GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

THE SUSTAINABLE HEALTH REVIEW

"Perspectives, Policies and Putting Patients First"

Adjunct Professor Warren Harding
Minister for Health's Nominee on the Sustainable Health review

June 21 2019


Kimberley
Pilbara
Midwest
Goldfields
Wheatbelt
South West
Great Southern

$440m

$440m

Obesity

$440m

Obesity

38%

$440m

Obesity

38%

% of State budget by 2026

$440m

Obesity

38%

% of State budget by 2026

$600m

$440m

Obesity

38%

% of State budget by 2026

- 15.1 years

$600m

MBS/PBS Gaps

$440m

Obesity

38%

% of State budget by 2026

- 15.1 years

Shorter indigenous life expectancy

$600m

MBS/PBS Gaps

$440m
Obesity

38%
% of State budget by 2026

25%
Avoidable tests

$250m
Hospital Infections

$315m
Mental Health

65%
Acute Care is chronic disease

- 15.1 years
Indigenous Life Expectancy

PATS travel
$250+m

$600m
MBS/PBS Gaps

Tobacco
$135m

$182m
Alcohol

WHAT IS THE SUSTAINABLE HEALTH REVIEW

- Announced by the WA Minister for Health on 20 June 2017
- The Review is about:
  - putting the patient first
  - making good use of our skilled workforce and excellent health facilities
  - health services delivering value for money
  - using advances in technology and innovation
  - making sure we work with other agencies and organisations to provide better health outcomes for everyone

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LABOR HEALTH POLICY – PUTTING PATIENTS FIRST

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- Undertake a review of **Reid 2.0** to identify areas of future innovation through a **Health Patient Dialogue**
- **Preventative health** in all government department policies
- Health care record **data-sharing** to avoid duplication and reduce cost, inefficiencies and frustration
- Maintain **integrity, transparency and accountability** and ensure ongoing provision of important services
- Develop agreement with Primary Health Alliance **integrate service provision** between health providers
- Introduce **patient-centered self-management** plans utilising technology – pilot at GP clinics
- Establish mechanism for how **patient opinion** becomes an integral **driver of how hospitals work**
- **Reduce elective waiting times** – (a) Revealing part of cause is patient-led delays; and (b) assigning patients to hospitals with shorter waiting times
- Create a **new vision for WA's Royal Perth Hospital** by making it the Centre of modern medicine and innovation hub
- Establish **health research and innovation fund** to attract and retain leaders in medical workforce
- (a) **Medihotels** to facilitate step down/step up from acute care (b) increased funding to **Aboriginal focused facility**
- Implement **Urgent Care Clinics** to take strain off Emergency departments
- Develop **community-based mental health beds and** introduce **prevention and recovery framework**
- **Mental health recovery colleges** focused on education and skills in managing their illness
- Implement state-wide, coordinated and targeted **Methamphetamine Action Plan**

SHR PANEL AND REFERENCE GROUPS

SHR PANEL

Robyn Kruk AM (Independent Chair)
Dr David J Russell-Weisz (Director General Department of Health)
Mr Michael Barnes (Under Treasurer)
Adj Prof. Warren Harding (Minister for Health Nominee)
Ms Pip Brennan (Consumer and Carer Nominee)
Dr Hannah Seymour (Clinical Nominee)
Ms Meredith Hammat (Employee Nominee)

Clinical Reference Group

Comprised clinicians with public health experience across a variety of specialties and settings, including metropolitan, regional, rural and remote WA

Consumer and Carer Reference Group

Comprised members with diverse personal and professional experience of the health system as consumers, carers and advocates.

CONSULTATION AND ENGAGEMENT

- Over the course of the SHR the Panel has engaged with hundreds of individuals and organisations
- Clinical Reference Group
- Consumer and Carer Reference Group
- 330+ Public Submissions received
- 19 Public Forums and Regional Clinical Sessions
- 150+ Interim Report responses
- 5 Ministerial Events
- Many targeted engagement events
- MORE TO BE DONE DURING IMPLEMENTATION

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THE INCONVENIENT TRUTHS

WA public health system has grown (last 10 years)

