AMA VICTORIA

AMA Victoria's submission to the Travis Review Phase II – *Strategies to improve the capacity of Victoria's hospital system*

AMA Victoria welcomes the opportunity to provide input into the Travis Review - Strategies *to improve the capacity of Victoria's hospital system.* This is an important review and has the capacity to significantly reform Victoria's health system, improve access and outcomes for the public, and improve the system for doctors.

Context of the Review – Measuring Hospital Capacity

AMA Victoria would first like to make comments on issues relating to measuring hospital capacity identified in the Interim Report published on 1 April 2015.

The report includes the two following statements;

- That "beds are no longer a useful measure of capacity", and
- That capacity measures need to answer the two fundamental questions: *"Will I be able to get treatment if I am sick?"* and *"How long will it take to get treatment?"*

AMA Victoria views a hospital bed to be a suitably located and equipped bed, chair, trolley or cot where the necessary financial and human resources are required for admitted patient care. Services such as hospital in the home provide valuable additional care for the community. AMA Victoria supports the use of the term "point of care" as a descriptor for available hospital services in to the future.

AMA Victoria recognises that measuring the number of points of care (beds) is not, in and of itself, a sufficient indicator of the true capacity of the health system as it does not answer the two fundamental questions on access to care. However, **AMA Victoria believes that the number of open and available points of care is still an important measurement to be reported. Victoria has a growing and ageing population and increases in the number of open and available points of care will be required to keep pace with this growth** in addition to efficiencies and innovations across the system. Some population-based measurement and reporting of points of care is required as part of a transparent and comprehensive set of public reporting.

Transparency is fundamental to the safety, improvement and integrity of Victorian hospitals. Better reporting measures that allow patients and their doctors to make more informed decisions about their care are necessary. Many of the current performance indicators published by government do not provide an accurate or meaningful picture of how the health system is operating. Reporting on measures such as the 'median wait time' is misleading. While such a measure gives the impression of being the average it provides no indication of the actual length of time that the 50% of patients who wait longer can expect to experience. This kind of misinformation makes it difficult to make informed health decisions and increases frustration with the system which can decrease the overall quality of the patient experience.

AMA Victoria recommends that new, meaningful and accurate health system performance indicators, including a population based measure of the number of open and available and closed points of care, be developed to ensure that patients, doctors and the public are well informed.

Strategies to improve the capacity of Victoria's public hospitals

AMA Victoria is responding to Section 5 of the Review's Terms of Reference which require the Review to *"...call for public submissions from stakeholders for redesign projects or other innovative models of care that increase the hospital capacity and make recommendations on their suitability to optimise the capacity of hospitals to treat the Victorian community into the future".*

It is well recognised that there is no new substantial funding being directed into the health system. The fiscal situation at both state and commonwealth levels is difficult and both governments are working hard to find savings across their budgets. Over the forward estimates, Victoria is set to lose hundreds of millions of dollars in health funding from the commonwealth - cuts that will have to be absorbed and managed by the state.

With a growing and ageing population the pressure on every part of the health system will increase. While efficiencies and innovations can assist in offsetting these pressures, some additional funding (over and above growth funding) will be required. There is a general feeling amongst many doctors that there are limited efficiencies yet to be found in the system and that future efficiencies and innovations will require funding to facilitate them.

AMA Victoria sees a number of opportunities for innovations in the health system, these include:

- The public hospital and primary care interface
- Providing treatment more appropriately
- The current funding model
- Outpatients
- Centralised surgical lists
- Use of care pathways
- Reduce discharge block
- Aged care in-reach services
- Better care in the community
- Preventative care, and
- After-hours care

<u>The public hospital and primary care interface</u>

There are significant gains to be made through improving the communications and cooperation between public hospitals and primary care, particularly in the area of secure messaging. Communication needs to be appropriate, timely and reliable to minimise errors.

The first step in establishing good communication between acute settings and primary care is ensuring that a patient's general practitioner's details are collected and confirmed every time they are admitted to hospital. It is not unusual for people to regularly change GPs so it is important that this information is confirmed upon every admission, even when these admissions are close together. This will ensure that when information on a patient is transmitted to their general practitioner it will go to the correct clinic.

