

## **One State, One Health System, Better Outcomes: Green Paper**

In reading the Green Paper in preparation for making this submission we note that there is considerable emphasis on the tertiary clinical setting. As a consumer organisation we would encourage consideration during the reform process of the interface with other stakeholders within the health sector. By this we suggest allied health and the primary health sector, and also *beyond* the health sector in settings such as the community sector. These organisations are well placed to support the reform process.

COTA also strongly supports the notion of the social determinants of health and encourages a broad consideration of the causes of poor health and the key role played by preventative health in maintaining the health and wellness of the community.

### **Background:**

Tasmania's ageing population is at once a challenge and an opportunity. The trend is not unique to this State, but we are a front runner in our experience of this trend in Australia.

It is important to note that between 2001 and 2011 Tasmania's total population increased by 7.5%. Within the same ten year period Tasmanians aged 65+ years increased by 27% while those aged 80+ years increased by 35%. The 2011 Australian Bureau of Statistics (ABS) Census shows that Tasmania, of all states and territories, has the highest proportion of the population aged 65+ years, with the highest median age at 40 years.

In 2011, one in six Tasmanians were aged 65+ years and in 2020 one in five will be aged over 65 years and in 2030, one in four Tasmanians will be aged 65 years or more. Looking at more localised populations, twelve of the twenty-nine Local Government Areas in Tasmania will have one third of the population aged 65 or more years.<sup>1</sup>

Older Tasmanians are also significant users of the health system. Most have a strong desire to retain their health and independence as long as possible. In fact, in 2012 older Tasmanians identified health and wellbeing as the most important issue as they age.<sup>2</sup>

To achieve this end older Tasmanians need access, convenience and affordability from our health system.

### **Focus of COTA Tasmania's submission:**

As a peak body representing the interests of older Tasmanians, this submission makes general comments on the health system rather than address the specific questions posed;

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<sup>1</sup> COTA Tasmania, *Facing the Future – A baseline profile on Older Tasmanians*, December 2013

<sup>2</sup> Jamieson, L, 2013 Key Issues for Older Tasmanians, COTA Tasmania

many of which seek an individual perspective. We have made every effort to link the comments to specific aspects of the Green Paper to facilitate consideration of perspectives put forward.

### **Formation of a Health Council:**

Minister Ferguson's forward to the Green Paper notes that a key element of the Government's health reform package includes the formation of a new Health Council of Tasmania.

*Given the structural and numerical ageing of the Tasmanian population, COTA recommends that a Geriatrician or Gerontologist be included in the membership of the Council.*

### **Evidence based decision making:**

COTA supports one of the major thrusts of the Green Paper that decision making in respect of the health system should be evidence based. While there is some mention of consumer involvement in the system, it appears that the greatest emphasis in both decision making and monitoring performance is based on clinical outcomes.

*COTA believes strongly that patient experience and consumer evidence should also be integral to decision making and performance assessment.*

In addition, Tasmania is fortunate to have a great asset in the University of Tasmania. UTas could be a valuable partner to explore the distinctions between the Tasmanian health system and those in operation interstate. A fuller knowledge of the uniqueness of the Tasmanian system will support the development of appropriate benchmarks for measuring success in rebuilding Tasmania's health system.

*COTA strongly supports a system that captures evidence from consumers, academics and clinicians.*

### **Consumer Experience and Engagement:**

COTA supports the expressed intent in the Green Paper that consumers play an active role in their health care and that consumers should be at the centre of care.

*"A shift in emphasis to care outside of acute hospitals will enable health consumers to take a more active partnership role in managing their health needs."<sup>3</sup>*

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<sup>3</sup> Rebuilding Tasmania's Health System – Supplement No 3 – Building a Stronger Community Care System, p 3

The principles of consumer centred health care are widely known and accepted. COTA recognises the principles put forward by the Consumers Health Forum of Australia that include:

- accessible and affordable care,
- integrated and co-ordinated care,
- appropriate care for the individual,
- trust and respect,
- whole of person care, and
- informed decision making<sup>4</sup>

Consumer engagement in the health system is valued for delivering positive patient health and wellbeing outcomes together with health system savings.

