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	Musculoskeletal Health Network (MSKHN) Executive Advisory Group & Arthritis & Osteoporosis WA
First Name(s)	
Surname	
Contact Details	[redacted]

Publication of Submissions

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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

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Fracture Liaison Services as a High Value Service to Drive Improvements in Safety and Quality for Patients and Provide Value and Financial Sustainability for WA Health

Background

Osteoporosis is associated with a substantial personal and socioeconomic burden at state[1], national[2] and global levels.[3] Following an index fracture, patients are susceptible to the 'fracture cascade' phenomenon, whereby they are at increased risk of re-fracture, particularly within the subsequent 6-12 months of the initial fracture event.[4] A subsequent fracture is associated with significantly increased morbidity and mortality outcomes. Arresting the fracture cascade, therefore, has significant implications for health outcomes and health service utilisation.

The Western Australian (WA) Musculoskeletal Health Network has developed an evidence informed Model of Care (MoC) to address the impact of osteoporosis – particularly the prevention of the 'fracture cascade' – at a system-wide level.[1,5]

One of the main recommendations from the MoC is to establish fracture liaison services (FLSs) within the WA health system, consistent with recent international position statements and the New South Wales Re-fracture Prevention Model of Care.[6-9] FLSs coordinate the timely identification, assessment and appropriate multidisciplinary management after an index fracture, to effectively reduce the risk of recurrent fracture. The clinical efficacy and cost-effectiveness of these services is well substantiated both nationally and internationally.[10-12]

Current Problem

Western Australian research has already demonstrated the presence of the 'fracture cascade' (increasing morbidity and cost associated with recurrent fractures); and the sizeable economic impact of minimal trauma fractures to WA Health. Specifically, a published review of WA hospital admissions over the period for 2002-2011 identified direct hospital costs exceeding $100 million in relation to the management of minimal trauma fractures secondary to osteoporosis, of which 38% were re-fractures.[13]

This study also reported the mean cost per patient for initial fracture as $10,704, whereas the subsequent re-fracture care cost more than doubled to $24,030. Importantly, these costs relate to direct hospital costs only, suggesting the total system cost is likely to be significantly greater. The significant cost increase of the recurrent fracture was directly associated with a greater length of stay.[13]

The total costs for osteoporosis and osteopenia overall in Western Australian adults aged over 50 years are even greater. A recent study has estimated these costs will be $2.2 billion over the period 2013-2022 and $307 million for the current year alone, of which $211 million (69%) relates specifically to the treatment of fractures.[14]

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It is important to acknowledge that osteoporosis has far reaching impact that extends beyond the context of health expenditure. It is internationally accepted that the associated mortality and morbidity associated with osteoporotic fractures, expressed as disability-adjusted life years (DALYs), exceeds those for many other chronic health conditions.[15] Thus the burden of this disease is substantial at a personal and societal level.

High Value Care Option

In 2013, a FLS was established at Sir Charles Gairdner Hospital and Osborne Park Health Care Group and supported with temporary funding provided by Round 6 of the State Health Research Advisory Council – Research Translation Project funding scheme. This FLS reported a reduction in recurrent fracture rates compared to control groups by between 11.4–12.3%. This equated to a comparative cost savings of approximately $986,200 - $1,064,000 per 1,000 patient-years in the first year following index fracture.[16] Despite its proven capabilities and the collaborative network built between the Emergency Department and the Department of Rehabilitation and Aged Care (Fragile Bone Clinics), the FLS has not been able to secure dedicated funding to continue operations.

Recommendation to the SHR Panel

Establishment of FLSs to prevent recurrent fractures, are known to be cost-saving (internationally) and are highly likely to provide WA Health with a significant return on investment through reduction of fracture events.

