

Submission

Premier's Economic and Social Recovery Advisory Council
Stage 1 - June 2020

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Primary Health Tasmania

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. We are one of 31 similar organisations under the Australian Government's Primary Health Networks Program. Nationally the following objectives for PHNs are:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

We have strong working relationships with a broad range of private, public and community sector organisations across primary, acute, aged and social care. This puts us in good stead in our push for a coordinated, primary care-focused health system delivering the right care in the right place at the right time by the right people.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice - as the cornerstone of the health care system - and other community-based providers to deliver the best possible care for Tasmanians.

Our clinical and community advisory councils help ensure clinical leadership and community perspectives feature strongly in our governance and inform our engagement and priorities.

Our activities are based on national priorities set by the Australian Government as well as the identified needs of local communities and priority population groups.

They focus on service delivery, provider support and system improvement in the areas of:

- **Aboriginal health**
- **after hours care**
- **aged care**
- **alcohol and other drugs**
- **cancer screening**
- **connecting care**
- **managing chronic conditions**
- **digital health**
- **support for humanitarian entrants**
- **immunisation**
- **mental health**
- **palliative care**
- **potentially preventable hospitalisations**
- **primary health workforce support**
- **psychosocial support**
- **rural primary health**
- **suicide prevention**

Executive Summary

Tasmania's economic and social recovery can be strengthened by re-thinking and investing in our State's health and wellbeing.

The Tasmanian government already makes significant and increasing investment in our hospital system. Yet the system is still stretched, and our health statistics are worsening - we are older, sicker, fatter, poorer and sadder than other states in Australia.

Most people largely manage their health and wellbeing outside of hospital. Hospital care is also the most expensive health care to provide and only the most acutely unwell should receive their care in a hospital. Yet the majority of our State's current health focus and funding allocation is directed towards this level of care, and not towards alternate and more effective, efficient and less costly care for Tasmanians in their communities.

The impact of COVID-19 has placed significant increased pressure on some 'already stretched' elements of our health system. This has demonstrated the potential fragility of our system and has underlined the critical importance of timely system reform.

Shifting our funding and policy focus from a hospital centric service system towards a comprehensive community-based health care system will bring opportunities for different approaches for health and wellbeing in Tasmania, reduce costs, improve efficiency, and contribute to employment diversity and growth.

This submission emphasises several key positive immediately investable reform elements that will underpin a stronger, more efficient and sustainable health system for Tasmania.

Priorities for action

Our engagement with our Board and Clinical and Community Advisory Councils, along with general practice and other peak bodies, has identified four immediately investable priorities for action to achieve this:

- **digital technology and infrastructure** for improved safety and efficiency of care
- **community-based complex care models** focused on keeping people well and away from hospital
- a **mentally healthy** and more resilient community
- a more targeted **primary health workforce** delivering care where and when it is needed most.

A summary of the investment opportunities posed by these priorities is provided below. A detailed response for each opportunity is included within this document against the questions posed by the Premier. Whilst this information is provided separately for each priority, the inter-relationships between them are apparent and warrant consideration as a suite of health system improvement strategies.

Investment Opportunity 1 - Digital technology and infrastructure

Primary Health Tasmania asks the Tasmanian Government to build referral, telehealth and shared health record capability by investing in hospital IT infrastructure with the ability to fully integrate eReferrals and interface with other systems and end users in the health system.

- A contemporary and capable health IT infrastructure is essential if we are to successfully integrate community, primary and acute services.
- The expected cost of doing this would be upward of \$230 million and is unlikely to be met within the usual constraints of health system investment. This therefore presents as an ideal opportunity to bring Tasmania's health IT infrastructure up to a contemporary standard.
- Improved digital health capability will:
 - strengthen the connection between hospital, primary care and community providers
 - improve the innovation and efficiency of the health system and increase the safety of people's care
 - contribute to a contemporary economy through growing local infrastructure and skilled workforce
 - create a digitally advanced health system that will attract health professionals to work in the State.

- Primary Health Tasmania believes the proposal by members of the Tasmanian General Practice Forum to upgrade the state's hospital IT system is essential, but this needs to extend beyond the hospital door.
- Primary Health Tasmania is already investing in building the digital capacity of the primary health system. We are funding the creation of an eReferral system for the state (occurring 2019 – 2021), streamlining and improving the efficiency of getting referrals to the hospital door and will shortly support allied health providers to become more connected to the system through digital health resources.

Investment Opportunity 2: Implementation of community-based complex care models

The Tasmanian Government need to invest in the establishment of community based complex care services. These need to be jointly commissioned in partnership with Primary Health Tasmania to respond to the following urgent health care needs:

- North-West cardiopulmonary rehabilitation services
- High cost, complex users of health services

- Tasmanians have the highest prevalence of chronic disease and multi-morbidity in Australia. Four in five Tasmanians (83%) have a chronic condition and 65% have two or more chronic conditions.
- Data shows people with existing chronic conditions have delayed seeking access to health care during COVID, likely leading to more complex and high-cost use of the service system when they re-engage.
- Emerging international evidence show 8% - 12% of inpatient survivors of COVID-19 will experience acute cardiac injury from COVID-19, 17% will develop arrhythmias and 12% will develop heart failure¹. Viral pneumonia caused by COVID-19 results in pulmonary fibrosis, a long-term respiratory illness.
- The hospital system was under pressure pre COVID-19 and without action to change the management of people living with chronic conditions, the health system will quickly be overwhelmed.
- Re-orientation of the system away from hospitals should be driven by the primary health system in collaboration with general practice and this will support and enhance the existing redesign activity being undertaken by the State.

Investment Opportunity 3: Mental health and alcohol and other drug use

Primary Health Tasmania requests the Tasmanian Government, under the guidance of the Minister for Mental Health and Wellbeing, and in partnership with community to fund a network of 15 mental health and wellbeing coordinators across the state to:

- Partner in local needs analysis and monitor the changing mental health and alcohol and other drug needs in the community
- Support the development and implementation of local COVID-19 social and emotional recovery plans
- Support and resource local organisations to implement activities that reverse social isolation and promote connectedness and social engagement
- Coordinate access to mental health training for the community/peers and others

- During the pandemic, most people will experience high levels of anxiety, confusion, frustration, uncertainty, worry and anger. However, for most people, evidence suggests that these feelings will reduce over time without the need for psychological intervention.

¹ Ahmed SA, Shaw K. A rapid review of Cardiovascular Disease and COVID-19. Primary Health Tasmania, 2020

- However, for some high-risk population groups, including people with existing mental health issues, people newly experiencing mental health issues, health workers and young people, we are likely to see a lasting and significant increase in depression, anxiety, PTSD, psychosis, insomnia and suicidality.
- Research from past pandemics and mass trauma events indicates that personal alcohol consumption increases and those who currently experience issues with alcohol may be more vulnerable to using alcohol as a coping mechanism during times of stress.
- Mental health and alcohol and other drug (AOD) strategies need to target three levels - whole of community wellbeing, supporting consumers of services and supporting new health service delivery options to manage demand and ensure flexibility.
- Strong collaboration exists between the Tasmanian Department of Health, the Mental Health Council of Tasmania, Alcohol and Other Drugs Council of Tasmania and Primary Health Tasmania, providing a robust platform for existing mental health and AOD reform initiatives, and additional COVID-19 response.

Investment Opportunity 4: Enhancing the primary health workforce

Primary Health Tasmania asks the Tasmanian Government to collaborate on investing in an allied health assistant workforce, capable of working across professions and sectors (public, private, not-for-profit) to support a strong and locally employed primary health workforce in regional and rural Tasmania.

Investment should be provided to local training institutions - the University of Tasmania and TAFE Tasmania, along with incentives to existing service providers to support training and employment.

- Tasmania has an ageing workforce and experiences challenges in growing and/or attracting and retaining health professionals to the state. This is evidenced by high costs for locum cover and is of particular concern in regional, rural and remote areas.
- We need to think differently about our workforce, move on from trying to fill historical workforce models and look at innovative ways to deliver care.
- The State government should apply resources to commence the rebuilding of its health workforce with more flexible and community-based health professionals to support community based complex chronic care management and more flexible care for the ageing population. This is best achieved by investment in allied and aged care assistants who can work under the guidance of more highly skilled practitioners to deliver the hands-on care required to keep the population well and functional in the community. This would reduce our longer-term dependence on hard to recruit specialists, fully trained allied health providers and locums.
- This investment would provide immediate support our State's university and TAFE sectors over many years and provide us with access to a home-grown supply of vital health professionals essential to core system functioning and stability. Investment can be made in subsidised places, learning placements, and design, development and delivery of teaching and learning materials.

We need to think differently

Addressing our State's health issues does not require further significant investment in our hospital system. We need to think and work differently together as a collaboration between hospitals, primary and community sectors. Investment should be focused on re-designing a health and wellbeing focused system, rather than the growth of a hospital system. Financial support for re-design should largely focus on service change and adoption strategies and better use of existing resources.

