

DELIVERING SAFE AND  
SUSTAINABLE CLINICAL SERVICES

Supplement No.3

Building a Stronger  
**COMMUNITY CARE**  
System

# REBUILDING TASMANIA'S HEALTH SYSTEM BUILDING A STRONGER COMMUNITY CARE SYSTEM

The One State, One Health System, Better Outcomes reform program features the development of a White Paper outlining the Government's plan for the delivery of safe and sustainable clinical services. The White Paper will clearly define what clinical services can be delivered safely and where, and how care can be linked across the primary, secondary and tertiary health care sectors.

To inform the development of the White Paper a Green Paper has been released for public consultation detailing options for a comprehensive, evidence-based proposal for an efficient state-wide and regional service profile.

A series of supplementary documents have been developed to support the Green Paper. These documents will provide a deeper insight into particular areas of the health system, assisting the Tasmanian community to contribute to the public consultation process.

There are five supplementary documents. The first three are focussed on system wide issues that are key factors in the development of the clinical services profile. The latter two are focussed on key areas of ongoing stress and poor performance in our public hospitals;

1. Sustainability and the Tasmanian Health System
2. Tasmania's Health Workforce
3. Building a Stronger Community Care System
4. Emergency care
5. Elective Surgery

This document is focussed on strengthening the community care system in order to improve patient outcomes and reduce pressure on the acute hospital system.



*There is an underinvestment and underutilisation of Tasmania's community care sector.*

## Background

Growing pressures on the Tasmanian health system are focussed on the acute health care sector with major hospitals confronting an increasing demand for services, increasing costs and shrinking budgets. Solutions to the pressure created by increasing demand do not just lie with the clinical redesign of hospital services. They also lie in exploring community based alternatives to hospital care where it is safe and appropriate to do so.

The primary health care sector is in a unique position to contribute to the sustainability of major hospitals in Tasmania and to improving of our health system as a whole through the provision of innovative models of service delivery and system reform.

## Primary and Preventative Health Care

Primary Health refers to a range of community health and care services that are provided in the community close to where people live and work. These services are the first point of contact for people accessing the broader health care system.

Primary Health Services include a range of allied health, community nursing, pharmacy, diagnostic services, general practice and community support services. In its broader sense, Primary Healthcare can also be taken to include preventative health services such as smoking cessation programs, lifestyle education, immunisation and screening services.

Primary Health Services are delivered through general practices and specialist services, Tasmanian Health Organisations, community health centres, integrated care centres and rural hospitals, as well as many non-government organisations.

When viewed as a continuum, acute hospital care only represents a small part of a person's engagement with the health sector and yet it consumes the majority of state health funding. To contain the rising cost in the hospital sector, greater priority will need to be given to primary health care funding where care can be delivered in a more cost effective manner.

Tasmania's hospitals will continue to be an essential part of the State's health care system. However, over time, they will need to apply their expertise to the most complex patients where special equipment, surgery and clinical support is needed and to supporting the primary health care workforce with less complex patients.

A shift in emphasis to care outside of acute hospitals will enable health consumers to take a more active partnership role in managing their health needs. By increasing the capacity of primary health care services to manage more complex conditions in the community, a more efficient system will be created.

### What services currently provided in major hospitals are more appropriately provided in the community?

The effect of a robust primary health care system is to keep people out of hospital and productive for longer in the community.

- Each day in Tasmania, 291 people are admitted to a public hospital. It is estimated that one in seven of these admissions are avoidable<sup>1</sup>.
- In the period 2009-2013, 43.1 per cent of all Emergency Department (ED) presentations were potentially avoidable.
- Of all potentially avoidable ED presentations during 2009-2013, the top 20 conditions diagnosed consisted of injuries (~50 per cent), and health related actions (~20 per cent) such as post-procedural after care. Viral infections and abdominal/pelvic pain made up a further approximately 10 per cent of all potentially preventable presentations.
- Tasmanians living in geographic areas with the most socio-economic disadvantage are over-represented in ED presentations categorised as potentially avoidable.

To manage future demand and to ensure the sustainability of our hospitals more must be done outside of their walls. This includes investing more in existing services that keep people out of hospital and continuing to develop new and innovative models of community care.

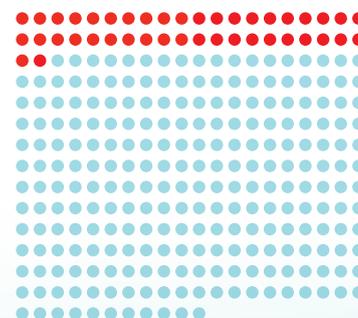
<sup>1</sup> Medicare Local Tasmania. Health Priorities 2014. Identifying and acting on priority health needs for the Tasmanian community.



