

Hospitalisations—preventing the preventable necessary, but not easy

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‘Reducing preventable hospitalisations in order to improve health outcomes and reduce unnecessary healthcare system costs is a longstanding concern, but finding solutions requires effort, investment, research and system redesign’, Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven said today.

Ms Verhoeven welcomed the issue being brought into the spotlight by today’s release of the Australian Commission on Safety and Quality in Health Care’s *Second Australian Atlas of Healthcare Variation*.

‘The report includes data on potentially preventable hospitalisations as they relate to chronic disease and 18 clinical conditions, and notes that the Australian healthcare system must shift to better integrated primary care with a focus on coordinated care to reduce these hospitalisations.’

The report shows substantial variations, up to a factor of 16, in hospitalisation rates across Australia for five chronic conditions— chronic obstructive pulmonary disease (COPD), kidney infections and urinary tract infections (UTIs), heart failure, cellulitis, and diabetes complications. According to the report, these five conditions comprise almost one-half of all potentially preventable hospitalisations in Australia.

Ms Verhoeven said the AHHA had recently held a Think Tank on Preventable Hospitalisations, involving experts from around Australia.

‘Presentations by leading health experts demonstrated the complexity of the issue. For example, what does ‘preventable’ actually mean? Hospitalisations for people with chronic illnesses in rural and regional areas with limited community services may not be readily preventable. The Commission notes the potential value of telehealth initiatives in addressing this.

‘Hospitalisations may also not be preventable where an alternative service was available at a cost, but the patient could not afford it, or were unaware of it, or did not know how potentially serious or urgent the condition was. Attention to health literacy and better engagement of patients in service design are required.

‘But, our Think Tank sessions also showed that the number 1 predictor overall of a potentially preventable hospitalisation, above all else, was proximity to a hospital.

‘This could be related to equity issues, and there is some evidence from the Commission’s report that procedures such as Caesarean sections and spinal fusions are more common in city areas where people are more likely to be able to afford any associated costs, and where these clinical services are offered.

‘Our Think Tank sessions acknowledged the potential for integrated care initiatives such as Health Care Homes to contribute to a solution—however the program as it is currently designed will need substantial modification in order to maximise its potential.

‘Our health system needs to move towards a value-based system that is patient-centred and rewards efficient, effective and equitable care that produces demonstrable outcomes, rather than a system that rewards number of occasions of service, as happens now.

‘Addressing health and social inequalities, making better use of data and technology, promoting better engagement between service providers and patients, improving hospital discharge processes, and a stronger focus on advanced care planning are all part of this’, Ms Verhoeven said.

The AHHA Think Tank Communique on Hospital Avoidance and Prevention is available [here](#)

The Australian Healthcare and Hospitals Association is the national peak body for public and not-for-profit hospitals, Primary Health Networks, and community and primary healthcare services.

Media enquiries:
Alison Verhoeven
AHHA Chief Executive
Phone: 0403 282 501