

# The “decisive shift” to Primary Care

## *Picking up the reins of change*

13<sup>th</sup> Health Summit 2017

### THE CARLOW-KILKENNY EXPERIENCE

Dr. Ronan Fawsitt  
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Chair ICGP St. Luke's LICC  
Carlow-Kilkenny

# 16 Health

## The vested interests that are stifling our HEALTH SERVICE

The HSE's joint head of surgery believes the health service and politicians are trapped in an 'energy-sapping vortex' that serves no one



Susan Mitchell  
Health Editor

**F**ew people know anything about waiting lists, the pain over them is usually an issue faced by the HSE's surgical patients.

Last week, the figures were still stark: 18,000 people on the waiting list, the number of adults waiting longer than six months for surgery and day case care has risen to 26,000 - up from 14,000 when the government took office in March 2010.

In recent years - and assuming you weren't being targeted by a government's own waiting lists - waiting lists have been going in one direction: up.

Now we're in a position to say, largely due to the absence of any signals and fundamental change within the system.

Over 100,000 people are waiting for a dedicated fund of €2.5 million a year to reduce waiting lists, but it's not working. It's not working.

"It's not working, it's not working, it's not working," says the HSE's joint head of surgery, Dr. Frank Ryan, who is also the HSE's joint head of surgery and former president of the Royal College of Surgeons in Ireland.

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### PATIENT WAITING LISTS (IN-PATIENT AND DAYCASE)



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### Flawed waiting list initiatives

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### Things are done to suit the political cycle - not for what is best for the country

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# The Sunday Business Post





**Mary Regan**  
Government  
surprise at  
the latest  
health crisis  
is just the

usual post-Christmas panto where mock horror is the order of the day, and the flu outbreak is cast as the villain of the piece

Are hospitals overcrowded?  
Oh, yes they are

The only something thing about last week's conceptual lesson-learning crisis is that the members of Change Network failed to anticipate it. It's very easy for people to believe that this was going to happen after the events. Some of the evidence indicated that this was a problem, because there was a lot of evidence of patterns in the way that children at elementary schools were being treated and not all were boys.

It is not clear that the new and just law "solves" an "old" problem of the 40-45 year gap in housing people from the original war veterans who are now in the 80-85 age range. The problem has not largely been solved with the new law. The new law changes the formula for how the VA will distribute its scarce funds to help veterans who are still disabled as the "newest veterans" as well as "old" veterans.

[illegible]

"I don't just work for patients or doctors by the staff working in and through the health care system. But we have to go up and work in the system. I will recognize the health system's strengths," he said. "I have worked in the Director general of the WHO, making it very clear that I respect the health system in different countries."

Standardizing data from a few authors, the problem is caused by a few deeper underlying issues of philosophy. There have been several interdisciplinary meetings jointly organized by philosophers who are active in research on modeling in the Department of Health, their talking to scientists.

[illegible]

It is a good idea to make a list of the number of words that length 4 words have. This is a good idea because it is a good idea to make a list of the number of words that length 4 words have. This is a good idea because it is a good idea to make a list of the number of words that length 4 words have.

As a result, the measures taken in the last few years specifically for "according to 90% of groups on the United States to 100% the average rate across 100 countries is 1.2% and in Ireland, the rate is 14.1% and, while in Ireland, it is 10.1% and in the United States, it is 1.2%." (p. 10)

"There is always a seasonal income imbalance and there is no reason to provide for this," she said. "In fact, I don't want it, which is why the estate is not an income-producing asset at bankruptcy."

"When I bought the property at half its capacity, throughout the year, there is no work for seasonal or hourly employees."

Following a meeting that was held at a big downtown restaurant, Gustin and GSN News Team 11 News last month, a series of meetings at

There were not the usual of-limited-planning-but-also-routine-integration-of-health-care-in-political-decision-making, it is part of the entire old-growth characteristic community in which the government affects directly and indirectly that hospitals are more similar again, comes up with an answer that: a sample of data is - assuming a good 'nature' in the way the existing system reflects, to assume so that they have the same

It is disappointing that in the age of new politics, not being the agent of political change to the current ruling system, you that expressly said to ourselves the president, if the cycle is to be broken, state leaders would at least be the self-sufficiency of the current ruling class and help to break it in the 1990s the longer term, it's not to do this is a possibility, with more, that he needs the support of the opposition and the strengthening of the parties.

# WHY CAN'T WE FIX HEALTHCARE? IT'S THE SYSTEM, STUPID

If Ireland is to fix the annual trolley crisis, it will require change over a number of years. In this major report, Ireland's economic commentator of the year, **Stephen Kinsella**, outlines what the health service must do, and the approach the government must take

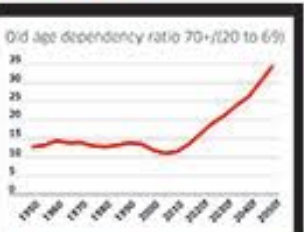
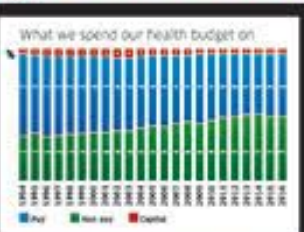
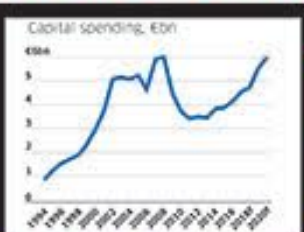
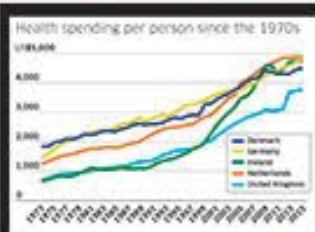
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and a small number of fish, large ones are the most common. The fish are small, but they are very fast and very strong. They are also very intelligent. They are able to learn from experience and to adapt to their environment. They are also very social animals. They live in groups and are very cooperative. They are also very curious and very inquisitive. They are also very intelligent. They are able to learn from experience and to adapt to their environment. They are also very social animals. They live in groups and are very cooperative. They are also very curious and very inquisitive.

