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# Outpatient services in Queensland: Is Reform or revolution needed?

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# Agenda

- What's wrong
- What is to be done
  - 'Government response'
- Reform vs Revolution?

# What's wrong

- 144,000 people waiting for outpatient appointments as at 1 March 2007
- Some extremely long waits, some patients marked 'never' likely to be seen, not told of waits.
- No management, policy focus.

# Government Response

- \$20m recurrent
  - District plan by 30 September
  - Priority for long wait clinics
- Supplemented by bulk-billing clinics
- Centralised information systems
- Disclosure of true waits
- Improved referral pathways, booking systems

# Contingent funding

- The specified allocations in 2007-08 and out years are the maximum amounts available to the District for the relevant new policy initiatives, subject to achieving the targets specified.
- In the event that a District does not achieve all the targets specified, actual funding to the Area/District/Division will be adjusted proportionate to achievement, .....

# District targets

- The additional funding target is measured in terms of additional new outpatients (in WAUs)
  - Failure to achieve an increase in new outpatients will mean the District will not receive all the allocated funding
- The District has a total WAU target which includes total outpatient activity (in WAUs)

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**All people seen within three months**

# Revolutionary Strategies

- Close outpatients
  - NSW did it
  - Similar services to be provided in private rooms
  - Makes Commonwealth clearly responsible for consequential training and financial access issues
- Withdraw all outpatient funding from hospitals and give to Division of General Practice:
  - Hospitals paid out of this budget by Division for referred patients.
  - Divisions can set priorities, subsidise private specialists if they wish.
  - Ensure hospitals more responsive.
- Neither supported

# Reform Strategies

- Getting to outpatients
- Being an outpatient
- Leaving outpatients
- Managing outpatients

# Getting to outpatients - 1

- Process and flow reform
- Common referral paths across Queensland
  - What patients we see
  - Investigations to be done
  - How we/you set priorities
  - Standard computerised referral processes

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Prostate cancer

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Prostate cancer -  
suspected



Go to NHS cancer  
guidance

History



Examination and  
investigation



Consider differential  
diagnoses



Consider urgent  
referral to urologist



Refer urgently to  
urologist (to be seen  
within 2 weeks)

Go to prostate cancer  
- secondary care

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Examination and investigation



Consider differential diagnoses



Consider urgent referral to urologist



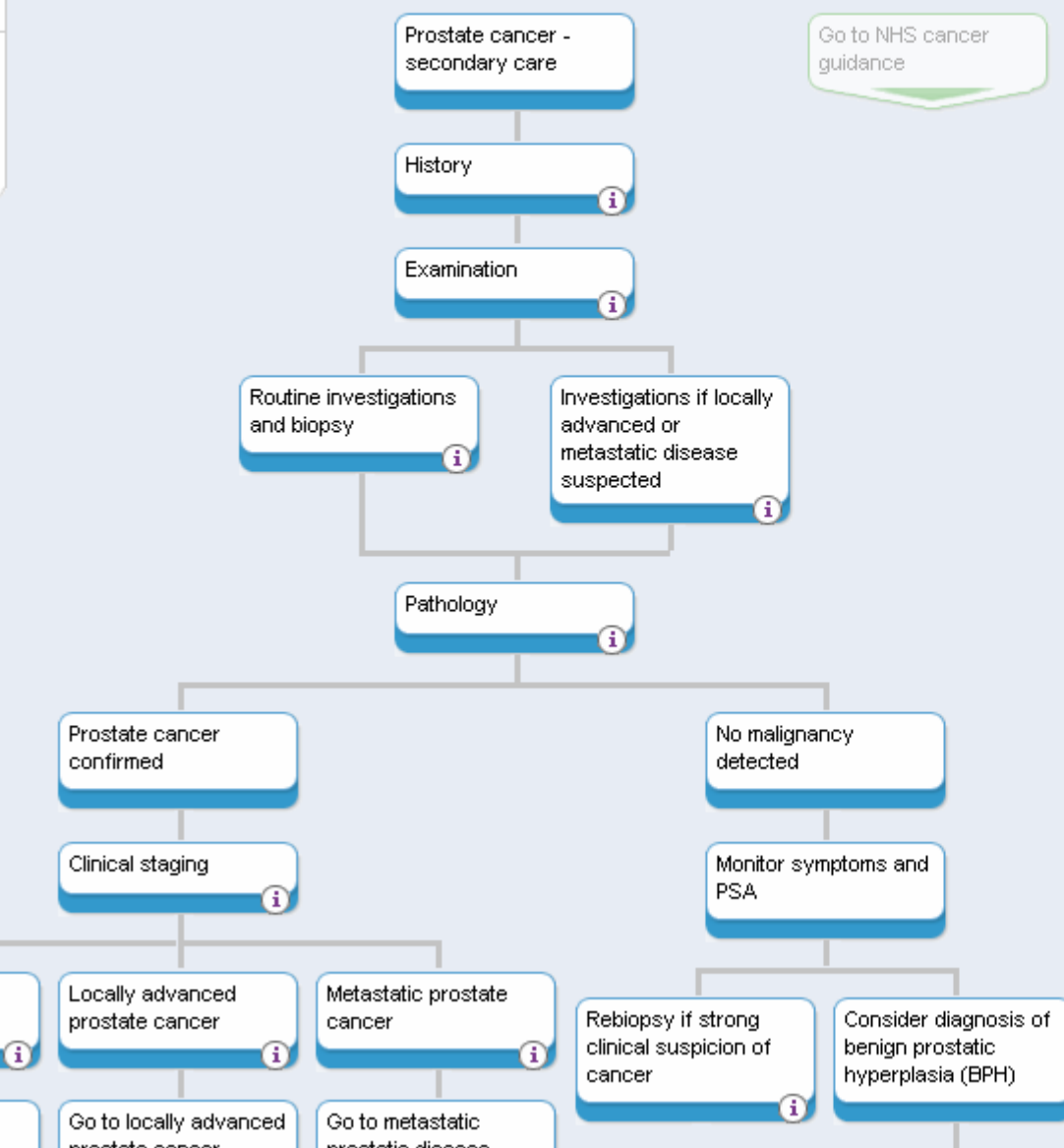
Refer urgently to urologist (to be seen within 2 weeks)

