Response to
Delivering Safe and Sustainable Clinical Services
Green Paper

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Executive Summary

GP Assist commenced operation in 2003 as a highly integrated state-wide demand management nurse and doctor telephone triage and medical advice service. It was Australia’s first and to date only service of its kind. GP Assist supports more than 85% of Tasmania’s General Practitioners (GPs).

The original GP Assist model was well regarded and provided enormous support to rural GPs. Since July 2013 GP Assist has been a doctor only triage service working with Health Direct Australia (HDA) who provide the registered nurse (RN) triage component. The new GP Assist service is funded by the Australian Government through the Tasmanian Medicare Local (TML). Funding is not assured beyond 30 June 2015.

HDA was unable to adapt to the high level of integration required to work with GP Assist and call handlers were introduced within 3 weeks to assist with health professional callers.

GP Assist also works with Hobart District Nurses providing overnight triage for their hospice@home palliative care service.

The Department of Health and Human Services now funds GP Assist to receive calls assigned an ED disposition by HDA RNs in order to have these calls further triaged by a doctor with the likelihood of reduced ED attendances.

Since commencing GP Assist is diverting 58% of transferred ED disposition calls away from ED to more appropriate care.

For every 100 callers that would have been referred to ED by HDA GP Assist is only referring 42.

GP Assist is of the view that it could assist the DHHS better manage 000 call dispositions.

The support and re-establishment of the original GP Assist meets the green papers objectives, vision, goals and key principles. It is a “critical piece” in the delivery of high quality primary care to Tasmania.

Background

GP Assist commenced operation in 2003 and was Australia’s first fully integrated state-wide nurse and doctor telephone triage and medical advice service. GP Assist provided both the nurse and doctor component of the service, however since 1 July 2013 GP Assist has provided only the doctor component of telephone triage with Health Direct Australia (HDA), providing the nurse component.

GP Assist was designed to provide after hours support to General Practitioners (GP) and their patients in Tasmania, particularly in rural and regional areas. Despite recent changes the service still provides this valuable service.

It is recognised that the burden of providing after hours care is one of the reasons GPs leave rural practice. The retention and recruitment of GPs to regional and rural practices during the life of GP Assist has improved significantly. GP Assist presently supports more than 85% of Tasmania’s GPs after hours.

Health Direct Australia (HDA) provides a 24 hour a day open access health advice service and has since 1 July 2013 provided the primary nurse triage service for GP Assist.
The level of integration enjoyed by Tasmanian GPs and patients, included Pathology Services, Residential Aged Care Facilities, Palliative Care Services, Community Hospitals, Tasmanian Parenting Line, Public and Private Hospitals, Ambulance Tasmania, Pharmacy and Tasmania Police.

The HDA service was unable to link or integrate with primary care (particularly with respect to health professional callers ie registered nurses (RN) in community hospitals and residential aged care facilities) to the extent that GP Assist had done previously.

The loss of the integration caused very significant problems in the transition to the new service on 1 July 2013. In order to re-establish some of the integration the Tasmanian Medicare Local (TML) funded call handlers at GP Assist from late July 2013. Some of these call handlers were previously GP Assist RNs. Whilst these RNs worked as call handlers they still retained a high level of health call centre knowledge and skill.

HDA advised at this time that the number of their RNs permitted to manage Tasmanian Calls after hours had been reduced and that these RNs had been “upskilled”. GP Assist was advised there was a specific “bucket of RNs” dedicated to Tasmanian callers, this was in order to reduce errors and better manage callers. Despite this errors continue to today.

GP Assist, since late July 2013, now answers all health professional calls directly in Tasmania. Health Professional calls total 33% of the GP Assist inbound call volume. Inbound call volume for a year is approximately 12,500 calls.

GP Assist provides services for the District Nurses as part of their hospice@home, palliative care project and an Enrolled Nurse (EN) support service to the Glenview Residential Aged Care Facility in Glenorchy.

The matter that most significantly impacted on state government services after the transition of RN triage to HDA was the increase in Emergency Departments (ED) referrals where the caller is referred directly to a state ED often many kilometres and hours from the caller’s locality.

This referral to centralised EDs was reported by rural GPs who were annoyed at not being able to provide local care for their patients. Patients also complained of being advised by HDA RNs to, at times, drive extraordinary distances when they were aware the local doctor was available.

Previously these callers would have been cared for over the telephone by GP Assist RNs and doctors and if referred would have more than likely been referred to a local on-call GP and not the centralised state government EDs. On HDA estimates GP Assist would anticipate 1200 plus inbound calls to GP Assist per quarter.

In order to best assess the true benefit of GP Assist in managing all Tasmanian ED dispositions (ie HDA referring all ED dispositions to GP Assist for further doctor triage) the DHHS agreed to part fund an RN for all hours of GP Assist’s operation. It was anticipated this arrangement would provide better outcomes for callers and would better support local GPs and their communities especially those at significant distance for a state government ED.

