

MonashHealth



Health
and Human
Services

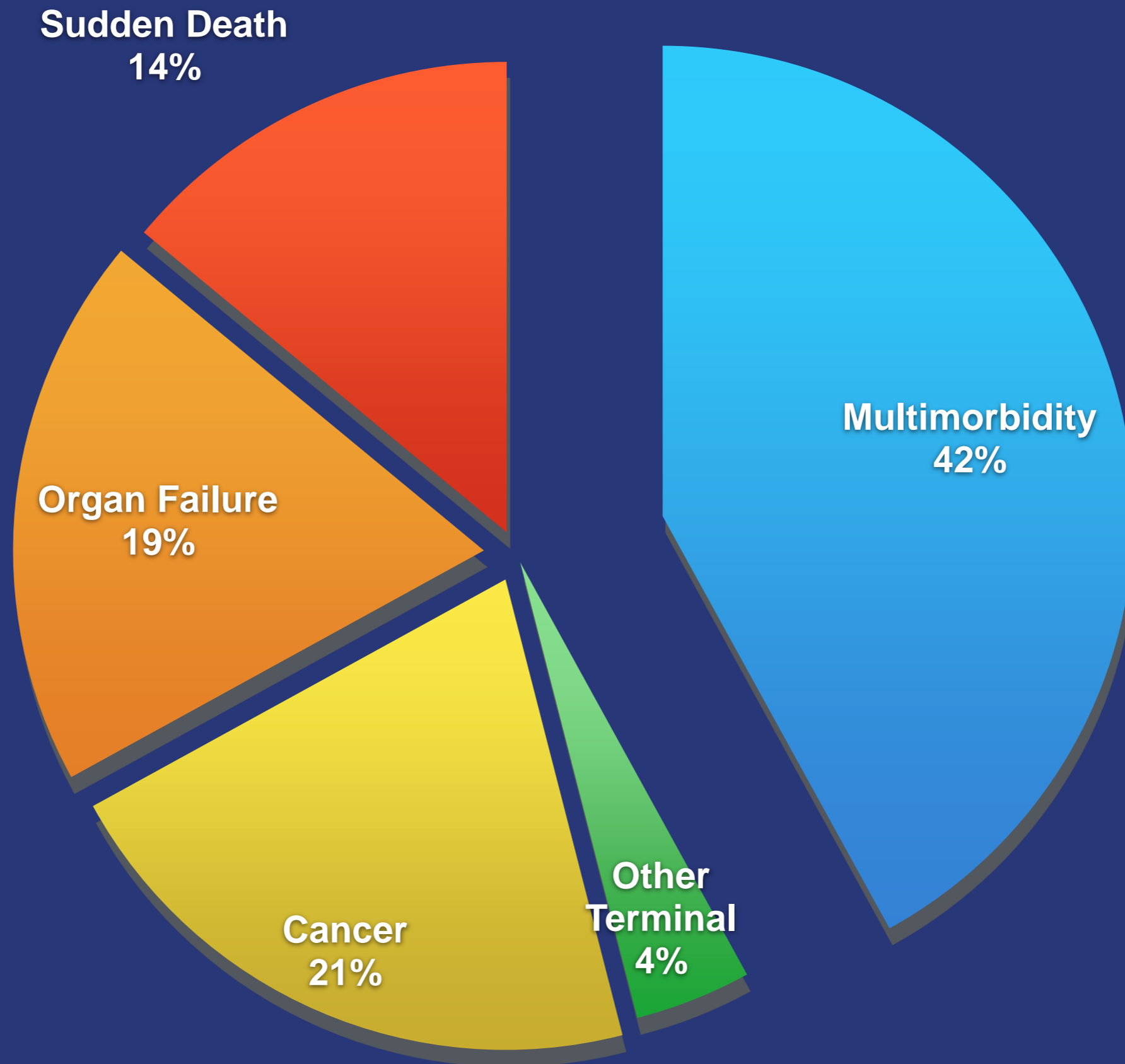
Healthlinks chronic care

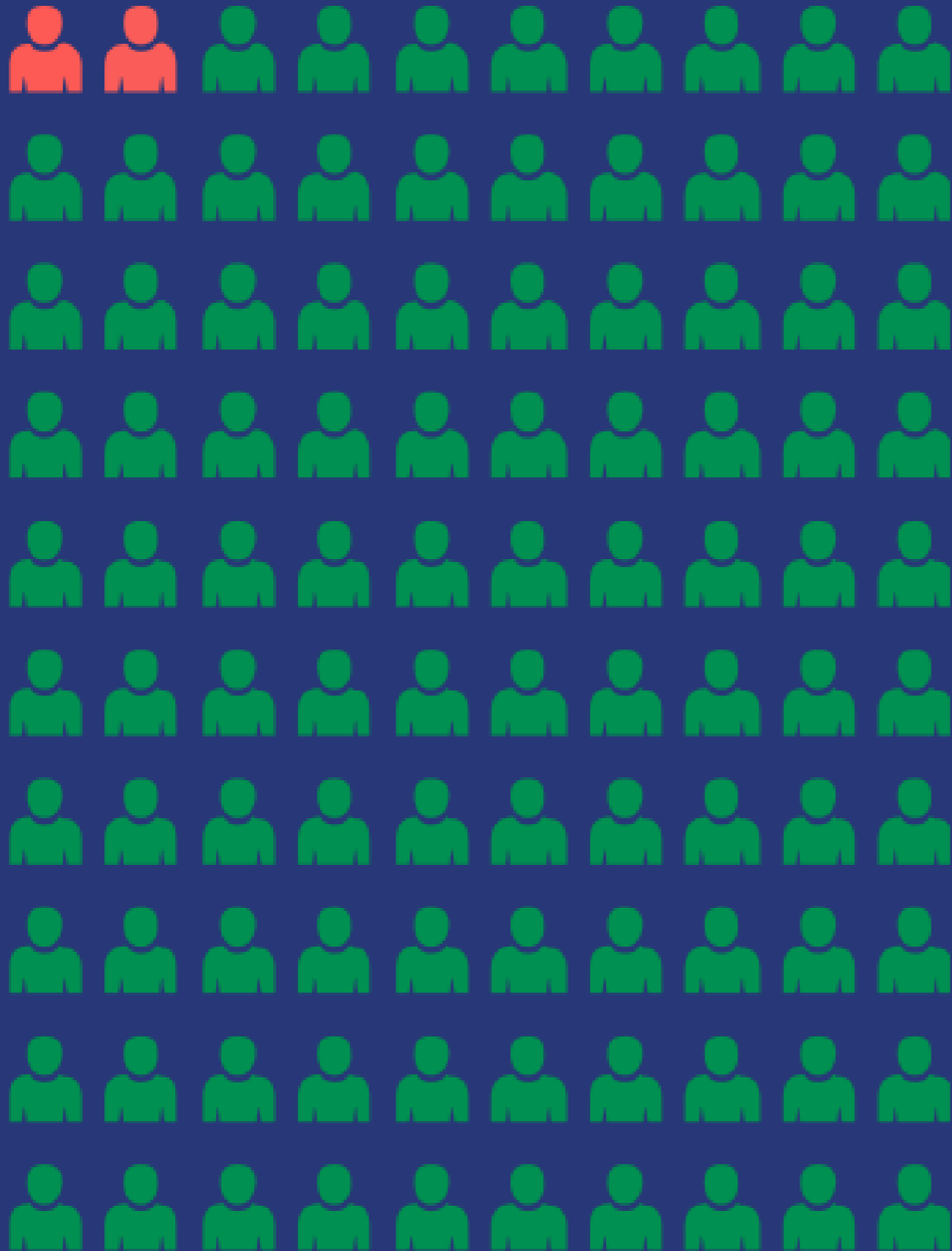


Keeping an eye on our most
vulnerable patients at home

Monash Watch







25%

Resources

Human Centred





Predicting multiple unplanned admissions in the year ahead is relatively straightforward, **knowing which day the admissions will occur, if they are avoidable and how to prevent them is not**




Is the
answer
technology
at home?