the second was that insurance companies would be able to use the information to discriminate against people with pre-existing conditions. The third was that people with pre-existing conditions would be charged higher rates than people without pre-existing conditions. The fourth was that people with pre-existing conditions would be denied coverage altogether. The fifth was that people with pre-existing conditions would be subject to medical underwriting. The sixth was that people with pre-existing conditions would be subject to community rating. The seventh was that people with pre-existing conditions would be subject to risk adjustment. The eighth was that people with pre-existing conditions would be subject to reinsurance. The ninth was that people with pre-existing conditions would be subject to a health care reform. The tenth was that people with pre-existing conditions would be subject to a health care reform.

of the National Science Foundation (NSF) and the National Aeronautics and Space Administration (NASA) to support research in the field of space exploration. The program is designed to provide a broad-based education in the field of space exploration, and to provide a broad-based education in the field of space exploration. The program is designed to provide a broad-based education in the field of space exploration, and to provide a broad-based education in the field of space exploration. The program is designed to provide a broad-based education in the field of space exploration, and to provide a broad-based education in the field of space exploration.

of capturing 500–750 years ago at the site of the Neolithic chamber at Stonehenge, England. The researchers found that the Neolithic chamber was built by a group of people who lived in the area for a long time, and that the chamber was used for a variety of purposes, including as a place of burial. The researchers also found that the chamber was built by a group of people who lived in the area for a long time, and that the chamber was used for a variety of purposes, including as a place of burial.

[illegible]

There are clearly two strong reasons for spending on health care: to prevent illness and to cure it. The first reason is the most obvious, and the second is the most difficult. The first reason is the most obvious, and the second is the most difficult.

### No structural change without some capital spending

of the network were about 100,000 people, but the last year (2004) is in 2005, when the population of the United States was 280 million. So the network was made up of 0.036 percent of the population. The network was made up of 0.036 percent of the population. The network was made up of 0.036 percent of the population.

My father is a plain, middle-aged man with a friendly smile and a pair of glasses. He is a retired teacher and lives in a small town in the north of England. He is a very kind and generous man, and he is always ready to help others. He is a very hardworking man, and he is always busy with his work. He is a very honest and trustworthy man, and he is always telling the truth. He is a very loving and caring man, and he is always there for me. He is a very good father, and he is always making me proud. He is a very good man, and he is always making me happy.

proprietor's systems that will now start taking a little more of a toll. The result is a somewhat more costly but more effective security team.

The client's will now have systems that allow the long-term damage that most policy decisions cause. It costs little, but it's a good idea to get the most out of the system. The client's will now have systems that allow the long-term damage that most policy decisions cause. It costs little, but it's a good idea to get the most out of the system.

spreading, water control, and maintenance of good pasture stands must be given the same priority that disease control has received. The use of water in the spring to break up soil crusts is going to make a difference between a good and a poor pasture stand.

Barthel's system of health assessment consists of a visual, clinical examination, fecal analysis, and of patch application, for

**By 2021  
there will be an extra  
1.36.000**

people aged over 85 than today. Each of these will need more healthcare than other citizens

**A system-level approach**

[illegible]

the hospital had 40 and one of the authors conducted the study in person. The first year was 2003, the second year was 2004, the third year was 2005, the fourth year was 2006 and the fifth year was 2007. The authors in total conducted 200 interviews with 200 patients. The authors in total conducted 200 interviews with 200 patients. The authors in total conducted 200 interviews with 200 patients.

[illegible]

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Asthma  
DM  
H Failure  
Back pain

Lives  
alone

Age 75





# PATIENT: COPD - HOME-VISIT 2013

## SIX ADMISSIONS TO AMAU

68 YRS

COPD

DM

IHD

LIVES W

HUSB











- POSH STUDY
- NEJM
- Dec 2016
- Visit to GP w/i 7d
- Post D/C - age 75
- Red 30d re-admiss  
by 12-24%

## Letters

### RESEARCH LETTER

#### Association of a Dedicated Post-Hospital Discharge Follow-up Visit and 30-Day Readmission Risk in a Medicare Advantage Population

The effectiveness of post-hospital discharge (POSH) follow-up visits in reducing 30-day readmissions has been mixed.<sup>1-4</sup> We aimed to advance the evidence base by examining whether a dedicated 20-minute POSH visit with a primary care clinician (PCC) completed within 7 days after discharge is associated with a lower 30-day readmission rate compared with any other or no scheduled outpatient visit.

**Methods** | Medicare Advantage patients who were discharged from 14 Kaiser Permanente Foundation hospitals between January 1, 2011, and December 31, 2014, to home or to home health care and remained enrolled in the health care plan for at least 30 days after discharge were included (n = 71 231). Only the first hospitalization during this period was examined. A POSH visit was scheduled while the patient was in the hospital; at the POSH visit, electronic health record (EHR) reminders for routine care issues were suppressed. The PCCs were trained to focus on the postdischarge summary and issues that require follow-up. A non-POSH visit may have been scheduled before or after hospitalization by the patient or a clinician (PCC or specialist) for any reason. The primary outcome was 30-day readmission obtained from the EHR and claims. This study was approved by the institutional review board of Kaiser Permanente Southern California, which waived the need for informed consent for use of EHRs.

We used Cox proportional hazards regression and treated visit completion as a time-dependent variable that could change within the first 7 days. Patients who died within 30 days after discharge were censored. We obtained covariates that were meaningfully associated with visit completion or outcome—age, sex, having a spouse or domestic partner, history of missed appointments in the last 12 months, risk for readmission or early death (LACE readmission risk score, derived from length of stay, acuity of admission, comorbidity score, and emergency department use<sup>5</sup>; range, 1 to 19, with higher scores indicating higher risk), discharge disposition, service (medicine vs surgical), service site, functional status (nonambulatory vs ambulatory), and Schmid fall risk score<sup>6</sup> (range, 0-6, with higher scores indicating a higher risk for falls) within 24 hours of discharge—from the EHR. Analyses were stratified by service and LACE readmission risk score (<11 vs ≥11; with higher scores indicating higher risk); inverse probability of treatment weights were used to adjust for differences in these covariates.<sup>7</sup> Statistical analysis was performed with

SAS software (version 9.3; SAS Institute).  $P < .05$  was considered significant.

**Results** | Of the 71 231 eligible patients (33 039 men [46.4%] and 38 192 women [53.6%]; mean [SD] age, 75 [9] years), a total of 7236 (10.2%) and 630 (0.9%) were readmitted or died, respectively, within 30 days of live discharge (Table 1). Patients who completed any outpatient visit within 7 days had a 12% to 24% lower risk for 30-day readmission (Table 2). POSH visits were associated with a lower risk for 30-day readmission compared with non-POSH visits (hazard ratio, 0.72; 95% CI, 0.66-0.79). For patients on the medicine service with a LACE readmission risk score of 11 or greater, seeing a PCC during a POSH visit had stronger effects compared with a non-POSH PCC visit (hazard ratio, 0.80; 95% CI, 0.67-0.94). Follow-up visits did not have an effect on readmission in surgical patients.