In the context of the Sustainable Health Review, the FLS provides a high value care example that could be embedded across Health Service Providers to capture patients post fracture to ensure they are investigated and, if required, properly diagnosed to prevent re-fractures. There may also be benefit in combining resources and integrating FLSs and post Emergency Department Falls Services (RESPOND)

The Musculoskeletal Health Network recommend that the SHR Panel consider the FLS as a high value care option and engage with Health Service Providers to encourage investment in this service to result in safety and quality improvements for patients and the provision of significant potential savings for WA Health.

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Expansion of Advanced Scope Physiotherapy Services as a high value initiative to drive improvements in safety and quality for patients and value and financial sustainability for WA Health

Background

Advanced Scope Physiotherapist (ASP) led services provide an alternate service delivery model to improve timely access to musculoskeletal care. These services utilise the expertise of experienced physiotherapists with advanced post-graduate qualifications, training and experience to carry out functions that have traditionally been performed by medical and surgical consultants. Specifically, ASPs assess, manage and co-ordinate non-urgent or lower category patients presenting to specialised musculoskeletal services. This frees senior medical staff to focus on more urgent cases or those requiring surgical/medical intervention and improves flow through the system.

The benefits of ASP services for patients and the health system are clear. They are evidenced to be highly cost effective and yield improved quality of life measures for patients.[1-3] They also deliver safe and high quality care that result in improved organisational outcomes and high patient and staff satisfaction.[1,2,4,5]

These types of alternate service delivery models are supported by workforce reform policies and are aligned to the 2006 Australian Allied Health Workforce (AHWAC) report, *An Overview of Workforce Planning Issues*[6] *and* the *National Partnership Agreement on Hospital and Health Workforce Reform 2009-13*[7] which recommended investigating allied health workforce reform to promote sustainable services and viable models for service delivery.

Current Situation

ASP Services in WA

ASP services are established nationwide and some jurisdictions have expanded services significantly to enable delivery of high volume activity to service patient demand and meet with key performance targets. In contrast, ASP services scantily exist across WA and have not demonstrated growth in line with demand.

Currently, formalised ASP services operate at Sir Charles Gairdner Hospital, Fiona Stanley Hospital and Saint John of God Midland. The service array includes neurosurgery spinal pain clinics, orthopaedic outpatient clinics, rheumatology outpatient clinics and the emergency department.

Demand for musculoskeletal services at a national level remains high and is predicted to rise.[8] This is also reflected locally where demand for musculoskeletal services is evident and many patients wait in excess of the recommended clinical times to be seen. Unfortunately, whilst the patient suffers an unnecessary excessive wait for access to musculoskeletal assessment, they will be at risk of

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experiencing further deterioration in quality of life and overall wellbeing. This situation is particularly disturbing considering that the majority of patients on musculoskeletal outpatient wait lists do not convert to surgery and could access appropriate care more quickly, potentially in the community where an alternate service delivery model was available.

Innovation Requires Change Management

The reason for slow growth of ASP services within WA has not been formally evaluated. However, an anecdotal report has highlighted that organisational barriers and culture change act as key inhibitors to upscaling of ASP service delivery models. Specifically, medical buy-in is imperative in supporting growth of ASP services. Sites that already have ASP clinics in operation in WA have benefitted from strong medical leaders who have championed service implementation. Senior leadership at executive level is equally important in supporting development and maintenance of these services. In particular, provision of a united, top-down approach with consistent positive messaging and good engagement is essential to support expansion of patient centred models of care.

Funding Barriers

Further barriers are presented through the Activity Based Funding (ABF) model as there is no financial incentive to reduce outpatient lists. In addition, ABF presents disincentives for growth of ASP services related to clinic coding. For example, Tier 2 clinics (which most ASP services operate under) are classified according to the type of clinician providing the service rather than the activities and functions that are performed. The ASP clinics are coded under the 40 series grouping, aligned with an Allied Health Profession providing the majority of services in a clinic. However, 40 series activities are weighted significantly lower against the National Efficient Price.

