



Outpatient Care – A look to the future

“Setting the Scene”

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The critical question

Are we putting the patient first?



Or is it all about us?

Keeping patients, with old ways of working that suit us?

Outpatient Care – initial observations

- In considering today's topic 'How to drive innovation in Outpatient care?' the following features have struck me:
 - Difficulty in definition – Outpatients is a mode of care
 - Difficulty in measurement of Outpatient care
- There exists a lack of focus – Outpatients / ambulatory / non-admitted ...???
- There exists a lack of definition and therefore measurement
- There exists examples of both terrible and wonderful patient experiences
- Examples of innovation / examples of “tradition”

Outpatient Care – initial observations

- It has capacity to contribute significantly to improved health care access and outcomes
 - Defines the service and measures this in terms of quality, outcomes, value for investment
 - Strengthens its focus on the patient journey and care pathway, seeking out and responding to what is best for the patient and family
 - Building partnerships with the primary care sector to allow “care closer to home”
 - Reach out and use the modalities now available

What is Outpatients?

Outpatients is:

“Patient-centred care of an individual who is not an inpatient in a healthcare facility and whose care is delivered by a provider at that facility. Outpatient care may be provided through face to face contact or via telemedicine. Outpatient care may involve consultation or an intervention or minor surgical operation. Outpatient care may be provided by medical, nursing or allied health staff.” - Senate definition

“An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital.” – Specialist Outpatient Services Access Policy

These differences demonstrate the different perceptions and understandings of Outpatients in the system.

Patient Experience 1. - Accessing Outpatients

A mother of four from the country has a child requiring paediatric services. This requires appointments with various clinicians – medical and allied health.

The trip to Perth is an ordeal that takes her away from her other children for two nights at a time, usually with little certainty around appointments which are left to her to coordinate.

Trying to coordinate and align all the appointments defies this mother and in seeking help she also identifies her fears in leaving her children with her husband who has a history of family violence.

She has support from PATS and arrives in Perth. She waits overnight and eventually sees the registrar, who she has never met before and is likely will not see again. The total appointment lasts only 15 minutes and she and her child are then sent home again with a referral to another person on another day.

Accessing Outpatient services can be disruptive, frustrating and unresponsive to consumer needs.

A Significant Investment

- In the acute space, there is clarity about service definition, measurement and performance monitoring. For example:
 - Inpatient episode by DRG
 - NEAT and NEST
 - KPIs and Performance Indicators such as infection readmission rates etc.
- The same can not be said for outpatients – where we are investing approximately \$660M for 2015/16 – 14% of the total ABF budget

Table 3.2: Individual occasions of service for outpatient care, public hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%) ^(a)	
						Average since 2009–10	Since 2012–13
Allied health	3,848,123	3,907,927	4,059,527	3,742,253	2,691,638	-0.6	-1.5
Dental	864,430	886,157	451,846	916,932	507,697	0.0	10.0
Dialysis	50,045	23,235	19,471	155,585	25,340	-16.0	-9.3
Endoscopy and related procedures	54,723	63,404	59,507	67,329	62,683	3.5	-1.8
Other medical/surgical/diagnostic	11,972,166	11,801,283	12,277,240	13,205,471	10,686,818	0.9	-4.2
Mental health	1,577,636	1,862,172	1,408,822	1,424,962	2,240,308	26.3	57.2
Alcohol and drug services	1,602,611	1,523,305	1,389,201	1,421,283	1,563,803	0.8	17.3
Total individual outpatient care	19,969,734	20,067,483	19,665,614	20,933,815	17,778,287	2.5	3.3

(a) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

Table 3.3: Individual occasions of service for outpatient care, public hospitals, states and territories, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales	8,553,474	8,321,128	8,699,662	9,273,678	9,853,698	3.6	6.3
Victoria ^(a)	3,876,199	4,189,788	3,061,986	3,731,232	n.a.	n.a.	n.a.
Queensland ^(b)	3,529,669	3,393,409	3,395,415	3,358,638	3,090,556	-3.3	-8.0
Western Australia	1,981,773	2,100,650	2,326,343	2,072,359	2,215,849	2.8	6.9
South Australia	1,163,733	1,157,833	1,189,327	1,180,699	1,105,987	-1.3	-6.3
Tasmania ^(c)	336,559	359,870	328,694	308,965	386,425	3.5	25.1
Australian Capital Territory ^(d)	381,720	397,617	489,025	813,192	929,485	24.9	14.3
Northern Territory	146,607	147,188	175,162	195,052	196,287	7.6	0.6
Total^(e)	19,969,734	20,067,483	19,665,614	20,933,815	17,778,287	2.5	3.3

