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**HOSPITALS MUST COORDINATE WITH GPs TO REDUCE
 PREVENTABLE HOSPITAL ADMISSIONS**

*AMA Position Statement on Local Hospital Networks and GP-Led Primary Care Services
 Designed to Reduce Potentially Preventable Hospitalisations 2020*

The Australian health system potentially could save \$2 billion a year, and help address many of the 750,000 preventable trips to hospitals that occur each year, if hospitals coordinate better with GPs to keep people out of hospital through vaccinations, lifestyle management, and care in the home.

AMA President, Dr Tony Bartone, today released a new AMA Position Statement on *Local Hospital Networks and GP-Led Primary Care Services Designed to Reduce Potentially Preventable Hospitalisations*.

Potentially preventable hospitalisations (PPHs) are those that could be avoided with timely and adequate care, either to prevent the condition occurring in the first place, or to manage it so it does not lead to hospital admission.

Research shows that there were almost 748,000 PPHs in 2017-18, and PPHs cost about \$2 billion in 2016.

“Primary care delivers the best health outcomes and is the most cost-effective part of the health system,” Dr Bartone said today.

“Whether it is through helping people stay out of hospital by keeping their vaccinations up-to-date, or by managing their chronic or acute conditions, GPs and other primary care providers are central to delivering high-quality, cost-effective health care.

“Treating a patient in hospital can cost thousands of dollars, while treating a patient in their own home can cost far less.

“Our highly-skilled GPs, nurses, and other community health workers have the ability to keep patients out of hospital – we just need the models of care that allow it to occur.

“Hospitals can save money by investing in programs that keep patients out of Emergency Departments (EDs).

“Allowing patients to receive acute care, such as intravenous antibiotics or catheter changes, in their home or aged care facility, under the direction of their GP, frees up hospital beds.

“Funding GPs to be better able to empower patients with chronic diseases to understand and manage their condition also reduces their likelihood of being admitted to hospital.

“Local Hospital Networks (LHNs) can and should integrate better with general practice to keep people out of hospitals.

“The evidence shows that incorporating pooled funding from LHNs with targeted Federal funding can create models of care that prevent hospitalisations.”

The Position Statement includes examples of successful GP-led programs where funding from LHNs has been used to manage complex patients in their communities.

In the Western Sydney Integrated Care Demonstrator Program (ICDP), targeted patients were enrolled in a coordinated care program with their general practice, with monitoring, health coaching, and self-management strategies – leading to a 32 per cent decrease in emergency department (ED) presentations, a 37 per cent drop in PPHs, and a 33 per cent decrease in ED costs.

In the Tasmanian Community Rapid Response Service (ComRRS), GPs and nurses manage patients in their homes for acute problems, including cellulitis, pneumonia, and iron deficiencies, which might otherwise have resulted in admission to hospital.

“These GP-led programs have demonstrated cost-effectiveness, and have been well-received by GPs and other health professionals, and most importantly by the patients who have been treated in their homes instead of hospitals,” Dr Bartone said.

“The Health Budget is a precious resource. An adequately-funded primary care system ensures value for money by providing patients with the right care at the right time, in the community, thereby reducing costly, potentially preventable hospital admissions.”

The AMA Position Statement is available at <https://ama.com.au/position-statement/local-hospital-networks-and-gp-led-primary-care-services-designed-reduce>

Background

- Australian Institute of Health and Welfare (AIHW) figures show that six per cent of all public and private hospital admissions in Australia in 2017-18 - almost 748,000 hospitalisations – were for conditions for which hospitalisation is considered potentially preventable.
- PPHs accounted for 2.8 million bed days nationally – equivalent to 9 per cent of all public and private hospital bed days.
- The Grattan Institute estimates that the cost of PPHs related to chronic disease in 2016 was about \$2 billion.
- The AIHW groups PPHs into three broad categories:
 - Vaccine-preventable conditions, including influenza, measles, and whooping cough;
 - Acute conditions, including dental conditions, urinary tract infections, and ear, nose and throat (ENT) infections, that usually have a quick onset and may not be preventable, but theoretically would not result in hospitalisation if timely and adequate care was received in the community; and
 - Chronic conditions such as diabetes complications, chronic obstructive pulmonary disease (COPD), and asthma - long-lasting conditions that may be preventable through lifestyle change, but can also be managed in the community to prevent worsening of symptoms and hospitalisation.

3 July 2020

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