



ACT's primary health network

Capital Health Network 2018/19 ACT Budget Submission



Capital Health Network

Overview

Capital Health Network (CHN), ACT's primary health network, is pleased to make this submission in response to the ACT 2018/19 Budget Consultation.

CHN plays a pivotal role in supporting general practice, primary, aged care and community care services to better meet the health needs of the community. We're building health system capability to achieve **better health outcomes** and **better care** for the community, a **better supported workforce** and **better value** for the health resources we have available.

We currently have over 1,220 members, including GPs; primary health care clinicians such as pharmacists, psychologists and physiotherapists; peak bodies; consumer organisations; and health service providers. CHN is continuing to work to better embed the social determinants of health within our work, particularly in our population health planning and identification of the areas of greatest need in our community to improve the health of residents of the ACT. CHN calls on the ACT Government to commission a program which measures and analyses the effects of the social determinants of health on the ACT community and which develops strategies to reduce health inequities. Long-term health outcomes are influenced by factors such as socioeconomic status, social connectedness and access to basic services such as housing, food, transport and education as well as health services. The social determinants of health have a major impact on health outcomes, particularly for the most vulnerable populations.

Our comprehensive Needs Assessment reveals current issues and emerging trends in the health and wellbeing of the ACT population. We collected information about health inequalities in the ACT population and focused on disadvantaged or vulnerable groups. These issues were looked at in the broader context of the social determinants of health. The Needs Assessment can be found here:

https://www.chnact.org.au/sites/default/files/CHN_ACT_PHN_Baseline_Needs_Assessment_2016.pdf

We make a number of **recommendations** to address both economic and health policy imperatives facing the ACT Government in the areas of:

1. Whole of system
2. Avoidable ED presentations and admissions
3. Preventative health and wellbeing
4. Mental Health, Alcohol and other Drugs.

Contact

Gaylene Coulton

Chief Executive

Capital Health Network

Phone: (02) 6287 8099

Email: g.coulton@chnact.org.au

1. Whole of system

a. Territory-wide Health Services Plan

CHN calls on the ACT Government to invest in the co-design, development and delivery of Specialist Services Plans and Models of Care that are both patient-centred and span the spectrum of care.

- The Territory-wide Health Services Plan provides a ‘once in a lifetime’ opportunity to establish a shared operating framework that shapes future service provision and informs investment in best practice health and care delivery.
- Comprehensive and evidence informed Specialist Services Plans and associated Models of Care cannot be developed in isolation to the exclusion of primary care. CHN is keen to ensure that ACT Health adopts a best practice co-design approach with primary care stakeholders to the development of the anticipated whole of system and multidisciplinary ‘blue print’ documents. This will leverage the opportunity to consider how collectively we address rising demands for health services and in doing so maximise the benefit of (and reduce waste across) the whole health system.
- Ongoing joint financial and resource support (ACT Health/ACT PHN) and effective leveraging from the ACT’s major integrated pathways initiative, *HealthPathways*, is required to underpin system improvements that are being planned through the development of ACT Health’s Health Services Framework in 2017/18. *HealthPathways* are local agreements between GPs and specialists that guide best practice assessment and management of medical conditions, and are evidence based. *HealthPathways* will be an important platform to support new integrated cross-sectoral models of care that are currently being developed by ACT Health.

b. Digital Health

CHN calls on the ACT Government to secure its investment in electronic health information systems by expediting the secure and seamless sharing of patient information across care settings.

- Patient health information must be able to be shared across the hospital emergency, outpatient and admitted patient services, community care, primary care and residential care settings. Better information results in better patient care, and is vital to safety and quality improvements.
- The ability to share patient information electronically and securely means a person can attend any service at any time and be assured that the treating clinician has access to their most recent health history. Time and money will be saved by reducing the need to repeat diagnostic investigations, reducing prescription of contraindicated medicines; and reducing reliance on the patient’s ability to recall pertinent health history. Work practices will also be improved by reducing the time taken to manage and file paper records.
- During 2018 every person will be given a My Health Record providing a vital part of this accessible health information system. Enabling My Health Record viewing and document upload by clinicians in all care settings is an important part of the solution, benefitting all clinicians and ACT residents.

c. Heart Failure Care

CHN calls on the ACT Government to co-invest in the effective implementation of the evidence-informed, patient-centred and whole-of-system Heart Failure Model of Care and associated Outcomes Framework.