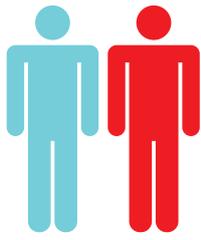
*Acute care represents a small part of a person's journey through the health system and yet it consumes the majority of state funding.*



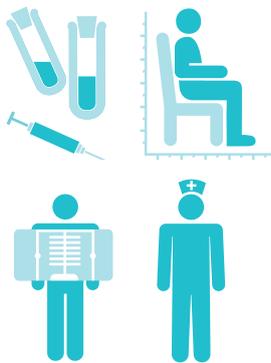
*Hospitals need to be freed up to focus on those that need their services the most.*



*291 people are admitted to hospital each day – 1 in 7 could be avoided*



*Almost half of all Emergency Department presentations were potentially avoidable in 2009-2013.*



*There are a range of services that can be delivered safely and efficiently in the community.*

## Health Care in the Community

Primary health care activities that can be strengthened to keep people out of hospital include:

- Chronic Disease Management Programs
- Non Admitted 'hospital type' Services
- Community Nursing Services
- Hospital Avoidance and Diversion Programs
- Community Palliative Care
- Community Support Services

### **Chronic disease management programs**

Community based chronic disease management programs promote healthy lifestyles and environments and encourage early detection and intervention, including lifestyle and risk factor modification.

Individuals with chronic diseases typically move between community and hospital care and receive care from a range of health care practitioners.

Improving the management of people with chronic disease in the community can decrease hospital attendance and admission rates.

For example, a hospital admission risk program (HARP) in Victoria that actively managed people with chronic disease who frequently used hospitals resulted in a 35 per cent decrease in emergency department attendances and 41 per cent fewer days spent in hospital.

The Tasmanian Medicare Local has been funded to work with GPs, hospitals and other health service providers to improve care coordination for people with chronic disease. This program enables the comprehensive assessment of a person's condition and care needs, the development of a care plan that meets the person's needs and prepares them for their self care role in ongoing management of their condition.

Tasmania's Integrated Care Centres (ICCs) have an important role to play in the management of chronic disease. Integrated Care Centres in Launceston and in Hobart currently provide a range of diabetes, cardiopulmonary, musculo-skeletal and other programs that help people self-manage their condition. Capacity exists to extend and integrate these programs with prevention and health promotion activities in our ICCs and community health centres.

### **Non Admitted 'Hospital Type' Services**

Non admitted hospital services refer to the provision of acute, sub-acute and post-acute services by health care professionals within the community, including health centres, clinics, and people's usual place of residence. Historically, the acute hospitals have provided many services which can be delivered in a safer, more efficient and less intrusive community environment.

The provision of non-admitted alternatives to care based in the community in many cases provides a far more cost effective method of health service, reducing negative impacts for people being admitted to hospital. These include risks of harm within the hospital and social isolation for otherwise well people. Timely intervention to support a patient's rehabilitation, both in hospital and after hospital discharge, improves the level of recovery the person can achieve and the rate at which recovery can take place.

## Community Nursing Services

Community nursing services are provided throughout Tasmania by both public and private sector agencies. Community nursing assists in avoiding potential hospitalisation by maintaining people in their home, working in partnership with general practice and other health care providers, while also facilitating timely and coordinated discharge home.

The following are two examples of different approaches to the provision of non-admitted alternatives to hospital, focusing on supporting ED to direct people to the most appropriate care pathway.

The Community Nursing Enhanced Connection Service is an example of a non-admitted hospital care initiative that provides direct support to the ED. This service provides people with immediate access to community based clinical care following their initial presentation and treatment in the emergency department, as an alternative to returning to the emergency department for ongoing clinical care.

The Community Assessment and Referral Service (CARS) in Queensland provides another example of the role of community nurses in supporting ED. CARS consists of a small team of community nurses based in the emergency department. The nurses identify high-risk elderly patients who present to the hospital and provide a comprehensive assessment of their functional and discharge requirements to ensure a safe and effective discharge to independent community living. The model provides an alternative pathway for the older patient presenting to the ED. The increasing numbers of referrals to community services demonstrates the effectiveness of the model to reduce re-presentation and readmission rates, and reduce the average length of stay in hospital.

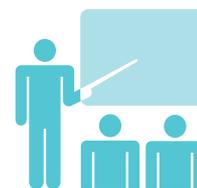
## Hospital Avoidance and Diversion Programs

These programs typically involve the identification and management of people who are at risk of hospitalisation by GPs or other health professionals.

Services may include the provision of intravenous therapy, including antibiotics, wound care, low risk blood transfusion, nursing or midwifery care, and allied health and personal care services that can be provided in GP surgeries, in nursing clinics or people's homes.

An example of hospital avoidance and diversion are Extended Care Paramedics (ECPs), where highly trained paramedics provide care to people in their own homes 24 hours a day, 7 days a week, without transporting people to hospital. In other states of Australia, ECPs provide wound care, pain management, catheter replacement and other services. The concept was recently trialed in Tasmania with excellent outcomes.

