Victorian public hospital specialist clinics
Strategic framework
Executive summary

The Victorian Public Hospital Specialist Clinics Strategic Framework (the framework) has been developed to deliver high impact system improvements that will guide transformation of specialist clinics towards high performing services that deliver optimal outcomes for patients. Specialist clinics – also known as outpatient clinics - provide planned non-admitted services that require the focus of an acute setting to ensure the best outcome for a patient.

The five high impact service improvements to be delivered by the Specialist Clinics Improvement and Innovation Strategy are:

- increased capacity for new patients
- individualised appointments for all patients
- patient journey standards
- local specialist clinic telephone services ‘Infolines’
- better monitoring of services.

The framework presents the Department of Human Services (the department) expectations in relation to delivery of services to assist health services in the planning, organisation and provision of services. It also identifies key objectives for specialist clinics – patient focus, timely access and sustainable services, and the work to be undertaken to implement the framework.

The need to address long standing issues in relation to delivery of specialist clinic services is widely acknowledged by all stakeholders – government, health services, health professionals and the community. The Outpatient Innovation and Improvement Strategy commenced in 2006, and responds to the Office of the Victorian Auditor General’s Access to specialist medical outpatient care report, that highlighted the need for the department to improve its performance management and strategic planning activities in relation to outpatient services.

Work undertaken by individual health services, and through the Outpatient Improvement and Innovation Strategy, has delivered significant improvements and set the foundations for broader reform. Deliverables include:

- Improving the Outpatient Experience Program with amenities upgrades, staff communications training and consumer communication material
- Outpatient Care Pathway Project
- an improved interface with primary care with further development of the Victorian statewide referral form (VSRF)
- innovation and good practice through funding improvement projects
- new workforce models of care.
Executive summary –continued

There has also been a strong focus by the department on supporting key enablers to reform. Work progressed includes development of a resource kit for Medical Benefits Schedule (MBS) billed services, development and pilot of a minimum dataset, Victorian Ambulatory Classification System (VACS) funding review and scoping the specialist clinics information and communication technology (ICT) interface.

A report, Outpatient improvement and innovation strategy: progress report (June 2008) has been completed which provides an overview of the strategy’s priorities, achievements and progress to date.

In the context of the current dynamic nature of health reform, the framework provides flexibility to respond to the broader national health reform agenda in the future, and also supports continuous system improvements.

Stakeholders - government, health services, health professionals and the community - will need to work collaboratively to ensure successful implementation of the framework and development of a high quality specialist clinics service system.

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Part A: Victorian public hospital specialist clinics: role and context

1. Introduction

The Victorian public hospital specialist clinics framework is intended to deliver high impact service improvements and assist health services to plan and deliver specialist clinics.

The Specialist Clinics Improvement and Innovation Strategy aims to improve access and quality of care, and deliver system improvements and broader reform.

As part of the strategy, a Victorian public hospital specialist clinics strategic framework has been developed to guide the transformation of specialist clinics towards high performing services. Five high impact service improvements will be delivered:

- increased capacity for new patients
- individualised appointments for patients
- patient journey standards
- local specialist clinic telephone services ‘Infolines’
- bettering monitoring of services.

The framework provides direction for Victorian public hospital specialist clinics and will assist public health services in the planning, organisation and delivery of services. The three objectives for the framework are to ensure timely access, patient focus and sustainable services.

The framework presents the department’s expectations in relation to delivery of specialist clinics and is intended to provide flexibility for health services to respond to local planning priorities and initiatives, and community and individual health needs.

The department will lead implementation of the framework (Table 1) in collaboration with the Specialist Clinics Improvement and Innovation Advisory Committee and stakeholders. Delivering high impact improvements will involve reaching beyond traditional approaches to delivery of non-admitted services, and responding to the broader health care and health reform opportunities. The framework will need to be embedded through operational and clinical management at the health service level.

The framework applies to acute specialist clinics funded through Victorian Ambulatory Classification System (VACS) funding model and Medical Benefits Schedule (MBS) billed services. A comprehensive sub-acute ambulatory care services (SACS) framework has been developed by the department to provide direction for sub-acute services.

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2 Sub-acute ambulatory care specialist clinics are funded through sub-acute ambulatory care consolidated funding streams (state Non DVA) SACS funding and DVA SACS funding.
2. Role of specialist clinics

Victorian public hospital specialist clinics provide scheduled or planned non-admitted services that require the focus of an acute setting.

Victorian public health services have responsibility for providing inpatient and ambulatory care services in hospital and community based settings. Specialist clinics provided by health services are part of the continuum of care and journey for many patients, and are an important interface in the health system between acute inpatient and primary care.