AMA Victoria suggests that GPs be included in the discharge planning process. GP involvement at an early stage in the discharge planning process will improve the timeliness and efficiency of clinical handover. If this liaison occurs prior to discharge or, even better during the patient's hospital stay, arrangements for the care of the patient can be made prior to their discharge from hospital. We believe that if this liaison was to occur, suitable patients could be transferred to the care of their GP at a significantly earlier time. This may lead to decreased lengths of hospital stay for patients, a decrease in hospital readmission rates, a significant decrease in the use of hospital resources (and also in morbidity associated with clinical handover at time of discharge).

The second step in ensuring good communication is developing proper communication systems. Secure messaging delivery (SMD) is a critical step to ensure health services are connected and enabled to deliver access to healthcare that is safe and equitable with access to information when required. Classic SMD can provide quick gains in terms of information flow from a hospital to a community-based care setting.

When information flows properly between health settings then the chances of mistakes are reduced and patients' outcomes and safety are improved. Better communication between care settings can reduce readmission rates in public hospitals by ensuring appropriate follow-up and post-discharge care. Investment in this area has the potential for significant, long-term savings gained through increased efficiencies, better patient management and coordination, and to reduce unnecessary readmissions.

For improvements to be made in this area it will require investment by the government to improve current ICT capabilities. Once these capabilities are available, further improvements and efficiencies can be developed in the future.

AMA Victoria recommends investing in secure messaging capabilities in all Victorian public hospitals to improve the interface with primary care. This will make current communication practices more efficient, improve patient care and reduce unnecessary readmissions. Furthermore, clear KPIs surrounding GP engagement and involvement in discharge planning should be included into hospital reporting systems to ensure that patients are appropriately transitioned from the acute sector into the primary sector.

<u>Providing treatment more appropriately</u>

One of the key features of the health system is that it has been very successful at treating people thus creating the expectation that the system can treat or cure almost anything. The 'free' healthcare that the majority of Victorians enjoy in the public hospital system, i.e. treatment with no out-of-pocket costs, has increased expectations of the level and types of treatments that can and will be provided. Innovations and improvements in medical science mean that medicine can now prolong a person's life even when the only purpose is to artificially delay inevitable death.

Stronger measures are required to improve the quality of dying and end of life care across all healthcare settings and to minimise the number of unwanted institutionalised and medicalised deaths.

Better education is required around the limits of modern medicine and what can reasonably be expected from certain treatments. Although it might be possible to artificially sustain life this might only delay inevitable death and provide the patient with no quality of life or chance of recovery. While this may be a balanced choice made by some, for others the decision to choose intensive treatments may come from the belief that the benefits of such treatments are much greater than they actually are. This needs to remain flexible as every case has its differences.

Increasing the use and uptake of advance care directives or plans can make significant improvements in the use of resources in acute hospital settings. Research has demonstrated that many patients at the end of life would have chosen to forgo futile treatment or inappropriate treatment had they been provided the opportunity to discuss their care preferences well ahead of death. AMA Victoria believes that by involving patients in decisions about their own future medical care, health professionals can deliver more effective and meaningful patient-centred care.

Improvements in legislative frameworks and palliative care options would also assist doctors in making treatment decisions for patients at end of life and reduce the use of treatments that may not be in the best interests of the patient. In end of life treatment, both the needs and wishes of the patient and the medical opinions of the doctor need to be taken into account to ensure that treatment is provided in the best interests of the patient.

AMA Victoria recommends implementing strategies to increase the use of advanced care directives/plans and improving the legislative frameworks around end of life to provide better end of life care.

The current funding model

The current funding model disincentives for increasing capacity. Capped WIES funding fails to provide additional resources for those health services that are able to provide additional services.

Units or services that have improved service efficiency, have been able to reduce waiting times and increase patient flow, may reach their funding cap before the end of the funding period and have to scale back their services, negating any efficiencies gained throughout the year.

Under this funding arrangement, increasing in-patient load and services above the levels predetermined by the state government is not financially viable. The funding model of the future needs to reward innovations and efficiencies and provide additional WIES for those services who have been able to demonstrate the ability to achieve efficiencies and provide appropriate returns for additional investment.

AMA Victoria recommends the government shift to a funding model that provides incentives for innovation and efficiency, and rewards those services that have been able to achieve it.

