

17 February 2020

## Public consultation: Dementia, Ageing and Aged Care Mission Roadmap

### About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's \$20 billion public health sector. Established in 1938, the VHA represents public hospitals and community health services in advocating for the changes they seek; to boldly pursue transformation of the healthcare system.

The Victorian public health system is the largest public sector aged care provider in Australia, with 178 public residential aged care services delivering approximately 10 per cent (5,000) aged care beds across Victoria. Over 89 per cent of Victorian public sector residential aged care facilities (PSRACs) are located in regional, rural and remote (RRR) areas.

The state's hospitals and 28 registered community health services deliver approximately 11 per cent of Home Care Packages (HCP) and a significant proportion of Commonwealth Home Support Program (CHSP) services in Victoria. These organisations deliver community and home support, care relationships and carer supports, assistance with care and housing, and tailor responses to the unique needs of the communities in which they operate.

Without public sector services, many older Australians living in these areas would not have access to aged care that meet their needs near their homes, families and communities.

### VHA submission on the Mission Roadmap

The VHA welcomes the opportunity to make a submission on the Mission Roadmap as the Government seeks to prioritise funding for critical dementia and aged care research that aims to: *support older Australians to maintain their health and quality of life as they age, live independently for longer and access quality care when they need.*

Achieving a system that supports older Australians will require research and support for innovative care models, interventions and technologies.<sup>1</sup> Digital technologies are a key mechanism available to help maintain health and quality of life as a person ages, however, emerging technologies are yet to make major disruptions across the aged care and broader health systems in Australia.<sup>2</sup> There is often a lack of innovative policy and funding of novel approaches to service delivery, which impedes the ability of long-term strategies to be implemented, embedded and evaluated across the system.<sup>3</sup>

#### Utilising digital innovation in health to deliver higher quality of care and manage workforce and demand pressures

In 2019, the VHA undertook consultation with public hospitals and community health services and identified the following opportunities and barriers in relation to digital innovation in health:

- Digital innovations can inspire new ways of engaging with consumers and colleagues and will change the way health and aged care services operate to deliver better outcomes for older Australians.

<sup>1</sup> file:///C:/Users/heath/Desktop/Digitising%20health.pdf

<sup>2</sup> Victorian Healthcare Association, Consultation Paper, Digital innovation in health, October 2019.

<sup>3</sup> McKinsey & Company 2019, Promoting an overdue digital transformation in healthcare, available at:

<https://www.mckinsey.com/~media/McKinsey/Industries/Healthcare%20Systems%20and%20Services/Our%20Insights/Promoting%20an%20overdue%20digital%20transformation%20in%20healthcare/Promoting-an-overdue-digital-transformation-in-healthcare.ashx>

- Emerging technologies offer opportunities to improve patient outcomes, increase access to high-quality care and drive sustainability within the health and aged care system.
- Digital innovations in healthcare create opportunities to shift care away from the acute setting, support the delivery of integrated care and partnerships, transition the system from a curative to a preventative model of care, and reduce pressure on an already strained workforce.
- There are a number of barriers to digital innovation and transformation in the health and aged care sectors that must be overcome and the solutions intend to challenge the status quo and define a path forward for transformation.

In responding to the consultative questions, the VHA focuses on questions 4, 5 and 6, highlighting examples and potential opportunities for scaling up existing effective initiatives that are driving innovation in healthcare to ensure better outcomes for Australians with dementia, those who are ageing and those receiving aged care.

There are a number of Australian and international innovations that are seeing positive outcomes for residents and minimise avoidable transitions between settings.

For example, to ensure aged care residents receive care in the most appropriate setting, the Victorian Government funds the Residential-in-Reach program which provides hospital type care, where appropriate and safe, to people in residential aged care.<sup>4</sup> An evaluation of the pilot program in 2009, completed by the Victorian Department of Health and Human Services, found that:

- the program assists in the avoidance of unnecessary emergency department presentations for older patients
- the program provides good quality of care under the clinical governance standards of the health services due to the utilisation of health services protocols
- with growth in the program and more episodes of care within the existing cost structure, the overall cost effectiveness will improve.<sup>5</sup>

Further, an analysis of local regional needs identified that, of 800 beds in Victoria's Loddon-Mallee region, only four per cent of residents had undergone a geriatric medicine assessment in the preceding year. After applying for 'kick start' funding through the Victorian Government's Better Care Victoria Innovation Grant, the Loddon Mallee Rural Health Alliance in collaboration with Kyabram District Health Service and Bendigo Health, established a sustainable telehealth service, GERI-CONNECT, to provide comprehensive geriatric medicine assessment into residential aged care facilities.