Population
⬆29%

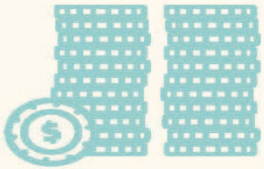
ED attendances
⬆49%

Hospital admissions
⬆39%

Births (public)
⬆36%

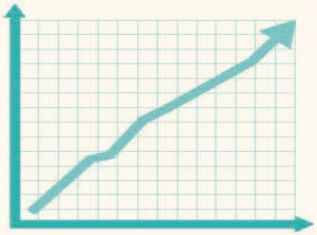
$7 billion infrastructure investment

Health costs continue to rise



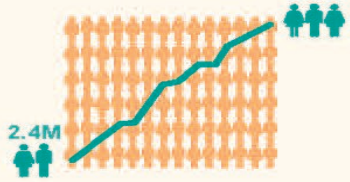
Health spending has more than doubled in 10 years

$3.8B ⬆ $8.8B



WA State debt

The system is under pressure



Growing population (3.2M in 10 years)

Ageing population (50% more people over 65 in 10 years)

Chronic disease cost ($1B in 10 years)

Fewest GPs per capita of all States

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Inequities and challenges...

Aboriginal Health

3x
higher mortality rate for children

13.5
years life expectancy gap

15.1
years life expectancy gap

Mental Health

20%
of Australians are affected by a mental health disorder each year

12
years life expectancy gap

15.9
years life expectancy gap

Regional Health

Where you live impacts your health

Lower access to GPs

1.5x
higher mortality rate than metro

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THE SUSTAINABILITY IMPERATIVE

- Demand has risen substantially as population has grown and aged and chronic disease, obesity and mental health conditions have risen.
- Health had a decade average of 9% expenditure growth to 2% per cent in 2017–18 and 2.5% forecast in 2018–19.
- Costs of hospital services and labour >benchmarks. MBS/PBS.
- Obesity, Tobacco, Alcohol. Meth , Child health, EOL, Mental Health, Hospital Induced Infections, avoidable tests have been major drivers.
- Patient Assisted Travel scheme was costing between $250m+.
- Past ICT spend has not delivered the patient, clinical nor operational ROI outcomes . **Telehealth has been an exemplar but how to support expansion in both country and metro as a First Consult default.**
- Role of telehealth in aged care / impact of Royal Commission

THE CASE FOR CHANGE

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- Changing patient expectations
- Growth in demand and expenditure
- Commonwealth investment
- Health insurance
- Population health
- Partnerships
- Digital disruption
- Innovation
- New treatments
- Social Determinants of Health
- Value
- Transparency

ENDURING RECOMMENDATIONS & STRATEGIES

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1. **Commit and collaborate to address major public health issue**
   Recommendations 1–5
2. **Improve mental health outcomes**
   Recommendations 6–7
3. **Great beginnings and a dignified end of life**
   Recommendations 8–9
4. **Person-centred, equitable, seamless access**
   Recommendations 10–15
5. **Drive safety, quality, and value through transparency, funding and planning**
   Recommendations 16–20
6. **Invest in digital healthcare and use data wisely**
   Recommendations 21–22
7. **Culture and workforce to support new models of care**
   Recommendations 23–27
8. **Innovate for sustainability**
   Recommendations 28–29

Implementation
Recommendation 30

- They come as an interdependent package and should not be considered in isolation.

Strategies and Recommendations come as an interdependent package and do not lend themselves to cherry picking

POLICY HIGHLIGHTS

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- Increase proportion of investment in public health and prevention
- Halt the rise in obesity and reduce harmful alcohol use
- Reduce environmental footprint – energy, emissions, consumables
- Reduce clinical variation and ensure only treatments with a strong evidence base and value are funded
- Mental health services: prioritise and invest in capacity to balance early intervention, through acute and recovery services
- Improve access to outpatient services through telehealth
- Command Centre to improve safety, access, transport in the country
- Reduce delays to/from home for older people
- Phased digitisation to empower citizens and improve services

Needs to drive a cultural shift:

- From a predominantly reactive, acute, hospital-based system;
- Strong focus on prevention, equity, early child health, end of life, and access to services through **Telehealth**, **AI, AR /VR /MR, smartphone apps, robotics, technology and innovation.**
- Focus on repurposing or updating existing facilities, collaborating with providers with greater use of **contemporary models of care**
- **Hospital in the Home, Care in the Community, Caring Communities and digital technology.**
- Enabled by **Digital Health, Data Linkages (** with right open data, privacy, security in place) **;**
- **New scopes of practice; Digitally trained contemporary Workforce.**

