

Specialist Clinics reform in Victoria – the journey

A/Prof Stephen Lew
Director of Medical Education
Western Clinical School
General Practitioner



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Introductions

- General Practitioner in NW Melbourne
- Previously GP Advisor at Western Health
- Member of DHS Outpatient Improvement and Innovation Advisory Committee
- Western Clinical School, The University of Melbourne
- A/CSD Community Integration & AH



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Structure

- The story of where we have been, where we are going
 - Some history, some numbers
 - A major program of reform
 - Some lessons/wins along the way
- The dream?



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A dark, starry night sky with a bright, blurry object in the center. The text "A long time ago, in a state far, far away...." is overlaid in cyan.

A long time ago, in a state far,
far away....

OUTPATIENTS REFORM



Some background history

- Background numbers
- Traditional Views
- Auditor General report
- Informing the Strategy in Victoria



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The big picture

Victoria in 2008-09

- Population approx 5.1 million people
- 1.25 million Surgical/medical OP encounters
(About $\frac{1}{2}$ surgical, $\frac{1}{4}$ medical, $\frac{1}{4}$ O&G)
- 0.60 million allied health encounters
- 19.3 million GP attendances* for 5966 GPs^
- 1 Victorian astronaut, maybe, in 1971

- *[http://www.healthyactive.gov.au/internet/main/publishing.nsf/Content/80970D8EA0F1343CCA2576200009B086/\\$File/tablee2.pdf](http://www.healthyactive.gov.au/internet/main/publishing.nsf/Content/80970D8EA0F1343CCA2576200009B086/$File/tablee2.pdf)
- ^<http://www.phcris.org.au/divisions/sbo/detail.php?id=505>



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Traditional Views



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Traditional Views if on TV

- Dr Who
- Australian Idol
- Ramsay's Kitchen Nightmares
- Australia's Next Top Model
- Who's coming, when?
- Takes too long for unsatisfying outcome
- @ *#!+##\$?>&@\$^%!
- Maybe soon...



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***OUTPATIENTS
REFORM***

'Launching' Outpatient reform

- Greater emphasis on care in the community
 - Hospital Admission Risk Program
 - New service delivery methods/models
 - 'Pre-hab' for orthopaedic clinics
- Greater support for GPs
 - General Practice Liaison Program
- E Health
 - Healthsmart and other programs
- Previous successes
 - Elective surgery, Emergency demand strategies
- Funding for Outpatient reform
 - 44 million over 4 years from 2007-8



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'Launching' Specialist Clinic reform

- Auditor General Report June 2006
 - Access – electronic booking, referral guidelines, measures of access (incl waiting times)
 - Data – service profiles, activity, demand, benchmarks
 - Funding – review of Funding model VACS, MBS
 - Flow – urgency, prioritisation, internal guidelines, discharge, new/review
 - Experience – teaching time



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http://archive.audit.vic.gov.au/reports_par/agp113cv.html



Feedback to inform Specialist Clinic reform

Consumers

- Low expectations
- Parking
- Signage
- Physical environment
- Communication
 - GP and expectations
 - Letter: map and reference to having to wait
 - Waiting time in clinic
 - Fact sheets about condition

Staff

- A place to work
- 'Dumping ground'
- Less exciting area of work
- Personal enjoyment – friendly workplace
- Management of clinics and triage
- Reception staff – indispensable
- Doctors
 - Lack of commitment
 - Communication with patients



What GPs want from Outpatient Reform (GPV)

- Information - clinics, days/hours of operation, website with clinic waiting times for each urgency rating and referral pathways;
- Agreed urgency criteria for ED, inpatient, and GP referrals
- Contact with clinician with whom to clarify, negotiate, and discuss urgency
- Streamlined referral pathways i.e. not multiple ways/forms
- Compatible electronic communication between outpatients and GP practices
- Notifications of 'No shows', receipt of referral, est time, appt time/date with whom
- Timely reports on progress/management
- GPs to be able to "triage" patients directly onto waiting lists
- Scheduling of "routine" tests without having to schedule specialist appointment eg MRI
- Clear agreed discharge protocol from outpatient services.



