

Medical Association Presentation

Dr Kelly Shaw
Department of Health and Human Services
Tasmania, Australia





The business of health

- Health is Australia's largest industry and consumes 9.5% of GDP.
 - System a complex mix of Federal and State government funding and responsibility.
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Australian Government

- sets national policies
- is responsible for Medicare (including subsidising medical services and joint funding, with states and territories, of public hospital services)
- funds pharmaceuticals through the Pharmaceuticals Benefits Scheme
- funds community-controlled Aboriginal and Torres Strait Islander primary health care
- supports access to private health insurance
- regulates private health insurance
- organises health services for veterans
- is a major funder of health and medical research, including through the National Health and Medical Research Council
- regulates medicines, devices and blood

State and territory governments

- manage public hospitals
- license private hospitals
- are responsible for public community-based and primary health services (including mental health, dental health, alcohol and drug services)
- deliver preventive services such as cancer screening and immunisation programs
- are responsible for ambulance services
- are responsible for handling health complaints

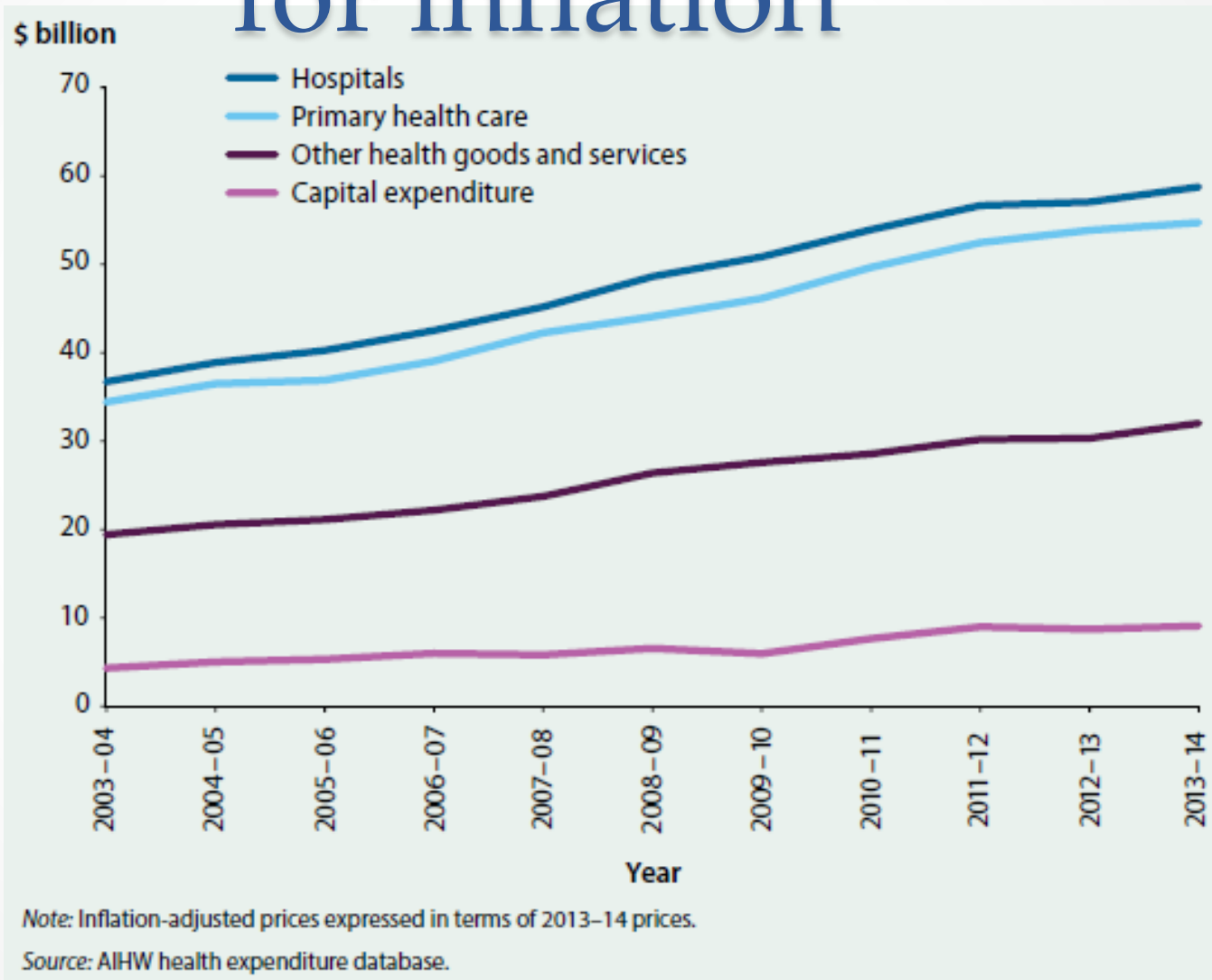
Local governments

- provide environmental health-related services (for example, waste disposal, water fluoridation, water supply, food safety monitoring)
- deliver some community- and home-based health and support services
- deliver some public health and health promotion activities