Go to prostate cancer - secondary care

## Examination and investigation

Examination and investigation:

- digital rectal examination (DRE) :
  - can detect tumours in the posterior aspects of the prostate gland
  - assess for:
    - induration
    - marked asymmetry
    - nodularity
  - positive predictive value of DRE is low
  - abnormalities on DRE do not confirm diagnosis, but indicate need for further investigation and referral
- serum prostate specific antigen (PSA)
  - PSA rises with extent of prostate cancer
  - PSA levels vary widely among those with prostate cancer
  - urinary tract infection, prostatitis or prostate biopsy may affect PSA; consider these circumstances to avoid unnecessary investigation
  - PSA testing of asymptomatic patients
  - screening for prostate cancer is not part of the screening policy in the UK
  - it is recommended that a PSA test is performed in those clinically suspicious cases



# Getting to outpatients - 1

- Process and flow reform
- Common referral paths across Queensland
- Direct access for (some/all) GPs to (some/all) hospital based diagnostic tests
- GP secondary consultation
  - GP assessment clinics/processes
  - Upskilling some GPs

# Getting to outpatients - 2

- Patients able to rebook to reduce no show rates
- Centralised booking system (?):
  - 13 number for all Queensland or all South East Queensland?
  - Integrated multi-site booking
- In what circumstances should EDs be able to refer to outpatient clinics (vs refer back to GPs for non-urgent care)

# Being an Outpatient

- Process and flow reform
- Humane booking
  - Balance patient JIT vs idle time
  - Start on time etc
- Bulk-billing clinics
  - All medical clinics to be Commonwealth funded?
- Skill mix
  - Nurses
    - Procedural skills
    - Nurse screening/consent clinics
  - Allied health (eg orthopaedic physio)
  - Upskilling GPs

