MOVING TOWARDS MORE HOLISTIC AND HUMANE INTEGRATED MODELS OF CARE: PERSPECTIVES FROM AUSTRALIA.

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INTRODUCTION

- Australian Healthcare Systems
- Public Policy Considerations
- Challenges for Health Professionals in health reform - Leadership and Management of Health Reform
- Where to from here?

WHAT ARE WE TALKING ABOUT: THE MEANING OF LANGUAGE IN HEALTH REFORM IS IMPORTANT

- Holistic: Holistic care philosophy, acknowledging the existence of a very close relationship between body, mind and soul (spirit) and focusing on individualism, emphasize that every dimension of human is distinctive and unique as well as they are also connected to each other.[1]
- Humane: Medicine in particular appears to have become distracted from its duty to care, comfort and console, focussing preferentially on its duty to ameliorate, attenuate and cure. Such a 'de-coupling' of medicine's humanistic character from its scientific knowledge is exerting negative effects on the patient's experience of illness and the capacity of clinicians to attend well to it. [2]
- Integration is the development of more comprehensive approaches to care provision that depend on formal relationships or structural arrangements to organise and deliver that care. [2]

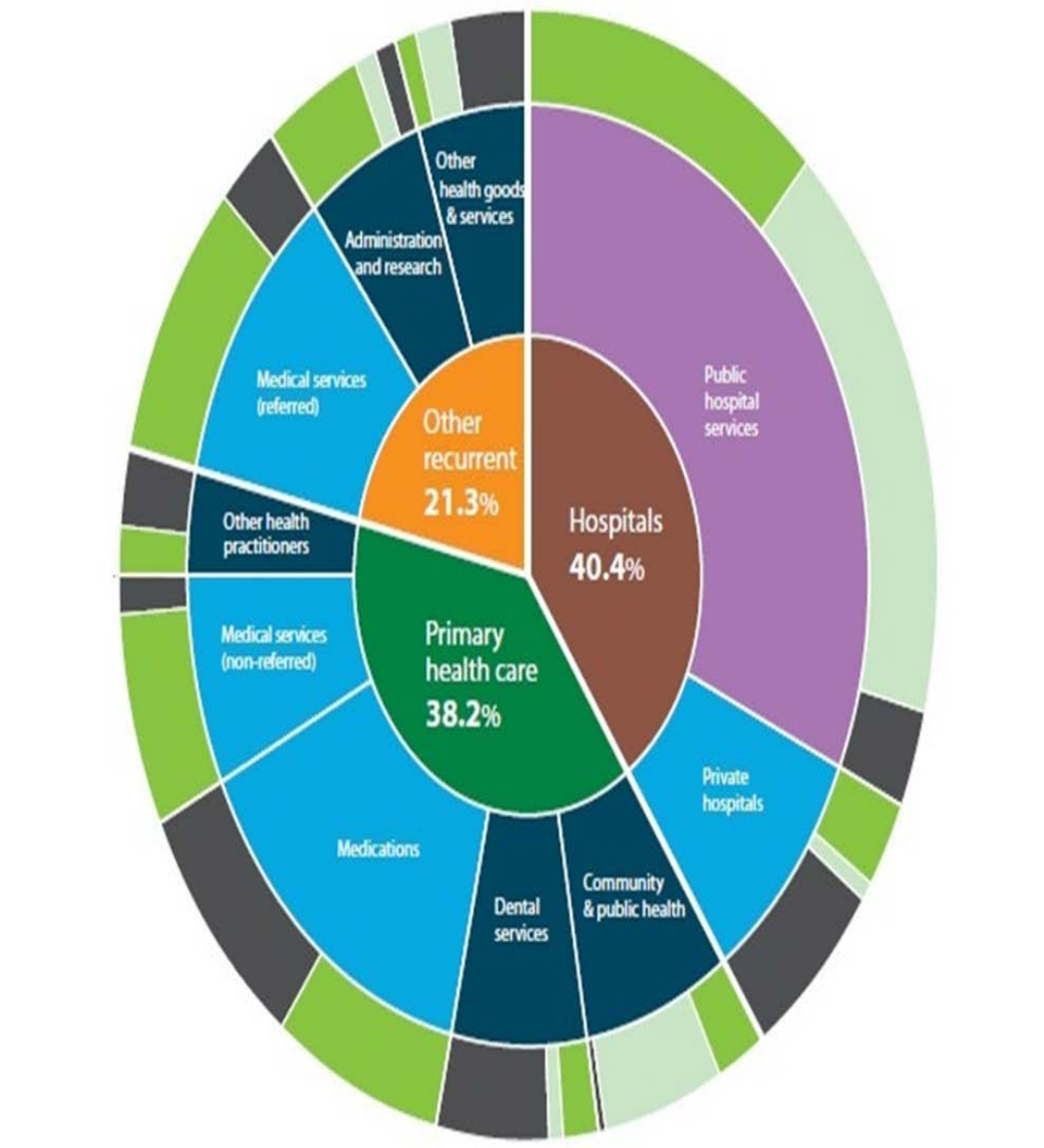
DEFINITIONS IN A WIDER HEALTH CONTEXT

- So the language suggests ‘patient centred care’ in an organisation/system that is purposeful about being holistic and humane - a challenge in a business organisational health system focussed on outputs
- In the wider context of primary healthcare where we see a role and purpose of ‘healthy people and communities’[3] I would add:
  - Valuing health above that of valuing healthcare [4,5]
  - Engaging people and communities in planning and decision making about their health and how they might access the care required
  - Look for innovative, across sector, approaches
  - Consider localism, subsidiarity and distributed networks of practice (DNOP) as a means to engage and provide care [6]

THE AUSTRALIAN HEALTH CARE SYSTEM (S)

- An explanation of governance for health for 24 million people in a vast and distant landscape
- Australia is a federation of States and Territories each with their own Parliament and government together with a National Government –The Commonwealth!
- Responsibility for services delivery and funding is fragmented between the Commonwealth and States/Territories and there is a public/private mix of service delivery