Probe > Sense > Respond

Multiple Diseases and Complications



RETRO-SPECTIVELY COHERENT

COMPLEX

Sense > Analyse > Respond


POTENTIALLY KNOWABLE



Broken Hip

COMPLICATED

Potentially Fatal Emergencies



CHAOTIC

INCOHERENT

Act > Sense > Respond

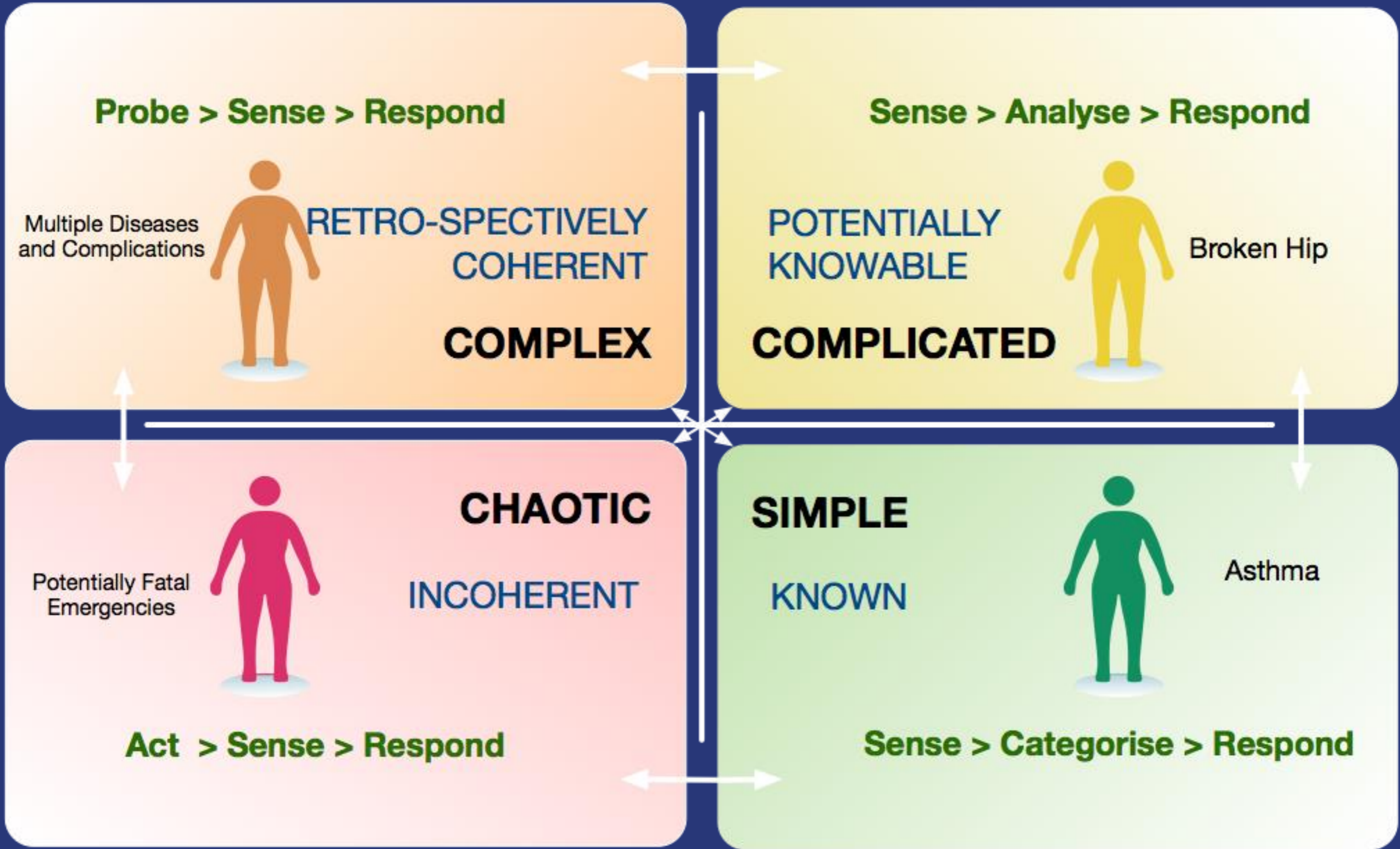
SIMPLE

KNOWN



Asthma

Sense > Categorise > Respond





What if we simply
ask the patient to
rate their health
every few days &
to anticipate its
trajectory?

