



SUPPORTING PATIENT CHOICE AND ALIGNING CARE PATHWAYS: LESSONS LEARNT FROM THE REHAB CHOICES, PALLIATIVE CARE CHOICES AND MIND CARE CHOICES PROGRAMS

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PATIENT CHOICE IN HEALTH CARE

“It was an easy discussion for us to have, because the whole idea of this was to get Maxine comfortable and get her pain under control to keep her at home.”

“She was much happier being at home than she would have been in hospital. They came every second day to top up drugs in her pump, until the last couple of weeks in Maxine’s life when they came in every day to help manage the pain.”

“While home palliative care was the best decision for Maxine, it wouldn’t necessarily be the best decision for everyone. But the important thing was that we had a choice.”

Phil, husband/carers of Maxine

PATIENT CHOICE IN HEALTH CARE

Research indicates that choice is 'important' or 'very important' to patients
(*Dixon, 2010*)

- ✓ Face complex, high-stake choices
- ✓ Not always equipped to evaluate complex healthcare products/services
- ✓ Lack the skill/time to carefully assess relative costs and quality
- ✓ May have difficulty obtaining information
- ✓ Cannot test a service before consuming it
- ✓ May have difficulty assessing the quality of a service (even after experiencing it)
- ✓ Make choices based on anecdotal information

(Source: Frank and Zeckhauser 2009)

HEALTHCARE IS COMPLEX

Consumers choose between available [healthcare] options depending on:

- ✓ Personal goals
- ✓ Complexity of the decision
- ✓ Context
- ✓ How their choices are framed by healthcare professionals

Implications for patient choice include:

- ✓ May not be able to identify quality/appropriate providers and/or services
- ✓ May delegate decision-making to their healthcare provider

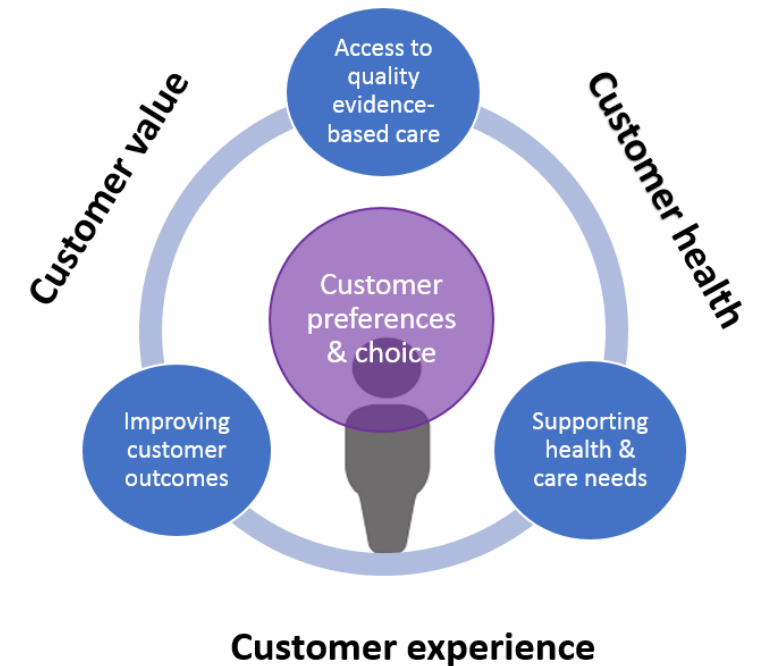
(Source: Bettman et al 2006)

BUPA: HEALTH & CARE

- We are the largest health & care company in Australia
- We champion customer-centred care and choice
- We ensure customers receive quality, affordable, evidence-based healthcare

In any given year, we:

- ✓ Proactively target >80,000 Bupa customers
- ✓ Engage >24,000 customers in one of our health programs



BUPA: HEALTH & CARE

- Palliative Care Choices Program
- Mind Care Choices Program
- Rehab Choices Program

