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## SUBMISSION

# to the Tasmanian Government on Delivering Safe and Sustainable Clinical Services Green Paper

**Tasmanian Medicare Local  
February 2015**

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Tasmania Medicare Local Limited  
ABN 47 082 572 629

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Tasmania Medicare Local Limited

## Submission to the Tasmanian Government on Delivering Safe and Sustainable Clinical Services Green Paper by Tasmania Medicare Local February 2015

ABN 47 082 572 629

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## Executive Summary

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TML is pleased to provide this submission in response to the Tasmanian Government's *Delivering Safe and Sustainable Clinical Services Green Paper*. We welcome the Tasmanian Government's commitment to improving Tasmania's health system and putting patients back at the forefront of every decision.

Noting the Green Paper's whole-of-state focus, with a specific emphasis on acute care, we acknowledge and congratulate the Tasmanian Government for providing the opportunity for discussion about what a whole-of-state hospital system could look like. Whilst such a focus is occurring at a critical time to address the immediate pressures on the hospital system, it is also imperative that it occurs within a broader discussion about a whole-of-system approach to the planning and delivery of health care.

Whole of system thinking will not only ensure changes made in one part of the health system do not negatively impact other parts, but provide a significant opportunity for improved service access and health outcomes for Tasmanians, if an integrated model aligned with population characteristics, priority conditions and clinical quality and safety could be achieved.

TML, through our understanding of, and commitment to primary health care, our extensive work with primary care providers and collaboration with our system partners, proposes the need for a whole of health system discussion that captures and moves beyond hospitals and statewide thinking, to single system thinking.

Noting the findings of the Commission on Delivery of Health Services in Tasmania in respect of significant long term under investment in community care and corresponding over investment in hospital care, TML welcomes the opportunity to work together with the Tasmanian Government to drive change across the service system, to achieve the most efficient and effective use of all system resources - hospital services and primary care - with an ultimate shared aim of improving the health outcomes for Tasmanians through access to high quality, safe services.

## Recommendations

- Recommendation 1:** That, in recognising the need for single system planning, resourcing and operation, the Tasmanian Government, through the White Paper, seeks to provide a framework for reorientation of health system investment and policy that respects and balances the responsibilities of both the tertiary care system and the primary care system.
- Recommendation 2:** That the White Paper clearly acknowledges and references the mental health needs of Tasmanians, the influence of mental health on a large number of associated health conditions and the extent to which system reform requires an inclusive and re-integrative focus on planning, resource allocation and service delivery for mental health as an integral part of whole person health care.
- Recommendation 3:** That in considering a statewide focus to the re-configuration of service delivery, the Tasmanian Government actively engages with general practice and the primary care sector to identify opportunities for improved utilisation of primary care capacity in the community.
- Recommendation 4:** That, building on the existing coordination of care work in general practice and the community, the Tasmanian Government commits to

the continued implementation of current system redesign initiatives, in order to realise the desired system and cultural changes required for improved coordination and integration of care.

- Recommendation 5:** That, consistent with the desire for a connected and integrated health system, the Tasmanian Government collaborates with the Primary Health Network to extend the Role Delineation Framework to incorporate general practice, primary health and the aged and community care sectors.
- Recommendation 6:** To achieve the goal of the healthiest state by 2025, Tasmania needs a health system that works as a whole system. Government must commit to develop and collaboratively implement a whole of system planning and delivery process, inclusive of the development of a Primary Health Plan that builds upon the tertiary focussed foundations of the White Paper to support a high quality and sustainable Tasmanian health system.
- Recommendation 7:** That the priorities for driving system change within this document are endorsed, along with the role of the future Primary Health Network as a key system partner in coordinating and driving the primary health sector's contribution to whole of system change.
- Recommendation 8:** That the Tasmanian Government and Primary Health Network work in partnership to jointly commission primary health services for the benefit of Tasmanians.
- Recommendation 9:** That the Tasmanian Government invest a transparent and increasing proportion of its health budget for early intervention, health promotion and health prevention, and drive reform across government in terms of health in all policies.
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## About Tasmania Medicare Local

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Tasmania Medicare Local (TML) is a non-government, not-for-profit primary health organisation working to help coordinate and connect primary health care services for local communities. With our vision: *Healthy Tasmanians, Healthy Communities, Healthy System*, TML aims to identify local health care needs, work to address any service gaps and make it easier for Tasmanians to access the health services they need closer to where they live.

Since its establishment in November 2011, TML has been building on the significant achievements and reputations of its founding and former members – the three regional Tasmanian divisions of general practice – plus the statewide General Practice Tasmania.

As a statewide organisation, we work to support primary care providers including general practice, nursing and allied health providers, and collaborate with a broad range of committed and experienced health system partners including acute care, aged care, social care and preventative health organisations. We have extensive networks including our 39 member organisations, enjoying a shared focus on working together to meet the primary health care needs of Tasmanians.

