Support and service improvement for people in country areas

Context

- Western Australia (WA) covers an area of 2.5 million square kilometres, which is about 40 per cent of Australia's total land area. Around 547,000 people, or 21 per cent of the State's population, live in rural and remote areas.
- People from rural and remote areas face unique challenges due to geographic isolation, and often have poorer health and welfare outcomes compared to people living in major cities.
- The Sustainable Health Review (SHR) heard that health service delivery in rural and remote areas presents considerable challenges and due to remoteness it is generally considered more costly to deliver 'small scale' services in the country than in the metropolitan area. Due to scale, management issues arise such as rostering, increased reliance on staff being on-call and services being vulnerable if a staff member is away sick or on leave. It is very difficult to attract health practitioners to work in many country locations and staff turnover rates are high.(1)
- It is often the most vulnerable people in our community, such as those with complex health needs, who fall between the gaps and fail to get the care they need. This is even more common for people living in rural and remote areas of WA.(1)
- The SHR Panel heard through a range of submissions and engagement events the key issues and opportunities to improve access to services for people living in remote and rural areas, as well as to support staff in country areas of WA.

Safety and access

- A number of concerns were presented about gaps in services or other difficulties regarding access to services at country hospitals. For example, it was brought to the attention of the Panel that there are limited chemotherapy services in northern WA, resulting in anyone needing these services having to travel a long distance from home. Some submissions also raised concerns about insufficient frequency of visits by outreach services and the lack of particular specialists at some hospitals.
- There are major shortages in the primary care workforce throughout country areas of WA. Primary care practitioners often are not sufficiently supported. Hospitals rely heavily on primary care providers, particularly general practitioners (GPs), to support service provision, but the relationship between hospitals and primary care providers, particularly GPs, could be strengthened. The limited availability of services in country areas, when compared to metropolitan areas, can lead to significantly greater demands on the hospital system, particularly for emergency departments (EDs). Efforts to boost primary care may considerably

reduce the demand for hospital services. Some submissions also proposed reforms to support primary care services, such as facilitating GP consultations via video conferencing and using Medicare Benefits Scheme items for telehealth services.

Health practitioner training and support

- The Panel heard that a key reason for workforce shortages in country areas is that training is provided exclusively in metropolitan areas and more can be done to provide sufficient exposure to work in country locations. Working in country areas requires different skill sets to the metropolitan area, and greater support and opportunities could equip health professionals with these skills or provide exposure to work in country areas. This may include increased exposure to country areas during training and the provision of incentives to work in country areas would be ways to bolster the number of practitioners in country areas.
- Proposals were presented regarding the need for additional approaches to supporting staff; suggestions on the need for more mental health services training available to support staff; high rates of turnover of health staff working in country areas; and workers experiencing burnout.

Coordination and cooperation between agencies

- The Commonwealth and State governments are both major players in planning and funding health services. State and Commonwealth health agencies plan, fund and manage programs with similar objectives in relative isolation of each other. This can result in some types of services being over-funded, with gaps in other areas of service delivery. Funded agencies report frustration at the administrative burden to meet separate State and Commonwealth accountability and reporting requirements.
- Services could be strengthened with collaboration, through undertaking joint planning and making jointly funded services. A submission proposed piloting of a joint regional commissioning model in the Kimberley with scope to further improve cooperation between different State agencies regarding health-related programs (e.g. Police, Child Protection, Community Services and Health).
- The need for more cooperation has been highlighted in public submissions, regarding regional and remote areas, and specifically for remote communities. Service delivery in country areas is often complex, involving many different providers delivering a range of services with limited coordination. This service delivery model results in fragmented care and service inefficiencies and could be improved through better coordination and integration.
- Appropriately, an issue for the State pursuing the approach to joint funding and commissioning as recommended in the SHR Interim Report will be the Commonwealth's preparedness to contribute funds into a funding pool, working together to use funding most effectively.

Prevention and early intervention

- A redirection of health policy towards prevention and a focus on early intervention should be considered. Different approaches to health promotion and prevention may need to be pursued in country areas for distance reasons and to better support the needs of specific populations.
- There is potential to improve services through Telehealth and communications technology. Telehealth has revolutionised healthcare delivery in country WA, significantly reducing health inequity and demonstrating its ability to be incorporated into day-to-day services. It has proven

a cost effective means of providing services to people in country areas and professional support for practitioners

- WA is a leader in the provision of Telehealth services, where for over two decades, the WA health system has invested in world-class Telehealth services and a contemporary technology platform that connects clinicians to patients in their communities, reducing the burden of travel and dislocation from family and commitments.
- There is scope to extend the use of Telehealth to additional areas of health service delivery and to pursue initiatives such as delivering some telehealth services in patients' homes. Electronic health records and communications technology are particularly important for service delivery in country areas because of the remoteness of patients and their GPs from hospitals.