It would be more appropriate for ASP led services to be classified under the 20 series grouping, where the nature of the consultation means it is typically provided by a medical or nurse practitioner. In the case of musculoskeletal ASP led clinics, the services delivered by the ASP reflect activities aligned with the 20 series grouping, and should receive the appropriate funding to reflect this. The sustainability and growth of ASP services may be affected if they continue to be coded under the 40 series as this attracts up to 60% less funding compared to the more appropriate 20 series.

Additional problems linked to the funding system is that payment is based on activity inputs rather than outcomes and is incentivised towards medical intervention - including surgical and pharmacological interventions.[9] ASPs are in ideal situation to apply their expertise to guide the patient to more cost-effective non-operative and preventative treatment approaches as first line interventions (where indicated). However, optimisation of this model is at risk of potential compromise due to lack of incentives in the funding model to reward this approach.

Information Gap

Another noted barrier is the limited existence of information to assist Service Managers to plan and implement ASP services. Service Managers have expressed a need for information and support to guide

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the process of establishing alternate service delivery models. In response to this, the WA Musculoskeletal Health Network have commenced a project to develop a toolkit to provide an information source and guide for those considering development of ASP services. The toolkit will be ready as a free resource early in 2018. It is worth noting that whilst the toolkit will provide a guide to facilitate ASP service implementation, the other identified barriers will need to be addressed to optimise service planning and development.

High value care option

In the context of the Sustainable Health Review, ASP services provide a high value care example that could be expanded across Health Service Providers and sites to drive quality improvements for patients and provide savings for WA Health. Specifically, increasing capacity of ASPs to triage consumers referred to specialist musculoskeletal units results in better management of wait lists and optimisation of more cost-effective non-surgical management.[9]

The value of this model is demonstrated locally (SCGH) where ASPs manage 70% of all neurosurgical spinal pain referrals without the need for neurosurgeon consultation.[10] This particular clinic has been so successful that there is now a wait list to access the ASP service. This could be resolved by investment in ASPs as a cost-effective human resource which would increase capacity to service demand.

The value of ASP led clinics as a high value care option has already been demonstrated in the Eastern States where ASP led post arthroplasty review (PAR) clinics in Victoria, found on average a 33-93% reduction in wait list times to receive a referral for an orthopaedic consultant. This led to an increase in orthopaedic surgeon capacity, equating to a cost savings of $11 950 ($6149 – 23 400) per ASP clinic. To further illustrate the effectiveness of ASP's, the evaluation reported ASP led PAR clinics represented an average 44% reduced patient pathway cost.[11]

Cost-utility evaluations of ASP services in Queensland also provide insights into the value of ASP service delivery models. A study by Comans et al[3] found ASP orthopaedic outpatient triage clinics to be highly effective when compared to traditional models of care and reported an incremental cost-effectiveness ratio of AUD$495 per quality-adjusted life year. Further research demonstrates that where demand exceeds service capacity, it can be more cost effective to address unmet need through additional ASP services rather than through traditional medical specialist clinics.[5]

Recommendation to the SHR

The Musculoskeletal Health Network recommends the SHR provide advocacy and influence to address the identified cultural and organisational barriers to facilitate the expansion of ASP services in WA.

The SHR Panel could further provide assistance with negotiations between the Department of Health and IHPA to effect a change of funding for ASP services that reflects the activity that ASP service delivery models provide, rather than the professional identity of those delivering the service. The Australian Physiotherapy Association are undertaking some work in this area at a national level and it may be helpful for the SHR Panel to link in with this agency as the peak professional body for physiotherapy to guide progress on this item.

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The SHR could also assist with acceptance of the ASP alternate service delivery model through promotion of the WA Musculoskeletal Network's project to develop an ASP Toolkit to assist service managers to implement new services.

Finally, the SHR could assist by recommending that seed funding is provided within the 2018/19 budget to support expansion of ASP services as a lower cost demand management strategy. There are two sites already known to the Musculoskeletal Health Network Lead that are keen to explore establishment of ASPs as a new service to assist with curbing cost growth whilst managing increasing activity. These sites would benefit from minimal investment to start up the service to enable them to achieve cost savings for the hospital in the longer term.

