



DIAGNOSTIC  
SERVICES

Quality is in our DNA

19 February 2015

One Health System  
Department of Health and Human Services  
GPO Box125  
Hobart Tasmania 7001

Please find attached our response to the recently released papers around the provision of health services within Tasmania. We look forward to the continuing discussion and hope to be able to assist with the provision of health services within Tasmania.

Yours sincerely,

Dr Lawrence Bott  
CEO Diagnostic Services P/L  
(Sonic Healthcare operating as North West, Launceston and Hobart Pathology).

Introduction:

Diagnostic Services P/L (Sonic Healthcare) has operated as a provider of pathology services to both the public and private sector within Tasmania for over 25 years. Dedicated regional laboratories include:

- Hobart Pathology
- Launceston Pathology and
- North West Pathology (Burnie and Mersey campus)

These laboratories operate comprehensive pathology services supported by a network of courier, collection services and are linked through an IT infrastructure that is mirrored to minimise service disruption and clinical risk. We appreciate the vision of one state, one health system, better outcomes. The initial papers identify quite clearly the major problems with providing health services in Tasmania.

Discussion:

We may be able to assist the Tasmanian Government in a number of the areas identified within the current review papers:

**1. Greater focus on primary and community care.**

- As a provider to the community we believe opportunity exists to provide a bridge across hospital and community pathology results. To date integration has been limited with data sharing in projects such as ARIA and the THO-NW digital medical record. A true integration by downloading results to a common data warehouse or a uniform software/hardware solution across the public and private sector are possible. This may have benefit in reducing capital expenditure for the DHHS and testing costs within the hospital sector. There is significant duplication of testing due to the inability of the community pathology to interface and provide results to the hospital system (and vice-versa). Quick and easy review of recent community testing may offer units such as an Accident and Emergency department rapid response and a reduction required testing.
- The ability to review a client's full pathology result profile may also assist primary healthcare providers when making critical decisions. Significant patient care benefits including for example reductions in antibiotic use or allocations of blood and better directed care plans may accrue.

**2. Shifting the balance of care provision from hospital to the community.**

- North West Pathology has developed a number of community based projects including remote site point of care testing. The oversight of these projects ensures quality and accessibility. This could be developed as a Statewide service.
- Further developments might include participation in better discharge summary data.
- Mobile collection services for population screening – lipid studies in obese communities.

**3. Redesign of clinical services/clinical support services.**

- Historically North West Pathology has provided the pathology clinical support service to the Tasmanian Health Organisation – North West (THO-NW). Whether there is an opportunity to extend this role across other major hospitals may be worth consideration as it may offer significant cost savings.
- Note DSPL has been critical in providing Breast Screening Services across the state for many years and there may be additional opportunities to extend this into similar services.
- A key area of assistance to the DHHS may be in the provision of leave coverage for public sector pathologists and scientists avoiding expensive locum costs.

**4. Strengthening our public private partnerships.**

Areas for possible co-operation and development might include:

- Information Systems

Utilisation of our Laboratory Information System (LIS) to create of a single IT Pathology system across the state, as stated previously. Additional benefits including access to a range of e-health products for communication with referring doctors and patients.

Sonic has developed a range software products to support efficient paperless based hospital system in a number of hospitals , products include ward e-requesting, electronic bedside identification and integration with hospital reporting and clinical management systems. These solutions can utilise a range mobile devices.

These effective E-health solutions are in use in the private sector currently for both requesting pathology and reviewing results, they are linked to clinical interpretation software enhancing and guiding further investigations. Sonic has worked nationally to include the potential for results to be down loaded to the national patient electronic health record.