- The Model of Care and Outcomes Framework were recently co-designed by consumers and members of the multi-disciplinary Heart Failure Clinical Leadership Forum – a joint initiative led by the ACT PHN in partnership with ACT Health and private specialists, Heart Foundation ACT and Health Care Consumers’ Association ACT.

- The Model of Care establishes a local blue print for best practice heart failure care tailored to both ACT population needs and our local service system. It acknowledges the differing needs of consumers at each stage of the disease trajectory; adopts a patient-centred and team-based approach to prevention, management and palliation of Heart Failure; clarifies optimal patient pathways for chronic, sub-acute, acute and palliative patients, and; distinguishes clinical roles and responsibilities across the spectrum of care.
- The co-designed Outcomes Framework can be utilised to determine whether the heart failure type patients have been provided with best practice multidisciplinary treatment and support, driven by their goals of care. The introduction of a local Register of Heart Failure patients would aid identification of the outcomes of interventions and issues to be overcome.
- CHN calls on the ACT Government to commission an initiative to consider the benefits and explore the feasibility of adopting a systematic approach to the utilisation of the Patient Activation Measure (PAM). PAM has been used to identify those people with low self-management/health prevention capability who are at risk of non-compliance with clinical and pharmacological regimens and poor health outcomes. PAM can help personalise care to the patient's level of activation through tailored care planning which has the potential to enhance health outcomes, slow the development and progression of disease, and reduce costly and wasteful care.

d. End-of-life care

CHN calls on the ACT Government to accelerate the implementation of the Model of Palliative Care for the ACT and surrounding region (adopted in March 2016 but not actioned to date) and to:

- Adopt a community development approach that normalises death and dying in the home setting, builds community capacity founded on a *Compassionate Communities* approach and co-invest in the program of increasing community and clinician awareness about end of life care issues and advance care planning.
- Extend the ACT Palliative Care Service/Goodwin integrated model of specialist palliative care support to additional Residential Aged Care Facilities - this model has already shown significantly reduced hospitalisations and an increase in the number of people dying in their preferred place of death.
- Conduct a scoping study to examine the desirability of introducing a system-wide Gold Standards Framework type program with an emphasis on developing best practice models for cross-sector boundary patient transfers - better leveraging the investments already made in the Australian Advanced Care Planning Program (formerly Respecting Patient Choices).

e. Clinical Learnings and Quality and Safety in the Health System

CHN calls on the ACT Government to authorise and resource the ACT Health/ACT PHN Joint Clinical Council to develop a model for a whole-of-system Clinical Incident Review System to ensure quality of care and the safety of patients across the ACT.

- Integration is an issue across the system as a whole with one of the points of greatest risk for clinical incidents at the interface where systems come together i.e. the hospital and primary care.
- Incident management systems capture patient safety threats/incidents, prioritise those incidents, analyse them to understand root causes and address the deficits, ideally through learning, feedback and system improvements to prevent future occurrences.
- From a consumer perspective, their healthcare crosses the whole health system, and the weakest points of any potential failure of care delivery are the interface points. The broader health system in the ACT currently has no mechanism for learning from these.

2. Avoidable ED presentations and admissions

a. Transitions of Care

CHN calls on the ACT Government to focus on the transition of care between sectors as a key point in the delivery of health care where adverse events and disruptions in the continuity of care often occur.

