



National Health Reform 2011 What it means for Aged Care.

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Current problems with the Health and Aged Care system?

- Blame game between State and Commonwealth about responsibilities
- Confusing system for consumers
- Lack of sub acute care beds?
- Under resourced ambulatory services
- Under resourced Residential Aged Care
- Lack of primary Care in Aged Care

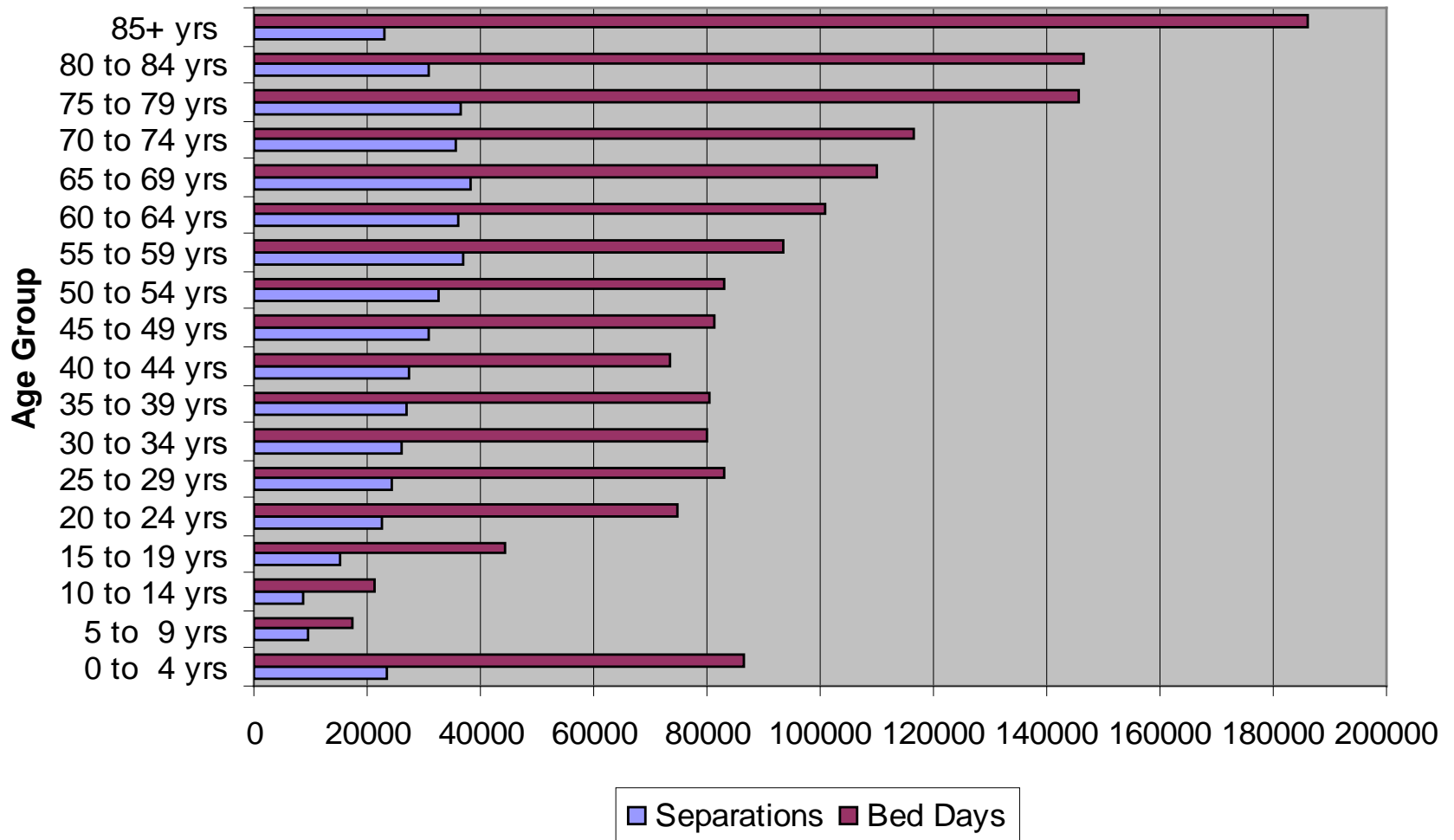


Why does it matter?

