

Submission to Our Healthcare Future Immediate Actions and Consultation Paper

February 2021

Transforming health outcomes in Tasmania.

The Department of Health and the University of Tasmania are committed to transforming the health outcomes of the Tasmanian community. However, our current trajectory is one of a continuing health crisis, precipitated and amplified by an ageing population and high rates of preventable chronic conditions. This calls for urgent targeted improvement of a limited number of prioritised outcomes, and at the same time a focus on broadly lifting our overall system capability. To close the widening outcome gap evident between Tasmania and other parts of the country, will require working together with a focus on impact, and more broadly, on system performance and capability.

With a coherent vision of an integrated patient-centred future we propose a targeted impact model for change that aims to make substantial shifts in the causes of illness, death and disability, such as obesity and smoking. This approach requires us to agree on 2-3 priorities that bring a whole of government and whole of University capability to specific initiatives with measurable objectives. The main aim is to materially change health outcomes in a significantly shorter period of time than we will achieve without a new approach. We are proposing a departure from a traditional research focus that aims to understand what happened, to an impact focus which aims to make things happen by bringing our collective capabilities together.

Simultaneously with a focus on impact we need to agree to collaborate on the work needed to improve the system. To do that we can:

- Use our collective research capability to ensure a rigorous evidence base architecture for the reform of the system evaluated in a timely and effective way
- Share our collective ICT capacity
- Ensure the system has the capability and capacity it needs by having high quality professionals with the skills our current and future system need where we need them
- Collaborate on preventive health initiatives

The combination of working together to achieve impact and broader system reform will produce important incremental improvement over the long term and lift performance in the short term. Re-aligning our collective capability in this way is critical because we know that classic public system reform alone will not effect the changes required to close the gap and to establish a long-term self-improving health system.

Historically, our partnership committee structure and formal agreements between the Department of Health and the College of Health and Medicine have failed to support meaningful outcome oriented collaboration. We therefore propose that we should work together in two important ways.



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The first is through a high-level 'impact' committee which agree on the important priorities for Tasmania, and the second is to formalise regular and ongoing mechanisms of broader collaboration. Given separate committee structures have failed to serve us in the past, urgent consideration should be given to leverage the Department of Health structures. This would enable key leaders from the College of Health and Medicine to join the appropriate committees. Medicine, Nursing and Midwifery, Allied Health, Research and Workforce Planning and Development are all key areas of collaboration and where a departmental committee structure could facilitate our engagement.

IMPROVEMENT AREA 1: Better Community Care

Reform Initiative 1: Increase and better target our investment to the right care, place and time to maximise the benefits to patients

The Ministers introductory statements to the Consultation Paper that *'too often Tasmanians end up in hospital because it is the only care available, not because they need hospital level care'* is a significant and perennial challenge.

Of all Australian states, the Tasmanian population experiences the worst health profile, and its health system is under greatest duress. Tasmanians have unenviable rates of chronic disease with lifestyles characterised by risk factors including smoking, poor nutrition, physical inactivity, and unhealthy alcohol consumption that increase the likelihood that multimorbidity will predominate. With an ageing population, we must refocus from increasing lifespan to increasing healthspan which is the duration of life spent in good health. To improve quality of life and reduce reliance on hospital level care we need to prioritise effort toward health promotion and the development of state-wide workforce capability to support the prevention of chronic disease.

To ensure the strategies to improve the healthcare pipeline are most impactful, the University and the Department of Health can use our collective research capability. The aim would be to rigorously utilise evidence to reform the overall health system architecture and to evaluate the reform initiatives.

This approach underpins the **Tasmanian Collaboration for Health Improvement (TCHI)**, the partnership established between the Department of Health, the University, Primary Health Tasmania and Health Consumers Tasmania. This collaboration was conceived to be the main vehicle to achieve impact by strategically prioritising the translation of research evidence to practice through partnerships. TCHI is growing at a steady rate and now comprises over 200 registered members from more than 60 organisations across the community and health sector. However, to collectively prioritise and focus our efforts the TCHI will require high level support, investment and a well understood workplan to optimise the timely evaluation of strategies being implemented. Investment in the core operations of TCHI will position Tasmania to compete successfully for substantial [Commonwealth funding](#), for example from the Medical Research Future Fund, as demonstrated by equivalent Translation Centres in other jurisdictions.