# Leaving Outpatients

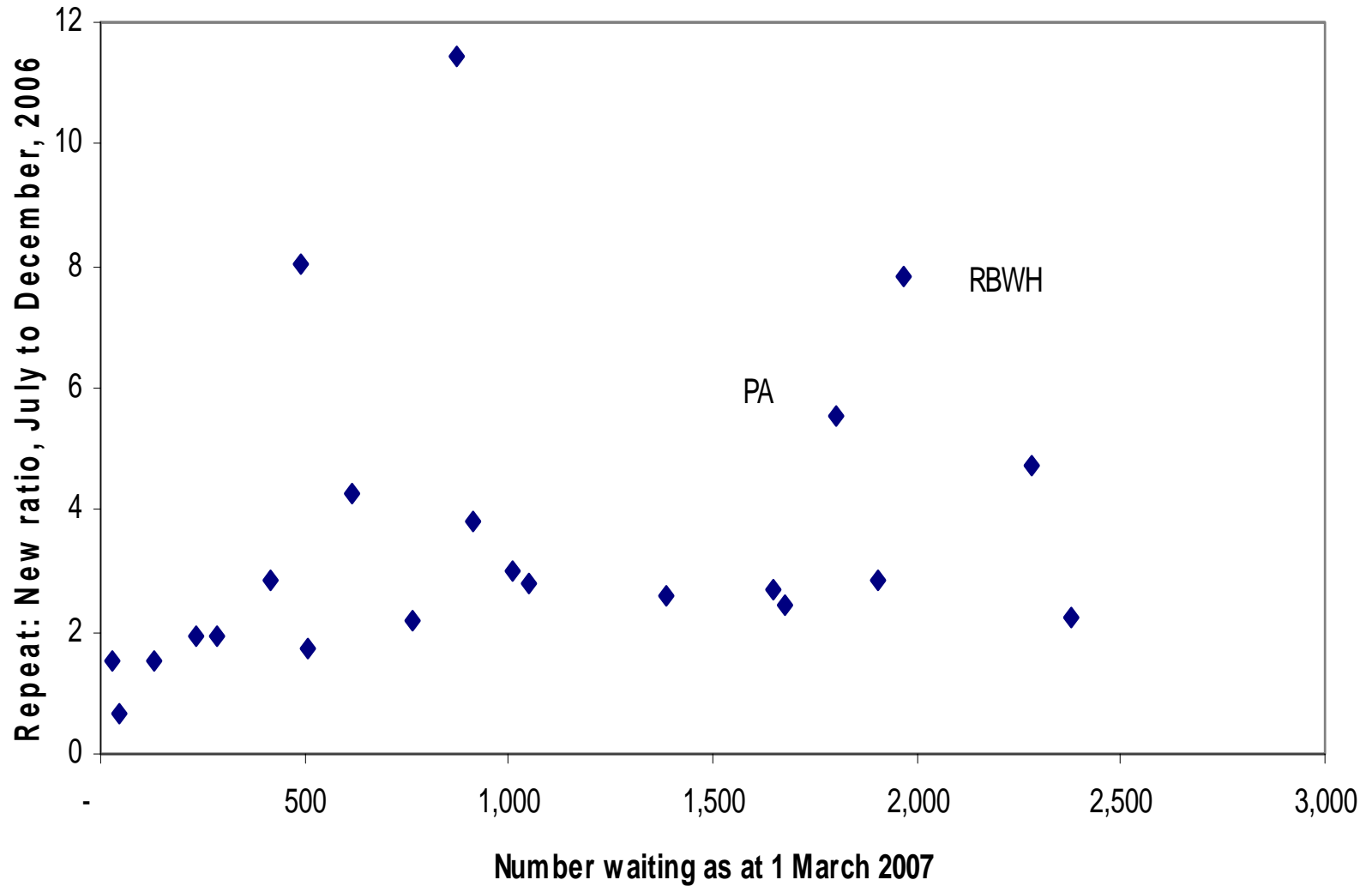
- Process and flow reform
  - Process redesign team
- 12 months max referral (as in private sector)
  - No WAU accrual after that period
- Patient-initiated follow up rather than automatic rebooking
- vs telephone follow-up (+clinic slot available within a week)

# Managing Outpatients

## ➤ Improved benchmarking

- Waiting times
- Referral to new ratio
- New to follow up
- DNA rate for first outpatient attendance
- DNA rate for medical staff
- Clinic cancellation rate
- Productivity profiles e.g. Slots: attendance ratio
- Notional clearance time (months)
  - $\text{Number waiting} \div \text{new patients seen in last month}$

## Characteristics of outpatient attendances, orthopaedic surgery



# Orthopaedic surgery clinic performance

- If RBWH had the same Repeat:New ratio as PA, they would see an additional 216 new cases per month (cf 1965 waiting as at 1 March 2007)
- If all hospitals either maintained their current ratio (if better than state average) or moved to current state average, we would see an additional 2616 new cases per month (cf 23696 waiting)

# Managing Outpatients

- Improved benchmarking
- Measuring equity of access
- List Audits
- Improved accountability processes
- Funding reform
  - NFM/WAUs
  - Commonwealth funding
- Incentive structure
- Revised outpatient policy framework (existing one not followed)

# Reform or revolution?

➤ If we do all the above, is that reform or revolution?

➤ Remember the goal:

**All people seen within three months**