Sue Irvine
Chief Executive Officer

HealthCube Management Pty Ltd
Suite 2, 82 Wentworth Avenue
Kingston ACT 2604

Postal Address
PO Box 7426
St Kilda Road VIC 8004

Mobile
0419 479 882

Facsimile
02 6278 3148

Email
sue.irvine@healthcube.com.au

Web site
www.healthcube.com.au

Australian Business Number
65 127 426 886

HealthCube Pty Ltd Submission to ACT Standing Committee on Health, Community and Social Services

ISSUE

- **GP clinic closures since 2001;**
- **The current level of GP shortages in the ACT and the reasons pertaining to this shortage;**
- **How to arrest, and reverse, the decline in GP numbers in the short and longer term;**
- **Strategies to attract and retain GPs in suburban clinics;**
- **Linkages between Government and non-government health care providers including innovative and best practice models;**
- **Residents of residential aged care facilities are receiving inappropriate, ad hoc medical services.**

Background

General practitioners (GPs) have long been responsible for providing medical care to residents in aged care facilities.

The ageing of the population and changes in government policy have seen the number of residents and their level of frailty and clinical complexity increase significantly over the last decade, while the generalist GP- Practice based model responsible for delivering medical care to these residents has remained mostly unaltered.

In this context of increased demand, factors such as workforce shortage, high GP workloads and preferences for part-time work have seen the number of GPs supplying services to aged care residents steadily decreasing (Lewis & Pegram, 2002). A 2008 AMA survey recently highlighted the many administrative and logistical difficulties faced by GPs in serving aged care, as well as a downward trend in the number of GPs expecting to maintain their aged care patient load.

This disconnect between clinical demand and supply has not only led to unnecessary levels of distress and morbidity being suffered by residents, but the ad-hoc and reactive nature of the General Practice service has inadvertently led to an increased acute hospital utilisation when care cannot be provided in a timely or appropriate manner.

Despite the substantial investment of community resources into aged care, very little research has been completed on the unique clinical challenges associated with aged care residents such as management of poly-pharmacy, chronic disease and physical disability and dementia (Flicker, 2002). Similarly, only minimal education and training opportunities exist for GPs wishing to expand their aged care practice.

Add to this the situation in the ACT of a shortage of 70 equivalent full time GP's, the closure of suburban GP clinics and our ageing population residents in residential aged care are unintentionally being medically neglected. The impact of this neglect on the ACT Health system is significant bordering on critical.

Medical Care – Australian context

In Australia we are fortunate to have a universal medical system that assures the right to accessible, appropriate and timely medical care. However, with the recognised shortage of General Practitioners willing and able to provide services to the aged population residing in residential aged care it is becoming significantly apparent that this cohort are being denied their right to accessible, appropriate and timely medical care.

Even when residents of aged care facilities are able to obtain the services of a General Practitioner this service is mostly ad hoc, reactive and often too late to avoid an inevitable admission to an acute health facility. This is of no fault of current General Practitioner services that do their utmost to provide appropriate and timely medical care to their patients residing in residential aged care facilities. It is just their priorities lie with their General Practice surgeries: from a business perspective they cannot afford to provide home visits to their patients.

HealthCube®

Health Care as it should be for residents of aged care facilities…

Proactive, preventative approach

Proactive rather than reactive medical care for residents in aged care facilities should not be considered innovative or extraordinary: it should be the norm! HealthCube's approach is proactive.

Medical care to residents in aged care facilities should be designed around a model that aims to promote wellness and provide health outcomes that maximise quality of life. Not only is this ethically and morally the correct thing to do it is suggested that it is the most efficient and cost effective model of care from a government funding perspective. Aged Care needs and deserves a government policy that embraces a Medical Intervention for residents of aged care facilities. Using an 'auto - pilot' analogy a proactive, preventative approach to medical care in residential aged care demonstrates the benefits in improved outcomes for patients and a reduction in cost for government.