- Medicare is seen as the UHC approach but it only provides part of the funding. The balance comes from general revenues of both levels of government and medical and pharmaceutical benefit schemes
- Access to public hospitals is free and generally access to general practice is 'bulk – billed' or partially reimbursed at the scheduled fee rate. Health insurance and private hospitals are also available.
- The Council of Australian Governments (COAG) and the Australian Health Ministers Advisory Council (AHMC) develop policy and coordinate national approaches.

THE AUSTRALIAN HEALTH CARE SYSTEM



CONTEXT

- Australia has had a lot of reform for health
- Australia has also had ‘Health reform without change and change without health reform’
- We are a Commonwealth of States, a Federation with shared responsibilities for funding and delivering health services
- We have Universal Health Coverage that is not enshrined in legislation
- Public Health Policy is uncertain
- National Health Insurance is not a National Health System
- Tension between UHC and Public Good vs Market Forces
- Generally good outcomes.

CHALLENGES FOR AUSTRALIAN HEALTH CARE SYSTEM – REPORT CARD

- Ageing population except for Indigenous population
- Closing the gap
- Poor equity of access rural communities
- Aged Standardised death rates declining
- Mortality rates amongst the lowest of OECD countries
- Life expectancy in 2016 was 80.4 male and 84.6 female
- 9.7% of GDP expenditure $147.4 Billion
- Drivers of expenditure
  - Cardiovascular disease
  - Burden of chronic disease – Half of us have a chronic condition which are responsible for most deaths
  - Ageing population
- Mental health a major concern
- Expenditure on adults aged 85 + almost 20 times as high as expenditure on children aged 5-14
- Mortality rates of the aged declining through to 85+ group
- Variable utilisation, unnecessary/avoidable hospitalisation and overdiagnosis
- Fragmented responsibility for service delivery
- Health expenditure has risen faster than either population growth or ageing
- Public concerns about care, treatment and residential care accommodation of elders -Royal Commission announced and about to commence
- No concerted approach to addressing poor health outcomes of marginalised groups
- Leading cause of death for males – heart disease and dementia and Alzheimer disease for females[8,9]

ADDRESSING THE CHALLENGES - DEVELOP YOUR OWN PUBLIC POLICY ANALYSIS FRAMEWORK - QUESTION THE PURPOSE AND VALUE OF CURRENT PRACTICE AND SUGGESTED CHANGES