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A Service Model for Community Based Musculoskeletal Health in WA to to Drive Improvements in Safety and Quality for Patients and Provide Value and Financial Sustainability for WA Health

Background

Musculoskeletal conditions are highly prevalent, affecting 30% (6.9 million) of all Australians and are the fourth leading contributor towards burden of disease in Australia.[1] The related personal, societal and economic impact is substantial and is predicted to grow.[2] In particular, healthcare expenditure related to musculoskeletal conditions is significant, particularly related to arthritis and recorded as $5.5 billion in 2015, making arthritis one of the most expensive disease groups in Australia.[3]

Considering the prevalence of musculoskeletal conditions, it is not surprising that demand for musculoskeletal health services is high. Whilst some patients require access to tertiary services for management of acute and complex musculoskeletal health care (e.g. progressive rheumatoid arthritis), there is over-reliance on tertiary based services for a large proportion of patients with musculoskeletal conditions who could be safely and effectively managed in community-based services.

In recognition of the widening gap between rising demand on tertiary based musculoskeletal services and timely provision of relevant services, in 2013 the WA Musculoskeletal Health Network developed a *Service Model for Community-Based Musculoskeletal Health in WA.*[4] Targeted towards individuals tasked with planning and developing services for musculoskeletal health conditions, the model aims to assist development of services in the community setting and ensure that best practice models of service delivery are implemented for the benefit of consumers.

Essentially, the model provides a guide that describes how musculoskeletal services could be provided in the community in WA (where appropriate) as a strategy to alleviate pressure on hospital based services and deliver care in a more cost effective, patient centred model.

High Value Options

The Self Training Educative Pain Sessions (STEPS) program provides an example of how a community based model can benefit patients and the health system. Initiated several years ago, the program presented a systems redesign that shifted from a traditional model of initial individual medical appointments to a model that delivered group education sessions to patients referred to a tertiary care pain service. Outcomes evaluation of the service demonstrated a significant reduction in: outpatient appointment requests, waiting times and unit cost per new patient appointment.

The value of using community based settings to deliver education and preventative strategies may be of particular use in the management of arthritis. Specifically, implementation of community based programs to support better non-surgical management of knee osteoarthritis (advice, education and exercise intervention) may delay the need for expensive joint replacements. Significantly, a recent report has

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indicated that the savings to the Australian health system from this measure alone would be $170 million in 2015, increasing to $233 million in 2030.[3]

There is further value in a community based model because co-morbidities are common within and across disease clusters in musculoskeletal health conditions and service quality, efficiency and cost effectiveness may be optimised using a multi-conditions approach. This is particularly relevant when considering exercise classes as a management strategy.

Recommendations for the SHR

The service model for community based musculoskeletal health presents a WA specific model which has been developed with wide stakeholder input. Whilst there are examples demonstrating how the model operates in practice across the State, implementation is limited.

There is an opportunity through the SHR to facilitate action to increase implementation of the model and optimise outcomes for patients and the health system. In particular, the SHR may provide advocacy and influence to address the following:

- Reduce over-reliance on tertiary services - engage with Health Service Providers (HSPs) to encourage appetite to re-route tertiary based clinical activity to the community as a cost saving strategy.

- Reduce inappropriate referrals – educate General Practitioners to only refer appropriate patients to tertiary services and encourage a shift in focus towards community care options and preventative management.

- Engage with Primary Health Networks (PHNs) – recommendations for the location of community based services have been provided in the Network's service model but community infrastructure and physical resources require further discussion with the PHNs, particularly as the model has not been updated since the shift from Medicare locals.

- Utilise alternate service delivery models – provide advocacy to encourage HSPs to use more allied health resources to manage referral demand for specialist clinics and optimise nonsurgical management where clinically appropriate (see the Musculoskeletal Health Network's submission to SHR regarding Advanced Scope Musculoskeletal Physiotherapy Services).

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