The Tasmanian health COVID-19 response to date has seen significant disruption to the hospital system and demonstrated the fragility of it. Through taking bold steps now to think differently and invest wisely in response to this disruption, there is potential to build a more robust health system that is less reliant on hospitals as the default provider of care. Through this lies the potential to positively impact the trajectory of our State's health performance and the growth in percentage of State spend on health over the medium to longer term, meaning funds can be re-directed to other social and economic priorities for the State.

Primary Health Tasmania already invests in the primary health system and stands ready to drive the challenges of broader health system reform with the Tasmanian Government.

Investment Opportunity 1:

Digital technology and infrastructure

1. What impacts are currently being seen by your sector or members (including clients/households/individuals as relevant in your context) and what impacts are anticipated in the coming weeks and months?

Note: This section should be read in conjunction with the Primary Health Tasmania (PHT), the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) submission urging the State Government to provide a new ICT system for Tasmanian Health Service hospitals.

An ongoing issue, particularly evident during the ongoing COVID-19 response period is that of outdated public hospital IT infrastructure that is unable to effectively facilitate safe, efficient and timely transfer and coordination of patient care in Tasmania.

While governments traditionally look to bricks and mortar projects to help stimulate an economy during an economic downturn, we encourage investment in the 'bricks and mortar' of the future in healthcare, which will help to create a more efficient healthcare system as well as grow jobs in the ICT sector in Tasmania.

Currently, the Tasmanian Health Service (THS) has a legacy IT system. The current system has been developed in an ad hoc manner over many years using different systems. As a result, hospitals cannot atomically store and share or communicate patient information between hospital campuses nor with primary health, leading to issues for both patients, their general practitioners and other community-based service providers.

Major investment in ICT is critical and will return the State many times its initial investment value in greater safety and quality, efficiency, and health system effectiveness well into the future.

The current COVID-19 pandemic has exemplified this need:

- General practitioners are forced to rely on phone, fax and email to seek advice and coordinate rapid patient COVID-19 assessment, testing and notification and ongoing complex care needs.
- Feedback from general practices conveys frustration and uncertainty about the criteria for referral, timeframes for testing and testing outcomes for patients under their care.
- Results are being communicated directly from testing clinics to patients without copies to their regular GP, referral templates and eligibility guidelines are continually changed, and GP's are presented with multiple sources of information with no clear avenue to follow-up the patients' testing outcome.
- In the initial response period, it took over three weeks to setup a fax number at the Northern THS COVID-19 testing clinic for general practice referrals. This delayed referrals to these clinics, leading to increased demand on the public health hotline already beyond capacity, conflicting information being delivered to GPs, wasted time for GPs, hospital and public health staff and ultimately delaying peoples' access to testing and care.

The root cause of this problem is the absence of a contemporary hospital patient management and health record infrastructure, integrated with state and national eHealth infrastructure. Such systems facilitate end to end electronic communication with primary care referrers and allows general practices to access information about care received within the hospital by their patients.

2. What factors are likely to shape the medium and longer-term impacts for your sector/members?

As Tasmania shifts from response to recovery it is imperative that efficiencies and eHealth innovations are implemented across the sector. Tasmania must immediately invest in developing a sustainable digital health infrastructure and capability now.

Not only will this enable general practice and hospitals to scale up and down quickly and efficiently to respond to COVID-19 outbreaks, it will also result in vastly improved efficiency in responding to the state's existing health challenges. With a contemporary, secure and integrated IT infrastructure collaboration, access and safety can be enhanced while inefficiently, duplication and risk can be reduced.

3. What data or information can currently be provided to the Council on the nature and magnitude of impacts for your sector/members?

Consultation with general practice outlines the following issues with current public hospital IT infrastructure:

- the state's four major public hospitals cannot effectively communicate with each other and the underlying IT infrastructure, Patient Administration System (PAS) and resultant capacity for electronic health record (EHR) are antiquated and incapable of supporting integrated health care.
- the systems software does not facilitate two-way communication with general practice leaving many GP with the sense they are sending referrals into a void from which referral progress and outcome information rarely returns.
- referrals, discharge summaries, etc, need to be faxed from general practice to the hospital and back – a very antiquated and unsecure system with a very real risk sensitive patient information being sent to the wrong recipient with a single wrong digit entered into the fax number.
- General practitioners are not able to log in to the Tasmanian hospitals system to review their patient records, leading to duplication in diagnostic activities (e.g. multiple tests) and risk to patient care (e.g. medication errors).
- Faxes received by the hospital need to be printed out and then manually taken to the recipient leading to waste of resources, costs in staff time and potential risk for pieces of paper to be lost or confidentiality breaches to occur.

Further, a departmental review into the hospital outbreak in North West Tasmania further demonstrates the impact of legacy hospital systems on the flexibility and responsiveness of the hospital system, making two recommendations directly relating to this issue², these being:

- Recommendation 9. Identify improvements necessary to facilitate a move away from paper systems, and
- Recommendation 14. Improve processes for the timely and transparent sharing of information on transmission events within the health workforce.

4. What mitigation measures are currently in place that aim to address these impacts?

- eReferral stage 1 rollout - Currently Primary Health Tasmania has invested in the development and proof of concept of an eReferral system in Tasmania, including a purpose built referral management portal for the Tasmanian public hospital system. With 'go-live' occurring in recent weeks, during the height of the first wave of the pandemic, early figures suggest positive uptake by general practice and participating hospital teams. The opportunity exists to fully integrate this system with the hospital Patient Administration System (PAS) and Electronic Health Record (EHR). The current PAS and EHR platforms within the hospital are fragmented and utilising legacy systems out of date with information stored as images in some cases and siloed in multiple database instances across the state. Investment is required to plan and implement critical updates to this infrastructure to enable atomic data storage and fully integrated eReferral communication into hospital systems.

2

https://www.health.tas.gov.au/__data/assets/pdf_file/0006/401010/North_West_Regional_Hospital_Outbreak_-_Interim_Report.pdf

	eFax	Secure Messaging	eReferral
✓ Clinical software integration	x	✓ Basic	✓✓ Enhanced
✓ Efficient	x	✓ Basic	✓✓ Enhanced
✓ Secure	✓ Basic	✓✓	✓✓
✓ Referral Status	x	x	✓✓ Enhanced
✓ Cost effective	✓ Basic	✓ Basic	✓✓ Enhanced
✓ Electronic	✓ Basic	✓ Basic	✓✓
✓ File attachment	x	x	✓✓
✓ Mandatory fields	x	x	✓✓
✓ Business rules	x	x	✓✓

Figure 1. Benefits of an eReferral system

- Telehealth Tasmania - The Tasmanian Health Service has established Telehealth Tasmania, an initiative to supplement or replaced planned face to face outpatient consultations with telehealth. This initiative is already available in the state but again is not integrated with hospital systems.
- My Health Record - The Australian Government transitioned the My Health Record system to an opt out approach in early 2019. Since then nine out of ten Tasmanians have elected to keep a My Health Record. This rate of adoption combined with increasingly meaningful use of the system by GPs and pharmacies provides a critical platform for patients to share key health information between providers involved in their care. To date the Tasmanian Health Service is has limited integration with the system and is preparing to launch a hospital clinician viewer. While this will allow hospital clinicians to view a patient's My Health Record, further investment is required to either enable a richer flow of information from the hospital to patients My Health Records or provide GPs with visibility into hospital records for their patients.

5. What impacts are not being mitigated or for which there is no plan in place to mitigate?

Risks associated with not upgrading the state hospital IT infrastructure:

- Risk to patient safety - when the GP does not receive the discharge summary for a patient in a timely fashion and is unable to log in to the THS system to review the patient records, the doctor is then unaware of medication changes or other changes to treatments which is a potentially large risk for patient safety.
- Continued increases in avoidable admissions and preventable re-admissions to hospital - will occur if the doctor is not satisfied that they understand the condition of the patient post-admission, including medication changes. This results in additional and unnecessary costs to the Tasmanian Health Service.
- Reduced efficiency, flexibility and responsiveness of health system - systems that require continual manual interventions by staff to store documents and do not enable detailed auditing and insights inherently increase costs, time and risk while decreasing the ability to identify and act on opportunities to achieve better outcomes for patients.
- Continued rising costs in the Tasmanian health budget - due to waste, inefficiency and inappropriate care pathways enabled by ageing, unintegrated and siloed health infrastructure.

6. What responses, both within the sector and more broadly, are front-of-mind and over what timeframes - what should be stopped, what should continue and what should be started?

- Integrated contemporary hospital IT infrastructure - that supports eReferrals, and GP access to the hospital Electronic Medical Recovery (EMR), could become a powerful and flexible tool to join up acute

and primary care providers and keep patients managed outside of the hospital setting. This could be a particularly powerful outcome for those with chronic and complex conditions and in residential aged care.