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The Outpatient Improvement and Innovation Strategy

- Aims of the Strategy
- Achievements to date
- Valuable lessons
- Where we are headed



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The Aim of the Strategy

- Advisory committee and subcommittees late 2006
- Government/Departmental support – staff dedicated

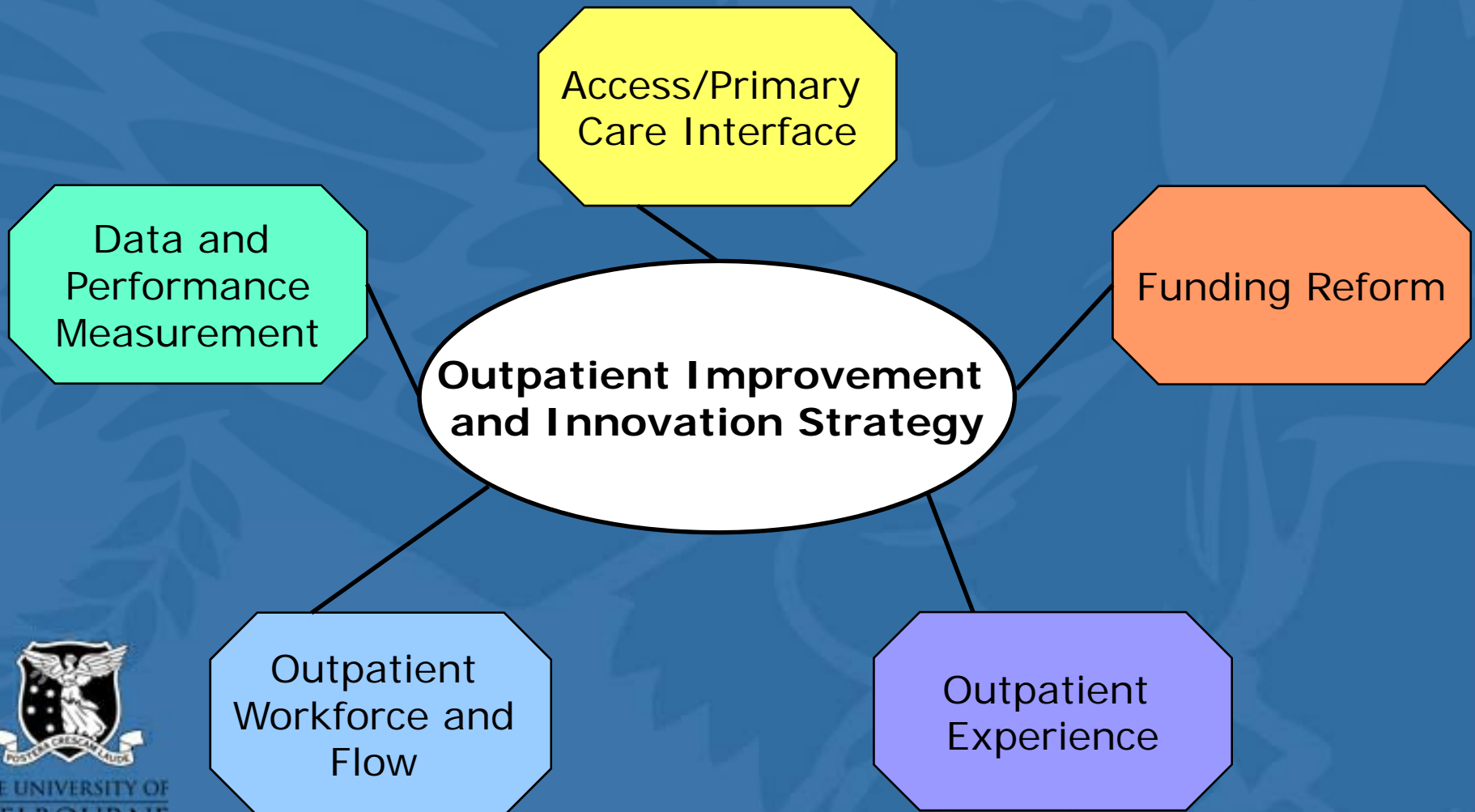
‘To improve the quality and accessibility of specialist clinical services provided to non-admitted patients’



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Towards Reform



Priority Areas

- Improving the patient experience
- Supporting innovation, good practice
- Improving the outpatient journey
- Supporting key enablers of reform
- Supporting IT
- Developing policy and strategic directions



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Achievements to date

Primary Care interface: referral templates, Web based information, Outpatient management guidelines including clinic scheduling

Experience: staff communications training, amenity upgrades, consumer information, signage

