

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
- 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;
- 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).

As a Specialist working at RPG seeing acutely unwell older West Australians, and in a public restorative unit, Aged Care Assessment Team and public Day Therapy Unit in SJOGML (under separate contract- private public contract) I see vast replication of invasive and expensive testing for older patients, some of which add little clinical value to the patient.

Tests are repeated, some costed to Medicare, some costed to WA Health through a variety of contracts purely because it is quicker to request a new test than try to track down one previously done at one of many providers in the state.

All WA Health doctors have differing access to public and private electronic discharge summaries, pathology results, consultation results, cardiac testing and imaging results. We also have different access to Medicare funded tests/results done by GPs on patients referred to us.

Many pathology, cardiac, other specialist tests (respiratory function tests, sleep studies, EEG, EMG, endoscopic, urodynamic, clinical psychology, interventional imaging, etc etc the list goes on) are not freely available to doctors treating patients in hospital nor in the community.

Many private health care providers (Ramsay Health, SJOG in WA for example) have contracts to provide services for public in- and out-patients in Perth. These providers have their own contracts for imaging and radiology and other testing.

If a patient is transferred from SJOG Midland campus to RPH for example, copies of imaging (PRC) the discharge summary and pathology testing is not found on the public hospital ICM reporting platform. If the patient was in AKHS, the discharge summary and pathology would be found but not the radiology (PRC). If a patient is sent from RPH to SJOG MT Lawley public bed, their RPH imaging and testing is not available to SJOGML staff. If a RPH patient is sent to Bentley Hospital, their imaging will be repeated in PRC at Bentley and previous scans not necessarily located.

Junior doctors, GP's and hospital specialists waste precious and often tax-payer funded time chasing down externally done tests, or just repeating them. For imaging, this results in excessive exposure to unnecessary and dangerous ionising radiation. For labour intensive testing, like echocardiograms, this leads to long wait lists for urgent cases in tertiary hospitals and waste.

The lack of visibility of visits to private specialists on a centralised WA health database means tests and referrals are duplicated and repeated. If a patient visits a public hospital or OP specialist team at FSH, SCGH, RPH, Bentley, Armadale, Rockingham, Osborne Park then this is visible and findable on ICM for WA employees with access to ICM software and suitable access.. However, if the patient is seen publically at JHC, SJOGML, SJOG Midland, Peel Campus or Bethesda Hospice for example, these clinical visits and separations cannot be seen using the UMRN we have in WA.

Has there been any recent Statewide audits for all inpatient radiology tests at public units and cross referenced with similar tests in private units for a selection of patients- and this would demonstrate the waste and duplication of testing just in radiology.

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To solve these waste and duplication WA should develop a task force to reduce this duplication; a priority would be to develop a single accessible database of all public and private funded testing done on the population in WA. Israel has the technology for this.

Before a test can be requested either in private (using Medicare referral and provider number funding) or public- it should be cross referenced to see if it has been performed in the last 12 months.

Linkage systems and software need to be developed to find this duplication.

All private operators managing public patients should have written into their contracts an obligation to make their privately organised tests available on a single database or record.

Simplified logins for health care providers in the State need to be developed for the wide variety of testing results and reports.

This would save WA Health and Medicare millions of dollars each year and reduce valuable time wasted by Health care professionals searching for prior tests for our West Australian patients.

It would improve patient handover between healthcare professionals and reduce harm from inappropriate or unnecessary ionising radiation.

Dr Lucy Kilshaw

Director Medical Education

RPBG