WORLD ECONOMIC FORUM REPORT

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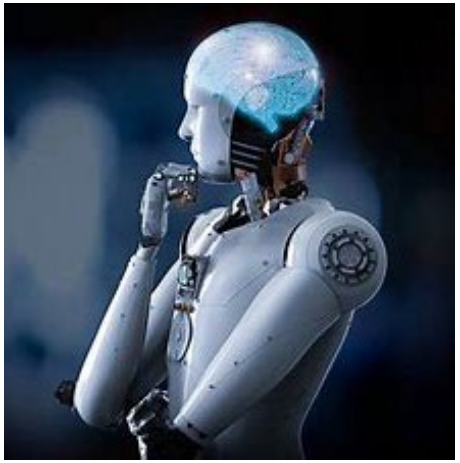
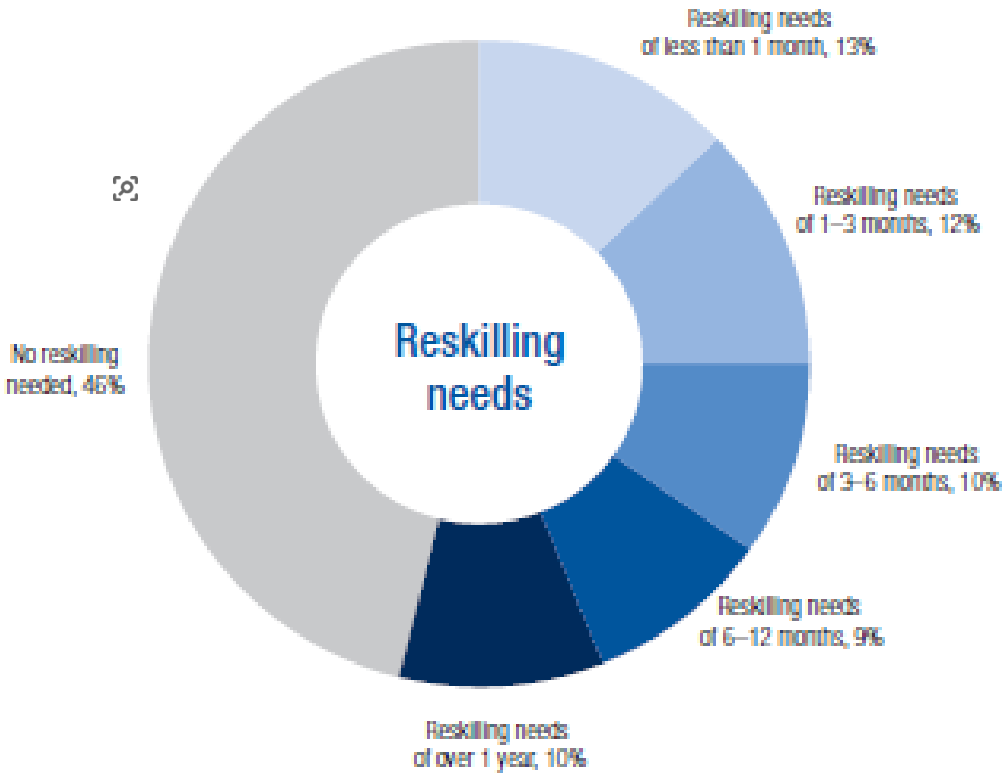
- Digital health technologies are the new norm,
- Transforming the workforce of the future,
- Investment in learning and development of people – shifting investments from capital intensive investments to a digitally driven ecosystem,
- Diverse workforce,
- An intelligent system that is patient centric





Source: Future of Jobs Survey 2018, World Economic Forum.