Since its inception in February 2017, geriatricians have delivered 1,100 consultations to more than 600 residents, and have made the following recommendations to GPs delivering ongoing care to residents:

- medication changes, majority being dose reductions or cessations (89 per cent)
- allied health and/or other health professional referrals (29 per cent)
- further investigations (29 per cent)
- behavioural management strategies (21 per cent).

GERI-CONNECT supports 46 aged care facilities, including non-government, and receives referrals from over 100 GPs within the catchment. The service is underpinned by a robust technical platform to deliver services across the region and is expanding services into other clinical areas such as palliative care.

GERI-CONNECT has strengthened relationships between regional GPs, the primary health network, geriatric medical services and aged care services, and has been positively received by clinicians, residents and families.

A further example of remote monitoring can be seen in the United Kingdom where the Airedale Digital Hub provides telehealth consultations between nursing and residential homes and experienced clinicians, 24 hours a day, seven days a week. The hub assesses and triages all requests for clinical advice and consultation, including GP visits, and refers the patient for the most appropriate care.

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<sup>4</sup> <https://www2.health.vic.gov.au/about/publications/ResearchAndReports/Residential%20In-Reach%20Pilot%20Program%20Evaluation%202009%20Report>

<sup>5</sup> Carlson, D 2009, Residential aged care in-reach clinical support pilot program evaluation, available at: <https://www2.health.vic.gov.au/about/publications/researchandreports/Residential-In-Reach-Pilot-Program-Evaluation-2009-Report>

Figures for 2017 suggest that 90 per cent of consultations resulted in residents remaining in their nursing home, approximately 38 per cent of GP referrals could be saved and ambulance call outs decreased by up to 40 per cent.

Key figures:

- In the UK, there are approximately 295,000 emergency department attendances from care home residents annually; 268,000 of these are brought in by ambulance; approximately 250,000 admissions; and average length of stay of 17 days.
- Remote monitoring support by a Digital Hub has the potential to prevent approximately: 40 per cent of ambulance transports; emergency department attendances; and hospital admissions. Annually, this represents approximately 107,000 ambulance transports; 118,000 emergency attendances; and 102,000 admissions; 1,740,000 fewer bed days; and 3,164 nurses' time back for clinical care.
- Annually, the avoided activity is equivalent to approximately: 218,000 hours of emergency consultation time; 124 doctors' time back for clinical care; 53,000 hours of ambulance time; and 30 paramedics' time back for clinical care.

Technology companies are driving a digital health revolution that is bringing virtual care to remote locations; keeping people healthy and reducing reliance on the emergency department. Examples exist that show how digital health interventions can be used to address chronic conditions in ways that reduce costs, improve patient involvement in their own care, and mitigate the increasing burden of chronic diseases.<sup>6</sup> For example, a greater focus on use of apps and self-management for chronic conditions earlier in life could be adopted. The National Health Service in the United Kingdom has a health app library;<sup>7</sup> a similar approach could be adopted in Australia.

Many health services in Victoria have adopted 'navigator'<sup>8</sup> roles which aims to support people, including older people, in maintaining and improving their health and wellbeing to keep them healthy and out of hospital.

The navigators provide up-to-date information and advice to all those referred to the service, signposting relevant care pathways, other organisations and specialist contacts for further support if appropriate. This includes a wide range of community support, including befriending, household maintenance, 'prescribing' of social services, transport, state benefits, district nursing and community-based activities.



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<sup>6</sup> Sepah, SC, Jiang, L and Peters, AL 2015, Long-term outcomes of a web-based diabetes prevention program: 2-year results of a single arm-longitudinal study, *Journal of Internet Research*, vol. 17, no. 4, pp. 92, available at: <https://www.ncbi.nlm.nih.gov/pubmed/25863515>

<sup>7</sup> <https://www.nhs.uk/apps-library/>

<sup>8</sup> <https://www.facebook.com/NHSCTrust/posts/1332612126909760>