

Men's health and telephone-based health services

McKesson Asia-Pacific
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Introduction

This submission will focus on the potentially positive effects on men's health in Australia inbound and outbound telephone call centres can have.

Over recent years, governments in Australia and New Zealand have operated inbound call centres to provide both broad and specific health care advice to the wider population. Under government contract, McKesson Asia-Pacific operates a number of these call centres.

Through our operations, we have observed how a convenient and anonymous service can benefit the community. Among other issues, this Senate inquiry has been charged with investigating general questions relating to the availability and effectiveness of supports and services for men's health. We believe further development of outbound call centres to work in tandem with an expanded inbound service could have numerous positive results for health care delivery, and for men's health in particular.

Men's reluctance to seek health care

The general reluctance of men, when compared to women, to seek health care has been widely researched. Studies have demonstrated this reluctance may have contributed to the overrepresentation of men in statistics ranging from suicide rates to chronic illness.

With its most recently published records, the Australian Bureau of Statistics noted significantly higher mortality rates for men than women for chronic illnesses such as cancer, heart disease and diabetes, and that men were four times more likely than women to commit suicide.ⁱ An Irish study linked the reluctance of men to seek mental health care to higher suicide rates among men.ⁱⁱ

Some of the impediments to men venturing to either hospitals or medical centres to seek care include:

- Men, unlike women, aren't socialised into regularly visiting the doctor. John W Saultz, a professor of family medicine at the Oregon Health Services University has pointed out whereas women make ongoing visits to the doctor for routine gynaecologic or maternity care from their mid-teens, men view health care as a last resort when something is wrong.
- As women have made more of a habit of utilising the health system, whether for their own needs or because women have been traditionally saddled with taking children to the doctor, the environment of the health care system is feminised, according to Professor Gary Wittert. The health system has been set up to cater to the priorities and needs of women.ⁱⁱⁱ

So, for a variety of reasons, men's health services offer great scope for improvement by government and health care providers.

While studies may point to myriad factors, men and women do approach health care in different ways. Taking this as a starting point, one means of making progress is to attempt to tailor health care in a way that accounts for the underrepresentation of men, and to develop services designed to overcome problems with men.

This is why McKesson advocates the expansion of telephone-based health care. Strengths associated with call centres include anonymity and confidentiality. If men are reluctant to take the necessary steps to seek formal, traditional help for whatever reason, then health care providers and governments are obliged to tailor health care to be more responsive to men's needs.

Telephone-based health care

While emerging relatively recently, health call centre services should be seen to work within the dictates of the greater health system; a way to harness technology to complement age-old face to face health care of visiting a doctor or a hospital. In effect, the clinical services delivered via health call centres provide a parallel stream to improve access to health care

In addition, when health care budget constraints are widely felt, they are a relatively low-cost way of taking pressure off hospitals. They are not meant to replace professional care, but offer a chance for people to better assess their own health with the help of a professional before venturing to seek medical attention.

This Inquiry is looking into, among other issues, the extent, funding and adequacy of treatment services for men's health in metropolitan, rural, regional and remote areas. Utilising the technology offered by telephone call centres offers a means of bettering health care services in remote areas. Call centres enhance access – the telephone overcomes geographical and transport hurdles for patients seeking care.

Moreover, the 24-hour nature of health call centres overcomes both operational limitations in remote areas, where it may be unreasonable for a health service to be easily accessible over the entire 24-hour cycle, and reluctance of people to seek medical attention in the middle of the night.

Independent audits have shown McKesson's inbound telephone triage services to have provided:

- very positive clinical outcomes;
- low cost of service per contact (compared to traditional health services);
- more efficient allocation of scarce health care resources; and
- directions to the most appropriate mode of care for individual patients.

McKesson believes a simple and cost-effective way of making progress in men's health is to develop telephone call centres as a means of breaking down at least some of the barriers when it comes to men seeking health care. While health call centres have more often been patronised by women, it seems that the nature of the call centre model is such that with the right marketing and presentation to men, they could be used as a significant lynchpin in encouraging men to seek more regular health advice.

Preventative care

This Inquiry is considering issues related to the availability and effectiveness of supports for men's health. As a means of creating a more effective health system for men, the creation of outbound call centres to work alongside inbound telephone triage services is a subject worthy of investigation.

The recent publication of the Interim Report of the National Health and Hospitals Reform Commission pinpointed preventative care as a top priority for a national health care system. The notion of an outbound call centre fits with this approach – rather than waiting for potential patients to take the initiative and seek health care, this model of care seeks to identify potential patients and regularly intervening can prevent complications of chronic conditions.

The type of care provided by McKesson's call centres nestle with the Commission's four identified strategic themes for health care reform – Taking Responsibility, Connecting Care, Facing Inequalities and Driving Quality Care.

The first two themes call for individual and collective action to build health and well-being and for the development of comprehensive care for people over the course of their lifetime. McKesson's operations can be a significant component in creating a health system that is responsive to such themes, by alleviating some of the barriers within the traditional health care system and to begin the process of health professionals taking a more pro-active approach in treating chronic illnesses.

The other two components of the Interim Report – Facing Inequalities and Driving Quality Care – are also related to the type of service offered by McKesson. As discussed earlier, the nature of the call centre as a health care tool helps to overcome geographic obstacles to reaching required care, and would thus smooth some of the inequalities within the system.

In addition, the Interim Report's Driving Quality Care theme pertains to the need for better use of people and existing resources. McKesson is well aware of the funding constraints in the national health system, and the pressing issues relevant to men's health in Australia. We believe an extension of our inbound services and the development of outbound call centres would be a cost-effective means of tackling the health issues particular to men which are the subject of this Senate Inquiry.

