

PRE-CONGRESS NEWSFLASH

NOVARTIS PRE-CONGRESS SYMPOSIUM: MEETING REPORT POTENTIALLY PREVENTABLE HOSPITALISATIONS

The potential impact of models of care, patient experience, service quality, measurable health outcomes as well as innovation and technology were examined at the Novartis hosted symposium on October 9, coinciding with the 42nd World Hospital Congress in Brisbane.

Dr Simon Fisher, Chief Scientific Officer, Clinical Development and Scientific Affairs at Novartis Australia said quality use of medicines, appropriate patient support and service optimisation can create efficiencies in the healthcare system, and help to reduce preventable hospitalisations. Potentially preventable hospitalisations (PPH) is a whole-of-health issue requiring stakeholders across the healthcare system to work together.

"Whilst our medicines treat complex diseases, we want to contribute to the Australian community more broadly as demonstrated by our ongoing endeavours in clinical research and our contribution of local and international expertise to support partnerships aimed at delivering tangible healthcare solutions," said Dr Fisher.

Novartis Australia has supported several pilot projects including multi-stakeholder public-private partnerships to address potentially preventable hospitalisations due to heart failure. Coordinated by the Australian Healthcare and Hospitals Association, a pilot was initiated in Tasmania with Primary Health Tasmania, Heart Foundation Tasmania and the Tasmanian Department of Health and Human Services. This project focused on enhancing heart failure management of patients in enrolled general practices, increasing patient self-management, and optimising transfer-of-care processes.¹ The experiences to date further support the strength of a multidisciplinary approach. In NSW the Heart Failure Integrated Care Project - a joint venture between South Eastern Sydney Local Health District, Central and Eastern Sydney PHN and Novartis - developed a primary care based heart failure disease management program through a partnership between hospital and general practice clinicians.²



New models of care may play a role in preventing unnecessary hospitalisations, with an opportunity to examine the emerging roles of primary, community and allied health.

In the opening session a panel representing general practice, health economics and health management heard that primary care is the ideal place to implement models of care that prevent unnecessary hospitalisation by focusing on prevention and chronic disease management as well as reactive care.

Innovations in models of care for primary health build on the concept of Triple Aim of Healthcare model by adding recognition of the clinician. It was proposed that Australia should be moving to the Quadruple Aim for healthcare – improving the patient experience, improving population health, decreasing the overall cost per capita, and improving the clinician experience. By doing this it will be possible to achieve significant reductions in unnecessary hospitalisations.

Designing and implementing an Australian model of care that achieves a patient centred medical ‘home’ was discussed. The ‘home’ is patient-centred, comprehensive, coordinated and integrated, accessible, continuous and accountable. It was expressed that continuity of care is crucial via the one ‘home’ and that local studies will soon report on findings relating to decreased preventable hospitalisations and associated healthcare costs.

It was expressed that continuity of care is crucial via the one ‘home’ and that local studies will soon report on findings relating to decreased preventable hospitalisations and associated healthcare costs.

Integrated care programs for chronic disease management as demonstrated in NSW were described to the panel. The importance of being able to properly evaluate programs was stressed.

Reduced emergency department dependency is being addressed by the North West Hospital and Health Service through a shared workforce model. This has designed culturally supportive primary care services that are accessible in the places they are needed and delivered in a way that the people are comfortable to attend for their chronic disease management. Mt Isa, Queensland, has introduced local nurse navigators who support complex needs patients by helping them though pathways of care and integrating their healthcare. Mt Isa is planning to introduce a town centre drop-in health service to provide comprehensive primary care for local communities. Aboriginal health workers, nurse practitioners and chronic disease teams would provide coordinated care. This has potential to impact PPH.

An integrated healthcare model for heart failure patients is being implemented in Germany to address the burden of readmissions for chronic heart failure, using simple telemedicine tools of nurse coaching, daily remote monitoring of weight and symptoms with medical intervention in case of emergency.

The role of patient experience, engagement and participation, and health literacy in PPH were addressed by representatives from clinical innovation, primary healthcare and patient activation.

It is important to understand the expectations of patients and carers for health and care to be able to design alternatives that would be acceptable to them. For example, quality of life, symptom control and having a normal life without surgery may be important. Understanding patient reported outcomes and experiences across the care continuum can help build the case for investment in lower levels of care and supportive processes. While patients can influence the course of their disease, the level of care required and help shape alternative care approaches it was noted that there isn’t a lot of evidence that this involvement of patients will help reduce PPH.





It was emphasised that health literacy affects a person's capacity to make good decisions about their health and care and take the appropriate action. Health literacy is key to navigating preventative, diagnostic and treatment services to reduce over-diagnosis and over-treatment and the long term need for care. This concept was referred to as "slow-care" and may improve quality of life in a patient's last days. Health literacy is also central to promoting self-management - empowering patients and their carers to coordinate their care, with a focus on what is important to the patient. Patients can also co-design alternative approaches to hospital admission. An example given was Capital Health Network's heart failure project in the ACT which was co-designed with patients in order to reduce potentially preventable hospitalisations and improve patient experience.

A Patient Activation Measure® (PAM®) was presented which measures a person's underlying ability to self-manage or activate. Research has also been done using the tool to identify which patients are at greatest risk of PPH and where the greatest gains could be made in activation. The forum heard that a low activated patient is more likely to require hospitalisation for heart failure than a highly activated patient.