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IMPROVEMENT AREA 2: Modernising Tasmania's Health System

Reform Initiative 2: Invest in modern ICT infrastructure to digitally transform our hospitals, improve patient information outcomes and better manage our workforce.

It is widely understood that modern digital health (ICT) infrastructure is central to improving health system performance. Modern ICT enhances the quality of care through health and education, research, data management and health management. In Tasmania, the goal of integrating care across primary, community, hospital and social care will require a rebalancing of health resources to provide appropriate community care.

The Tasmanian Data Linkage Unit, hosted by the College is an excellent resource to better understand how Tasmanians access health and other services across the life-course, and how this impacts outcomes. This rebalancing will also require a modern electronic request management system (EMR) and one that is preferably codesigned with General Practice, hospital specialists and other users. When considering examples of exemplary health system improvement from around the world Canterbury (New Zealand) has been on a journey of reform that focused on developing the workforce¹. Central to their reform has been information as a platform for guiding improvement. Critical to their success was the development and alignment of consistent leadership and this was achieved, in part, through the development of the workforce.

The University of Tasmania's custom Learning Management System incorporates Learning Tools Interoperability (LTI) which utilises digital transformation in education delivery. Using this system collectively we could improve system performance and workforce capability and transform models of patient education. For example, we have developed health professionals and simultaneously improved the care and quality of life of people living with dementia. To date we have globally engaged over 425,000 individuals with improvement outcomes in dementia care and prevention. The upfront ICT investment was critical to enable accessibility at scale with evidence based and affordable interventions. The University and Department of Health could harness our collective digital capacity to ensure that the health system has the workforce capability required to develop health professionals and to support the optimal ICT required for broader health system reform.

Reform Initiative 3b: Build strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians.

The challenge of building a strong health professional workforce for a highly integrated system in Tasmania will require inter-generational change. Alongside a digital transformation to develop the health workforce the University, as the primary provider of the health professional workforce, has embarked upon an ambitious curricula reform agenda to align and prepare for the future.

Our curricula prioritises health promotion and improving workforce system capability to support the primary, secondary and tertiary prevention of chronic disease. Through a place-based strategy we

¹ Timmins, N & Ham C, 2013, ['The quest for integrated health and social care. A case study in Canterbury New Zealand'](#), *The King's Fund*.



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aim to harness regional distinctiveness and to grow local workforce capacity. An example of this strategy in effect, is the Bachelor of Nursing offered in Burnie for the first time in 2021.

We have used **Short Courses** to quickly develop knowledge and capability, health literacy, and personal advocacy across a range of health areas. We offer free Massive Open Online Courses ([MOOCs](#)) in 'Understanding Dementia'; 'Preventing Dementia'; and 'Understanding Multiple Sclerosis' for the general public. In 2020, we offered [The Wellbeing Toolkit](#) as a suite of modules to educate Tasmanians in navigating the ongoing challenges of COVID-19. These modules covered a range of topics such as mental health and resilience, financial planning and budgeting, learning to learn, healthy eating, gardening and creativity. Looking forward, we intend to develop short courses to support health professionals to conduct and translate research and would welcome input into these activities.

A commitment to **multidisciplinary clinics** to build workforce capacity and to address service gaps is included in our Northern and Southern Transformation Projects. These clinics will include some service delivery, such as in Psychology and Dementia Care, together with education, training and research. The clinics offer the opportunity for deeper collaboration around the delivery of services and shared infrastructure.

Our health professionals are advantaged and supported when professional development, short courses, study pathways and entry to practice courses are co-designed and with a whole of system thinking. We are mindful that our future health workforce can and will include new and emerging roles which we should consider together. For example, Accredited Exercise Scientists and Exercise Physiologists are ideally trained in primary, secondary, and tertiary prevention of chronic disease and that they are not yet well represented in the public healthcare system in Tasmania.

