

Individual Clinical response to the Green Paper, 18th February 2015:

Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?

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Background

I am a specialist physician in Internal Medicine (General Physician) working full time wholly within the private sector at Calvary, Lenah Valley. Since coming to Tasmania in 2008 I have established 2 new-to-Tasmania services for patients requiring hospital level care: a dedicated peri-operative medicine service (peri-OMS), and specialised healthcare for adults with intellectual disability (SHAID) clinics. I believe these services address an unmet need and greatly enhance patient care in Tasmanian hospitals. The following submission to the Green Paper comprises means of how to introduce these clinical services, currently not in place in Tasmanian public hospitals. I am willing to formally share my expertise in both these clinical services with Colleagues in Tasmanian hospitals as a contribution to better health outcomes of Tasmanian adult patients.

Statewide peri-operative medicine services

The first is peri-operative medicine. This comprises the majority of my fulltime work and income. This is a service which aims to look after non surgical problems in patients undergoing surgery. Many patients who need surgery, have other medical problems such a diabetes, heart, kidney, cognitive, polypharmacy, lung problems or frailty or all of these. These problems can flare up after surgery and cause preventable morbidity and mortality, increased suffering and economic problems with increased length of stay. It is the peri-operative physician's role to prepare the patient's health as much as possible for surgery, and take care of the patient after the surgery to avoid complications or identify and treat problems promptly as they arise. There is no such dedicated sophisticated service within the public system in Tasmania. In other states of Australian, peri-operative medical services are being introduced into the public hospital systems now. In Tasmanian public hospitals, to my knowledge, only a rudimentary insubstantial service exists. There, peri-operative medical assessment is performed via a checklist by junior staff. Post operatively, patients are generally seen only by physicians when there is a medical crisis and at this time the problem may be much more difficult to treat. There is an ideal opportunity for me to share this service and skill across the public and private health arenas and all over the state.

I established and run a peri-operative medical outpatients at Calvary for referred patients undergoing elective surgery. My service is also available for patients undergoing emergency surgery (these patients being more at-risk). Patients are reviewed at outpatients or in the emergency situation before surgery for a comprehensive medical review with respect to surgery. Problems and risks are identified, health is optimised as much as possible, and a plan for post operative management is made. After the surgery the patient is seen by the surgeon and physician daily until discharge home or to rehabilitation.

Starting the service meant becoming familiar with published literature on best practice in this topic, organising the logistics of practice, meeting surgeons and anaesthetists to discuss the notion of a shared care with surgeon as accepted team leader, and ongoing refinement of the service with time and experience. Since I have started the service, after initial reluctance, peri-operative medicine is now commonplace at Calvary especially among orthopaedic and neurosurgical patients, and very much accepted by the surgeons, anaesthetists and other allied health professionals as being a very positive contribution to patient care. Other physicians at Calvary have also since adopted a similar model of peri-operative medicine, so that patients and surgeons have choice, and physicians have colleagues with whom to discuss cases. Students and registrars attend my clinics, and I have conducted studies of a quality assurance nature and presented talks at conferences on this model of care.

Such a service I believe, would be valuable in any hospital where major surgery performed. I would be happy to facilitate implementation of this service in any public hospital in Tasmania: Hobart, NorthWest Coast, Launceston, and if appropriate Mersey (though it appears may not be necessary in Mersey with day surgery only). This would involve working with surgeons, anaesthetists but primarily with physicians in Internal Medicine in a hospital and sharing the type of model I have developed though possibly with refinements to suit the local situation, sharing the published literature and local experience on at-risk patient groups, types of self administered quality assurance of my service including pitfalls and experiences I have.

As far as the Green Paper is concerned, this my own service innovation and development, but based on other formal models conducted elsewhere. I am willing to share the how, when, where and who of peri-operative medical services with colleagues in the public and other private sectors in any Tasmanian location where major surgery is performed on adult patients. I imagine that such training could occur within months, and physicians would then independently perform their own service quite independent of me, and I would not be involved. I believe that formal introduction of a sophisticated model of peri-operative medicine would greatly improve surgical outcome of older patients undergoing complex surgeries. I propose that I be temporarily contracted by Tasmanian State Government to perform a statewide education to physician colleagues on implementation of peri-operative medical services at all hospitals where major surgery is performed. For me, this would involve a suspension of my own clinical peri-operative practice for the duration of the statewide teaching/mentoring program, but I think a worthwhile personal and professional investment in Tasmania.