- Sustaining and growing community access to and confidence in digital technology - COVID-19 has resulted in a huge increase in the use of digital technology video/tele-health and eHealth platforms, particularly amongst cohorts not traditionally considered as high users of digital technology such as lower socio-economic populations and the aged. Rapid up scaling of secure evidence-based digital health interventions and quality indicators, together with the continued investment in supporting communities to both access and use digital technology will help to close the digital divide and address existing health inequalities amongst lower income groups and embed digital health options as part of routine health care.

7. What would help create or build business/consumer/community confidence?

Upgrading the public hospital IT infrastructure will require significant investment over the next three years, however the benefits of this investment will:

- Modernise Tasmanian digital health infrastructure - to the levels achieved by other states in Australia
- Reduce risk and improve quality of care - enabling efficient completion of the electronic document flow cycle from eReferral through to in-hospital treatment and back to the referring general practitioner as a timely end to end electronic process. This would:
 - eliminate transcribing errors
 - dramatically improve referral to treatment waitlists
 - enable electronic sharing of all relevant patient information
 - provide improved data insights, regulatory compliance, clear diagnostic and treatment information
 - minimise duplication of tests and medications, reducing inadvertent patient harm and unnecessary wasted patient, staff and practitioner time.
- Increase efficiency of end-to-end patient care - contemporary and integrated hospital IT infrastructure, enabling different modalities of care and end to end electronic transfer and access to patient information with primary care providers providing increased opportunity for primary care professionals to manage patients who otherwise may have been managed in hospital.
- Unlock new models of acute/specialist care - such as eConsultant models where a GP can seek advice on patient care from a hospital clinician with supporting clinical information and receive a response electronically. These new and digitally enabled models of care increase the opportunity to continue managing patients in primary care, reducing more expensive treatment in the hospital system.
- Create opportunities for new business models supporting timely and flexible access to health care - accelerate the transition to a preventative and outcomes focussed health system and unlock new business opportunities for primary care and community organisations to more holistically and flexibly care for the health and social needs of Tasmanians as opposed to the current system of reacting to the symptoms a patient presents with.

8. What would help your sector/members re-employ where there have been reductions in jobs, or grow employment levels?

- Focus on local technology infrastructure and jobs - any investment in ICT infrastructure should require a local component of expenditure that will help to create jobs in Tasmania in the creation, installation, and maintenance of the system and the more flexible models of care it enables.

Investment Opportunity 2:

Implementation of community-based complex care models

1. What impacts are currently being seen by your sector or members (including clients/households/individuals as relevant in your context) and what impacts are anticipated in the coming weeks and months?

- Tasmania's pre-COVID-19 chronic conditions crisis - Tasmanians have the highest prevalence of chronic disease and multi-morbidity in Australia. Four in five Tasmanians (83%) have a chronic condition and 65% have two or more chronic conditions. Tasmania's mortality rates are higher than the Australian average for all-causes and all of the major causes including cancer, diabetes, ischaemic heart disease, stroke, respiratory diseases, diabetes and suicide.
- People delaying access to essential health care during COVID-19 - people who have multiple chronic conditions, were high users of health care services prior to COVID and have stopped accessing the healthcare system during COVID. When they re-engage with health care their care needs will have become even more complex and they will be high cost users of our health system.
- A health system is not suited to changing health needs - even pre-COVID-19, our system has not adapted from treating people with acute and episodic needs, to managing people living with complex chronic conditions. The Primary Health Care Advisory Group's December 2015 report to the Australian Government on: Better Outcomes for People with Chronic and Complex Health Conditions³ states that "Our current health system is not optimally set up to effectively manage long-term conditions." and highlights the need to strengthen primary health care, particularly to better manage the large numbers of patients with multiple chronic conditions.

2. What factors are likely to shape the medium and longer-term impacts for your sector/members?

- Strengthening the community-based service system - responding to current and projected health care demand, requires the ability to deliver more complex care in the community. To be effective, the design and delivery of this level of care needs to be driven by the primary health system with a focus on keeping people out of hospital (hospital driven change historically leads to hospital-based solutions). Due to our role as a health system collaborator Primary Health Tasmania has the opportunity to work with multiple stakeholders to begin to integrate the service system to improve the management of individuals with chronic conditions.
- Focus on integrated models of care - integration is essential to address our current critical and projected worsening population health for Tasmania and addressing our current hospital crisis. International literature and experiences demonstrate that integrated health care contributes to:
 - improved access to services
 - fewer unnecessary hospitalisations and readmissions
 - better adherence to treatment
 - increase patient satisfaction, health literacy and self-care
 - greater job satisfaction for health workers, and
 - overall improved health outcomes.
- Co-designing an integrated health system:
 - will improve people's access to timely and appropriate specialised care in the community, so that they can better manage their condition and will reduce inappropriate demand on the acute care system through targeted access to complex care in the community
 - requires significant collaboration with general practitioners, primary care service providers, the Tasmanian Department of Health, the Tasmanian Health Service and Ambulance Tasmania. It is

³ Better Outcomes for People with Chronic and Complex Health Conditions Report to the Australian Government, 2015, Primary Health Care Advisory Group

an opportunity for all funders and service providers to codesign and implement an integration model that really will influence and change the way that care is delivered for individuals with complex care needs.

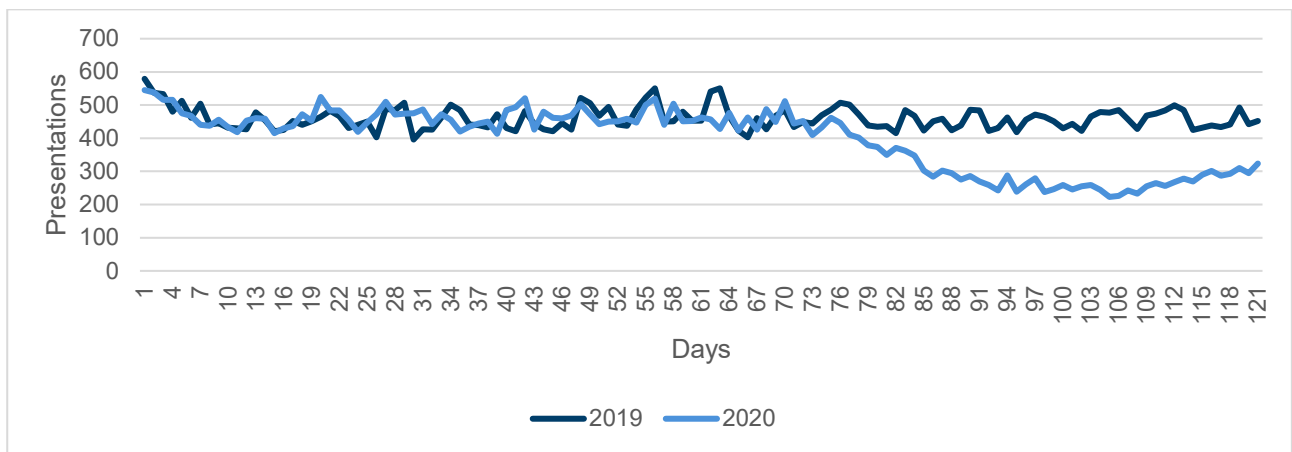
3. What data or information can currently be provided to the Council on the nature and magnitude of impacts for your sector/members?

- An estimated 45% of Tasmania’s adult population have three or more chronic health conditions⁴. The main chronic conditions causing long-term health problems for Tasmanians are cardiovascular diseases and cancer⁵.
- People with chronic health conditions need ongoing access to health care in order to prevent disease complications and improve life expectancy. COVID-19 has had a negative impact on people’s access to health care. People with chronic diseases have reduced their visits to hospitals and to their general practitioners, as evidenced below:

Hospitals

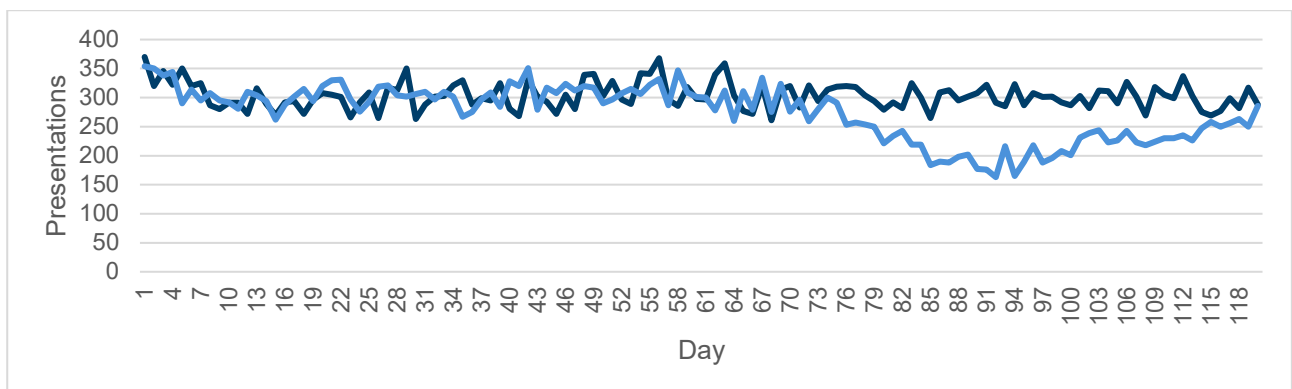
- A decline in public hospital emergency department presentations has been observed across Tasmania as a result of the COVID-19 pandemic.