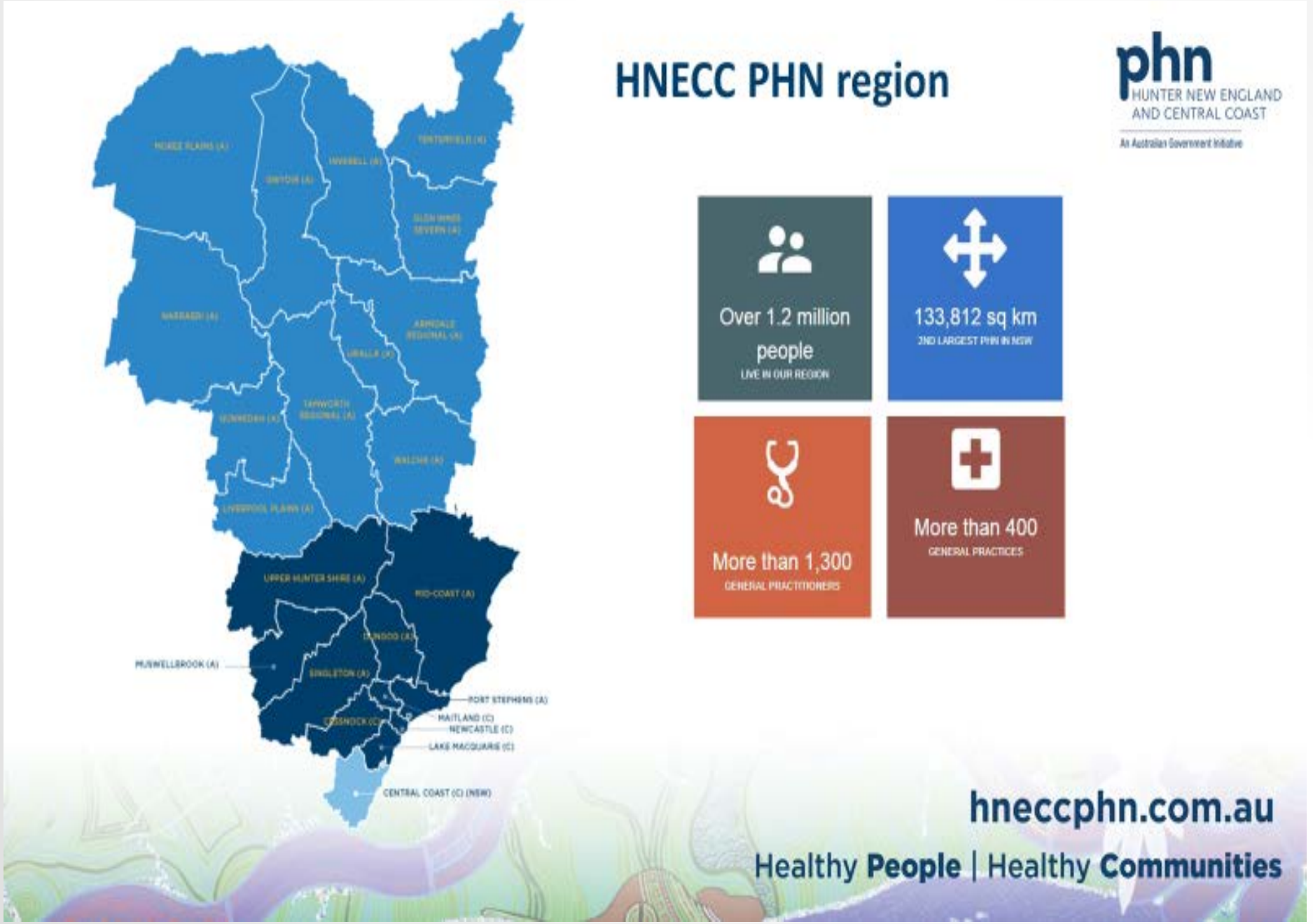
- Ask yourself and your organisation the following questions
  - What is the problem, challenge we are attempting to address?
  - Whose interests are being served – those of politicians, bureaucrats, the professions, the media, communities - structural interests
  - What does the data tell us? What does it say about our intended purpose?
  - In what way will this be both innovative and achievable?
  - Will this approach emphasise localism – local solutions? Subsidiarity!
  - Are we as health professionals and health organisations fit for purpose?
  - Does our organisational purpose, values, culture and behaviours align with an intent to be holistic, humane and integrated care providers?
  - How do we align those values to those we serve to these care models?

