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***	
Title	Mr ☐ Miss ☐ Mrs ☐ Ms ☒ Dr ☐ Other ☐
Organisation	Asthma Foundation With Prof. Mark Everard, McCusker Foundation Prof of Paediatric Respiratory Medicine, Medical advisor and educator AFWA, DoH Respiratory Health Network
First Name(s)	Jenny
Surname	Howson
Contact Details	[redacted]

Publication of Submissions

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

☐ I do not want my submission published

☐ I would like my submission to be 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;

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Submission Guidance

- 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).

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11% of the Australian population have asthma and 5% of people over 45 have Chronic Obstructive Pulmonary Disease (COPD). This has a combined cost to the economy of $36.8 billion per annum (AIHW, 2016). These chronic conditions caused over 100 000 hospitalisations in 2014/15.

In WA, Asthma costs the community $250 million per year, with 29% of adults with asthma seeking urgent medical care annually. Asthma is the leading cause of hospitalisation and ambulance call outs and is the leading cause of school and work place absenteeism.

For many people asthma is well managed at home and in the community, with self-management techniques being an important facet of asthma control. This places the Asthma Foundation, as a community based organisation, in the perfect position to have maximum impact on people living with asthma, as well as the economy. Through the education we provide we are able to identify treatment gaps and empower patients to recognise early warning signs.

The established need for people with asthma, to decrease the impact on the economy and health system and improve their quality of life is:

- Asthma Action Plan (only 25% of people with asthma have one) These need to be developed by personnel who have a clear understanding of the issues and be personalised.
- Asthma diagnosis and control (45% of adults have poor asthma control) Many people with asthma are underdiagnosed, whilst many that carry the label of “asthmatic” may not have asthma at all, therefore treatment will be ineffective. A simple deliverable objective means of diagnosis should be standard.
- Correct inhaler use (90% of Australians with asthma do not use their inhalers correctly). (2016, AIHW; 2016, National Asthma Council) Some health professionals are not exposed to the myriad of asthma devices and medications. Patients often receive conflicting advice.

Over the past 120 years deaths from infection have reduced considerably while acute medical services have achieved considerable advances in the outcomes for patients experiencing acute life-threatening conditions such as severe trauma, stroke and myocardial infarction. Much of the progress in life expectancy has been related to improved nutrition, sanitation and public awareness of issues affecting their health though vaccinations and improved therapy has contributed.

This progress has not been accompanied by change in the management of many chronic conditions, with patients accepting and/or experiencing elevated levels of avoidable morbidity. In general, the management of chronic conditions requires health care providers to do the simple things well. All too commonly patients receive conflicting advice from a variety of sources and/or receive ineffective assessment, information and management.

Repeated asthma related presentations to emergency departments are associated with an increased risk of life-threatening asthma. However, Australians are increasingly using hospitals to manage asthma flare-ups that may otherwise have been prevented through engaging with their General Practitioner in proactive and planned care as well as self-management.

The Asthma Foundation plans to implement a new model of asthma care in the community, based loosely on a program established in Finland, which delivers the above three objectives and more. Using this as a foundation of service provision, all other Asthma Foundation projects will support and enhance the outcomes throughout the community, with the overall aim of decreasing the impact of asthma on quality of life, the health care system and the WA economy.

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The Finnish asthma programme provides an example of how a simple low-cost programme getting all participants in care singing from the same hymn sheet results in dramatic improvements in patient outcomes while greatly reducing the cost to the community. In this programme key elements were identified and in a top down 'pyramid selling' approach the programme was rolled out to tertiary and secondary care, the ED depts. (at the interface of primary and secondary care, primary care, pharmacies with community engagement emphasising that poor control and adverse outcomes such as acute exacerbations, days lost from work or school and sleepless nights were not acceptable and easily preventable with simple management. The impact of the programme was to more than halve the presentations to ED in two years and virtually eliminate asthma deaths. By simplifying care, the condition was moved from one having its greatest impact on secondary care to a condition well managed in primary care.

Recent work with COPD in W.A. showed a similar approach could have similar effects in this related but fundamentally different condition but the programme folded when the 'pilot funding' dried up.

In order to develop a truly cost effective sustainable health care system it is important to recognise approaches that work and adopt them for local implementation. The standard Australian response to programmes such as the Finnish asthma programme is "that's all very well but we are different", by which they mean it was not invented locally by Australian doctors and we will re-invent the wheel and end up with a flat tyre. One lesson that WA primary health practitioners are not recognising that Respiratory Health Educators who know their area inside out are worth their weight in gold – they do the simple things well and transform the lives of patients by explaining issues in an understandable and coherent manner and helping to genuinely provide personalised education. They also have the time to meet the individual needs of the patient; something unavailable in a GP consultation.

The Asthma Foundation and Diabetes WA are already starting to address the needs of remote and rural patients by providing simple and effective messages through their telehealth programmes supported by medical advisory groups.

Our goal however is to transform care of common chronic disease in WA by facilitating the introduction of programmes such as the Finnish asthma programme and the W.A. COPD programmes, through engagement with health care providers, private and Government, to ensure that the programmes are endorsed from the top. This will ensure the ability to roll out simple and direct education across regions.

The use of a NGO such as the Asthma Foundation to help facilitate the changes across the spectrum from tertiary care to primary care and the community (inc pharmacy services) will mean that it is cost effective with the saving being gained by health care providers and the benefits being reaped by patients.

This consultation is very timely in that the Asthma Foundation is proposing to engage with a metropolitan health board and the health care providers in that area together with a rural area to roll out a 'Finnish asthma care comes to WA' type programme to demonstrate its potential impact.