**Discussion** | We found that any follow-up visit with a PCC within 7 days of discharge was associated with a lower risk for 30-day readmission for patients on the medicine service and that a POSH PCC visit was better than a non-POSH PCC visit for higher-risk patients. These positive findings that differ from other published findings<sup>4</sup> could be attributed to our overall, system-wide efforts to ensure continuity between the inpatient and outpatient settings. Having a POSH visit likely heightened the care team's preparedness to address patients' immediate postdischarge care needs, including an assessment of clinical status and treatment intensification if needed, follow-up of pending test results and referrals, medication review, and patient and family education.

This analysis was limited to Medicare Advantage patients discharged from Kaiser Permanente hospitals to home; these findings may not generalize to patients discharged to other higher-level settings or non-Medicare patients. Omission of unmeasured confounders, such as exposure to other care transition interventions, treatment adherence, and social risks, are other notable limitations. Although we do not know what aspect of the visit was helpful in reducing readmissions, our findings highlight the value of postdischarge visits in integrated systems with a comprehensive EHR.

Ernest Shen, PhD  
Sandra Y. Koyama, MD  
Dan N. Huynh, MD  
Heather L. Watson, MBA  
Brian Mittman, PhD  
Michael H. Kanter, MD  
Huong Q. Nguyen, PhD, RN



# Deloitte Report for UK Primary Care 2014

- A 360m project in PC would save 1.9b over 5 years by GPs and Practice Nurses who focus on those over 65, especially at home.
  - Would reduce ED attendances
  - Would reduce length of stay in hospital
  - Would reduce Ambulance costs
  - Gives 5 to 1 return on investment
- 
- Deloitte Report for RCGP
  - [The Guardian](#) 28/11/14
  -

# The system needs a paradigm shift

- away from hospital care, to GP & community team-based care - more ambulatory care

- Self-care (education, prevention, OSA)
- Primary care
- Secondary care
- Tertiary care

-Clarity of roles critical



# The system needs new thinking

- The vital question of our time is not “*what PC can do for hospitals, but what hospitals can do for PC*”

# The 8 steps for change to PC

- Funding: GP Contract Transitional Funding
- Vision & Mission: Farmleigh Principles
- Clinical leadership of team
- Capacity: Manpower, Training, Infrastructure
- Integration with SC: LICC, Streaming, ICT, SCR
- Incentives for activity: CDM, end-of-life-care, CIT, OOH, VC Role of Health Insurers
- Incentives for outcomes: Vaccination = 95%
- Time timeframe 5-10 years **COURAGE!**





"If you want  
to make  
enemies, try  
to change  
something."