- Supporting evidence
- Program overview
- Outcomes & learnings



PALLIATIVE CARE CHOICES PROGRAM



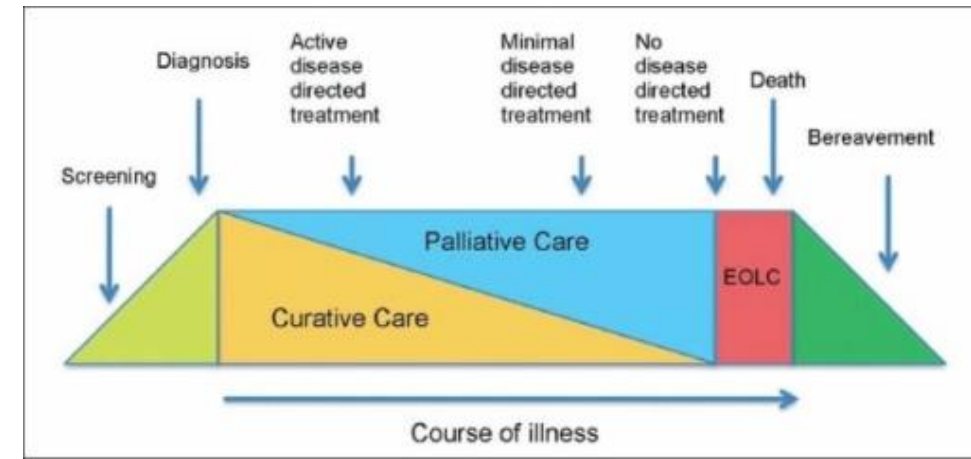
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Health & Care

