Western Alliance
A healthier regional Australia

15 September 2015

Commonwealth of Australia
House of Representatives
Standing Committee on Health

For online submission

Dear Committee

Submission to the Inquiry on chronic disease prevention and management in primary health care

Thank you for your invitation to provide a submission and to appear before a hearing to be held in Bendigo on 18 November 2015, which I am pleased to accept on behalf of Western Alliance Academic Health Science Centre (AHSC). Our office will be in touch regarding the number and details of witnesses who will be attending the hearing.

Western Alliance AHSC is a partnership of Deakin University, Federation University and 11 health service providers operating across the western region of Victoria. It aims to strengthen existing collaborations by formalising relationships between the Governing Partners, sustained over the history of the region's settlement and development. Western Alliance AHSC is the first of its kind in Australia with a focus on a specific geographical spread of communities, along the full spectrum of urban to remote localities, and to include a Primary Health Network (Western Victoria).

Our vision is a healthier regional Australia, and our mission is to improve the health and wellbeing of western Victorians through collaborative health care, research, education and training.

In responding to the Inquiry, we have attempted to make a contribution to those Terms of Reference that are most relevant to the vision and mission of Western Alliance AHSC, and that are likely to have a major effect on the health and wellbeing of regional and rural Victorians.

We look forward to further communication regarding the Inquiry.

Yours truly,

Dr Renée Otmar

Business and Communications Manager

Submitted on behalf of:

Professor David Ashbridge, Chair Professor David M Ashley, Executive Director

Western Alliance
A healthier regional Australia

Response to the Standing Committee on Health

Inquiry into Chronic disease prevention and management in primary health care, from Western Alliance AHSC

Note that the following responses are also relevant to other terms of reference (ToR) not specifically addressed here. With respect, we submit that the ToRs appear to promote 'siloed' thinking rather than the linkages and collaborative approaches that Western Alliance AHSC is seeking to embed.

ToR 2: Opportunities for the Medicare payment system to reward and encourage best practice and quality improvement in chronic disease prevention and management.

The Governing Partners in Western Alliance AHSC have identified a key priority for the region to identify the drivers of the rural/regional–metro divide outcome in all chronic diseases, and to harness the power of big data informatics and analytics in doing so. Taking a regional and sub-regional perspective means that we will be able to create linkages and integration across sectors in order to drive health improvements – for example, to address chronic disease prior to, and to avoid, the need for hospitalisation.

Western Alliance AHSC is the first of its kind in Australia focused on a specific geographical catchment including regional and rural populations, and to include a Primary Health Network (Western Victoria). In itself, this opens up a significant opportunity to initiate health improvements at the systems level across the catchment. The Commonwealth Government, through the Medicare system, has a key role to play in supporting transition to such an integrated system, perhaps facilitated through the PHNs.

ToR 5: The role of State and Territory Governments in chronic disease prevention and management

At least one-third of Victorians live in regional and rural settings, and yet a well-documented, iniquitous service divide exists between metropolitan and regional/rural settings. In order for these populations to benefit from advances in health and medical research and best practice in clinical care, government strategies and funding need to take a more equitable approach to the distribution of activity. This approach needs to take into account a regional perspective as well as a more localised, sub-regional view.

State and Territory Governments have a significant role in providing support – including funding – for research activities that explore many of the under-examined issues in preventing and managing chronic disease, such as the social determinants of health. In building a system that can deliver better health outcomes for regional and rural Victorians and that approaches the standard of their metropolitan counterparts, investment is needed to support the development of later-phase research

and systems-wide health services research, such as implementation of evidence-based practice; better understanding of target patient-group pathways from primary to tertiary health services (transition of care), and vice-versa; and understanding the drivers in uptake of chronic disease treatment services by rural and regional populations. The latter is particularly important in considering diabetes and cancer treatment services in rural and regional communities.

ToR 6: Innovative models which incentivise access, quality and efficiency in chronic disease prevention and management

It is well recognised internationally that, done well, collaborative approaches facilitate quality and efficiency – as exemplified in the academic health science centre model of Western Alliance. However, collaborative models do not always fit the funding criteria of established programs, and support is needed to facilitate the engagement of health services and other partners in collaborative ventures, taking a longer-term view for development and measurement of the success of collaborative models.

Western Alliance AHSC's priority areas of focus are aimed at bridging the gaps and inequities in promoting health and wellbeing, and in understanding and improving chronic disease outcomes for regional and rural Victorians. With this focus, we would wish to see investment in harnessing big data informatics and analytics relevant to community, clinical and services settings. To date, Western Alliance AHSC has provided seed funding support for three research studies relevant to chronic disease prevention and management (see below), but further funding is critically needed.