-Woodrow Wilson

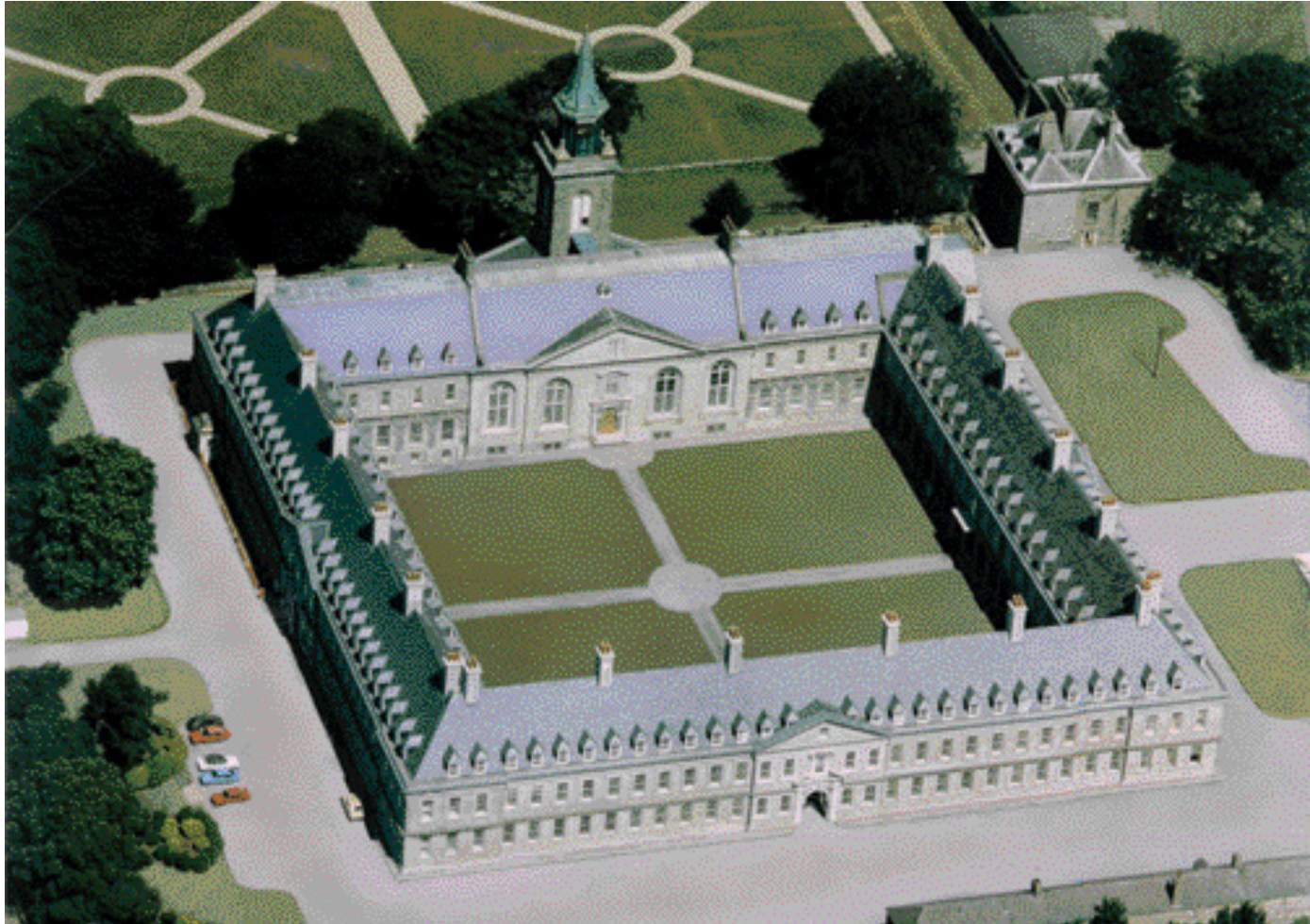
# The Primacy of the Physician

Healthcare is  
always  
changing



Sir Luke Fildes, 1890, Tate Gallery THE DOCTOR

# The Primacy of Hospitals



Military



# The Primacy of Hospitals



Maternity

# The Primacy of Hospitals



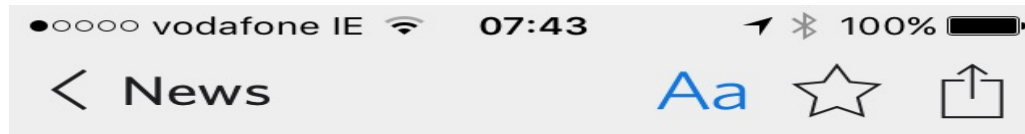
Multi-morbidity







# Not so good news?



## Life expectancy in Europe rises to 81 years

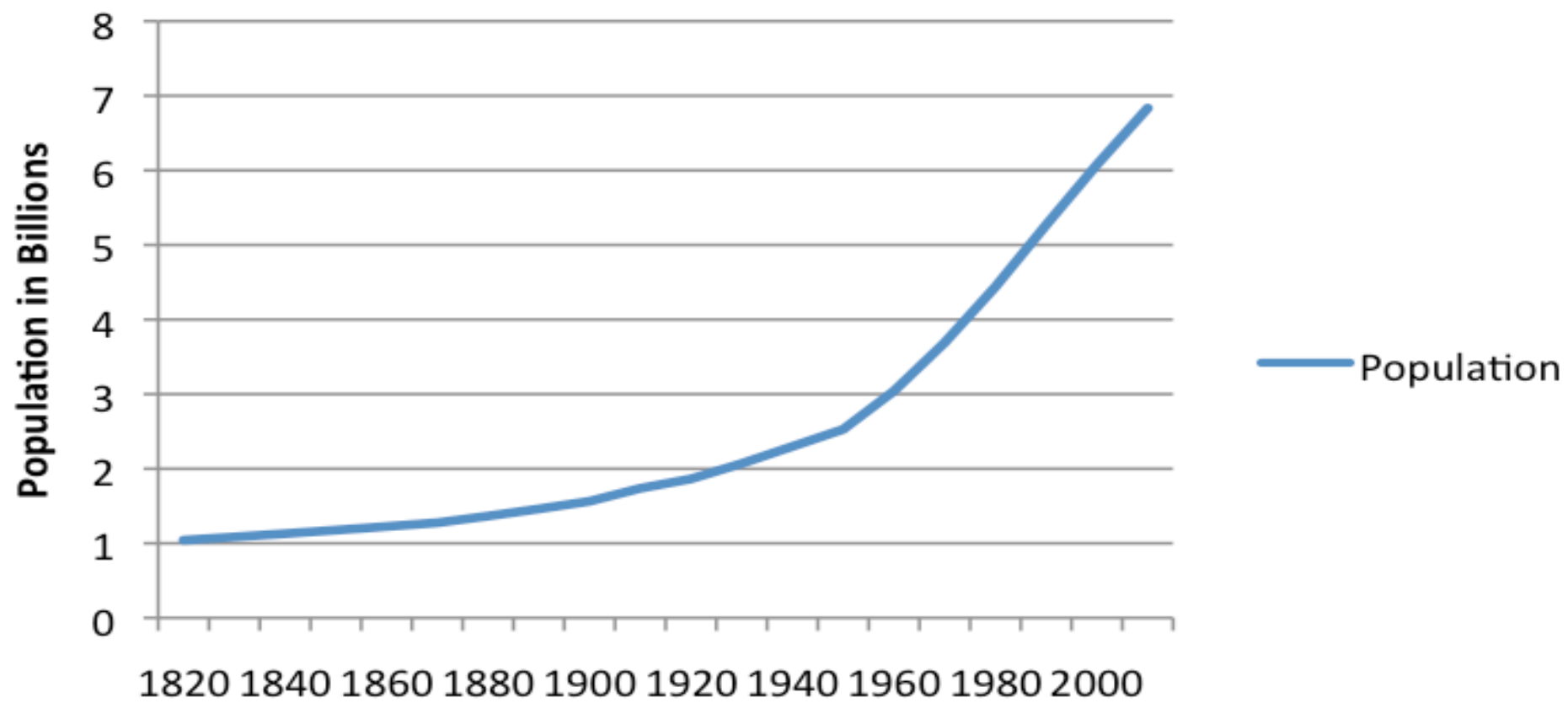