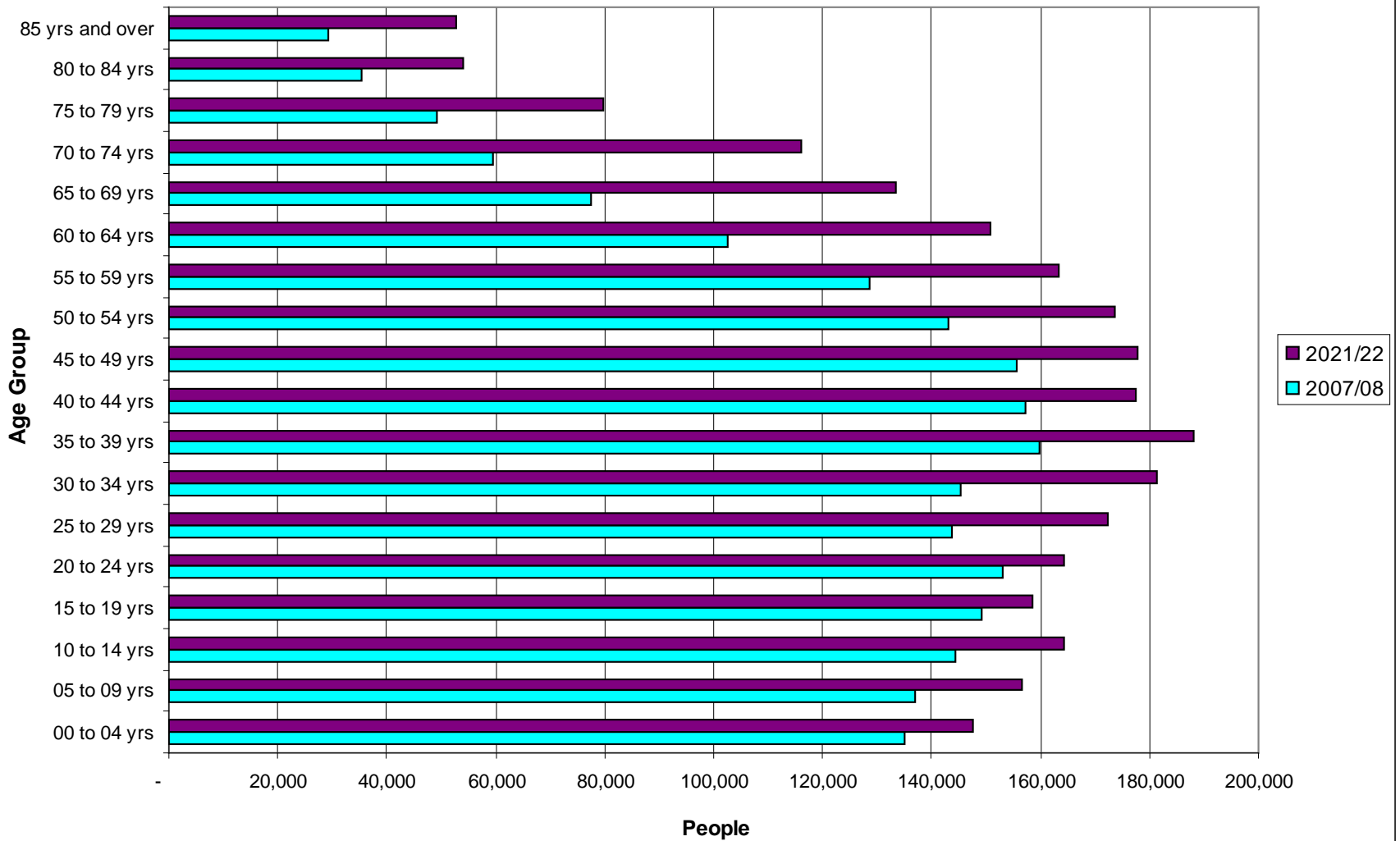




2007/08 Separations and Bed Days by 5-Year Age Groups



ABS Series C Population Projections by 5-year age groups, 2007/08 and 2021/22



Why does it matter?

- Lack of coordination leads to duplication and is costly
- We don't know whether our services are effective
- Acute Care beds are expensive
- Premature entry to residential care is very expensive



The WA Subacute Care (SAC) Plan 2009-13

- December 2008, all states/territories signed National Partnership Agreement (NPA) with Commonwealth (Council of Australian Governments (COAG))
- NPA provided funding for a range of hospital and health workforce reform initiatives, including SAC
- WA received total \$48.6 million for SAC for the four years of the NPA

- NPA requirements include:
 - Development of a state-wide implementation plan for the SAC funding
 - Demonstrated 20% increase in SAC activity for the four years of the NPA
 - Engagement in development and application of nationally agreed KPIs for SAC and reporting standards for non-admitted care
- The WA SAC Plan 2009-13 directs funding to projects classified under the SAC domains across WACHS regions and metropolitan area



Has it delivered new services?