Care pathways: care pathway template

Individual Health Service improvement projects: referral guidelines, process redesign etc

Minimum data set trial implemented at 4 Health Services

Funding review undertaken & focus on supporting expansion of Health Service MBS clinics



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One form for all - the Victorian Statewide Referral Form

GP Referral

Referral Date:

GP Review Date:

Feedback Requested (please circle): YES / NO

<p>Referral to:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>	<p>Referring General Practitioner (stamp):</p>
<p>Service requested:</p>	
<p>Patient / client details:</p> <p>Name: Address:</p> <p>Date of Birth:</p> <p>Preferred name/s: Phone: work:</p> <p>Sex (please circle): Male / Female Mobile:</p> <p>Title (please circle): Mr, Mrs, Ms, Miss Email:</p> <p>Alternative Contact:</p>	

Reason for patient referral:

Other Notes (eg current services):

Interpreter required: DVA Number:

Preferred language is: Insurance:

Pension Card Number: Medicare Number:

Consent to referral and sharing of relevant information (please circle): YES / NO

Attach 'Patient Consent Form' if restrictions apply.

Clinical Information:

Warnings:

Allergies:

Current Medication:

Drug name	Ltd. elapse	Strength	Dose / frequency / special

Social History:

Past Medical History:

Investigation / test Results:

And a VSRF + version

- Maternity
- Urology
- (Orthopaedic)
- Generic vs specific
- Autopopulating and incorporated in software



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Improving the patient experience

- Signage and way finding guidelines
- Consumer information materials
- Communication training
- Amenities upgrades

About public outpatient services

Frequently asked questions

What are outpatient services?

Victoria's public hospitals provide services to patients needing specialist medical, paediatric, obstetric or surgical assessment and care. They also provide associated allied health services (such as physiotherapy) and diagnostic testing. These services are generally known as outpatient services, where a consultation or procedure is provided by a public hospital to a person who is not currently admitted to the hospital.

How is an appointment made for an outpatient service?

Patients are referred to outpatient services from a general practitioner (GP) or another specialist. Sometimes patients are referred to outpatients for follow-up after treatment in the emergency department or after an inpatient episode.

Referrals can be made in a number of ways. For example, your GP may recommend a specialist assessment for a particular condition. Your GP will write a referral letter to an outpatient service provided at a public hospital. This referral letter will be to an individual specialist or a group of specialists. Your GP will post or fax the referral to the appropriate outpatient service.

Before allocating an appointment, outpatient services prioritise the referrals they receive based on clinical need. Individual health services have protocols and policies to make sure that patients are seen at outpatient services according to their clinical urgency. GPs play a key role in this process and provide information to the health service in the referral letter about your clinical condition to allow the prioritisation of your appointment.

Once the outpatient service has your referral they will contact you and your doctor, to provide you with advice about your appointment.

How long is my referral valid for?

Referrals from GPs are generally valid for 12 months from your first appointment. **Referrals from a specialist** to another specialist are valid for 3 months from your first appointment.

How will I be notified about my appointment?

You will receive a letter or a phone call from the outpatient service offering you an appointment. You may receive other letters relating to your appointment as necessary, for example some doctors may request that you have special tests completed prior to your initial appointment, such as X-rays or blood tests.

A Victorian
Government
Initiative



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Funding reform

- Evaluation of the current funding system
- Development of a more refined VACS/output based funding system
- Alignment of funding policy with service/policy directions
- Provision of incentives for alternative care pathways/ new care models



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Workforce and Flow

- Development of patient care pathways and interface with the community
- Improved clinical systems and processes
- Organisation and management of clinics
- Advice regarding new and substituted roles
- Examine team based approaches
- Support training and education



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Care pathways

Source: SAAND, May 2008.

