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Review of Hospital in the Home Programs

Presentation to Advisory Committee

12 August 2009

Overview of presentation

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- Objectives of the review
- Review processes
- Literature review – key points
- Patient/carer consultation – key points
- Issues arising from stakeholder consultation and data analysis
- Overall assessment
- Discussion

Objectives of the review

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- DLA Phillips Fox in conjunction with CR&C commissioned by DHS to review HiTH, with the following objectives:
  - use existing information to evaluate key aspects of HITH programs;
  - develop recommendations to ensure that Victorians have equitable access to patient-centred HITH programs;
  - identify models of substituted care and investigate other technologies which may enhance services;
  - review the relationship between HITH programs and other programs and referral processes;
  - outline a new service delivery model, if indicated by the findings

Processes for the review

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- Literature review (completed)
- Stakeholder consultation (completed)
- Patient/carer interviews (completed)
- Call for submissions (received and analysed)
- Data analysis (completed)
- Drafting of issues paper (circulated)
- To do:
  - Further consultation with advisory committee
  - Meeting with HiTH managers to discuss
  - Drafting of final report

Literature review

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- Circulated for comments
- Key findings:
  - Various definitions of what constitutes HiTH
  - Most models nurse-led and involve allied health
  - Where medical practitioners lead there is usually a broad range of services, though this may also be true for other services
  - Where HiTH substitutes for hospital care and works at reasonable capacity it is an efficient alternative

Literature review

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- Key findings (cont):
  - Common conditions include infections, anticoagulation, post-surgery care, CCF, COPD, oncology, palliative care, rehabilitation
  - Need for standardised education and professional development

Patient/carer consultation – key points

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- Overall, patients “expressed an overwhelmingly high regard for HiTH
- “Grateful and appreciative”
- Benefits of increased mobility and time with family
- On the whole, “emphatically pleased” with quality of care
- Most cannot see room for improvement

Patient/carer consultation – key points

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- Suggestions for:
  - HiTH in workplace and school
  - Notifying patients of ETA
  - Consistency in provision of home-based support
  - Better access to pathology results
  - Electronic patient records
  - Streamlining communication with GPs
  - Staff training
  - Improved discharge procedures

Issues arising – leadership

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- Support for DHS to:
  - play an active role in promoting HiTH
  - define eligibility criteria
  - provide guidance on issues including brokerage fees, inter-HiTH transfers, minimum data sets and coding
- Recognition of the critical role of clinical leadership, some services feel under-recognised
- Need health service recognition that HiTH programs provide a valuable service

Issues arising – role and models of care

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- Programs are heterogenous in model, scale and scope
- Different models of care according to local circumstances
- A high care coordination burden which is perceived to be unrecognised
- Refinement of admission policy has clarified what constitutes HiTH care but may stifle innovation and development

Issues arising – staffing

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- Strong support for nurse practitioner model and some services are looking at extended role for Division 2 nurses
- Career development in HiTH is seen as vital for service sustainability

Issues arising - financing

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- Where HiTH substitutes for IP care, health services have enhanced capacity to treat patients but this causes pressure on WIES targets
- Nevertheless, strong support for continuing to finance HiTH through WIES
- Concerns about cost of HiTH equipment and high cost pharmaceuticals
- How to fund medical leadership?

Issues arising - quality

- Quality programs aligned with other health service quality and clinical governance programs, but there is support for HiTH-specific KPIs and quality and performance benchmarks
- Most health services have integrated HiTH with Health Independence Programs, increasing critical mass and flexibility of service delivery

Issues arising – technology and development

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- IT and communication support is a priority for staff
- Remote patient monitoring and point of care testing are seen as likely developments
- There is support for dedicated research into HiTH to support evidence-based models of care

Issues arising – casemix and LOS

- High consistency in casemix at a system level but varies from hospital to hospital
- Most services include care for patients with cellulitis, DVT and pulmonary embolus but significant differences in HiTH length of stay which influences overall length of stay
- Generally, total length of stay for patients who receive in-hospital and HiTH care is longer than for patients who receive in-hospital care alone – this needs to be investigated
- Some services have high numbers of one-day admissions to HiTH or high outliers which attract additional funding – these require further reveiw

Issues arising – casemix and LOS

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- The literature suggests 60-90% of patients presenting with PE and cellulitis to an ED and >90% of patients with DVT may be suitable for HiTH care – Victoria is not achieving these rates
- It is important that HiTH funding is applied to appropriate patients – the service is unlikely to develop if it is viewed as a ‘soft’ funding option.
- Various indicators can be applied to the VAED to identify potential anomalous practice. The integrity of the program should be monitored on an ongoing basis and action taken to address unusual/inappropriate practices

Issues arising– equity of access

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- Six sub-regional health services do not have HiTH programs
- People who live in three of the LGAs where these services are located have the lowest rates of access to HiTH
- Patients living distant from their health service also are disadvantaged because of difficulties with inter-HiTH transfers
- Access is also limited for privately insured patients, patients from CALD backgrounds and patients requiring preventive/lower acuity care (but is this appropriate to HiTH anyway?)

Overall assessment

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- Both the literature and review support further development of HiTH programs
- HiTH is valued by patients and carers
- Some HiTH programs lack visibility/medical leadership and require more support within their health service
- There is evidence of inequitable access
- Growth is constrained by WIES caps
- Inter-HiTH transfers need to be supported to improve access - ?how

Overall assessment

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- There is some research being conducted into HiTH, but it is focal and there would be benefit from more cohesivee approach
- There are few immediate incentives for health services to invest in service development. What is the DHS role in service stimulation?
- Would a set of 'HiTH standards' for staffing, infrastructure, processes and governance (and, possibly, an accreditation program) assist to:
  - ensure HiTH programs are positioned for development and sustainability?
  - support inter-HiTH patient transfers

Overall assessment

- HiTH needs to be a meaningful hospital substitution program, not just a convenient form of funding to support patients who require care which is too expensive to provide through other programs but which does not need hospital admission
- DHS should:
  - implement and enforce admission criteria
  - monitor patterns of service provision and investigate where anomalies arise
  - review non-HiTH funding sources to ensure care can be provided for non-admitted patients requiring other forms of care

Discussion

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- For discussion

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