Our Healthcare Future

Response from Discipline Leads Occupational Therapy, Tasmanian Health Service. Representing THS occupational therapy services state-wide with the exclusions of State-Wide Mental Health Services and Community Rehabilitation Unit (in the south).

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Thank you for the opportunity to respond to "Our Healthcare Future" consultation.

As the Discipline Leads for Occupational Therapy (OT) in the THS, we are reassured to see a shift towards providing care in the most appropriate setting and improving community care.

The Role of Occupational Therapy in Our Healthcare Future

Occupational Therapists in Tasmania work across the government, non-government, private and community sectors to deliver health services for Tasmanians that are closely aligned with "*Our Healthcare Future."*

Occupational Therapy Australia Scope of Practice Framework details the work of occupational therapists.

The primary goal of occupational therapy is to ***'enable people to participate in the activities of everyday life'*** (World Federation of Occupational Therapy). Occupational therapists are well qualified to address 'a person's quality of life and participation in everyday activities' (p14 *'Our Healthcare Future')*.

Consistent with the direction of Our Healthcare Future is our ability to provide care for patients in 'the most appropriate setting' (p17). Occupational therapists in the Tasmanian Health Service (THS)

- work with people directly in their homes and communities to maintain or improve their function and independence; to self-manage their own health needs; to assist people to remain longer in their own homes; and to prevent people from presenting to hospital.
- improve quality of life and participation in everyday activities by working with people within the goals, contexts and environments that are most suited to them i.e. "the most appropriate setting" (p17).
- prepare people to leave hospital (discharge) to return to their homes safely, sustainably and at optimal functional levels; and assist people's recovery or maintenance of function (sub-acute) to enable people to stay at home and participate in their communities.

Our focus is always *the right setting.*

An independent and rigorous study in 2016 in the *Medical Care & Research Review* journal found the following:

> ***Occupational therapy is the only spending category that has a statistically significant association with lower hospital readmission rates*** for the chronic health conditions studied. The researchers surmised this is because occupational therapy addresses both the clinical and social determinants of health and noted that ***"investing in OT has the potential to improve care quality without significantly increasing overall hospital spending."***

Rogers AT, Bai G, Lavin RA, Anderson GF. Higher Hospital Spending on Occupational Therapy Is Associated with Lower Readmission Rates. Med Care Res Rev. 2017 Dec;74(6):668-686. doi: 10.1177/1077558716666981. Epub 2016 Sep 2. PMID: 27589987.

The Current State of Occupational Therapy in the THS

Despite the evidence for occupational therapy in improving people's health outcomes, cost-effectiveness, and strong resonance with *Our HealthCare Future,* occupational therapy services in the THS are severely under-resourced.

The Allied Health Workforce 2040 paper notes the decline in public sector occupational therapy in Tasmania and identifies occupational therapy as a high priority for workforce planning.

The exodus of occupational therapists from the THS is due to several factors, many of which can be traced back to dissatisfaction with the constricted scope of practice of occupational therapists within the THS due to FTE, resulting in reactive work rather than prevention, early intervention, and evidenced based services.

Baseline FTE for occupational therapy is inadequate in the THS to address the health needs of our population outlined in this consultation paper.

Furthermore, subsequent challenges in recruiting to occupational therapy vacancies in the THS were seen as an opportunity to reduce FTE in the 2019 Affordable Budget Establishment (ABE). As an example, Occupational Therapy services in the north were expected to continue operations with a 29% reduction in FTE.

Our HealthCare Future cites "*Tasmania's health workforce needs to be better aligned to current and future needs of the community*" (p22) which requires addressing the insufficiency of occupational therapists in our public services.

Response to Selected Consultation Questions

Reform Initiative 1: Better community care

1 How can we target better our current investment as well as future investments in health to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time?

- Address the insufficiency of AHPs in our health services, in particular occupational therapy. See our response to the Health Workforce 2040 strategy
- Provide THS OT services earlier in a person's decline. There is strong evidence that intervention in the early stages of reduced function will alter a person's trajectory, slowing down their decline and reducing costs of health and social services
- Acute services are essential but the demands in hospitals continue to increase with no increase in resources. This results in reduced OT scope, a superficial approach to supporting discharges, and high priority people who miss out on receiving OT services altogether
- We support innovative models that provide post-acute follow up services, hospital avoidance services, re-enablement in the home, rehabilitation in the home, self-management strategies, complex care coordination at home, carer education/training/support and high acuity acute-on-chronic management at home.
- We would like to see reduced reliance on hospitals by investing in OT in these community-based models