By constantly monitoring for changes in status, responding appropriately and often, then major variances will be avoided or minimized resulting in improved quality of life and a reduction in inappropriate costly admissions to acute health facilities. The model below uses the auto – pilot analogy. Infrequent checking for course direction leads to large swings and significant effort to realign with the correct course: it takes longer to reach the destination and is more costly.

The same applies to residents in aged care. The ultimate decline in health is inevitable however as with the current model for providing medical services to residents the ad hoc intermittent review leads to costly acute admissions and a boomerang effect of readmission. The proposed aged care intervention of proactive preventative care will lead to improved quality of life by aiming to maintain levels of wellness with less frequent admissions to an acute health facility.

HealthCube®

Figure A: Reduced frequency of checking heading increases deviati on and reduces effi ciency

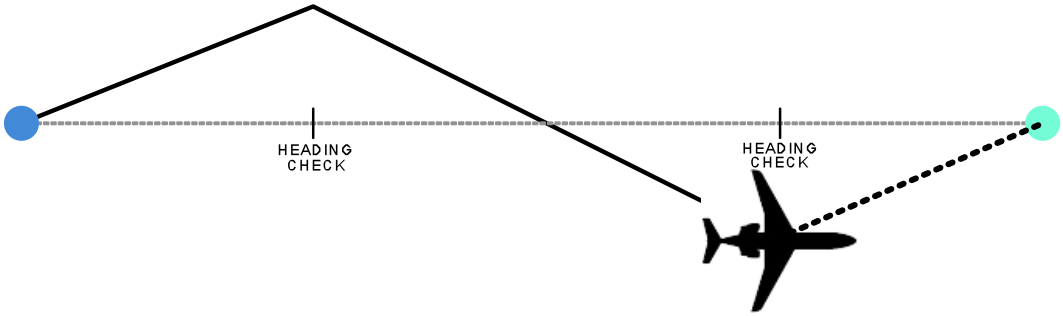


Figure B: Increased frequency of checking heading reduces deviati on and opti mises effi ciency

Figure C: Infrequent health checks lead to reduced wellness and increased acute admissions

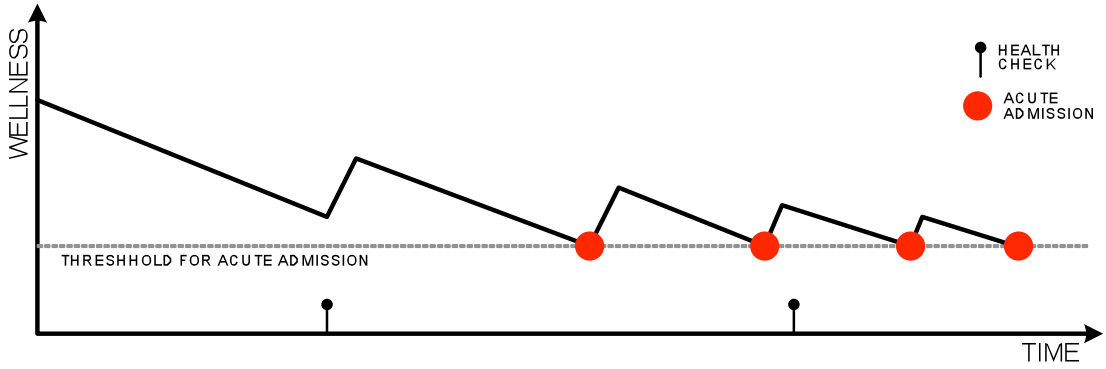
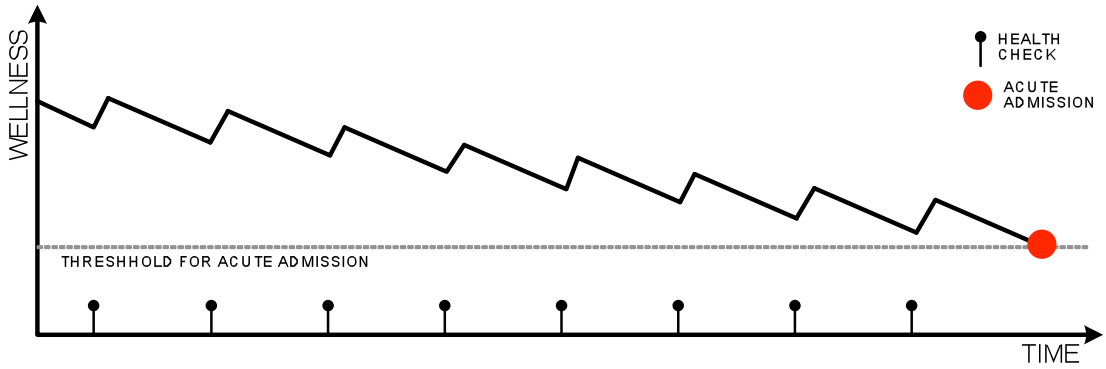