INDUSTRY ROLES IN DEMAND - WA

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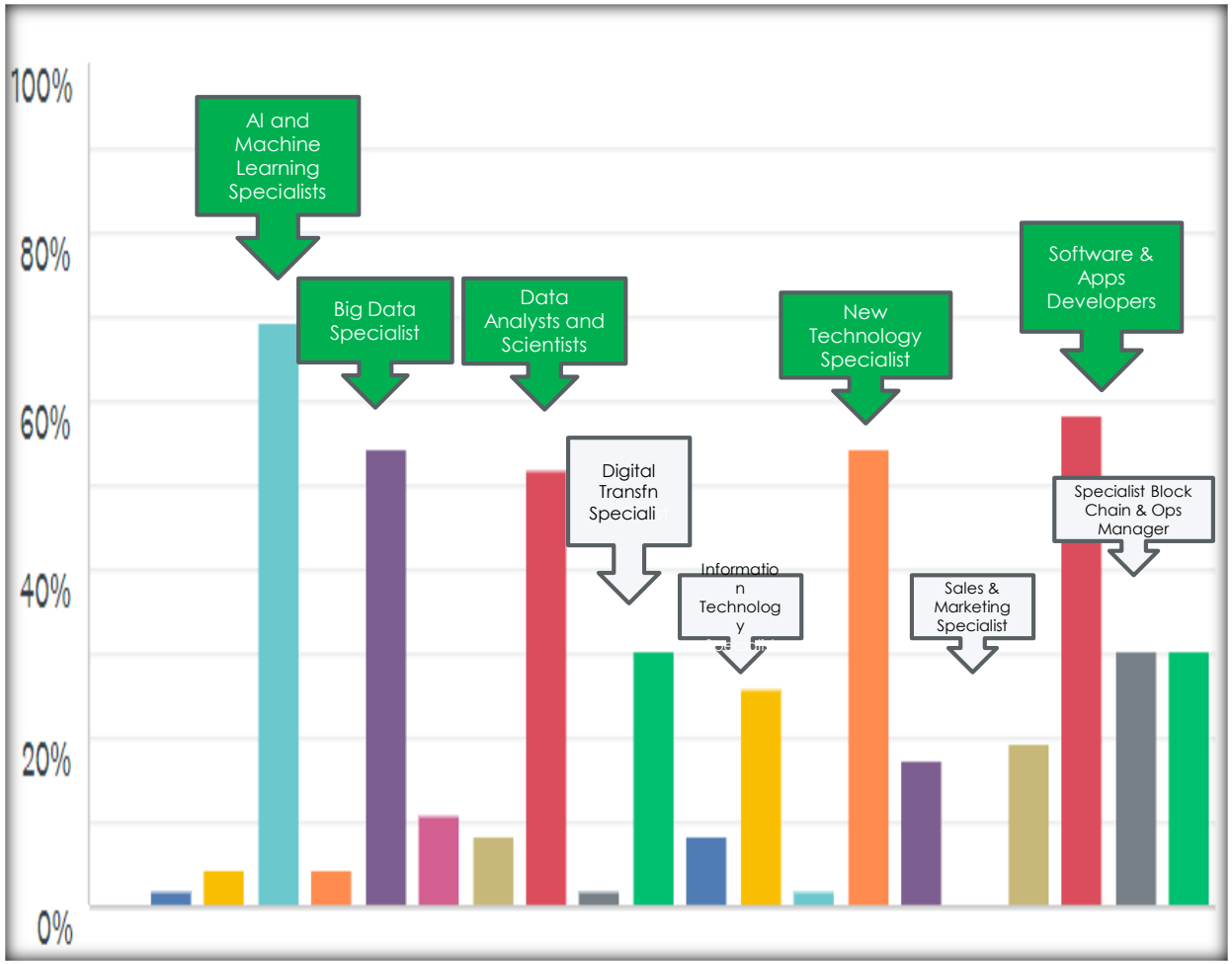

World Economic Forum list of the top 10 most in demand and 10 most likely to decline occupations in alphabetical order.

1. Accountants & Auditors,
2. Accounting, Bookkeeping & payroll clerks,
3. Administration & Executive Secretaries,
4. AI & Machine Learning Specialists,
5. Assembly & Factory Workers,
6. Big Data Specialists,
7. Business & Administration Managers
8. Client Information & Customer Service Workers,
9. Data Analysts & Scientists,
10. Data Entry Clerks,
11. Digital Transformation Specialists,
12. General Operations Managers,
13. Information Technology Specialists,
14. Material – recording & stock-keeping clerks,
15. New Technology Specialists,
16. Organisational Development Specialists,
17. Postal Service Clerks,
18. Sales & Marketing Professionals,
19. Software & Applications Developers & Analysts
20. Specialist Blockchain & Operations Managers.

