

# Allergy Model of Care

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Department of Allergy and Immunology

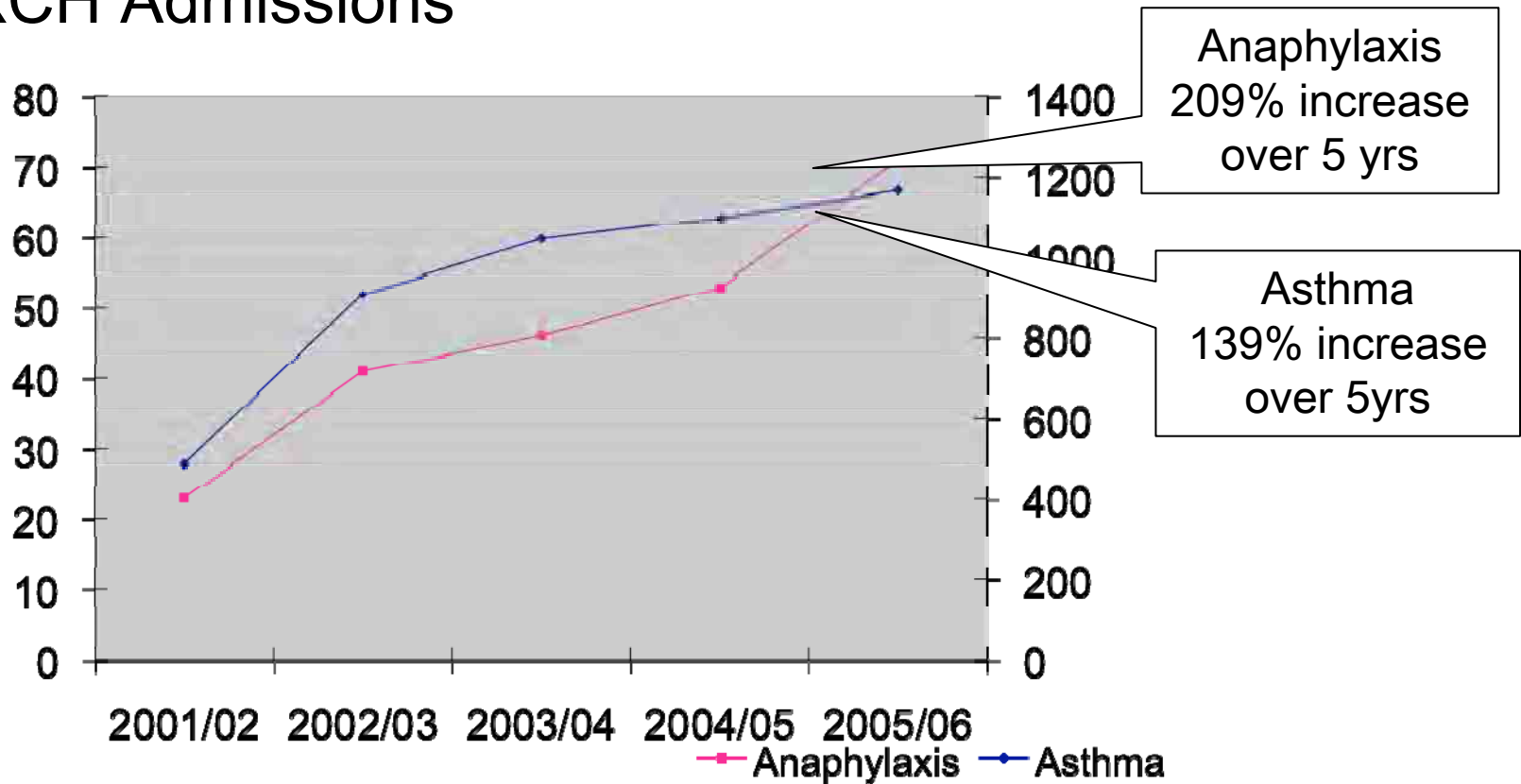
Royal Children's Hospital VIC

# Service Crisis... Why?

- Rapid increase in disease prevalence over last 3-4 decades
- Lack of specialist workforce
  - Limited training positions, particularly in paediatrics
  - Inadequate number of Specialist Allergists/Immunologists
  - Community GPs/Paediatricians not trained in Allergy management
- Lack of community education... high levels of anxiety

# Rising rates of Allergic Disease

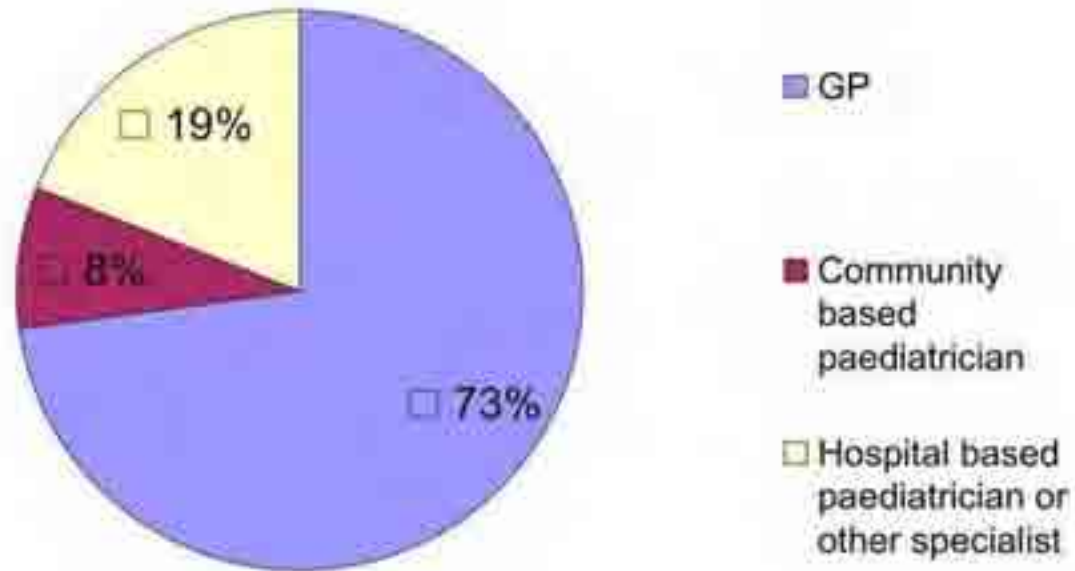
## RCH Admissions



- Comparison of RCH separations (discharges) for allergic diseases over the financial year periods 2001/02 to 2005/06
- Data provided by RCH Decision Support Services