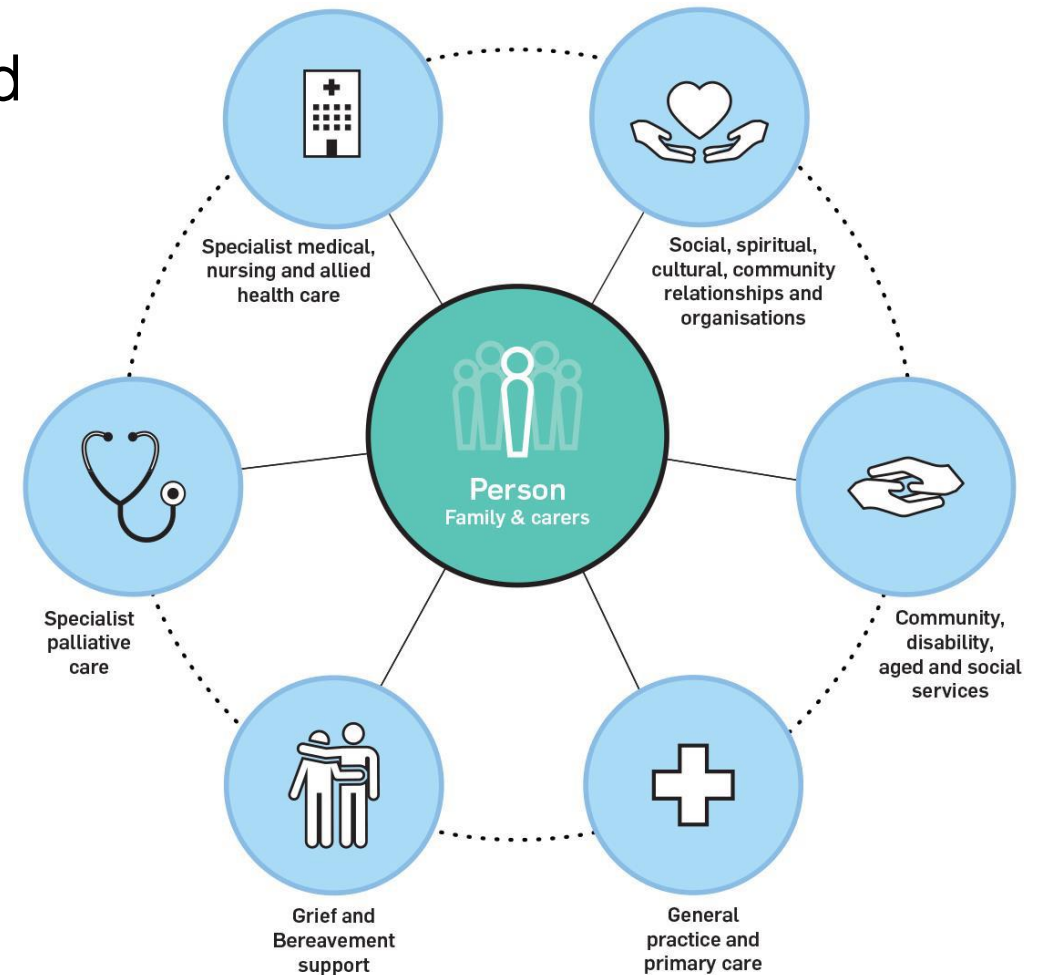
PALLIATIVE CARE CHOICES: SUPPORTING EVIDENCE

- ✓ In the next 20 years, the number of Australians who die each year may double (*Grattan Institute 2014; Productivity Commission 2017*)
- ✓ Of the 70% of the Australians surveyed who wanted to die at home, only 14% actually did (*Grattan Institute, 2014*)
- ✓ Access to home palliative care services doubles the chance of dying at home, and helps reduce symptom burden, without increasing grief for family or carers (*Cochrane reviews 2013, 2016*)
- ✓ Increased medical interventions mean many customers are dying in ways not consistent with their wishes (*Duckett 2018*)
- ✓ Access to alternatives to inpatient palliative care can be limited (*Duckett 2018*)
- ✓ Access to 'living & dying well' information & education is needed (*Duckett 2018*)



PALLIATIVE CARE CHOICES PROGRAM

- Eligible customers choose where to be cared for, and where to die
- Palliative care initiated early and continues to end of life
- Personalised specialist palliative care services delivered at home 24/7 or hospital accordingly
- Patient choices are regularly re-assessed
- Multidisciplinary services include physician, nursing, psychological, social and spiritual support
- Support services extend to family and carers, before and after death



PALLIATIVE CARE CHOICES: OUTCOMES & LEARNINGS

- Improving end-of-life care to give people dignity, respect and choice is imperative
- Patient choices are dynamic and variable; many don't want to voice their choice
- Some care in hospital may still needed
- Program outcomes at 2 years:
 - ✓ 300 patients (376 patients referred)
 - ✓ High home death rate (37%)
 - ✓ Low rate of death in hospital (10%)
 - ✓ High % died in preferred place of death (93%; where preference was known)
 - ✓ High patient and carer satisfaction (FAMCARE survey)