Proposal for implementation of statewide peri-operative medical services in all Tasmanian hospitals where major surgery is conducted:

- Contract RW to visit each public and private hospital where major surgery is conducted Hobart, Launceston, North West Coast (?Mersey)
- Visit for 2 weeks to each hospital; to meet physicians, surgeons, anaesthetists about service, structure, logistics, the when how and where and why of peri-operative medicine
- Sharing and mentoring of colleagues for service implementation and independent running by them in their own location
- Outcomes expected to be knowledge handover of how to organise and conduct a peri-operative medical service
- Contract for work, travel, accommodation, time as per standard senior staff rates.

Statewide specialised healthcare for adults with intellectual disability

The second service I have introduced in Calvary Health Care Tasmania, Hobart, is an outpatient service for health assessment of adults with intellectual disability, the SHAID (Specialist Healthcare for Adults with Intellectual Disability) clinic. This is my major professional interest and passion for at least 12 years in Brisbane, and the last 4 years in Hobart on a smaller scale here. I have performed academic research and have won awards for my academic and clinical work in this area over the years (in Queensland). I have given many talks locally, nationally and internationally as an invited speaker. I am enthusiastic about improving healthcare to this highly medically at-risk population.

Adults with intellectual disability comprise a very vulnerable group of patients. Not only do they have more medical problems per person even at young ages (on average 5-6 each), but there are multiple barriers in accessing care covering physical, attitudinal and process domains. As a population they have multiple negative social determinants of health (poverty, low education, few social networks, attributed lower social worth), and the presence of intellectual disability implies that obtaining a medical history, performing examinations and doing tests, providing usual health promotion checks are more complicated and take longer. The constellation of these factors explain why their diagnoses are frequently delayed resulting in suffering, they are unjustly given palliative care for normally treatable conditions, and their life expectancy is reduced, hospital admissions are more frequent and long, and carers and families have high rates of dissatisfaction with the care and health professionals. Many of these vulnerabilities are reversible with an appropriate adaptation of generic services. Astoundingly, despite the disparity of health outcomes in and costs of healthcare sustained by this group compared to their peers without intellectual disability, there is no formal dedicated hospital level service for this population in Australia, except the current SHAID clinic in Hobart.

The SHAID clinic provides an opportunity for patients with intellectual disability to have a comprehensive biopsychosocial medical review by a specialist physician, and also prepare the logistics for hospital stay should that be required. It is in the acute illness in hospital where these patients are particularly vulnerable to preventable morbidity and mortality, repeated admissions and inefficiency. In providing the service it aims to address those barriers in the health and disability

sectors contributing to poorer health outcomes, by a specially structured process and provision of clinical expertise. Such a service ideally also plays a role in overseeing quality assurance factors in systemic hospital level and individual clinician care of patients with intellectual disability. The service also aims to clarify and optimise the important roles of the disability sector and that of the family general practitioner in the overall care. Teaching of medical students, registrars, disability consumers, comprise part of the scope of this service I have developed.

The SHAID clinic is the only such service in Tasmania, if not Australia. The clinic is held once weekly at Calvary hospital. There are of the order of 10-15,000 people with intellectual disability in Tasmania and this one clinic is clearly not enough to service the high unmet health needs of this population. The clinics are fully booked for months and patients come mainly southern Tasmania, but also from Launceston, Oatlands, Smithton, and from Queensland! There is a need for a statewide clinical service, and for this service to be embraced by other physicians and in other hospital locations. It is a service currently dependent on a sole provider (RW), which weakens its sustainability and durability, and geographical impact for patients with intellectual disability living elsewhere in the state. Thus other colleagues in medicine should be assisted to participate in this area of healthcare for an important minority, which takes up much of the economic burden due to inefficiency.