Specialist clinics provide planned non-admitted services that require the focus of an acute setting to ensure the best outcome for a patient. Services tend to be characterised by the need for:

- strong links to research, infrastructure and innovative practice in terms of technology dependant interventions and drug therapy
- specialised workforce and training needs
- complex interdependences, often with other specialised services.

The majority of specialist clinic services delivered by public health services are provided in the hospital setting or community based health care facility such as a day hospital, and provide access to:

- medical, nursing and allied health professionals for assessment, diagnosis and treatment
- ongoing specialist management of chronic and complex conditions in collaboration with community providers
- pre and post hospital care
- maternity care
- related diagnostic services such as pathology and imaging.

A range of health professionals are involved in organising and providing care at specialist clinics including medical practitioners, nurses, dentists, allied health professionals and clerical staff.

Patients are referred by general practitioners (GPs), specialists and clinicians in emergency departments, inpatient units and other areas of the hospital. Patients may also access services through self-referral for clinical specialties such as maternity services. Figure one presents a diagrammatic view of specialist clinic linkages, referral and discharge pathways.

Figure 1: Diagrammatic view of specialist clinic linkages, referral and discharge pathways
3. Principles
A set of principles for delivery of specialist clinics has been developed – these were informed by discussion at a stakeholder workshop in 2007 and reviewed by stakeholders. Principles are:

- ensure timely and equitable access
- respond to community health needs
- utilise evidence based practice that integrates best research evidence with clinical expertise and patient values
- provide patient-centred care and support patient participation in health care
- utilise protocol based care including use of patient pathways
- support continuum of care for patients and integration of specialist clinics with other parts of the health system
- ensure accountability, efficiency and optimal utilisation of resources
- ensure availability of appropriately trained health professionals
- support innovation, continuous improvement and dissemination of good practice.

4. The Specialist Clinics Innovation and Improvement Strategy

The Specialist Clinics Improvement and Innovation Strategy is delivering service improvements. It is recognised that health services require adequate capacity to meet demand pressures and a total of $44 million over four years has been provided by the Victorian Government from 2007-08 for implementation of the strategy, including the provision of additional specialist clinics services.

To date, reform has focused on five key areas:

- implementing the Improving the Outpatient Experience Program including physical amenities upgrades, development of a communications training package and signage and way finding recommendations
- developing a generic outpatient care pathway template to support standardised care and streamline the patient journey
- improving the interface with primary care including further development of the Victorian statewide referral form (VSRF)
- supporting innovation and good practice through funding improvement projects in metropolitan and rural hospitals
- supporting key enablers to reform through development of a resource kit, *Specialist clinics in public hospitals: A resource kit for MBS-billed services* (DHS 2008), development and pilot of a minimum dataset, review of VACS, scoping the outpatient/information and communication technology (ICT) interface and supporting new workforce models of care.

A report, *Outpatient improvement and innovation strategy: progress report (June 2008)* provides an overview of progress in implementation of strategy’s priorities and achievements to date.³

5. The rapidly changing health system

There have been significant advances in health care that have contributed to improvement in the overall health of the community and patient outcomes. However, there are also growing health system pressures including escalating health care costs, health inequalities for some population groups, an ageing population that is driving demand for health care, health workforce capacity constraints and increasing consumer expectations. The pace of change is likely to quicken and it will be increasingly important to accelerate planning for some of these changes.

It is anticipated that the increasing burden of older people with chronic disease and people with complex care requirements who need to be treated in an acute setting, will be key demand drivers for specialist clinic services. Increasing surgery demand in some areas such as joint replacement, cataracts, urology and some cancers is expected to impact on demand for pre and post care by specialist clinics. Factors such as clinical practice changes including use of new and less invasive procedures, new medicines and conservative management approaches are reducing demands on surgery related resources and impact on demand for care in other settings such as specialist clinics.

It is intended that the framework provide flexibility to respond to health system reforms that may be delivered through the national health reform agenda. The federal government has commenced reform of Australia’s health system via the National Health and Hospitals Reform Plan. Key commitments relevant to specialist clinics include development of a National Preventive Health Care Strategy to provide a blueprint for tackling chronic disease, and a National Primary Care Strategy that will include a review of MBS primary care items.

The National Health and Reform Commission notes that additional or shifting investment will be required to address key hospital and health care challenges, and that the federal government needs to take an active role in ensuring adequacy of the full range of primary health care services. The commission notes that growth in primary care services, complex care and aged care will require an increasing investment to ensure balance of care across settings to avoid unnecessary hospitalisations and strengthen person-centred care at home or in the local community.4

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4 National Health and Hospitals Reform Commission, 2008, Beyond the Blame Game: Accountability and performance benchmarks for the next Australian Health Care Agreements, Canberra.
6. Victorian Government health policy directions

The Specialist Clinics Framework is intended to support Victorian Government policy directions.