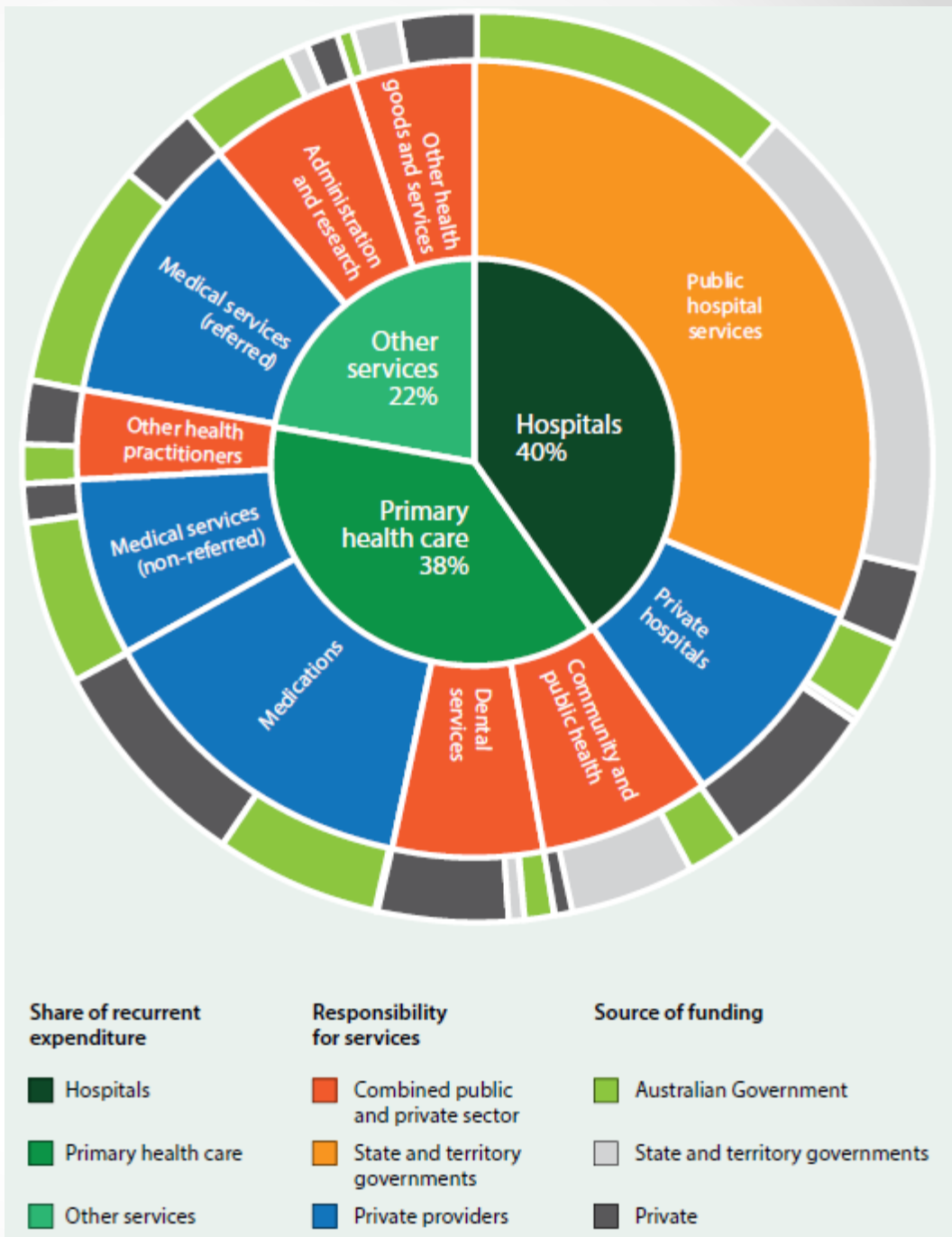
Shared

- regulation of health workforce
- education and training of health professionals
- regulation of pharmaceuticals and pharmacies
- support improvements in safety and quality of health care
- funding of public health programs and services
- funding of Aboriginal and Torres Strait Islander health services

Total expenditure adjusted for inflation



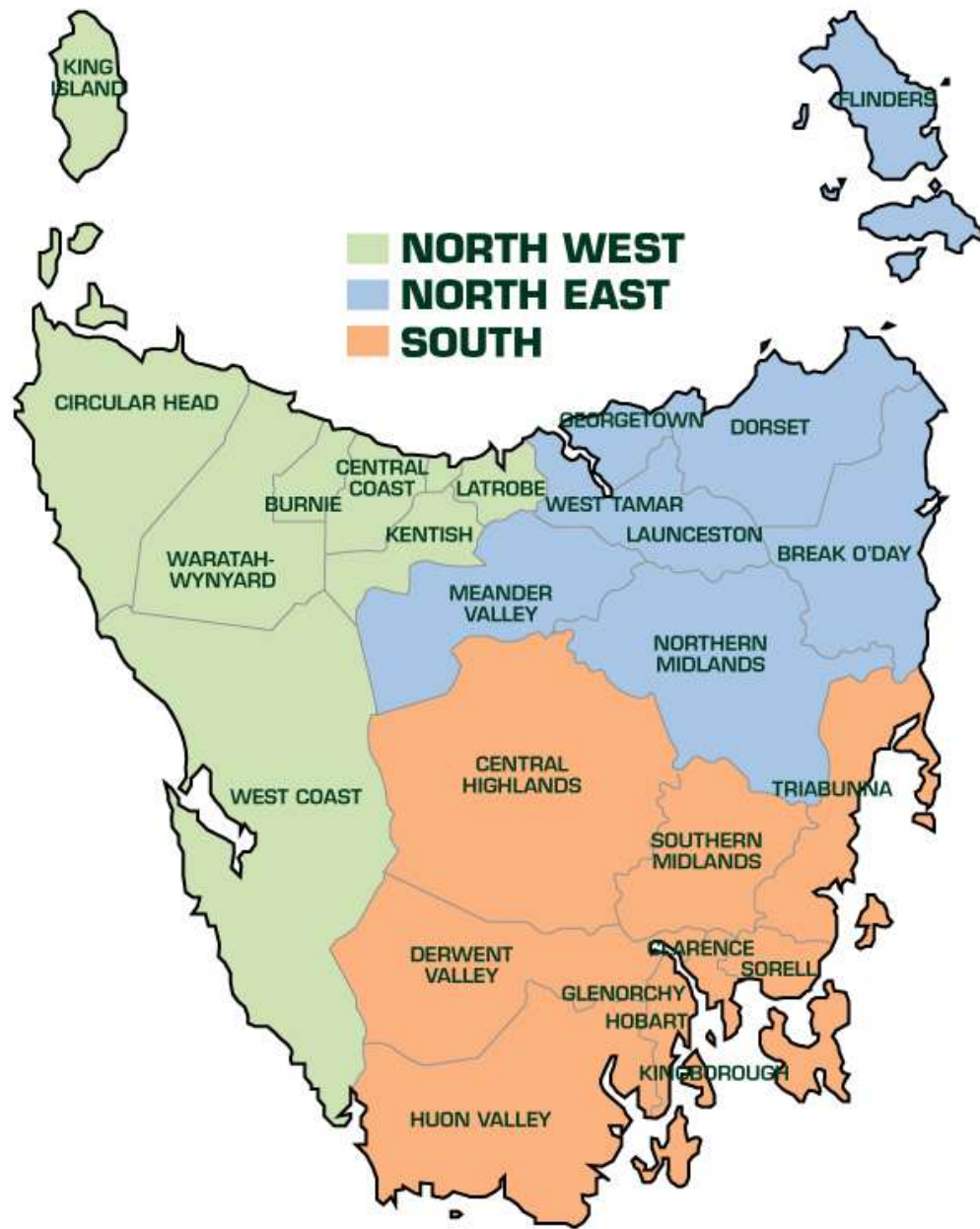
Where does the money go?



