Hospital Admission Risk Program (HARP)

PRESENTATION TO THE GPLO WORKSHOP

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Why is GP hospital liaison important?

- Most hospital admissions begin and end with care in the community
  - This is more pronounced with shorter LOS's
- GPs are the most frequent first point of contact with the health system - often gatekeeping access to other parts of the health system
- People with chronic and long term illness receive most of their treatment outside of hospital, under the care of a GP

This contrasts with the trend over the past few decades where GPs have been increasingly excluded from acute care

What was the context of APCL funding?

- The evidence clearly indicates that GPLOs have been important in driving integration between general practice and hospitals

- But
  - In Victoria until mid 2001 there were only 7 part time GPLOs in Victoria
  - Most GPLOs were employed 4-8 hours per week

- HDM recognised the importance of developing greater collaboration between GPs and hospitals

What has been funded?

- In 2001/02 APCL funding totalled $1.5m across 10 hospitals and 2 sub-acute facilities

- In 2002/03 a further $960k was invested in other initiatives specifically related to general practice

What are the specific opportunities?

- Better continuity of care for patients
- Care provided in the most appropriate setting
- Improved discharge planning
- Enhanced GP capacity to manage patients through EPC items
- Effective two-way communication between GPs & hospitals
- More efficient and effective use of scarce health resources

Key success factors in APCL initiatives

- Both executive and clinical leadership
- Providing a focus to initiatives through strategies and activities linked to specific objectives
- Identifying issues and opportunities that are shared between both hospitals and GPs
- Utilising divisions of general practice in communicating with GPs
- Building on existing structures, processes and projects

Where are we at with APCL initiatives?

- Minimal conditions on APCL to encourage innovation and related to local needs
- Many APCL initiatives appear to be “on track”
- Some hospitals have struggled to effectively plan & implement APCL initiatives
- APCL initiatives have been slow to get going
- Workforce issues have impacted on initiatives
- The BearingPoint evaluation will identify what has been achieved – report due early May

HARP GP-Hospital Working Party APCL Recommendations

- A framework be established for APCL initiatives that
  - Identifies objectives & scope
  - Encourages governance arrangements involving both hospitals and GPs
  - Mandates hospital executive and clinical leadership within projects
  - Builds on good practice examples

- Additional funding for APCL should only be available after the framework is established

Improving the transfer of information

- **Discharge planning & information is a key issue:**
  - Identified in the literature and within the consultations
  - Reflecting its importance DHS invested $42m over 5 years in the Effective Discharge Strategy
- **The Working Party report made four recommendations in this area including:**
  - Considering a break through collaborative targeting better transfer of information
  - Hospital executive leadership and resourced strategies
  - Continued audit of discharge indicators
  - Development of protocols for notifying GPs of their patients treated in ED

The HARP GP-Hospital Interface Working Party report will be available in hard copy at the conference.

It will also be available on the web at: http://www.health.vic.gov.au/hdms/harp/index.htm