HEALTH • 15 HOURS AGO



Surprising findings for Ireland include a lower than average suicide rate

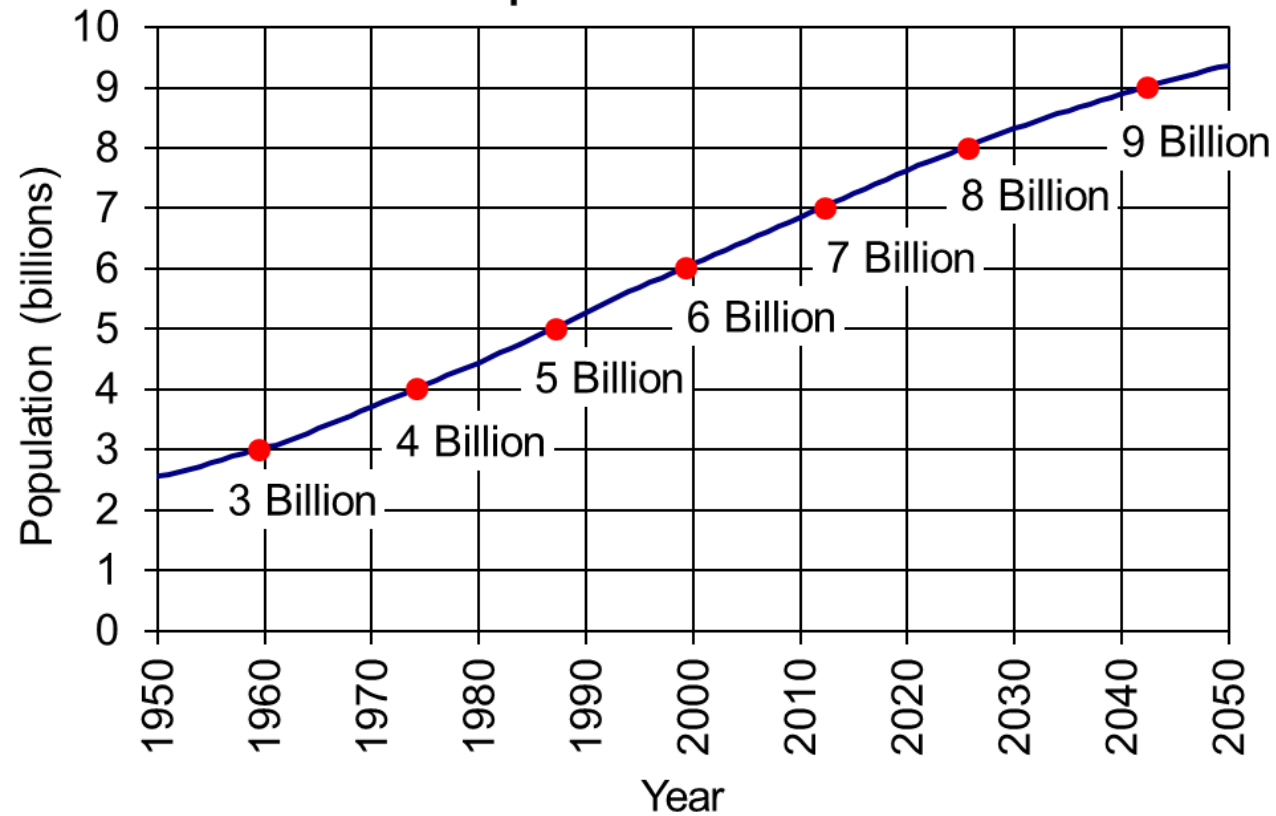
The European Union and the Organisation for Economic Co-operation and Development have produced a major study of health

## World Population

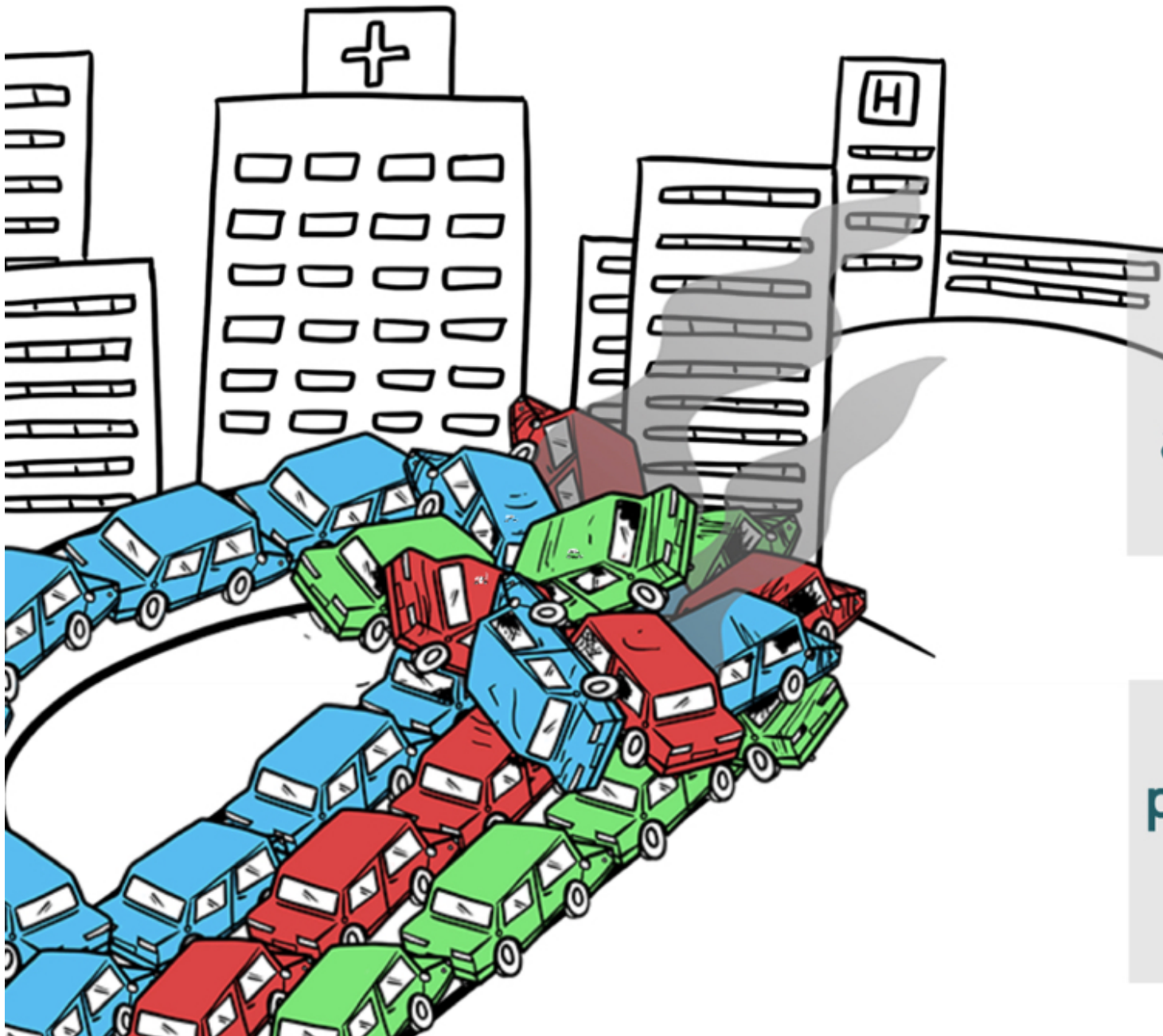




## World Population: 1950-2050



Source: U.S. Census Bureau, International Data Base, August 2016 Update.