## Driving System Change

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Wherever appropriate TML has adopted and promoted a whole of health care system change approach in the development and implementation of programs and projects. In addition to its core activity, the Tasmanian Health Assistance Package (THAP) collaborative initiatives led by TML, including Streamlined Care Post Hospital Care Pathways (Streamlined Care Pathways), Care Coordination, Tasmanian HealthPathways and Social Determinants of Health and Risk Factors, have provided a significant opportunity for TML to demonstrate and strengthen our engagement across the health system.

As reflected through the Green Paper and its supplementary papers these initiatives are actively implementing strategies focused on sustainable system improvement.

Indeed this work has demonstrated the value and advantage that is possible through driving system change from outside the hospital environment, from within primary health settings and as an external system partner to the Tasmania Government.

## Primary Health Networks

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In May 2014, the Australian Government announced the cessation of the national Medicare Local Program (due to cease on 30 June 2015) and the establishment of Primary Health Networks (PHNs), to commence on or before 1 July 2015. There will be a single PHN for Tasmania, ensuring the continuation of a primary health organisation with a statewide focus.

The primary objectives of the national PHN program are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

Such objectives are clearly aligned with the intent of the State Government's vision: *One State*,

*One Health System, Better Outcomes*, and described through the Green Paper.

Whilst TML acknowledges our organisation's interest to become Tasmania's PHN, we equally believe in the importance of the content of this submission, regardless of the confirmed PHN provider for Tasmania and make this submission on this basis.

# Keeping People Out of Hospital

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## A primary health oriented health system

### Consultation Questions:

*Community: 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?*

*Clinician: How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?*

### Recommendation 1:

**That in recognising the need for single system planning, resourcing and operation, the Tasmanian Government, through the White Paper, seeks to provide a framework for reorientation of health system investment and policy that respects and balances the responsibilities of both the tertiary care system and the primary care system.**

We agree with the Green Paper's assertion that the Tasmanian Government believes that the health system needs to look different and that it is possible to reduce duplication and inefficiencies and simultaneously free up resources to address service gaps by delineating roles for each of our hospitals and clinical disciplines. TML is strongly supportive of this approach and notes that this brings Tasmania into line with other States and Territories that already use role delineation as an acute hospital service planning and quality improvement tool.

Inherent in increasing efforts to keep people out of hospital is the need for increased focus on, partnership with and investment in the primary health system. This view also acknowledged in the Green Paper, correctly recognises that the majority of care that patients receive is delivered in the community and highlights the importance of primary and community services. Community primary health care is delivered against the backdrop of a health care continuum that extends from health promotion, prevention and early intervention, through community treatment and management, to acute episodic and palliative care. Acknowledgement and application of this continuum within the framework to be developed in the White Paper and alignment of role delineation, responsibility and transfer of care against same, will allow a whole of system focus to be realised and ensure considerable progress towards the 2025 vision of the healthiest population.

We believe that for the desired changes within the hospital system to be achieved, a significant shift is required, moving from acknowledging the role of primary health as part of the health system, to a primary health oriented health system. Viewing the health system from this perspective:

- At the very least ensures the impact of any proposed service change for hospitals is carefully considered in terms of the potential impact on the primary health system, thereby reducing the risk of change in one part of the system negatively impacting on another, the ultimate result of which is likely to be increased demand on the hospital system.
- Provides an important opportunity to re-orientate consumers and communities towards the care available in their communities and away from an often 'default' position of hospitals as the first point of call for all health care.
- At its full extent, provides a significant strategic opportunity to truly understand and invest in the breadth of skills available through the primary health system, not only reducing

inefficient use of hospital resources, but improving access to timely and appropriate patient care closest to where people live.

## A comprehensive primary health system

Tasmania's primary and community care sector is comprised of a broad range of service providers. With general practice as the system's cornerstone, primary health care is delivered through general practitioners, nurses, allied health providers, aged care providers and a broad range of community and social care services.

The primary health system is mainly funded by the Australian Government (through Medicare), private insurers and by consumers themselves (through fee for service arrangements). The Tasmanian Government is also a provider, delivering a relatively small proportion of Tasmania's primary and community services.

Viewed in its broadest sense, the Tasmanian primary health system has an extensive and highly qualified workforce, caring for patients on a daily basis and well placed to expand their role in health service delivery if supported to do so by the health system.

A primary health oriented system focuses on the strategic use of this significant resource to care for people in the community, delivering planned, long term care for the most sustainable health outcomes, thereby reducing the need for periods of otherwise avoidable hospitalisation.

A stronger focus on prevention and early intervention reduces reliance over time on hospital based services and responses.

Tasmania has many, as yet untapped opportunities to deliver care outside the hospital through better use of and integration with the primary health system, particularly through the skills available through the general practice workforce.