2 How can we shift the focus from hospital based care to better community care in the community?

- Individuals, Families, GPs, and other primary health care providers are well placed to recognise clients in decline – physical, social, sensory, cognitive, and mental
- There needs to be simple pathways to accessing early intervention services in the community such as occupational therapy, physiotherapy, dietetics, and nursing
- These services need to be funded
- There needs to be acknowledgement that assisting a person to recognise and address their declining health and function takes skill (allied health professionals) as well as time (beyond light touch/occasional interventions only)
- There is evidence that interdisciplinary teams with case coordination work well to reduce hospitalisation risk, as well as reducing LOS and readmission if a person is admitted

3 How can we facilitate increased access to primary healthcare, in particular: a. after-hours and on weekends b. in rural and regional areas c. for low-income and vulnerable clients d. for extended treatment options (e.g. urgent care or non-emergency care)?

- Fund allied health services for weekends and afterhours, both in hospitals and communities
- Deliver innovative Allied health models that support patient flow, such as NHS models: https://improvement.nhs.uk/documents/2485/AHPs_supporting_patient_flow_FINAL_.pdf
- For example, the Extended Scope Occupational Therapy service in the south (7 days per week) aims to keep people at home who are at high risk of admission. Referrals are primarily from Ambulance Tasmania Extended Care Paramedics and Community Nursing; the ESOT response is same day if required to prevent an admission. This service needs to be available across all regions.

4 The UCC Feasibility Report 2019 identifies UCCs as a feasible service model for Tasmania. Are there other barriers and opportunities for implementing a model of urgent care in Tasmania not identified by the study?

- The UCC provides an opportunity to identify people at high risk of decline / loss of function.
- The UCC needs to be able to link clients with community services in a proactive and early intervention model
- Occupational Therapy can deliver cost savings in urgent care and improve lives. See RCOT UK paper https://www.rcot.co.uk/sites/default/files/Urgent-Care-report-ILSM-2015.pdf

6 How can we make better use of our District Hospitals to enable maximum utilisation of beds in these facilities as a step-down from public hospitals and a step-up from the community to improve patient flow in acute hospitals and care in the community?

- Most OT services are only resourced to focus on discharges or single interventions (e.g. acute & community OT), not allowing a focus on sustainable improvements in health or wellbeing at home or in the community
- District hospitals should provide an opportunity for clients to regain function / improve their independence without the urgency associated with acute hospitalisation
- Dedicate allied health teams for district hospitals to enable better recovery, improved function, more sustainable discharges, and to support people to participate in healthy living at home (in the right setting)

- *Involve THS AH discipline leads* directly in the conception, design and implementation of service models that include allied health for district hospitals and communities; this should be routine
- OTs will be attracted to these roles if services are delivered to communities through hub and spoke models i.e. where OTs are fully integrated in OT departments in regional centres and supported to deliver services in rural areas
- Align governance for THS/public OT services; current services have variable organisational structures and governance lines, fragmented OT FTE, limited service scope, limited professional support and are not attractive for recruitment

7 How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care, and acute care)? What should be our priorities for integration?

- Provide more care coordination; the system is too complex for consumers, families, and health care providers
- Reduce the number of NGOs and other organisations; take more responsibility in government services (it's too easy for people to fall into the gap)
- This will assist to reduce the fragmentation; we see many small organisations trying to deliver health services: books opened, books closed, variation in processes, interventions cease when funds run out, new graduates in unsupported roles etc. Public OT services frequently pick up unfinished business by other health professionals where providers have "run out of sessions", or clinical situations become too complex for providers, or where a multi-disciplinary approach is required that is not available in the private sector
- Fragmented service provision through small providers is problematic for both the public sector "picking up the pieces" and the consumer
- Remove barriers to seamless THS services by aligning governance of Allied Health services in regions, thereby aligning systems and services

8 How can we strengthen the interface between hospital services and aged care to improve community healthcare for older Tasmanians?

- This requires a shift in priorities and an investment in more FTE to reduce wait lists and enable reasonable time to spend with each person; acknowledging there is less throughput of people when undertaking services in the home, but longer term cost benefits
- Reduce duplication of services in the community – there are some NGOs with Commonwealth funding that deliver assessments and services that look like occupational therapy, but without OT qualifications. Not only is this *not* delivering the right service by the right professionals, but it creates confusion for consumers
- In general, Commonwealth funded aged care services in the home (CHSP and HCPs) need considerably more OT services to achieve their objectives. There are currently long waits for these services, and the services are not prioritised as resources are so stretched
- Increase the value placed on early intervention at home (the right setting) in the initial stages of aging and decline, not when a person is requiring significant care and medical attention. Note that "light touch," low level, low intensity services may not be adequate to achieve the objectives
- Improve visibility of package recipients to improve the most appropriate service response (state AH versus commonwealth AH)
- Provide mechanisms for escalating issues when barriers are encountered e.g. supply of equipment to support safe & sustainable discharge home for package recipients; reluctance to access AH though

packages; funding allocated for modifications not clinically indicated or when less expensive solutions (e.g. equipment) may suffice