We know that 'growing your own' health workforce is optimal, yet we have no shared workforce planning to agree on new and emerging areas. Strategic alignment is essential if we are to ensure the current and future health workforce have the knowledge and skills required.

How should the Health Workforce 2040 strategy be further refined to guide and inform the development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?

Central to a strong health professional workforce is leadership, innovation and a connected system of education and training with an integrated health service.

As the major provider of the health professional workforce in Tasmania the new health workforce strategy should strongly signal that we will connect the disparate parts of our systems, as proposed, to deliver a distinctive workforce with outstanding capability aligned to demographics and need.

The Director of Health Workforce is ideally situated to work with the University to translate this as an immediate action.



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What steps can be taken to improve the State's ability to attract and retain health professionals in regional areas, particularly the North West?

Growing our local workforce in the regions is key to attracting and retaining health professionals. We have experienced considerable success in growing local workforce capacity in Medicine through the Rural Clinical School in Burnie. In addition, our place-based University strategy has so far delivered Dementia Care, Psychological Science, Nursing and more years of the MBBS to Burnie, in 2021.

The University is also collaborating with the Department of Health on the development of rural generalist pathways. This has included support for the Coordinating Unit through stewardship by the Centre for Antarctic, Remote and Maritime Medicine (CARMM).

We would see initiatives such as these as central to a Health Workforce strategy to attract and retain health professionals in rural and regional areas.

Conjoint appointments are a key consideration related to recruitment and retention. Conjoint positions are particularly attractive to health professionals in rural and regional centers. The conjoint arrangements connect practitioners to the discipline, research and afford them higher education opportunities which are highly regarded. Over time the current conjoint recruitment process has become far too complex and as a result we miss the opportunity to strategically recruit staff as conjoint appointees.

As a high priority there is urgency and scope to immediately develop a shared conjoint employment strategy and process to align and leverage our collective capability of our current and future staff.

How do we support health professionals to work to their full scope of practice?

Once again without the formal mechanism of working together we fail to join the disparate parts of the system. This results in confusion around the full scope of educational pathways available within the State and prohibits the opportunity to have a shared vision to build capacity in our workforce and to develop and advance our people. We have a large program of post graduate education to support health professionals to work to their full scope of practice. The opportunity to include some collaborative and rigorous health workforce planning to ensure that we are strategically aligned is essential to leverage our combined capacity.

How to better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private.

Successful reform in preventative health will require an impact focus on identifying modifiable leverage points to address intergenerational disadvantage and poor health outcomes. To address the effects of intergenerational disadvantage in Tasmania [HealthLit4Kids](#) is a collaboration building strong health literacy in children and families. HealthLit4Kids brings members of the education and health sectors together with families and communities to improve health literacy across Tasmania. Providing children with the tools to better understand their own health, now and into the future, can close the gap of intergenerational behaviours that have a negative impact on health outcomes. Prioritising a program of work such as this supports positive health and educational outcomes for children and works towards reducing health inequities and intergenerational disadvantage.



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To measure the effectiveness of programs such as HealthLit4kids and other programs which impact the prevalence of chronic disease in the community, we have the [Institute for Social Change, Wicking](#), the [Centre for Rural Health](#) and [TCHI](#).

The University has also established **The Tasmania Project** to give the community a voice and to gather important information during and beyond the pandemic. The [Institute for Social Change](#) is conducting surveys and interviews with Tasmanian residents as a resource for informing critical decisions in response to the pandemic. This data also provides an opportunity to undertake a comprehensive mapping of the healthcare pipeline, support a shared ownership of the problems, and codesign solutions.

In summary, our current trajectory of high rates of preventable chronic conditions and poor health outcomes calls for urgent targeted improvement of a limited number of prioritised outcomes, and at the same time a focus on broadly lifting our overall system capability. We have proposed deploying a targeted impact model for change that aims to make substantial shifts in the causes of illness, death and disability, such as obesity and smoking. More broadly, to address improved system performance and workforce capability we have proposed new formalised partnership arrangements. We look forward to discussing our submission and look forward to transforming our partnership to leverage our collective expertise now and into the future.

A handwritten signature in black ink that reads "D Fassett".

Professor Denise Fassett

Executive Dean, College of Health and Medicine