

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
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### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

## Submissions Response Field

**Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).**

The Sustainable Health Review initiated by WA Health is very timely given the Federal Government's commitment to "re-boot" the country's health system as identified in The Productivity Commission's plan (*The West Australian*, 23<sup>rd</sup> October 2017). The Commission has highlighted health as an area that will need significant change. The Commission recommends "teams of carers" with the patient at the centre and increased use of technology for the treatment of patients as two of the strategies that may achieve the goal of delivering a \$200 billion boost to Australia's economy.

The University of Notre Dame Australia supports the Government in its initiative of seeking to implement measures to sustain health in WA as a follow on from the 2004 Health Reform Committee (The Reid Report). The specific strategies identified and suggested below are increased use of telehealth, Interprofessional Education, Use of Nurse Practitioner's, Private-Public partnerships and the role of tertiary education institutions. These strategies are related to the current review's areas of :

- Patient experience, pathways and continuum of care;
- Value, safety and quality of services;
- Innovation and technological advances in healthcare;

### Increased use of Telehealth

Telehealth is not a new concept. The Telehealth program in WA commenced in 2012, however, there is now some uncertainty surrounding its continuation. About 800 regional and outer-metropolitan patients receive medical care using the Telehealth service, through more than 720 videoconference units in hospitals and clinics around WA, according to the Country Health Service. The use of technology such as videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centres are all considered part of Telehealth.

The US experience has shown that there are many benefits of Telehealth which can be categorised as:

#### Patients Benefits

- Travel to distant specialists is not necessary when Telehealth is used. This means that patients can save the cost of travel, the expense of staying in the 'big city,' if the distance is such that an overnight stay is necessary
- Hospitalized patients whose care is supervised by a specialist via Telehealth have the advantage of staying in their home community where family and friends can easily visit. Studies have shown that recovery is faster when patients are close to home.
- Patients don't need to take whole days off work to see a specialist or to take their children to the doctor
- Children miss less school when they can be seen via Telehealth
- Patients can receive care rather than foregoing treatment to save time and money

#### Providers Benefits

- Providers can serve more patients, thus easing provider shortages
  - Rural providers can receive continuing education with Telehealth connections, avoiding travel time and out-of-practice time
- Quicker access to specialty providers for consultations and emergency advice

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### Critical Access Hospitals Benefits

- More revenue from patients can be kept in the local community
- Streamlining of services to be offered
- Better image in the community because of expanded services

### Communities Benefits

- More specialty care is available locally
- Money spent for health care in the community cycles through community businesses
- With increased availability of care, small communities become more attractive to businesses looking to relocate

### Payers Benefits

- Reduced costs for emergency and other patient transport
- Costs for care in Critical Access Hospital are often less than large facilities
- Patients may receive care sooner, avoiding escalation of illness, thereby saving costs in the long run

Telehealth allows a way of delivering care that incorporates the Government's imperative of putting the patient at the centre of care, the use of teams of experts to deliver that care and the use of technology to ease the burden and reliance on individuals to care for people within an environment of scarce resources. Teams can be enhanced by the provision of Interprofessional Education.

### **Interprofessional Education (IPE)**

According to the *Framework for action on Interprofessional Education and collaborative practice* (WHO, 2010), IPE, achieves three important outcomes. It improves health outcomes, responds to local needs and tackles health workforce crisis. This is through the process of health professionals learning *with* each other, *from* each other and *about* each other (WHO 2010). All three learning actions are central to the development of collaborative teamwork, and in turn, to the delivery of safe, holistic healthcare with the patient at the centre of care, which is the aim of this review. This view to sustain the healthcare system was also recommended by Health Workforce Australia in the *National health workforce innovation and reform strategic framework for action 2011–2015*. This document recommends that the essential element of sustaining the health system is a change in it and the educational system for health professionals simultaneously, to prepare for the future. This can be done by using IPE and an Interprofessional team that includes Nurse Practitioners.