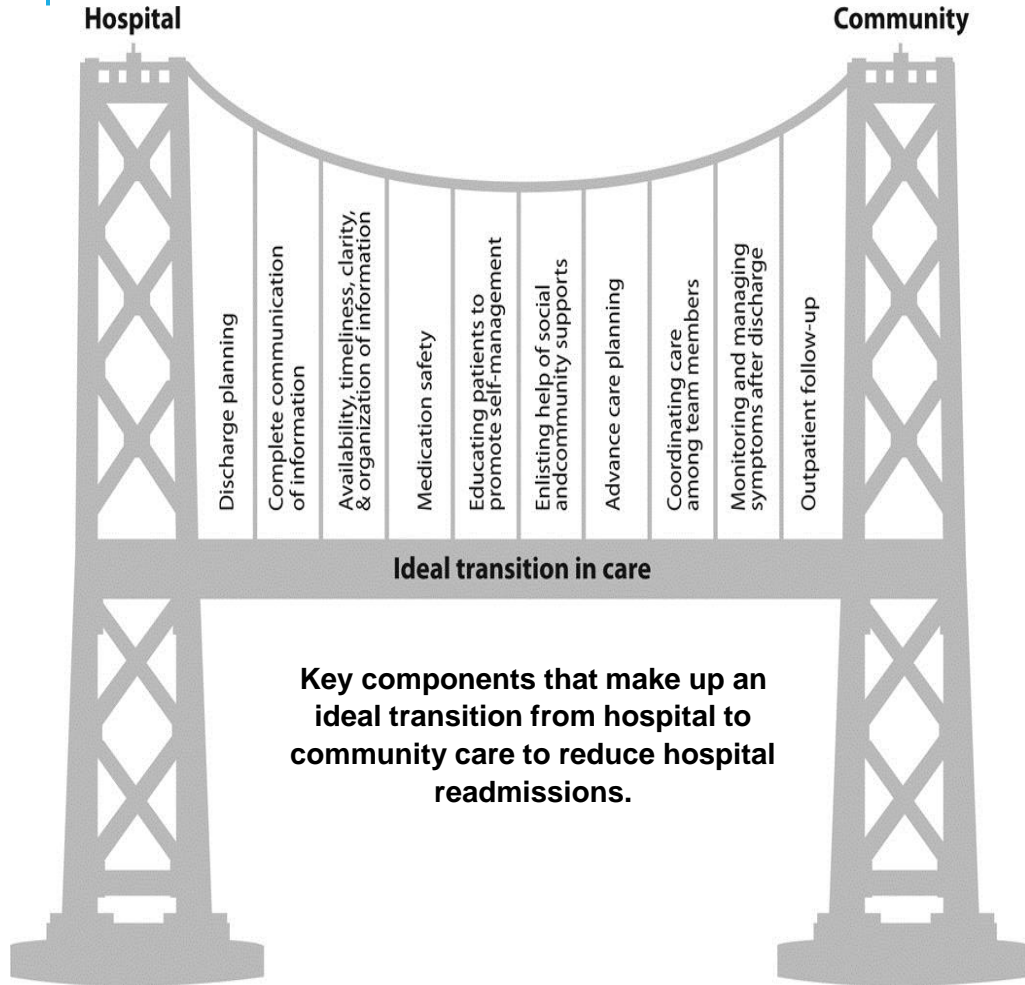
MIND CARE CHOICES PROGRAM



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PROGRAM COMPONENTS SHOWN TO BE EFFECTIVE



Structured needs assessment/care plan

A range of psychoeducational interventions

Timely triage

Medication review

Multidisciplinary care

Psychiatric care follow up and care-plan review

Post-discharge home visits and telephone follow up

Integrates with existing programs & funding

The right incentives – patient & psychiatrist

Patient choice

MIND CARE CHOICES PROGRAM

- Specialist community-based mental health services
- Alternative to inpatient hospital psychiatry services for people with moderate/severe anxiety and/or depressive condition
- Mental health professionals deliver therapy (psychiatrists, psychologist, nurse, occupational therapist, social worker)
- Services include face-to-face (in clinic, home visits, and/or group therapy), telephone or video conference

MIND CARE CHOICES: OUTCOMES & LEARNINGS

- Awaiting evaluation of to assess the effectiveness of the program: mental health outcomes, patient experience, psychiatric services utilisation, and costs
- Psychiatrists consulted prior to program development were supportive of community-based mental health care options
- However, changing patient and psychiatrist reliance on in-hospital treatment is challenging
- Private hospital and psychiatrist drivers and patient considerations favour hospital-based care
- Participants avoided one or more hospital admissions due to the crisis support services offered by the program

REHAB CHOICES PROGRAM

Bupa

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 **Remedy**
HEALTHCARE

REHAB CHOICES: SUPPORTING EVIDENCE

- ✓ Clinical trials have found that people who've had uncomplicated TKR or THR recover mobility as well at home with a supervised rehabilitation program as in hospital (*Source: Buhagiar et al, 2017*)
- ✓ No difference in pain, functional outcomes, or patient satisfaction between home-based rehab and inpatient rehab after TKR or THR, but home-based rehab is more cost-effective (*Source: Nizar et al, 2008*)
- ✓ Bupa rehab transfer rates, following TKR & THR vary greatly across states, in contrast to public sector rehab transfer rates (*Source: Bupa data*)
- ✓ Factors other than clinical & social need, tend to drive high rehab transfer rates in the private sector. Key influencers were both intrinsic and extrinsic. (*Source: Buhagiar et al, 2017*)

REHAB CHOICES PROGRAM

- ❖ **Rehab Choices** is for eligible patients after hip/knee replacement/revision
- ❖ **Home Rehab** is for eligible patients needing rehab post-hospitalisation
- ❖ Customers are informed about appropriate rehab options before surgery via telephone and/or home visit
- ❖ Support is tailored to meet customer needs and rehab goals
- ❖ Services that can be received at home include:
 - ✓ Physiotherapy; occupational therapy
 - ✓ Nursing
 - ✓ Personal care
 - ✓ Domestic care
 - ✓ Meals

REHAB CHOICES: OUTCOMES & LEARNINGS

Customer-related:

- Customers are not always aware of the rehab options available to them
- Some customers receive rehab in settings that are not always appropriate for them, leading to poorer outcomes and experience
- Customers choose their preferred rehabilitation setting based on:
 - Clinical status post surgery
 - Perceived benefits of the level support
 - Carer burden and convenience
 - Previous experience of self or others
 - To avoid accumulating out-of-pocket costs
 - Perceived tangible way of getting value from their private health insurance
 - Role of the surgeon and influence of the private hospital