# Referrals to RCH

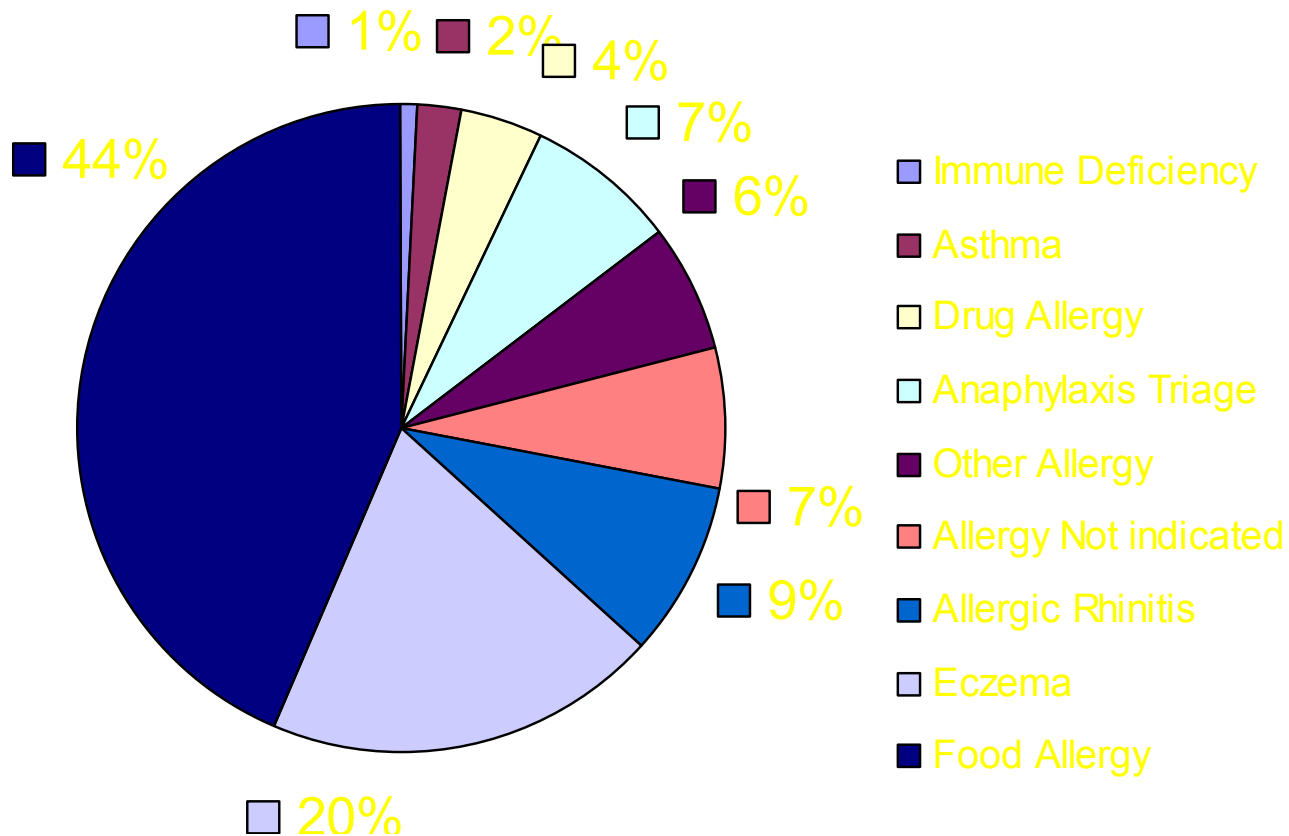
## Source of new referrals



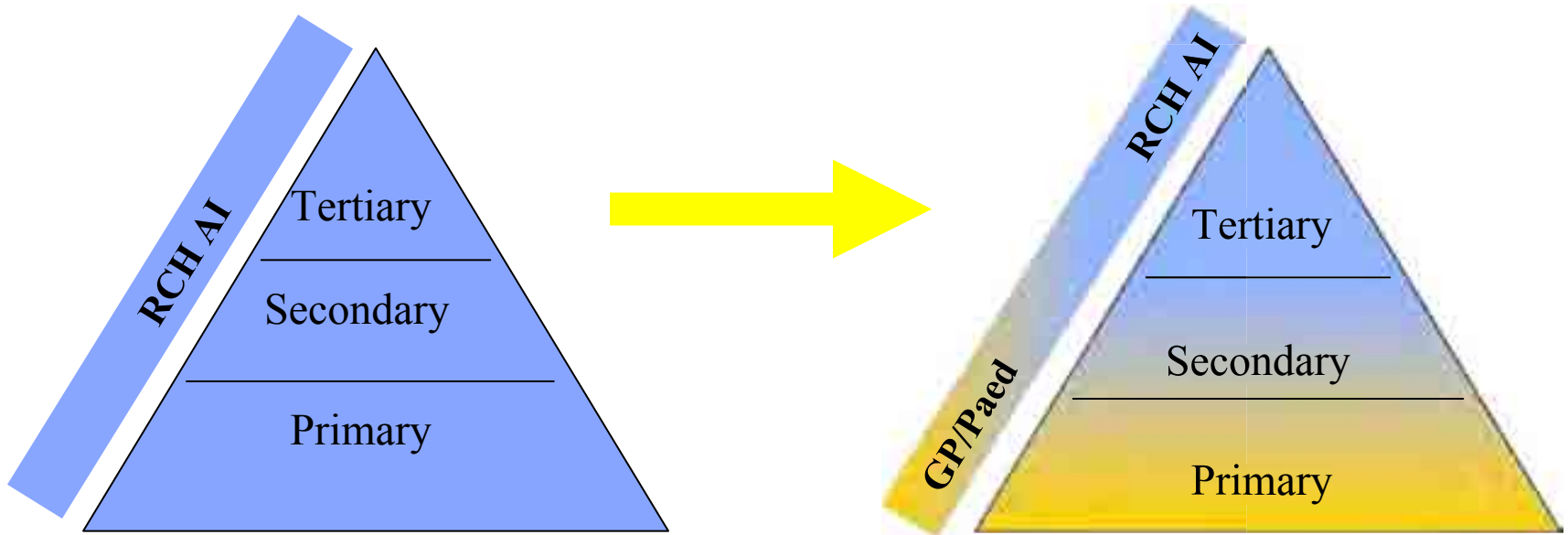
Based on a study of referrals received by the Department of Allergy & Immunology in August and September 2006.