Emergency Department Presentations, 2019 and 2020



- Emergency departments in North-West Tasmania were closed for a brief period. This same pattern is observed in reduced emergency department presentations when only Royal Hobart Hospital and Launceston General Hospital are measured.

ED Presentations, 2019 and 2020, RHH and LGH

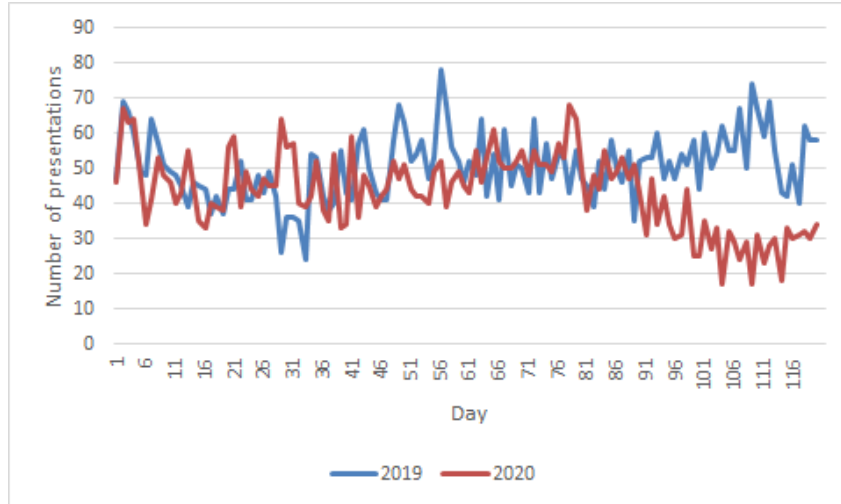


⁴ Tasmanian Population Health Survey, 2016

⁵ Department of Health, Tasmania. State of Public Health Report, 2018; Primary Health Tasmania. Health Needs Assessment, 2019.

- This is a concern because the top reasons for attending emergency departments are for chronic diseases, particularly cardiovascular and respiratory diseases. People with these diseases who avoid seeking care experience poorer health outcomes in the medium to long term.
- Emergency department presentations in Tasmania for cardiovascular and respiratory diseases are reduced compared with previous levels of presentation.

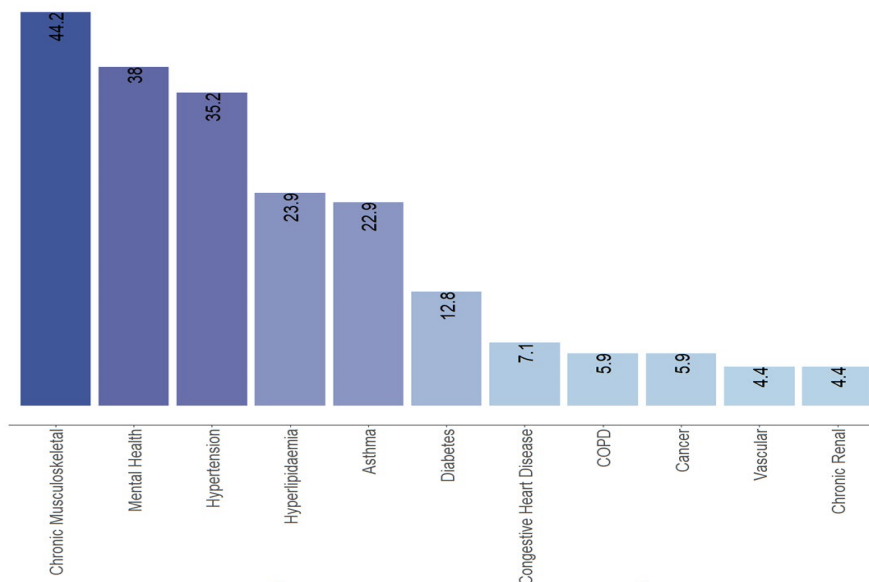
ED presentations, circulatory and respiratory, 2019 and 2020



General Practice

- People may choose to attend a general practitioner (GP) to avoid hospital emergency departments. There are 918 GPs in Tasmania; 85% of our population see their GP each year.
- The most frequent health problems affecting people who attend their GP include musculoskeletal, mental health and cardiovascular problems.

Percentage of people visiting their GP who have specific chronic conditions, 2019

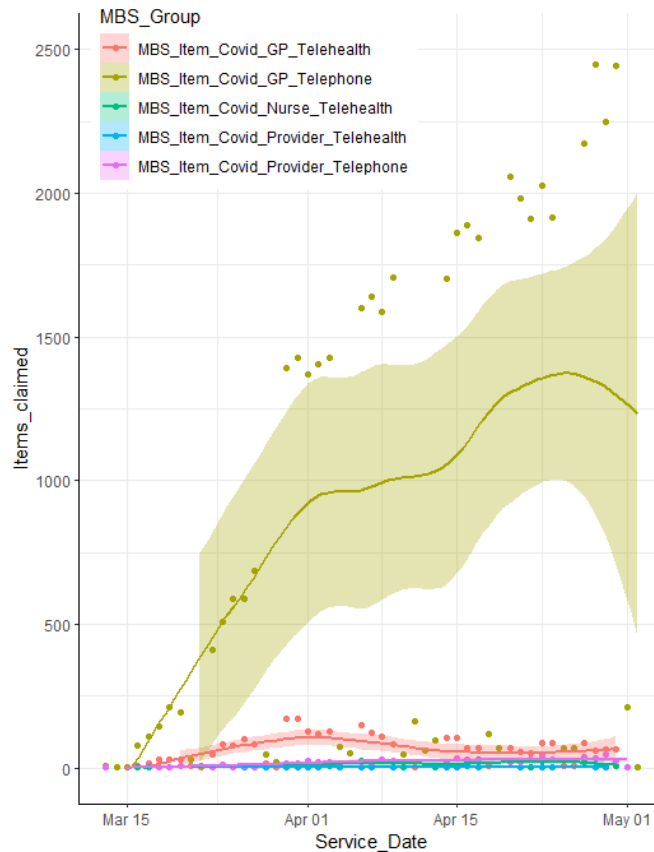


- Tasmanians are not attending their general practitioners face to face as frequently as in previous years. This pattern is observed in urban and rural areas of Tasmania and does not vary significantly across local government areas.

4. What mitigation measures are currently in place that aim to address these impacts?

- Telehealth MBS Items - the Australian Government has introduced Medicare Benefits Schedule item numbers to enable GPs to deliver care to patients via telehealth (telephone / video) as a result of COVID-19. Since the introduction of these item numbers the rate of telehealth-delivered GP care has increased in Tasmania. Most of this care is being delivered by GPs over the telephone.

Telehealth services, Tasmania, March 15 to May 2020.



- Whilst this enables Tasmanians to access care from their GPs, people with chronic conditions and complex care needs need face to face care to manage their health comprehensively. Telehealth alone is not a solution for these patients.
- 'Keep Your Health On Track' - community media campaign funded by Primary Health Tasmania from May - July is focused in encouraging people to stay in contact with their usual health care providers.

5. What impacts are not being mitigated or for which there is no plan in place to mitigate?

Effective service system arrangements for chronic conditions management - As noted above, pre-COVID-19 our system is not well set up to manage chronic health conditions, resulting in inappropriate use of hospital systems for care that could be provided in appropriately resourced community-based settings. The current and potential impacts of COVID-19 will service only to exacerbate this issue.

