Government of Western Australia
Department of Health

ClinicalSenate

Executive Summary Report and Recommendations

Outpatient Care – A look to the future

Clinical Senate of Western Australia

4 September 2015

Executive Summary

The third meeting of the Clinical Senate of Western Australia for 2015 was held on 4 September at the University Club of WA. The topic for debate was Outpatient Care – A look to the future.

In recognition of their innovative patient-centred approach to outpatient care, Mr Jeffrey Moffet, Chief Executive Officer of WA Country Health Service (WACHS), agreed to act as executive sponsor.

The specific debate focus was to drive innovation in outpatient care, whilst ensuring care remained patient centred, value for money and evidence based. For the purpose of this debate Outpatient Care was defined as patient-centred care of an individual who is not an inpatient in a healthcare facility and whose care is delivered by a provider at that facility. Outpatient care may be provided through face to face contact or via telemedicine and may involve consultation or an intervention or minor surgical operation. Outpatient care may be provided by medical, nursing or allied health staff.

In planning for the debate, multidisciplinary healthcare professionals, senior and emerging leaders, clinical leaders from primary care and private and public health services, researchers and academics were invited as expert witnesses to share their expertise in outpatient care.

The day opened with a Welcome to Country by Nyungar Elder, Ms Marie Taylor, who encouraged participants to work towards solutions.

In her opening address Senate Chair, Professor Julie Quinlivan spoke of the historical origins and purpose of outpatient care. She emphasized innovation was a careful balance between retaining the best of the past, whilst optimizing the advantages of the future. She challenged Senators to consider two issues. Firstly, how do we innovate outpatient care through utilisation of technological advances and modern therapeutics to improve patient outcomes? Secondly, how do we stop practices that are no longer relevant, effective or patient centred?

Director General, Dr David Russell-Weisz officially opened the debate acknowledging the importance and diversity of the clinical senate and its role in engaging clinicians, and utilising its expertise to add value to WA Health. He outlined his WA Health priorities, and defined core business as delivering safe care in a way that optimises patient experience and outcomes. He highlighted the need for fiscal accountability in the wake of economic realities and State-wide health reform. Dr Russell-Weisz challenged the Senators to consider how to improve efficiency of outpatient services given WA costs are considerably higher than Eastern states benchmarks. He asked Senators to advise how WA Health could incrementally improve outcomes over the next 5-10 years within this space? He posed three questions: Do patients receive the right services? Do we move patients excessively between care providers? Could we better use general practitioners?

In setting the scene for debate, Executive Sponsor Mr Jeffrey Moffet emphasised the need to push boundaries and look into the future. He stated current performance could be improved. He asked if WA Health really put the patient first, or did we keep patients and use old ways of working as it suited us? He reflected on the lack of a universal definition of outpatient care and the difficulties in measuring performance. He highlighted that outpatient services represent a $660M annual cost within ABF (14% of total budget). He noted there were significant variations in occasions of services delivered nationally due to different service models, and a lack of agreed outcome measures, governance and regulation. From a purchaser perspective, he questioned what value is derived from outpatients? Are some services discretionary or unnecessary, and what is the role delineation with the private and non-government sector? Mr Moffet also highlighted three examples of patient experiences that emphasized the challenges of accessing services, the benefits of broader use of technology and the importance of improving care coordination.

Mr Lesley Ayton, a consumer, joined the conversation via videoconference from Albany, Western Australia. He shared his lived experience and showcased the benefits of telemedicine. Mr Ayton stated that prior to telemedicine, his specialist appointment was a three day 'event'.