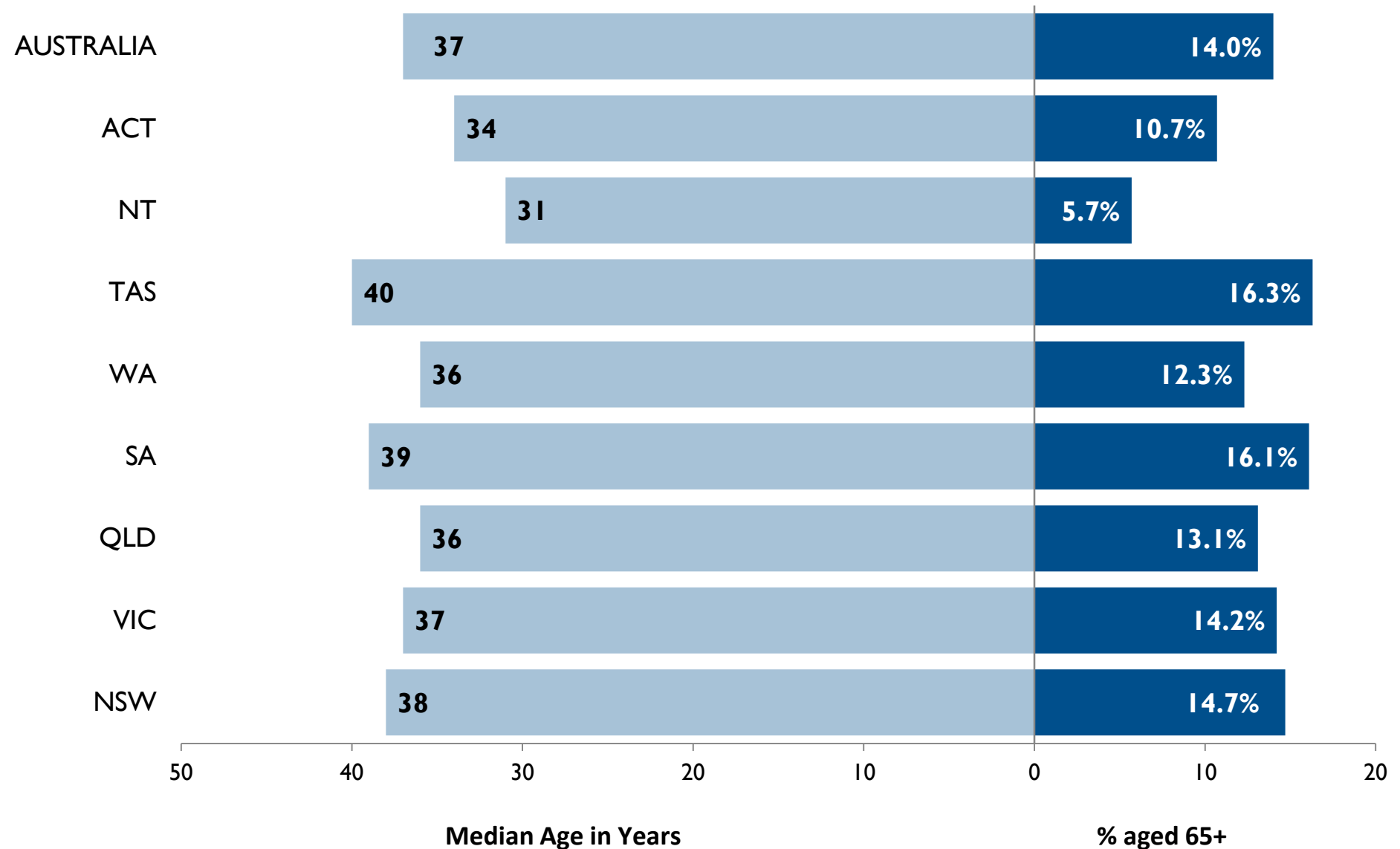
Health Expenditure, Australia, 2014/15

Tasmania's health

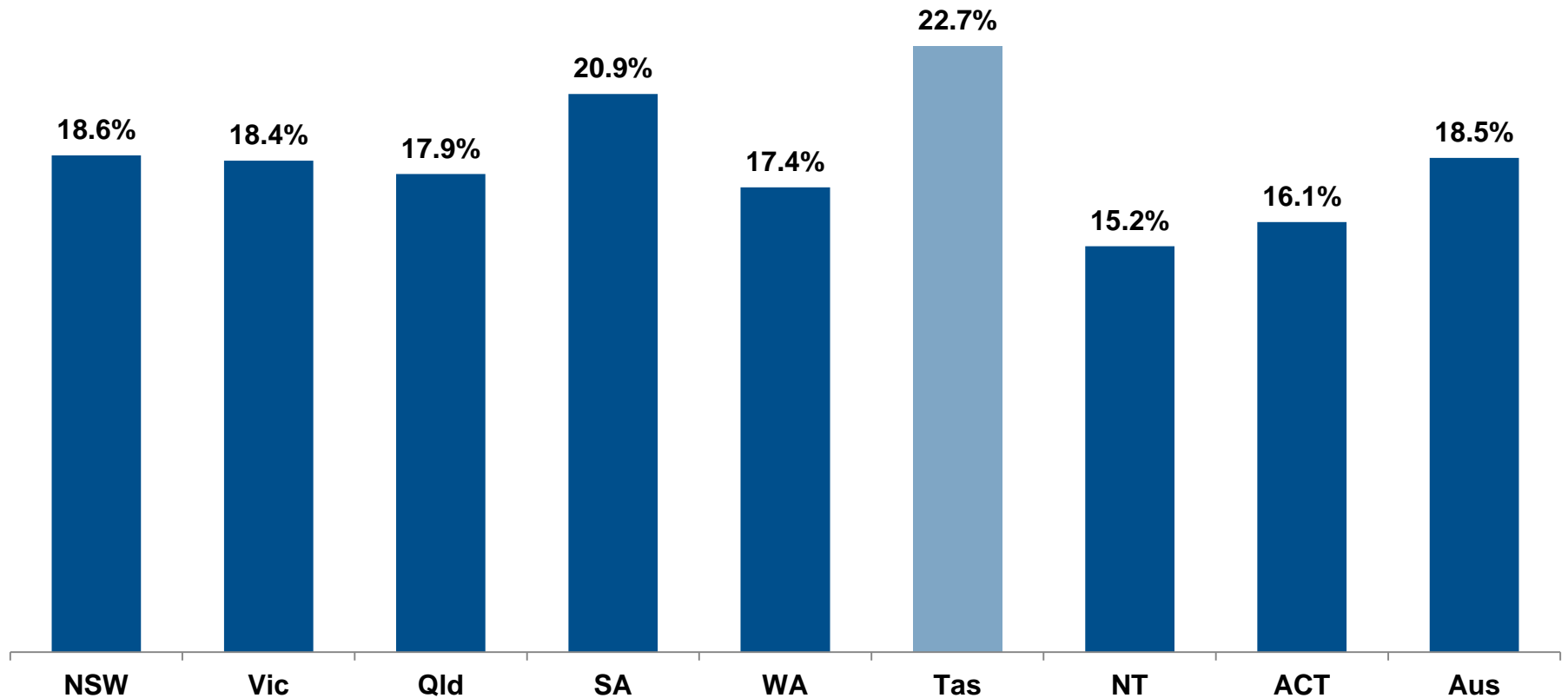