Figure D: Increased health check frequency opti mises wellness and reduced acute admissions



Each acute admission is estimated to cost approximately $20000.

HealthCube®

HealthCube: Who we are

HealthCube is a privately held Australian company providing high quality clinical services to the aged care sector. Using teams of carefully selected and trained clinicians, supported by robust quality management systems and secure, robust information technology, HealthCube ensures that the most appropriate care is delivered to the right people, where and when they require it. HealthCube was born in Canberra by two doctors who saw an opportunity to improve the quality of care provided by general practitioners serving the aged care sector.

Quality and transparency are fundamental to our company. A clinical audit review is imbedded in the HealthCube award winning[1] Comprehensive Medical Assessment software. To ensure transparency in the HealthCube service model, HealthCube engaged with the University of Sydney Health Informatics Research and Evaluation Unit [HIREU] to undertake an evaluation of the HealthCube Comprehensive Medical Assessment Service.[2]

HealthCube: Our service model

HealthCube has recently commenced a Preventive Aged Care [PAC] Service. This is a specific aged care General Practice in the Southerland Shire of Sydney. This practice is based on a proactive model of care. This practice is a 'virtual' practice in line with our philosophy of providing innovative solutions to better support medical care for older Australians. As an aged care specific General Practice providing services directly to the resident/patient in their home [in this context the residential aged care facility] there is no reason to encumber the service with a traditional practice model of an office/surgery.

Underpinning our practice is innovative Information and Communication Technology [ICT]. The ICT systems enable the efficient use of practitioner time and workflow processes. At an operational

[1] HealthCube National e-Health iAward 2009: The e-Health award is presented to the most innovative ICT solution that supports superior outcomes across the broad spectrum of services and activities delivered by Health Care professionals.

[2] Dr A Georgiou, Antonia Hordern, Professor J Westbrook An evaluation of the trial of the HealthCube Comprehensive Medical Assessment Service in a residential aged-care facility, HIREU University of Sydney, June 2009

level our model is based around patient consent, proactive care management, carefully selected and trained clinicians [General Practitioners and practice nurses] supported by quality management systems, clearly defined clinical protocols, clinical auditing [undertaken by a Consultant Physician] and innovative information technology that enables information to be shared with whom ever the patient agrees in a true e-health format.

The HealthCube developed and award winning[3] Comprehensive Medical Assessment software [Appendix 1] underpins the proactive model of care delivered in our PAC Service. HealthCube General Practitioners work closely with Residential Aged Care Facility [RACF] personnel, allied health professionals, local specialists, including Geriatricians, and pharmacists to provide a full spectrum of preventive care including enhanced primary care services to our patients.