The framework has been developed within the context of key Victorian Government health policy themes including:

Managing demand for health care

The Victorian Government has a strong focus on improving health system capacity to respond to increasing demand for health care. Building on earlier substantial investments, such as those provided under the *Hospital demand strategy*, the Victorian Government is continuing to develop and implement a variety of initiatives designed to:

- promote prevention, early intervention and population health and wellbeing
- ensure less intrusive and earliest effective care
- achieve targeted growth in hospital activity
- respond to demand pressures such as the growing burden of chronic disease and palliative care
- prevent avoidable hospitalisation including managing care in community settings
- mainstream models of care that reduce the time patients spend in acute hospitals
- expand services at new facilities such as day hospitals and provide specialist services that do not require an overnight hospital stay
- support service planning for specialist areas such as cancer services, mental health, elective surgery and critical care
- strengthen support for medical specialist, nursing and allied health training and provide improved working conditions that will attract and retain skilled health professionals
- ensure a strategic approach to capital investment.
Promoting patient-centred care and quality

Current strategic policy initiatives supporting the patient experience include:

- health services are expected to draw on information made available from the Victorian Patient Satisfaction Monitor (VPSM) to inform service enhancement
- the Health Services Act 1998 requires health services to have a Community Advisory Committee and undertake development of a consumer participation plan and submission of an annual monitoring report
- health services are also required to provide an annual quality of care report with an expectation that health services report on language services, culturally appropriate service provision and key result areas for indigenous communities. Language service provision is now recognised as part of complexity funding for services provided across specialist clinic services.

There continues to be strong emphasis on quality and safety in the Victorian health system. Examples of areas for strategic focus by the department include:

- continued implementation of the Clinical Risk Management program including integration of systems to identify and report adverse events and near misses, Root Cause Analysis process, Limited Adverse Occurrence Screening in small rural hospitals and anticipated roll out of a framework with a requirement for all health services to develop clinical governance policies
- further development of the Victorian Health Incident Management System that will deliver an incident reporting data set and taxonomy for publicly funded health services
- establishment of clinical performance reporting and benchmarking including identification of both outstanding practices and areas of concern to ensure that responses are targeted to achieve the greatest benefit

Other policy documents relevant to the framework are presented in Appendix 1.
7. Overview of service system

Health services offer a mix of public specialist clinic services funded through VACS and MBS. Prioritisation of funding allocation within hospitals occurs at the health service level on the basis of clinical need and reflects local priorities and range of services provided such as surgery specialties. Appendix 2 presents the number of VACS funded clinics provided across health services.

Health services provide access to specialists through private consulting rooms, and specialists are also supported through MBS rebates for non-admitted services to patients in a public hospital setting. Patients may also access treatment from specialists in the community – Medicare provides subsidies towards the cost of these services.

High volume planned non-admitted services are provided in Victoria – over 1.8 million VACS unweighted public encounters for medical, surgical and allied health occasions of service (including DVA) were provided by the 14 metropolitan health services and three rural public VACS funded hospitals in 2007-08. In 2007-08, approximately 48 per cent of attendances related to surgery, 27 per cent to medical and 25 per cent to maternity. The level and mix of services, and patient profile for non-admitted services is presented in Appendix 3.

Many different factors present challenges in managing demand for specialist clinic services including:

- the nature and complexity of patient needs, in particular patients with chronic disease and frail elderly patients with co-morbidities
- consumer familiarity with services provided in a hospital setting, and expectations that specialist clinics provide a setting for management of primary care conditions
- the mix and capacity of conditions that may be able to be managed in a primary care setting or on a shared management basis
- workforce shortages in some medical specialties
- variation in patterns of growth and type and range of services across the system, and at individual hospitals
- cost of care associated with services provided by private specialists and allied health professionals in other settings
- inability to benchmark performance due to variation in data collection practices with no nationally agreed definitions for data reporting.

7 There are also small rural hospitals that provide services funded through a block grant.
Part B: Expectations of health services and activities to be undertaken

The following section presents the department’s expectations in relation to delivery of specialist clinics and work to be undertaken to implement the framework.

8. Timely access to care

Specialist clinics should support timely and equitable access to care based on clinical need.

The Victorian Auditor General’s report, *Access to specialist medical outpatient care* provided observations about wait times and noted that there were variations across individual health services in waiting times, with long wait times for selected specialties such as orthopaedics, urology, ear, nose and throat.

The framework places an emphasis on timely access to care - wait times for specialist clinics may impact on patient outcomes and overall wait times for treatment such as elective surgery. Timely access will be achieved through:

- establishing a patient journey standard
- providing patient care in the setting that best matches their condition
- streamlining patient flow.

**Patient journey standard**

There is variation in practice across health services in relation to categorisation and prioritisation of patients referred to specialist clinics. Currently there are no nationally agreed definitions and reporting requirements for non-admitted services. Nationally agreed clinical urgency categories for elective surgery based on clinical assessment with agreed target times have been in place since 1997. The Victorian Government is working closely with the federal government towards national reporting of patient level data.