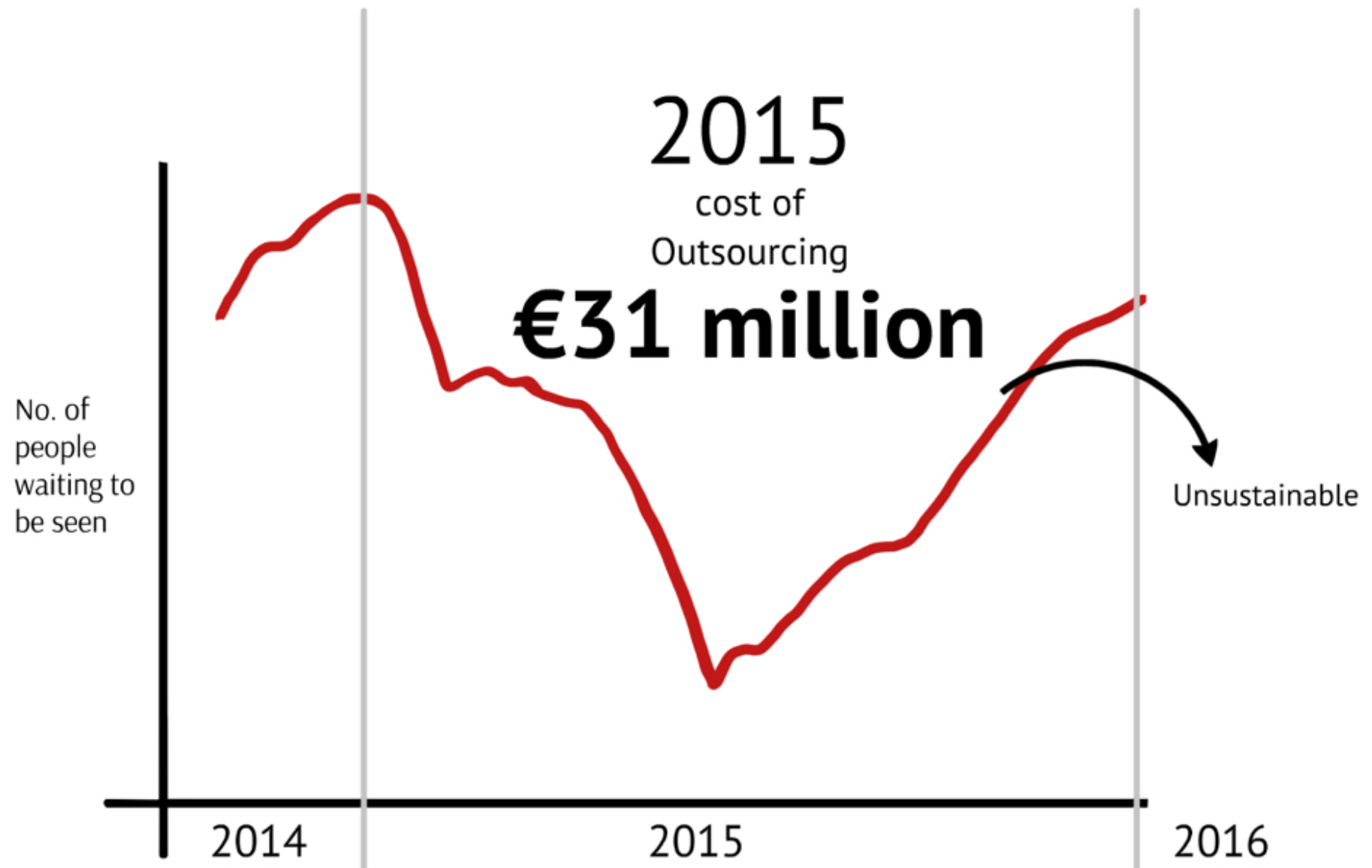


**1 Million  
Referrals  
in 2015**

**3.2 million  
outpatient  
attendances in  
2015**

**80,000  
patients waiting  
longer than  
1 year.**

# Outsourcing Initiative





# Strategy for the Design of Integrated Outpatient Services 2016-2020

**Ollie Plunkett**  
**Assistant National Director**  
**National Lead for Outpatient Services**



**OSPiP**

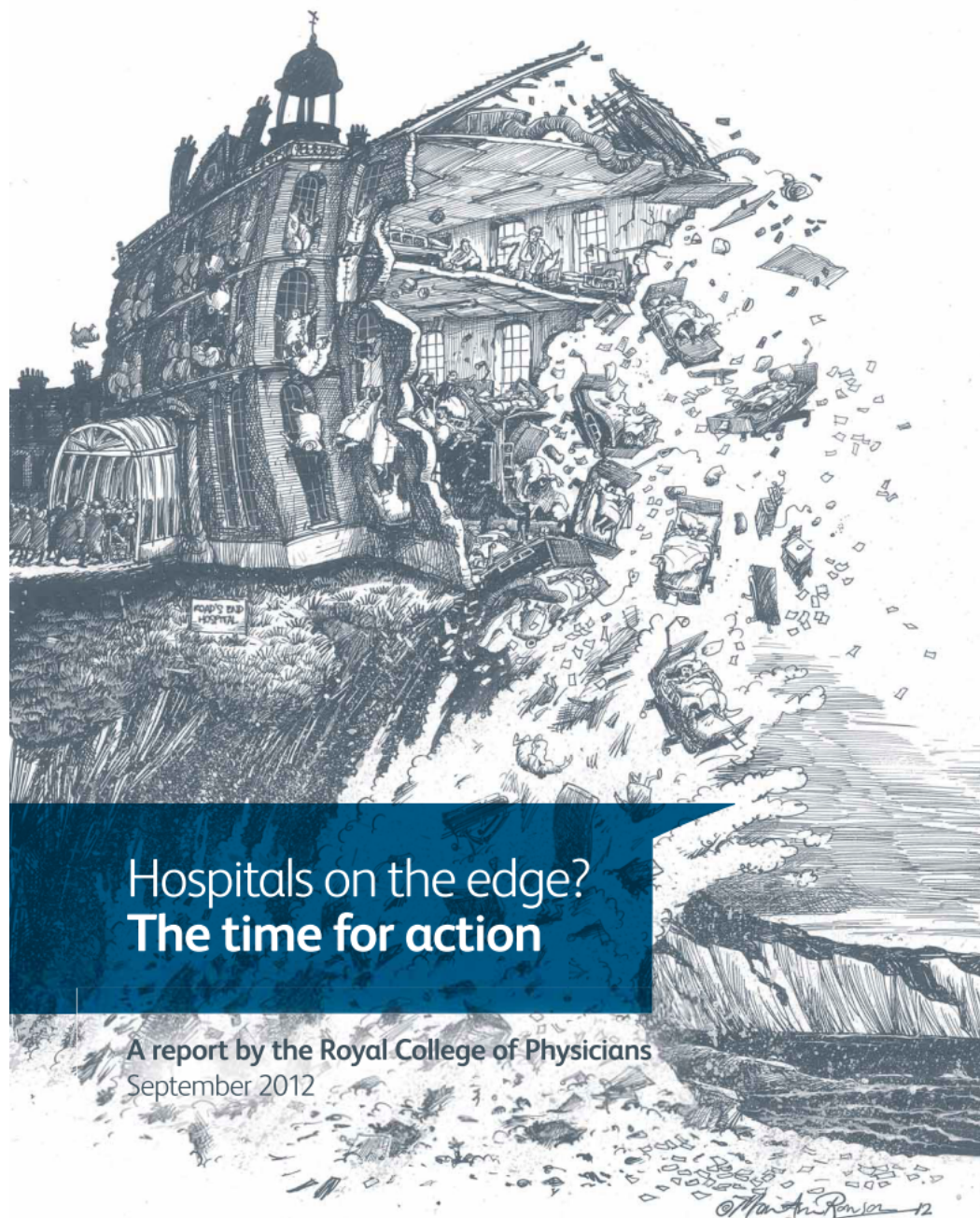
OUTPATIENT SERVICES PERFORMANCE  
IMPROVEMENT PROGRAMME

Person-centred Outpatient Services Delivering  
High Quality Care For All

# The grey tsunami



A perfect storm



## Hospitals on the edge? **The time for action**

A report by the Royal College of Physicians  
September 2012



# A variety of solutions are needed

- The Carlow-Kilkenny Model
  - One piece of the jig-saw?

# The Primacy of the Patient



# The CK Model

- We talk to each other -  
Local Integrated Care Committee (LICC)
- We stream our patients
- We bring in new services
- We put the patient first
- All involved (GPs, ICGP, Consultants, Management, CHO, Mental Health, Public Health, Social Care)