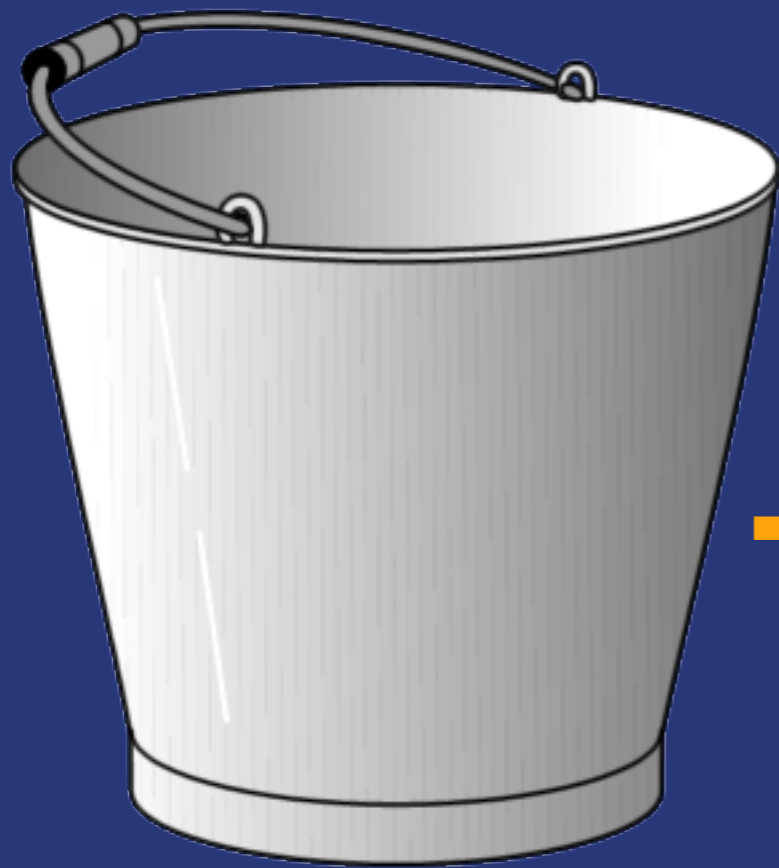


Hmm... somebody's been here before us?

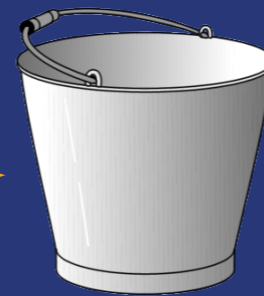
Assoc. Prof. Carmel Martin

- **Self-rated health** was predictive of hospitalisation in high risk group
- Irish trial of **160 patients** over **12,000 phone calls**
- **Major reduction** in avoidable hospitalisation
- Most interventions **social** or **primary care**

Affordability



Inpatient WIES
Funding



HLCC
Funded



The
Bet
~\$600K



Scalability

Monash**Health**



Launch to Learn

Design Team + Operational Team

Objectives

- Significantly **improve the health experience** of HLCC Enrolled Patients
- **Reduce admissions** to hospital by at least 15% across the intervention cohort
- **Cost neutral or better**

- 12 month pilot
- Offer 400 HLCC enrolled patients in Dandenong area
- Commenced intake 27 Dec 16
- 6mth ramp up then min. 6mth as VIP

10 March

VIPs

90

146

Offers

- In-house version of **HLCC case finder**
- Small **local team** - acting as eyes & ears for GP & Hospital
- Friendly phone call **1 to 3 times** per wk by a **trained lay operator**
- **Self-rated health** check

Core Self-rating Questions

1. Have you **any concerns** today?
2. Do you have any concerns about **symptoms**?
3. Today, would you say your overall health is **likely to get better or worse**?
4. Have you had any changes/concerns about **medications** or **important others** in your life?

