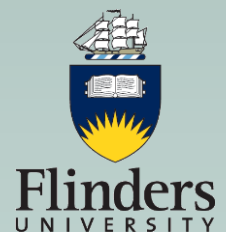


The 4th Annual Reducing Hospital  
Readmissions & Discharge Planning Conference  
Melbourne, July 2013

# Potentially Avoidable Hospitalisations: Causes, Initiatives and Challenges from a Primary Health Care Perspective

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# Content

- Risk factors for potentially avoidable hospitalisations (PAHs)
  - Things to note among patients and communities
- Characteristics of successful initiatives
  - Things to adopt when designing programs
- Challenges in addressing PAHs
  - Things to consider when working in this field



# Primary Health Care Research & Information Service (PHCRIS)

‘**PHCRIS** helps people to find information, share knowledge, build capacity and exchange ideas about primary health care’

- Professor Ellen McIntyre OAM, Director



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# Policy Issue Reviews

- Examine topical **policy-relevant issues** in primary health care
- **Synthesis of recent research** relevant to key directions in Australian health policy
- **Authored by PHCRIS staff** and **reviewed by experts**



# Policy Issue Review

Katterl R, Anikeeva O, Butler C, Brown L, Smith B, Bywood P. (2012).

*Potentially avoidable hospitalisations in Australia: Causes for hospitalisations and primary health care interventions.*

[www.phcris.org.au/publications/catalogue.php?elibid=8388](http://www.phcris.org.au/publications/catalogue.php?elibid=8388)



# Potentially Avoidable Hospitalisations

- Key **policy** objective: reducing PAHs
- “**Admissions** that could have been **prevented** through the provision of **appropriate non-hospital health services**”<sup>1</sup>
- Hospitalisation rates may be **reduced by** support from **primary health care services**



# Primary Health Care (PHC)

- The **first level of contact** individuals, families and communities have with the health care system
- Poor primary health care **access strongly linked** to higher rates of PAHs
- PAH **data** used as **indicator** of primary health care **accessibility and effectiveness**





# Methods

- Rapid review
- Grey and peer-reviewed sources
- Australian/international literature
- Emphasis on common PAH conditions:
  - Diabetes
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Dental conditions
- Focus on evaluated initiatives



# Risk Factors: Individual (1)

- Age
- Socioeconomic status
- Health status
- Comorbidity
- Ethnicity (including Aboriginal and Torres Strait Islander status)

Strength of evidence
Strong



# Risk Factors: Individual (2)

- Gender
- Poor social support
- Mental health
- Living arrangements
- Medication
- Severity of condition

Strength of evidence
Moderate
Weak



# Risk Factors: Health Service System

- Poor coordination of care/ integrated services
- Prior hospitalisation
- Limited availability of GP services
- Physician characteristics
- Self-management supports

Strength of evidence
Strong
Weak



# Risk Factors: Environmental

- Air quality
- Distance to hospital
- Rurality
- Topographical factors

**Strength of evidence**

Moderate



# Initiative Types

- Large-scale
- Disease-specific
- Comprehensive disease management
- Telehealth
- Specialist clinics
- System-level approaches



# Characteristics of Successful Initiatives (1)

- **Multidisciplinary** team care
- **Multifaceted** approaches
- **Patient-centred/**  
individually tailored care



# Characteristics of Successful Initiatives (2)



- Integrated care



- Continuity of care



- Patient self-management



# Approaches for Vulnerable Populations (1)

## *Early detection/ treatment*

- Screening patients at-risk
- Managing risk factors
- Preventing comorbidities

## *Supportive environments*

- Social and disease management capacity
- Engaging support networks

## *Self-management*

- Individually-tailored management plans
- Patient education and communication
- Language and literacy-appropriate resources



# Approaches for Vulnerable Populations (2)

## *Service delivery*

- Evidence-based interventions
- Improved access to care
- Comprehensive discharge planning
- Care coordination

## *Local liveability*

- Focus on environment
- Primary health care delivered locally

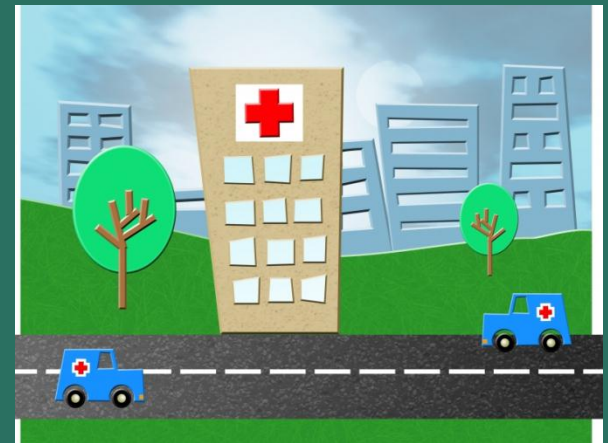
## *Socioeconomic opportunity*

- Adequate resources
- Income opportunities



# Avoidable Readmissions

- Common and **costly**
- Indicator of **gaps in care coordination**
- **Risk factors similar** to PAHs factors
- ? Relationship between **avoidable readmissions** and **primary health care**



# Tackling Avoidable Readmissions

- Algorithms to **identify high-risk** patients
- Comprehensive **discharge planning**
- Enhanced **follow-up** procedures
- Patient **education**



# Challenges: Health System

- Infrastructure
- Resources
- Integration of services
  - Culture
  - Communication
- Access



# Challenges: Research

- **Interpreting data**
  - Definitions
  - Coding
  - Accuracy of estimates
  - Confounds
- **Evaluations**
  - Prevalence
  - Availability



# Enabling Reduction in PAHs



- Identification of **at-risk patients**
- **Patient-centred approaches**
- Disease **management**
- **Access** and equity
- **Multidisciplinary** care
- Care coordination/service **integration**



# Future Directions

- Impact on PHC
- Enhancing the role of PHC
- Supporting continuity/integration
- eHealth
- Improving population health





# Key Lessons (1)

## STOP

And consider the prevalence of **risk factors** in your communities:

- Individual
- Health service system
- Environmental



# Key Lessons (2)

## WAIT

And think about how to make your **programs**:

- Multidisciplinary, multifaceted, integrated, patient-centred, disease management approaches



# Key Lessons (3)

**GO**

Forward and **break down silos**,  
**evaluate** your programs and  
**share** the lessons you learn  
along the road



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