# Reason for Referral

## Reason for new referrals



# Strategy

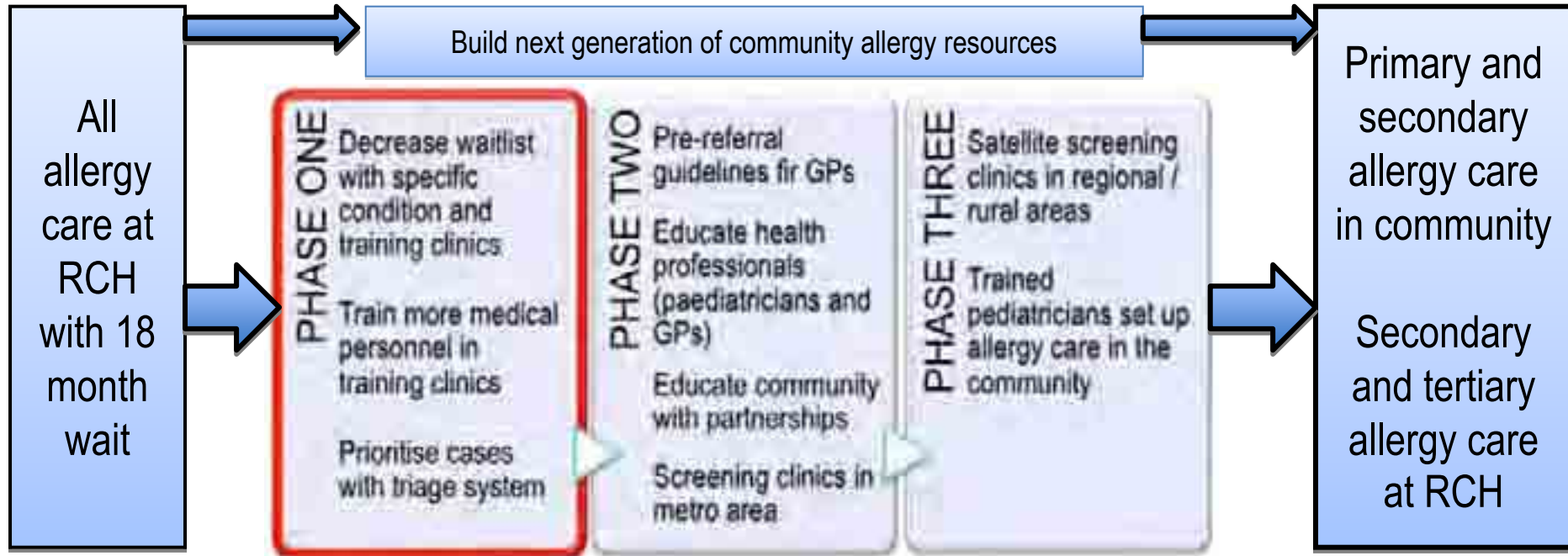


30% of Australian Children have some form of allergic disease

# New Service Model



# New Service Model



# Phase 1: Clinical Service

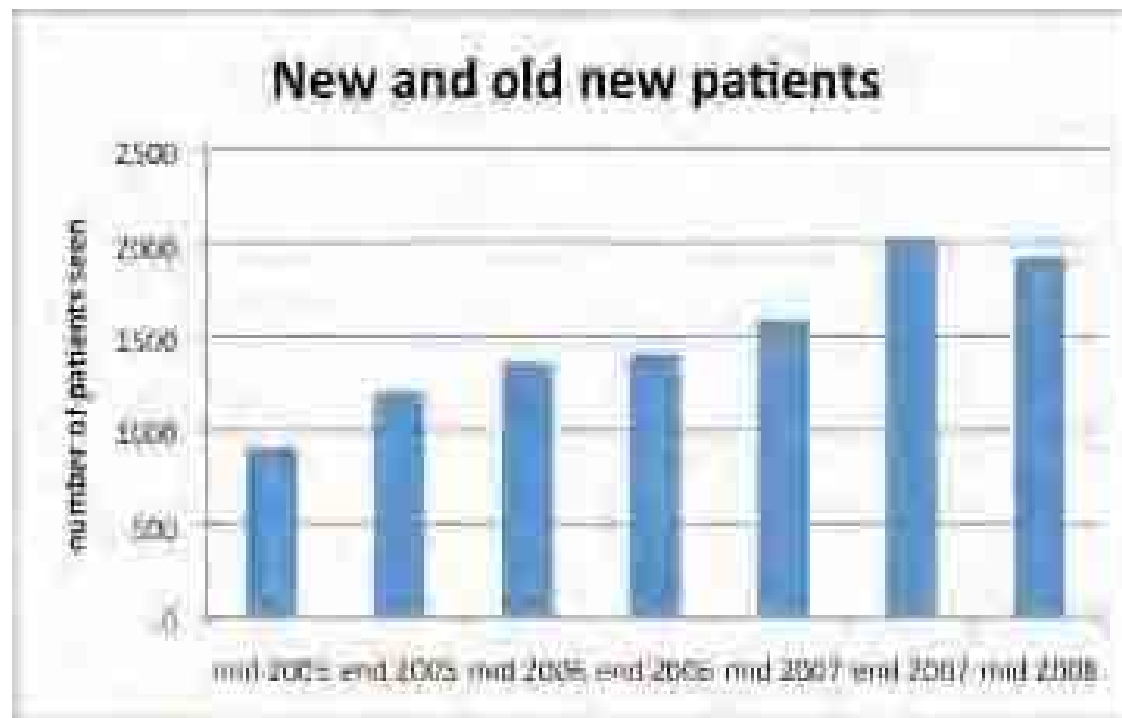
- Training clinics
  - Consultant clinics: 3 new, 3 review
  - Training clinics: 9 new, 9 review = 3x throughput