Development of a specialist clinic patient journey standard has commenced to improve access, make better use of current capacity and ensure the patient’s journey is managed in a timely and efficient manner. The standard is intended to reflect a ‘whole of patient journey standard’ - from referral to treatment and discharge - rather than focusing on a single stage of treatment. This approach reflects the concept of a ‘whole of patient journey standard’ that has been adopted in other health systems including the National Health Service in the United Kingdom which has established a referral to treatment standard. The National Health and Hospitals Reform Commission (2008) is also placing emphasis on the development of benchmarks that are relevant to people and their journey through the health system.

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8  www.18weeks.scot.nhs.uk
Proposed standards developed to date are:

- formal acknowledgement of referrals is provided to referral provider and patient
- a first clinical assessment to ensure a comprehensive approach is undertaken for: triage of patients; clinical decision making and management of patients following referral; and prioritisation of patients for a medical consultation if required
- a medical consultation within a clinically appropriate time if required.

There is an expectation that patients will be assessed in order of relative priority and those with urgent clinical needs will be prioritised for a medical consultation within a clinically appropriate timeframe.

Figure 3 presents the proposed concept for a ‘whole of patient journey standard’ for Victorian public hospital specialist clinics.

**Figure 3: Whole of patient journey standard concept**

Meet people’s care needs in the setting that best matches their condition

Health care needs to be provided in the setting that best matches patient needs – some people are treated in a hospital when they could be provided care closer to home and at a lower cost, and some patients referred to specialist clinics may be placed on a surgery wait list when they do not need to be. The health system needs to provide integrated models of care that support continuum of care across different settings, and by different health professionals.

GP’s play a key role in managing patients in primary and community care settings. To ensure people receive care in the most effective setting and ensure timely access, comprehensive protocols should be in place for triage, assessment and discharge of patients, and patients should be discharged to community based settings when clinically appropriate, or where there is capacity for a primary or community provider to more appropriately provide care.
Streamline patient flow

Capacity to provide specialist clinic services in a timely manner depends on interactions between a wide range of hospital and community based services. Integration between specialist clinics and other areas of the hospital and broader health system such as primary care, sub-acute care, and the community sector are important to supporting patient flow.

Redesign of the specialist clinic visit process provides potential for service benefits such as reduced did not attend rates, timely decision making and additional capacity to see new patients more quickly. For patients this means reduced number of unnecessary visits, decreased wait times, patient choice and less duplication of effort.

A range of work is contributing to streamlining patient flow, including:

- local initiatives by health services such as web based applications are improving referral and triage processes, and communication between specialist clinics and referral providers
- further development of the VSRF is progressing standardised statewide referral processes and embedding specialty specific referral data items.

Expectations of health services:

- provide an efficient scheduling system which is managed to optimise patient flow and respond to variation in demand and capacity
- work towards meeting specialist standards and reporting requirements including first assessment, consultation with a medical practitioner and definitive treatment such as surgery
- maintain a record of patients waiting for specialist clinic appointments and undertake administrative audits to ensure accuracy of records
- minimise postponement of appointments and efficiently utilise available capacity in the event of postponements
- develop a process to ensure effective discharge plans for patients when clinically appropriate.

Planned activities:

- development of Specialist clinics access guidelines
- identification and development of at least two wait time measures including development of business rules and reporting requirements
- development of care pathways based on a whole of patient journey standard.
9. Patient focus

Patient focus means patient-centred care that responds to patient priorities and expectations, shares management of care with the patient and optimises health outcomes.

The framework emphasises a culture of patient focus that delivers optimal health outcomes for patients. This will be achieved through:

• delivering patient-centred care
• utilising protocol based care
• integrating specialist clinics with the broader hospital and health system
• promoting innovation.

Patient-centred care

Evidence is growing that patient-centred approaches increase patient satisfaction and engagement, reduce anxiety, improve health outcomes and increase clinician satisfaction.\(^\text{10}\) Informed patient choice is integral to patient-centred care - increasingly the community wishes to have involvement and influence over their health, including decision making and management of their conditions.

Work implemented to date to support patient-centred care includes implementation of the Improving the Patient Experience Program including:

• development of web based consumer information in community languages
• development of a communications training program for front line staff
• amenities upgrades across 15 metropolitan and three rural public hospital specialist clinics.
• completion of signage and way finding recommendations.

Further consumer information will be developed including delivery of communications training to an estimated 700 front line staff.

