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Committee Secretary
Standing Committee on Health
PO Box 6021
Parliament House
Canberra ACT 2600

By email: health.reps@aph.gov.au

RE: Submission to the Standing Committee on Health Inquiry into Chronic Disease Prevention and Management in Primary Health Care

Standing Committee members,

Thank you for the opportunity to make a submission to Standing Committee on Health Inquiry into Chronic Disease Management and Prevention in Primary Health Care.

The terms of reference for the inquiry are thorough and address a set of very important issues for the health and wellbeing of Australians and the cost to Australian taxpayers of managing chronic illness in our community.

Regards,

Mr Ben Keneally
Chief Executive Officer
National Home Doctor Service

NHDS submission to Standing Committee on Health Inquiry into Chronic Disease Prevention

Background on *National Home Doctor Service* and the after hours home visiting Sector

Our submission is based on our experience and perspective as Australia's largest medical deputising service, providing over one million episodes of after hours medical care in homes and aged care facilities every year. *National Home Doctor Service* (NHDS) operates in six major cities (Sydney, Melbourne, Brisbane, Adelaide, Gold Coast and Canberra) and in five regional centres (Geelong, Sunshine Coast, Toowoomba, Shepparton and Launceston). We are also planning to commence operations in Perth, Ballarat and the NSW Central Coast in coming months.

After hours home visits represent only a small proportion of the primary care services delivered in Australia, but they are vital in ensuring primary care access right through the after hours period, especially for vulnerable groups such as the elderly, infants and people who lack access to transport. The after hours period — when daytime GP practices are closed — represents approximately 70% of the hours in the week. NHDS does not provide routine care or respond to emergencies. We respond only to urgent, episodic care requirements. In doing so, we help reduce unnecessary emergency department presentations and help patients with chronic conditions address their health issues at the earliest possible opportunity. In essence we deliver a key component of 'the right care, in the right place at the right time'.

Unlike the other options available during the after hours period — Emergency Departments and extended hours clinics — medical deputising services ensure effective coordination and connection between three key parties during the after hours period; the patient, their regular GP and the after hours attending doctor. This is done through our information technology platform that ensures the patient's regular GP receives a clinical report the following day; this platform also enables other forms of communication between the regular GP and the attending doctor, for example the communication of any specific instructions from the regular GP with regards to patient management.

Current Role of Home Visiting in Chronic Disease Prevention and Management

As a service that responds only to urgent, episodic requirements for care, National Home Doctor Service does not play a direct role in the ongoing prevention and management of chronic disease. We regard this as the responsibility of the patient's regular GP. However, we do play a vital role in ensuring patients with chronic disease can have access to primary care at all hours and that care for these patients is not fragmented.

By ensuring timely access to care, we can help manage and prevent exacerbations of chronic diseases that if not treated in a timely fashion could lead to potentially avoidable hospitalisations and worse health outcomes for the patient. We are also able to help respond to and treat unrelated illnesses in patients with chronic disease that could have more serious consequences given their compromised health status. Our patient surveys indicate that approximately 40% of our patients would have attended an ED had they not been aware of our service. It is likely that this rate would be higher for patients with chronic disease.

Timely access to primary health care is a key concern for all Australians. The 2013 Commonwealth Fund survey revealed that only one third of Australians were able to access a same day appointment on the last occasion they were sick or needed medical attention. The same survey showed more than half of the population regard accessing medical care out of hours, without attending an

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Emergency Department, to be neither somewhat easy nor very easy. (Source: *Healthcare in Focus 2013*, NSW Bureau of Health Information).