*Target = 60% training / 40% consultant clinics*
- Specific condition clinics ‘high priority cases’
  - Anaphylaxis clinic
  - Infant food allergy clinic
  - Severe eczema clinic
  - Drug allergy clinic

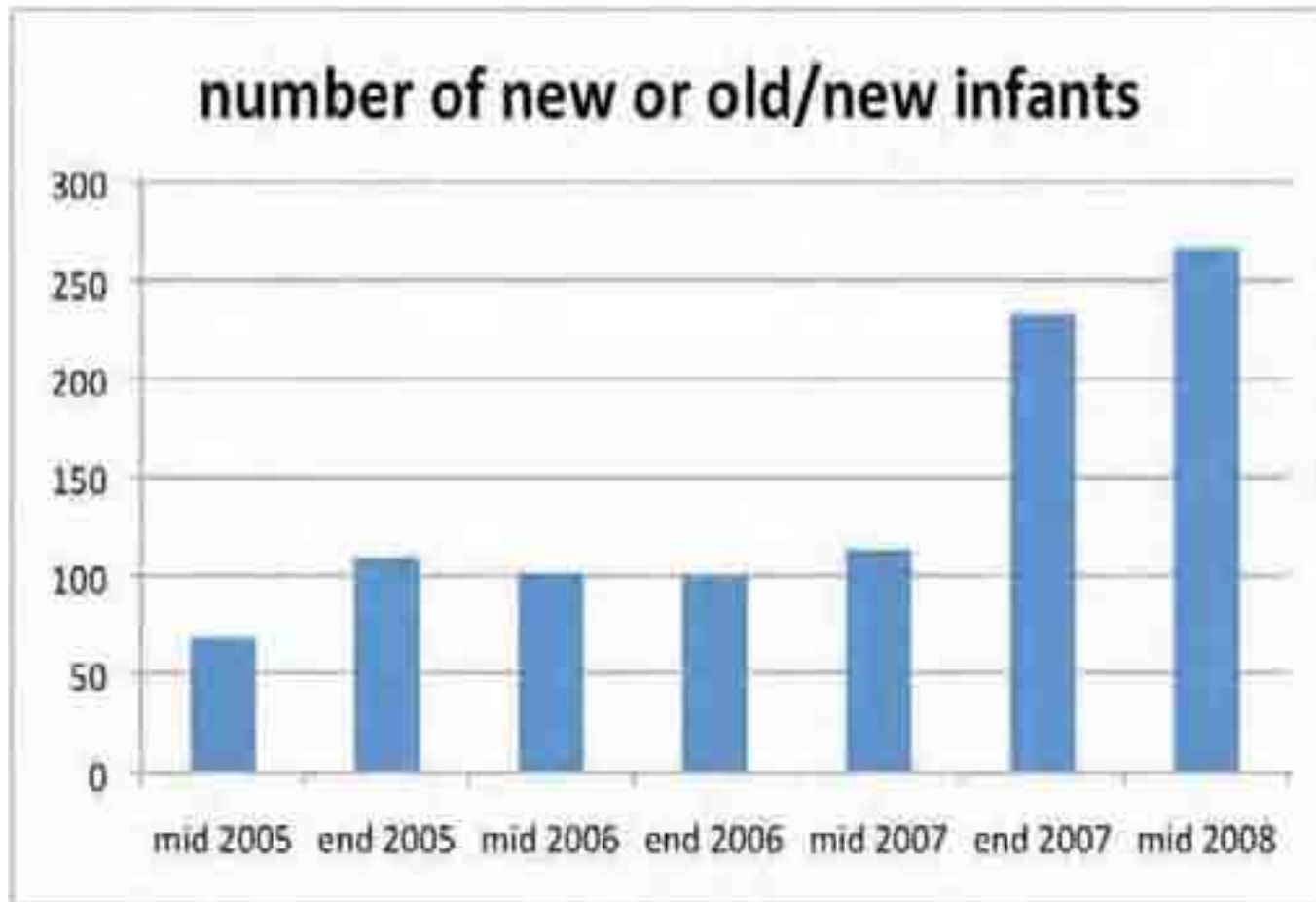
# Phase 1: Clinical Service

- Triage of referrals
  - Priority conditions
  - Prioritise paediatrician and specialist referrals
  - Reject referrals without an active allergy problem