Expectations of health services:

• inform and educate patients and their carers throughout care, provide patient choice and involve patients in their health care decisions and management
• document and communicate the scope of care provided by specialist clinics and referral, management and discharge protocols to consumers and referral providers\(^{11}\)
• provide a specialist clinic telephone service ‘Infoline’
• ensure ongoing communication with patients and referral providers throughout the patient journey
• ensure accessible and meaningful information about patient rights and responsibilities is available for consumers
• ensure mechanisms are in place for patients to provide feedback about the care they received to inform service planning and quality improvement.

\(^{10}\) Bauman A, Fardy J and Harris P. Getting it right: why bother with patient-centred care? The Medical Journal of Australia, 179(5) 253-256.

\(^{11}\) Consumer information (frequently asked questions) in community languages is available at <www.health.vic.gov.au/outpatients/index.htm> that can be adopted for local use.
Planned activities:

- further develop consumer information including delivery of communications training to an estimated 700 front line staff
- provide support to health services for implementation of extended hours telephone information including development of guidelines and ‘seed funding’
- identify a patient satisfaction measure for specialist clinics.

Protocol based care

The term protocol based care is gaining increasing prominence in the literature, although the definition and adoption of the term varies across settings and is often used interchangeably with protocols, care pathways, policies, procedures and clinical practice guidelines.

A specialist clinic care pathway project has been implemented to support health services to streamline the patient journey in specialist clinics, support standardised practice in management of the patient journey and optimise patient outcomes. Stage one, completed in 2007-08, has mapped the patient journey and provided a generic care pathway that identifies key decision points from when patients are first referred to specialist clinics through to discharge.¹²

Care pathways will be developed based on the whole of journey standard with emphasis on:

- specialties with high demand such as maternity, urology, orthopaedics, gastroenterology and ophthalmology
- management and coordination needs for different patient groupings such as those with chronic conditions and associated co-morbidities, and people with surgical needs
- linkages between the care pathway project and the Hospital Redesigning Hospital Care Program.

Expectations of health services:

- protocols are in place to support decision making including triage, prioritisation and management of the patient journey
- effective systems of clinical governance are in place that embrace improvement in patient safety and quality.

Planned activities:

- develop care pathways as part of a Redesigning Hospital Care Program demonstration project.

Integrate specialist clinics with broader hospital and other parts of the health system

Navigating the hospital system can be a complex task if there is lack of coordination, and management of care doesn’t reflect the perspective of patients. Consumers should be able to navigate their way through the health system irrespective of funding models, health needs or models of care.

Almost all specialist clinic patient pathways commence and end through interaction with primary and community health services. The framework places an emphasis on improving the quality and appropriateness of referral processes to specialist clinics and strengthening linkages between specialist clinics and primary care settings for management of care.

The key focus for attention to date has been further development of the VSRF to support standardised referral practice between general practice and specialist clinics, and improved triage, prioritisation and management of patients. Proposed referral templates for specialist clinics are orthopaedics, urology and maternity. A pilot was undertaken of the VSRF+ in 2008 to:

- validate specialist clinic referral data items
- assess the functionality and practicality of the VSRF+
- support development of functional specifications to facilitate electronic referral
- embed condition specific specialist referral items for specialist clinics in the VSRF
- provide training for GPs in use of the referral tools.

There will be greater emphasis in reviewing current relevant work and strengthening discharge protocols at the specialist clinic/primary care interface with a view to supporting standardised practice.

The framework also places emphasis on strengthening the interface between specialist clinics and sub-acute ambulatory services (SACS) that provide centre based (through community rehabilitation) and home based care to improve integration of services across the continuum of care.

Another key initiative that has supported integration and continuity of care is the General Practice Liaison Program. The program promotes an integrated person centred-health care system and improving access and continuity of care across health sectors including:

- streamlining referral and discharge processes and improving information exchange between specialist clinics and general practice
- developing communication systems to support patient readiness for specialist clinic appointments and timely discharge of patients when clinically appropriate.

Expectations of health services:

- protocols are in place with general practice, community and sub-acute providers to support referral criteria, referral options, patient choice and continuum of care.

Planned activities:

- complete the pilot of the VSRF+
- review discharge practices and identify opportunities to improve timely, appropriate discharge practices for specialist clinics
- build on emerging opportunities from national health reform agenda to strengthen the interface between specialist clinics and general practice and community settings to improve continuum of care.

Promote innovation

Evidence suggests that systematic application of redesign tools to better match demand and capacity, together with clinical leadership and engagement of other clinical teams improves flow of patients.\textsuperscript{14}

In Victoria the Redesigning Hospital Care Program is assisting health services to build their capacity for process redesign, and supporting specific projects to improve patient processes by reducing non-value adding activity and increasing efficiency and quality of care. The program is building collaborative relationships between health services to share ideas and innovation so that the benefits of process redesign are realised at the system level.