(a) For 2011–12, data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service for *Dental* and *Mental health services*. For 2013–14, Victoria did not provide counts of occasions of service for non-admitted patient care to the NPHEd.

(b) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(c) From 2010–11, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In 2009–10, these were included in Tasmania's public hospital counts.

(d) From 2011–12, outpatient care data reported for the Australian Capital Territory differ from previous years due to the inclusion of public hospital non-admitted/outpatient services delivered in the community.

(e) Changes over time have been calculated by excluding data for Victoria in 2009–10 and 2012–13.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NPHEd.

From a Purchaser's Perspective

- From a purchasing perspective
 - Price, Volume, Quality are key tenets of purchasing
 - Definition
 - Measurability
 - Outcomes
- What value is derived from Outpatients?
 - Is some of this discretionary / unnecessary?
 - Is it our role, or are we crowding out the private / NGO sector?
 - What should it cost?
 - Why does it cost more in WA?

Patient Experience 2. - “Mick”

“Mick” is a 48 year old shearer from the Great Southern who was without family support, and had lived a hard life, without prioritising his health.

Mick has been a long term inpatient of RPH due to a severe case of necrotising fasciitis. However he had no insight into how serious his condition was or understanding of the consequences of the disease. The longer he remained in hospital the more dissatisfied and non-compliant he became.

Eventually Mick was discharged to his local regional hospital with supervision provided through the RPH Plastic Surgery Telehealth service, and then discharged with outpatient services still through RPH.

Telehealth outpatients allowed Mick to return to his home. He has now moved to a different part of the state and all the while receiving continuing care through a telehealth Plastics service from his new location.

An example of seamless Outpatient care delivered within a telehealth setting.

The Role of Technology?

- eHealth
 - Information systems
 - Diagnostic tools
 - Videoconferencing
- Power of people and technology (telehealth / ETS)
 - Connects clinicians
 - Contextual / environmental fit
 - Timely
 - Education
 - Governance

Outpatients and Primary Health Care

- The linkage between Outpatients and primary care providers needs investment.
- What role should Outpatients have?
 - Return of the patient to the GP or primary care provider?
 - Supporting GPs and others to care for the patient using the specialist, rather than patients being rescheduled into Outpatient appointments?
- KPIs that purposefully reflect movement into primary care rather than increasing occasions of service in Outpatients

Patient Experience 3. - Poor Coordination

A 65 year old man from a small country town was facing a third amputation of his lower leg. He has been diabetic for over 15 years. He had developed severe complications and pain. His amputation site had become infected, which recently required fortnightly attendances over a number of months at a teaching hospital for wound care. There were no “close to home” options for this man and the round trip journey was 6-8 hours. In addition, appointment delays could make that 10-12 hours.

His pain and disability were impacting on his sleep, marriage and ability to maintain his small business as a postal/courier service much needed by the local community.

Patient Experience 3. - Poor Coordination

On more than one occasion he arrived for an appointment suffering from severe pain and significant difficulty walking. On many occasions he was told to come back on another day.

In all his 15 years with diabetes, hundreds of health care encounters including outpatient visits, he had never been referred to a diabetes educator, nor had anyone sought to coordinate his care or address the significant issues now contributing to his third partial amputation.

In this case, access to a local nurse practitioner to coordinate his care and address his underlying issues of smoking, pain and depression, along with access to telehealth wound and diabetes care from the teaching hospital resulted in his health improving and avoided the next partial amputation.

If we are putting the patient and the public first - what would the Outpatients service look like if:

- Access and timeliness were important?
- Patient experience and quality of care were important?
- Value and efficiency were important?



If we really put the patient and public first, what will Outpatients look like in the future?

... PS did I mention telehealth?