TML currently works with general practice supporting their continuous quality improvement approach to delivering primary health care. Through the collaborative program, supported by the Improvement Foundation, TML works with general practice to analysis their patient data, identify priority needs and then establish sustainable service models to address these needs, such as nurse led clinics and recall systems. This approach is resulting in improved targeting of clinic resources and demonstrating improved patient care and health outcomes and clearly demonstrating the capacity for general practice to continue to respond to changing priority health needs.

Tasmania also has a comprehensive after hours general practice system, commissioned through TML which provides for access to general practice care after hours and includes funding for the statewide GP Assist Service, a Tasmanian innovation in access to after hours care. Through a whole-of-system approach, along with community education, there are opportunities to maximise the use of existing general practice services including their after hours systems, to prevent hospital emergency departments becoming the sole focus for people

### **Tasmania's primary health system**

- 590 general practitioners delivering services in 167 general practices in urban, rural and remote areas of Tasmania
- 320 practice nurses
- 2,141 allied health, including but not limited to professions such as physiotherapy, exercise physiology, psychology, optometry and dentistry, the majority of whom working in community based settings
- 676 pharmacists delivering services through 148 pharmacies across Tasmania
- 38 residential aged care organisations delivering residential and community care services through 78 residential facilities, along with over 20 community care providers
- a range of services delivered through 7 Aboriginal organisations located across Tasmania, 4 of whom have access to general practice services on-site
- a broad range of providers delivering community and social care services to patients and their carers and families
- key organisations leading to policy and action on preventative health priorities and initiatives.



needing access to after hours care. This service plays a valuable role for the whole system as it supports rural hospitals and residential aged care providers as well as hospice at home patients.

The current hospital focus is only serving to reinforce community misconceptions that hospitals are all-encompassing health care services, rather than tertiary care facilities, and in some cases is resulting in the diversion of resources to establish 'GP-type' patient care services in an emergency settings, rather than making best use of an existing primary health system. Developing services to support people to take increased responsibility for their own health and wellbeing would also, in the long term, help the community to make the cultural shift from the 'fix it' mentality associated with accessible hospital care.

### Mental Health Service Reintegration

A comprehensive system must necessarily incorporate the directions and imperatives of the Rethink Mental Health reform process and seek to realign mental health within the broader context of a whole of system operating framework. The current separation out of mental health does little to resolve complex system utilisation problems associated with challenges of co-morbidity, coordination of service access, along with frequent exacerbations of need typically associated with mental health care.

#### **Recommendation 2:**

That the White Paper clearly acknowledges and references the mental health needs of Tasmanians, the influence of mental health on a large number of associated health conditions and the extent to which system reform requires an inclusive and re-integrative focus on planning, resource allocation and service delivery for mental health as an integral part of whole person health care.

### Access to more complex care in the community care

*Clinician: Where are the areas of service duplication in your discipline?*

*Clinician: Where are the gaps?*

*Clinician: Are there any services being inappropriately provided, or planned, at your facility?*

*Community: What services to you currently receive in a hospital setting that you think could be safely delivered in your community?*

#### **Recommendation 3:**

That in considering a statewide focus to the re-configuration of service delivery, the Tasmanian Government actively engages with general practice and the primary care sector, to identify opportunities for improved utilisation of primary care capacity in the community.

The vagaries of the current system combine to encourage early referral from community to tertiary care. Complexity of referral systems, long waitlists and multiple simultaneous referrals make system access and navigation challenging and in order to get timely access for patients, community providers exploit loopholes and inconsistencies. Consistency, clarity and streamlining of hospital systems will provide providers of primary care confidence that services can be accessed at the appropriate stage in patient care.

There is much to be gained in terms of efficiency and health outcomes through challenging historical service delivery models. For example, Tasmanian public hospitals care for approximately 150 people a year who have a deep vein thrombosis after surgery. The estimated

cost of caring for these people is \$940,000<sup>1</sup> in bed days alone. In a community model of care this cost could be reduced by \$790,000

The identified opportunities to deliver care differently are plentiful. The Tasmanian HealthPathways project has encountered many examples of hospital based practices that could be safely delivered in primary care settings including, but not limited to: commencement of insulin, falls assessments, advance care planning, echocardiograms and ECGs.

Similarly the Streamlined Care Pathways in working with the Tasmanian Health Organisation (THO) – South community nursing workforce in southern Tasmania has identified opportunities for care for conditions such as cellulitis, complex wound management, intravenous infusions and management of infuser ports and elastomerics. In its focus on facilitating system change, TML is working with community nursing and hospital services to action the transition of this care from the hospital to the community environment through strengthening the role of community nursing in delivering higher complexity care and the establishment of a community nurse in-reach model as a mechanism for proactively working with the acute care system to identify patients ready for discharge. Similar work is also being undertaken by the Tasmanian Department of Health and Human Services (DHHS) and the THO – North.

These mechanisms will help in ensuring that the health system provides the right care, at the right time in the right setting by the right provider.

