GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

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 would like my submission published but remain anonymous

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).

I work as GP in a group metropolitan practice. For the past 30 years I have had an interest in mental health and more specifically Eating Disorders.

The majority of patients with mental health issues/eating disorders receive their care in the Primary Care setting.

Accessing appropriate care for my patients is usually difficult in many situations.
Those patients who fall into any of these groups
* who are 16-17 years of age (too 'old' for initiating care Princess Margaret Hospital)
* those over 18 years of age
*those without private health care
*those without financial means to pay the gaps in the cost of services provided in primary care (general practitioner, dietician, psychologist)
*those with limited social supports to help guide them to access care
*those with less medical risk (but severity in terms of patient quality of life may be severe)

* There is no publicly funded treatment for those over 16 years in the following areas
- those 'too sick', BMI under 16, but 'not sick enough' for inpatient hospital treatment.
- day programme that fulfils a 'step-up' from general practice or 'step-down' care from inpatient hospital care.
An eating disorder day programme is available in the private sector for those with private health cover.
Public funded step up/step down care would also provide my patients with access to dieticians and psychologists.

Other barriers to care include
*insufficient numbers of GPs, dieticians, psychologists and psychiatrists with specific expertise in treating those with eating disorders.

An example of care needed for an 'average' patient with a moderate-severe eating disorder (severity in terms of medical risk and impact on patients quality of life).
This patient would need medical review by GP every 1-3 weeks. Gap cost about $35 a visit
Co-ordination of the health care team for the patient - done by the GP every 2-4 weeks. Gap cost $35 per visit
Dietician review every 1-4 weeks. Cost at least $100 per visit

Clinical psychologist every 1-2 weeks Fees -$180-$240 per visit (rebate of up to $1300 per year/10 visits under Medicare mental health plan.
Initial assessment and review every 1-3 months by psychiatrist. Gap generally $150-$250 per visit
Occasional review by specialist physician - no cost for this, as I am generally unable to access this review for my patients unless they are admitted to hospital.

Eating disorders affect patients long term - this is often as our investment in time/services for these patients is delayed and inadequate .
These patients are trying to manage with a mental health disorder, and due to this disorder they are not working /or working limited hours, they often do not have the financial capacity to access adequate care with or without private cover.

I feel that the following services should be provided to those with eating disorders

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1. Specialist free community dietician (community services could be provided if funding given to WA primary health alliance WAPHA)/or hospital based dietician services for those with moderate to severe eating disorders.

2. Funding when patients exceed 10 sessions with psychologist in a year.

3. Identification and referral pathways for patients needing psychiatric and general physician input, to support the patient care and their GP, for the more severe patients.

4. Renumeration for patients GP or provision of health professional to provide care co-ordinaiton service for those with complex eating disorders.

5. Provision of tertiary outpatient eating disorder team - e.g. day programme step up/step down care.

6. "Centre of excellence " providing education, patients services, perhaps as an extension of WAEDOCS (WA Eating Disorder & Consultation Service)/Centre for Clinical Interventions). There needs to be provision of both mental health and physical health care as part of this service.

The funding for WAEDOCS to provide a management advice to any member of the treating care team has been extremely helpful.

7. Continuing funding of CCI, with an expansion of number of clinical staff so to increase the number of patients able to access their excellent services .

Good support for the GP will improve the GPs capacity to care for the individual patient and also increase the capacity of the GP to provide care for an increased number of patients with eating disorders.

It is much better for the patient to provide care in their community, which is timely, adequate, integrated. This will also reduce the costs to the community in reducing likelihood of needing tertiary care, but also very importantly returning the person with an eating disorder to being a happy and productive member of their family and our community.