There is significant financial disincentive for physicians to participate however, and for me to expand the service to meet the need. There is no service in the adult public hospital setting. The administrative cost of this one SHAID clinic is paid by Calvary Community Fund and Calvary is committed to continuing this funding in the long term. I receive the bulk billings from patients, and am committed to only bulk bill. The income is relatively low, as appointments are necessarily long and would not sustain me in equitable full time employment compared to physician colleagues. Moreover, the additional associated work in quality assurance, building relationships with other stakeholders, teaching and research is unpaid. I am unable to pay for the administrative costs of more needed clinics, while also deriving an income. The administrative cost of each clinic is \$350 per session in 2015, and \$450 in 2016, then increases as per CPI. The bulk billings collected are of the order of \$200 to \$500 per 3 ½ hour session which is much lower than usually earned by colleagues, and may not cover costs of rooms hire for extra clinics required. Another limitation of the SHAID clinic is that I do not have any access to provide consultation to patients with intellectual disability in the public health system, yet the majority of patients with intellectual disability do not have private insurance and so attend public hospitals for acute serious illnesses. Moreover, there is poor communication between the public and private sectors with respect to our patients in common.

As part of my submission to the Green Paper, I have enclosed a background paper I wrote and which was published, on the need for specialised healthcare for adults with intellectual disability. My proposal below is consistent with that published paper.

Proposal for implementation of statewide specialised healthcare service for adults with intellectual disability:

1. Commitment by RW to be responsible for the establishment of statewide consultation specialised healthcare for adults with intellectual disability (SHAID) clinics, where the roles of the clinical service include:

- provision of a regular outpatient specialised physical healthcare for adults with intellectual disability
- provision of backup inpatient consultation service to mainstream colleagues in any speciality working public and private hospitals for their adult patients with intellectual disability
- preparation of systems of management of support of patients by disability and health sectors for inpatient hospital care
- commitment of service establishment independent of RW and embedded within the hospital system and with clinical staff
- development of appropriate quality assurance standards for hospitals and clinicians in caring for adults with intellectual disability
- development of means of reviewing service suitability and appropriate adaptation of services
- development of formal liaison between the health and disability sectors, and hospital clinicians and primary care providers in relation to this type of healthcare
- participation in education of health colleagues and students with respect to healthcare of adults with intellectual disability
- to stand as a consultation service for any body or person wanting information on health issues relating to adults with intellectual disability

2. Location

- Main base of outpatient service to continue at Calvary Healthcare Tasmania, Lenah Valley campus but with expanded service; by RW
- From this main base in Hobart, opportunity and access created to provide prompt *as required* inpatient consultation service for inpatients under mainstream colleagues at Royal Hobart Hospital; by RW
- Secondary base in Mersey hospital. New dedicated SHAID outpatient service establishment at Mersey Hospital as main base for adult patients with intellectual disability living in north and northwest of state; by RW
- Commitment to mentoring and assisting development of optimal service provision for adult patients with intellectual disability within all Tasmanian hospitals by generic physicians living locally and independent of RW; available from Calvary Hobart base, and Mersey hospital base.

3. Structure

- For Calvary Hobart SHAID: 4 weekly clinics (each clinic approximately 3 ½ hours) increased from one weekly clinic
 - i. Transition for young adults transitioning from paediatrics
 - ii. Syndrome specific clinics (Down syndrome, Prader Willi, Fragile X for example) alternating with patients with additional motor disabilities such as cerebral palsy and spina bifida
 - iii. Dedicated hospital preparation clinics
 - iv. General intellectual disability clinics
- One day per week of non clinical work for quality assurance, liaison with disability sector, teaching, research, auditing, mentoring colleagues, new initiatives, non clinical consultation

- Availability to visit Royal Hobart hospital as required for inpatient consultations
- Fortnightly or monthly for 2 days visit to Mersey Hospital for dedicated SHAID outpatient service, teaching, mentoring, quality assurance, inpatient consultation