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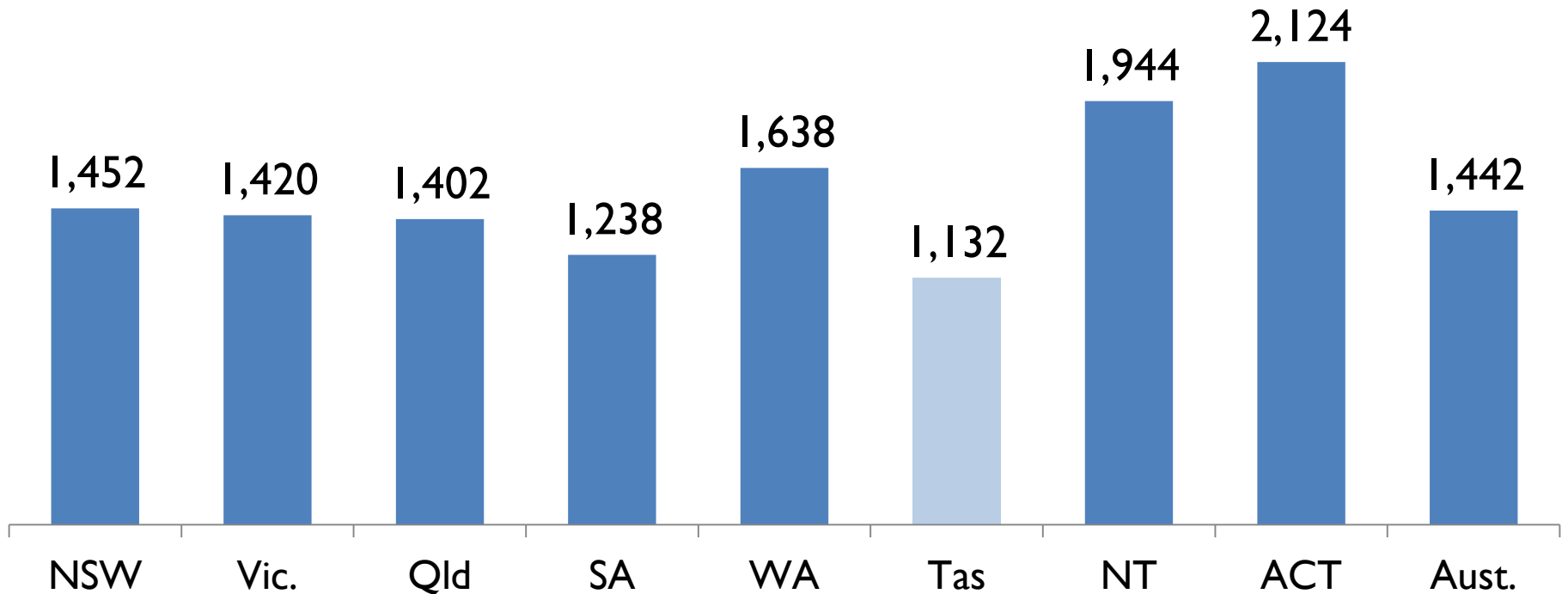
We have the highest median age of any jurisdiction (2015/16)