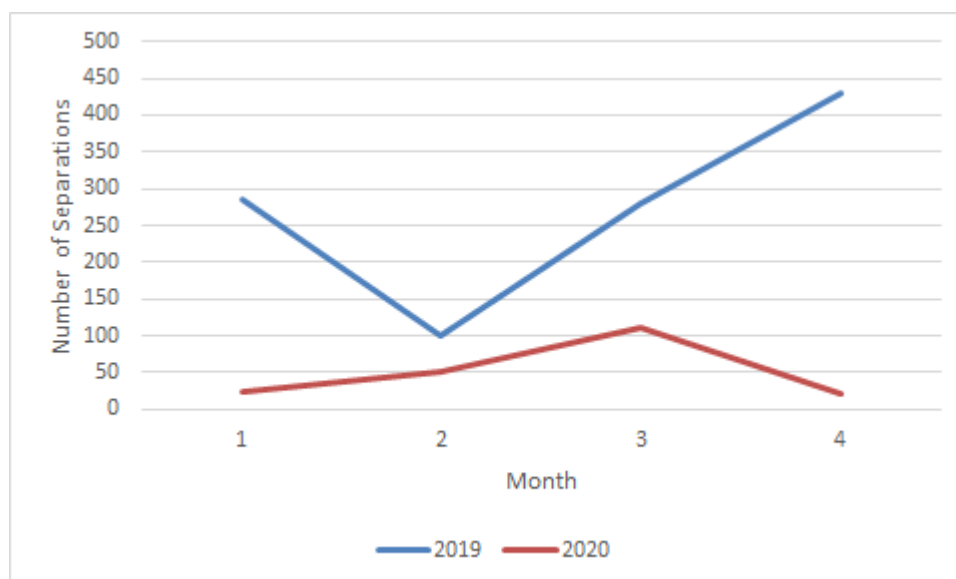
An exemplar

- The largest burden of COVID-19 illness has occurred in North-West Tasmania, with over 65% of Tasmanian cases located in this region.
- Emerging international evidence indicates between 8% and 12% of inpatient survivors of COVID-19 will experience acute cardiac injury as a result of COVID-19, 17% will develop arrhythmias and 12%

will develop heart failure⁶. Viral pneumonia caused by COVID-19 results in pulmonary fibrosis, a long-term respiratory illness.

- The two major hospitals in North-West Tasmania were closed during the pandemic. This was the result of a large and sustained outbreak of COVID-19 originating in the hospital. As a result, access to rehabilitation and ongoing support services locally decreased.
- As described above, other people with cardiovascular and respiratory illnesses have had significantly reduced access to health services. This decrease is most significant in North-West Tasmania.
- Patients with chronic cardiopulmonary conditions are not presenting to hospital, which will contribute potentially to worsened cardiopulmonary outcomes if people do not receive the inpatient care they need.

Public Hospital Admissions, COPD and Heart Failure, Tasmania, 2019 and 2020



- National guidelines indicate patients with exacerbations of chronic bronchitis and emphysema who do not receive early, intensive management experience more rapid deterioration in lung function than those who do. Similarly, patients with exacerbations of heart failure who are not aggressively managed are prone to significant adverse cardiac sequelae that contribute to worsened heart failure outcomes over time.
- North-West Tasmania already has reduced availability of cardiac and pulmonary rehabilitation services compared with the rest of Tasmania. There are also long wait times for rehabilitation, of several months at the time of writing (5 June 2020).

6. What responses, both within the sector and more broadly, are front-of-mind and over what timeframes - what should be stopped, what should continue and what should be started?

There are two groups of Tasmanians that require an urgent healthcare response proposed below:

- North-West rehabilitation services - people who have experienced complications from COVID or undertreated cardiac and respiratory conditions in North-West Tasmania; and
- High cost, complex users of health services - people across Tasmania who have multiple chronic conditions, were high users of health care services prior to COVID and have stopped accessing the healthcare system during COVID. When they re-engage with health care their care needs will have become even more complex and they will be high cost users of our health system.

⁶ Ahmed SA, Shaw K. A rapid review of Cardiovascular Disease and COVID-19. Primary Health Tasmania, 2020

North-West rehabilitation services - proposal to co-commission services

- To address the North-West health needs described above, PHT proposes to co-commission with the Tasmanian government increased cardiopulmonary rehabilitation services in order to manage the immediate and subsequent impact of COVID-19.
- Currently the pulmonary rehabilitation program in the North West of Tasmania, is led by a respiratory physiotherapist, based at the Burnie General Hospital and the Mersey Hospital. Pre-COVID waitlists were running at approximately 3 months, with an estimated 100 patients on the waiting list between the two sites. Service demand since COVID-19 has grown.
- Referral pathways to the program originate from predominantly the respiratory specialists in the North West and North, the respiratory nurse at the North West Regional Hospital, general practitioners and allied health professional such as private physiotherapists in the region. Due to large waitlists the current program is not actively promoted, which could mean there are patients that could benefit but are not being referred.
- Some patients may travel from the west coast to attend the program, but this is difficult to sustain, and this cohort usually are seen as outpatients from the visiting physiotherapy service to the west coast in a 1:1 physio outpatient model.
- A co-commissioned approach to addressing this service need will generate employment in North-West Tasmania. This would be achieved by using complementary workforce Allied Health Assistants, trained in rural communities to work under the supervision of an allied health specialist (e.g. physiotherapist) to deliver on-the-ground rehabilitation to people in local communities. (See further detail under priority 4 – Primary Health Workforce). Unlike other states and territories, Tasmania does not have a well-established allied health assistant service model in place.

High cost, complex users of health services – proposal to co-commission new community based complex care teams

- There is currently a lack of integrated community-based services for Tasmanians with complex health care needs, who are too sick to be cared for in general practice alone but not sick enough that they should be in hospital. These people have multiple chronic conditions and co-occurring risk factors relating to mental health, alcohol and other drug use and/or social factors.
- These are the patients who have stopped coming to hospital, stopped going to the GP and are most likely to experience worsening health as a result of COVID-19. They will cost substantially more to care for in Tasmanian hospitals when they do begin to re-present for care, because they have become sicker and more complex while not accessing health care.
- Tasmania already has the highest proportion of these patients of any state of Australia. These patients:
 - are among the lowest socioeconomic groups in the state;
 - are high utilisers of acute resources; and
 - have the highest number of trans-specialty chronic conditions (i.e. are the most multimorbid).
- Annually across Tasmania, approximately 5,500 people are accessing acute hospital care that would be identified as 'most complex' and that are high utilisers of acute services. Of these, 40% are aged 70 years and over; and 13% are aged 40 years to 69 years and whose chronic conditions include mental health / drug and alcohol problems.
- People in this cohort are too sick for the existing primary care system, but not sick enough to be in hospital. However, they are moving directly from primary care to hospital settings and are spending lengthy periods of time in Emergency Departments (EDs) or acute care beds, due to a lack of services and capacity in community settings to adequately manage people living with multiple chronic conditions.
- For this cohort of people, outcomes are not improved by admission to hospital as they are receiving interventions which would be more suitably accessed and coordinated in the community if available.
- A community-based multidisciplinary care service model is proposed as a means to fill this gap. The service model aims to increase the accessibility of services to the identified cohort of people, with a view to reducing symptoms and increasing self-management to a point where they can return to their usual primary health care arrangements. The model would be supported by key enablers such as digital health and existing clinician-designed Tasmanian HealthPathways.

- Using a co-commissioned approach, PHT will work with the State Government to establish community-based chronic conditions complex care teams (CCTs), led by a medical officer (GP) and including a nurse practitioner, social worker and allied health professionals. These would be existing resources reconfigured/realigned to deliver the CCT model. The CCTs would:
 - work collaboratively with GPs and hospital providers to deliver comprehensive care to people in the complex care group; and
 - utilise existing resources (e.g. State Government Integrated Care Centre infrastructure, community nursing workforce) together with Australian Government resources (Medicare Benefits Schedule item numbers, GPs funded through Medicare) to deliver the model.

7. What would help create or build business/consumer/community confidence?

Whole of system messaging about the need for change - the profile of the health system has long been focused on hospitals. People have been well conditioned to see acute and urgent care services such as ambulance, emergency departments and hospital admissions as their first option. Investment in change and adoption strategies associated with the re-design of the health system will need to include strong and consistent consumer messaging to build awareness and change behaviors about where to access appropriate care.

Clear profile of the primary health system as an essential element of service delivery - joint clear articulation of the role of primary health and community based complex care services as safe and appropriate care to build confidence in care outside of the hospital system.

Reduced reporting of hospital system pressures and increasing costs - evaluation established to demonstrate:

- improved integration of care between primary health, community complex chronic conditions team and specialist care
- reduced costs associate with management of people with complex chronic conditions outside the hospital system
- improved appropriate use of hospital and specialist services by people with complex chronic conditions and, over time reduced waiting lists for these services.

Increased use of existing private and non-government health services - the use of a co-commissioning approach enables greater use of the existing private and not-for-profit primary health sector in delivering complex care in the community. An integrated model that joins up access to general practice, nursing and allied health will by its nature improve people's understanding and use of these services for improved health outcomes. This in turn creates new business opportunities for the existing primary health sector outside the public system and reduces pressure on the small allied health and nursing resource available via the Tasmanian Government.

8. What would help your sector/members re-employ where there have been reductions in jobs, or grow employment levels?

- Targeted workforce growth and development - the development of these models will require access to effective digital health systems, as outlined in Priority 1 and appropriate workforce skillsets, as outlined in Priority 3 and Priority 4. Each of these priorities identify the need for the development of appropriately skilled workforces.
- More efficient and effective use of the existing health workforce - the establishment of these complex chronic conditions models will also enable more appropriate use of the existing health workforce, through reduced inappropriate use of ambulance services, hospital and specialist services by people living with complex chronic conditions.
- Evaluation of innovative models - the establishment of these models would provide opportunity to engage the research sector, through the Centre for Innovation in Regional Health, to evaluate the outcomes achieved through implementation and analysis of service system efficiencies.