SMART HEALTH SYSTEMS /SMART CITIES

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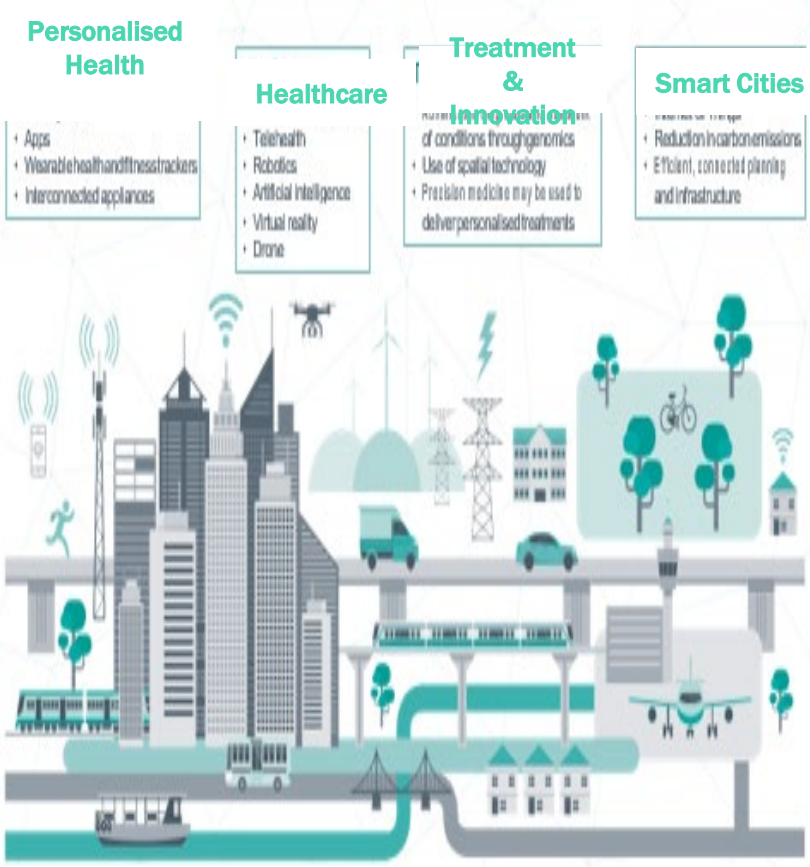
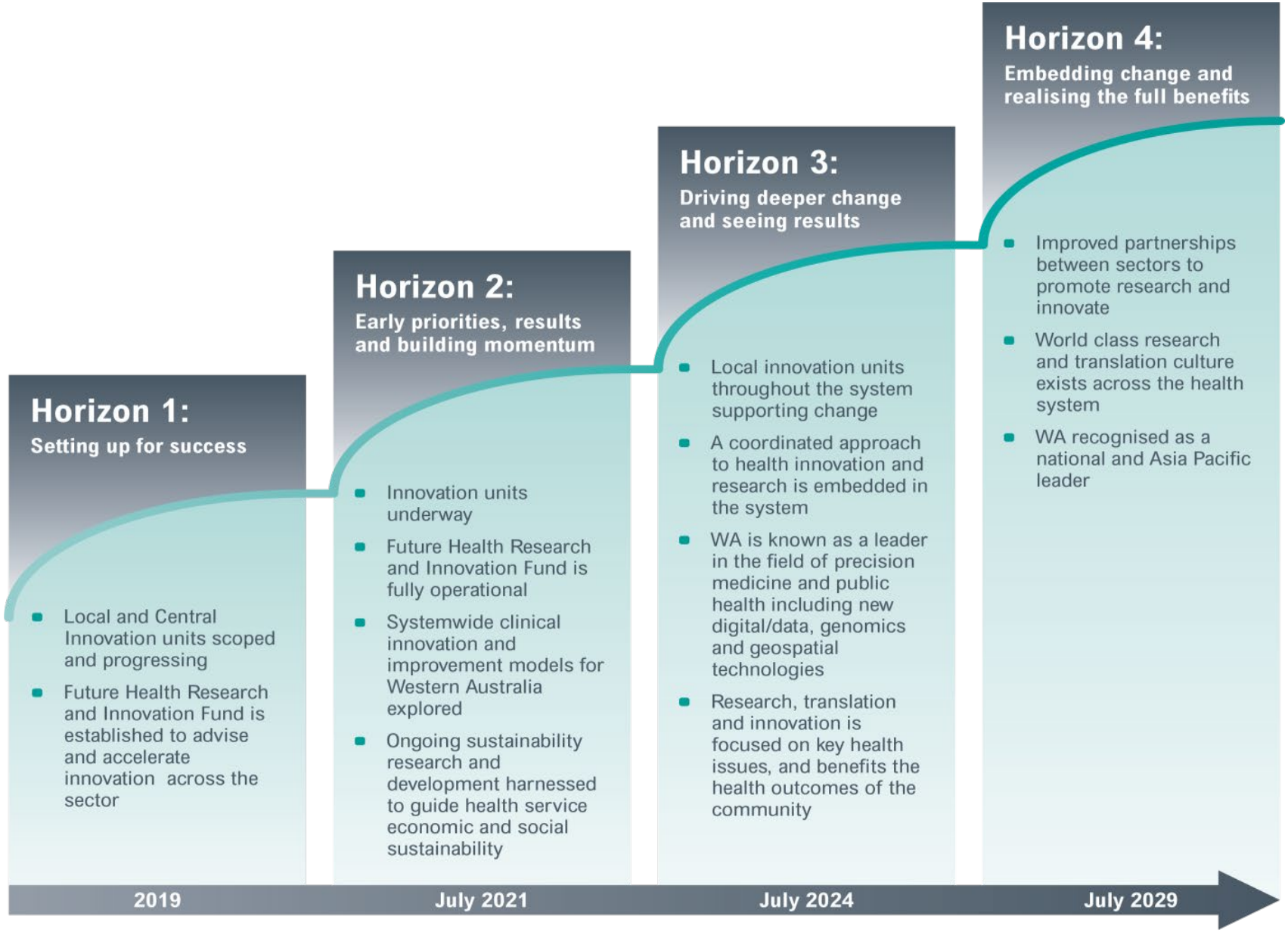


