



# Better value outpatient services

## Context

- Outpatient services generally include medical tests or procedures that can be performed without an overnight stay and are provided through different models across country and metropolitan Western Australia (WA).
- WA has seen rapid growth in the number of outpatient services, which is currently unsustainable. More than 2.7 million outpatient appointments were attended in WA's hospitals in 2017-18. Only 35 per cent of referrals to hospitals were from general practitioners (GPs) – indicating that many appointments are generated from within the hospital environment rather than through primary care.
- Waiting lists for public surgical outpatient clinics are growing, with people waiting on average nine months for their first appointment for an initial surgical assessment.<sup>(1)</sup>
- People expect greater transparency about the services available. Increased information about what appointments are available, locations and wait times would assist in more effective planning/treatment plans.
- Currently WA public outpatient services are designed to provide ongoing care. It should be noted that the role of primary care is to provide care across the patients' lifetime including coordination and be the first point of contact in matter of personal health. The current system hinders the interface between specialist outpatient services and primary care.
- Telehealth is the use of communication technology to provide healthcare over a distance. Healthcare appointments can involve medical specialists, allied health professionals or nurses occurs using video conferencing technology for those in rural, regional or even metropolitan areas who otherwise find it difficult to attend a health professional.<sup>(2)</sup>
- Telehealth has shown to be a cost-effective service that enables patients better access to a full range of health services such as specialist medical, allied health, advanced scope nursing and GP services (where there is no GP or visiting GP).
- Telehealth can provide benefits to patients by reducing the need for travel and serving patients closer to home, and reduce the significant costs associated with subsidising patient travel/accommodation via the Patient Assisted Travel Scheme (PATS). The Telehealth model of care over time may potentially reduce the need for travel (PATS) and lead to potential savings.
- A range of submissions and engagement events within the SHR highlighted the need to improve access to specialist outpatient services through Telehealth. The *Sustainable Health Review Interim Report* outlined the use of Telehealth as an area for further work in mental health to enhance access to services, seeking a cost-benefit analysis including costs and impacts of patient travel and exploring shared care with GPs with shared outcomes and measures.<sup>(3)</sup>

## **Outpatient culture and inefficiencies**

- Throughout the Sustainable Health Review (SHR), many inefficiencies in the delivery of outpatient services were identified including multiple and often unnecessary visits, poor communication with GPs and lengthy waiting times. Consumer friendly booking and reminder systems were raised as possible solutions.
- Changing the clinician culture to enhance accountability and better manage referrals and discharges could facilitate a transparent and shared approach to care.
- Measurable targets focused on enhancing the link between primary care and outpatients may support a shift in care and further enhance a shared approach to care.

## **Contemporary outpatient models of care and links with primary care**

- The establishment of contemporary models of care and workforce models that support interdisciplinary care and working to full scope of practice are seen as opportunities to transform service delivery and access to outpatient care. This includes non-medical led outpatient clinics (pharmacy, allied health and nursing) as first point of contact for patients to deliver conservative treatment if clinically appropriate, reducing unwarranted medical treatment. Referrals for medical consults could be an option of last resort, as care provided by a regular general practitioner allows for more timely access to care and continuity of care.

## **Telehealth and virtual care**

- WA is a leader in the telehealth model of service delivery which provides flexible access to healthcare and reduces patient travel, resulting in less disruption to patients' lives. The SHR heard that more can be done to develop sustainable telehealth services, such that Telehealth could be the default outpatient service model for all patients, inclusive of metropolitan and country areas.
- The WA health system should continue to build upon the successful Western Australia Country Health Service Emergency Telehealth Service (ETS) which provides a 24/7 specialist emergency service that supports country clinicians and reduces regional transfers and travel for patients.
- WA has a proven track record in using Telehealth, through the roll-out of the ETS to 79 small hospitals throughout rural and remote WA, now equipped to link into Telehealth services. This equipment is capable of being used for a broader range of Telehealth services.
- Further to the significant ETS infrastructure, the SHR heard there are 106 Community Resource Centres located in small, low population towns equipped with state-of-the-art video conferencing hardware, which support Telehealth.

## **Improving access to specialist outpatient services**

- Specialist outpatient services are an important part of the patient's healthcare journey and are often the interface between acute and primary care (outside of the Emergency Department), and are an important component of efficient hospital patient flow process and access to specialist care.
- With surging demand with declining specialist outpatient performance new solutions to address unacceptable wait times and improve access are required (noting specialist outpatient demand will continue to grow due to an increasing ageing population and increasing burden of disease).