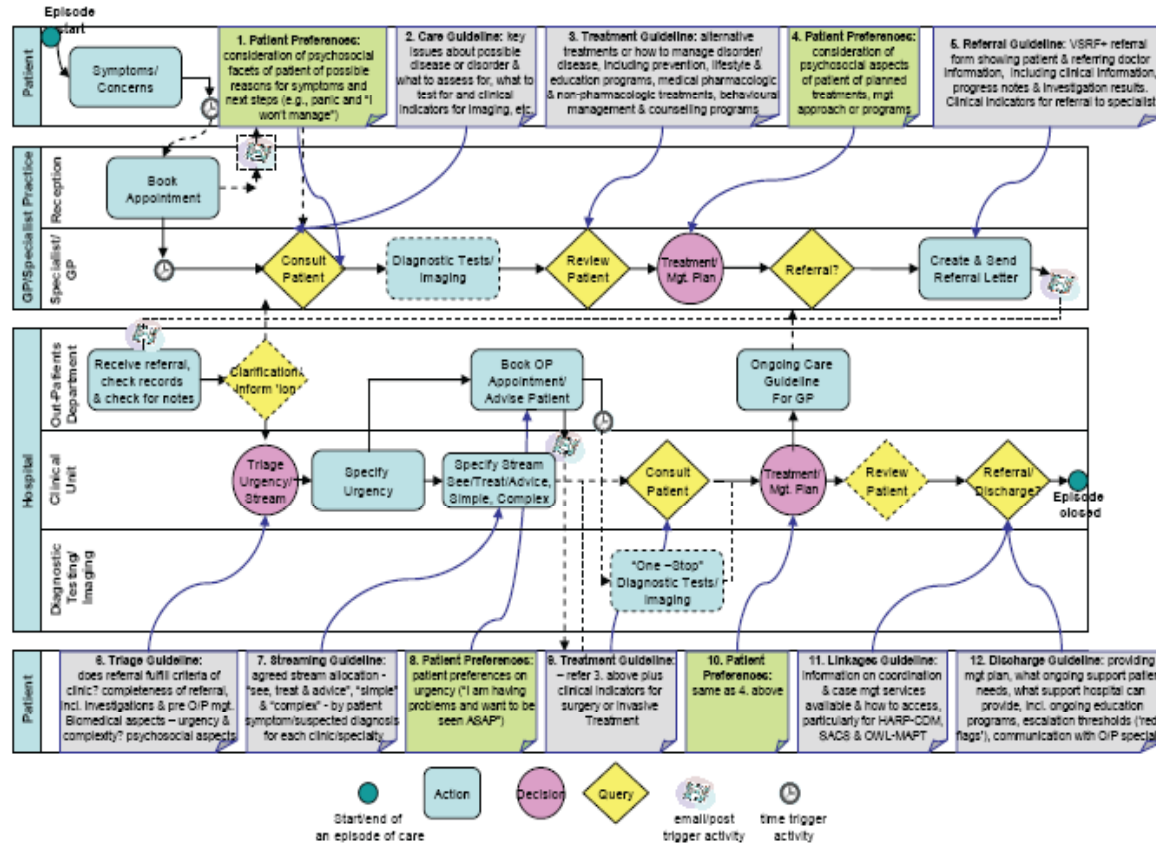


Figure 5. The generic outpatient care pathway template

29 Outpatient engagement and innovation strategy

Achievements to date



..In a world of competing demands, is Outpatients the new black...?



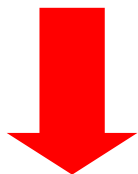
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Implementation of the Specialist Clinics Innovation and Improvement strategy

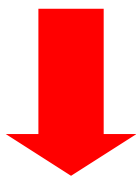
Short Term:

improve the current context and lay foundations



Medium Term:
changes

commence high impact
ref



Long Term:

reform and transformation of health
system

Victorian Public Hospital Specialist Clinics strategic framework

- provides direction for Victorian public hospital specialist clinics
- will assist public health services in the planning, organisation and delivery of services

- **3 key objectives of the framework are:**

Timely access

Patient focus

Sustainable services



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Objective 1: Timely access

Specialist clinics should support timely access to care by:

- Establishing a patient journey standard
- Providing patient care in appropriate setting
- Streamlining patient flow
- Access guideline development
- Discharge guideline development