REHAB CHOICES: OUTCOMES & LEARNINGS



Surgeons

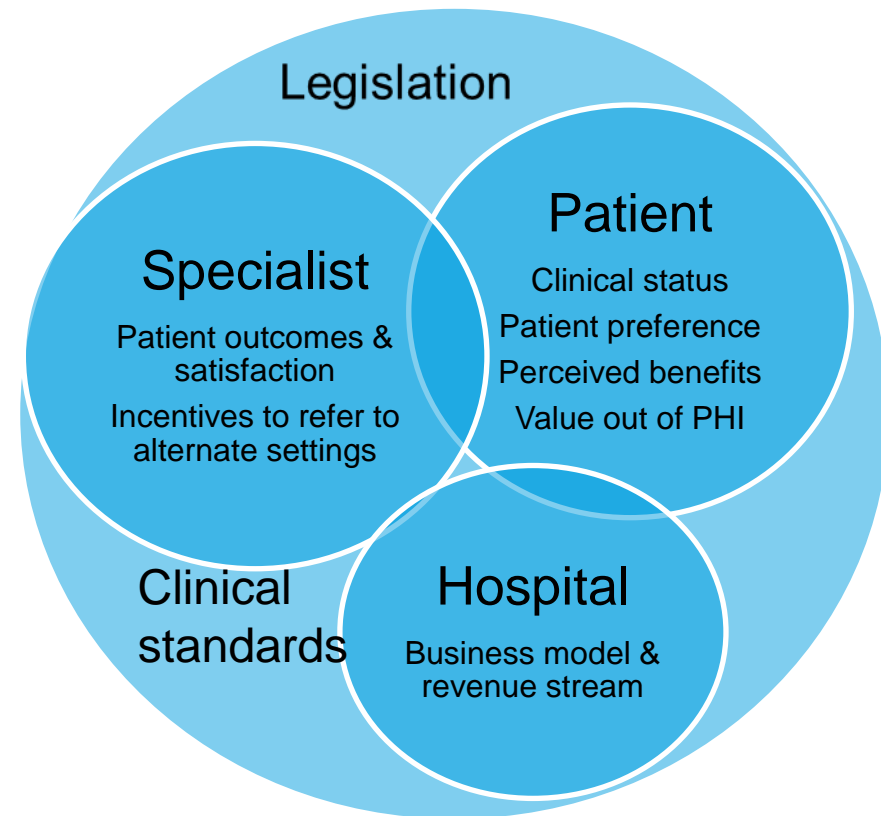
- Surgeon referrals to home-based rehab are low in spite of supporting evidence
- Surgeons want to maximise customer post-surgery satisfaction and outcomes
- Patient follow-up is more convenient & efficient in a hospital setting
- Some surgeons feel it is “safer” to refer patients to hospital settings
- Surgeons are sometimes not actively involved in the rehab setting decision-making



Hospitals

- Many hospitals own dedicated rehab units/facilities and have invested in infrastructure
- Limited clinical standards/guidelines about when inpatient rehab is appropriate
- No accreditation certification process for non-hospital providers, assuring quality
- Use of patient reported outcomes to monitor quality is limited and not standardized
- Private hospital funding models favour hospital-based rehab
- Fee for service model rewards volume, not outcome or value

SUMMARY OF LEARNINGS: ALL PROGRAMS



- ❖ The link between patient choice and positive psychological indicators are clear.
- ❖ Care provided in an inappropriate setting is inefficient. Intensive settings should be reserved for patients with specific clinical and social needs.
- ❖ Increasing customer awareness of treatment options, early enough to influence choice, is crucial to ensure appropriate care, in an appropriate setting for their circumstances.
- ❖ Specialist and hospital-related influences to refer patients to home- or community-based programs – despite supporting evidence, needs to be addressed.
- ❖ A multi-faceted approach that tackles the customer, specialist and hospital drivers is required, to ensure quality, patient-centred care that offers patient choice.

Questions?

MORE INFORMATION



www.bupa.com.au/health-and-wellness
(Member Health Support Programs)



Complete a Member Health Support Form
or contact BupaTeleHealth on
1300 030 238, Mon-Fri, 9am-5pm AEST



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