## Improved coordination of care

### **Recommendation 4:**

That, building on the existing coordination of care work in general practice and the community, the Tasmanian Government commits to the continued implementation of current system redesign initiatives, in order to realise the desired system and cultural changes required for improved coordination and integration of care.

Whilst improving the complexity of services delivered in community settings will increase the availability of service options, fundamental to improved health outcomes is the coordination of care across the health system.

Current TML initiatives demonstrating the importance of this approach:

**Tasmanian HealthPathways** – is a transformational, partnership-based initiative that TML has facilitated to provide Tasmanians with better connected health services. By assisting health professionals with the diagnosis and management of health conditions, including prompt referral for further care, the pathways support GPs by providing information on the best management, treatment and local referral options for a range of health conditions.

Building on work undertaken in New Zealand and other Australian jurisdictions Tasmanian HealthPathways represents a key strategy for improving the sustainability of the state's health system and supporting integrated quality care for all Tasmanians. This initiative operates across primary, community and hospital sectors to ensure Tasmanians have access to the right treatment in the right place at the right time by the right clinician. Each pathway can be readily updated or changed through a system of user feedback and regular scheduled review. As such,

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<sup>1</sup> DHHS, Population Health Epidemiology Unit, Results unpublished.

it is fundamentally well positioned to support and facilitate current services as well as any proposed changes to the health system that improve outcomes for all Tasmanians.

**Streamlined Care Pathways** – focuses on facilitating, encouraging and driving service redesign within the existing service system, with the ultimate aim of improving the patient journey across the health system. *Talking Points: Guidelines for Shared Transfers of Care*, clinical guidelines for the coordination of care (under development), along with consumer resources such as *My passport To Better Health* are all resources aimed at improving *how* communication and coordination of care is provided. Changes such as:

- implementing the above mentioned guidelines replacing language 'admission' and 'discharge' with 'shared transfer of care' to promote share provider accountability
- improving communication systems such as establishing electronic discharge summaries that enable timely and accurate transmission of health information from the hospital to general practice
- working with education providers to embed the above mentioned guidelines as part of undergraduate and clinical education curriculum for our current and future workforce.

These strategic and targeted initiatives are changing the way people think about the care they provide and *their* accountabilities in sharing client information across the health system. This in turn is minimising the risk of clinical incident, reducing the likelihood of hospital readmission and improving the client's health outcomes.

**Care Coordination** – is a service delivery model focused on assisting clients with chronic and complex conditions to navigate the health system and access the care they need. Care coordination is also specifically provided for the Aboriginal community. The availability of care coordinators to assist clients results in:

- more timely access to care, thereby improving care management and reducing the likelihood of unplanned hospital presentations
- efficient use of health system resources by reducing the likelihood of duplication of services
- more efficient use of the client's and providers' time
- improved client and carer understanding of health services and participation in their own health care.

Care coordination, currently delivered by and contracted through TML to 32 general practices and 5 aged care providers across the state, has delivered services to over 2500 clients in the past 12 months.

Aboriginal care coordination has provided one to one service access and support to 334 patients statewide during 2013/14.

Through these examples TML has demonstrated that there are significant opportunities and benefits to be gained by:

- thinking and acting across the whole service system
- working with the existing service system to achieve sustainable change and improvement.

## A Strategic Approach to Change

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### **Consultation Questions:**

- Clinician: How well does the proposed framework align with practice in your discipline?*
- Clinician: How do we determine which services to focus on to expand the role of primary and community care?*
- Community: If it improves the quality and safety of care, do you agree that we should limit the number of sites at which some services are provided?*
- Community: If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?*

The Tasmanian Government is to be congratulated for its recent decision to combine Tasmania's three regional THOs into a single statewide Tasmanian Health Service (THS) from 1 July. Such structural and strategic reconfiguration lays a solid foundation for reducing service fragmentation and embedding improvements to the service delivery systems and processes that exist across the regions. It also provides a solid framework upon which to build integrated statewide models of care underpinned by safety and quality that will improve outcomes for Tasmanians.

The Healthy Tasmania vision requires the combined and seamlessly aligned efforts of a prevention and early intervention oriented primary and community care sector with an accessible, efficient and streamlined hospital sector.

To adequately capture the opportunities offered through this whole of system approach it is vital to avoid the potential to become focused solely on overt or inadvertent cost shifting. It is critical that what may appear to be appropriate and sensible changes to the way care is provided within hospitals and the acute care setting are investigated thoroughly to ensure that any cost efficiencies gained are not going to be negated by either an unfunded cost for care in another part of the health system and/or a reduction in the overall quality of the healthcare for the patient concerned.

For example, through its statewide clinical work group (CWG) processes, the Tasmanian HealthPathways Project has already become aware of issues in many areas that may warrant the rationalisation of clinical services. In its experience so far, the HealthPathways team suggests that the primary consideration for determining where a service is located should be its capacity to provide safe, sustainable and appropriate care in that location at the most efficient cost.