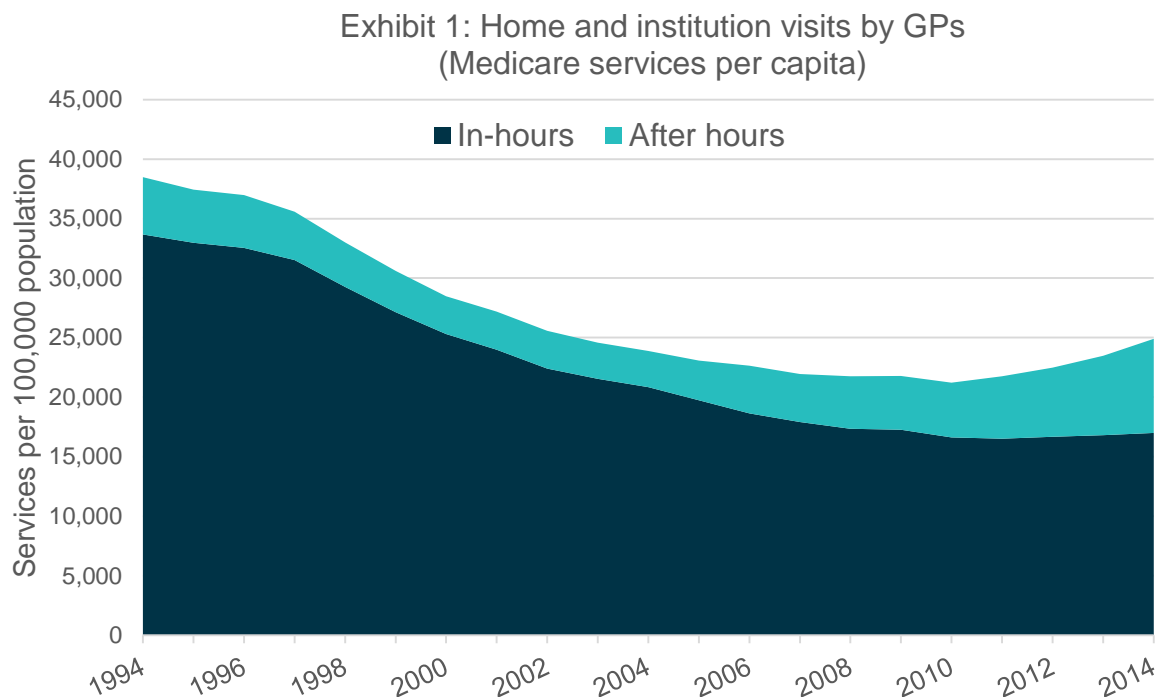
These challenges in accessing primary health care are typically compounded for people with chronic diseases, many of whom may have mobility challenges, or lack access to transport or have carer responsibilities of their own.

Historically, many of these patients would have been treated by a GP making a home visit. However, over the last 25 years, the availability of daytime home visits by GPs has declined by almost half - from 34 visits per 100 people per year to around 17 (see Exhibit 1 below).

Thankfully, services such as ours that provide urgent house calls on a bulk billed basis help patients with chronic diseases to access urgently required care on a timely basis, reducing presentations to hospital Emergency Departments and reducing potentially avoidable admissions arising from delayed care.

Recent growth in after hours home visiting represents a small but significant improvement in access to primary health care, especially for the most vulnerable, but it falls well short of the levels of home visiting that prevailed even as recently as the 1990s.

Given the important role that after hours home visiting plays in ensuring timely access to care, it is critical that any changes to funding models for chronic disease management do not undermine the existing effective service delivery model currently in place for after hours care.



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Potential Future Role for Home Visiting Services in Managing Chronic Disease

Looking ahead, we believe that a growing mobile doctor workforce has the potential to offer a new dimension for planning and delivering integrated care models that minimise preventable admissions of people with chronic diseases. We know that people with multiple chronic illnesses face many challenges in accessing appropriate primary care – from mobility challenges to lack of transport to full-time carer responsibilities. Some patients lack the motivation or the personal organisation to make and keep out of home appointments. Integrating home visiting doctors with GP care plans, community nursing, personal care, and telephone support offers a potent way to ensure earlier intervention that prevents more severe exacerbations of underlying conditions and minimises the risk of potentially avoidable hospitalisations.

We have recently formed an alliance with Silver Chain, Australia’s leading community nursing service and Healthways, a leading telehealth support service to develop a model of in-home care that could be applied at scale for patients most at risk of avoidable admissions to hospital. This model has the potential to deliver significant savings into the state health systems.

We recommended that state hospital systems be encouraged to innovate and to experiment with scale programs that engage a mobile medical workforce as a key element of an integrated care approach.

Conclusion

National Home Doctor Service and the After Hours Home Visiting sector play a small but critical role in supporting patients and their GPs as they manage chronic diseases. By providing timely access to home based medical care, we ensure the most vulnerable groups in the community can manage exacerbations of chronic illnesses effectively. We believe there is potential to expand this role in collaboration with a range of other health services. We would be happy to assist the Standing Committee in any way.