



**COTA ACT Submission  
to the**

**Standing Committee on Health, Ageing  
and Community Services**

**INQUIRY INTO THE FUTURE  
SUSTAINABILITY OF HEALTH FUNDING  
IN THE ACT**

**February 2018**

COTA ACT thanks the Standing Committee on Health, Ageing and Community Services for the opportunity to make a submission to the Committee's inquiry into the future sustainability of health funding in the ACT.

## **INTRODUCTION**

COTA ACT is the peak organisation in the Australian Capital Territory concerned with all issues related to ageing. It is an independent, non-party political and non-religious organisation working to protect and promote the well-being, rights and interests of all older people in the ACT irrespective of socio-economic, ethnic, religious or cultural background.

COTA ACT is a member of an Australian wide organization – COTA Australia – and contributes to the development of national policies and agendas.

COTA ACT notes the inquiry's focus on the sustainability of the health system in servicing a growing population and a population that is growing older.

We understand the importance of ensuring the efficiency of health financing, and of aligning health funding with the provision of quality and accessible health care that optimises patient outcomes. We commend the inquiry's intention to examine the relationship between hospital financing and primary, secondary and community care, and the interface with aged care.

We have identified a number of ways in which the sustainability and effectiveness of the ACT's health system could be improved, in serving the growing demographic of older ACT residents.

## **COMMENTS**

COTA ACT believes that significant improvements in efficiency and effectiveness can be achieved through targeted action both within the hospital system and the community primary care setting.

Some of these improvements would require the recruitment of additional client service staff and allied health professionals. But much could be achieved within existing resources, through better communication with older patients and improvements in the recording and sharing of information.

In those instances where we call for the ACT Government to contribute funding to the improvement of primary health services, we would urge the Government to think beyond defensive cost-demarcation approaches that seek to redefine these services in terms that point to Commonwealth financial responsibility. From the Territory's perspective, this attitude would amount to false economy, as the measures we propose will reduce hospitalisations and so benefit the sustainability of the ACT health system. We are heartened that the Parliamentary Agreement for the Ninth Legislative Assembly commits to boosting healthcare services in the community, and hope this will be kept in mind when addressing sustainability.

## **Proper planning of care and support for older hospital patients**

### *Acute care pathways*

It is essential that older patients with complex conditions likely to affect their recovery are identified on presentation at hospital, so that planning of treatment can begin on admission. There should also be a parallel process starting from admission to develop a plan for hospital discharge, simultaneous with the clinical path to medical stability.

In the ACT's main public hospital, Canberra Hospital, the process of identifying and planning acute care treatment has greatly improved for geriatric patients with the introduction of the ASET program. This picks up patients over 80 with specific geriatric conditions, who receive treatment in the Acute Care for the Elderly Unit.

***COTA ACT strongly supports broadening the scope of geriatric assessment to include all patients over 70 with complex conditions.***

### *Discharge planning*

Hospital discharge planning is key to achieving continuity of care for older patients. It is well recognised that effective discharge planning relies on a multidisciplinary approach featuring:

- development of a plan for each patient's care and support post-discharge
- contact with the relevant community resources responsible for delivery of primary medical and allied health care, and social support
- a team approach to ensure responsibilities for contact and patient communication are met.

Involvement and communication with the older patient and their family/carers is critical to these processes, which must be 'patient centred'.

At Canberra Hospital some wards do achieve best practice in discharge planning, but COTA ACT is aware that not all wards meet this standard. This is a concern, because gaps in information and failures in communication can delay and complicate patient recovery, especially for older patients with complex conditions.

Particular aspects requiring attention are:

***The quality and completeness of discharge summaries*** – these must include all elements of outpatient specialist care, allied health care and all medication required by the patient on discharge. This includes details of all tests ordered and appointments made.

***Prompt and accurate communication between all inpatient and outpatient areas of the hospital involved in an older patient's care, and between those areas and the patient, and their GP.*** This applies particularly to ordering, arranging and reporting the results of tests. It also covers arranging or rescheduling appointments with outpatients. The systems for communicating and coordinating must work properly.

### **End the resource drain of ‘saving’ elderly hospital patients with very poor life prognosis**

Too many dying elderly patients receive intensive ‘life-saving’ hospital treatment which, even if successful, simply results in temporarily prolonging an existence of negligible quality. As argued by UNSW Professor of Intensive Care Ken Hillman (*‘A Good Life to the End’*), hospital medical staff should not herd elderly patients who are soon-to-die into unnecessary operations and life-prolonging treatments without their wishes being taken into account. Instead, hospital doctors should offer alternative options that are much more sympathetic to the final wishes of most people facing the end of their lives. Tellingly, research has shown that clinicians who are dying are less likely to receive futile treatment than non-medical people who have limited knowledge of the health system.

This unwanted treatment, typically provided in intensive care using advanced technologies, is very expensive. Given health budgetary pressures, the opportunity cost of providing this treatment is denial of equivalent resources to any number of health services that could deliver much better outcomes in terms of quality life years. Consequently, the practice of delivering this unwanted treatment is directly opposed to the goal of health system sustainability.