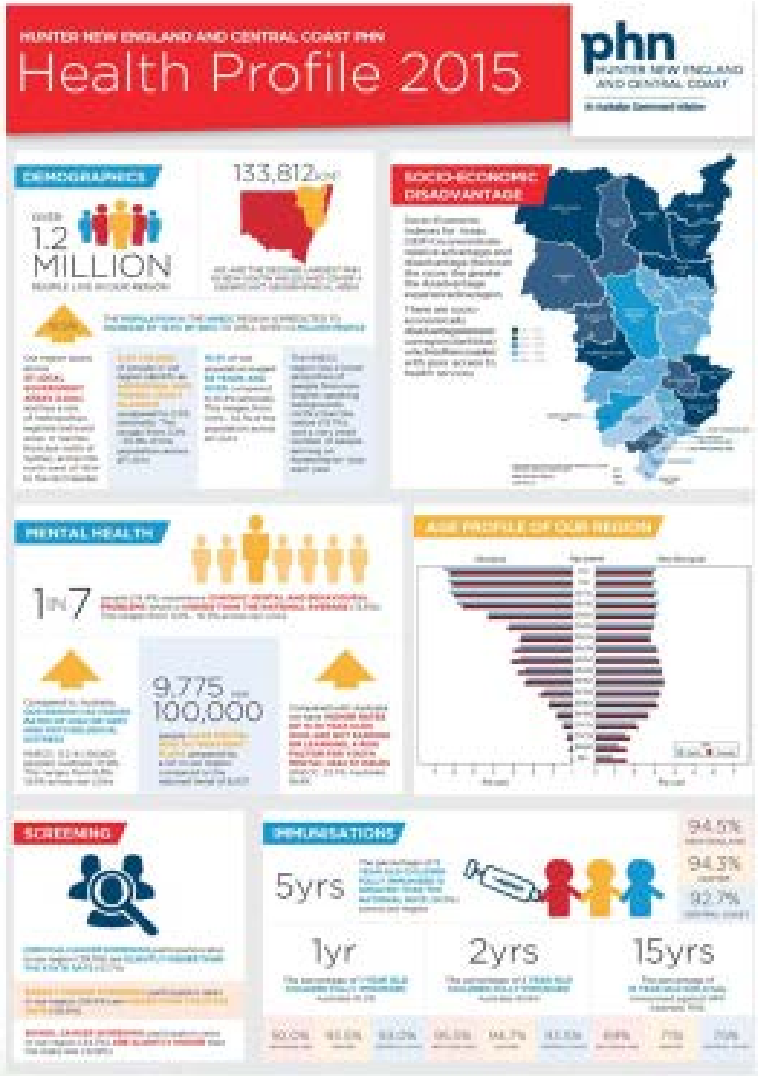
THE AUSTRALIAN EXPERIENCE IN PRIMARY HEALTHCARE (PHC): PRIMARY HEALTH NETWORKS (PHNS)

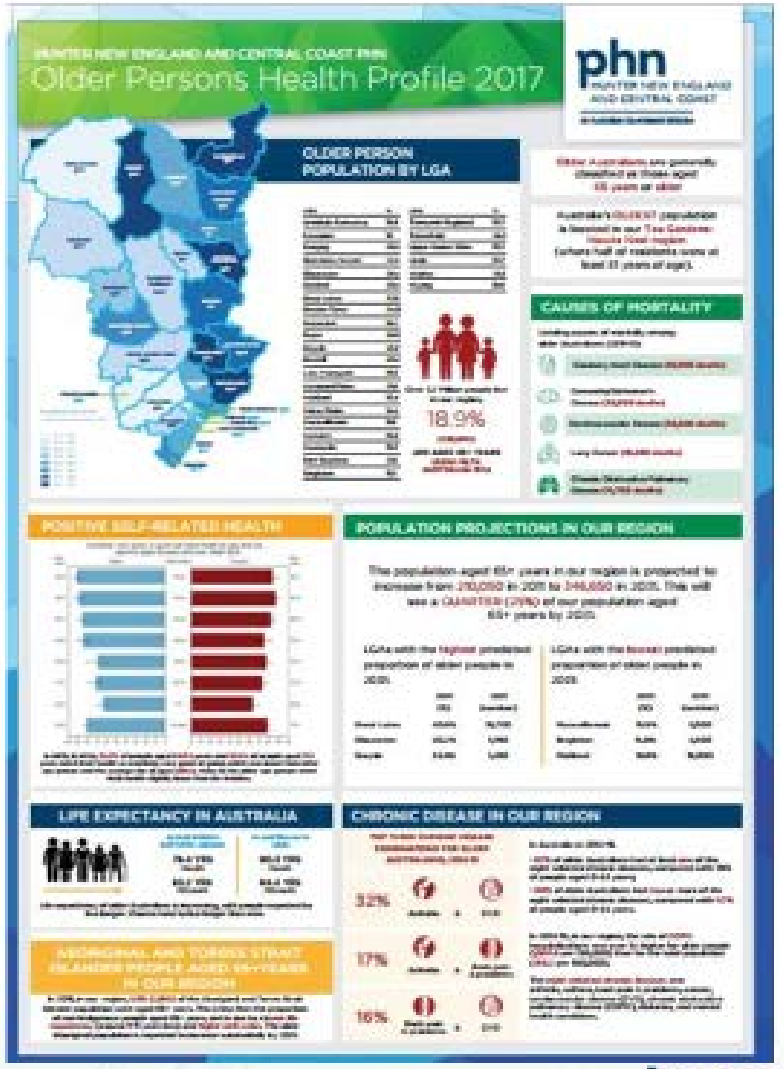
- Why PHC?
  - 'Traditional, siloed, organ-based care approaches have failed to provide the holistic, accessible, 'linked-up' care now required'[8]
  - The health sector has been slow to respond. Many structural elements reflect the practices of a bygone era. The objective in care should be the provision of right care – right place – right time, focusing on the needs of the consumer, rather than professional or institutional structures.[9]
  - PHC in Australia has been traditionally fragmented and GPs have traditionally delivered care through 'small business' models
  - government support over decades has evolved from supportive organisations of Divisions of General Practice to Medicare locals to Primary Health Networks (phns) in 2014.
  - Each evolution has increased the geographic area and extended the scope of purpose from just not GPs but to PHC clinicians to population health planning and service commissioning

