

AHIA – Making the Case for Quality

Reducing hospital costs through collaboration
with general practice

Abbe Anderson, CEO, GPpartners

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Outline

- Evidence
 - Team Care II Coordinated Care Trial
- Keys & Challenges with current program
- Future work between Divisions of General Practice and Private Health Insurers

Divisions of General Practice

- Nationwide network of 111 “Divisions”
 - Largely government funded (Dept of Health & Ageing)
 - Member support organisations for local general practices
 - Key strength is engagement of ‘grass roots’ GPs

Divisions of General Practice

- GPpartners
 - Largest Division in Australia
 - 600,000 population in Brisbane's northside
 - 220 practices
 - 800+ GPs
 - 3 major public hospitals
 - 7 private hospitals + additional day facilities

Evidence

- Team Care II Coordinated Care Trial
 - 3 year controlled trial, randomised by patient
 - Participants were over the age of 50 with at least 1 chronic condition, recruited by their GP for their complexity
 - Approximately 3000 patients
 - 2000 intervention
 - 1000 control
 - Over 100 general practices
 - 175 GPs

Team Care II

- Funded by Dept of Health & Ageing and QLD Health
- Significant in-kind support from Blue Care, St Lukes, OzCare and QLD Health Community Health (10 FTE nurses as service coordinators)
- Sponsored and run by GPpartners
- Evaluated by Price Waterhouse Coopers

Team Care II

- Budget
 - Trial operations \$4.1m
 - Service funds held \$12.4m
 - MBS, PBS, HACCC, QLD Health
 - In-kind contributions \$1m
 - NGO Staffing

Team Care II

- Model of Care
 - Secret Team Care Formula

GP + Service Coordinator +
Formal Documented Care Plan + Brokerage
Funds + Project Staff

=

Improved health outcomes for patients & cost
reductions due to decreased hospitalisation

Team Care II

- Data sets
 - MBS
 - PBS
 - HACCC
 - Emergency Dept
 - Public & Private Inpatient costs
 - Care Coordination Activities

Team Care II

- Quantitative Data
 - Comparing service utilisation between intervention and control participants
- Health Outcomes Survey
 - Conducted at baseline, 6 months & 12 months
- Qualitative Data
 - Focus groups, case studies and trial experiences

Team Care II

- Quantitative Data
 - Service utilisation by service type shows:
 - ▼ **Hospital** utilisation for intervention participants - **19% fewer hospital admissions** at **20% lower cost** than control participants (after 12 months of service coordination)
 - ▼ **Hospital** utilisation for intervention participants - **25% fewer hospital admissions** at **26% lower cost** than control participants (after 18 months of service coordination)
 - ▲ **MBS** utilisation for intervention participants **increased** when compared to control participants
 - ▶ **PBS** utilisation **similar** between both groups
 - ▼ **Overall** cost impact - **8% lower cost** for intervention versus control participants

Team Care II

- Health Outcomes Survey
 - Self-rated general health – SF1 tool
 - Significant difference between mean scores at the 12 month measurement point
 - Intervention participants reported **better general health** than control patients

Team Care II

- Health Outcomes Survey
 - Depression/Distress – Kessler 10 tool
 - Significant difference between mean scores at the 12 month measurement point
 - Intervention participants reported **less depression** than control patients
 - Intervention group experienced an **improvement in depression** between the baseline and 12 month mark

Team Care II

- Health Outcomes Survey
 - Health related quality of life – EuroQol 5D tool
 - Significant difference between mean scores at the 12 month measurement point
 - Intervention participants reported **higher quality of life** than control patients
 - Control group reported a decrease in quality of life between the baseline and 12 month mark while **intervention participants' quality of life was maintained**

Current Program

- Converted trial into ongoing program
 - Funding from:
 - QLD Health
 - DVA
 - Medibank Private



Keys & Challenges

- GP recruitment of patients
 - GPs can identify those:
 - most likely to benefit
 - most likely to result in cost savings for hospital funders
- Engagement of GPs
 - Divisions of General Practice uniquely able to provide this service
- Brokerage funding
 - GPs and service coordinators are very frugal with this resource

Keys & Challenges

- Everyone provides “service coordination”
- PHIs and general practice haven’t traditionally worked together
 - GPs don’t collect insurance status of patients
 - PHIs don’t collect GP identity from members
- Provision of Team Care Coordination on a national scale
 - Consistent, standardised product

Future work – recruitment, retention, cost saving strategies

- PHIs funding...
 - GPs to achieve specific health outcomes
 - members to have a shared electronic health record
 - Complex patients
 - Pregnant Mums and their Babies
 - Member empowerment and self-management
 - decision support for GPs including PHI products available for that patient/member

Thank you.

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