The Health System context for delivering chronic care

Health System Reforms

1800’s

Improvements in Public Health

1842 Anaesthesia
1867 Antiseptic Surgery
1876 Bacteria
1892 Diphtheria antitoxin
1895 X-rays
1898 Viruses
1896 Radiation
1899 Aspirin
1872 Chloroform used in surgery in WA
Health System Reforms

1800’s
- Improvements in Public Health

1900’s
- Infectious Diseases: Many became preventable and cures found

1900’s
- Vaccines developed for:
  - Diphtheria
  - Whooping cough
  - Tuberculosis
  - Tetanus
  - Yellow fever
  - Typhus
  - Influenza
  - Polio
  - Rubella
  - Measles
  - Chicken pox
  - Mumps
  - Pneumonia
  - Hepatitis A and B
  - Meningitis
  - (Smallpox eradicated)
  - (Leukemia-fighting drug)

- 1899: Women’s vote
- 1914: World War I
- 1929: The Great Depression
- 1939: World War II
- 1943: Penicillin
- 1944: Unemployment and sickness benefits
- 1944/9: Medical Benefits scheme
- 1946: Public Health system open to all WAs not just destitute
- 1958: (Royal) Perth Hospital
- 1958: Chest Clinic; 1963: SCGH
- 1982: First AIDS case recorded
- 1983: Medicare
1900’s ‘CURE’ Approach
Reactive, Episodic, Didactic

- Instructions, medications, treatments, compliance

Health System Reforms

<table>
<thead>
<tr>
<th>1800’s</th>
<th>1900’s</th>
<th>2000’s</th>
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<tbody>
<tr>
<td>Improvements in Public Health</td>
<td>Infectious Diseases: Many became preventable and cures found</td>
<td>Chronic Conditions from ‘CURE’ to ‘CARE’ and Prevention</td>
</tr>
</tbody>
</table>
Australians with Chronic Condition(s):
Australian Institute of Health Welfare (AIHW), 2006

Living with Chronic Condition(s) 75%
Not ~ 25%

Living Longer with a Condition

Projected fatal and non-fatal burden of major disease groups, 2010

Cancers
Cardiovascular diseases
Nervous system and sense disorders
Mental disorders
Chronic respiratory diseases
Diabetes
Injuries
Musculoskeletal diseases
Gastrointestinal diseases
Digestive system diseases
Infectious and parasitic diseases
Congenital anomalies
Neonatal conditions
All other causes

Australia’s Health in 2010 – In Brief, AIHW, 2010
Multiple Chronic Conditions

Inequity in Health Status

Aboriginal people are 6.6 x more likely to die of Diabetes than non-Aboriginal people.
CHRONIC CONDITIONS and link to Preventable Risk Factors

<table>
<thead>
<tr>
<th>Chronic conditions</th>
<th>Tobacco</th>
<th>Physical inactivity</th>
<th>Alcohol misuse</th>
<th>Nutrition</th>
<th>Obesity</th>
<th>Hypertension</th>
<th>Dyslipidemia</th>
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<tr>
<td>Ischaemic heart disease</td>
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<td>Lung cancer</td>
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<td>Oral health</td>
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Health service delivery – vision and strategic directions

NOW

FUTURE
‘CARE’ Approach
Collaboration, Partnerships

• Holistic, lifelong, team approach to health
• Shared decisions, care plans and responsibility for health outcomes
• Support for self-management knowledge and skills
• Linked to community resources

From systems of episodic ‘cure’
To coordinated, multidisciplinary services of ongoing ‘care’
In partnership with consumers
A multi-level, multi-component, system-wide approach, across the continuum of care is required.
What is the health system AGENDA?

<table>
<thead>
<tr>
<th>PROVISION of HEALTH CARE</th>
<th>The Mission:</th>
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<tbody>
<tr>
<td>FUNDING, RESOURCES</td>
<td>Healthier, longer, better quality of life for all</td>
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<tr>
<td>REGULATION, REFORM</td>
<td>Improving, promoting, protecting</td>
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<tr>
<td>WORKFORCE, SAFETY, QUALITY</td>
<td>Caring for those who need it most</td>
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<tr>
<td>EQUITY, ACCESS</td>
<td>Making the best use of funds and resources</td>
</tr>
<tr>
<td>RESEARCH</td>
<td>= Managing limited resources</td>
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</tbody>
</table>

Reconciling agendas

SYSTEM/ORGANISATIONAL LEVEL: Managing limited resources

CONSUMER LEVEL: Quality of Life

PRACTICE/SERVICE LEVEL: Delivering evidence-based quality care