PHNS: HUNTER NEW ENGLAND CENTRAL COAST (HNECCPHN)

- Commonwealth Government's National Health Reform agreement to improve integration and coordination of primary care at a local level. (2010)
- Role and Purpose:
  - Identify and address health needs in communities – Population health planning
  - Support and develop improved health care amongst primary care providers, with a focus on general practice – Practice support
  - Develop and implement improved care pathways and models of care
  - Service co-design
  - Commission health services to communities – contracting with providers we do not directly deliver services other than practice support
  - Deliver improved health outcomes, experience and value for money for people and communities
  - Ensuring services are delivered in a way that is accessible and sustainable for providers and relevant to the community they are being delivered


HNECC PHN region
phn
HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative
Over 1.2 million people
LIVE IN OUR REGION
133,812 sq km
2ND LARGEST PHN IN NSW
More than 1,300
GENERAL PRACTITIONERS
More than 400
GENERAL PRACTICES
MUSWELLBROOK (A)
PORT STEPHENS (A)
MAITLAND (C)
NEWCASTLE (C)
LAKE MACQUARIE (C)
CENTRAL COAST (C) (NSW)
hneccphn.com.au
Healthy People | Healthy Communities





phn
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An Australian Government Initiative

hneccphn.com.au

Healthy **People** | Healthy **Communities**

HNECCPHN: APPROACHES TO HOLISTIC, HUMANE INTEGRATED MODELS OF CARE

- HNECC PHN commissioning process promotes integration collaboration and linking of services by providers bidding for funding that includes
  - Rigorous assessment and planning
  - Significant clinician, consumer and stakeholder consultation
  - Tendering and contract management
  - Possible service redesign
  - Continuous quality improvements
  - Evaluation against KPIs
  - Analysis of future needs.
- Service design
  - Specialist Reference Groups
  - Clinical Councils
  - Community Advisory Groups
  - Local Health District partnerships
  - Consumers and Carers.

Capacity Building Strategy

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PHC Sector Needs Assessment

PHC Provider Curriculum (CBIP Part 1)	HNECC PHN Support (CBIP Part 2)	Symposium	Establishment of Regional Practice Networks (CB-3)	HNECC D&A and IMH Contracted Services (CB-4)	Grants and Scholarships (CB-2)	AMS and ACCHO D&A (CB-1)
• Approach to Education and Training development by 3rd Party.	• Co-design • Co-Production • Consumer Engagement • Consortium development.	• Commisioning • Best Practice • Round table discussion • Showcase innovative practice.	• Multidisciplinary • Across primary and tertiary, NGO, NFP and private sectors • Local context.	• Funds provided as identified in tender.	• Resourcing • Education • Operational Service development • Clinical Service development.	• Enhance existing evidence-based Aboriginal Community Controlled treatment programs.

USING INNOVATION IN HEALTH REFORM TO ACHIEVE HOLISTIC, HUMANE AND INTEGRATED MODELS OF CARE

- Peoplebank:

  - An online consultation hub to include our communities in conversations about local health issues
  - Part of the PHN's commitment to community activation and consulting about what works and what needs to change
  - Improves accessibility for people to be consulted across the entire PHN region. Launched November, 2016. https://www.hneccphn.com.au/.