A traditional debate was held with eight five-minute presentations arguing the provocative premise "Outpatients is dead". The presenters for this session included: Ms Melissa Vernon, Professor Julie Quinlivan, Associate Professor Graeme Boardley, Professor David Joske, Dr Jared Watts, Dr Mike Civil, Ms Christine Carroll and Ms Karen Banks. Arguments for the affirmative discussed the value of Telehealth to replace traditional outpatients in both rural and metropolitan locations, increasing opportunities to convert inpatient admissions to outpatients (see and treat) occasions of service, availability of better clinical guidelines and models of care and to need to stop follow up for "follow up sake". Arguments for the negative discussed how outpatients support teaching and research, supports primary care, reduces LOS and hospitalisation rates and support for patients with complex care needs.

In the plenary debate "How do we innovate outpatient care?" senators and experts discussed current practice, innovation and patient experiences in the delivery of outpatient care. They also considered what traditional practices could possibly be stopped. The debate generated key themes which were grouped using Mind map technology and taken into the concurrent workshops.

Key themes for innovation were: universal use of technology, adopting systematic performance measurement tools, establishing a universal definition of outpatient care, improving links between hospitals and primary care, better models of care for general practitioners, using opportunities to build on research and teaching, and improving the patient experience.

Key themes for "what we should stop": were those traditional practices of bringing patients back repeatedly, minimizing the number of hospital initiated outpatient services, increasing the role of private and NGO providers, stopping annual reviews, making patients travel when telemedicine is available, and investment of care coordination rather than providing patients with multiple different outpatient appointments with multidisciplinary providers.

In the concurrent afternoon workshops clinicians identified the need to streamline referrals and to limit internal hospital referrals that constitute the majority of outpatient occasions of service. They also identified the need to integrate care, address DNAs and provide patient-centred care, driving efficiency and reducing unwarranted face-to-face consultations for all patients.

In conclusion, the senate found the current performance of outpatient systems was not optimal, but there are ways the executive can ensure outpatients become more effective and efficient yet retain their valuable teaching and research roles. The key message was "outpatients is not dead" but does require reform. The Department of Health, as system manager, is well positioned to build on the senate's recommendations to work with area health services and public private providers to contemporize the delivery of outpatient care.

A response from the Director General of endorsed, endorsed in principle, or not endorsed is requested.

Sincerely,

Mr Jeffrey Moffet
Chief Executive Officer
WA Country Health Service
20 September 2015

Professor Julie Quinlivan
Chair
Clinical Senate of WA

Outpatient Care – A look to the future

Recommendations

1. That WA Department of Health, as system manager, develops non-admitted Key Performance Indicators (KPIs) that can be measured across health services to inform patient care, performance, accountability, and patient access, including clear definitions. The KPIs need to exploit embedded outcome measures that will enable Area Health Services to drive down clinic activity through use of predictive algorithms and maintain or improve the quality of care and patient experience.

2. That WA Health ensures the ICT Strategy Implementation Plan Priority Area 2- Information Sharing and Management specifically addresses in outpatient and ambulatory care information sharing and communication, outcomes that:
   - Optimising outpatient/ambulatory care information sharing by secure electronic messaging to the GP AND uploading into the PCEHR, including outpatient summaries/letters, outpatient investigation results (pathology, imaging and other) and care plans
   - Promote information sharing via an integrated electronic health record (likely the PCEHR) to health professionals and the at risk population
     e.g. (Aboriginal people, elderly, chronic conditions and musculoskeletal)
   - WA Health employees be provided with access to and training in the use of the PCEHR (to reduce duplication of tests and improve quality of care).

3. That the Health Services Improvement Unit (HSIU) organises clinical redesign projects that decrease face-to-face consultation in favour of telephone/videoconferencing (including government facilities and personal use devices) to stop unnecessary outpatient appointments for minor consultations for both metropolitan/regional patients for:
   - Preadmission clinics
   - Benign pathology results
   - Wound checks post-op
   - Clinical follow-ups/'check ins'

4. That WA Health ensures the outpatient appointment system is reviewed with the following considerations:

   (A) All internal outpatient referrals require senior discipline authorisation unless they're part of a pathway or LOS initiative. This might be achieved by a phased clinical re-design process that aims to reduce DNA rates, unnecessary referrals, increases use of telehealth, focuses on keeping patients within their communities and benchmarks the rate of new to follow up appointments and number of internal derived appointments.