The scope of projects to be supported includes a specialist clinic demonstration project linked to the development of specialist clinic care pathways. Use of process redesign provides potential to reduce non-value added time for staff and create capacity for specialist clinics to see new patients more quickly. Examples of activities that would benefit from extensive diagnostics include bottlenecks such as access to diagnostic tests, variations in patient flow and unnecessary visits for patients.

This framework promotes professional networking and dissemination of good practice. In 2008 a symposium was convened for dissemination of learnings from the 2007-08 improvement projects. Opportunities are being explored to establish a formalised specialist clinic forum, to drive system improvement and support a learning culture.

An emphasis will be placed on supporting a model of care for specialist clinics that focuses on:

- early assessment, clinical decision making and management of patients following referral
- multidisciplinary management of patients following referral to a specialist clinic
- coordination of patients with complex needs who may require care by a range of providers in a range of settings
- supporting discharge of patients when clinically appropriate, including referral to other providers if required.

Expectations of health services:

- support a culture of professional networking, learning, innovation, dissemination of good practice
- work towards implementation of new models of care.

Planned activities:

- convene a stakeholder symposium for dissemination of learnings from the improvement projects
- support new models of care for specialist clinics that promote early assessment and linkages
- support specialist clinic redesign opportunities through the Redesigning Hospital Care Program.

\textsuperscript{14} National health Services Institute for Innovation and Improvement, 2008, 10 High Impact Changes for Service Improvement and Delivery.
10. Sustainable services

Financing and accountability arrangements, availability of a well trained and flexible workforce and health care infrastructure are key issues for sustainability of services.

The framework places an emphasis on a culture that supports sustainability and efficiency with resources directed to best meet the health needs of the community. There will be a continued focus on implementing funding reform including Specialist clinics in public hospitals: A resource kit for MBS-billed services (2008), reporting of patient level data, building workforce capability and supporting technology.

Specialist clinics minimum data set

The National Health and Hospitals Reform Commission (2008) notes that availability of patient level data and linked data will be integral to measuring continuum of care and utilisation of health care services. Availability of patient level data in Victoria is being supported through the development of a minimum specialist clinics data set and a staged pilot with collection of data that commenced across four health services in 2007-08.

Stage two will include collection of patient level data at an additional six health services in preparation for statewide roll out of the minimum data set. Stage two will focus on further testing health service capacity to collect data, addressing issues identified in stage one such as the need for further refinement of definitions and ensuring the data set provides capacity for reporting and monitoring specialist clinic standards.

Funding policy

A review of VACS was completed in 2007-08 with a view to developing a more refined funding system for specialist clinic services. Following extensive consultation with stakeholders the consultant’s final report, recommendations for an enhanced VACS model (Enhanced VACS), and the department’s response were received by the Outpatient Improvement and Innovation Strategy Advisory Committee. Further details about Enhanced VACS is available at <www.health.vic.gov.au/vacs>.

The department will commence implementation of selected recommendations. Some of the recommendations require further modelling to determine the impact of new categories on activity levels and administrative processes associated with collection of data and transitional arrangements need to be developed. Changes that will apply include:

- VACS activity targets will be set and administered at the Health Service level
- endorsed nurse practitioners will be entitled to claim medical/surgical VACS payments
- reporting of private specialist clinic activity to enable future allocation of the VACS Teaching Grant on a total activity basis.

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Specialist clinics in public hospitals: A resource kit for MBS-billed services

There are opportunities for health services to optimise revenue opportunities through better integration of public and private provider arrangements. A resource kit *Specialist clinics in public hospitals: A resource kit for MBS-billed services* (DHS 2008) was developed to guide the provision of specialist clinics for MBS-billed services in Victorian public hospitals and outline the obligations that must be met if private services are provided at hospital premises.

Collection of aggregate VACS-related MBS activity including related allied health and diagnostic activity commenced through AIMS in July 2008, with a view to data collection by the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset in the future. Implementation of the resource kit will be supported through implementation of a communication strategy, negotiation of targets with participating health services and further development of reporting requirements.

Workforce capability

It is widely recognised that the health system needs to think about new ways to address emerging workforce issues. Health services have been developing local solutions to workforce challenges through approaches such as use of physiotherapist screening in specialist clinics, audiologist led clinics and nurse led telephone follow-up for patients with localised prostate cancer.

The department's *Better Skills Best Care* (BSBC) Strategy is designed to progress long term workforce change and has supported pilots and of new and amended roles in specialist clinics. Research shows that the way work is organised can impact on workers' health and job design when used as part of the approach to human resources can be associated with low levels of turnover. In 2009, BSBC will have a new emphasis on engagement with three key stakeholder groups - health services, training organisations and the public, to position BSBC to best build capacity for targeted workforce redesign.

Priorities will be influenced by government service priority areas, identified workforce shortages by service or profession, or degree of local difficulty. Submissions will be sought from health services for projects that support innovation in utilising available staff in new models of care and respond to new technology and the changing burden of disease. In addition, development of an interdisciplinary framework is currently being supported that is considering the patient journey in a specialist clinic setting.