# Acute Floor

*St. Luke's General Hospital, Kilkenny*

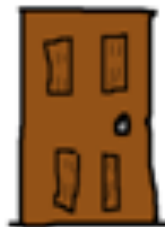


Access

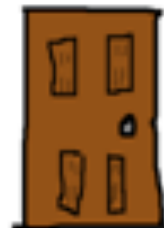
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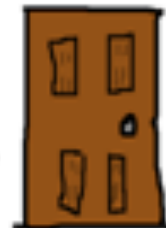
ED



ASAU



Psychiatry



Frail Elderly



OBGYN



Paediatrics



## Some Carlow-Kilkenny initiatives

- First annual ICGP study day (28<sup>th</sup> this year) 1989
- Home Care Team for cancer: end of life care 1989
- ICGP Liaison Committee 1990
- Caredoc GP Co-op 1999
- AMAU 1<sup>st</sup> in Ireland 2000
- CIVU 2006
- GP-led CIT 2011
- ASAU 2014
- Acute Floor: IACC Integrated Ambulatory Care Centre 2016
- Direct GP Access to ED Minor Injuries Unit (MIU) 2016

# VIRTUAL CLINIC FOR HEART FAILURE 2016





# From CK to LICCs

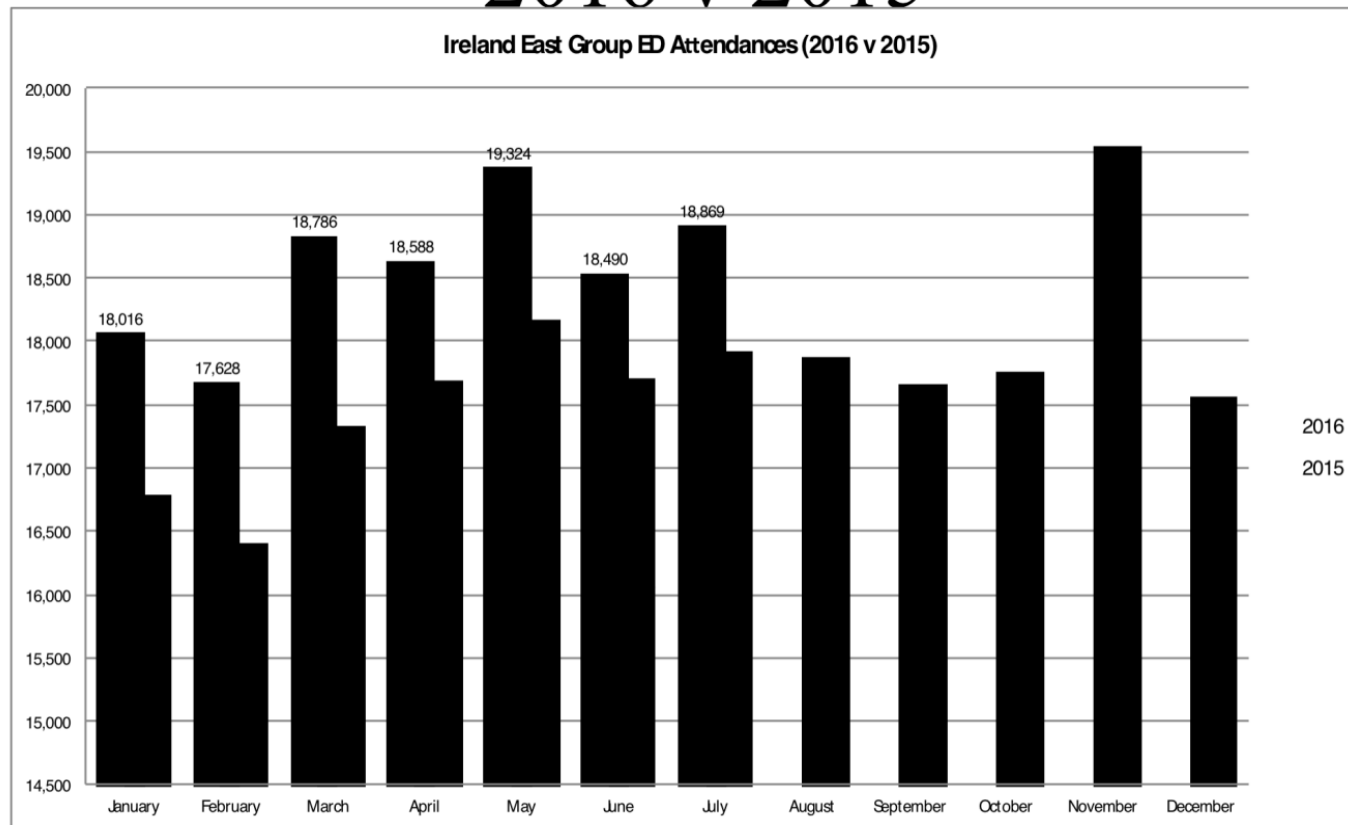
- The CK business model is now replicated as Local Integrated Care Committees (LICC) in IEHG and elsewhere
- Now includes Tallaght, Loughlinstown, Mullingar, Wexford, Navan and CK.
- Interest from Cork, Ennis, Limerick, Kerry etc
- Support from GPs, ICGP Faculties, HSE-PCD, IEHG and Minister