At Canberra Hospital, attempts to improve the involvement of patients and their families in end of life decisions began following the release of the National Consensus Statement: *Essential elements for safe and high-quality end-of-life care*. A project called *Goal Setting and End of Life* developed documentation for patients and clinicians to be used for patients at risk of dying in the next 12 months. The documentation and related new protocols were introduced in 2016, but changing the culture of this high-end acute care hospital from concentrating on saving people to supporting dying patients proved quite difficult. An education session with new doctors was planned for early this year, but did not eventuate because there were no educational resources. ***COTA ACT urges support for this culture-changing initiative to improve sustainability and improve outcomes for dying patients.***

### **End prioritising the admission of privately insured patients to public hospitals**

There are indications that the ACT has joined some other jurisdictions in seeking to augment its revenue by prioritising the admission of privately insured patients for elective surgery in its public hospitals<sup>1</sup>. Published data shows the ACT had particularly long median wait times for total knee and hip replacements, consistent with a national trend evident in public hospitals where public patients face a much longer wait time than private patients for elective orthopaedic surgery.

Such practices unfairly disadvantage older public patients and COTA ACT strongly opposes any reliance on them to promote the fiscal sustainability of the ACT health system.

### **Properly manage the health care of aged care residents**

COTA ACT strongly supports efforts to improve health care for residents of the ACT’s aged care facilities. These older Canberrans have for too long had to do without adequate primary medical services, over-reliance on hospitalisation, and poor continuity of care on discharge.

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<sup>1</sup> Elective Surgery Waiting Times 2014-15 - Australian Institute of Health and Welfare. Tables 4.4, 4.9

We commend the recently-piloted Geriatric Rapid Acute Care Evaluation (GRACE) care model which promotes collaboration and coordination between a resident's General Practitioner (GP), Aged Care Facility staff, and Calvary Public Hospital. Wherever possible, a resident experiencing a health episode is medically assessed and treated in the residential setting. If a patient's condition is serious enough to warrant a hospital admission, this is coordinated between the GRACE team and the Calvary Public Hospital Emergency Department.

***COTA ACT urges the ACT Government to provide contributory funding to make this model of care available to all of the ACT's aged care residents.*** We believe this would result in substantial cost savings for the Territory's public hospital system, as well as a very positive impact for residents, their family and care providers.

### **Managing transitions of care for older ACT people**

Many older consumers, especially those with chronic or complex conditions, face difficulties in getting the continuity of care they need when they are discharged from hospital.

The transition of care between hospital and home is a key point in health care delivery where adverse events and disruptions to continuous and comprehensive care often occur. Poor transitions of care impact on patient safety, the quality and experience of care and the efficiency of the ACT's health system. From the system sustainability perspective, there is increased risk of costly re-hospitalisation.

***COTA ACT strongly supports the targeted supportive approach taken in the Transitions of Care Service Delivery Model currently being piloted at Canberra Hospital.*** The pilot employs nurses who work closely with Discharge Liaison Nurses from the hospital and with primary health care providers in the community.

Key components of the model include:

- target patient enrolment – aimed at patients with complex and chronic conditions, with recent hospital admissions and at risk of readmission
- transition coordination support from the hospital to home setting individuals to sustain continuity of care through (re)connecting with general practice and outpatient, community health and care services
- patient education and self-management support
- facilitating access to health and community-based services the patient requires.

***COTA ACT strongly supports the ACT Government contributing funding to ensure the continuation and broadening of this program to include all older ACT public hospital patients who meet the target criteria.*** This targeted assistance should reduce costly readmissions and so increase health system sustainability.

### **Introduce community-based health system navigators**

The patient care navigation model assists the patient in the community to identify, anticipate and alleviate barriers to prompt and coordinated care. These barriers exist for many older people, and can include:

- lack of up to date knowledge about the health system, the different entities and care providers, and how elements of the system interact with each other and with patients
- communication and cultural issues, for example confronting non-English speakers, those unfamiliar with acronyms and technical terms, and those with cultural inhibitions about questioning people in authority
- negotiating the bureaucracy and managing financial issues
- emotional barriers, such as fear of diagnosis.

This navigation assistance will significantly improve the promptness of health care delivery for many older ACT people. It will also improve the coordination and continuity of care for many older patients discharged from hospital, and for those with chronic conditions who require an escalation of primary care to avoid hospitalisation. By helping to ensure that the health needs of older patients are met in the community, rather than in hospital, navigators will improve the sustainability of the ACT's health care system.

COTA ACT notes that Healthcare Consumers ACT have been funded to develop a model for the use of patient care navigators in community settings. We will be taking the opportunity to assist HCCA in the development of this model and ***we strongly support funding and implementation of a community-based health system navigators program.***

In conclusion, COTA ACT would very much welcome the opportunity to meet with you to discuss this important topic.

Jenny Mobbs, Executive Director, COTA ACT

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Submission prepared by: Paul Feldman, Chair COTA ACT Policy Committee