HealthCube argues that a proactive preventive care model of medical care services in residential aged care will have significant cost savings to State and Territory Health Departments from reduced inappropriate admissions to acute health facilities and significantly improved quality of life outcomes for residents who will be more appropriately managed. HealthCube engaged with the University of Sydney Health Informatics Research and Evaluation Unit [HIREU] to undertake an evaluation of the HealthCube Comprehensive Medical Assessment Service.[4] One of the key findings of this evaluation was:

An estimated 5 – 10% of residents undergoing a CMA during the trial were reported to have previously unidentified or unresolved health issues requiring action. Examples included an elderly female resident whose breast cancer had not been previously detected, several instances of poly-pharmacy involving unnecessary prescribing, and residents with hearing, sight or allergy complaints that were impacting on their health and well-being.

[3] HealthCube National e-Health iAward 2009: The e-Health award is presented to the most innovative ICT solution that supports superior outcomes across the broad spectrum of services and activities delivered by Health Care professionals.

[4] Dr A Georgiou, Antonia Hordern, Professor J Westbrook An evaluation of the trial of the HealthCube Comprehensive Medical Assessment Service in a residential aged-care facility, HIREU University of Sydney, June 2009

HealthCube®

An Aged Care Intervention Strategy

As most General Practitioners would agree the current funding model provided under the Medical Benefits Scheme [MBS] for medical services to residents residing in RACF is totally inadequate and inappropriate. The derived fee structure discriminates against residents in aged care facilities with a total disregard to the complexity of their health requirements by discounting the remuneration to GP's thus trivializing the nature of medical care required by our most vulnerable citizens. It is much less complex to review patients in a GP practice so why should there be a fee structure that is a disincentive to GP's to attend patients in an aged care facility? HealthCube is proactive in lobbying the Federal Government in this regard and recently lodged a submission to the Senate Inquiry into Aged Care Funding[5]. HealthCube will be in a position to quantify the complexity of medical care required by residents of aged care facilities with clinical research of the data gathered from its PAC service.

HealthCube's development of advanced medical clinical protocols to support its current practice together with our internal clinical auditing of our medical service adds a level of quality not seen elsewhere in General Practice.

HealthCube currently liaises closely with pharmacies, allied health professionals, specialist services and after hours deputizing locum services. HealthCube has developed detailed processes to support these liaisons. In addition HealthCube has a Memorandum of Understanding [MOU] with Webster Care to share /transfer pharmaceutical information with consent from our patients, between our corresponding software. HealthCube's Comprehensive Medical Assessment software has the capability of further development to link readily with e-Webstercare. HealthCube also has a similar MOU with Autumn Care a patient management system used in many aged care facilities.

[5] Senate Inquiry Aged Care Funding Submission available: www.aph.gov.au/Senate/committee/fapa_ctte/aged_care/submissions/sub122.pdf

HealthCube®

HealthCube is also in negotiations with a large National Medical and Allied Health recruitment company with a view to source 'end to end' human resources to further enhance and support the HealthCube business model for aged care medical service.

Significant benefits

HealthCube can provide significant benefits for the ACT Community, Government and most importantly to the most vulnerable of our population: those residing in residential aged care facilities. Our service is improving health outcomes, reducing unnecessary admissions to hospital, unnecessary transfers via ambulance and reducing the stress to staff, patients and their families by providing timely and appropriate medical care.

HealthCube: ACT

HealthCube is a privately held Australian company providing high quality clinical services to the aged care sector. Using teams of carefully selected and trained clinicians, supported by robust quality management systems and secure, robust information technology, HealthCube ensures that the most appropriate care is delivered to the right people, where and when they require it.

HealthCube was born in Canberra by two doctors who saw an opportunity to improve the quality of care provided by general practitioners serving the aged care sector. The HealthCube developed and award winning Comprehensive Medical Assessment software was developed using a local ACT ICT company. Four of the founding members of the HealthCube Board live and work in the ACT. A significant number of our investors are located in the ACT. The HealthCube Registered Office is located in the ACT.