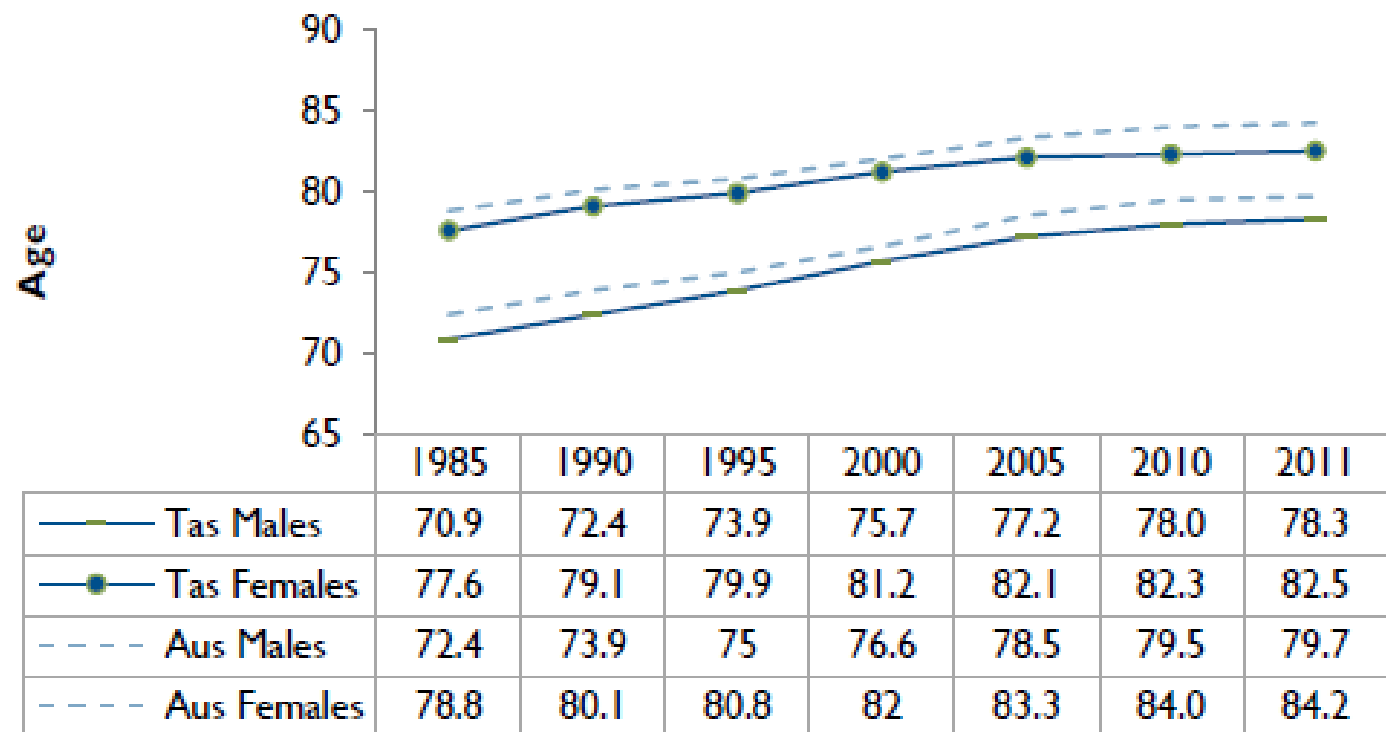
We have the highest % of the population with a self-reported disability



We have the lowest average household income



We have a lower life expectancy at birth



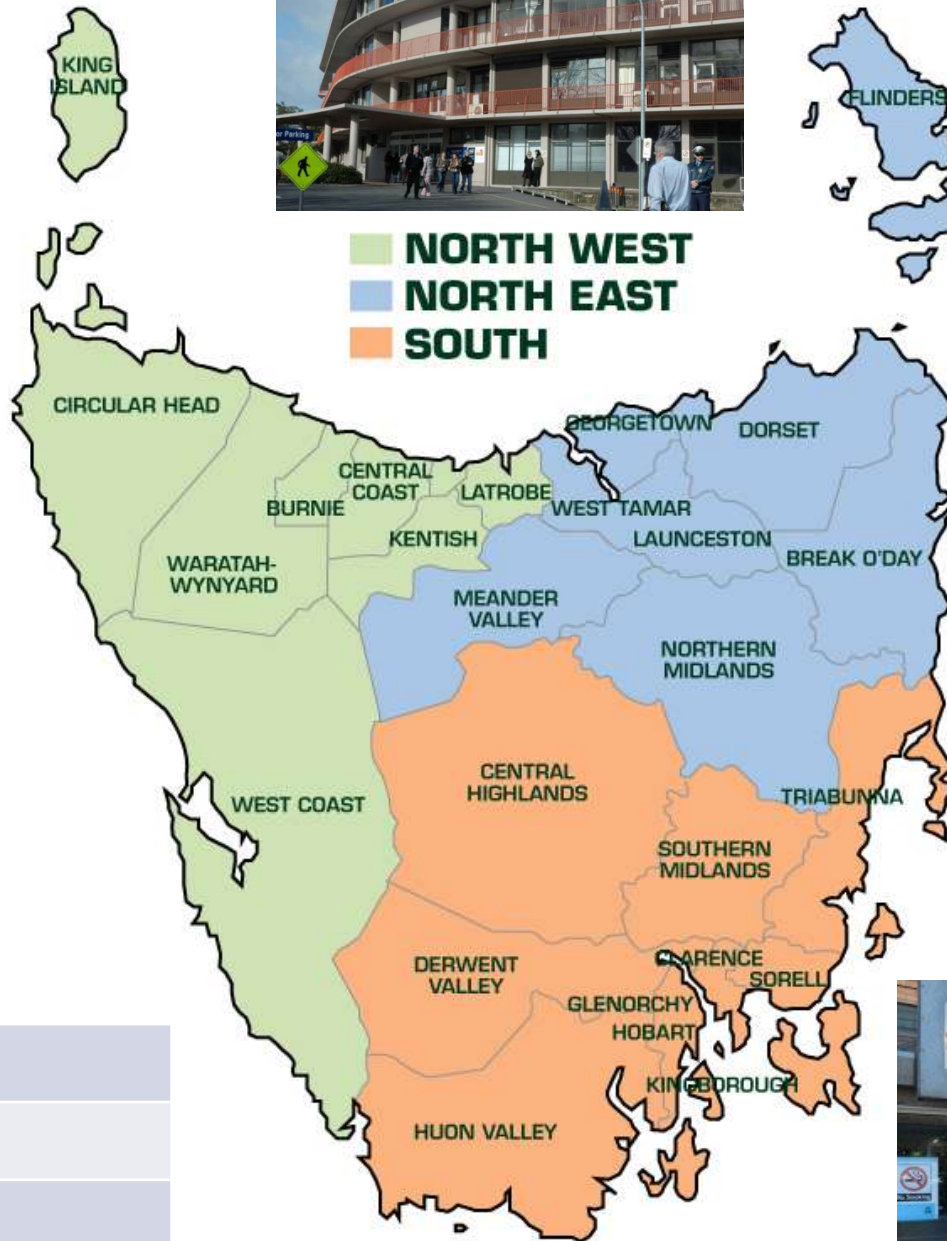
ABS, Deaths Australia 2011, November 2012