   (B) All patients are always referred back to their GP to coordinate care, and are not referred to another discipline within the hospital or given a further review appointment unless there is a documented reason by a consultant.

5. The Chief Officers from Medical, Dental, Nursing/Midwifery and Health Professions to sponsor and work with HSIU to analyse existing data to identify high volume MBS activity that can be transferred to primary care through partnership with the Primary Health Networks (PHNs).

Recommendations continued on next page

6. That the Primary Care Health Network, Department of Health work with each Health Network to identify from the 'Models of Care' occasions of service currently provided as outpatient care that could be safely transferred to primary care.

7. That innovation in the transition of paediatric to adult care can be achieved by WA Health developing pathways to transfer paediatric cases into adult services using streamlined patient centred processes.

8. That WA Health organise see and treat or see and diagnose clinics. This can be achieved by reviewing every inpatient DRG involving a LOS of 4-23 hours to determine if clinical service redesign could transform the inpatient care episode into an outpatient occasion of service.

9. WA Health through the WACHS CEO (as the State Telehealth Executive lead) include in the WA Telehealth Strategy
    1. Funding options to support telehealth in the public sector using the Queensland ABF model and other sustainable options
    2. Propose a strategy to align the effort of jurisdictions, professional colleges, and key stakeholders e.g. WAPHA to make recommendation/s related to:
        a. MBS and alternative funding options to support consumer access to GPs via telehealth in areas of high need (low GP numbers and high access need).
        b. Telehealth enablement for NGO's-NFPs, private hospitals, GPs, prisons and aged care facilities to achieve linkage with public health services for the "public good".
        c. Public Outpatients Services specialists to be able to VC - link to GPs to support GP care to patients to reduce the need for unnecessary travel and increase GP capacity to provide outpatients related services.
    3. Metropolitan Outpatients to determine how they might increase their linkage to GPs and to smaller public hospitals to support local service access.

Presenters and Expert Witness

- Ms Marie Taylor, Nyungar Elder
- Professor Julie Quinlivan, Chair, Clinical Senate WA
- Dr David Russell-Weisz, Director General, Department of Health
- Mr Jeffrey Moffet, Chief Executive Officer, WA Country Health Service
- Mr Lesley Ayton, Consumer
- Ms Melissa Vernon, Chief Operating Officer, Strategy and Reform, WA Country Health Service
- Dr Jared Watts, Senior Registrar, Obstetrics and Gynaecology, Joondalup Health Campus
- Dr Michael Civil, General Practitioner, Stirk Medical Group and Co-Lead, Primary Care Health Network, Department of Health
- Associate Professor Graeme Boardley, Executive Director, Midwifery, Nursing and Patient Support Services, Women and Newborn Health Service
- Ms Christine Carroll, Clinical Nurse Specialist, G61 Ward, Sir Charles Gairdner Hospital
- Professor David Joske, Head of Department, Haematology Centre, Sir Charles Gairdner Hospital
- Ms Karen Banks, Project Director, Outpatient Reform, South Metropolitan Health Service
- Ms Kate Gatti, Executive Director, Population Health, Ambulatory Care and Strategic Allied Health, South Metropolitan Health Service
- Dr Michele Genevieve, Clinical Lead, Emergency Department, Swan Districts Hospital
- Ms Lynda Miller, Clinical Lead Coordinator, Antenatal Clinic, Joondalup Health Campus
- Dr Frank Willis, Consultant, Paediatric Department, Fiona Stanley Hospital and Consultant, Department of Nephrology, Princess Margaret Hospital
- Dr Marianne Wood, Liaison General Practitioner (Aboriginal Health), Royal Perth Hospital
- Associate Professor Dale Edgar, Senior Physiotherapist, Burns Rehabilitation, Fiona Stanley Hospital

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