Senior Leaders Forum  
Wednesday 23 October 2019

*Value based health care*: Notes – Big Sticky Notes

**What are we doing?**
- Open Arch/OPERS -> Frail Elderly and OPHI Team GEDI
- Variations VLADS/HAZ’s
- Nurse Endoscopists/Sedation

**Opportunities**
- In addition to Access to Care and Measure outcomes Proms/PREMS Functional MEAS and LOS etc.
  - eg. NP in ENDO -> INT Model/Safe (Expand) -> Outcomes -> Proms/Prem's
  - ↓ Inc demand. -> Cost/LOS etc -> Consult Int. Aust

**What are we doing?**
- Open Arch/OPERS -> Frail Elderly and OPHI Team GEDI
- ? Nurse Endoscopists/Sedation eg. NP in ENDO -> INT Model/Safe -> EXP

Incorporate to Future
- Access to Care (Measure outcomes) -> Consumer Feedback -> Functional measures -> Proms/PREMS + LOS

1. **Nurse/System Navigator Model**
   - OPSAR Unit and assoc research
   - MGP expansion

2. **Commitment to reliable, integrated broad-based infometrics infrastructure.**

   - PACS -> Improved telehealth
   - i-Stat -> Virtual assessments
   - Flash -> Care closer to home/in home
     - -> Interdiscip approach
     - -> Continuity of Care

3. **Development of Integrated, Validated Personal Health apps**

   - PROMS – Exp Mental Health survey approach
   - SP
     - Brain CA Ax
     - Dignity/Risk – zero Tol/Harm min
     - ENT
   - PT
     - OA LBP XRay
     - Cat 3 Diversion to Pt v’s Dr N/OPSC
   - Alt Pathways
     - POPR – Post Op THPR/TKR – Rurals
     - AH Hand Post Op Mc
- Telehealth – Mental Health - Clinics – exp’g to A/H expansion scope to all

ED Waiting Texts
Case Cangmt Complex
Pnt Outcome
DASHBOARDS
- Diet T’Lands
- WR c Mareeba (Medical) (minimal pnt interaction)
- - ? scope to evolve
- HUB and Spoke support

PCFC
- GP# Clinic
- Scoping ‘Room Service’ ordering 4 pnts
- Pathology ordering – choosing wisely audits medicine areas
- Integrated Care ‘GP …balance risk/of over servicing
- Potential for radiology
- Goals of care discussions
- Pathways of Care – de-individualised checklist

What are we doing?
➔ Low value care – about 10 procedures
  - Incentive via funding to no longer to (divest)
  - eg arthroscopies for arthritis
➔ Choosing wisely – IOU
  - Radiology/Pathology/ Medications
  - Consumer education required.
➔ Getting it Right First Time – Starting w ortho
➔ Registrars - Many across different disciplines
➔ End of Life Care - Advanced Care Planning -> need greater emphasis

Need
organ donation improvement
More palliative care
Preventative Medicine/wellness
Greater Consumer input on their choice

1. Current
  - Change models of care – oncology (system)
  - Nurse Navigator – expand model
  - Listen to pts – sexual health open clinic
  - Telehealth (oncology)
2. Use PREMS/PROMS link data
  - Do more HIYH
  - Do more telehealth
  - Pt voice – pt pathways
  - Measure the right things – value and satisfaction
  - Do more shared care GP’s
  - Viewer training could be increased.

What are we doing? - VBHC
- System nurse navigators and complex care in rurals
- HITH – could scale up to rural and free up beds
- Ordering imaging, path and pharm based on Choosing Wisely (IOU)
- Nurse navigators (general) could be improved
- Library and partnership c public libraries to support health literacy
- Smart pump for chemo – scale to antibiotic therapy
- Follow up after discharge avoidable readmission due to medication.

How benchmark data integrity
- What else – Med Imaging – ordering
- New innovative equip but for what benefit

What else can do?
- ICHOH – outcomes patients wants
- Rehab/step down at home inc. community nursing
- Greater telehealth – to benefit patients, need greater holistic view of care and resourcing and incentive payments

- ??? Connection between HITH and after hours GP
- Co location of services to facilitate efficient care, eg. Medical imaging and ED
- Very sick patients in public thorough fare.

Learn from others
- UK GP at centre of patient care not specialist outpatients
- Strong district nurse model.