INNOV8 Pitch Nights

August 2017, April 2018 & November 2018

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- An event to distribute seed funding outside of a traditional grant application process
- Organisations selected to pitch their project on the night
- Funding given to the audience to distribute across the projects
- A way to also positively engage with the region's health, business, research and NGO community
- An opportunity to solidify an emotional investment of our stakeholders in PHN activities by empowering them to have a direct input into funding decisions (participatory grant making)
- $450,000 distributed across three pitch nights to 10 organisations.

Innovation in Our services

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- Aboriginal Health and mental health services
- Ace- Aged Care Emergency Services
- After Hours Health Services
- Allied Health
- Ambulance Liaison Officer
- Cancer Screening
- Dementia Diagnosis and Management
- Drug and Alcohol Treatment Services
- Health Care Homes
- Health Pathways
- Healthy Weight Initiative
- HNE Smart e-referral
- Diabetes Alliance
- Innov8 Health Engagement and Development – new models of care and funding
- Working with and supporting general practices across the region
- Suicide prevention
- Youth mental health services – Headspace
- My Health Record – Electronic
- Patient, community and clinician information

Research areas of interest

Not an exclusive list

- Health Care Home / Patient Centred Medical Home/ Primary Team Care Models
- Potential role of Private Health Insurers in Primary Care
- Effective models of practice in primary care – including for Chronic Disease Management
- Patient outcome measures specific to primary care
- Mental Health models – specifically Stepped Care, Suicide Prevention
- Obesity
- Drug and Alcohol models of care – connections to Primary Care
- Workforce Sustainability – particularly in rural areas
- Aboriginal Health – including workforce development, impact of changes to Closing the Gap funding
- Community Engagement

Potential Responses to the Challenges of PHC

- Improve the effectiveness of care
  - Understanding and analysing 'big data'
  - Implementing shared clinical pathways, evidence based medicine, new models of care, 'hospital in the home'
  - Population health – identifying at risk and disadvantaged groups and identifying new approaches to addressing disadvantage (Podger, 2016)
  - Measuring performance and outcomes (Duckett & Leeder 2016)

- Valuing health ahead of healthcare

- Greater investment to address the social determinants of health and Sustainable Development Goals (SDGs)

- Harmonising or a refocus of health insurance systems – consumer choice.

BEYOND HEALTH CARE: THE ROLE OF SOCIAL DETERMINANTS IN PROMOTING HEALTH AND HEALTH EQUITY

- Addressing social determinants of health is important for improving health and reducing health disparities
- Focus on Health in Non-Health Sectors
  - the availability and accessibility of public transportation affects access to employment, affordable healthy foods, health care, and other important drivers of health and wellness.
  - Nutrition programs and policies can also promote health, for example, by supporting healthier corner stores in low income communities, farm to school programs and community and school gardens, and through broader efforts to support the production and consumption of healthy foods.
- “Health in All Policies” is an approach that incorporates health considerations into decision making across sectors and policy areas.
- Rural Health Project – Innovation and Governance [10]

HEALTH WORKFORCE- CAPACITY BUILDING

- the health sector has been slow to respond. Many structural elements reflect the practices of a bygone era. Suggested changes include:
  - 2015 the introduction of physician assistants and wider use of paramedics, pharmacists and allied health professionals through expanded community and primary care role
  - pilot programs across a range of workforce areas, including ways to expand professional scopes of practice, expand prescribing roles and address barriers to reform.
  - suitably-trained nurses, physician assistants or nurse practitioners enrolled nurses taking on some of the tasks currently done by registered nurses; new allied health assistants [9]
  - In PHC we have practice nurses, Aboriginal health workers, practice managers, contracted psychologists
  - In the near future we will be using health professionals as advocates, employing navigators of care within practices and across communities to improve access and to ensure more holistic humane integrated care

HOW CAN WE IMPLEMENT HOLISTIC HUMANE INTEGRATED MODELS OF CARE?

- Is public policy supportive? If not can you work away quietly at the local level with colleagues and other organisations to influence innovation
- Is your organisation fit for purpose? Does the culture of your organisation adequately align. Are your staff predisposed?
- Is your management of staff holistic, humane and integrated?
- Are you and the organisation ‘fit for purpose’ and speaking the language of reform – transformational not hierarchical, evidenced based and innovative, collaborative, multidisciplinary, providing stepped care?
- Are we as researchers and academics educating and training health professionals that advances health professionals to engage in this future?


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