Investment Opportunity 3:

Mental health and alcohol and drug use

1. What impacts are currently being seen by your sector or members (including clients/households/individuals as relevant in your context) and what impacts are anticipated in the coming weeks and months?

- Changes in service modality - All mental health and alcohol and other drug (AOD) providers have changed service modality to enable them to continue to support clients while maintaining COVID 19 restrictions. For the majority, this has meant moving face-to-face services to online and supporting staff to work from their homes. Some have maintained face-to-face services where this has been preferred by clients and can be done in a safe environment.
- Reduction in group-based treatment - The ability to deliver clinical and non-clinical group-based services has been significantly impacted with providers having to reduce client numbers in sessions and rely on online capability.
- Psychological impacts in staff - mental health and AOD providers have noted increased psychological impacts on staff (anxiety, depression, and other mental health issues) as they continue to work from home.
- Pause in the delivery of psychosocial supports - The delivery of psychosocial support services (including daily living supports) have likely been paused or stopped due to COVID 19 restrictions.
- Professional development programs paused - The delivery of training programs (e.g.: professional development activities for existing staff and training for new peer workers) that rely on face-to-face group-based activity have also stopped or been paused.
- Impacts on service demand and provider capacity has varied across the mental health sector - 57% of Mental Health Council of Tasmania (MHCT) survey respondents have noted a rise in demand, 30% reported no change and 13% did not answer. Mental health providers noted that 70% of increased demand was due to existing clients requiring more support.
- Mental health providers have had nominal capacity to take on new clients, but actual capacity has been significantly constrained by various factors, including funding, COVID 19 restrictions, physical distancing etc.
- Between the beginning of COVID 19 restrictions (on or about 19 March) and 8 April, 80% of MHCT survey respondents noted that former clients (who had not required support recently), had re-engaged to seek further support. This trend continued at a lesser rate during 9 - 20 May (47% of respondents noted that former clients had re-engaged to seek further support while 53% noted that no further former clients had re-engaged). Factors associated with re-engagement included lapses in recovery from substance use and depression, linked to the triggering effects of isolation and being deprived of meaningful activities, and the magnifying effects of the COVID 19 situation, such as isolation and home learning, on existing stressors, such as financial and relationship or family issues.
- The majority of AOD services have reported that service demand has remained steady, but the delivery of service has changed with existing clients seeking shorter but more frequent support through telehealth services.
- It has been reported that some members of the community are avoiding health care settings, due to pandemic-related restrictions and/or concerns around contracting COVID 19. It is likely, therefore, that we are seeing fewer presentations in the health care settings that would normally refer to specialist mental health services, and that presentations and referrals are lower than the true prevalence of mental ill health in the population.

2. What factors are likely to shape the medium and longer-term impacts for your sector/members?

- Research into the impact of the pandemic indicates:

- there will be an increase in the burden of mental health related disorders among the general population in Tasmania as a result of COVID-19⁷. Survivors of severe COVID-19 illness and health workers will experience a significant increase in mental health problems as a result of COVID-19⁸. Post-Traumatic Stress Disorder (PTSD) and major depression will be the major mental health disorders among survivors of severe COVID-19 illness and health workers.
- COVID-19 will precipitate new psychiatric symptoms in people without pre-existing mental illness, aggravate the mental health condition of those with pre-existing mental illness and cause distress to the caregivers of affected individuals⁹.
- There is likely to currently be an increased prevalence of insomnia, stress, anxiety and depression among the Tasmanian population due to restrictions placed upon people due to COVID-19 and due to distress caused by the virus itself¹⁰.
- Children who are isolated or quarantined during a pandemic are more likely to develop acute stress disorder, mood disorders, adjustment disorder and experience grief reactions¹¹.
- **Increase in new referrals** - Based on current research, we can anticipate increase in new referrals to mental health and AOD services from people who have had no previous engagement in the sector and existing clients seeking additional/more intensive supports. The ability to monitor and respond to increases in service demand in a coordinated, timely and flexible manner will be critical in meeting client demand.
- The availability of additional funding to increase service capacity to meet anticipated increases in need.
- **Demand on the workforce** - The current lack of availability of a suitably skilled workforce to meet increases in service demand will hamper efforts to address community needs.
- **Greater consumer choice on how to access services** - The changes in service modality implemented across the sector have provided greater consumer choice in how they receive services and providers have generally reported positive consumer experiences in telehealth services. Consideration must be given to how service commissioners can support providers to review and maintain the positive changes in service modality while maintaining client choice.

3. What data or information can currently be provided to the Council on the nature and magnitude of impacts for your sector/members?

- Primary Health Tasmania has access to several primary health care, mental health and AOD data sets and can provide deidentified and aggregated data upon request.
- Additionally, Primary Health Tasmania has regular contact with commissioned mental health and AOD services and can solicit and provide regular updates on changes in service demand at a provider level and is also receiving regular reports from the MHCT fortnightly sector network meetings.
- Our research shows that:
 - since COVID-19, Tasmania's mental health disease burden has increased but rates of people accessing mental health care have decreased. The people with mental health problems who are undiagnosed and untreated are at risk of suicide, self-harm, chronic health problems and reduced function (in work, education and home life).

⁷ Wang, C., R. Pan, X. Wan, Y. Tan, L. Xu, C. S. Ho and R. C. Ho (2020). "Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China." *Int J Environ Res Public Health* 17(5).

⁸ Kang, L., S. Ma, M. Chen, J. Yang, Y. Wang, R. Li, L. Yao, H. Bai, Z. Cai, B. Xiang Yang, S. Hu, K. Zhang, G. Wang, C. Ma and Z. Liu (2020). "Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study." *Brain Behav Immun*.

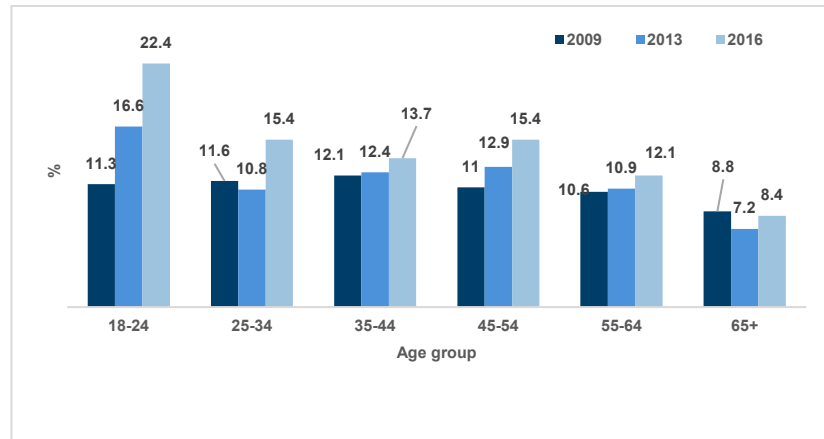
⁹ Sani, G., D. Janiri, M. Di Nicola, L. Janiri, S. Ferretti and D. Chieffo (2020). "Mental health during and after the COVID-19 emergency in Italy." *Psychiatry Clin Neurosci*.

¹⁰ Ibid

¹¹ Liu, J. J., Y. Bao, X. Huang, J. Shi and L. Lu (2020). "Mental health considerations for children quarantined because of COVID-19." *Lancet Child Adolesc Health*.

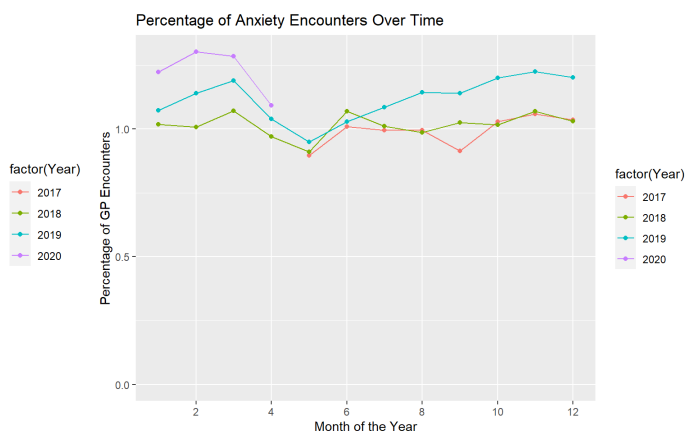
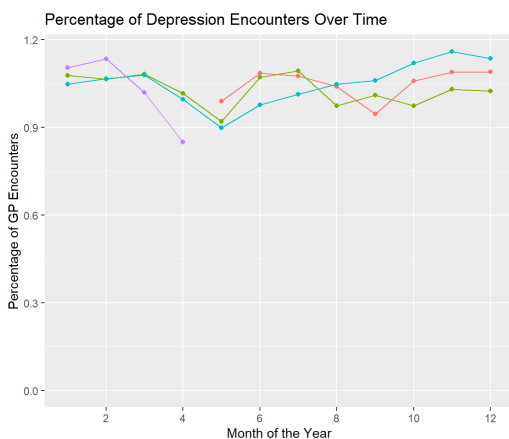
- In Tasmania¹²:
 - 20% of people in any 12-month period will experience a mental health problem, 50% over a lifetime.
 - 2-3% have a severe, 4-6% have a moderate and 9-12% have a mild mental health disorder.
 - Rates of psychological distress are highest in Tasmanians aged between 18 and 24 years; rates are increasing over time.
- COVID-19 will worsen the mental health burden in our population, partly due to COVID itself causing mental illness but also because quarantining the population increases psychological distress, as does impact on social determinants of health such as financial and job uncertainty, loss of income, housing and mortgage stress and loss of social interaction in the community.