We have the highest rates of multimorbidity

ABS, 3 or more chronic

Tas	44.9%
SA	42.0%
WA	39.7%
ACT	39.6%
Vic	39.1%
Qld	38.6%
NSW	37.4%

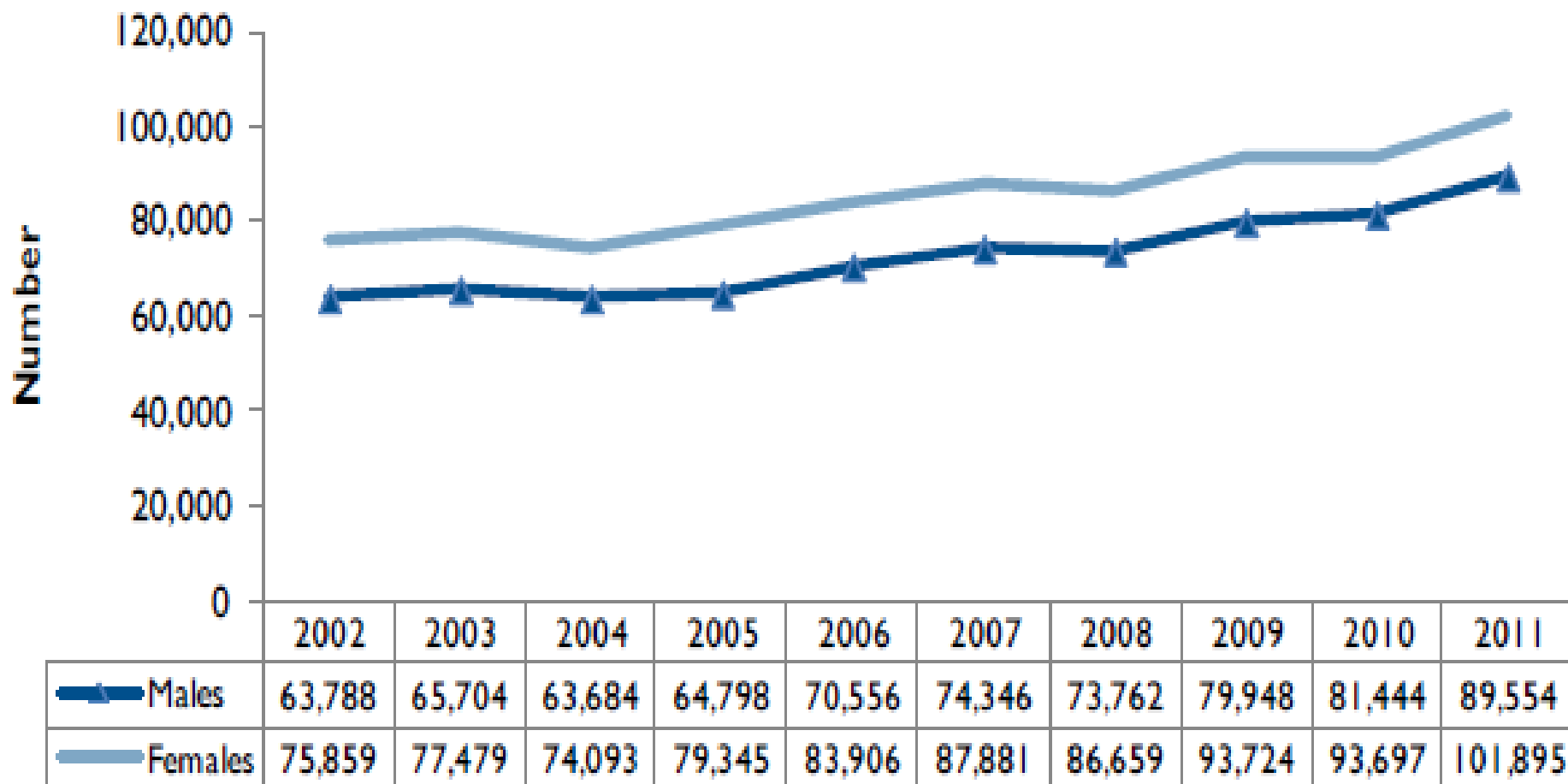
ABS. AHS, 2011/12



RHH	550
LGH	300
NWRH	160
MCH	100



We have increasing numbers of hospitalisations



Statewide Morbidity Database, Tasmania.

