SUBMISSION

Travis Review

Consultation with Public Hospital Services

April 2015

Background

The Victorian Healthcare Association (VHA) is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services, aged care facilities and Medicare Locals. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

The VHA welcomes the opportunity to contribute to the Travis Review, specifically looking at *opportunities for system-wide capacity building*. The VHA agrees to this submission being treated as a public document and being cited in any reports that may result from this consultation process.

As the Australian population ages, the need for publicly funded treatments for complex medical conditions will increase. Additionally, the growing Australian population is anticipated to have higher prevalence of chronic disease and will be managed with more sophisticated medical technology. The introduction of targeted incentives and penalties through the taxation system has increased the uptake of private health insurance, particularly amongst younger people of good health; however, older groups of the population of lower socio-economic-status will continue to rely on the public health system for their care needs.

Access to elective surgery is widely used as a proxy for indicating access to timely care in the public hospital system, and with this in mind, our focus for this submission is on elective surgery access. The VHA has conducted an extensive body of work on this topic, and our "Access to Elective Surgery in Victoria" position statement is attached for your further information. As the peak body for the Victorian healthcare sector, we look forward to working on the recommendations in this document in partnership with the Victorian Government.

Further Information

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Attachments: 1 – VHA Position Statement: Access to Elective Surgery in Victoria

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What state-wide approach to redesign would you recommend within Victoria to support hospitals to drive innovation and systems improvement that will optimise the capacity of hospitals to treat the Victorian community into the future?

Firstly, in order for a state-wide approach to be successful to drive innovation and systems improvement, and to reduce clinical variation, the provision of information is crucial to allow health services and clinicians to assess differences in practice and patient outcomes within and across health services. This is currently not feasible across the state for a number of reasons, including:

1. Many elective surgery procedures are not reported,
2. Elective surgery reporting does not represent the entire patient journey (i.e., the waiting time to see a specialist),
3. Current reporting is not able to provide a balanced view of demand for resources used for elective surgery due to the urgent impost emergency surgery places on elective surgery processes, and
4. Many smaller hospitals are not required to report on elective surgery demand or activity.

To address these issues, a state-wide approach to providing information at an organisational level should be introduced. This information should include access to information by clinician and procedure, including length of stay and complexity. Hospitals may also benefit from receiving information from an independent external source comparing information about procedure rate and factors such as length of stay for a particular hospital against de-identified peers. The Andrews Government can play an important role by providing comprehensive performance information to Victorian health services. This information is already provided to the Government by health services but is not compiled, or disseminated, in a meaningful way. This information would allow regions and health services to conduct benchmarking with the aim of reducing clinical variation.

Reducing clinical variation is important from a quality and safety perspective, as well as improving efficiency in health service delivery. Variation in clinical practice is known to exist locally and internationally, even in the presence of clinical practice guidelines. These variations may occur in the delivery of procedures or the type of procedures undertaken. Accordingly, by reducing clinical variation through the provision of state-wide information which can assist benchmarking, improvements in the efficiency of health service delivery can be facilitated.

State-wide approaches to redesign should also consider systems improvement across the continuum of care, and enhance the role of primary and preventative health programs in optimising hospital capacity. The introduction of Primary Health Networks provides the Andrews Government with a unique opportunity to fund meaningful collaboration between primary health and the hospital sector to improve population health outcomes. Strong links between surgical procedures and primary and preventative care can facilitate multidisciplinary team planning, referral pathways, and health literacy of patients. This could be incentivised, for example, through funding models linked to the source of the referral to primary and preventative care services.

Recommendations:

1. Provide comparative information about urgency category information to surgical specialty groups, hospitals and local hospital networks on a routine basis.
2. Work with the health sector to provide reporting frameworks and systems that enable clinicians to compare their practice with other clinicians within a hospital, and that enable comparison of practice for clinical specialties across health services.
3. Establish mechanisms to enable practices and initiatives for improving productivity in elective surgery to be assessed, shared and implemented in other health services.
4. Through incentive funding, facilitate meaningful collaboration between hospitals and primary health and prevention.

SUBMISSION

Victorian Healthcare Association

What are the areas of service delivery most in need of improvement that, from the perspective of reducing patient delays, a new state-wide structure should focus on?

Reducing patient delays could be addressed through better management of emergency surgery. Hospitals have a difficult role to play in balancing the elective and emergency surgery demands. Procedural changes involving patient preparation, confirmation of surgeon availability, punctual patient transport, and appropriate scheduling of surgical cases can have a positive effect on patient flow, particularly in the operating theatre environment. Reporting on changes such as these can have state-wide benefits through promoting best practice. Data collated by the VHA in our "Access to Elective Surgery in Victoria" position statement (attached) demonstrated that procedural changes at one Melbourne metropolitan hospital improved surgical start times by 38 per cent[1]. More broadly, following a Victorian Department of Health review in 2010, a number of large Melbourne metropolitan hospitals moved towards providing protected time for elective surgery in their operating theatres, with good success. However this approach may not be feasible for all hospitals.

The Andrews Government should also investigate the benefits of funding activities which can be conducted in under-utilised physical infrastructure, particularly in rural settings. This could be supplemented by the introduction of geographically-pooled waiting lists for appropriate specialties. Pooled waiting lists are a method of distributing demand across providers in such a way as to increase equity in waiting times across a geographic area, and to reduce overall waiting times. Pooled waiting lists may be most appropriate for minimally invasive procedures, including diagnostic imaging, diagnostic endoscopy, or allied health triage services. Pooled waiting lists need to be carefully managed to avoid duplication of outpatient consultations, and to ensure accountability.

Capability frameworks are an important component of pooled waiting lists, necessary to ensure that appropriate services and clinicians are available to perform the listed procedure(s). The Government should play a central role in funding and developing, in partnership with the health sector, centralised capability frameworks which can provide transparency regarding scope of practice, availability of infrastructure, and workforce.

Further Government action should focus on workforce initiatives to support advanced practice in a range of clinical professions. The now defunct Health Workforce Australia (HWA) has previously initiated programs to introduce advanced practice roles for a range of clinicians across Australia, with a number of Victorian implementation sites. The HWA programs included the use of advanced-practice nurses performing endoscopy procedures, and physiotherapists being utilised in emergency departments and orthopaedic surgery waiting list management. The outcomes demonstrated no significant difference in outcomes for patients, significantly reduced waiting times for emergency presentations and elective procedures, and improved appropriateness of referrals for patients referred for elective surgery.

Recommendations:

5. Review and address barriers associated with the utilisation of physical infrastructure that may be impacting on elective surgery access such as procedural barriers, funding, and availability of workforce, and fund the development centralised capability frameworks to reflect this information.
6. Provide funding support for state-wide workforce initiatives that can support patients in accessing elective surgery, and assist patients in receiving timely emergency care.

[1] Source: Victorian Healthcare Association, "*Access to Elective Surgery in Victoria" Position Statement*, p 16, 16 April 2014. Available http://www.vha.org.au/docs/20140416--position-statement--access-to-elective-surgery--incl-report.pdf