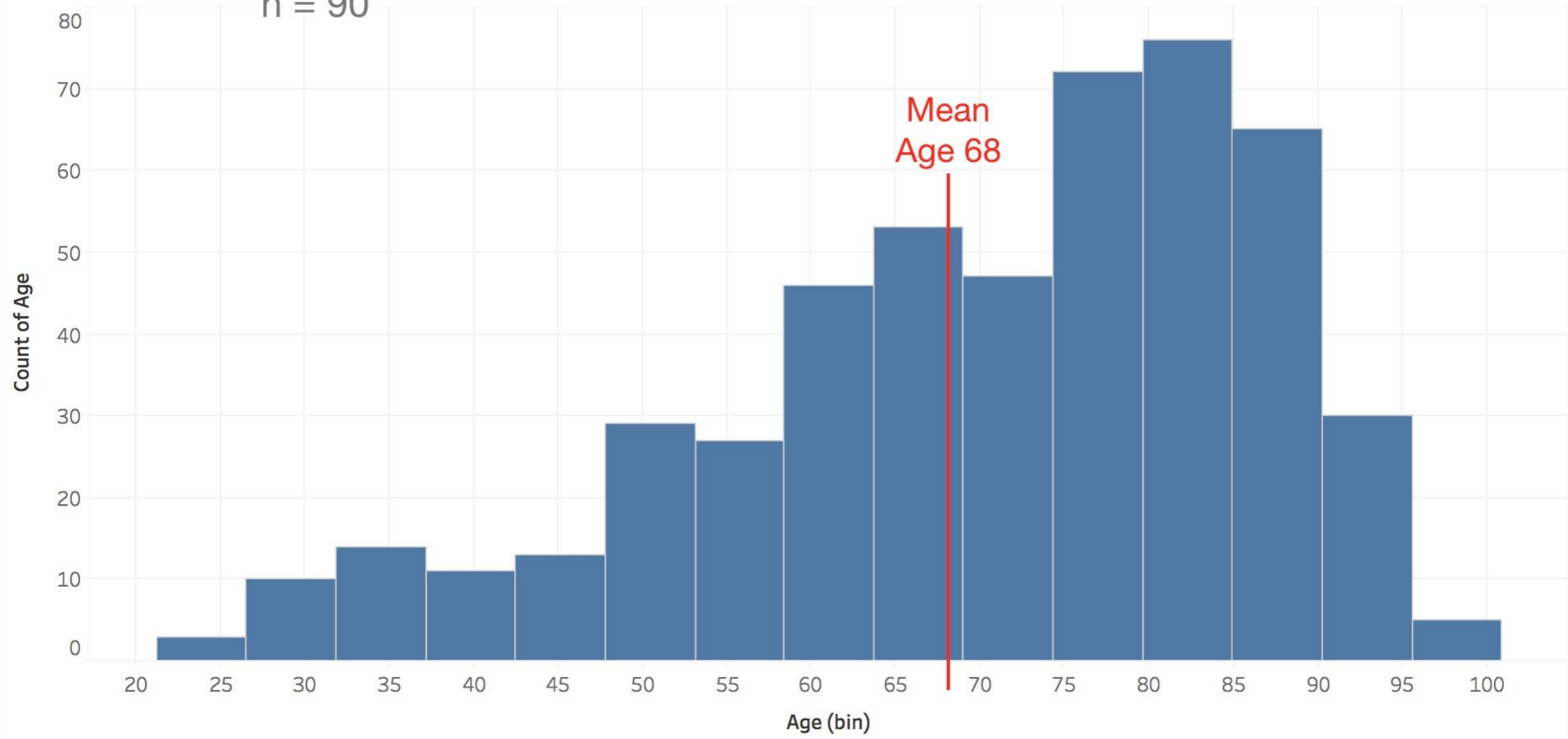


- Martin's **decision support application PaJR** alerts to declining health
- PaJR **alerts trigger** a Health Coach (Clinician) **response**
- Health Coaches **respond & integrate help only as needed**
- **GP** remains the **conductor of care**