However, if a decision is made to limit services in an area, appropriate access to care must be ensured for patients (including travel and accommodation) as well as resourcing and other supporting mechanisms for the primary care team that remain in that location. For example, the relative lack of access to thrombolysis services in the north west of Tasmania is an example of where more effective patient transport systems to the Launceston General Hospital (LGH) and better information/resources for GPs may provide better, potentially life-saving, patient outcomes following a stroke.

Also essential is consideration of the significant and concurrent reform occurring in the health and community care sectors at national and state levels, including aged care, disability and mental health reform. These reforms are both significant for their respective sectors and have considerable potential to impact other parts of the health system and are critical considerations in decisions regarding for Tasmania's future hospital system. Failure to consider hospital system reform within this context increases the potential for further service duplication, service gaps

and system fragmentation, ultimately resulting in reduce service access and health outcomes for Tasmanians.

Therefore, while recognising the urgent need to resolve the current financial stress and patient demand on the health system, TML has a level of unease that the timeframes for the development and implementation of acute sector change (as driven by the Tasmanian Government's current White Paper process) will result in:

- inadequate analysis of the impact this may have on other sections of the health sector and the quality of care available to those patients already within the system
- a missed opportunity to maximise the use of all available resources through a whole of system approach to service change.

Any such outcome, be it real or perceived by the community has the capacity to politically undermine the vital change process so desperately needed in the health care sector. Minimising this risk is best achieved through a strategic partnership based whole of system approach.

## Role Delineation: A framework for whole of system change

### **Recommendation 5:**

That consistent with the desire for a connected and integrated health system, the Tasmanian Government collaborates with the Primary Health Network to extend the Role Delineation Framework to incorporate general practice, primary health and the aged and community care sectors.

The *One Health System* vision provides significant opportunities to move beyond the focus on single parts of the system, such as hospitals to looking at strategic whole-of-system opportunities for the delivery of care. This approach enables the system to be viewed from the perspective of the client's journey through the health system, rather than as single episodes of care provided in different locations.

This perspective provides the means for identifying where and how and where people can best receive care across the health service continuum, from their general practice in their local community through to tertiary services, best described as a hub and spoke model.

For example, TML commenced management of the Rural Primary Health Services (RPHS) program from the Australian Government in 2013-14, contracting providers to respond to existing high priority service gaps in primary health services in 16 rural and remote areas across Tasmania. A key priority has been to develop a comprehensive assessment of community need and determine the level of engagement between RPHS providers and general practice and other primary care providers. This work is providing the foundation to commence work with these providers on shaping their service models to best meet the priority needs of the community and that is complementing the existing service delivery network, for example, how services might best support general practice in the prevention, identification and management of chronic conditions.

This approach creates a local 'hub and spoke' model, ensuring that these RPHS services are not duplicating or responding to needs that are the responsibilities of other services, therefore maximising the use of local resources. The ability to then more strategically link these local networks as part of a broader hub and spoke care delivery model – from home to hospital –

provides the opportunity to improve the links between services, to provide care in the right place and achieve system efficiencies.

Such an approach allows for a full assessment of the skills and resources available across the system and across the State. This comprehensive assessment of the health system's current and potential capability could be guided and supported by a role delineation framework that incorporates the contribution that the primary health system can make in delivering health care.

The Role Delineation Framework currently proposed by the Tasmanian Government, provides for role clarification for hospital based health services. Currently there is limited reference to care provided outside the hospital system. For example, the proposed role delineation for Rheumatology and pain management commences at Level 4 within the existing framework, with Level 1 – 3 stating 'No Level 1 service. Refer to higher level' and no reference to general practice or broader primary health services. Yet general practitioners, as an example of one primary care provider alone are:

- caring for patients with these conditions on a daily basis
- receiving access to education from TML to support the delivery of this care
- being sought by the DHHS to assist in reviewing processes for opioid prescribing because of their recognised role in managing clients with chronic pain
- involved in the piloting of community based pain management programs, focused on multi-disciplinary care approach to service delivery.

It is essential that general practice and primary care be considered and included as part of role delineation processes as this greatly expands the resources available to deliver safe and appropriate care. The unique needs of rural and remote communities in terms of roles and capability must not be sidelined. This in turn provides an opportunity for health reform conversations to shift from a sole focus on limitations to service delivery at specific hospital sites, to a broader conversation focused on alternate service delivery options and locations closer to people's homes.

Whilst general practice is an obvious and critical part of this framework, there are also opportunities to consider allied health providers and aged care providers as key and formal parts of this service delivery system. Such thinking creates far greater opportunities for the identification and development of needed and new service models, for example community base sub-acute care, pre-habilitation and rehabilitation, chronic conditions management programs, along with access to more complex clinical care as detailed above.