- Stroke Unit at OPH, Bentley
- PD service SMAHS
- 10 beds at Bunbury
- RITH/Homelink
- Psychogeriatric Services to WACHS
- GEM Units SCGH and FH
- FLIP





Healthcare Agreement 2011

- Full funding and responsibility for Aged Care taken by Australian Government
- “One Stop Shops” – linked to Local Hospital Networks
- HACCC exclusively administered by Commonwealth (not yet agreed in WA)
- State responsible for funding services for younger people



\$166.4million for Subacute Care

- Capital and recurrent expenditure
- 135 additional subacute beds across WA
- WA Plan yet to be agreed

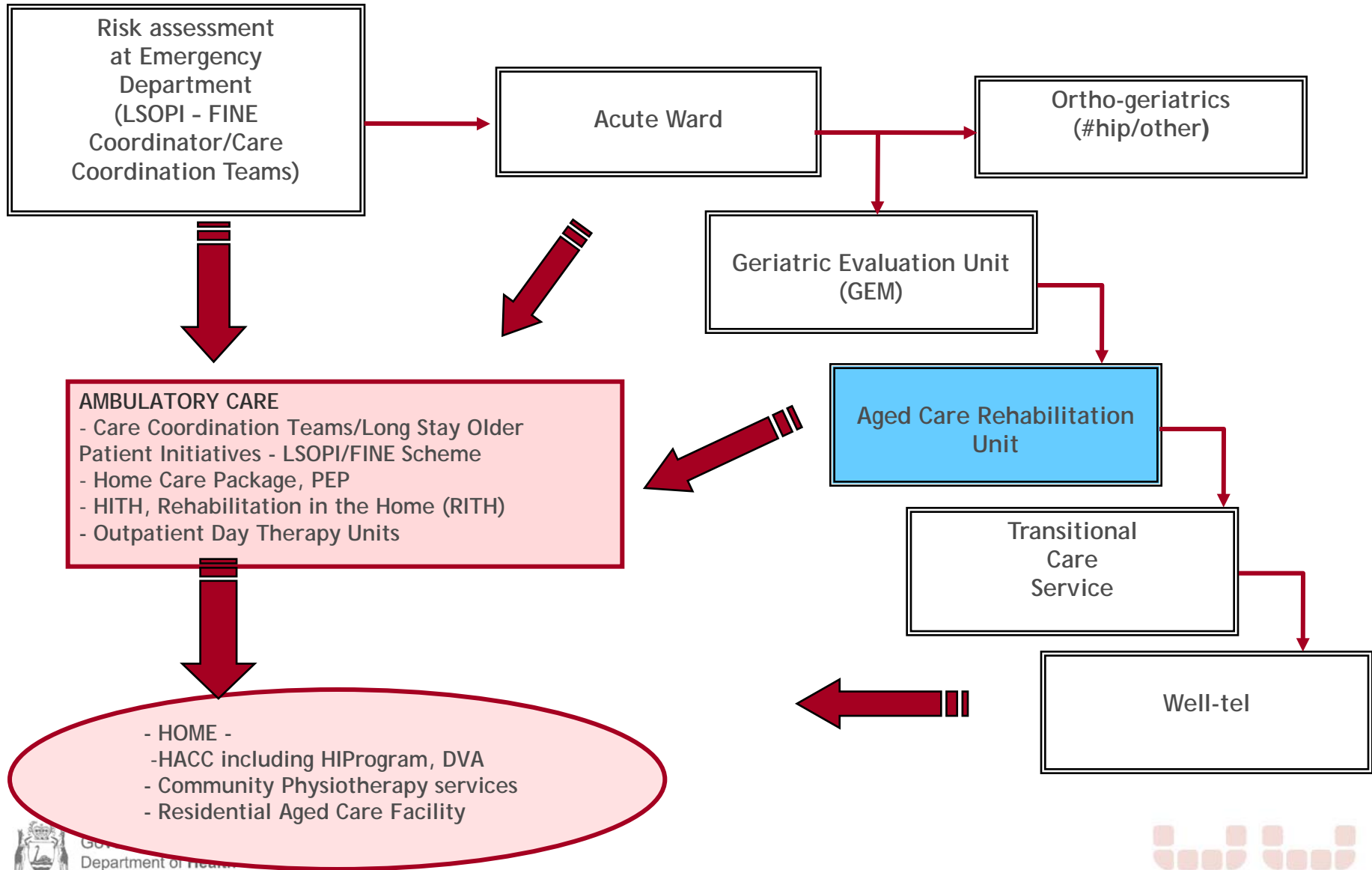


ABF and Outcomes

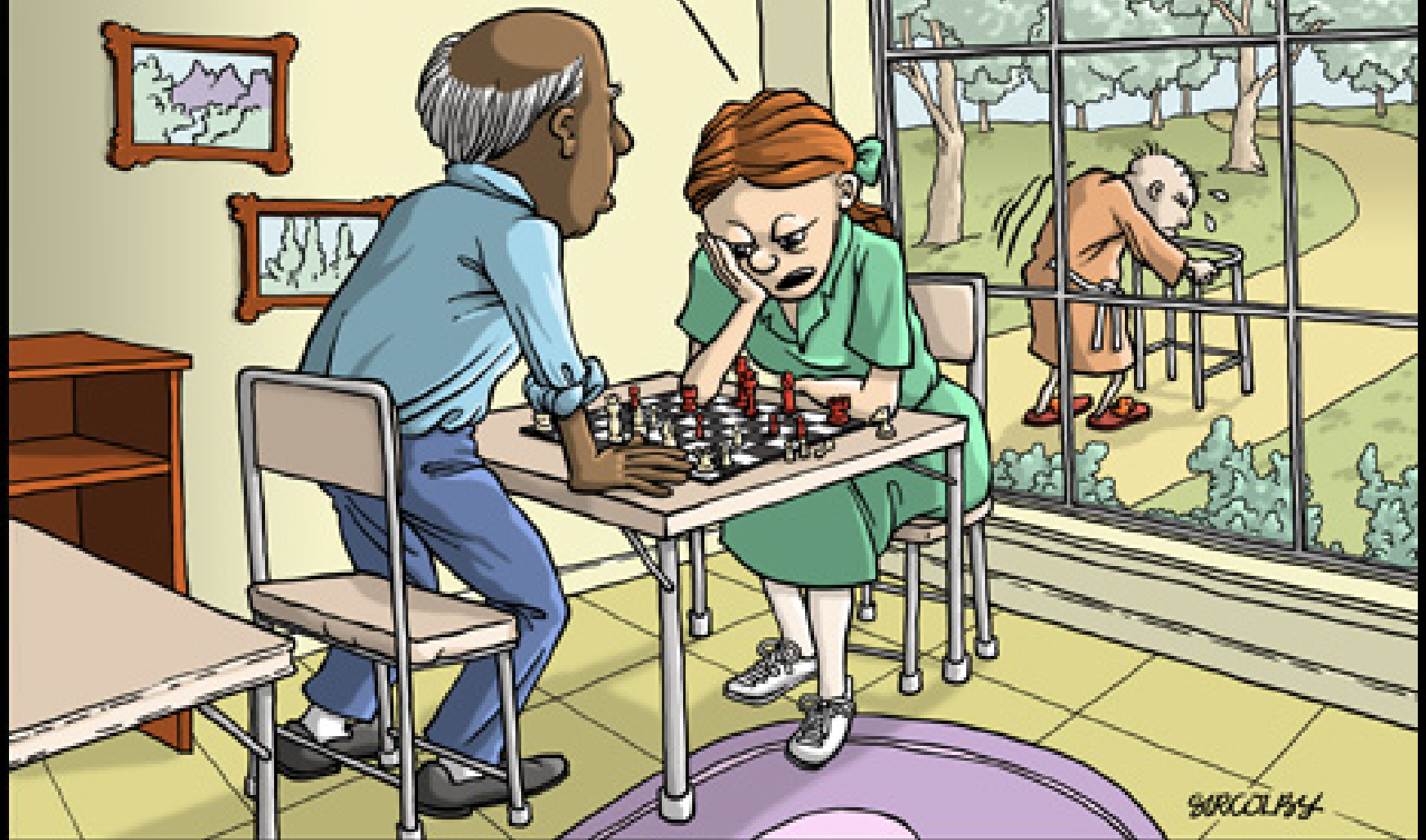
- Incentives to achieve quality care at an “efficient price”
- Is this going to change our models of care in WA?
- How do we know if we are providing good quality care?