Psychological distress by age group, Tasmania, 2009 to 2016



- Most mental health care in Tasmania is delivered by general practitioners (GPs). Mental health problems are the second most common reason Tasmanians visit their GP. About 85% of Tasmanians visit their GP each year.
- Since COVID-19, the percentage of GP encounters for mental health problems has decreased, both for depression and anxiety.

Percentage of GP encounters over time



4. What mitigation measures are currently in place that aim to address these impacts?

- Primary Health Tasmania is working with the Mental Health, Alcohol and Drug Directorate (Tas DoH), the MHCT and the Alcohol Tobacco and Other Drug Council (ATDC) to develop a mental health and

¹² Tasmanian Population Health Survey, 2016; Australian Bureau of Statistics. National Health Surveys (sequential).

AOD COVID 19 recovery plan. The plan, which is in its early stages of development, will focus activity across three areas:

1. Whole of Community - events that support social engagement and connectedness in an effort to reverse some of the negative psychosocial impacts of social distancing and isolation; build awareness and trust in the use of digital online services and tools as appropriate mental health and AOD screening and counselling tools for some conditions; and support primary health care providers in using screening tools and supporting referral to online services where appropriate.
 2. Consumers of mental health and AOD services - supporting exiting consumers of mental health and AOD services to reengage with their providers in a timely and appropriate manner; ensuring that new consumers of mental health and AOD services can access the right service at the right time dependent on their level of need; enabling targeted mental health and AOD screening for priority population groups; and delivery of targeted services to meet the additional needs of priority population groups.
 3. Health Services - identifying and responding to the mental health needs of individuals working within the mental health and AOD sector; ensuring that new ways of working are captured and evaluated for effectiveness; and identifying areas of additional service demand and ensuring that there are enough resources and flexibility within the system to respond.
- Primary Health Tasmania is also:
 - encouraging providers to discuss where additional funding, and/or changes to service agreements are needed to support changes in service delivery to better meet community need
 - supporting primary health care workforce through
 - making additional Employee Assistance Program (EAP) services available to general practice staff state-wide and is developing additional EAP capacity for frontline health staff in the North West region following the outbreak of COVID-19 in that region
 - providing training and information to increase knowledge and confidence in the use of online services
 - providing funding through a small grants program to community organisations to purchase licenses to use online platforms (Zoom, Skype etc) to maintain social connections within local community
 - developed and delivered a community awareness campaign to encourage health consumers to maintain connection with general practice and other services
 - in partnership with the Mental Health Alcohol and other Drug Directorate, contributing funding to the Alcohol, Tobacco and Other Drug Sector COVID-19 Stimulus Package that will support community sector organisations delivering alcohol, tobacco and other drug programs and services to invest in necessary modifications or initiatives to ensure service continuity during the COVID-19 impact period
 - considering how long-term changes in service delivery and community need are captured within Rethink 2020 (the joint regional mental health and suicide prevention planning being undertaken to the Tasmanian DoH, Tasmanian Health Service, MHCT and peak consumer and carer organisations).

5. What impacts are not being mitigated or for which there is no plan in place to mitigate?

- Domestic violence - Some AOD providers have noted an increase in domestic violence which is not currently catered for in the MH or AOD planning.
- Workforce demand - As noted in the National Mental Health and Wellbeing Pandemic Response Plan, the likely increase in mental health presentations mean that there will be more strain on already limited workforce resourcing that will continue in the long-term. To prepare for both short and long-term changes to mental health care, the workforce requires dedicated support strategies that focus on attracting, training, accrediting and retaining key professional and volunteer workforces to grow the available specialist workforce.

6. What responses, both within the sector and more broadly, are front-of-mind and over what timeframes - what should be stopped, what should continue and what should be started?

- Beyond the immediate experiences during the response to the pandemic, the circumstances of the pandemic will likely significantly increase risk factors and decrease protective factors in mental ill health and suicide in both the short and long term. This includes the economic impact, unemployment, social isolation, increased consumption of alcohol and other drugs, homelessness, decreased educational engagement, poorer family relationships, reduced exercise and access to green space, and experiences of trauma, loss and grief.
- The proposed short and long-term activity outlined below is, at this time, early thoughts that need further exploration and development. Other activities may be considered as the impact of the COVID-19 restrictions are better understood over time.
- In the short term (Now-December 2020):
 - Need to continue the sector network and related consumer and carer forums to monitor the sector impact of COVID on providers, consumers and their families.
 - Highly likely to be additional need and demand for mental health services across all areas of the sector.
 - As restrictions relax, there is likely to be increased anxiety about returning to work and there will need to be improved communication to remove ambiguity about pathway to recovery (including returning workforces).
 - Monitor priority population groups and providing access to mental health and AOD screening and support service as needed.
 - Provision of support to community organisations/groups to implement local community activity that support social engagement and connectedness in an effort to reverse some of the negative psychosocial impacts of social distancing and isolation.
- In the medium to long term (December 2020 and beyond):
 - Some forecasts of significant increases in suicide rates that there will need to be focus on building community-based suicide prevention capacity and equipping key workforces with the tools and training to recognise, refer and respond to early signs of concern.
 - Highly likely to be additional need and demand for mental health services across all areas of the sector — primary care, acute services, public community mental health services, and community sector mental health services.
 - Need to consider distribution of services to meet changing community needs and the capacity of existing services to meet demand through increasing capacity as well as the additional service types that will be required to meet demand for populations not already provided for.
 - Greater degree of coordination needed between government and non-government social services (i.e. housing, homelessness, mental health, police), including information and data sharing for planning, monitoring and evaluation purposes of key strategies and individual community sector funded programs.
 - Greater coordination needed between community sector and public system.
 - Engagement with other key stakeholders has also suggested consideration of the following specific initiatives:
 - TAFE/University led **mental health ‘first-aid/primary response’ training programs** to build the peer, community care workers, health service support staff, emergency services workforce capacity to take the strain of the clinical workforce (allied and specialist mental health providers, both public and private/non-government organisations) as the suspected increase in demand for mental health and wellbeing supports arises. This should be delivered in alignment with the Mental Health Peer Workforce Development Strategy in that it:

- Abides by appropriate clinical governance and quality & safety principles
 - Promotes the mental health recovery of individuals
 - Improves the health outcomes for consumers and supports for families and friends
 - Improves the design and delivery of mental health services
 - Delivers benefits to the wider mental health system
 - Raises awareness and understanding of peer work within organisations and across the community.
- **Single Tasmanian mental health info/data system**
 - Develop, procure and implement a single digital platform that provides a central data warehouse that enables access to real-time deidentified population level health information. This will allow point-in-time monitoring and assessment of service demand and identify gaps-in-service significantly improving timely response at a whole of system level.
 - Develop, procure and implement a single, whole of system navigation tool that will support ease of access to the mental health system and movement within it to ensure people receive the right level of care dependent on their changing needs. Streamlining assessment and referral processes and adopting a shared system navigation tool will support people with mental illness and their families and friends in being able to easily navigate the mental health system in a seamless manner.
- **Regional mental health and wellbeing coordinators**
 - Recruit and appoint regional mental health and wellbeing coordinators across Tasmania. These positions would build local community and individual resilience by creating connected, caring, engaging and mental health literate communities.
 - Key deliverables could include:
 - Providing system navigation support for referrers (tying in with the broader Lifeline information function for community members funded through the Tas DoH).
 - Undertaking some local needs analysis and maintaining a point of contact for monitoring local changes over a period of time – service demand and social needs of the broader community
 - Supporting the development of local recovery/mental health plans that compliment and eventually get subsumed into the LGA Community Health and Wellbeing Plans
 - Coordinate the delivery of small grants to support local organisations to implement activities that reverse the social isolation and promote connectedness and social engagement
 - Coordinate access to mental health training for the community/peers and others
- **Supporting allied health and care workers through social networking and support programs**
 - Establish and implement strategies to ensure that those working in healthcare professional and broader health and social services roles can access support programs that support and sustain their mental health and wellbeing to minimize the impacts of psychological distress.
 - Major themes identified in a recent PHT survey of Tasmanian mental health workers were:
 - Telehealth, particularly information around the different platforms available
 - Infection control measures and access to PPE
 - Work Safety, particularly around transitioning back to in person delivery in a safe way and providing in-home services
 - More CPD opportunities
 - Financial support for practices
 - Information and resources for community members, particularly regarding telehealth and accessing mental health services.
 - Access to COVID-19 updates and resources has been helpful
 - Advocacy, particularly regarding an increase to the number of MBS supported sessions
 - Mental health and wellbeing services for allied health practitioners and patients

7. What would help create or build business/consumer/community confidence?

- Reverse the impact of social distancing - Events that support social engagement and connectedness in an effort to reverse some of the negative psychosocial impacts of social distancing and isolation.
- Awareness of digital service - Training/information to the community that builds awareness and trust in the use of digital online services and tools as appropriate mental health and AOD screening and counselling tools for some conditions.
- Increased use of screen tools - Support to primary health care providers in using screening tools and supporting referral to online services where appropriate.
- Surge capacity within the mental health and AOD sector - Increased access to mental health and AOD services to meet identified need and greater coordination and collaboration between services to support seamless referral across the sector as needed.