We recognise that the Tasmanian Government has limited influence over the primary and community sector compared with the public sector acute hospitals, which it funds and administers, and private hospitals, which it regulates through licensing arrangements.

Further, we understand that role delineation and clinical service profile development are not tools that can be applied easily to addressing duplication and service gaps in the primary and community sector.

In considering the challenges and opportunities presented through formally recognising and incorporating the role of primary health care in delivering services across the care continuum, it is proposed that this will require a planned approach, to maximise the opportunities for system efficiencies and integration.

## A Tasmanian Primary Health Plan

### Recommendation 6:

To achieve the goal of the healthiest state by 2025, Tasmania needs a health system that works as a whole system. Government must commit to develop and collaboratively implement a whole of system planning and delivery process, inclusive of the development of a Primary Health Plan that builds upon the tertiary focussed foundations of the White Paper to support a high quality and sustainable Tasmanian health system .

Achieving the proposed shift to a strong primary health oriented system requires a strategic and planned approach. Whilst the potential adaptation of the Role Delineation Framework is one mechanism guiding for the delivery of care that will define the role of general practice and primary health, to achieve a system wide shift in how we view our health system, there is a need for the change to occur within a broad, strategic and planned approach to strengthening the role of the primary health system.

It is TML's view that this is best encapsulated through the development of a Tasmanian Primary Health Plan built under the umbrella of a whole of health system planning and delivery framework, aligning with the clinical services plan focusing on hospital services but which clearly delineates the role of primary health in improving health outcomes for Tasmanians.

Fundamental elements of the Tasmanian Primary Health Plan should be:

- a clear **partnership approach** seeking opportunities for public/private/non-government organisation collaboration across the primary health system. This provides the foundation for delineation and resourcing of roles and responsibilities and the establishment of clear hub and spoke models for service delivery
- clear and shared expectations for improving **service coordination and integration**, moving beyond the creation and reinforcement of single service focused systems and process, to opportunities for sharing information and resources
- **clinical governance arrangements** that move across sectors to support the delivery of integrated care
- the commitment to work collaboratively to deliver **cross sector service redesign initiatives** for sustainable system change
- the shared commitment to **improving the service system for consumers and carers**, both in terms of access to safe and timely care and improved health outcomes, through clear service pathways (that provide clear 'non-hospital' points of access of health care), access to health information and the opportunity to be jointly involved and accountable for managing their health
- commitment to shared **strategic priorities for driving system change**, such as those identified further in this document.

It is TML's position that the development of a Primary Health Plan is best led by the primary health system in partnership with the state under its whole of system plan. The PHN together with its primary health system partners can work to achieve a comprehensive, strategic approach that both challenges and holds accountable all parts of the system to drive new ways of delivering of safe, appropriate and timely care.

As the state's primary health organisation, it is proposed that the newly formed Primary Health Network is best placed to lead this work in Tasmania.

## Driving System Change Priorities

### **Recommendation 7:**

That the priorities for driving system change within this submission are endorsed, along with the role of the future Primary Health Network as a key system partner in coordinating and driving the primary health sector's contribution to whole of system change. The priorities are:

- ensuring system change is driven under clinical leadership involving GPs and primary care practitioners
- maximising general practice and primary health workforce resources through innovation
- Investing in system improvement and cultural change
- delivering higher complexity care in the community
- focussing on the social determinants of health and risk factors in measuring care access and health outcomes
- building consumer and carer participation in health care
- driving change through strategic partnerships in the planning and delivery of integrated health care.

In taking a partnership approach and in line with the key themes of Supplement No. 3 to the Green Paper, *Building a Stronger Community Care System*, TML proposes the following priorities for the effective investment in the primary health system to maximise opportunities for whole of system improvement.

- **Ensuring system change is driven under clinical leadership**
  - Ensuring general practitioners and other providers of community care participate in the design, implementation and evaluation of system change and service delivery reforms
- **Maximising the primary health workforce resources through innovation**
  - exploring, strengthening and developing new workforce models, such as the rural generalist pathway, general practitioners with special interests, nurse and allied health practitioners to provide more complex community care
  - embedding new and sustainable workforce models that are responding to the changing health needs of the population, such as care coordination
  - recruiting and training allied health assistants in rural areas to support care delivery of visiting or virtual (eHealth) allied health services
  - improving the use of eHealth to increase virtual access to service delivery. The work TML undertakes to provide electronic referral templates for general practice and other primary care and hospital providers, along with specific initiatives such as developing secure messaging between general practice and residential aged care facilities are clear examples of using technology to strengthen communication between providers for improved patient care and outcomes
  - public/private partnerships supported by clear and agreed clinical governance.
- **Investing in system improvement and cultural change**
  - improving how care is delivered, through better communication and coordination of care to facilitate safe and efficient transfer of care for people moving across the health system, through initiatives such as Tasmanian HealthPathways, Streamlined Care