REHABILITATION CASCADE - Rehabilitation Model of Care 2008



RELAX! WE'LL GO GET HIM
AFTER WE FINISH THE GAME



SIRCOLBY

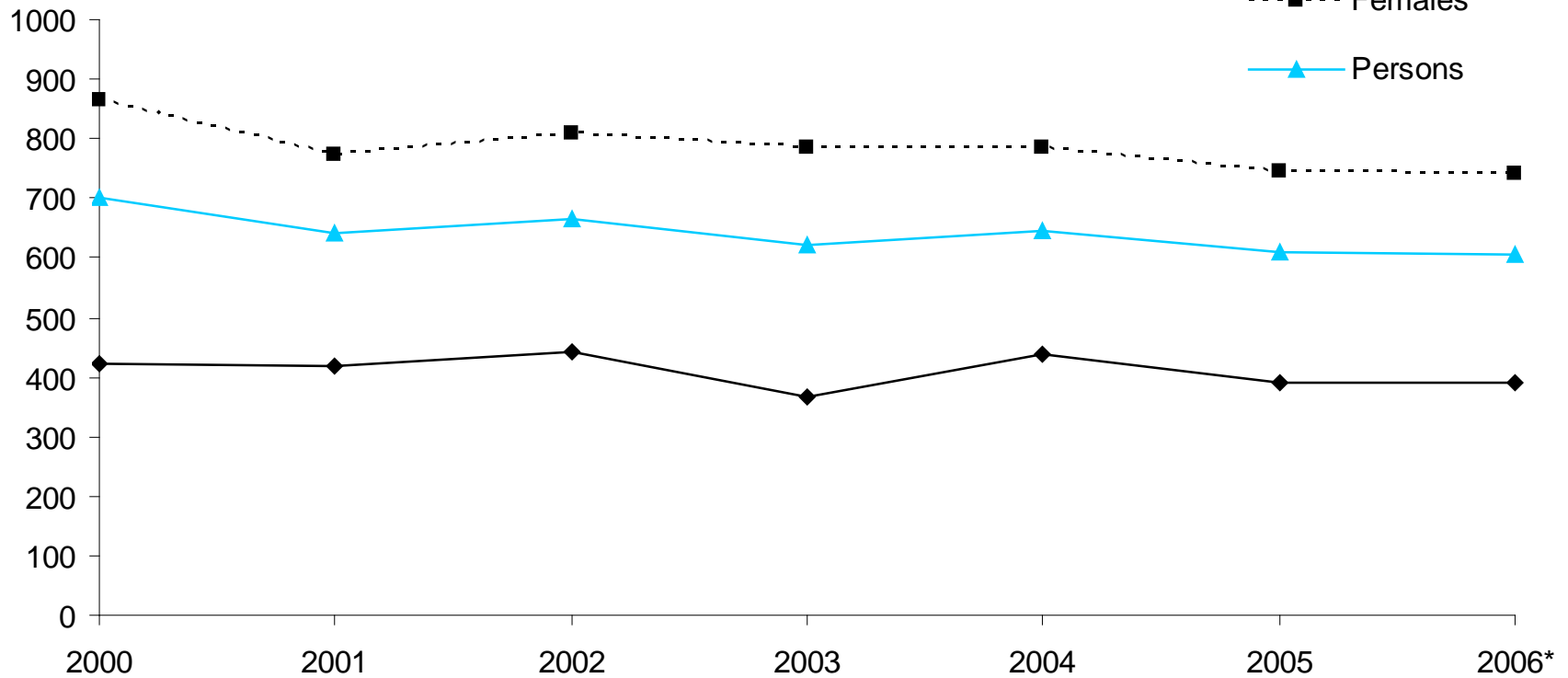
YET ANOTHER ESCAPE ATTEMPT FROM THE NURSING HOME.

Hip Fracture

- Common condition – large volumes
- Good evidence worldwide on effective models of care
- Measurable outcomes
- Good quality care is more cost effective than poor care



WA Falls related Fractured Neck of Femur Rate per 100,000 persons 65 yrs and over



Acute Care

- Timely access through ED – Aligns with Four Hour Rule
- Timely access to theatre
- Orthogeriatric review (in place at the three tertiary hospitals)
- Early access to allied health
- Early access to rehabilitation
- Secondary Prevention



Hospital	Separations	Average Acute LOS	Average Rehab LOS	Average Total LOS
A	528	12	22	21
B	540	8	18	18
C	486	7	22	18



	Seps	Mean LOS	Mean Admit MBI Score	Mean Discharge MBI Score
D	127	21	50	69
E	208	16	57*	88*
F	129	30	58	78



Need to measure clinical outcomes

- Time to ward < 4 hours
- Time to Theatre < 24 hours
- Time to mobilisations < 24 hours
- Time to Rehab < 48 hours
- Acute LOS
- Rehab LOS
- Mortality – National indicator
- (? Unexpected Death better)
- % Discharge to original residence



UK National Hip Fracture Database

- Measure small number of variables on all hip fracture cases
- Agreed indicators
- Best Practice Tariff
- Publish each hospital's data in annual report
- Have shown improvement in quality and cost outcomes over last 2 years





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Accountability

- Commonwealth/States
- Hospital performance
- Department performance
- By DRG
- Effectiveness of services - OUITCOMES





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