Outpatients

In Victoria one of the biggest opportunities for system innovation and increased capacity is to reform the current outpatient service. There is the potential for improved outpatient capacity through new models of service delivery.

The current outpatient system in Victoria can be outdated and inefficient and it lacks transparency. Record management and patient booking systems are often cumbersome and there is no measurement or reporting of the number of people waiting for an outpatient appointment. In many cases the wait to get an outpatient appointment is well in excess of twelve months, during which time many patients deteriorate. The lack of transparency on waiting lists for outpatient appointments creates a misleading impression of the length of time it takes to get care – a surgical waiting list of six months is only part of the story.

AMA Victoria supports the Interim Report's recommendation to report on outpatient waiting data begin within six months.

More can be done to manage and screen the intake of outpatients and classify them appropriately. Some hospitals are developing effective screening questionnaires to manage their outpatient lists. Many of these projects have the capacity to improve the effectiveness and efficiency of individual outpatient clinics. These projects and innovations should be supported.

There is also the potential for improved capacity through new models of service delivery.

The ability to access MRIs on a non-inpatient basis is very limited, so much so that patients will often either be admitted or have their length of stay increased simply to access an MRI as an inpatient. Increasing the capacity of the outpatient system to provide timely MRI services would reduce unnecessary admissions and allow those on the outpatient waiting list to receive treatment faster.

Better links with primary care will allow for better management of illness and will reduce the number of people whose illnesses becomes worse as they wait. Proper care and management while waiting for outpatient treatment would reduce the severity of many conditions and improve the quality of life of those waiting for care with the potential to reduce the burden on resources in the acute system.

AMA Victoria recommends that the government increase its support for programs and initiatives that encourage innovation and efficiencies in outpatient clinics and build better links with primary care to support patients waiting for appointments.

Reduce discharge block

There are a number of reasons that prevent hospitals from discharging patients in a timely fashion, many of which are outside the control of the hospital. These external discharge blocks all result in patients occupying an acute hospital bed for longer than necessary, thus rendering the bed unavailable to other patients.

Many patients require discharge to rehabilitation, aged care, under 65 special care or other sub-acute care settings for short term to ongoing care. If these beds are not available, patients remain in acute settings for longer than necessary which can delay their access to appropriate post-acute care. Expanding capacity in these settings will open more access to acute hospital beds.

The discharge processes for non-acute settings also needs to be rationalised. The staffing and service structures of many of these settings means that they will not accept transfers after a certain time of day or on the weekend. Often patients receive greater benefit from

being transferred early in the day as it allows them to settle in and commence their new treatment programs immediately. Ensuring that sub-acute facility admission processes and hospital discharge processes work together can free up significant capacity in the acute system.

Upscaling the number of sub-acute beds that can provide higher level care would also increase system capacity. If a patient can be transferred to a sub-acute facility 3 or 4 days post-surgery, rather than 5 or 6 days, then they can begin their post-acute treatment sooner instead of remaining in the acute setting when they do not require full acute care.

AMA Victoria recommends that the government invest in improving the sub-acute care sector to improve patient pathways and reduce the discharge blocks in the acute sector.

Aged care in-reach services

Hospital in the home or in-reach services have the capacity to improve the level of care and support people receive while keeping them out of the acute setting.

There are significant gains to be made by expanding these services into aged care facilities and building on the successful programs that are currently running.

Residents in aged care facilities are often transferred to hospital unnecessarily where no "visiting" assessment has been made available. Once they are in a hospital bed, discharge blocks may keep them in that hospital bed for longer than needed. Unnecessary admission to hospital is disruptive for the aged care resident and places unnecessary strain on hospital resources.

There are currently a number of trials operating across Victoria (and Australia) that seek to provide a reliable hospital in-reach service where a team is able to attend an aged care facility to assess and treat a resident, to reduce the number of unnecessary admissions and keep aged care residents in the facility. The most successful of these trials ensure that there is reliable 24/7 access with continuity of staff, a support and inclusive attitude from in-reach staff towards residential aged care staff, availability of medical leadership and assistance with decision making.

Evaluations of current trials have found that these programs are very successful at avoiding unnecessary emergency department presentations for older patients, provide good quality of care under clinical governance standards and delivered better care to the other patient than a trip to the emergency department.