- It is important to improve access through strong partnerships between general practitioners (GPs), specialists and allied health to avoid long waits at public hospital outpatient clinics for conditions that may be better provided in a community setting. This will improve capacity in public hospitals for the management of urgent and complex outpatient services to ensure the best outcome for the patient.
- Implementing contemporary models of care such as new roles for nurses and allied health and the use of improved clinical protocols/care pathways that involve GPs as the centre of care provision between the patient and specialist are critical to driving sustainable access to specialist outpatient services.
- The expansion of the My Health Record and Health Pathways will enable improved information and coordination between hospital and primary healthcare on referral and following appointments.
  - Health Pathways supports condition specific assessment, management and referral pathways, and the Clinical Priority Access Criteria guidelines which can further inform decisions regarding the identification of possible specialist outpatient exclusions.
  - The Central Referral Service can optimise the management of referrals and support transparency of wait times.
- Promoting an evidence-based approach to improve productivity and efficiency for specialist outpatient services, includes:
  - community and outreach clinics rather than in the hospital
  - reducing follow-up appointments
  - introducing standardised diagnostic requirements upon referral/before first appointment
  - patient appointment reminders
  - fast track service for patients that would otherwise be admitted to hospital.
- Within the WA health system, outpatient data collection methods have changed significantly in the last five years to align with activity based funding (ABF) and recording activity. As this data collection matures the information will be able to be used as a basis to improve system performance and enable transparent public reporting.
- Work to improve access to specialist outpatient services requires integration with the current WA health Outpatient Reform Program.

### **Telehealth becoming a regular mode of specialist outpatient service delivery**

- Expanding the use of Telehealth may provide access to quality, safe health services, regardless of where people live. Telehealth has revolutionised healthcare delivery in country WA, significantly reducing health inequity and demonstrating its ability to be incorporated into day-to-day services, which could be translated to metropolitan patients.
- Some specialties have embraced Telehealth as a mode of service delivery, while others have relatively low levels of usage. The range of service models being provided this way is expanding and includes TeleStroke, TeleOncology, TeleRenal, TelePalliative care and TelePsychiatry.
- Digital technology improvements and new innovations create potential to expand the range of telehealth services and remote monitoring and store-and-forward technologies. Other emerging technologies are also providing the potential to provide a basis for service provision with much reduced need for patients to have face-to-face contacts with health service providers. New

technologies will need to be integrated as part of the WA health system digital strategy to ensure greater uptake.

- The WA health system has the opportunity to capitalise on the growing proportion of the population that has the capability to access Telehealth services in their homes. Consumer digital literacy combined with improved connectivity and technology offer significant opportunities to deliver health differently.
- Health Service Providers (HSPs) are already adopting the use of Telehealth to improve service access, convenience and patient and clinician experience.
- Opportunities exist for WA health to drive Telehealth activity through ABF as part of the development of a new funding model by creating incentives that target unmet need. Queensland Health has been financially incentivising Telehealth activity for a number of years and made annual changes to their internal ABF program for this purpose. This includes targeting specific services such as outpatient Telehealth services, sustainable emergency Telehealth funding models and unfunded Telehealth modalities such as store-and-forward.

## Exemplars considered

A range of exemplars were identified throughout the course of the SHR in public submissions, Clinical and Consumer and Carer Reference Groups, Working Groups and in public forums. The following exemplars are indicative, however are not an exhaustive list of the exemplars considered throughout the SHR.

### NHS Choose and Book, United Kingdom<sup>(4)</sup>

- The NHS Choose and Book program was introduced in the United Kingdom in 2004. The national electronic appointment booking service enables patient choice by allowing them to select the hospital, date and time for their first outpatient appointments.
- Choose and Book was a major step in creating a central appointment services offering choice of appointments. However, Choose and Book worked in some areas and not for others often due to a combination of electronic and paper referrals. Now the NHS has moved towards an e-Referral service that combines booking with a choice of place, date and time for first appointment that can be booked in the GP surgery at the time of referral or later online or via phone.

### Better Care Victoria<sup>(5)</sup>

- The *Specialist Clinics Access Improvement Partnership 2017-18* with Better Care Victoria, facilitates collaboration and provides the tools to help Victorian health services improve and advance the delivery of specialist outpatient care. The focus is on improved access and patient experience and the participating services work towards improving performance with goals of 100 per cent of urgent patient referrals seen within 30 days; 90 per cent of routine patient referrals seen within 365 days; reduction in 'did not attends'; and improved new to review ratio and improved patient experience.

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