8. What would help your sector/members re-employ where there have been reductions in jobs, or grow employment levels?

- Mental health and AOD providers note that there has been no significant reduction in workforce due to the ability to change service modality.
- Access to mental health and AOD training will enable greater access to support through existing workforce.

Investment Opportunity 4:

Enhancing the Primary Health Workforce

1. What impacts are currently being seen by your sector or members (including clients/households/individuals as relevant in your context) and what impacts are anticipated in the coming weeks and months?

For many years Tasmania has experienced challenges in recruiting and retaining health workforce, particularly medical, nursing and allied health professionals. Our state is competing with international shortages in many health professions, compounded nationally by a trend of these professionals working in metropolitan rather than regional and rural areas.

This challenge is evidenced by high costs to the health system for locum coverage, as well as health professionals and carers working across multiple facilities (e.g. hospital and aged care facilities) meaning health services are often competing for the same workforce.

COVID-19 has already demonstrated considerable impact on the health workforce with relatively low numbers of cases through positive diagnosis of health workers placing immediate strain on workforce to cover absenteeism. Given the dispersed nature of our population, there is also high likely impact on small rural health services in the event of a positive diagnosis for a health worker, including potential for local health services to cease whilst mandatory self-isolation periods are served.

2. What factors are likely to shape the medium and longer-term impacts for your sector/members?

Without re-thinking our health workforce there is high risk of continued pressure on existing traditional roles for the Tasmanian health system - medical and nursing professions.

- Allied Health Professionals as an essential part of multi-disciplinary teams - Currently there is poor messaging around the importance/essential nature of allied health professionals, particularly in the care of chronic conditions. Within the COVID-19 response, there was no clear messaging that access to allied health services is essential, resulting in examples where aged care providers and patients with disabilities were noted to be refusing access to allied health into homes.
- Allied Health Professionals constitute a key part of rural workforce - so ensuring that they remain employed is important for local economies as well as the health and wellbeing of the community.
- Developing a pipeline to grow our own Tasmanian health workforce - should continue to be encouraged. This could include pursuing opportunities to train a broader group of allied health professionals locally, as well as complementary targeted roles.
- Developing targeted roles that complement traditional health professional roles should also be considered:
 - Allied Health Assistants models are used successfully in a range of settings including face to face, telehealth and within aged care facilities (limiting multiple visits by multiples professionals) One step towards this would be to develop the Allied Health Assistant program through TAFE (currently there is only a community services program, that doesn't quite fit).
 - Aboriginal and Torres Strait Islander communities across Tasmania have long called for an increase in Aboriginal Health Worker workforce to support the health and wellbeing of their communities. Aboriginal communities in Tasmania, as the experts in the needs and culturally appropriate solutions for health and wellbeing, should be directly engaged to understand the need for this workforce and its growth in this State supported.
 - Medical assistants - are being slowly introduced in Tasmanian general practices. These roles support basic clinical preparations, that free up nursing and general practice staff to focus on tasks higher in their scope of practice.

3. What data or information can currently be provided to the Council on the nature and magnitude of impacts for your sector/members?

- The Primary Health Tasmania Needs Assessment 2019 – 2022¹³ identifies that:
 - Tasmania has an ageing health workforce.
 - There are shortages in specific professions, particularly dentists.
 - The workforce is concentrated in inner regional areas, making access to health professionals in rural areas problematic.
- The needs assessment identified that to effectively address these issues there is a need to support changes in workforce design and service delivery to better meet the health care needs of the Tasmanian population. This includes, but is not limited to workforce development strategies previously identified by the Tasmanian Department of Health:
- Recent Department of Health (Tasmania) workforce development activity identified strategies such as:
 - support workforce growth in line with forecasted service need
 - support initiatives designed to improve patient and consumer centred care and strengthen consumer and community participation
 - support the development of a range of collaborative networks for cross sector innovation and reform
 - support initiatives that enable Tasmania to deliver enhanced workforce capabilities
 - support the development of career and education pathways for rural health professionals
 - support the development of flexible career pathways that enable professionals to transition in and out of rural areas to maintain skill development
 - work with key stakeholders to ensure education and training pathways are appropriate
 - support strategies that enable all members of the healthcare team to work to their full scope of practice.

4. What mitigation measures are currently in place that aim to address these impacts?

- Recruitment efforts largely remain focused on replacement for existing roles.
- Primary Health Tasmania contributes to education for general practice, nursing and allied health professionals to enable them to access to contemporary knowledge and skills to support quality care.
- The Tasmanian Department of Health recently undertook work on a workforce development strategy for the state, largely focused on State Government services. The outcome of this work is not known.
- Tasmania's Health Workforce Agency, HR+ conducts an annual health workforce needs analysis to inform delivery of workforce support initiatives.

5. What impacts are not being mitigated or for which there is no plan in place to mitigate?

- Current workforce strategies are focused on replenishing a traditional workforce model - an approach that is costly and likely unsustainable
- Workforce development has a siloed approach - that does not look across sectors (public, private, not for profit) to understand the workforce capability available that could deliver integrated care in different settings
- Alternate workforce models are not resourced and could reduce pressure on the current system by:
 - supporting traditional health professional roles to operate at the top of the scope of practice through performing key clinical support functions
 - improving access to care, through roles being trained and used in local areas with links to health professional supervision under hub-and-spoke type models.

¹³ Primary Health Tasmania Needs Assessment 2019-2022, Primary Health Tasmania

6. What responses, both within the sector and more broadly, are front-of-mind and over what timeframes - what should be stopped, what should continue and what should be started?

- As part of Primary Health Tasmania's focus on developing a strategic approach to the management of chronic conditions, access to a sustainable workforce will be an essential element. Achieving this requires support for:
 - Alternative workforce models - to consider the use of alternative workforce models to deliver services, so allowing the opportunity to fully utilise professional scope of practice and to challenge traditional roles to improve care in a sustainable way
 - Funding streams - to review the funding streams that may enable a sustainable funding position to be pursued to provide services for individuals with complex chronic conditions.
 - Expanded workforce support and education - focused on skills and knowledge required for specific roles, as well as effective participation in team-based care maximising the understanding and utilisation of skills in a multi-disciplinary team.
- Allied health assistants are an untapped resource in Tasmania - with potential to make a significant contribution to building a more sustainable primary health workforce. There are proven models of care both internationally and nationally that uses allied health assistants to monitor and supervise patients to continue with their treatment in rural locations with the ability to feedback to the qualified staff through telehealth.
- Using allied health assistants as part of cardiopulmonary rehabilitation services - proposed under to be co-commissioned in the North West region will enable testing of a hub and spoke model.
- Testing new approaches - Primary Health Tasmania propose trialing and evaluating the impact of innovative workforce model as part of integrated service delivery approaches. This will provide the opportunity to clearly outlines and delineates roles and responsibilities between different roles and consider the use of alternative workforce models to deliver services, so allowing the opportunity to challenge the traditional roles to improve care in a sustainable fashion and to fully utilise health professional scope of practice. This will require support and funding of local community members to complete certificate and diploma level training courses with the trained allied health assistant remaining in their local rural community delivering allied health care under supervision from Burnie or Latrobe.

7. What would help create or build business/consumer/community confidence?

- Clearly defining the role of the primary health workforce in delivering care outside the hospital - to build community understanding and health literacy in services available in the community.
- Identification of a training and employment strategy for targeted allied health assistant roles - in local communities.
- Invest in digital health infrastructure - that enables remote access to specialised care and monitoring.
- Efficient use of complementary roles such as allied health assistants - are a more cost effective option than traditional health professional roles, meaning that, when well established as part of a clinical team, access to targeted care is increased, and allied health professionals can focus on those requiring more complex care, thereby improve the efficiency and effective use of this scarce resource.

8. What would help your sector/members re-employ where there have been reductions in jobs, or grow employment levels?

- The training of allied health assistants provides skills development and employment opportunities for people, particularly in rural and remote areas.
- Access to and experience as an allied health assistant may also increase pathways to tertiary allied health professional career opportunities.