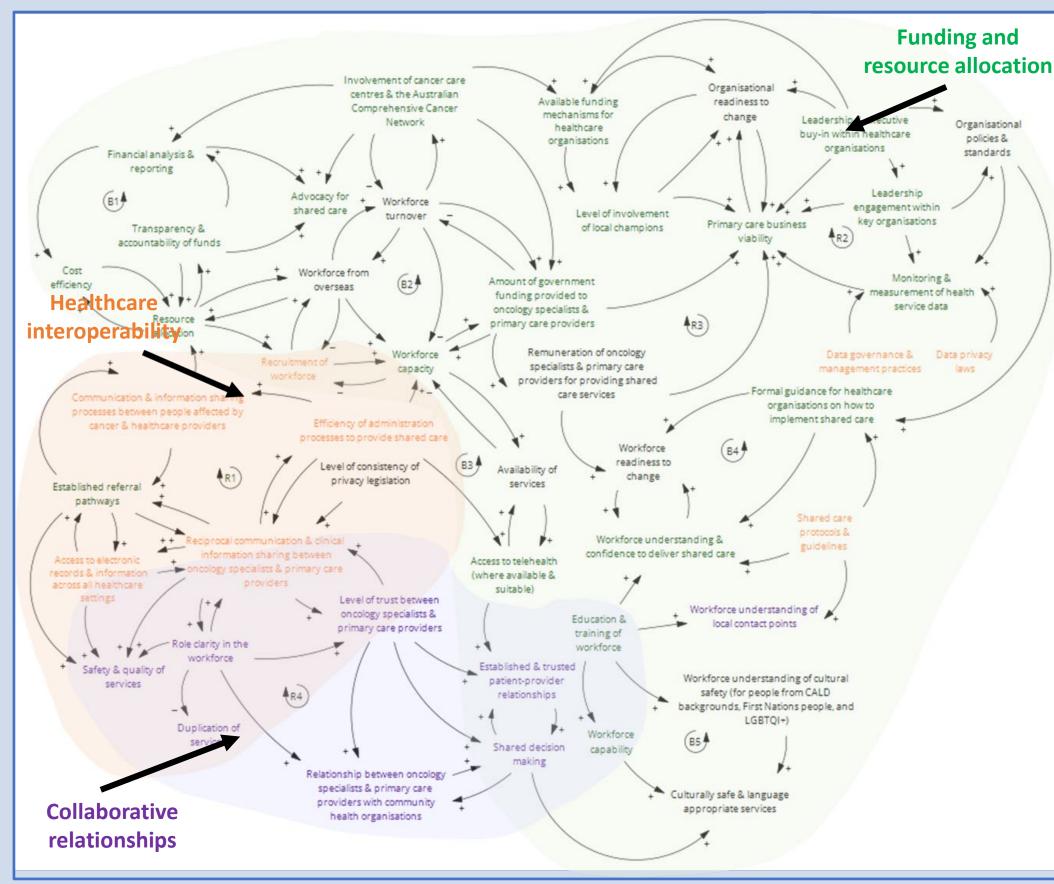


Figure 1. Causal loop diagram of implementing shared care models in Australia

- **46 underlying factors** were identified, highlighting the complexity of the Australian healthcare system.
- Three key leverage points were prioritised to drive broader system change.
- 12 potential strategies were identified.















