WORKING ACROSS THE DIVIDE - FUNDING GP TO HELP ED

Date

DECLARATION

- Regional Medical Director, WA Country Health Service Midwest
- This project is funded by the Commonwealth of Australia and the State Government of WA, separately and unconnected
- Attending conference from my Professional Development Allowance and as an employee of WACHS
- No interests in any other organization or company that might benefit from this project

THE IMPERATIVE

- Increased presentations to Geraldton Hospital Emergency Department
- Ambulance Ramping
- Inpatient beds full

- WA Health offers funding to seek innovation
  - 2 months from approval to implementation (including Christmas)

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WACHS MIDWEST

- 3-pronged approach
- Prehospital acute care
  - Care for acutely unwell RACF residents
- In ED
  - Assessment and support for over 65s (ATSI over 50)
- Early Discharge Support
  - Medical inpatients discharged early and reviewed in designated outpatient clinics

Hospital Avoidance Program (HAP) in ED

AIM: Prevent avoidable hospital admissions and Emergency Department (ED) re-presentations

- Rapid comprehensive geriatric assessment, care coordination and intervention in the ED
- Safe discharge from ED with appropriate in-home follow-up
- Referral to community-based programs and initiatives
- Promoting patient self-management and self-advocacy

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Hospital Avoidance Program (HAP)

- Staffing:
  - Senior Physiotherapists
  - Senior Occupational Therapists
  - Senior Social Worker
  - Patient Care Aides (PCAs)
- This team can support early safe discharge and maintenance of clients in the community, reducing ED representation and hospital length of stay

- Evaluation has demonstrated that HAP patients suitable for discharge without admission **have a shorter ED ALOS** if they are part of the HAP program. This has equated to an estimated **reduction of 1500.6 ED hours per annum and over $1.2 million in cost savings**

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CARE FOR RACF RESIDENTS – HOSPITAL VIEW

- Look after unwell residents appropriately
- Clinical pathways to Emergency:
  - information for GP
  - Things to do before your patient arrives in ED
  - Specific conditions
    - Urinary Tract Infection
    - Chest infection (minor)
    - COVID

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CARE FOR RACF PATIENTS - THE PIVOT

- GP as First Responder and Lead Clinician
  - Focus on GP, not on advice to GP
  - GP determines if care can be in Aged Care (RACF)
    - GP and RACF nurse look after resident at home
- Care for
    - Any patient whom GP is confident to care for
- Transfer
    - Any patient not improving or requiring IV antibiotic
    - Imaging required, clear admission (Fracture NOF)

WHY DOES IT WORK

- Based on recognition of value of primary care clinicians
  - Gatekeeper
  - Cheaper care compared to hospital
- Based on recommendations of Royal Aged Care Commission
  - Patient centred care
    - Residents deserve right to be treated at home

PREPARATION

- Engage Stakeholders
  - Future is better option than current
    - RACF: Don’t call the ambulance first; call the GP
    - GP: Don’t call the ambulance first; listen to the nurse and assess the patient
  - Clarify roles
    - Scope of accepted care
  - Funding the change

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FUNDING

- Combination of payment methods
  - Capitation to cover 24/7 responsibility
  - Fee-for-service for any urgent in–hours visit
    - To cover lost income at practice
    - To match current models in our region

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RACF RESIDENTS IN GERALDTON HOSPITAL ED SINCE AUGUST 2020

RACF residents attending GHED

1A 1A 1A 1A 1A 1A 1A 2A 3A 3A 3A 3A 3A 3A 4A 5A 5A 5A 5A 6A 6A 6A 6A 6A 6A 6A 6A 6AC 6AC 6AC 6AC 6AC 6AC 6AC 6AC

70 60 50 40 30 20 10 0

Individual Value

Project start

31/8/20 30/9/20 31/10/20 30/11/20 31/12/20 31/1/21 28/2/21 31/3/21 30/4/21 31/5/21 30/6/21 31/7/21 31/8/21 30/9/21 31/10/21 30/11/21 31/12/21 31/1/22 28/2/22 31/3/22 30/4/22 31/5/22 30/6/22 31/7/22 31/8/22 30/9/22 31/10/22 30/11/22 31/12/22 31/1/23 28/2/23 31/3/23 30/4/23 31/5/23 30/6/23

Period

N	35
Average	35.228571
Median	33
N Runs	6
Min Runs	11
Max Runs	22

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PERCENTAGE OVER 65 FROM RACF