COTA believes the principle of co-production should be introduced to the process of designing and evaluating the health system in Tasmania. There is ample evidence from the United Kingdom and the within Australia that the incorporation of co-production principles can improve health outcomes, health literacy and create savings in the system. Understanding the consumer experience more fully also has the benefit of identifying factors beyond the health system that contribute to health and wellbeing.

“Social networks, family support; and economic, social and cultural participation promote wellbeing, recovery and effective self-management.”<sup>5</sup>

While we recognise that consumers are invited to participate in the Green Paper consultation process, the paper does not address the mechanisms that will engage consumers on an ongoing basis.

*COTA strongly supports the inclusion of a formal feedback mechanism within the health system that will integrate consumer perspectives in decision making and evaluation. In practice, COTA recommends the formation and funding of a state-wide consumer health alliance. Such an alliance could be charged with the responsibility of talking to consumers at the grass roots level and monitoring the consumer view of how the system is working. This input will be invaluable to the establishment and fine tuning of the health system in our state.*

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<sup>4</sup> Consumers Health Forum of Australia, Principles of Consumer-centred Healthcare

<sup>5</sup> Consumer’s Health Forum of Australia, Jan 2013, Real People and Real Data Project, Literature and Practice Review, Capturing, analysing and using consumers’ health experience narratives to drive better health outcomes.

## Redesigning our clinical services: Navigating the system: (p 23)

The Green Paper proposes that the redesign of clinical services will make it easier for people to navigate the health system by providing information on the care options available.

Naturally this is an important aspect of a well-functioning system. COTA notes the following two points as being critically important in improving consumers' navigation of the health system:

1. Tasmania Medicare Local (TML) has already undertaken a body of work in this area which has involved considerable investment of resources and community effort. It is unclear how the reforms will connect with this existing work. However, building on this sound base will be critical if we are to maximise the collective effort of all stakeholders in the system and not re-invent the wheel.
2. Helping older Tasmanians to navigate the health system requires a thorough understanding of how they currently access information and the barriers that exist to obtaining the information they need. COTA Tasmania is currently finalising a report called *Finding Out: the Information Needs of Older Tasmanians* (funded by the Tasmanian Government as part of the Inclusive Ageing Strategy: Tasmania 2011-2014). There are many lessons contained in the report for improving access to information for older people.

The research project has identified that access to information in Tasmania today is not equal. Our research shows that older people are feeling disenfranchised and are encountering multiple barriers to finding information. There are difficulties with communication, both written and verbal. There are problems with physical access to, and use of, services and activities.

The rising costs of doing business have resulted in more reliance on online access to information and automated telecommunications, rather than face-to-face interaction. This is leading to increasing levels of frustration and isolation of people who would prefer to deal directly with people who know about their issues.

The findings show that technology presents its own challenges, from computer literacy to internet access and mobile phone use. For example, mobile phone and internet usage is less common in the older age groups of our participants (75+ years), while a home land line is still frequently in use. In addition, issues of poor network coverage compound barriers to accessing information, and assistance in an emergency.

*COTA strongly recommends consideration of the Finding Out: the Information Needs of Older Tasmanians.*

## **Greater focus on Primary and Community Care: Preventative Health (p 21)**

COTA recognises the key role played by primary and preventative care in the health system and supports a strong primary and community care system that is accessible, affordable and convenient for all Tasmanians. Consumers are an essential partner in preventative health care and the management of chronic disease. Investment in health literacy programs that target specific audiences will underpin efforts to manage health issues before they present in the tertiary care setting.

*COTA believes there is a strong role for community organisations beyond the traditional health sector in communicating preventative health messages.*

Our organisation has considerable experience with communication models that engage older people in sharing information, promoting discussion and empowering action. Peer education successfully delivered over many years now includes topics such as the use of medicines, identifying and managing depression and elder abuse prevention.

One specific example of how peer education could assist in reducing hospital admissions among older people is fall related injuries. Such injuries are common among older people and are a major cause of pain, disability, loss of independence and premature death. Falls also result in relatively high levels of preventable hospitalisation, often for extended periods, that come at a high cost.