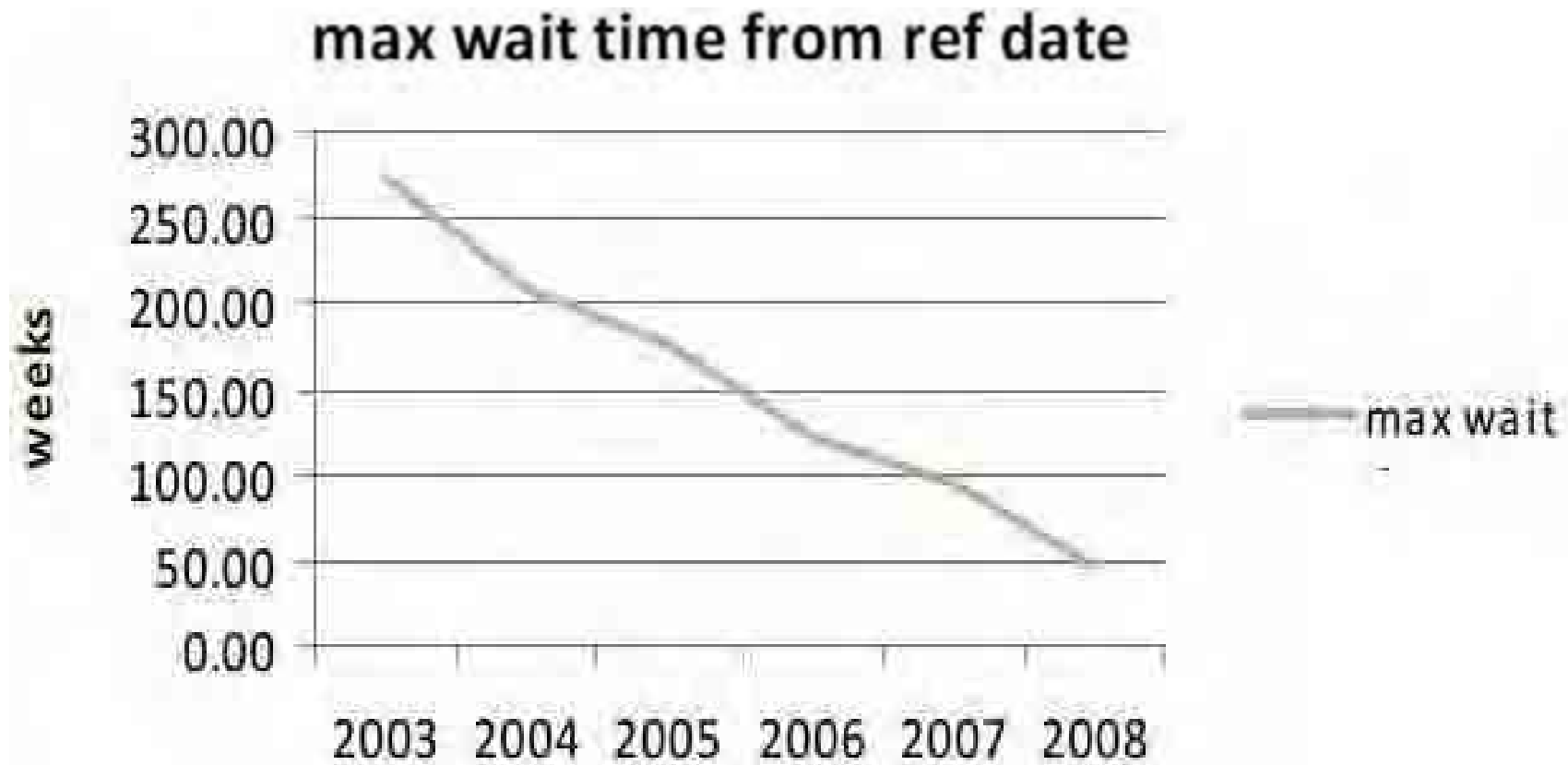
# Number of Patients Seen



# Number of Infants Seen



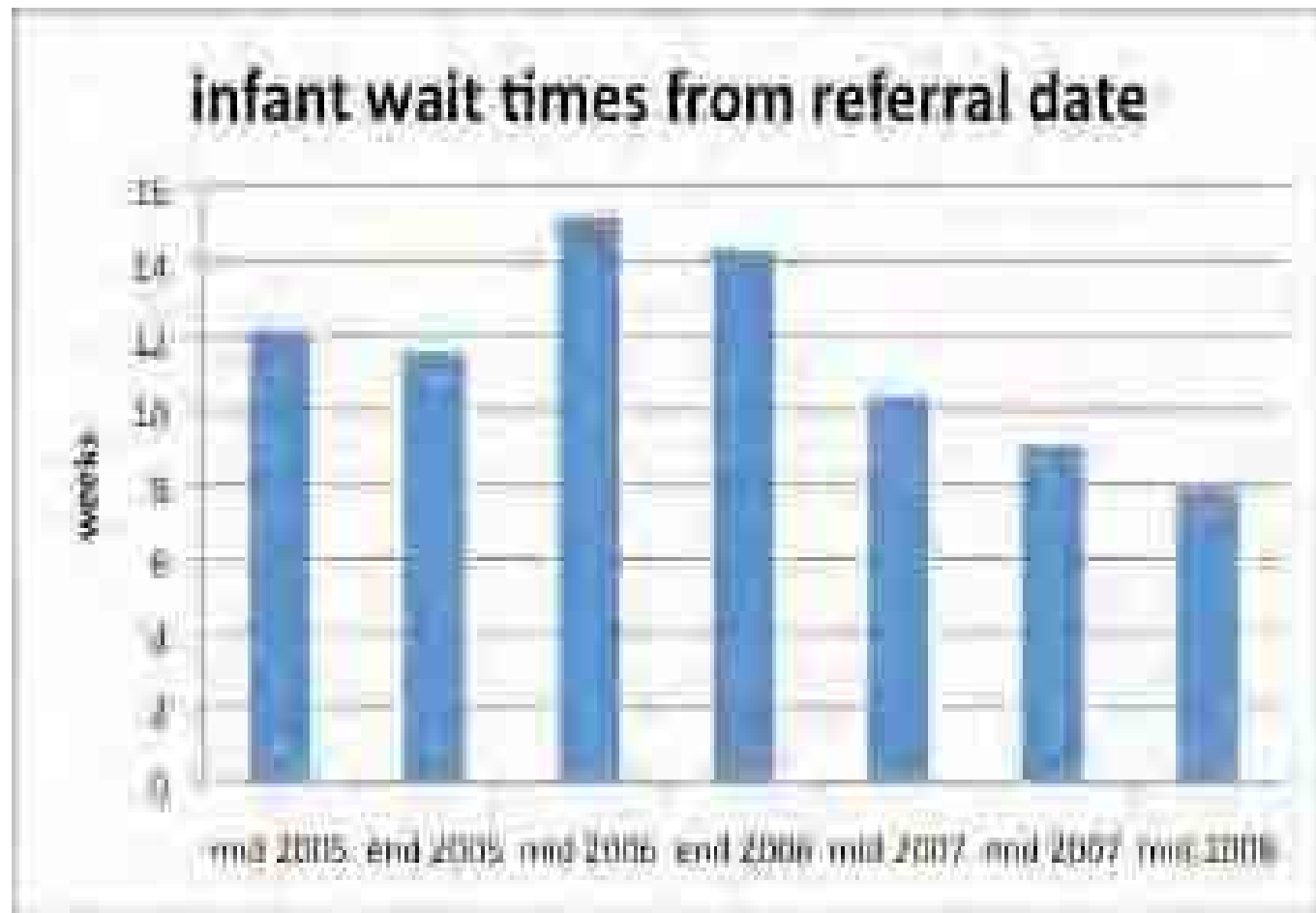
# Maximum Waiting Time from Date of Referral