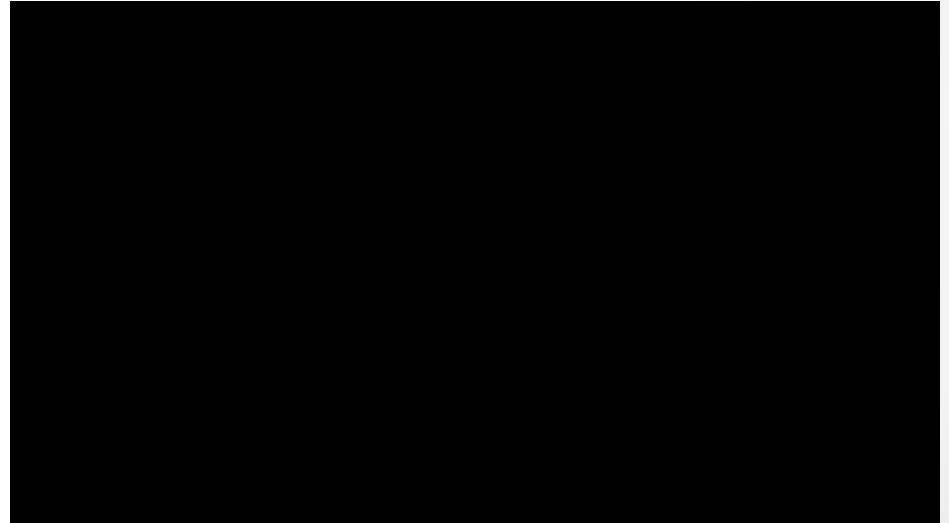
Tasmanian health system - The case for change



"DUE TO CUTBACKS WE'VE HAD TO ACCEPT
A SPONSOR FOR YOUR STITCHES."

Rebuilding Tasmania's Health System
ISSUES PAPER

Making the case for change





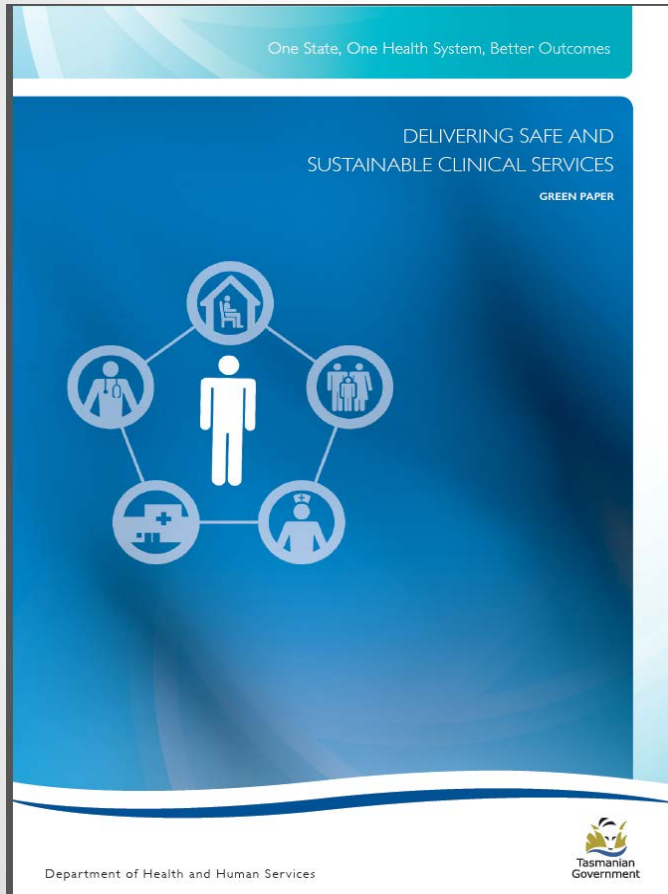
Reform actions

- *Engagement*
 - *Governance and leadership*
 - *Structure*
 - *Integrated management and planning*
 - *Resourcing*
 - *Safety and Quality*
 - *Monitoring and reporting*
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Green and white papers

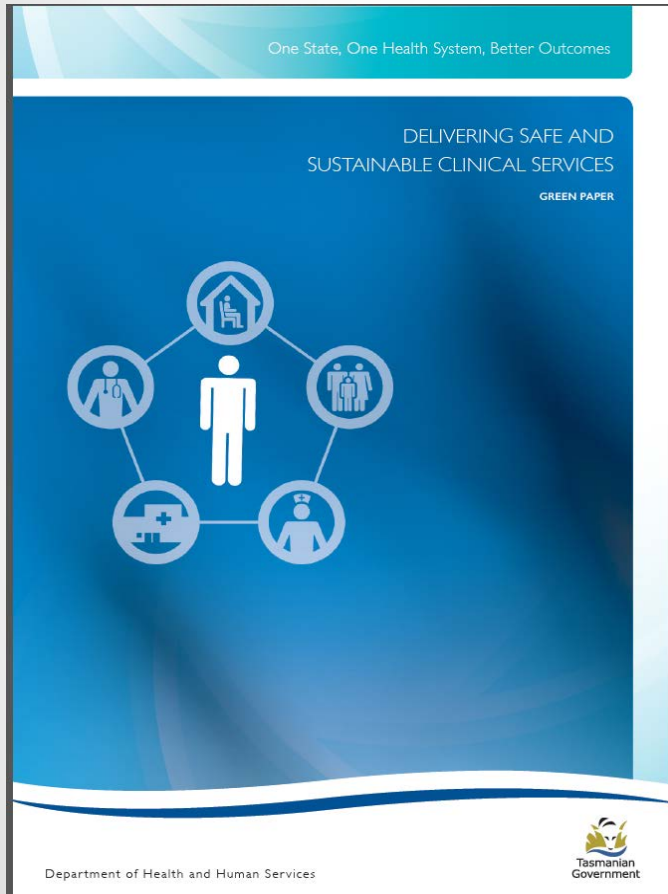
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Green Paper – The Strategic Direction



1. Greater focus on primary and community care
2. Shifting balance of care from hospital to community
3. Redesigning clinical services
4. Strengthening public-private partnerships
5. Strengthening interstate partnerships

Green Paper – Hospitals



- **No hospital will close**
- Clearly articulates the role of each hospital
- Describes the mix of services they should be providing.