(1) SEA Change: Preventing Childhood Obesity within the Great South Coast, beginning with Portland

Led by Professor Steven Allender, colleagues and collaborators in western Victoria, this project takes a systems approach to reducing obesity. Communities of the Great South Coast of Victoria are partnering with obesity experts at Deakin University to deliver sustained change in the weight status of children. They are seeking to change the ways in which families, communities and organisations do things, so that healthy weight is the norm rather than the exception. Obesity is a national priority as well as a local one: in parts of the Great South Coast, up to 48 per cent of children have been measured as overweight or obese. Through its funding of this project, Western Alliance is providing support for:

- children to live, learn and play in communities that encourage healthy eating and active lifestyles
- collection of data and information to inform local, state and national policy and practice on obesity prevention
- development of an innovative, scientific approach to childhood obesity prevention
- workforce capacity building in research.

In addition, the project provides a focal point for new collaborations: Southern Grampians Primary Care Partnership, Deakin University, Portland District Health, Glenelg Shire Council, Dhauwurd-Wurrung Elderly and Community Health Service.

Western Alliance
A healthier regional Australia

(2) Chronic Disease, Injury and Ageing in Western Victoria: Opportunities to improve health delivery

Led by Professor Julie Pasco, colleagues and collaborators across the region, this project aims to establish the extent and influence of ageing on disease and injury in western Victoria. The project will collect new data and draw on existing information collected by various agencies to provide a detailed snapshot of the health and safety of people living in the region and its relationship to age. This information is required to identify gaps and plan changes to services and infrastructure to better serve communities in the west.

The global burden of chronic disease is growing and is expected to escalate because of the expanding and ageing population. In western Victoria, the burden of chronic disease and its consequent effect on physical disability, psychological distress, dementia and mortality are set to grow in accordance with this trend. The region also has pockets of older populations that are more remote and isolated, particularly those living on farms.

Through its funding of this project, Western Alliance is providing support for:

- description and better understanding of the burden of chronic disease and injury in the western region
- planning of future interventions as well as their evaluation
- collection of data and information to inform local, state and national policy and practice
- development of an innovative, scientific approach to data collection on chronic disease and injury in western Victoria
- workforce capacity building in research.

In addition, the project provides a focal point for new collaborations: Barwon Health, Deakin University, National Centre for Farmer Health, St John of God Geelong Hospital, South West Healthcare.

(3) Integrating Alcohol and Drug Prevention and Treatment Services in western Victoria: A community wide approach to reducing harm

Led by Professor John Toumbourou, colleagues and collaborators, this project takes a systems-wide approach to reducing harms associated with alcohol and other drug use. Communities across the western region of Victoria are partnering with experts at Deakin University in a range of interventions designed to reduce harmful alcohol and drug use. The project will continue successful interventions that have reduced alcohol supply to adolescents and reduced adolescent alcohol consumption.

The project aims:

(1) To develop a monitoring system that will provide accurate annual estimates for the City of Warrnambool and the Shires of Moyne, Glenelg, Southern Grampians, Horsham City and Corangamite of trends in: youth rates of alcohol and drug use; youth alcohol and drug supply sources; community norms unfavourable to youth alcohol and drug use; rates of sales of alcohol to underage youth; perceived community support for effective prevention and screening and early intervention services; implementation of screening, early intervention

Western Alliance
A healthier region, Australia

and treatment services; rates of client participation in AOD services; and rates of adult alcohol and drug-related harms

(2) To conduct annually repeated surveys (and later an intervention) with primary care and AOD staff to monitor changes in: perceived community support for effective prevention and screening and early intervention services; and implementation of screening, early intervention and treatment service

Harmful alcohol and drug use is a national priority as well as a local one: compared to Victoria, the western region has higher rates of alcohol-related problems, including assaults, hospitalisations and family incidents. These are related to higher densities of liquor licenses that result in competitive pressures to illegally supply alcohol to minors and intoxicated patrons. The high rate of alcohol problems is also related to an earlier age of introduction to alcohol use relative to metropolitan areas. In recent years the region has been taking effective steps to reduce these problems.

Through its funding of this project, Western Alliance is providing support for the development of:

- community support for health care staff advising patients on how to cut back on harmful alcohol and drug use
- collection of data and information to inform local, state and national policy and practice on prevention of harms associated with alcohol and other drugs
- development of an innovative scientific study of approaches to increasing health care advice to patients about alcohol and drug use
- workforce capacity building in research.