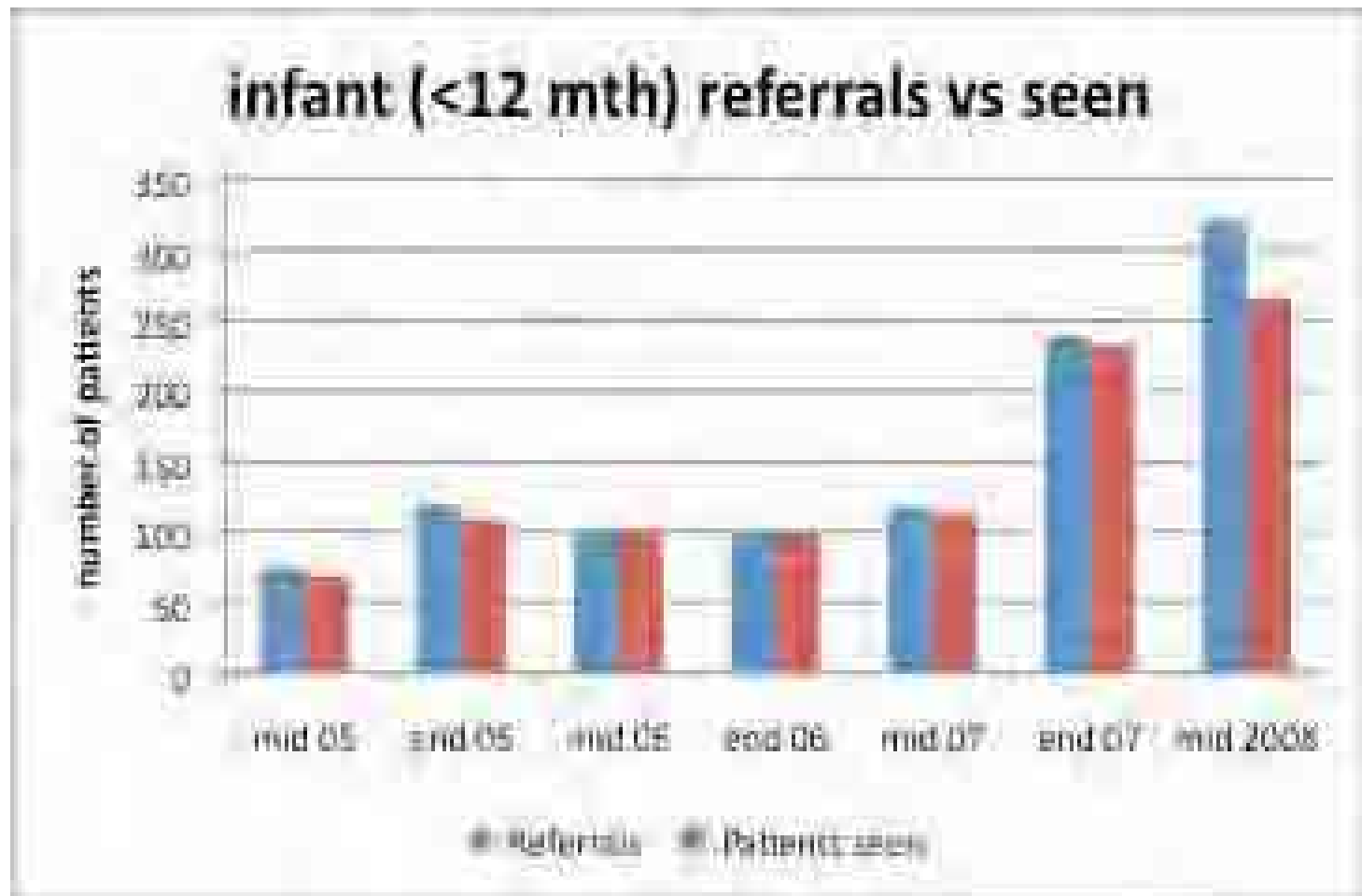
# Average Waiting Time from Date of Referral