- The fragmentation of transitions of care between the acute and primary health care system are of major concern to consumers and clinicians. It impacts on patient safety, quality of care and the consumer experience, increased cost through unnecessary readmissions to hospital (e.g. waste) and the overall performance of the ACT's health care system.
- CHN is currently piloting a Transition of Care support service which, delivered in collaboration with ACT Health, aims to improve patient-focused transitions of care between hospital and primary care settings through the application of an evidence-based multi-faceted approach. It is aimed at a targeted cohort of patients with chronic and complex conditions to ensure they are proactively (re)engaged with primary care and community based services to both optimise health outcomes and reduce the risk of readmission to hospital. We encourage the ACT Government to consider co-investing in this quality improvement initiative to reduce hospital costs and improve patient care.
- CHN calls on the ACT Government to commission an initiative to consider the benefits and explore the feasibility of adopting a systematic approach to the utilisation of the Patient Activation Measure (PAM). PAM has been used to identify those people with low self-management/health prevention capability who are at risk of non-compliance with clinical and pharmacological regimens and poor health outcomes. PAM can help personalise care to the patient's level of activation through tailored care planning which has the potential to enhance health outcomes, slow the development and progression of disease, and reduce costly and wasteful care.

b. Pharmacists within General Practice

CHN calls on the ACT Government to support the ACT PHN's Pharmacists within General Practice program through expansion of the model to additional general practices. The program which is being evaluated by the University of Canberra has demonstrated the range of activities a non-dispensing pharmacist can undertake to improve clinical outcomes, reduce risk and avoid cost to the health care system.

- Available evidence indicates that integration of non-dispensing pharmacists in general practice is associated with improvements in patient outcomes and the resolution of medication related issues. Improvements include achievement of blood pressure targets, improved diabetes and asthma control, reduction in cholesterol and lipoprotein levels, de-prescribing and improved understanding and compliance with medications.
- Medication related hospital admissions have significantly increased over the past few decades. According to various studies it is estimated that around 5–10% of hospital admissions were due to medication related problems of which 50% are avoidable.
- Extension of the non-dispensing pharmacist program could positively impact on reducing avoidable hospitalisations and attendances at Emergency Department for medication related problems. In addition the pharmacists can play an important role in follow up post discharge and linking the patient back to their GP.

c. After Hours Service Provision - Alternatives to Avoidable Emergency Department Presentations

CHN calls on ACT Government to invest in the co-commissioning with CHN of appropriate primary care interventions as alternatives to avoidable Emergency Department presentations including:

- Primary Health Care/Ambulance Service Integration – Many ambulance services are beginning to develop out of hospital clinical support models as an appropriate alternative to hospital clinical care. Results of a recent scoping study commissioned by CHN sets out a case for change: asserting there would be direct benefit to both patient outcomes and the service system if an integrated Primary Health Care/Ambulance Service model were adopted in the ACT.
- Primary Health Care/Emergency Department Integration - The integration of GP models with Emergency Departments produce good outcomes at both patient and system levels. With the introduction of SPIRE there is an opportunity to consider the development of a more integrated Primary Health Care/Emergency Department model to deliver timely and appropriate care whilst reducing low acuity demand on Emergency Departments.
- Radiology Services - During the after hours period most general practices, locum services and the Walk-in Centres having no access to radiology services resulting in patient's attending via an Emergency Department presentation. The provision of radiology services to patients attending primary health care services during the after hours period will reduce unnecessary demand on Emergency Department services.
- Social Media Campaign – Two specific cohorts of Emergency Department 'super-users' have been identified in the after hours periods e.g. 0-4 and 18-24 year olds. The drivers for avoidable ED presentations for each of these groups are very distinct and different. Investment in tailored social marketing aimed at better informing decision making and influencing behaviours through increasing health literacy and educating individuals on alternatives to Emergency Department would both build community capital and reduce avoidable low acuity presentations.

d. Older People

CHN calls on the ACT Government to adopt alternative models of care to prevent avoidable Emergency Department presentations for older people.