In addition, the project provides a focal point for new collaborations: South West Healthcare, Deakin University, Western Victoria PHN, South West Primary Care Partnership.

ToR 7: Best practice of multidisciplinary teams chronic disease management in primary health care and hospitals

A key principle of Western Alliance AHSC is to forge multidisciplinary, cross-disciplinary and trans-disciplinary approaches to achieve our vision and mission.

Among the partners in Western Alliance AHSC to date there has been significant innovation in establishing multidisciplinary models in the care continuum across health care providers, including the use of telemedicine to link services in rural and regional areas in diabetes management and cancer care. However, we need to fund studies to monitor and evaluate these initiatives over time, to ensure they are both successful and cost-effective.

We also need to support studies exploring the implications and effects of such innovations on workforce capacity and retention in rural and regional areas. As already noted in other submissions, including Submission 54 by Western Victoria PHN (a Governing Partner in Western Alliance AHSC), attracting and retaining health professionals remains a constant challenge for rural and regional communities. We suggest that engagement in research should be considered a key indicator of best practice in chronic disease management.

Western Alliance
A healthier regional Australia

Support for research and innovation should be considered key to attracting and retaining a quality workforce. Among the major benefits of engaging health services clinical staff in research through collaborations such as Western Alliance AHSC are:

(1) opportunities to develop and test new skills;
(2) opportunities to receive project and career mentoring from academic and industry experts;
(3) access to postgraduate employment, clinical research projects, grants and other collaborations; and
(4) potential for publication and to increase the individual health professional's competitiveness in the workforce.

In return, health service partners gain benefits including accelerated transfer for research knowledge into practice, quality improvements, reduced errors and clinical variance, ability to attract high-quality talent and job satisfaction for staff.

By providing financial support to the academic health science centres such as Western Alliance, governments could facilitate clinician scientists of all disciplines to gain better access to priority driven research funding and translation into practice.

There is a great deal of international evidence showing that the translation of evidence into practice occurs in orders of magnitude faster in hospitals that participate in research. However, research skills deficits exist at all levels of health services and are particularly evident in the regional setting. Many staff are 'research willing' but do not have the skills or support to undertake research.

In order to overcome this situation a comprehensive education and training program in research, supported by a statewide accreditation platform not dissimilar to existing hospital accreditation schemes, could be developed and implemented by the AHSCs. Resources that enable medium-sized health service providers to partner with their larger counterparts are also needed.

We believe that reform at the health service level would require the linking of research activity and output with performance measures and accreditation.

Furthermore, there is a need to address regional health workforce shortages – this is a concern for all healthcare professions but in particular for 'generalist specialists' in medicine (general medicine, general surgery, obstetrics and gynaecology, psychiatry etc.); junior consultants tend to be reluctant to move to regional sites after 5 to 8 years of specialised postgraduate training in city hospitals. The Victorian medical schools have proposed three regional medical training networks as a way to address this problem – they have developed a business case to support development of a Victorian Regional Medical Training Network whose goal is to improve the distribution of doctors in regional and rural Australia by expanding rural and regional postgraduate vocational medical training

Western Alliance
A healthier regional Australia

ToR 8: Models of chronic disease prevention and management in primary health care which improve outcomes for high end, frequent users of medical and health services

Western Alliance AHSC is unique in its focus on regional and rural health outcomes, and through the financial and in-kind support provided for its establishment and development to date the Governing Partners of Western Alliance are signalling the importance of advancing research, education and healthcare through the AHSC model.

Bridging the gap in chronic disease health outcomes for rural and regional Victorians will only be achieved through research that identifies the drivers and develops strategies to overcome them. Sustainable progress in these endeavours needs sustained government investment.

In order to initiate a paradigm shift in the regional and rural research agenda, financial support for infrastructure, people and projects is urgently needed by the Western Alliance AHSC. This paradigm shift includes a focus on the following areas of priority for health services research:

- Ensuring that all health services embed research as a core activity, rather than as an optional add-on. This includes rural and regional health services, and can be achieved through partnerships in AHSCs.
- Identifying the drivers of the rural/regional–metro divide outcome in all chronic diseases
- Enhancing referral pathways and patient transitions through different sectors of the healthcare system
- Comparative analyses of service models in subregions of Victoria
- Examining strategies that promote health and wellbeing and mitigate preventable episodes of admission to the acute sector, such as better management of chronic disease and aged care.

ENDS