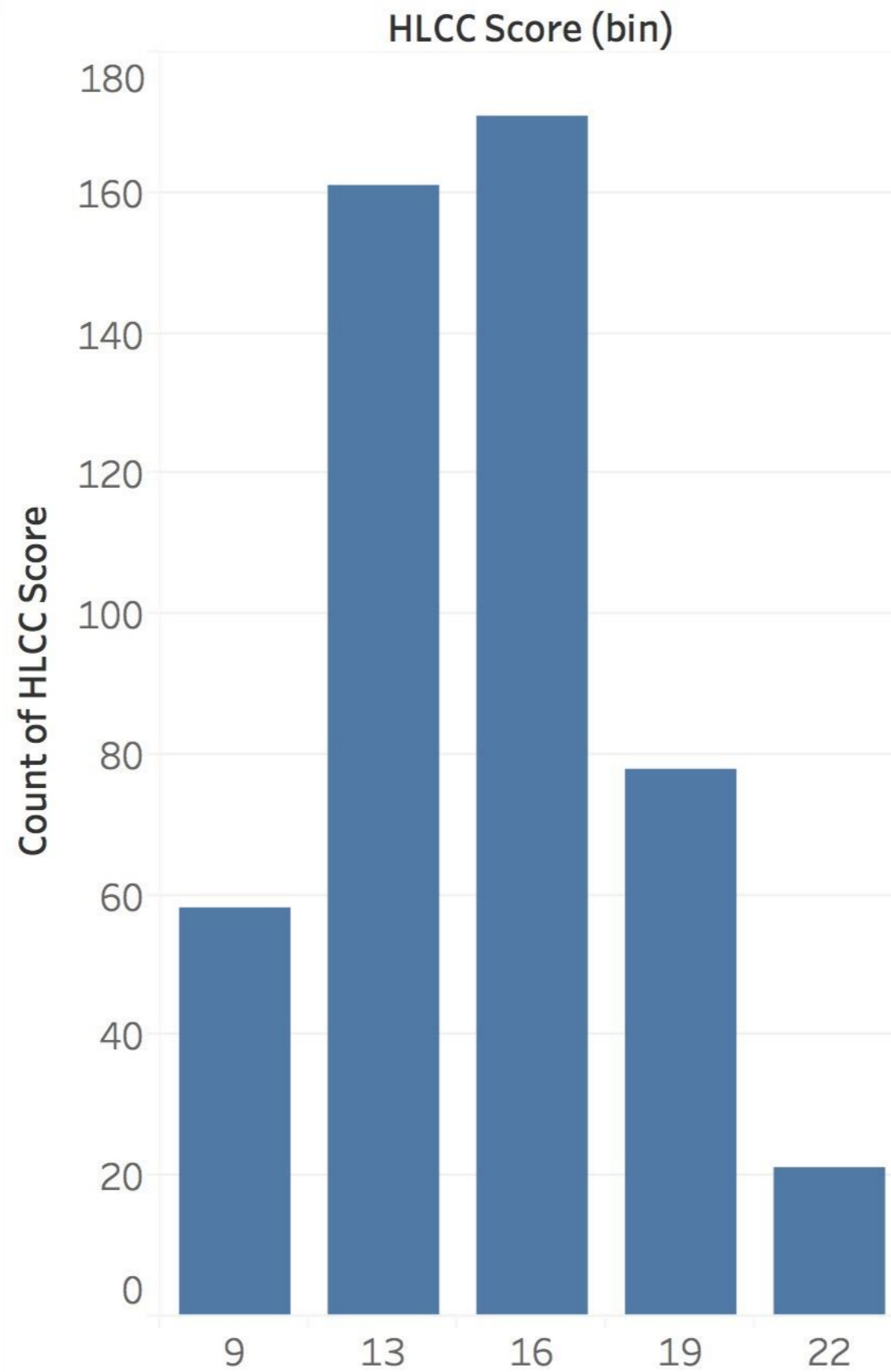


VIP Age Profile

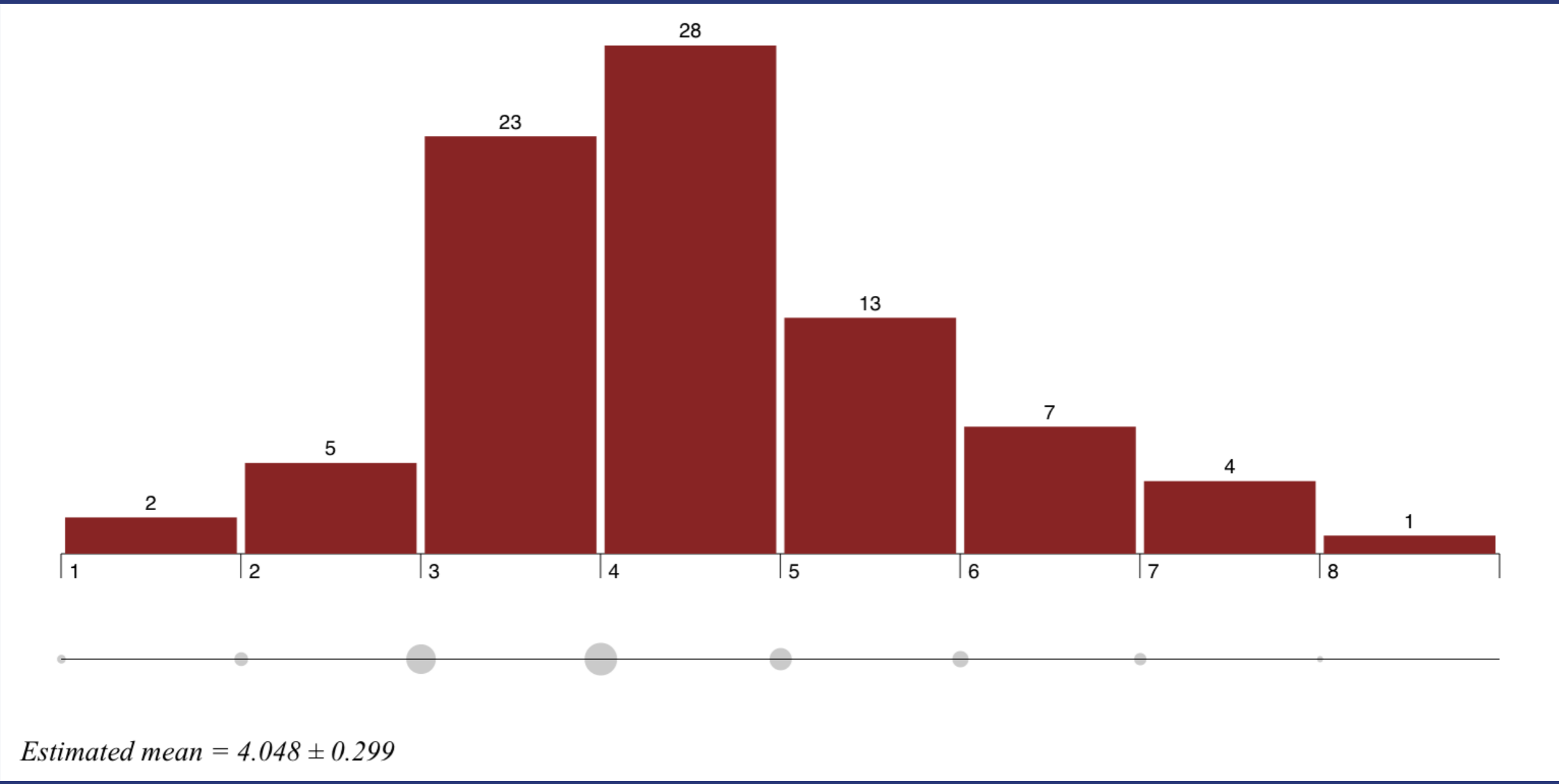
n = 90



VIP HLCC Score n = 90



VIP Rockwood Clinical Frailty Scale



1 Very fit ... 4 Vulnerable ... 8 Very Severely Frail

Early Insights

- Most Monash Watch **sign-ups** done at **home**
- **~62%** uptake on first offer
 - Try again if admit
- **Carers** do most of the caring
- **Depression** is common
 - BCD screen pos 14/40 (35%)
- Patients (VIPs) **like** the **calls**

“Medication and all that is one thing, but to be able to talk openly and say what you think and feel is a big difference”

“Thank you for calling me. It’s so nice to have somebody there to help just in case.”

TCG - “You sound like a different person?” Pt - “Oh definitely ... I feel it too and thank you for calling me”

“The Monash Watch team came just at the right time for me”

“You might not think so but speaking to you people makes such a difference to my day”

“Even somebody just talking with us gives a sort of relief that there’s somebody out there who’s looking after us (a VIP Carer)”

“When I talk to you on the phone the next minute and the next day I feel better. It’s very helpful for you to call me”

“When things get dull I think of the lady giving me the TV and it’s better than winning Tattslotto”

“We were talking to the doctor and he had all your program (MW) written down - he said it’s a good program you’re doing”

Early Insights...

- Care **cracks**
 - Poorly managed pain, anxiety/depression, inflexible service rules, affordability of tests/medications, difficulty navigating options, no problem solving “buddy”, lack of transport
- A small number of patients are **exceedingly challenging** and may have a reputation **as being “too hard”**
- **Too early** to judge impact on VIP admissions - to-date 16 emergency admissions in 11 patients

Evaluation

- Intervention vs usual care controls
 - Patient & carer experience
 - Staff satisfaction
 - Emergency department visits
 - Hospital admissions
 - Total inpatient bed days
 - Cost of care
- Internal & external evaluation (CSIRO)

Next Steps

- Maximise VIP numbers by mid year
- Interpreter trial for Non-english speakers
- Mental Health support model
- Evaluation, internal & external
- Learn from other HLCC participants

MonashHealth

Thanks for listening



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