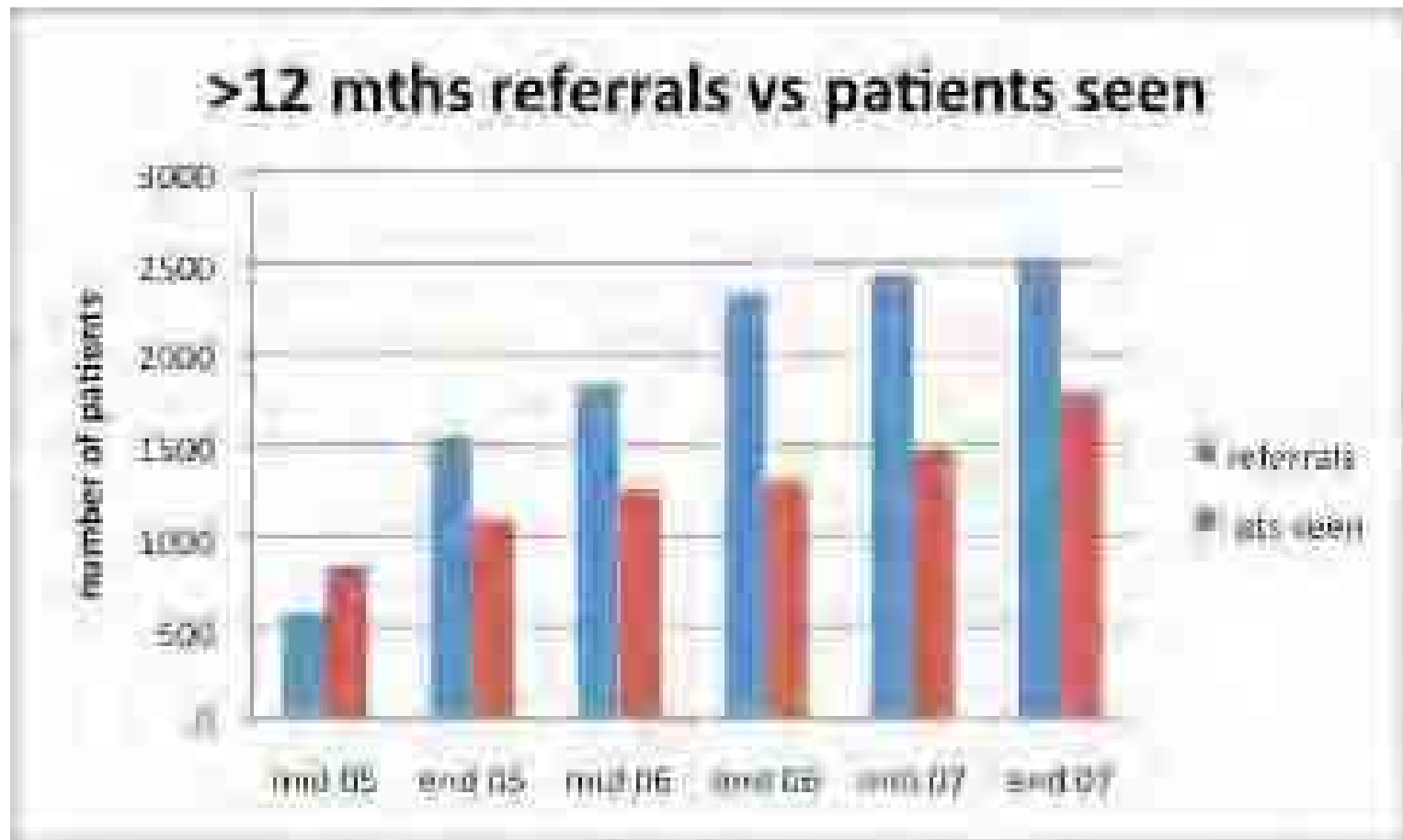
# Infant Wait Times from Date of Referral