4. Funding

- For administration costs of Calvary SHAID clinics
 - i. 1 clinic per week for 52 weeks administration cost provided by Calvary Community Fund (permanent commitment for each year in the long term)
 - ii. 3 clinics per week for 52 weeks administration cost (\$350 per clinic 2015, and \$450 per clinic in 2016, and after that increase by CPI) by Tasmanian Government (\$54,600 in 2015, and \$70,200 in 2016)
- For administration costs of Mersey SHAID clinics
 - i. paid by local hospital using existing resources
 - ii. travel expenses for RW as per usual government policies for senior staff
- For clinical work provided by RW
 - i. For 4 clinics at Calvary, RW to bulk bill patients (100% to RW and none payable to RW by State Government for this); outpatient referrals from Royal Hobart Hospital encouraged and accepted and patients bulk billed
 - ii. For inpatient consultations at Royal Hobart Hospital as required, at usual VMO rate per hour paid by Tasmanian State Government (some funds may be able to be recouped by government if RW able to charge bulk bill rates to patients in Royal Hobart Hospital and those funds feedback to Government, or RW fees topped up or down to equivalent VMO rate)
 - iii. For 8 hours per week of non clinical work at award VMO hourly rate by Tasmanian State Government
 - iv. For 2 days per month at Mersey Hospital, RW overall payment equivalent to 16 hours of VMO rate by Tasmanian State Government; for clinical work, patients can be bulk billed as per item number and this can contribute to RW payment, but total payment to RW does not exceed VMO award rate of 16 hours per month
 - v. NB Expected income per 3 ½ session for RW using bulk billing and appropriate item numbers, is about \$300 to \$500 if clinic is full; this will partially offset VMO award hourly rate or contribute to payment from Tasmanian State Government to RW
 - vi. NB Provision of SHAID service at Mersey means RW unable to continue her peri-operative medical service in Hobart as this requires an availability for ward rounds 7 days per week; substantial income loss for RW but willing to do this
 - vii. NB RW could add mentoring and facilitation of Peri-operative medical service at all Tasmanian hospitals as part of her overall package though this aspect of RW involvement is capped for a time limit.

Summary of costs:

For (a) 4 times weekly SHAID outpatient sessions at Calvary, (b) 2 full SHAID days per month at Mersey, (c) as required SHAID inpatient consultations at Royal Hobart Hospital, (d) for 8 hours of non clinical SHAID business statewide, (e) SHAID travel, accommodation to Mersey once per month for 2 days, and (f) facilitation of statewide peri-operative medical service (travel, accommodation, time) if desired:

Maximum yearly SHAID administration costs assuming 52 week year (not paid to RW and not payable by RW):

- Calvary Community Fund pays $52 \times 350 = \$18,200$ in 2015; $52 \times 450 = \$23,400$ in 2016
- Tasmanian State Government pays $52 \times 3 \times 350 = \$54,600$ in 2015; $52 \times 3 \times \$450 = \$70,200$ (payable to Calvary)
- Tasmanian State Government/Federal Government pays 4 sessions per month at Mersey Hospital (payable to Mersey)

Maximum yearly Tasmanian Government funding to RW clinician assuming 52 week year:

- 8 hours per week for non clinical in Hobart at VMO rate
- None for 4 SHAID clinics in Hobart (RW income recouped solely from bulk billing patients)
- Travel, living, time and accommodation for travel to Mersey Hospital from Hobart for 2 days per month as per policy for senior staff
- Equivalent to 16 hours per month at VMO rate for Mersey work, but some of this funding could be recouped to government if patients can be bulk billed (includes mentoring colleagues)
- As required inpatient consultations as Royal Hobart Hospital as per VMO hourly rate
- Contract of up to 8 to 10 weeks for travel and work time to all Tasmanian hospital for mentoring and implementation of peri-operative medical service

Thank you very much for the privilege of opportunity to offer my proposal on improving healthcare of Tasmanians.

Kind Regards

Robyn Wallace

Attached as Appendix: Wallace R A, Beange H, *On the need for a specialist service within the generic hospital setting for the adult patient with intellectual disability and physical health problems*, Journal of Intellectual & Developmental Disability, December 2008; 33(4): 354–361