The department’s *Strengthening Medical Specialist Training Program* is also undertaking a range of initiatives to improve training opportunities for doctors, targeting areas forecast to have a high growth in levels. In 2009, the program will commence implementation of incentive funding in target specialties to assist health services to increase the number of accredited specialist training positions across four categories:

- indirect and direct activity funded specialties
- specialties in geographical locations where service funding may not provide for training capacity but where there is a need to improve service access
- support for up to five specialist graduates to establish a practice in rural and regional Victorian and outer metropolitan Melbourne.

The department’s role in supporting recruitment and retention includes working with health services in implementing effective strategies to attract and retain staff, and to advocate to the federal government and training institutions on pre-employment education and training.

Fostering innovation in technology

There are many examples of new approaches to treatment made possible by technological, medical, surgical or pharmaceutical advances. The Victorian Policy Advisory Committee on Clinical Practice and Technology is a key initiative that advises the department in relation to new technology and clinical practice and development of a framework to support the introduction of new cost effective health technology.

The potential of new information and communication technologies (ICT) to improve patient management and coordination of care is widely recognised. The HealthSMART program was established to implement the 2003-07 Whole of Health ICT Plan, with a focus on moving towards a shared baseline of ICT capability that is used across all health services. The infrastructure is now in place. Statewide configurations have been established for all applications and the shared ICT Service with procurement of products, testing of statewide configurations for products and infrastructure establishment is progressing prior to deployment of the applications.

Successful integration of services across primary, sub-acute and acute settings will require access to reliable and well managed information systems, ICT infrastructure and support services. Victoria is developing a Whole of Health ICT Strategy 2009-13 to provide a clear vision and direction for the use of ICT across the public health sector in Victoria.

In recent years there has also been increased activity across the country to develop national standards and infrastructure to support national ICT capability, and the Australian Health Ministers Council has authorised the development of a National eHealth Strategy to guide development and investment over the next decade. The National Health Reform Agenda also includes in principle agreements for sharing of patient information between providers that will ultimately support coordination of service delivery and linkages between providers.

Expectations of health services:

- link strategic planning for specialist clinics to inpatient services and community burden of disease
- a mechanism is in place that details management and accountability for strategic service planning, operational and clinical management and accountability
- monitoring of specialist clinic performance is undertaken including identifying barriers to efficiency management and implementing strategies for improvement as necessary
- planning and organisation of specialist clinics supports optimal use of resources and recognises the co-existence of a private community based system of medical specialist service provision.

Planned activities:

- consider how allied health staff and nurses could be used to support delivery of specialist clinics services
- roll out pilot of the specialist clinics minimum dataset to an additional six sites
- develop agreed key performance indicators with a view to inclusion into the department’s formal accountability frameworks in the future
- progress implementation of the VACS funding review recommendations
- implement MBS guidelines
- provide input into the department’s Whole of Health ICT Strategy 2009-13.
Appendix 1: Key Victorian policy documents

Victoria: A better state of health

The government’s 2005 policy *Victoria: A better state of health* outlines five principles that provide a vision for the state’s public health system. These are:

- The best place to treat.
- Together we do better.
- Patient-focused technology.
- A better patient experience.
- A better place to work.

Rural directions for a better state of health

*Rural directions for a better state of health* (2005) provides a framework for rural health services to meet the changing needs of communities and make the best use of resources to deliver improvements in the health of rural Victorians. The three broad directions are:

- Promoting the health and wellbeing of rural Victorians.
- Fostering a contemporary health system and models of care in rural Victoria.
- Strengthening and sustaining rural health services.

Better, faster emergency care

*Better, faster emergency care: improving emergency care and access in Victoria’s public hospitals* (2006) outlines ten priorities and actions to improve emergency care in Victoria’s public hospitals. Its key aims are to:

- Ensure equitable and timely access to emergency care.
- Enhance the quality of emergency care.
- Support the delivery of patient-centered care.
- Deliver improved outcomes for the community.

Better skills, best care

The Victorian Government is implementing the *Better skills, best care* workforce design strategy to improve the sustainability of the public health workforce. As part of this, the department is funding projects to help health services pilot and evaluate new and amended work roles. These currently focus on anaesthetics, emergency care and intensive care.

Care in Your Community

This policy provides a ten year vision for a modern integrated and person and family centred health system. It is about refocusing and investing in the best mix of hospital and community-based integrated care services to better meet the needs of the community.
Better quality, better health care: a safety and quality improvement framework for Victorian health services

The Safety and quality framework is an initiative of the Victorian Quality Council (VQC). It was developed as one component of a strategic approach to improving the safety and quality of patient care across five areas: establish a safety and quality framework; provide improved access to better data; involve consumers in improving safety and quality; educate on safety and quality; and respond to known problems and risks.