# Infant Referrals and Infants Seen

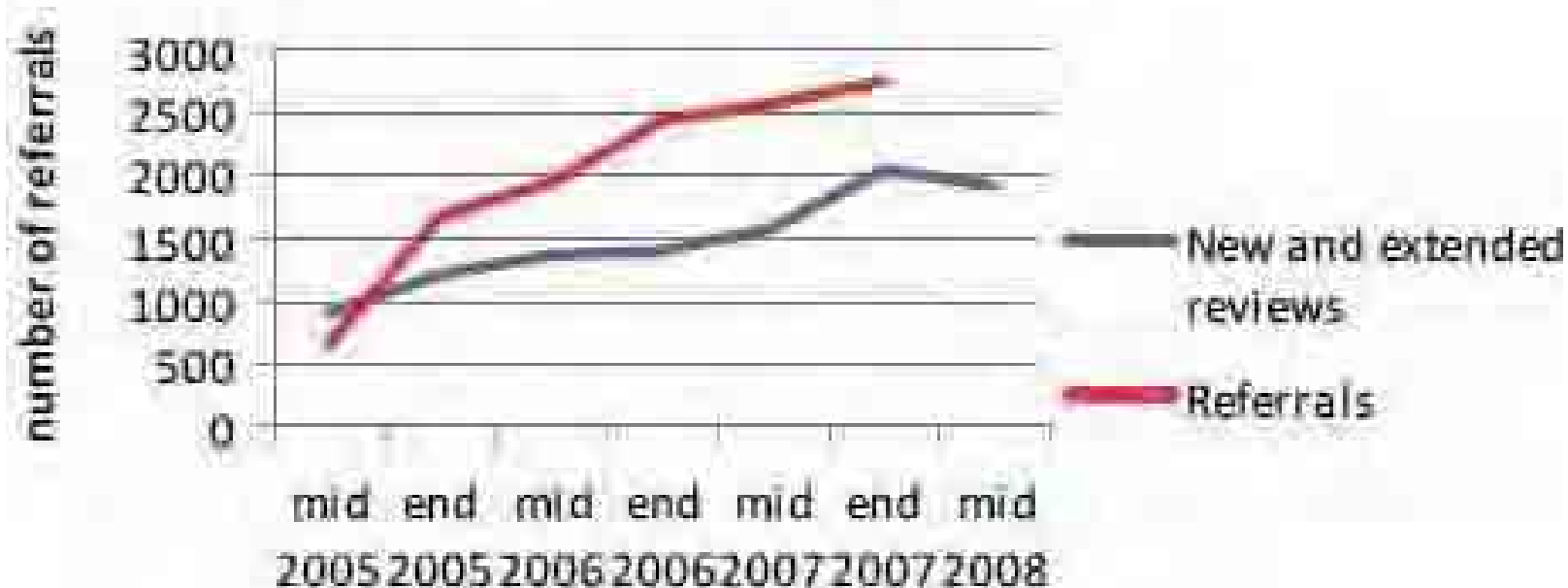


# >12mos Referrals and Patients Seen



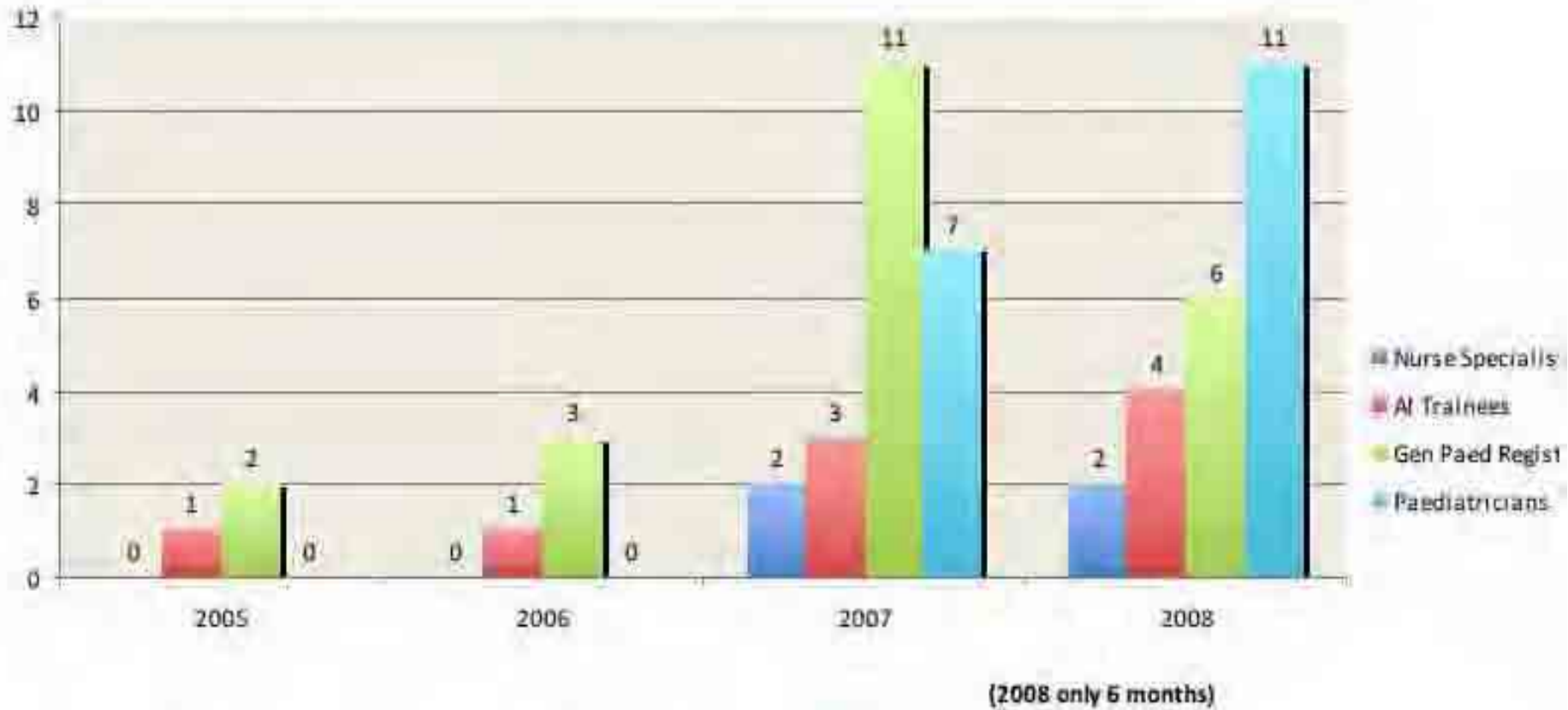
# Total Number of Referrals vs Patients Seen

referrals vs number of referrals seen in public clinics only



# Training in Allergy

## Department of Allergy and Immunology Trainees



# Evaluation of Allergy Model Phase 1

- Status at end 2007...
  - Increased patient throughput
  - Reduced wait times – 10 months end 2007
  - BUT marked increase in referrals exceeded projections
- Current status end 2009...
  - Ever increasing referrals (~600% increase from 2005) and capped patient throughput will result in progressively longer waiting times..... Now ~2 years!
  - Cost of running training clinics is not sustainable... funding for specialist supervisors is required urgently

# Ongoing Implementation: Phase 2

- Pre-referral guidelines for GPs and paediatricians
- Education of paediatricians and GPs
  - Paediatrician update days - 2006, 2008, 2010
  - GPs / Allied Health update days - 2007, 2009, 2010
- Education of other community health professionals eg: MCHN, pharmacists
- Education of wider community
  - Partnerships with parent/patient groups

# Phase 2: Screening Clinics

- 'Allergy Screening Clinic' for primary level allergy referrals
  - Start as Training clinics... Paediatricians supervised by Allergist Immunologist
  - Convert to fully functional screening clinics once training complete
- Plans underway...
  - Craigieburn Community Health Centre (North)
  - Sunshine Hospital (West)
  - Monash Medical Centre (SE)

# Acknowledgements

- Isabel de Silva
- Jane Sheats
- Staff at RCH Allergy Immunology
  - Clerical
  - Nursing
  - Dietetics
  - Medical