Treatment of chronic illness

While the implementation of call centres to aid traditional health care services has largely focussed on inbound call centres – where a nurse is at one end of the line and offers the caller professional advice– there is a potential for outbound call centres to make significant improvements in the treatment of chronic illnesses.

In Australia, this would have specific benefits for men when considering ABS statistics pointing to the disproportionate number of men than women suffering chronic illnesses such as cancer, heart disease and diabetes. Outbound telephone call centres offer a potentially invaluable tool in aiding men's management of chronic illness. For one, a health service based on reaching out to men with a chronic condition by making telephone calls overcomes the well-documented reluctance of men to seek medical care.

In one sense, the proactive role is borne by the health provider, and health care takes a preventative, rather than reactive, approach. Telephone calls to patients can offer an invaluable tool in encouraging men, especially men who live alone, to follow their doctor's care plans.

Harnessing telephone technology has been cited as way of delivering better outcomes for chronic disease management. Evidence from the United States has demonstrated links between outbound telephone intervention and better results for patients suffering diabetes, asthma and heart failure. The positive effects for diabetics' control of fluctuating glycaemic levels infers the positive benefits of intervention by telephone.^{iv}

A study charting the success of disease management care plans for patients suffering congestive heart failure in the United States found that patients in the care group who had not received telephone

intervention were more likely to either die or be admitted to hospital for complications of heart failure than those patients who had received an intervention.

From the United States, data regarding the success of this sort of interventionist health care is encouraging. Among other outcomes, telephone-based care has helped:

- bring about positive behavioural change and thus substantial reduction in medical service utilisation – the intervention approach resulted in a net decrease of medical costs;^v
- significantly reduce hospitalisations and emergency department visits;^{vi} and
- total hospitalisations and emergency department visits were lower and statistically different from that of the matched-cohort group during the program period, suggesting the beneficial effects of monitoring, education and counselling activities for participants.^{vii}

McKesson locally has similar data demonstrating improved health outcomes, behaviour change and reduced hospital utilisation.

A legitimate question goes to how simple telephone interventions can dramatically improve outcomes. Studies from the US focussing on patients with heart conditions found that:

- non-compliance with diet and medication as the most common reason for hospitalisation and emergency attendance;^{viii}
- patients fail to recognise the importance or, or act on, developing symptoms;^{ix} and
- they often have subtle but significant cognitive defects, meaning that they may recall general advice from doctors, they often do not recall the best ways to care for themselves.^x

Within Australia, better management of chronic diseases offers a potentially dramatic benefit for patients and the health system at large. When considering the disproportionate rates of men to women suffering chronic illnesses, the potential benefits for men's health care is clear.

Also, the results from the United States of the benefits offered by interventionist health care are stark when considering the recent Garling Report in New South Wales noted management of chronic disease accounted for 70% of all current health expenditure.^{xi} Better management of chronic illness needs to be an imperative for a health system stretched to its resource limit.

Conclusion

While health systems are facing real issues with resources and infrastructure, there are ongoing questions about how to create a health system more responsive to men's needs. Statistics demonstrate the overrepresentation of men in terms of chronic illness rates, and that treatment of chronic illness forms a major part of health spending in this country.

The nature of telephone-based health care offers a new and potentially positive way of reaching men about their health needs. In particular, a more extensive network of inbound and outbound call centres has been demonstrated to offer benefits for chronic illness treatment in the United States, and this arguably offers a more pro-active way for health care providers to reach men and deal with their health needs.

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- ⁱ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyCatalogue/2093DA6935DB138FCA2568A9001393C9?OpenDocument>
- ⁱⁱ <http://www.ijpm.org/content/pdf/343/Burke.pdf>
- ⁱⁱⁱ Professor Gary Wittert, head of medicine at Adelaide University, cited in Eccleston R., "Woe man's land: Men who are battling with an ingrained resistance to seeking medical treatment also have to deal with a health care system that's more focused on women" in *The Bulletin*, 16 October 2007
- ^{iv} Piette JD, "Using telephone support to manage chronic disease", Chronic Disease Care, California HealthCare Foundation, <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=111784>
- ^v Berg and Wadwha, "Diabetes disease management in a community-based setting" in *Managed Care*, June 2002
- ^{vi} Berg, Wadwha and Johnson, ("A matched-cohort study of health services utilisation and financial outcomes for a heart-failure disease management program in elderly patients" J. Am. Geriatric Society 2004; 52; 1655-1661
- ^{vii} Johnson AE, Berg G, Fleegler E, Sauerbrun M, "A matched-cohort study of selected clinical and utilisation outcomes for an asthma care support program" *Disease Management* 2005; 8 (#); 144-154
- ^{viii} Welsh JD, Heiser RM, Schooler MP, Brockopp DY, Parshall MB, Cassidy KB, Saleh U, "Characteristics and treatment of patients with heart failure in the emergency department", *Journal of Emergency Nursing* 2002 April 28(2), pp126-131
- ^{ix} Carlson B, Riegel B, Moser DK., "Self-care abilities of patients with heart failure" *Heart Lung*, 2001 Sep-Oct; 30(5): 351-9
- ^x Bennett SJ, Sauve MJ "Cognitive deficits in patients with heart failure: a review of the literature" *Journal of Cardiovascular Nursing* 2003 July-August; 18(3): 219-242
- ^{xi} Garling Report, p.40