Percent RACF/All 65+ June 2020 - June 2023

Individual Value

12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%

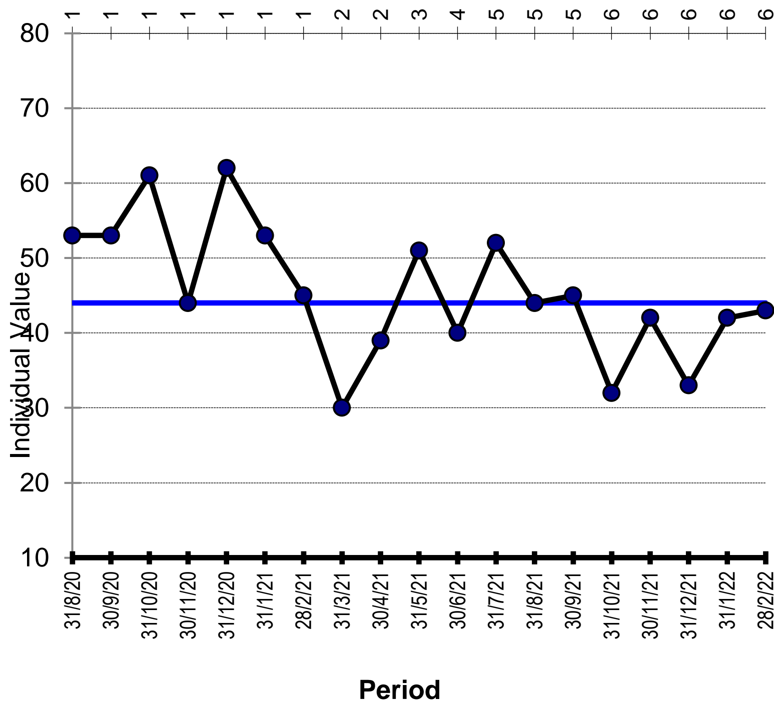
1A 1A 1A 1A 1A 1A 1A 2A 3A 3A 3A 3A 3A 3A 4A 5A 5A 5A 5A 6A 6A 7A 8A 8A 8A 8A 8A 8A 8A 8AC 8AC 8AC 8AC 8AC 8AC

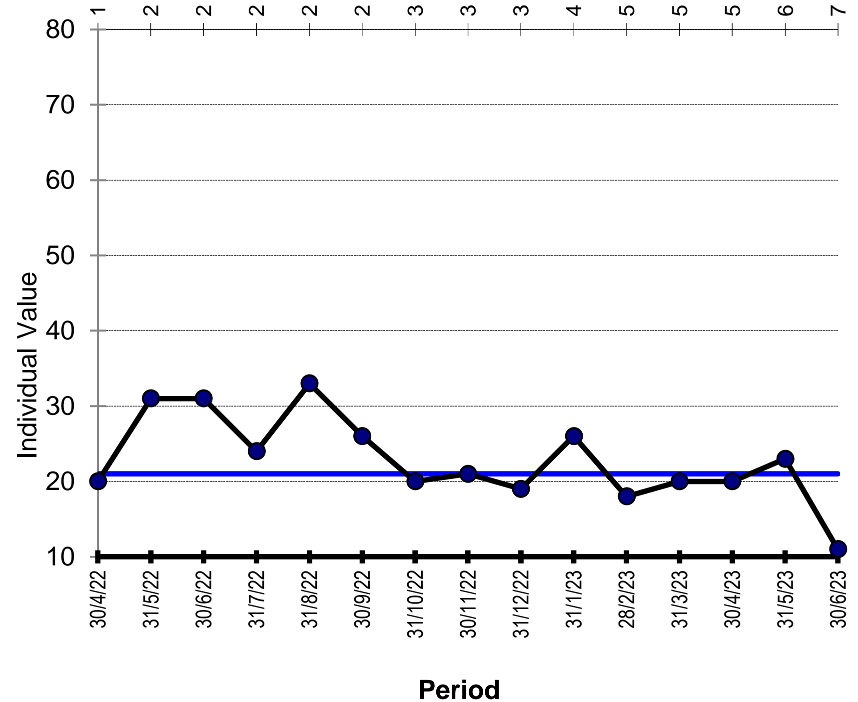
31/8/20 30/9/20 31/10/20 30/11/20 31/12/20 31/1/21 28/2/21 31/3/21 30/4/21 31/5/21 30/6/21 31/7/21 31/8/21 30/9/21 31/10/21 30/11/21 31/12/21 31/1/22 28/2/22 31/3/22 30/4/22 31/5/22 30/6/22 31/7/22 31/8/22 30/9/22 31/10/22 30/11/22 31/12/22 31/1/23 28/2/23 31/3/23 30/4/23 31/5/23 30/6/23