This will also involve collaboration with Health insurers, pharmacies, pharmaceutical companies and other health service providers.

THE COMPELLING ECONOMIC AND SOCIAL EQUATION

A proven health service model could deliver annual savings to WA of $150 million - $500 million

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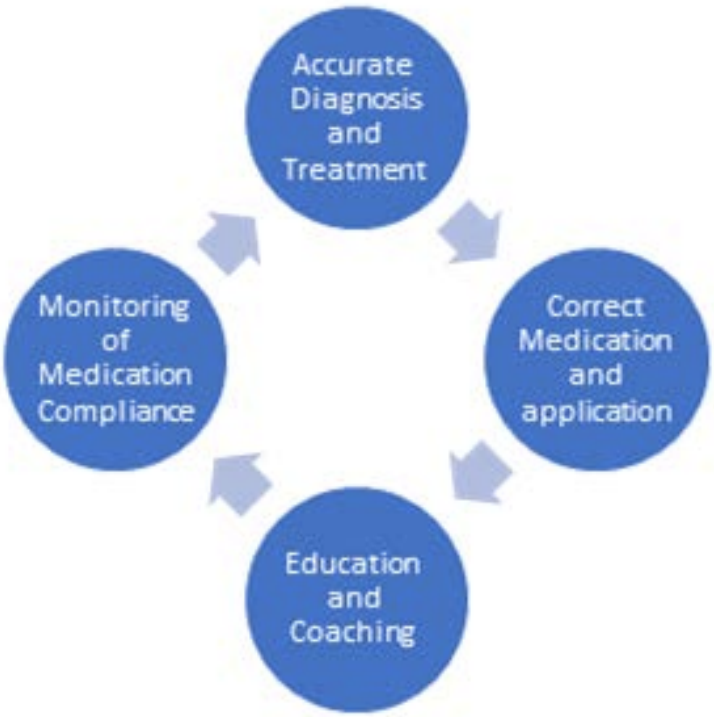
Proven programs overseas have achieved a 50 + % reduction in hospitalisation and ambulance travel. Initial consultation by The Asthma Foundation has been able to secure collaborative support from Health Insurance companies, St John's Ambulance and some hospital emergency staff. Support and resources from the Department of Health, Health Service Boards and private hospital providers will enable the Foundation to implement this pilot project, with a view to providing a comprehensive state-wide asthma service down the track.



Requiring Support and commitment from -

Peak bodies

Health professionals

People living with asthma and their carers

Health campuses

Government departments and Ministers

Private sector organisations – pharmaceutical companies, health marketing, health insurance companies etc.

Providing Research and reporting on outcomes and results –

- Ongoing qualitative assessment of outcome and effectiveness

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The biggest barriers for NGO's such as the Asthma Foundation delivering health services that fit between Primary, Secondary and Tertiary healthcare is communication and service fragmentation. Not only do the varied Government health services providers not know what is available in the community, their knowledge of NGO's is also lacking.

Much of the knowledge of services available is contained in individual employees. When a health professional, allied health or community service provider leaves their position, much of this knowledge leaves with them. Whilst systems are in place, such as Health Pathways WA, access to this is limited, and not all health service providers are aware of the different online tools available. It is a valuable service for GP's, however it is often allied health and other health workers (such as our Respiratory Health Workers) who are trying to provide care coordination services. GP's have limited time available in a consultation to provide comprehensive care coordination services.

Digital health record management such as My Health Record will eventually be a useful tool to assist in care coordination and decreasing gaps in service provision, however the ability of many smaller community education and care providers such as the Asthma Foundation to link into this is difficult. We are not MBS eligible and do not have the resources or funding access for additional training. This leaves us reliant on the client or their practitioner, which widens the gaps through which people can fall, and decreases the efficacy of our service provision and ability to coordinate care.

Technology and digital innovation is being embraced at all levels of the Asthma Foundation, most prominently through our use of videoconferencing to provide Telehealth Services to people throughout the state. Whilst this is a valuable and cost-effective method of service delivery, it is not sufficient to replace face-to-face services in all circumstances. Whilst it is necessary to provide equity in access to people in regional and remote areas, some communities still require an on-the-ground presence to establish new services and build trust with the service providers. This was evident from the feedback provided by Rural Health West in their recent funding rounds, where most regional communities chose the services that were providing the on-the-ground services over those via telehealth methods.

The emerging opportunities with pharmaceutical monitoring via Bluetooth and smart apps is also opening avenues to better service provision through monitoring and follow-up, which the Asthma Foundation hopes to embrace in our services.

Overlap and duplication in service planning and delivery are issues which have driven health reform for many years. The Asthma Foundation is doing extensive work to establish collaborative models in a variety of sectors. The prospect of decreased service costs is attractive to Government, but requires upfront resourcing to restructure cross agency service provision, whilst enabling services to continue to be effective. Collaboration on service provision is important for the "patient journey" and the provision of seamless and effective care, however charities and Non-Government Organisations also need to be able to maintain their public persona and engagement with the community to protect their client base and continue to be the "information expert" in their sector.

Submission compiled by:

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Jenny Howson – General Manager, Health and Regional Services, Asthma Foundation

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2015 Deloitte's Hidden Cost of Asthma Report

2016 AIHW, Australian Government, http://www.aihw.gov.au/asthma/

[1]2013 AIHW, Asthma Hospitalisations in Australia 2010-11 http://www.aihw.gov.au/publication-detail/?id=60129544541