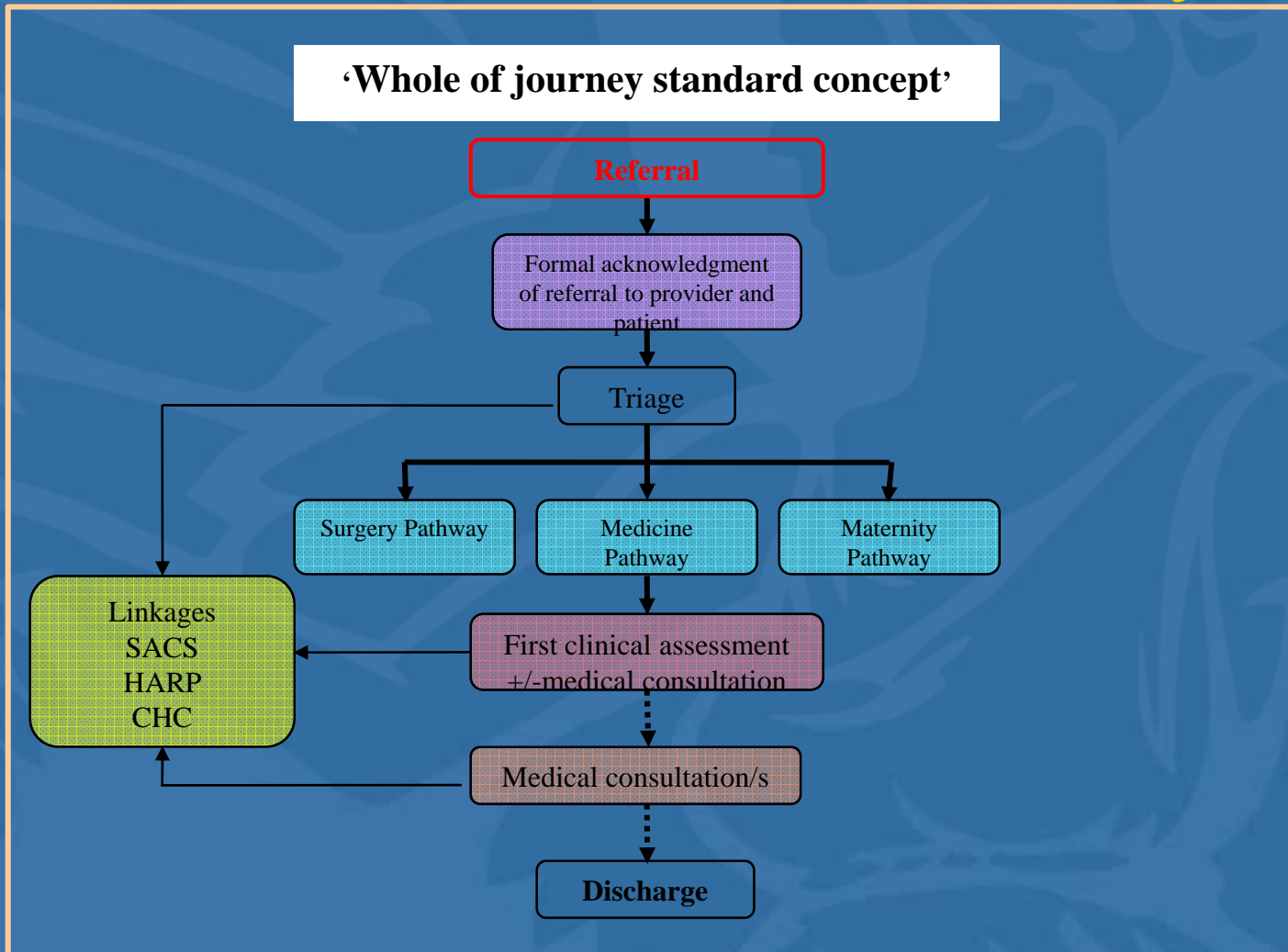


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Whole of Patient Journey

‘Whole of journey standard concept’



Objective 2: Patient Focus

Specialist clinics should support patient focus by:

- Providing patient centred care
- Utilising protocol based care
- Integration of specialist clinics into the broader hospital and health system
- Promoting innovation



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Objective 3: Sustainable Services

Key issues for sustainable services:

- Minimum Data Set
- Funding reform
- MBS funding and support
- Workforce capability



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Activities currently underway

- Redesigning hospital care: specialist clinics redesign
- Phased roll out of VSRF and VSRF+
- Minimum data set & ICT work
- Improvement project funding
- Allied health review
- Development of access guidelines
- MBS activity
- Communication project-recently complete



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www.health.vic.gov.au/outpatients

Victorian Outpatient Improvement & Innovation Strategy - Department of Human Services, Victoria, Australia - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://www.health.vic.gov.au/outpatients/index.htm

Victorian Outpatient Improvement ...

State Government of Victoria, Australia, Department of Health

Victorian Government Health Information

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Specialist Clinics Improvement and Innovation Strategy

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Victorian public hospital specialist clinics provide services to non-admitted patients, including specialist medical assessment, consultations pre and post hospital admission and management of medical conditions, including pre and post hospital admission and management of medical conditions, including chronic disease, ante-natal and post natal care.