The framework identifies five dimensions of quality: safety, effectiveness, appropriateness, acceptability, access and efficiency.

Elective surgery access policy

This document provides advice to Victorian health services about the managing elective surgery waiting lists. The objectives of the policy are to:

• Improve access to elective surgery through active management of waiting lists.
• Promote best practice models for elective surgery waiting list management.
• Provide transparent processes for determining access to elective surgery.
• Identify the rights and responsibilities of health services and patients.
• Improve communication between health services, general practitioners and relevant community agencies.
• Provide authority for the development of local policies and protocols.

Victorian Human Rights Charter

This policy imposes obligations effective from January 2008 on entities that have functions of a public nature such as public hospitals to act in a way that is compatible with the rights in the Charter and to take account of these rights when making decisions.

Doing it with us not for us policy

This policy outlines the roles and types of consumer participation that contribute to patient-centred care, and outline clear directions on requirements and reporting on participation indicators.\(^ {18}\)

## Appendix 2: Number of Specialist Clinics by Speciality in VACS funded public hospitals 2007-2008

<table>
<thead>
<tr>
<th>VACS group</th>
<th>VACS specialist clinics</th>
<th>Total number of clinics</th>
</tr>
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<tbody>
<tr>
<td>Medical</td>
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<td>Allergy</td>
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<td>Endocrinology</td>
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<td>Respiratory</td>
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<tr>
<td></td>
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<td>VACS group</td>
<td>VACS specialist clinics</td>
<td>Total number of clinics</td>
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<tr>
<td>--------------------------------</td>
<td>-------------------------</td>
<td>------------------------</td>
</tr>
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<td>Allied Health</td>
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<td></td>
<td>Other Allied Health Services</td>
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<tr>
<td></td>
<td>Cardiac Rehabilitation</td>
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</tbody>
</table>

Source: VAED, VACS 2007-08 (extracted 9 September 2008)
Note: Data labels indicate the percentage of hospitals submitting data to AIMS within each of the VACS categories in 2007-08, as at 9 September 2008.
Appendix 3: Level/mix of VACS activity and profile of patients

Total number of unweighted medical and surgical public encounters (including DVA) and occasions of service for 19 Victorian public VACS funded public hospitals from 2000-01 to 2007-08.

<table>
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<td>Allied health encounters</td>
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<td>596225</td>
<td>562186</td>
<td>582205</td>
<td>583031</td>
</tr>
</tbody>
</table>

The specialty mix of unweighted encounters for VACS funded public hospitals in 2007-08 by VACS categories is presented in Appendix 3.

There are limitations in measuring activity in the absence of MBS billed activity. Reporting of aggregate VACS-related MBS activity including related allied health and diagnostic activity commenced in July 2008 with a view to data collection by the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset in the future. The VACS funding review commissioned by the department in 2007-08 noted that MBS activity represented 20 per cent of total activity. Other observations were that MBS clinics may represent a relatively high share of total medical specialist care in some hospitals, and provide variable level of services within health services.¹⁹

¹⁹ The review presented aggregated data on number of encounters in VACS and MBS clinics for seven health services.
Profile of patients

Reporting of patient level data commenced in 2008 via a pilot of the minimum data set across four health services. An earlier review of specialist clinic services provides some observations about the profile of patient attendances.\textsuperscript{20} The review notes that the service system has historically provided an important role for particular population groups including older people, disadvantaged socio-economic groups and people with chronic and complex conditions.

The VACS review also provided the following observations about non-admitted services for the period 2000-01 to 2005-06:\textsuperscript{21}

- there has been significant variation across health services in the level of growth of medical and surgical activity (2.5 per cent to 59.3 per cent) and allied health activity (-37.5 per cent to 102.8 per cent)\textsuperscript{*}
- there has been a trend toward a higher level of growth in surgical encounters than medical encounters
- specialties with the highest growth in activity were allergy, respiratory, general surgery, neurosurgery, plastic surgery, paediatric surgery and paediatric medicine
- allied health services with the highest growth were optometry and hydrotherapy with significant decreases in audiology, social work and cardiac rehabilitation
- the majority of occasions of service at VACS clinics were for ongoing management of review patients rather than new patients, with 21 per cent of visits for new patients
- clinics that specialised in treating patients with chronic disease such as diabetes and nephrology had the lowest proportions of new patients.

\textsuperscript{20} Department of Human Services, 1997 Non-admitted patient services: a literature review and analysis, Melbourne.
\textsuperscript{21} Aspex Consulting on behalf of the Department of Human Services, 2008. Review of the Victorian Ambulatory Classification and Funding System, Melbourne.

\textsuperscript{*} improvements and changes to data collection may have contributed to variations
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