- Access to DSPL Courier services.  
The DSPL courier network has provided support in the past to the DHHS allowing access to it's courier distribution service to transfer public health and other urgent samples. It has acted default courier service at critical times like the Swine Flu epidemic. As the network services most communities across Tasmania there is the potential to develop the service to allow the transfer consumables etc. to remote health service providers across the state .
- Access to DSPL Collection services network.  
The DSPL network of collection rooms is ideally positioned to assist with the phlebotomy however it could assist with the distribution of public health promotions and materials especially to at "risk" populations, diabetics and hypertension.
- Co-operation around delivery of health programs.  
Currently DSPL is responsible for the cytological services associated with the Breast screen program, it's scientist and pathologists are critical to the continuation of the service. There may be other opportunities for example point of care testing where DSPL might assist with the maintenance of the quality systems necessary to ensure "real" test results this might enhance access to testing in remote communities and improve clinical outcomes.
- Co-operation around testing volumes  
Currently DSPL performs high volume testing in a number of areas for example Anti-Nuclear Antibody testing, which within the DHHS this is a low volume test. The test could be performed far more economically by accessing the DSPL network than performing the test in house.  
Conversely the volumes of viral PCR testing within DHHS network and turnaround time for these tests may make utilisation by DSPL of the DHHS network a mutually advantageous arrangement.  
While it may be possible to test out of state there are real risks with this approach as was seen in the volcanic ash debacle. Flights were delayed and turnaround times of some essential testing increased substantially across Australia. Road transport was not an option for Tasmania unfortunately.
- Access to DSPL/Sonic pricing on consumables.  
As an international and national organisation it may be possible to develop co-operative purchasing agreements that assist with lowering healthcare costs.

##### **5. Strengthening our interstate partnerships.**

Currently interstate Sonic laboratories provide quite an extensive one stop shop for rare and unusual tests this might be provided to the DHHS with significant workflow benefits and cost benefits. A single sendaway service to reference laboratories, offers staff and transport savings.

##### **6. Improved Purchasing Processes.**

DSPL may be able to assist with potential access to extensive test menu and possible access to consumable and equipment pricing. Sonic is able to negotiate significant benefits as a national and international provider of pathology.

## **7. Clinical safety – recognition DHHS cannot provide all services in all locations.**

This applies as much to support services, such as pathology, as it does to clinical services. A minimum number of a particular test is needed to maintain Scientific and Pathologist skills. Co-operation between the public and private sector will assist maintaining pathology services and skills within the State. It may mitigate risk when neither has adequate volume allow appropriate action plans when tests may have to be withdrawn.

## **8. Health workforce**

Recruitment and training of scientists and pathologists is critical to maintaining pathology support to clinical services across Tasmania. DSPL/Sonic as a private pathology provider is reliant on University of Tasmania and the Medical School as a major source of scientific and pathologists.

In return DSPL/Sonic provides education and training across the hospital and general practitioner community in setting such as the University of Tasmania and the Rural Clinical School. They also support regional Medical Advisory Groups, surgical meetings and offer pathologists and scientists in key roles in the management of infection control and blood transfusion.

It is important that this symbiosis continues and Tasmania minimises the use of out of locum/fly in services which might threaten delivery of education opportunity within the hospital and community sector. The Sonic Skin audit provides general practitioners in Tasmania with valuable review of their surgical skills and assist maintaining quality standards.

## **9. Research and development**

Tasmania should consider it's unique position, across the public and private sector laboratories there are a number of potential research opportunities. Historically there is in storage a significant genetic database, material available in histology blocks currently used only for patient investigations might be available for genetic research with benefit to the community providing frequencies of potentially "disease" genes.

This might allow the allocation of resources based on a probable community disease profile.

It's unique isolation and demographic offers the opportunity to work with corporate organisations to develop clinical trials potentially enhancing income to the health services in each region. Currently this work is not well promoted.

Within the library of patient demographic and results appropriate data extractions offer opportunities rarely found in states with a vast range of pathology providers. DSPL has worked to provide with a number of investigators to improve patient outcomes and develop evidence based care this can be further developed.

### Conclusion:

Tasmania is an extremely small marketplace with a population of only 513,000 making the duplication of services a recipe for non-sustainability. Tasmania may be significantly better served by a model of co-operation between the public and private sector than a model that promotes significant competition between them, as is the current situation.