The Auditor General completed an audit of outpatient services in 2006. The resulting report [Access to specialist medical outpatient care \(June 2006\)](#) highlighted the need for the Department of Human Services to improve strategic planning and performance in relation to outpatient services.

The Access and Metropolitan Performance Branch has responsibility for the implementation of the Specialist Clinics Improvement and Innovation Strategy (SCIIS) and its associated overarching policy framework. The document [Victorian public hospital specialist clinics Strategic framework - February 2009 \(PDF file 550KB\)](#) has been developed to guide specialist clinics reform.

The specialist clinics strategy has been developed within the context of the [Metropolitan Health Strategy](#) and the department's ambulatory care framework [Care in your community \(January 2006\)](#).

The Specialist Clinics Improvement and Innovation Advisory Committee provides advice and make recommendations to the department on priority issues relating to the access of public hospitals to specialist clinic services in Victoria.

Under the guidance of the advisory committee, sub committee have established to guide and coordinate the delivery of the work plan.

Events

[Outpatient Improvement Projects Showcase Event - 29 September 2008 - Project Presentations](#)

Last updated: 14 August, 2009

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For general enquiries to the Department of Health telephone 61 3 90960000

Done

Microsoft PowerPoi... Victorian Outpatient... AutoPlay

10:52 PM

Future Directions

- Define role & service expectations of Specialist Clinics
- Deliver limited number of high impact changes
 - Improve experience for consumers & referrers through better communication
 - Increased service capacity & reduce waiting times for new patients
 - Individualised appointments for all patients
 - Timely care pathway: introduce concept of first clinical assessment & standardised pathway to first medical consultation
 - Improve monitoring of services



Human systems can have their own chronic diseases

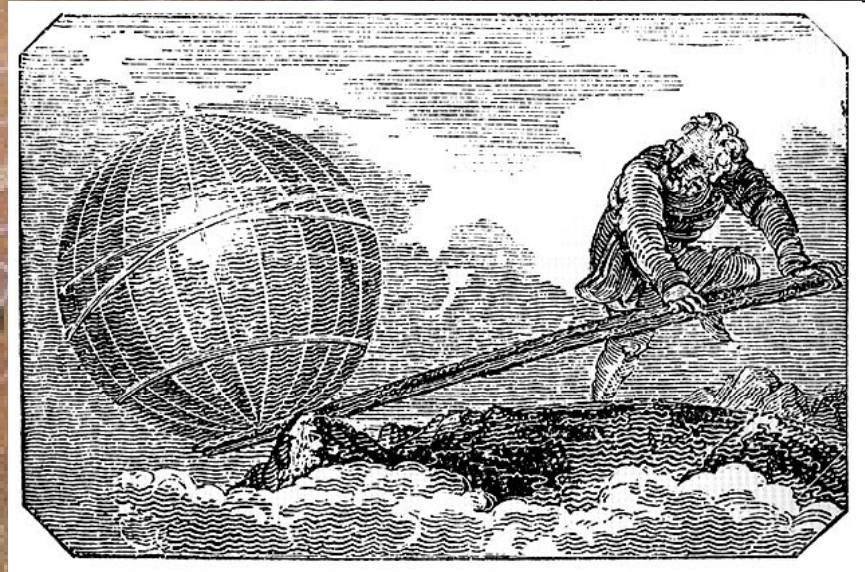
- Projectosis – proliferation of disconnected projects, can become epidemic
- Silosis – the tendency to trap productive activity within single silos, or hospitals, can be endemic
- Anosmosis – when osmosis and generalisability of productive activity are impaired
- When all three are present, usually a fatal condition



Keys to success?

- Department/Government support and leadership
- Clear strategy, one message
- Dedicated staff and health service leaders
- Funding for reform projects
- Some early wins to generate momentum
- Follow through on strategy
- Tap into latent optimism





Give me a lever long enough and I will move the earth

Where are we going?



*“We choose to go to the moon.
We choose to go to the moon in this decade and do the other things, not
because
they are easy, but because they are hard,
because that goal will serve to organize and measure the best of our
energies and skills,
because that challenge is one that we are willing to accept,
one we are unwilling to postpone, and one which we intend to win, and the
others, too.” John F Kennedy 12 Sept 1962*