Health landscape of WA in 2029

IMPLEMENTATION



System measures for sustainability tracking progress of change

BARRIERS TO CHANGE

US$3.5 trillion in public value could potentially be created each year across the OECD if government service delivery "transformation" projects met their objectives.

Committed leadership. Government bureaucracies need "inspirational people

Clear purpose and priorities. a compelling rationale for change and a handful of crystal-clear priorities- 90% did not

Cadence and coordination in delivery. maintaining a constant rhythm of change, with regular course corrections and sharp accountability. Coordination Unit 50% vs 26%

Compelling communication. continuous, two-way communication visibly led by committed senior leaders, and focused on celebrating success. 50% vs 18%

Capability for change. Training essential. success rates 25% higher

FOCUS AREAS FOR COMMERCIALISATION

1 .PRECISION/ PERSONALISED MEDICINE; GENOMICS

2. BIO SENSING AND WEARABLES;

3. BLOCKCHAIN FOR EMR

4. TELEMEDICINE;

5. PREDICTIVE ANALYTICS & AI;

1. LIFESTYLE AND PATIENT APPS;

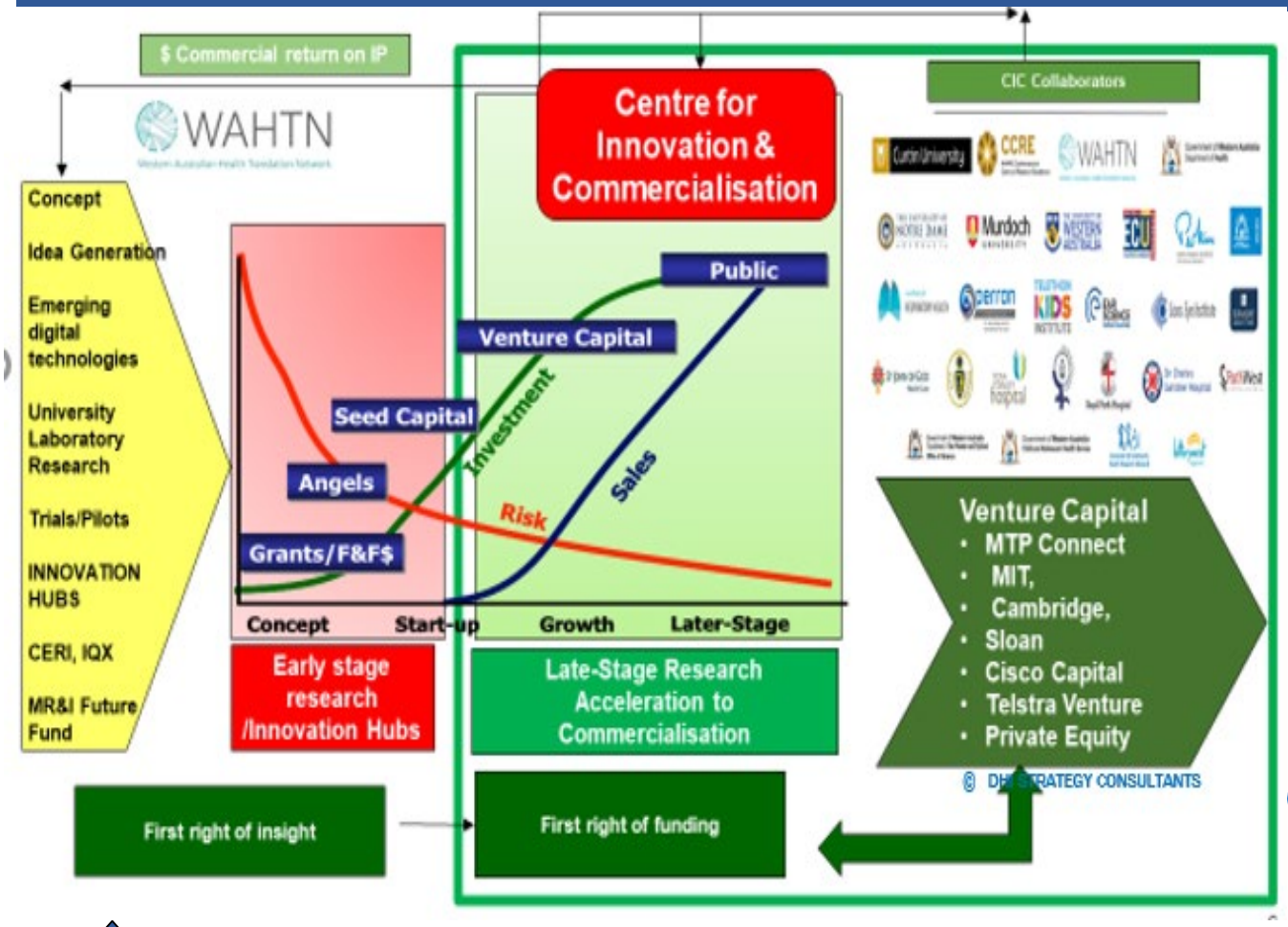
2. DIGITAL HEALTH FOR MENTAL HEALTH;

3. DIGITAL AGEING.

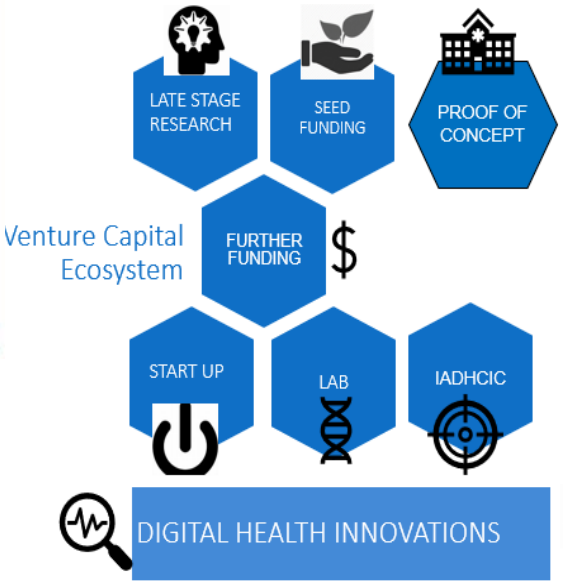
4. DIGITAL PHARMACY

5.DIGITAL HEALTH CLINICS

PATHWAY TO COMMERCIALISATION



MRIFF $52m



POSITIONING WA AS A LEADER IN INDO ASIA

INTERNATIONAL PARTNERSHIPS

Highlights, Countries and Regions of Focus

European Union:

Research exchange

China:

Expanding existing and establishing new relationships

Israel

Australia:

Western

Enhancing collaborat s in medical education an esearch

Brazil:

Research collaborations, health system and curricular reform

Ethiopia and Kenya:

Assistance in building capacity locally to meet local needs

Middle East:

Training physicians globally

Contacts :

Adjunct Professor Warren Harding +61 401 491 110

Ella Dachs, Principal DHI Consulting +61 402 029873

Gino Marinucci, PPA, Minister for Health +61 08 65526500

QUESTIONS

Warren Harding
warren.harding@dhinternationalconsulting.com
tel: +61 401491110