We recognise that there is a clear opportunity for the department and ourselves to develop a service model that is mutually beneficial and meets quality performance indicators. The management of DSPL would be happy to meet to discuss the future of Tasmanian Health and in particular pathology services.

**Appendix: Minor Comments re Role delineation in the working draft paper.**

Significant work has gone into the development of this document and while there are minor errors eg assignation of renal services and the required pathology services levels. There is a broader question that needs to be answered before a clinical support provider can respond fully. This is the question of what core services will be required at the major hospital sites and at what level will hospitals operate.

A further problem is the disparity between the assessments made by the core services eg Mental Health Services (Community) appear to require a pathology level of service that exceeds that of emergency and trauma services. A more detailed mapping process may be in order to ensure that there is a full understanding by the core services of what each of the clinical support levels within pathology provide. This problem may be somewhat alleviated when there is a determination of the core services that will be provided at the various hospital sites across Tasmania. For interest we provide a brief summary of what we believe the document to date has identified. (See below)

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>CORE SERVICES</b>						
Emergency Medicine	0	0	3	4	5	5
Trauma Service	0	0	3	4	5	5
General Medicine	0	0	3	4	4	5
Integrated Cancer Services	0	0	3	4	5	6
Cardiology Services	0	3	3	4	5	6
Endocrinology	0	0	3	4	5	6
Gastroenterology Services	0	3	4	4	5	5
Infectious Diseases	0	0	0	4	5	5
Neurology Services	0	0	3	4	5	5
Renal Services	0	3	4	3	5	5
Respiratory Medicine	0	0	3	4	5	5
Rheumatology and Pain Management	0	0	0	4	4	5
General Surgery	0	3	4	4	4	6
Cardiothoracic Services	0	0	0	0	5	6
Ear/Nose/Throat	0	0	4	4	5	6
Gynaecology	0	0	3	4	4	5
Ophthalmology Services	0	0	0	0	4	5
Oral Health Services	0	0	0	3	4	5
Orthopaedics Services	0	0	3	4	4	5
Plastic and reconstructive surgery	0	0	4	4	5	6
Urology	0	0	4	4	4	5
Vascular Surgery Services	0	0	4	5	6	6
Neonatology Services	0	0	3	4	5	6
Maternity Services	3	4	5	5	5	5
Paediatric Medicine	0	3	4	5	6	6
Paediatric Surgery	0	0	4	5	6	6
Drugs and Alcohol Services	0	3	4	4	4	5
Geriatrics	0	0	3	4	4	5
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>	<b>Level 6</b>
Mental Health Services (Inpatient)	0	0	3	5	5	5
Mental Health Services (Community)	3	3	3	4	4	4
Palliative Care Services	0	0	0	0	0	0
Rehabilitation Services	0	0	0	3	4	4

CLINICAL SUPPORT						
Anaesthetic Services	0	0	0	0	5	5
Intensive Care/High Dependency Unit	0	0	0	4	5	6
Pharmacy	0	0	3	3	3	5
Radiology	0	0	0	0	4	5
Pathology	No service	No service	On site - basic Bio/Haem Sample management: Micro -referred Histo-within 96 hrs No on site "scientist". Integrated IT linkages	On site - Bio/Haem/spec diag services Sample management: Micro -referred Histo-within 96 hrs On site FT scientist(s) Integrated IT linkages	On site - Path Bio/Haem/spec diag, 24/7 lab presence. Micro -available no definition? Histo- available no definition? On site FT scientist(s) and pathologist. Access to sub specialities. Accredited pathology training program? Research collaboration Integrated IT linkages	On site - Path Dept (Complex)Bio/Haem/Micro/Histo/ Cytogenetics/Cell culture facility and Cryopreservation/Interstate referral 24/7 lab presence. Pathologists - On site sub specialist. FT scientist(s) Accredited pathology training program Research collaboration Integrated IT linkages
NPAAC (Potential Laboratory Category)			S	B	B/GX	GX