*One in every 10 days spent in hospital by a person aged 65 years and older in 2010-11 was directly attributable to an injurious fall. These episodes of care accounted for 1.4 million patient days over the year and the average total length of stay per fall injury case was estimated to be 14.7 days.<sup>6</sup>*

Recent data presented at the Australian Association for Gerontology Conference in 2014 also highlighted the fact that there are a significant number of emergency ambulance calls that are made by people who need assistance to get up from a fall but do not require further medical assistance.<sup>7</sup> The financial costs associated with the treatment of fall related injuries are substantial as are the social implications for the individual involved. It is clear that intervention to limit the number of falls being experienced by older people in our community has the potential to significantly reduce costs within the health system.

In recognition of the substantial financial and personal costs caused by falls in older Tasmanians, the Department of Health and Human Services has made a substantial investment in falls prevention through the development of the Stay on Your Feet resources.

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<sup>6</sup> Australian Institute of Health and Welfare, Clare Bradley, Injury Research & Statistics Series No.84, Trends in hospitalisations due to fall by older people, Australia 1999-00 to 2010-11, 2013

<sup>7</sup> Burton, E and Lewin G, C, "Do older home care clients need to be helped off the floor", 47<sup>th</sup> Australian Association of Gerontology National Conference paper, November 2014

The package of resources is comprehensive and provides excellent advice for older people in the community. Other jurisdictions have also produced similar resources that are also well supported by successful research.

Notwithstanding this fact, indications are that community awareness and knowledge of preventative measures is still relatively low and participation in interventions recommended by health professionals is often not sustained.<sup>8</sup>

The addition of a peer education component to this program would assist in further disseminating this information to the target audience and increase awareness of the recommendations contained within the resources. COTA Tasmania has delivered peer education modules in related areas in the past and currently has a team of volunteer experienced Peer Educators who could engage in such a project.

### **Better Access to Care vs Access to Better Care: (p 16)**

The Green Paper poses a question about how consumers might find out about available travel support and services. The *Finding Out: the Information Needs of Older Tasmanians* referred to above, is relevant to this question and COTA strongly recommends consideration of the report findings.

If Tasmania is to adopt a regionally based health service delivery model proposed in the Green Paper there will need to be a shift from the existing communication approach around ancillary services. Currently it would appear that information is provided on a need to know basis.

*COTA believes that transparency about the support that can be expected to help people access health service outside their community will be critical to community acceptance of this approach.*

COTA also acknowledges the importance of family and friends in supporting older Tasmanians to access health services. This support results in considerable savings to the health system and needs to be acknowledged. Where patients are experiencing economic disadvantage then transport and accommodation assistance should be readily available for patients and carers to access health services. There are also further implications here if the Tasmanian health system moves to a heavier reliance on specialist services located interstate.

Consideration should also be given to the social dislocation experienced by patients and carers who require prolonged treatment away from their community.

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<sup>8</sup> Hill, K, Australian Ageing Agenda, Call to action on falls prevention, Australian Ageing Agenda, 25 March 2014

### **Role of DHHS in Improving Quality of Care: (p 17)**

COTA recognises a role for the Department of Health and Human Services (DHHS) as a health system manager. The Green Paper identifies a need to strengthen this role. COTA is concerned about the capacity of the DHHS to fulfil this extended role given the current level of staff attrition that has resulted in considerable loss of experience and corporate knowledge.

### **Strengthening Private and Public Partnerships: (page 24)**

COTA supports the principle of private and public sector partnerships and notes the role enhanced partnerships can play in improving health outcomes in Tasmania. However, it is not clear how the private health sector is defined in the Green Paper.

*COTA recommends that a broad definition of potential private partnerships that goes beyond clinicians to allow inclusion of community organisations and care providers. As a general observation, thinking outside the box and beyond the clinical setting is likely to enhance the health outcomes of Tasmanians.*

*Consumers should also be seen as critical partners who have a role to play in the development of the health system and its ongoing evaluation. Mechanisms must be built into the system to allow the consumer experience to inform ongoing quality improvement.*

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Thank you once again for the opportunity to be able comment on the Green Paper and we look forward to providing further comment on the delivery of Health Services in Tasmania.



Sue Leitch

CEO COTA TAS

Contact Details

Sue Leitch CEO

[suel@cotatas.org.au](mailto:suel@cotatas.org.au) 0448 281 891m 03 62313265

'Westella' 181 Elizabeth Street Hobart 7000