Health Innovation Exchange

Hospital in the Home

- Brisbane, 13 September 2012
- 68 delegates
- Medicare Locals, GP Networks, Hospital & Health Services, Queensland Health, Primary Care Organisations
- Queensland Health principal sponsor
Presentations from...

Moira Sim

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HITH Definition

Hospital in the Home (HITH) provides care in the community setting, for acute conditions requiring medical governance, monitoring/input, that would otherwise require treatment in the traditional inpatient bed.

The admission criteria are governed by the Queensland Health admission policy and as such the HITH program is focused exclusively on acute admitted care substitution.
Increase HITH separations to meet 1.5% target

Number of patients

Financial year

2010-11 2012-13

HITH Target
Challenges & Opportunities

• The HIX workshop challenged all involved to work together to support innovation, improve access for patients to *Hospital in the Home* and ensure a seamless flow between services.

• Four key areas to consider are:
  • demand management;
  • building capacity;
  • exploring alternative service delivery models; and
  • discharge management.
Key Themes...

- Clinical Governance
- Referral Process
- Funding Models
- Guidelines
- Communication
- Feedback Mechanisms
- Interface between Primary & Secondary care
- Promotion of Innovative Solutions
What next?

Summary & Action Plan developed

Hospital in the Home Action Plan 2012 - 2013

<table>
<thead>
<tr>
<th>Issue</th>
<th>Expected Outcome</th>
<th>Actions Required</th>
<th>Timeframe</th>
<th>Progress in Date</th>
<th>Responsibility</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td>Lack of clear understanding of HITH</td>
<td>Increased understanding of HITH</td>
<td>HITH Project Officer to send out draft guideline for consultation</td>
<td>Nov 2012</td>
<td></td>
<td>Critical Access and Redesign Unit (CARU)</td>
<td>Guidelines sent for feedback received</td>
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<tr>
<td>Funding models may influence uptake of HITH</td>
<td>Increasing model needs to reflect patients needs</td>
<td>Explore funding models and incentives that focus on the patient experience</td>
<td>Nov 2013</td>
<td></td>
<td>Critical Access and Redesign Unit (CARU)</td>
<td>Change in the current funding model, OP on HITH Steering Group</td>
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<tr>
<td>Currently there are not any services that</td>
<td>Explore GP clinical governance models</td>
<td>Identify GPs interested in exploring new governance models</td>
<td>Nov 2012</td>
<td></td>
<td>Critical Access and Redesign Unit (CARU)</td>
<td>Model to GP governance developed if interest confirmed</td>
</tr>
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<td>Lack of communication with GPs regarding HITH</td>
<td>Implement communication strategies to raise awareness among GPs and patients, and to eliminate the referral process</td>
<td>Develop a communication plan, OP on HITH Steering Group</td>
<td>May 2012</td>
<td></td>
<td>GPO, CAMPOG, OPO</td>
<td>Communication plan developed, OP on HITH Steering Group</td>
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<td>Complex referrals processes for direct referrals</td>
<td>Simplify the referrals process for a single point of contact in HHS</td>
<td>Seek advice on process from OP, HITH Steering Group to look into proposed options for direct referral, Educate and communicate the referral process to GPs</td>
<td>Dec 2012, Feb 2013, June 2013</td>
<td>OP feedback to be sought</td>
<td>GPO, CAMPOG, OPO</td>
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Why a Health Innovation Exchange?

Innovation + Collaboration + Commitment = Better Healthcare for Consumers
Driving system change together

GP Networks
Consumers
Primary Care Organisations
Hospital & Health Services
Coming soon...

Health Innovation Exchange #3
March 2013