

CONFERENCE ABSTRACT

Western Health Healthlinks improves acute hospital utilisation in patients with chronic and complex conditions.

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Kirsty Barnes, Craig Nelson, Julia Jones, Kirsty Barnes, Jason Plant, Russell Harrison

Western Health, St Albans, VIC, Australia

Introduction: Western Health Healthlinks is a chronic illness management programme providing support for high-risk patients with chronic and complex conditions in the community in partnership with the Siverchain group (SCG). Launched in November 2016, Healthlinks is funded by the Department of Health and Human Services (DHHS) in Victoria, Australia. It evolved as a means of addressing integrated care for chronic and complex patients utilising the most hospital resources.

Description: Wesern Health Healthlinks explores how flexible funding for the chronic illness group can facilitate changes in service delivery. The model of care has been formulated through an extensive literature review, benchmarking and consultation process.

Aim: The primary aim of the evaluation of this programme is to determine if the model of care affects the number of days admitted to hospital, healthcare costs, service use and patient experience.

Targeted Population: Western HealthLinks programme was established to ensure a more supportive, cohesive and integrated model of care for WH's chronic and complex patient group with the goal of improving the care experience and providing more healthy days back in their own homes.

Timeline: Data presented is from November 2016 to October 2018

Highlights: Total beds saved 9556 over 23 months.

Total beds saved per day over 23 months was 13.8.

Reduction in bed days by 24.5% ($p < 0.001$).

20% reduction in WIES utilisation equivalent to \$10M AUD.

Paient experience improved on qualitative analysis.

Sustainability: Australia uses an activity-based funding model to support the provision of public hospital services. Activity-based funding (ABF) pays hospitals based on the number and mix of patients they treat. While ABF is an effective funding model for short-term episodic care, it's less effective for supporting the delivery of long-term, proactive and systemic care approaches. With patients challenged with chronic and complex illness identified as being at risk of poorer outcomes and being a greater healthcare burden, health systems are recognising the need to provide additional support and alternative models of care. This flexible funding model is key to the sustainability of this program.

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Transferability: To be transferrable there would need to be strong commitment from Hospital executive and board and the funding health department to deliver non-ABF funding.

Conclusions: The first 23 months of the Western HealthLinks programme has resulted in an increase in the time that qualifying patients are spending in their own homes and away from hospital, in addition to realising improvements in their overall healthcare experience.

Discussion: Implementing the programme during the first 23 months has not been without its challenges. As the Western HealthLinks programme developed, so did the need for new systems and processes, the redesign and augmentation of existing services, and the establishment of new collaborative arrangements, such as the one established with SCG.

Lessons Learned: Although WH recognises further development is required to embed the model of care, the 23 months of the Western HealthLinks integrated care programme has provided a solid foundation for further development and improvement over the coming years.