Telephone pre-hospital triage provided by the integration of after-hours services with general practices and aged care facilities, ambulance, rural hospitals and the general public provide an essential piece of support for hospital avoidance. Current arrangements with GP Assist (a private after hour's medical services provider) by Tasmania Medicare Local have been shown to provide significant support to the community through the provision of after hour's advice and treatment. This contributes to hospital diversion. By extending and enhancing telephone triage during normal business hours and centralising telephone triage services in the State to the one location, a more coordinated and sustainable service is possible, diverting people from ED and avoiding unnecessary ambulance transfer.



*We need to enable our workforce to do the work that they are trained to do.*



*New workforce roles can help to reduce the pressures on the acute care sector.*



*A majority of people with a life limiting illness spend most of their time at home with many choosing to die at home – we need to support their choices.*



*Community support services enable people to return to their homes faster.*

### **Community Palliative Care:**

Palliative care is the care of people with life-limiting illnesses and their families. The aim is to help the dying person to live as well as possible and to support their family and carers. Conditions requiring palliative care include many cancers, chronic diseases and increasing frailty associated with advanced ageing. Palliative care patients typically require episodes of care in a hospital or other inpatient setting during the course of their end of life care. However the majority of people with a life limiting illness spend most of their time not in care or treatment centres but at home, with many choosing to die at home.

Through the Better Access to Palliative Care (BAPC) Program a number of key initiatives are already underway to increase Tasmania's capacity to provide access to community based palliative care. This includes developing a sustainable palliative care service system that reduces unnecessary admissions to acute care facilities, ambulance transfers, presentations to ED, and the likelihood and negative consequences of costly medical investigations and procedures for those individuals receiving end of life care.

This is being achieved through the development and implementation of:

- Hospice at Home (The District Nurses) which provides wrap-around community based packaged care to support those individuals who would prefer to die at home;
- Strengthening the capacity of existing primary care service providers to deliver palliative care by enhancing skills and knowledge;
- Enhancing the capacity of Specialist Palliative Care Services; and
- Developing more efficient and effective rapid response and after hours service provision.

Early results show an increased capacity for people to be provided palliative care services in the community and increased effectiveness, capacity and responsiveness of the palliative care system.

### **Community Support Services**

Community support services such as care coordination, and home assistance provide access to low cost support to help people to stay well in their own homes, and, in some instances may be all that is required to prevent the possibility of a decline in health and a presentation at hospital. Where someone has to go to hospital community support services enable these clients to return to their homes and families safely while achieving the best possible recovery.

### **Rural Health and Hospitals**

Rural health services play a vital role in providing sub-acute inpatient health care, day treatment and primary health care services and in some instances residential aged care and emergency response capability.

The role of rural hospitals relative to the major hospitals differs across regions, contingent upon factors such as population trends and community need, distance from other services and sustainability. Their capacity to reduce the demands on major hospitals is dependent on a number of issues including; access to diagnostic and clinical support services, appropriate infrastructure and skilled workforce availability and capability. Subject to these factors, areas in which rural hospitals may be able to offer additional support in the health

system include expanded day treatment services such as intravenous antibiotic therapy, low risk transfusion, wound care, catheter replacement, mental health and palliative care services.

The use of technology to support professional practice in rural areas of the State offers new opportunities for rural hospitals. Tele-health is a significant e health capability that will be further enhanced in the State through the National Broadband Network initiative. An investigation into current and potential utilisation of tele-health in Tasmania, and development of strategies to increase its appeal and use across both primary and acute health sectors, will be a valuable adjunct to future planning effort.

## Funding of Primary Health Care Services

The Australian Government is the major funder of primary health care services in Tasmania, predominantly through the funding of general practice services. The Tasmanian Health Organisations (THOs) are also a major provider of services (along with the non-government sector).

The Tasmanian Government funds and provides a significant number of primary health care services as outlined above. The overall State investment does continue to lag behind that of other states and this may have an effect on the ability to reduce pressure on the acute care system.

Having two distinct funding and policy streams from different levels of government means that it is vital for the two to work closely together to minimise waste and duplication as well as build the strength of the primary health care system for the benefit of the community.

The THOs are working closely with the Tasmanian Medicare Local on a number of major projects that will bring efficiencies to the state health system, most notably the Health Pathways project which assists with clinical decision making, ensuring that patients are able to receive care that is appropriate to every stage along their health care journey.

Tasmania must and will continue to work with the Australian Government to introduce more flexible models of funding that promote integration, including pooled funding of services, blended and capitation payment models for enrolled populations.

A shift to population based funding models rather than individual focused or fee for service models will remove some of the inequities in our health system which sees timely access to health care as a principal determinant of health outcomes.



*We need to use technology better.*



*The Report by the Commission on Delivery of Health Services in Tasmania stated “Our current view is that the level of in-community services provided in Tasmania, as opposed to hospital services, is lower than in other states”.*

For more information on the *One State, One Health System, Better Outcomes* reform package please visit: [www.dhhs.tas.gov.au/onehealthsystem](http://www.dhhs.tas.gov.au/onehealthsystem) or alternatively send an email to: [onehealthsystem@dhhs.tas.gov.au](mailto:onehealthsystem@dhhs.tas.gov.au)