- Pathways and Care Coordination, as well as full implementation of the Personally Controlled eHealth Record.
- enhancing care options in rural communities for patients to avoid unnecessary travel including telehealth.
  - **Delivering more complex care in the community**
    - working with the existing service system to identify resource and ensure access to more complex care in the community, as a safe and economical means of delivering care
    - continued work with service redesign initiatives such as TML's community nursing in-reach model that provides a strong foundation for alternative community service models to hospital care into the future
  - **Focusing on the impact of social determinants of health and risk factors in access to care and health outcomes**
    - ensuring that keeping people out of hospital requires a strong and integrated focus on prevention and early intervention, not only on hospital avoidance for those people already living with chronic conditions. Such work is essential if we are to turn the tide on the prevalence of chronic conditions in Tasmania
    - programs such as the development of an integrated Absolute Risk awareness and management approach to health risk factors developed with TML, the Heart Foundation, Stroke Foundation and Diabetes Tasmania, and THAP initiatives implemented collaboratively across primary care providers and key preventative health organisations provide opportunities for a strategic evidence based approaches to improving the prevention and early intervention for health risk factors associated with chronic conditions
    - fundamentally important to improved health outcomes are the social determinants of health, impacting on people's access to health services and resources and opportunities to make changes for improved health outcomes. Existing strategic initiatives through the THAP are working with communities to drive changes in the social determinants of health. The long term and developmental nature of this work requires sustained investment in order to achieve and measure the improved outcomes resulting from this work.
  - **Building consumers and carer participation in health care**
    - the desire to return the health consumer to the centre of care planning and delivery requires a clear focus on improving the mechanisms by which we engage with consumers and their carers in their own care, through to the planning for broader health system change
    - key strategies such as hearing the experience of consumers and carers, building health literacy through improved access to clear and simple health information and the development of resources to support consumers and carers to participate in health care conversations, such as My Passport to Better Health, are practical examples of the work required to support a more informed and engaged consumer and community in the planning and delivery of health care
    - embedding a strong health literacy approach to support both consumers and carers to become more informed and active in their own health and wellbeing.

- **Driving change through strategic partnerships in the planning and delivery of integrated health care**
  - in recognition that service delivery and reform initiatives led by one organisation alone cannot result in the required whole of system change, collaboration and partnerships are a fundamental component of achieving the desired improvements for Tasmania's health system
  - TML has strong and established approaches to collaboration with health system partners, reflected through engagement with local community providers through to Memoranda of Understanding with the Tasmanian Government through the DHHS and THOs, along with key organisations such as Aged and Community Services Tasmania
  - working to plan and deliver services through existing service resources creates greater opportunity for sustainability and integration of services. TML's default position of working with existing providers rather than creating new services has created a strong foundation for improving service consistency, accountability, integration and outcomes focus, aligned with priority health needs
  - such an approach also avoids the potential for the stretching of finite resources and service fragmentation as common features of a siloed approach to care planning and delivery.

## Co-commissioning for improved service integration and health outcomes

### **Recommendation 8:**

That the Tasmanian Government and the Primary Health Network work in partnership to jointly commission primary health services for the benefit of Tasmanians.

Viewing the opportunities for change through a whole-of-system approach provides significant opportunities to look beyond historical models at how care is best provided into the future. We believe there are immediate opportunities for the Tasmanian Government in terms of primary health leadership and service delivery functions through co-commissioning underpinned by collaboration and partnership.

TML plays an important role in managing a range of programs and services in primary and community care, including after hours care, aged care, mental health, Aboriginal health, refugee health, chronic conditions and eHealth. Our main focus is on health care provided outside hospitals and closer to people's homes. This includes general practice, allied health and community health. We currently facilitate the delivery of services through in excess of 150 service contracts with providers in communities across Tasmania. In undertaking this work, we have a consistent focus on working with local providers to deliver services and only when there is market failure do we consider direct service delivery. Examples of our work with existing organisations include Relationships Australia and Lifeline in the delivery of mental health services through the Access to Allied Psychological Services (ATAPS) program, and building our links with Aboriginal organisations for the delivery of Closing the Gap Care Coordination and Supplementary Services in their local communities.

This approach:

- strengthens and improves the sustainability and long term stability of available local provider responses, which in turn encourages consumer and provider confidence in accessing services outside the hospital services
- reduces the further fragmentation of the service system, through clients being able to access more services through less organisations
- provides opportunities for more strategic work with these organisations to improve service planning and care delivery through the commissioning approach.

As noted on page 3, the Australian Government is establishing PHNs by 1 July 2015. PHNs are being established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure patients receive the right care in the right place at the right time. PHNs will be expected to move beyond commissioning services to commissioning for health outcomes and health system change.

TML believes these Australian Government PHN objectives align with the primary and community objectives of the Tasmanian Government that are outlined in the Green Paper. We believe that the establishment of a Tasmanian PHN provides the Tasmanian Government with a preferred partner that can work (with and) on behalf of the Tasmanian Government to reduce duplication and inefficiency in the provision of primary and community services within Tasmania.