Period

HOW PATIENT NUMBERS FROM RACF CHANGED

BEFORE AND AFTER PROJECT INITIATION





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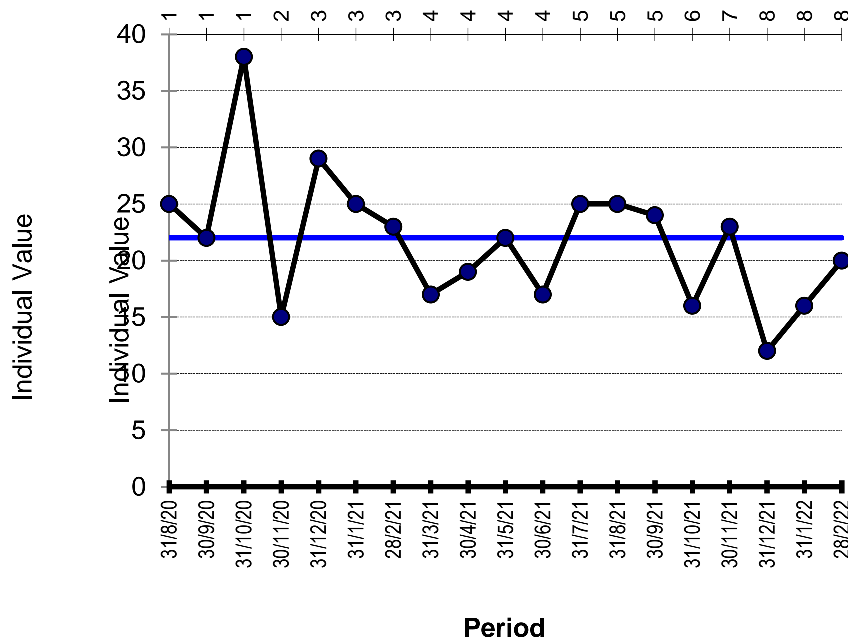
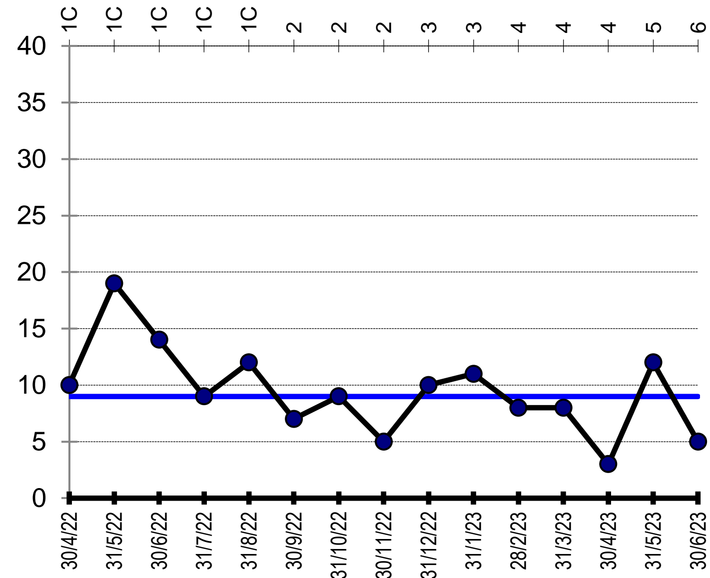
RESIDENTS ADMITTED TO HOSPITAL

BEFORE AND AFTER PROJECT INITIATION





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QUANTITATIVE RESULTS

- Absolute reduction in presentations to ED
  - 23 fewer per month
  - 46 ambulance trips
- Immediate, sustained over 14 months and 2 winters
- Reduction in hospital admissions
  - 12 fewer admissions per month: Length of stay 11 days;
  - Reduced hospital-acquired complications

IMPACT - QUALITATIVE

- Carers and GPs have greater sense of satisfaction looking after their residents.
- Residents are easier to look after than when return from hospital
  - Delirium effect
- Improved relationships with GPs
  - Managers: GP on my Speed Dial
  - WACHS: Strengthened trust and cooperation
  - Nurses: GPs are teaching us new skills

IMPACT – IMPROVED CARE

- Meeting the recommendations of Royal Aged Care Commission
  - Residents deserve to be treated at home wherever possible
  - Achieved by combining State and Commonwealth funding to provide a targeted incentive
- GPs added services to RACFs
  - Annual nursing review
  - Pharmacist medication review
  - Better COVID care

FINANCIAL BENEFITS

- Reduced hospital complications e.g. confusion, falls
  - BUT lose ABF!
- Cost of programme
  - Pay GPs approx. $16,000 pm;
  - Saving in ambulance approx. $55,000 pm
- Benefit/savings goes to…
  - Patient / Hospital / “the system” ??
  - Unsurprisingly…

RISKS

- 2 payment sources
  - Commonwealth and State
    - Risk to continuity
    - Different funding cycles
  - How do they know what their funds are doing in one small town in WA?

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SUMMARY

- Utilising the expertise of Primary care clinicians
  - Gatekeepers
  - Probably the best doctors to keep patients out of hospital
- Lessons for the Healthcare System
  - Removing the often divergent aims of Commonwealth and State
  - Working across the boundary can benefit everyone AND can be financially viable