12 How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?

- Make the system less complex E.g. single point of referral for occupational therapy in each region, streamed & triaged by skilled occupational therapists
- Provide more care coordination.
- We believe there should be more clinical oversight over home modification priorities and funding allocation so that the right people – with high needs - are receiving government subsidies; this could reduce wait periods for funding of modifications for the most urgent needs

Reform Initiative 2: Modernising Tasmania's Health System

2 What digitisation opportunities should be prioritised in a Health ICT Plan 2020- 2030 and why?

- Electronic Medical Records, not just Digital Medical Record (archive system) – improve timely access, legible and able to be searched for key information
- Better access to data reporting and analysis support for allied health managers – to improve ease of decision making and service evaluation and design

3 What information should be prioritised for addition to the My Health Record to assist clinicians in treating patients across health settings (e.g. GP rooms, Hospital in the Home, Hospital, Specialist Outpatients)?

- Re-visit training in use of My HealthCare Record; prior training was limited, and My Health Record roll-out had not yet occurred to be directly applicable at the time
- Introduce capacity to easily add services that have been involved in care (without the detail). For example, sharing that the person has seen a community OT recently

5 What information would help to improve your experience as a patient or consumer interacting with public hospital or health services in Tasmania?

- Transparency e.g. copies of letters, reports, discharge summaries – the person should be provided with these as routine

Reform Initiative 3b – Workforce:

1 How should the Health Workforce 2040 strategy be further refined to guide and inform the development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?

- Please see our separate response to the Health Workforce 2040 strategy

2 How do we work with the private sector, as well as other levels of government, to ensure our combined workforce serves the future needs of our community?

- Enable service flexibility, so that the client does not get caught between services – particularly for complex situations where it is easy for no one to take responsibility
- Enable workforce flexibility, see TSS review

3 What steps can be taken to improve the State's ability to attract and retain health professionals in regional areas, particularly the North West?

- For occupational therapy:
    - reasonable workloads (requiring more resource)
    - being able to practice full scope (and hence being able to make a difference to Tasmanians health & wellbeing), more time with our consumers
    - pay equity with mainland
    - clear and consistent governance lines
    - reduced fragmentation and isolated services, centralise & deliver hub & spoke
    - PD opportunities, especially for senior clinicians
    - clinical post graduate education opportunities
    - career structure and leadership opportunities
    - flexible and simplified recruitment processes, including continual advertising
    - supernumerary appointments at key times of the year (e.g. graduation), ahead of projected staff departures
    - relocation and accommodation support for staff
    - bonded appointments (contracted to remain for set number of years or return of money)
    - market allowance

4 What innovations or changes are needed to our health workforce to align our professional health teams more closely with the future needs of Tasmanians?

- Please see our separate response to the Health Workforce 2040 strategy

5 How do we support health professionals to work to their full scope of practice?

- Deliver allied health led service models in the community that reduce functional decline, prevent hospital admissions, and support hospital flow – core business for occupational therapy
- Provide adequate FTE (people resources) so that occupational therapists can do a full assessment, multiple interventions as clinically indicated (not a superficial approach)
- Address the culture to give more recognition of the relevance of people's healthcare outside of the acute admission

6 How do we support Tasmanians to access the education and training they need to be part of the State's future workforce?

- Fund AH research
- Fund AH/OT educator positions within the THS

Reform Initiative 3c: clinical and consumer voice

1 How could a State-wide Clinical Senate assist in providing advice to guide health planning in Tasmania.

- Needs broad representation; allied health is a collective, but each separate allied health profession should have equal voice
- We would like a representative from occupational therapy

3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including: a. Personal: participation and engagement in a person's own care b. Local: participation and engagement in service improvement at a local level c. Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?

- Recognise and allow for the time and skills required by a health professional to assist consumers to be engaged and participate
- Train health professionals on how they can achieve consumer engagement without the need for lots of committees and ethics

4 Are there particular models of consumer engagement and participation that we should consider?

- Western Australia seems to have a mature model The Health Consumers' Council of WA

5 How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?

- Provide consumers information on their care, during their care– empower them from the start
- Ask consumers along the way – not just at the end of an episode – make it part of routine care to ask for feedback e.g. at the end of the session "is there anything I haven't covered / have I said anything that doesn't make sense?" etc
- Demonstrate evidence that shows we have listened