The forum also heard of a model introduced by Children's Health Queensland which is based on integrated care principles of being child and family centred, data sharing, clinical integration, joint planning and governance, inter-professional working and shared values and culture. Drawing on extensive data, a compelling child-centred narrative has been developed which has been used for predictive modelling for system design and improvement and guide investment locally, regionally and state wide.

The importance of service quality and patient safety was emphasised in the forum, along with different approaches to measuring preventable hospitalisation and health outcomes across primary and secondary care.

Participants identified there is great opportunity to use innovative models and digital platforms to harness the wealth of data collected in aged and community care to improve decision making and outcomes.

Linked data analytics should be combined with quality of life and social participation assessments to guide choice, service use and innovative service models. Macquarie University has conducted proof of concept studies using electronic medication data from 71 residential aged care facilities to shed light on prescribing patterns and medication and help guide better practice.

The forum was told that data analytics and data linkage can identify where to intervene and to assess policy effectiveness in keeping the elderly out of aged care. Research has been done to identify the impact of social support and community care services on time to requiring residential aged care.

Routine assessments should focus on outcomes of importance to older people by integrating social participation and quality of life measures in order to reduce health service usage and hospital readmissions.

It was acknowledged that there are shortfalls in the current criteria for defining potentially preventable hospitalisations as a number of categories are not included such as social factors, mental health, drug and alcohol use and palliative care. A new consultation paper, *A potentially preventable hospitalisation indicator for general practice*, from the Australian Institute of Health and Welfare, is out for public comment.

The question was raised whether it was important to measure past harm or look to future safety when measuring PPH and health outcomes. Caution was given around setting up reporting targets that would negatively impact reporting rates. The forum identified a need to better understand how to couple data with patient experience. It is important to improve benchmarking and understand that aggregate data doesn't show the same outcomes as local data.

There is a wealth of data available but often it is untapped. The Health Roundtable houses data that could potentially be mined to enable health services to compare their performance with their peers across Australia and New Zealand. In relation to PPH, it was asked whether the indicators for measurement should be patient-related predictive factors, health system-related predictive factors and societal factors.

Integrated care has become a cornerstone of the response to the challenge of PPH. However does integrated care reduce hospital presentations and how can integrated care be improved from a local health district perspective? Having a strong primary care sector is key, along with data driven management, team based care, patient and healthcare team partnership, population management, continuity of care and ensuring access to care. It was noted that integrated care programs require a lot of nurturing to work.

Technology and innovations that have been introduced or trialled to support PPH initiatives were presented as the 'tip of the iceberg'.

The forum heard about Medicare at Home which is a virtual hospital environment for patients under hospital treatment but based in their homes. Patients are supported by 24/7 triage nurses and webchat.

The McCare program developed by West Moreton Health, Ipswich, Queensland and Philips aims to improve patient wellbeing, improve or stabilise physical scores, reverse the growth in bed days and emergency department presentations. Artificial intelligence (AI) machine learning is employed to identify potential persistent hospital presenters who are likely to have high needs. The program includes clinical and operational reporting, care coordination supported by remote patient monitoring, patient goal-orientated coaching and connecting healthcare professionals. It is hoped this program can be extended into other parts of south east Queensland.

A unique model of digital health innovation has been introduced within the campus of the Murdoch Children's Research Institute and the Royal Children's Hospital in Melbourne. The technology company Curve works alongside the clinical community on site to develop technology driven solutions to address patient needs. Innovations include an app for consumers to aid in concussion recognition and management. It is hoped early intervention will reduce the likelihood of delayed symptoms and prevent hospitalisation from more serious second knock concussions. Another product developed by the partnership is a food allergy app which aims to avoid unwanted hospitalisations by guiding the carer how and when to give an adrenaline auto injection during a severe allergic reaction.

To encourage further innovation in Australia the Australian Digital Health Initiative supports commercialisation of clinically validated digital health technologies. In its work the Australian Digital Health Initiative partners with healthcare and technology industry and research institutes. One such product from this initiative is a tool for hospital standard epilepsy monitoring and diagnosis delivered digitally in the home.

Reference 1 - 2: for the full report, please visit <https://ahha.asn.au/chronic%20disease> > collaborative projects> Tasmanian heart failure project report. South Eastern Sydney heart failure integrated care project final report.



Conclusions

- New patient centred models of care delivering accountable comprehensive team-based healthcare are associated with improving reductions in PPH from primary care.
- Digital interoperability, useable data, clinical pathways, and care coordination are some of the key enablers to reducing PPH.
- There is a need for activity based incentives for health providers and allied healthcare workers to collaborate.
- It is important to understand social determinants and include them in decision making to maximise patient activation.
- The current criteria for defining PPH would benefit from review.
- It is important to find leaders that will push ahead with initiatives to address PPH, despite limitations or potential barriers.

Novartis Australia thanks all participants of the pre-congress forum for their participation. The views expressed herein are of a general nature as discussed by participants during the forum and do not necessarily reflect the views of Novartis or of each individual participant on the day. Novartis Australia is a proud platinum sponsor of the IHF 42nd World Hospital Congress, 2018. Novartis Australia provided financial support for several participants of the Pre-Congress Symposium and complies with the Medicines Australia Code of Conduct.