Emerging technology and use of data to facilitate patient care and flow

- The Panel heard there is a need to reduce barriers to patient flow (movement of patients) across the system. There are unintended barriers to patient flow as patients transfer between hospitals, including out of region. Health Service Providers (HSPs) operate independently which can lead to a siloed approach. Currently, most individual hospitals are responsible for managing their own patient flow.
- While more needs to be done to understand these barriers, it is likely that these issues could be at least partially addressed through a centralised/systemwide approach to improve patient flow across the whole system through an approach such as acommand centre. Development of a command centre model would require cooperation across HSPs and could lead to better use of capacity across the system and ensure that the WA health system's resources are used effectively to meet patient need.
- A systemwide approach to patient flow could encompass the role of key external partners such as St John's Ambulance and the Royal Flying Doctor Service. It could also focus on the use of telehealth services and the Patient Assisted Transport Scheme (PATS) and it would be important to link in with Urgent Care Clinics, including those operating in the community (i.e. not on hospital sites), and Medihotels (once established).
- There are additional demands for State services from patients living in country areas who do not have access to similar services close to home. The limited availability of privately provided services (private hospitals, primary care and aged care services) results in demand for services shifting to public hospitals. Given the proportion of system resources devoted to responding to the health needs of country residents, the comparatively high cost of delivering services and the challenges of managing service delivery in country areas, it is important to consider ways to achieve more efficient service.

Country growth – linked with resources boom

- WA's economic climate is strongly aligned with the prospects of the resources industry, with many regional communities experiencing the direct impact.
- The *Government Mid-year Financial Projections Statement*[(2)] projects that recruitment in mining and related industries may increase, potentially impacting growth in country populations.
- Different towns and regions are experiencing differing levels of population growth. Some communities are expanding rapidly, while others are stagnating or are in decline.

- It is important for the health system to be flexible and responsive to changing community requirements.

Higher cost of delivering services in the country

- Smaller country hospitals are unable to achieve similar economies of scale experienced by metropolitan hospitals, and may experience challenges when trying to recruit staff. These difficulties have led to incentives being built into the conditions of employment, such as regional loadings, relocation allowances and support for housing.
- A significantly higher proportion of patients in many country areas are Aboriginal people, who on average have poorer health outcomes than non-Aboriginal people and may use hospital services more frequently.
- Remoteness impacts on clinical decision making in a way that tends to increase costs. For example, as a country patient may be a considerable distance from any medical assistance, clinicians may prefer to hold them in hospital for longer (compared to a similar metropolitan resident) to make sure that no complications develop. Additionally, remote clinicians spend time providing outreach services to small communities, which can include considerable travel time and increased costs.
- The Independent Hospital Pricing Authority (IHPA) is responsible for determining a nationally efficient price for hospital services, which is the basis for determining the Commonwealth funding contribution for hospital services. While in its assessments the IHPA has recently provided some additional recognition of costs in country areas, its assessments are still inadequate to recognise the higher cost of delivering services in regional and remote WA.

Shortcomings in non-State services

- WA has fewer medical practitioners per capita than other States and Territories. Although this is a statewide issue, the shortage of medical practitioners in regional areas is pronounced. Low Commonwealth effort in supporting GP services is paralleled by low Medicare Benefits Scheme expenditure on specialist services and through the Pharmaceutical Benefits Scheme. The lack of private GP services contributes to people living in country areas utilising hospital EDs as a substitute for GPs, more than their metropolitan counterparts. WACHS reports that over half of ED presentations are non-urgent presentations related to the lack of access to local GPs.
- Additionally, the current Commonwealth funding arrangements do not provide sufficient incentives for residential aged care providers to establish and operate facilities in country areas. Populations of older people in smaller communities are usually too small to justify a facility. Around 6,000 bed days per year in WACHS hospitals are occupied by people who have been assessed as requiring accommodation in residential aged care.
- A response to local public hospitals becoming the ‘backstop’ for residential aged care in country areas has been to convert a number of hospitals to multi-purpose services (MPSs). MPSs provide a range of health and other services, but are predominantly provide residential aged care. The State is able to recoup some of the cost of accommodating persons at MPSs from the Commonwealth through residential aged care subsidies. There are presently 40 MPSs in WA country areas.

Country opportunities with the New National Health Agreement

- As part of the work towards a National Health Agreement, pooled Commonwealth/State funding and joint planning and commissioning of services on a regional basis has been agreed to as a reform direction. With this direction, the Commonwealth will more likely support proposals to pilot joint funding and commissioning in the Kimberley Region (SHR Interim Report Areas for Further Work).
- In the context of the work on negotiating the new National Health Agreement, WA may be able to highlight the challenges for country service delivery.

Country workforce

- In the last decade there has been a large increase in the number of places in Western Australian medical schools. As universities produce more medical graduates, the hospital system will need to equip itself to provide more training places. There is evidence that increasing training for medical students in country can lead to more doctors choosing careers delivering services in regional areas.
- A number of submissions to the SHR have pointed to the need for junior doctors to gain more exposure to country settings during training as a way forward.
- It is vital to encourage country workforce with consideration required for a common consistent vision accepted by rural organisations, universities, other training organisations, professional bodies and Departments of Health (both WA and Commonwealth).
- Some initiatives progressing this vision include:
  - Increased rural training opportunities across a number of health services related courses.
  - Provide extended periods of training in rural and remote settings (ideally at least 6-12 months) where possible, as part of the program.
  - Rural employment for new graduates (e.g. graduate nurse programs across the State, increased number of intern places for medical graduates in rural WA, developing new models to support training for recent graduates in allied health professions) aiming for long term placements where possible.[(3)]
  - Appropriate recruitment of students to health professional training (good mix of rural origin, and cultural and social diversity in students selected that matches the population they will serve).
  - Developing innovative training models that support training that is required in a particular location.