The PHN, through its strong clinical and community engagement and advisory mechanisms will plan for, and coordinate the delivery of, primary and community services in Tasmania. The Tasmanian PHN will be tasked with ensuring patients are at the centre of the local health system and that individual patients, including those in rural and remote communities, have the best access to a range of health care providers including general practitioners, community health services and hospitals.

The Australian Government requires the Tasmanian PHN to engage with the THS and Tasmanian Government to improve health outcomes in Tasmania, to identify opportunities for health care system improvement in primary and community care and to monitor and measure success in achieving improvement.

The Tasmanian PHN is also required to undertake population health planning and commissioning in response to the identification of population need. The Tasmanian PHN will:

- plan and contract frontline medical and health care services, ensuring contestability, transparency and value-for-money outcomes
- identify the market factors and drivers relevant to commissioning frontline medical and health services in Tasmania and the strategies that will be implemented to better align funding to population health needs
- implement a commissioning model that identifies and maintains a register of providers
- monitor and evaluate purchased/commissioned medical and health care services to determine progress towards expected outcomes in an efficient and cost-effective manner
- deliver services in the event that a population cohort or area has a demonstrated lack of, or inequity of access to medical and health care services, including in rural and remote areas.

Given the relatively small role the Tasmanian Government plays in delivering these services and the need for significant and continuing focus on the sustainability of the hospital system, we believe there are immediate opportunities for the Tasmanian Government to consider identifying alternate primary health leadership and service delivery functions through existing primary and community provider networks via the PHN.

## Early intervention, health promotion and health prevention

### Recommendation 9:

That the Tasmanian Government invest a transparent and increasing proportion of its health budget for early intervention, health promotion and health prevention, and drive reform across government in terms of health in all policies.

Consistent with TML's recent submission on preventative health care to the Joint Select Committee, we believe the Tasmanian Government's aim for Tasmania to have the healthiest population in Australia by 2025 is ambitious and requires substantial and sustained system reform. In order to achieve this aim, preventive health stakeholders – including the Government – will need to:

- support people to live healthier lives through evidence-based health promotion initiatives that address Tasmania's high rates of smoking, poor diet, poor mental health, insufficient physical activity, harmful alcohol and other drugs use, obesity and high blood pressure, particularly in people who are disadvantaged
- decrease Tasmania's burden of disease through evidence-based primary, secondary and tertiary prevention initiatives that address multi-morbidity and the chronic conditions with the greatest impact
- drive preventive health efforts with a simultaneous focus on reducing and eliminating health disparities through addressing the social determinants of health and improving equitable access to high quality health services according to need, otherwise existing inequalities in health across the Tasmanian population will continue
- ensure decisions regarding preventive health investment and disinvestment are informed by evidence. A key preventive health priority for Government is to collect, monitor and report against indicators of chronic disease and associated risk factors, as well as other measures of population health status. This data is required to inform and evaluate public health status and the associated integrated preventive health strategies and health service provision in Tasmania.

TML strongly advocates for the adoption of a Health in All Policies (HiAP) approach in Tasmania, as the most strategic and sustainable mechanism for achieving the real and whole of system change required to effect health outcomes. The Health Minister has the opportunity to lead policy reform across the whole government. This support is based on a plethora of research and recommendations that have been published on the social determinants of health, for example, Howard and Gunther (2012) published findings from their examination of key themes for the successful implementation of a HiAP approach. These included:

1. **Leadership** – Explicit political commitment to HiAP at the highest possible level.
2. **Governance and strategy** – It is advantageous to have an overarching high-level strategy that specifically endorses HiAP approach. This can help to overcome divisions when there are apparent conflicting objectives between sectors. It can help to identify common aims across government, and support the use of resources to implement a wider HiAP approach.
3. **Partnership and stakeholder engagement** – Working effectively with a wide range of partners is essential. Including stakeholders by using a community participation approach is a critical factor in a successful HiAP approach.

4. **Capacity and technical skills** – Building skills and capacity both within and external to the health sector is seen by most as essential to the development of HiAP.
5. **Health equity** – A greater understanding is needed of the differences between health equality and health equity, and better data are needed to be able to understand health inequalities at a national and local level.
6. **Tactics** – Identifying win-win approaches, where there are clear and evidence based co-benefits to health and other policy areas, is a fruitful area for implementation of HiAP.

Such an approach provides significantly greater opportunities for integrated and comprehensive approaches to addressing health and wellbeing issues. Through recognising the breadth of stakeholders involved in this work, from the communities themselves, large state government departments through to general practice and primary care providers working in communities on a daily basis, and engaging with these resources can achieve joint leadership and action on the social determinants of health. This moves the accountability for action out of a single organisation, to enable coordinated efforts and such as the place-based approaches as described below.



Tasmania Medicare Local Limited

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