### **Increased use of Nurse Practitioners (NPs)**

Nurse Practitioners were first authorised to practice in Australia in May 2001. By 2010 all Australian States and Territories had achieved official recognition and a legislative framework for NP practice. Evidence suggests that broad capability of this workforce in primary healthcare is underestimated (Helms, Crookes & Bailey, 2015). There are currently 1,000 endorsed NPs in Australia, working in emergency departments, chronic and acute care. Opportunities for integration and facilitation of this role within healthcare teams need to be explored further. NPs have the capacity to diagnose and treat conditions, order and interpret blood and radiology tests and prescribe some medications. In many countries NPs are an integral part of the health care system. In order to train and enable NPs, it is suggested that:

- Universities should consider providing NP students with a broad knowledge base so that they can function as primary care providers.
- Their education should include transferable skills that can be used in any patient care situation
- Younger nurses should be encouraged to undertake NP courses
- NPs should be supported by employers, education providers, accreditors, regulators and NP mentors
- NPs should be recognised as valuable health care team members (Leidel, 2013)
- Health Service Providers should be encouraged to develop NP positions and opportunities

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- It should be acknowledged that the cost of employing NPs is cost neutral as a result of Medicare billings. There is also evidence of cost savings with some NP models of care.
- Restricted access to the Medicare Benefits Schedule for public sector nurse practitioners continues to be a significant barrier to their practice in community settings and needs to be reviewed.

The NP role represents an innovative response to current health care issues and provides a nursing model of care that embraces skill and task transfer within a collaborative framework. NPs can increase the capacity of the Australian health workforce to meet increasing demands in areas of strategic relevance to workforce development and clinical care.

### Public/Private Partnerships

There may be opportunities for more public/private partnerships to 'share the cost' of health services. A large variety of public-private partnerships, combining the skills and resources of a wide range of collaborators, have arisen for disease control through product donation and distribution-mainly vaccines, or the general strengthening or coordination of health services (Widdus, 2001). There is a potential for this strategy to lower costs and use innovations that may be the strength of one of the partners. Partners contribute their expertise to enhance understanding of a given health issue and integrate the knowledge of two or more organisations with action which benefits the community they serve (Israel, Schulz, Parker & Becker, 1998). WA has private-public partnerships in several health agencies. A review of these partnerships will be useful to further develop this strategy. The successful implementation of this strategy will require well-articulated policies and procedures. According to the International Finance Corporation of the World Bank, the key advantages of public-private partnerships in health are as follows:

- Access to new sources of private financing for upfront capital investments.
  - Predictable budgetary commitments over the life of the contract and more efficient use of budgets.
  - More efficient systems and building designs that can minimize life cycle costs.
  - Higher quality service standards and ongoing training programs.
  - Access to clinical skills that may be scarce or concentrated in the private sector.
  - Access to the best industry practices, improved technologies, management expertise, and entrepreneurial talents.
  - Regular maintenance and technology upgrades that might otherwise be unavailable.
  - Top value for money as a result of the competitive bidding process and optimal risk allocation in the PPP contract.
- Several partnership models exist in the literature but using the local experience of partnerships that have already been developed will enhance and sustain the health system in WA

### The role of Tertiary Educational Institutions

It is the responsibility of tertiary institutions to prepare health care practitioners who are prepared to work with new, team-based care-delivery models and to offer courses that allow for expanded practice and provide Interprofessional educational opportunities to their students. Tertiary institutions should operate or work closely with health-care systems to explore ways to transform actual delivery of health services through educating practitioners (Kirch, 2011). Higher education institutions can lower health-care costs by promoting healthy behaviors and educating high-performing health-care teams using Interprofessional Educational frameworks which will positively impact on the sustainability of health.

From a health research perspective tertiary institutions could look at how they engage with health services asking how Universities can 'add-value' to an organisation; how research can change practice to improve the patient/client journey; and identify efficiencies in care and policy development. These areas are all within the remit of Universities that can conduct translational research in partnership with health care organisations who are then able

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to implement successful outcomes from research for the benefit of their patients. Universities have a vital role to play in coordinating Telehealth activities, providing IPE and offering courses that prepare health care practitioners, in general and nurses, in particular, to expand their practice.

### Conclusion

The University of Notre Dame Australia believes that Telehealth, IPE, NPs, Public-Private partnerships and involvement of tertiary institutions are some of the many strategies, which have already been identified in various SHR workshops, that could enable workforce development, alternative models of care, Interprofessional practice, and smoother transition of care from an acute to a community setting to ensure sustainability of health.

### References

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