Telehealth becoming a regular mode of specialist outpatient service delivery

- Throughout the SHR, small local hospitals have been highlighted as an important part of the social fabric of many communities. However, due to their small size, they are unable to achieve economies of scale, making the services they provide more expensive to run effectively. In many cases infrastructure requires continual upkeep, yet the facility may not meet contemporary healthcare needs.
- Where there are a number of hospitals in relatively close proximity, a review of resources within the Hub-Spoke Model may be warranted, to ensure service are better equipped to meet population needs.

- A further issue requiring consideration is that small hospitals may be partially functioning as nursing homes and primary care practices. In operating these services, the State is filling in a gap in areas of Commonwealth responsibility. The hospitals/multipurpose services are eligible to claim Commonwealth nursing home subsidies in respect to nursing home-type patients, although these fall short of meeting the cost of accommodating these people. In addition, the provision of medical-type services should be predominantly of the responsibility of primary care services, with anyone needing more acute services transferred to a regional hospital or to Perth.

Coordination between country and metropolitan hospitals

- While it is desirable that country hospitals become more self-sufficient and provide care closer to home for patients, reducing the need for patient transfers to the metropolitan area, it is a reality that it will never be viable for country hospitals to provide the more complex services that are delivered in metropolitan centres, and a high number of transfers will continue to occur.
- The development of formal arrangements may hinge on HSPs being prepared to commit to arrangements acknowledging possible impacts on their ability to provide services to populations in their own catchments. There may be some resistance by clinicians who wish to be able to direct referrals acceptance to their services.

Towards a Statewide Clinical Operations Centre (Command Centre) - commencing with WACHS

- A Command Centre could support more integrated care for country patients requiring access to specialist Metropolitan services and improve patient outcomes and safety and quality. Evidence shows command centre's play an important role in high reliability organisations with a focus is on the ability to provide standardised care 24/7 (including escalation of deterioration) through monitoring data and access to the right people to ensure timely decisions; and improving clinical logistics through clinical coordination.
- WA is uniquely placed to build on the success of the Emergency Telehealth Service and Statewide telehealth services to better support country patients via a Command Centre that concentrates operational logistic decision-makers.
- Enhancements in technology with and data linkage may assist in early identification of risks and decision based mitigations for both inpatient care and remote monitoring where care in the community.

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.

Regional Chemotherapy Centres, Queensland

- In 2014, Queensland Health established a Central Integrated Regional Cancer Service that supports the safe and sustainable supervised administration of chemotherapy and supportive therapies closer to home, particularly for patients from rural and remote areas utilising

Telehealth technology. Queensland Remote Chemotherapy Supervision' model, which establishes a pathway through which tertiary-based specialist cancer services clinicians are able to equip outer metro and regionally based nurses with the skills required to administer chemotherapy services and remotely provide supervision and support. WA could consider utilising this model.

Project ECHO (Extension for Community Healthcare Outcomes)

- The ECHO model has been pursued in New Mexico and in Queensland, and links specialist teams at an academic hub with GPs.
- Together they participate in weekly teleECHO clinics that enable the GPs to present cases to specialists, discuss new developments related to their patients and determine treatments.

The Judy Reitz Capacity Command Centre at the Johns Hopkins Hospital, Baltimore[(4)]

- The Judy Reitz Capacity Command centre was designed and built to streamline hospital processes. Twenty-four staff members from different departments work in the Command Centre and have access to real-time and predictive information which enables them to prevent or resolve congestion, reduce patient wait time, coordinate services and reduce risk.
- The information accessed by the Command Centre helps staff to know when there will be an influx of patients coming into the hospital, which hospital units need additional staff members, the status of patients being treated, the need for and availability of beds across the hospital, and the highest-priority admissions and discharges.
- The Hospital has reported improvements in a range of areas since opening the Command Centre:
  - A 60 per cent improvement in the ability to accept patients with complex medical conditions from other hospitals around the region and country.
  - The critical care team is dispatched 63 minutes sooner to transfer patients from other hospitals.
  - A patient is assigned a bed 30 per cent faster after a decision is made to admit him or her from the ED. Patients are also transferred 26 per cent faster after they are assigned a bed.
  - Transfer delays from the operating room after a procedure have reduced by 70 per cent.
  - Twenty-one per cent more patients are now discharged before noon.

This background paper was developed by the Sustainable Heath Review secretariat to inform the work of the Sustainable Heath Review Panel. Every effort has been taken to ensure accuracy, currency and reliability of the content. The background paper is not intended to be a comprehensive overview of the subject nor does it represent the position of the Western Australian Government. Changes in circumstances after the time of publication may impact the quality of the information. Background papers are published in full at: www.health.wa.gov.au/sustainablehealthreview.

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