- Investment in the development and adoption of a Geriatric Rapid Acute Care Evaluation (GRACE) type model will integrate Residential Aged Care Facilities, GPs and hospital outreach resources to deliver a single entry, rapid response service for aged care residents. This rapid response service for acutely unwell aged care residents has been adopted elsewhere, and is currently being trialled by the ACT PHN in partnership with Calvary Hospital Bruce, resulting in decreased transfers to Emergency Department, reduced acute in-hospital admissions, and where admission is unavoidable, a decrease in the average length of stay in hospital for those admissions.
- Supporting the introduction of Geriatric Streaming in Emergency Departments which is considered to be international best practice in ensuring services are designed for the most frail and vulnerable. Geriatric Streaming has demonstrated better health outcomes and increased patient satisfaction, higher rates of post discharge independence, fewer representations, lower admission and readmission rates.

3. Preventative health and wellbeing

a. Childhood Obesity

CHN calls on the ACT Government to build on the success of the Connect Up 4 Kids (CU4K) program through expansion of the program to include babies and toddlers aged 0-3 years.

- The CU4K program provided Territory-wide initiatives aimed at halting the growth of childhood overweight and obesity of young children (aged 4-8 years). The program supported GPs, other primary health professionals and parents with simple messaging and approaches to achieving healthy weight and growth.
- It is recognised that prevention and intervention in the early years of childhood development is effective in preventing or reducing later health issues and can provide significant health gains for life. The provision of support for CU4K will allow for continued opportunities for families through a range of settings (GPs, playgroups and community centres) to build their capacity to make healthy lifestyle choices in daily life.
- Obesity prevention has been identified as a national priority by the Council of Australian Governments (COAG) and recognised as a key health issue in the COAG Health Council's 2015 National Strategic Framework for Child and Youth Health. This is further acknowledged in the ACT Government's Healthy Weight Initiative through creating environments and opportunities to make healthy lifestyle choices easier.

b. Live Healthy Canberra

CHN calls on the ACT Government to fund the ongoing work of the Live Healthy Canberra website. The site provides a searchable directory of programs and services in Canberra for physical activity, healthy eating and social participation to help our community to live healthy in Canberra.

- The popular directory provides up-to-date high quality information about healthy living related programs and services for health professionals, workplaces and individuals in the region. Searchable by ACT region and service type the directory has information on over 160 programs and services.
- The ongoing support for this web directory will assist in continuing to promote, refresh and increase the information available to support residents to improve health and reduce the risk of chronic conditions.

4. Mental Health, Alcohol and other Drugs

a. Mental Health and Suicide prevention

CHN calls on the ACT Government to provide additional funding to enhance mental health services for children under 12, LGBTIQ communities and CALD communities. Evidence suggests that vulnerable groups experience higher rates of mental ill health. The ACT PHN Needs Assessment highlighted the need for further investment in key areas.

- Low cost or free psychological assessment services for children under the age of 12.
- Training and support for mental health service provider organisations to deliver safe and appropriate services to LGBTIQ communities.
- Training and support for mental health service provider organisations to deliver culturally appropriate and safe services to CALD communities.

CHN calls on the ACT Government to invest additional funds in the implementation and the evaluation of the Black Dog Institute Lifespan model with a focus on the priority commencement of the suicide audit component of the Lifespan model to assist funders and service providers in ascertaining the extent of the

need for suicide prevention and intervention services. CHN is eager to explore opportunities with ACT Health regarding co-design, co-investment and joint commissioning of the Lifespan model in the ACT.

b. Alcohol and Other Drugs Additional Specialist Services

CHN calls on the ACT Government to provide additional funding to enhance community based specialist Alcohol and Other Drugs (AOD) treatment services in the ACT. There is a shortage of specialist alcohol and other drug counselling services in the ACT, with a much lower occurrence of episodes of care than other parts of Australia. The expert paper commissioned by the ACT PHN for the ACT PHN Needs Assessment highlighted the need for increased investment in key areas.

- Increased capacity for specialist AOD treatment and support services to provide immediate triage and brief intervention when clients initially contact the services.
- Increased capacity for specialist AOD treatment and support services to provide brief interventions and/or low intensity care to people on waiting lists for AOD treatment.
- Intensive structured non-residential specialist AOD treatment and support.
- AOD specialist structured aftercare.