Role Delineation Framework

- Describes the **clinical capacity** of a health facility to provide services of a **defined clinical complexity**.
- Typically been designed around a six level classification structure with a level six service the most complex.
- The **levels are cumulative**, building on previous levels.
- Not all specialty groups include all levels.

LOW

Complexity of care

Level 1

Low complex ambulatory care services

Level 2

Low complex inpatient and ambulatory care services

Level 3

Low to moderate complex inpatient and ambulatory care services

Level 4

Moderate complex inpatient and ambulatory care services

Level 5

Moderate to high complex inpatient and ambulatory care services

Level 6

High complex inpatient and ambulatory care services

HIGH

Example of an Australian Role Delineation

Framework (Source: Clinical Services levels by complexity of care – Queensland Clinical Services Capability Framework for Public and Licensed Private Health Facilities (2012)).

Framework Principles

- Facility **able to sustain** a competent and high performing clinical workforce, infrastructure and support services
- Appropriate **minimum service volumes** maintained
- Service location determined by **ability to deliver** consistently safe, high quality care not proximity
- Relying on small numbers of clinicians to be on call 24 hours a day, 365 days a year to maintain a service is neither safe nor sustainable. **Services with key person dependencies must be redesigned.**



Methods

- Based on an assessment of:
 - **number, range and expertise** of personnel
 - **population size**
 - **likely demand**
 - presence of **other clinical disciplines**
 - Clinically led
 - **Developed with extensive clinician input.**
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Example: Trauma

Level 1 /
Level 2

No level

Level 3

Provides care for minor trauma only, and an initial trauma response including reception, assessment, resuscitation and stabilisation for major trauma.

Service requirements

- Stabilisation prior to retrieval
- Helicopter landing site

Workforce requirements

- Medical doctor in attendance within 30 minutes.
- On-site RN available 24 hours.

Level 4

Services at Level 3 plus limited emergency surgical resuscitation and limited local holding for stable major trauma cases.

Service requirements

- Operating suites
- On-site emergency department
- On-site Critical Care Service

Workforce

Consultant surgeon / anaesthetist within 30 minutes

Level 5

Clinical care for major trauma patients whose care needs do not include neurosurgery, cardiothoracic surgery, paediatric trauma, obstetric trauma.

Service requirements

- Medically staffed emergency department, operating theatres, adult ICU 24/7
- MRI and limited interventional radiology services

Workforce

- Specialist general, orthopaedic, urology and plastic-reconstructive surgeons 24/7

Level 6

Provides full spectrum of care for the most critically injured patients, from initial reception and resuscitation through to discharge and rehabilitation.

Service requirements

- On-site neurosurgery, cardiothoracics, vascular, oral and maxillofacial, paediatric trauma, obstetric trauma surgery
- Interventional intravascular radiology
- Coordinates all of out of state transfers

Workforce

- Specialist trauma RN and allied health team
- On-site specialist haematologist and transfusion medicine scientists.


White Paper – The Profile



Allocate the appropriate level of complexity to each speciality across the health system.



Clinical Services Profile

- Decisions are based on:
 - **Consultation**
 - Analysis of **patient outcomes**
 - **Patient experience**
 - National and international **standards and best practice**
 - **Workforce** needs
 - Availability of **supports**
 - **Risks**
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Methods

1. Service mapping
2. Analysis of data
3. Clinical consultation
4. Consumer forums

Example: Trauma

Table 1: Current clinical services profile

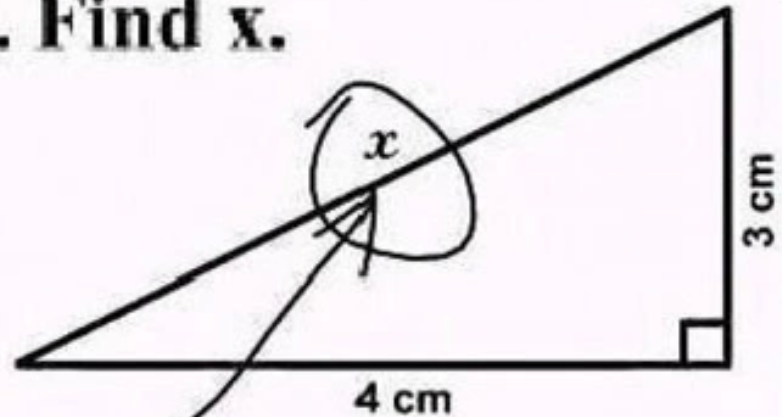
	RHH	LGH	NWRH	Mersey
Trauma	5/6	5	4	3

Table 2: Proposed clinical service profile

	RHH	LGH	NWRH	Mersey
Trauma	6	5	4	3

18 month later.....

3. Find x .



Here it is

SIMPLICITY

The simplest solutions are often the cleverest
They are also usually wrong

Things that have gone well

- Organisational restructure
- Commissioning methods
- Clinical leadership – clinical advisory groups
- Clinical pathways
- Performance monitoring and reporting

Things that haven't gone well – governance and management

Tasmania

Tasmania's health system 'in the balance' – staff

JESSICA HOWARD, Health Reporter, Mercury
October 11, 2016 12:00am

A CHAOTIC, disorganised, scattergun approach to crisis management is putting the future of the new statewide health system at risk, says the head of the Royal Hobart Hospital Medical Staff Association.

In an explosive email written to Health Minister Michael Ferguson and Tasmanian Health Service chair John Ramsay, obtained by the *Mercury*, RHH Medical Staff Association chairman Frank Nicklason outlines the concerns of the medical community in relation to governance arrangements within the THS.

"The executive management processes of the Tasmanian Health Service no longer hold the confidence of the RHH Medical Staff Association," Dr Nicklason wrote in the email sent on September 30 and obtained by the Mercury.

"Senior RHH doctors in particular express a sense of overwhelming disengagement from THS executive decision making processes and are dismayed by the absence of adequate governance coherence



Threats to the process – “advocacy and autonomy”

- Upper GI
- Burns
- Neonates



• He was injured at a debate on healthcare reform

Questions?