Like many of these programs there is unlikely to be a single model to suit every hospital and residential aged care service but hospitals should be supported to develop appropriate links and service delivery models with local aged care facilities. AMA Victoria believes that there is a strong role for the new Primary Health Networks to play in assisting the development of these relationships and service models and will encourage the state government to work closely with these organisations.

AMA Victoria recommends that the government invest in developing and strengthening in-reach services to aged care to reduce the number of unnecessary hospital admissions.

Better care in the community

The most effective way to free up capacity in the public hospital system is to prevent people needing treatment in the acute sector. Community care initiatives that help people manage their conditions in the community are one of the most cost effective strategies to free up capacity in public hospitals in the long term.

Primary care and the acute sector are closely linked. Services provided in one setting impact greatly on services provided in the other. It is no longer acceptable to draw a line between funding responsibilities and claim that the commonwealth is responsible for funding primary care. It is far more cost effective for the state to invest in the primary care sector to decrease the burden on the acute system.

For those suffering from chronic illness who require intensive treatment and experience multiple hospital admissions the most effective model of care will be one that establishes a primary care team, not just a single doctor, allows the patient to form a close relationship with that primary care team and provides intensive support for that person in the community. Models such as the 'Medical Home' or current CarePoint initiative being trialled in Victoria could provide significant gains in preventing unnecessary admissions and readmissions of those struggling to manage their chronic disease without intensive support. Money invested in these initiates would show far greater returns than managing these patients in the acute sector and would free up additional points of care across the acute sector.

AMA Victoria recommends that the government invest in models of care that provide a strong team based, primary care sector approach to managing chronic disease in the community to prevent unnecessary admissions.

Preventative care

Strategies that prevent people from developing a chronic disease in the first place will show the greatest gains in the long term. Programs and initiatives that aim to prevent common but highly debilitating illness will not only reduce demand on the health system but improve the quality of life of many people.

Unfortunately there is no silver bullet and one single strategy is unlikely to make a difference across the whole state. Localised programs that tackle local problems will be the best approach to reducing the burden of chronic disease. Increased investment through Healthy Together Victoria, or the equivalent program, can significantly reduce the burden of disease in local communities by tackling the problems in a way that is meaningful and useful to the local community.

Better health education in schools and through community programs, such as education sessions at public libraries, will assist people in making better health decisions throughout their life. Education that teaches young people, and other community members, how to care for themselves properly and how and when to access the health care system appropriately can reduce inappropriate use of the acute system. Not all illnesses require a visit to the emergency department. Teaching people when and why to access different levels of healthcare can improve their experience of the health system and reduce the overall demand for services, particularly in the acute sector.

AMA Victoria recommends that the government invest in local preventive health strategies, with demonstrable outcomes, across the state to reduce the overall burden of chronic disease in the community and provide better community education about health care and the health care system.

After-hours care

A key way to reduce the number of people presenting at emergency departments is to provide high quality, accessible and free after hour's medical care.

In the evenings and on weekends it can be hard to access a general practitioner. Clinics that are open often charge an out-of pocket cost or do not bulk bill, which means the patient has to pay an up-front cost to see a doctor. In rural areas there may be no services available after hours for people to access. Emergency departments are open

twenty-four hours a day, they can provide full services and they are free of charge to anyone attending. This mismatch between the availability of services encourages people to attend the emergency department when they may be appropriately cared for by a general practitioner.

The exact model of after-hours care services that will provide the most gains will likely differ between health service catchment areas and between rural and metropolitan areas. Models that include co-located after hours GP and emergency departments, models that locate an after-hours clinic close to hospitals and models that locate an after-hours clinic in key community areas or hubs should all be considered. The best options will be achieved by working with Primary Health Networks to establish appropriate services for each community.

After-hours care needs to be coordinated and easily accessible to patients. Most importantly, if people are to avoid using the emergency department, they need to know where and how they can access a GP after-hours; it is vital that these services are promoted as a viable alternative to emergency department treatment.

Appropriate after-hours services need to provide the community with access to a doctor who can provide medical advice and proper treatment to patients. As with all primary care models, these services may include a multi-disciplinary team approach that includes the use of nurse practitioners and other allied health services - led by the patient's doctor.

AMA Victoria recommends that the government invests in appropriate models of after-hours medical services and work with Primary Health Networks to establish these models across Victoria.