The arrangement with the DHHS and the increased nursing hours was predicated on the continuance of the TML contract post 30 June 2015, the Call Handler payments from the TML post 30 June 2015 and the District Nurse contract post 30 June 2015.

Following protracted negotiations between GP Assist, the Tasmanian Medicare Local, DHHS, HDA and Medibank Health Solutions (MHS) (HDA’s contracted service provider for RN triage) the new
arrangement to transfer all callers who receive an ED disposition from the HDA RN to the GP Assist triage doctor commenced on 28 October 2014.

The results to date, albeit on small volumes have proved the value of secondary triage by local GPs in reducing ED referral. 58% of callers from HDA transferred with an ED disposition are being triage by GP Assist to more appropriate care. For every 100 callers that would have been referred to ED by HDA GP Assist is now only referring 42. See Table below.

### Glossary

<table>
<thead>
<tr>
<th>Calls Transferred</th>
<th>ED disposition calls transferred from HAD to GP Assist</th>
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<tbody>
<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>TAS</td>
<td>Ambulance Tasmania</td>
</tr>
<tr>
<td>Rural GP</td>
<td>Referred to on-call rural GP</td>
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<tr>
<td>AHD</td>
<td>Referred to After Hours Doctor in Hobart</td>
</tr>
<tr>
<td>GP</td>
<td>Usual GP next day</td>
</tr>
<tr>
<td>Script</td>
<td>Prescription written</td>
</tr>
<tr>
<td>Home Care</td>
<td>Patient advised to stay at home with simple care</td>
</tr>
</tbody>
</table>

The original GP Assist had an ED/000 referral rate of only 8% of all calls.

### The Way Forward

There are many opportunities to cost effectively improve the GP Assist triage service to the benefit of the whole health system. These include:

- Reinstating local RN triage in conjunction with the GP Assist doctors
- Working with the Tasmanian Ambulance Service to provide support to paramedics in the field and 24 hour a day secondary nurse triage (supported by a doctor after hours) to manage callers to the ambulance service who do not require an ambulance.
- Integrating with Public ED by placing telephone access points to GP Assist in emergency departments.
- Implementation of dedicated Aged Care RN telephone triage (supported by GP triage) enhancing care in the RACFs and further reducing the need to move these patients unnecessarily and at times by ambulance, to public hospital EDs.
- Implementation of RN telephone triage of prisoners (supported by GP triage) enhancing care in the prisons and reducing the need to move prisoners to public hospitals for assessment.
- Enhanced local disease surveillance and pandemic preparedness.
- Supporting Community Hospital RNs to provide inpatient care further supporting rural GPs.
- Implementing dedicated Palliative Care RN telephone triage (supported by GP triage) enhancing palliative care services.
• Re-engaging with universities to expose undergraduate nurse, medical and para medic students to the benefit of telephone triage.
• Engaging with universities around health research.
• Developing post graduate training packages for RNs and GPs.
• Improving the management of chronic disease through enhanced home monitoring

Conclusion

The support and re-establishment of the original GP Assist meets the green papers objectives, vision, goals and key principles. It is a “critical piece” in the delivery of high quality care to Tasmania now and into the future.

It does reduce ED attendance and can assist the overburdened Ambulance Service.

The green paper states “the Tasmanian Government is committed to rebuilding Tasmania’s essential health services.”

GP Assist is an essential health service for the rural GPs and communities of Tasmania. Re-establishing GP Assist’s original model of a high integrated locally based and focused nurse and doctor telephone triage and medical advice service will enhance primary care in regional and rural Tasmania. It will ensure the burden of after hours care is reduced and practices can retain and recruit GPs whilst delivering care to communities after hours.

The vision is for “a world-class health care system where people get the treatment and support when they need it.”

The original GP Assist model was regarded internationally as a model of best practice in the delivery of after hours primary care.

The goal is to “give Tasmanian’s a better health system: a complete state-wide system that places the interest of patients at the forefront of every decision and looks to ensure that Tasmania has an effective and responsive primary care sector to promote wellness, limit the long-term impact of complex and chronic conditions, keep people out of hospital, and ultimately improve the quality of life of Tasmanians.”

The goal will be achieved by:

• Having a greater focus on primary and community care
• Shifting the balance of care provision from the hospital to the community
• Redesigning our clinical services
• Strengthening our public-private partnership

GP Assist is a primary and community care state-wide solution, supporting after hours in the primary care sector keeping people out of hospital, improving quality of life and strengthening the public-private partnership. If the fundamental building blocks of health system are not solid and GPs particularly those working in rural areas are not supported to do their important work the whole system bears the burden.

One of the key principles is “relying on small numbers of clinicians to be on call 24 hours a day 365 days a year to maintain a service is neither safe nor sustainable”.
Delivering primary care in rural communities after hours puts enormous stress on GPs and their families, it is one of the reasons GPs leave rural practice. GP Assist lifts the burden.

Supporting, improving and innovating GP Assist is the key to a strong primary care sector in Tasmania and to the provision of after hours care in regional and rural communities. The GP Assist model is cost effective at every turn. GP Assist is a good investment in the health of Tasmanians.