# The IEHG view: The case for change

Ireland East Hospital Group  
Acute Hospital Review

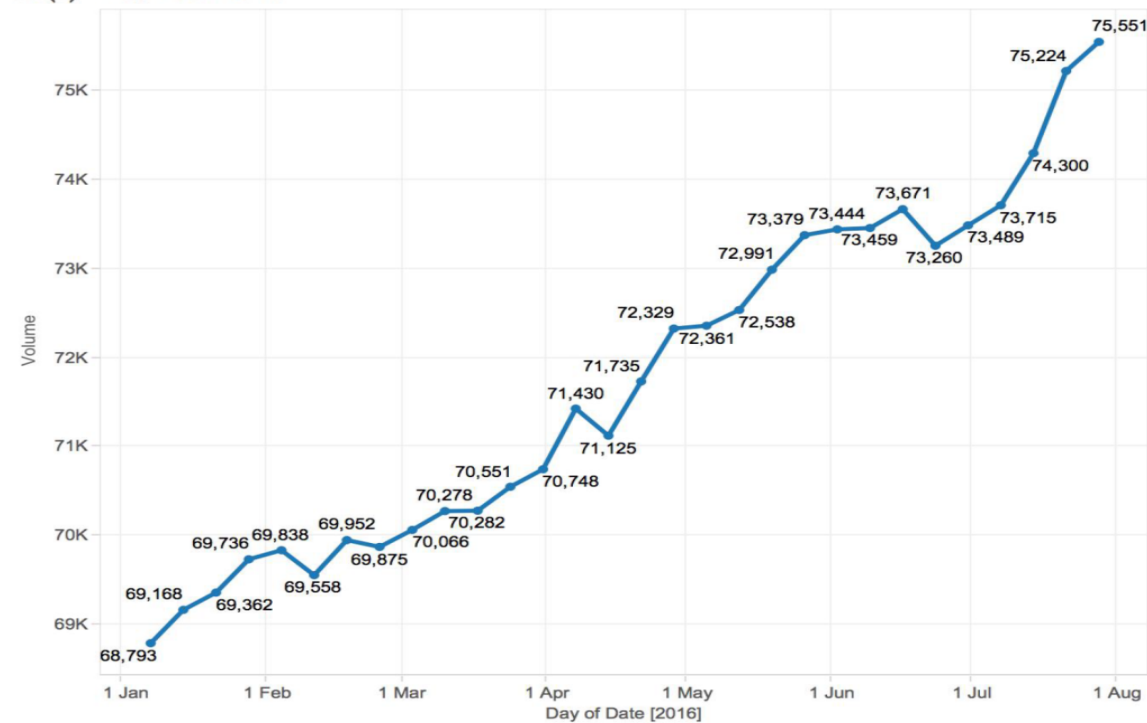
2016

# ED Attendances Trend (All) 2016 v 2015



# Outpatient Waiting List Trend

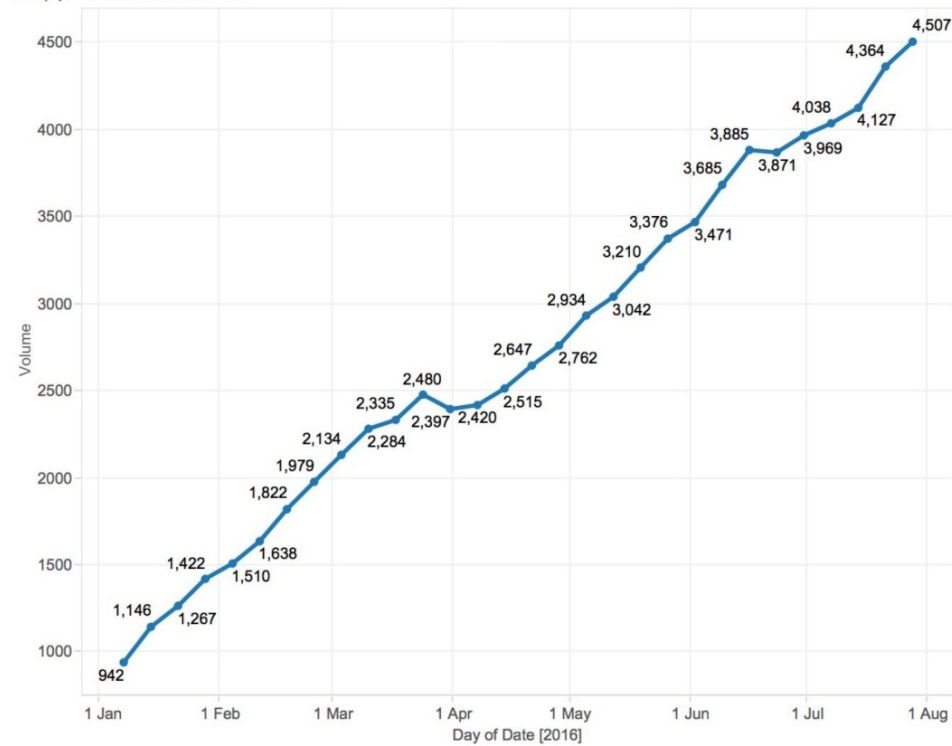
Total Group / Hospital Waiting List Trend: Group(s) - Ireland East Hospital Group: Hospital(s) - All: Year 2016



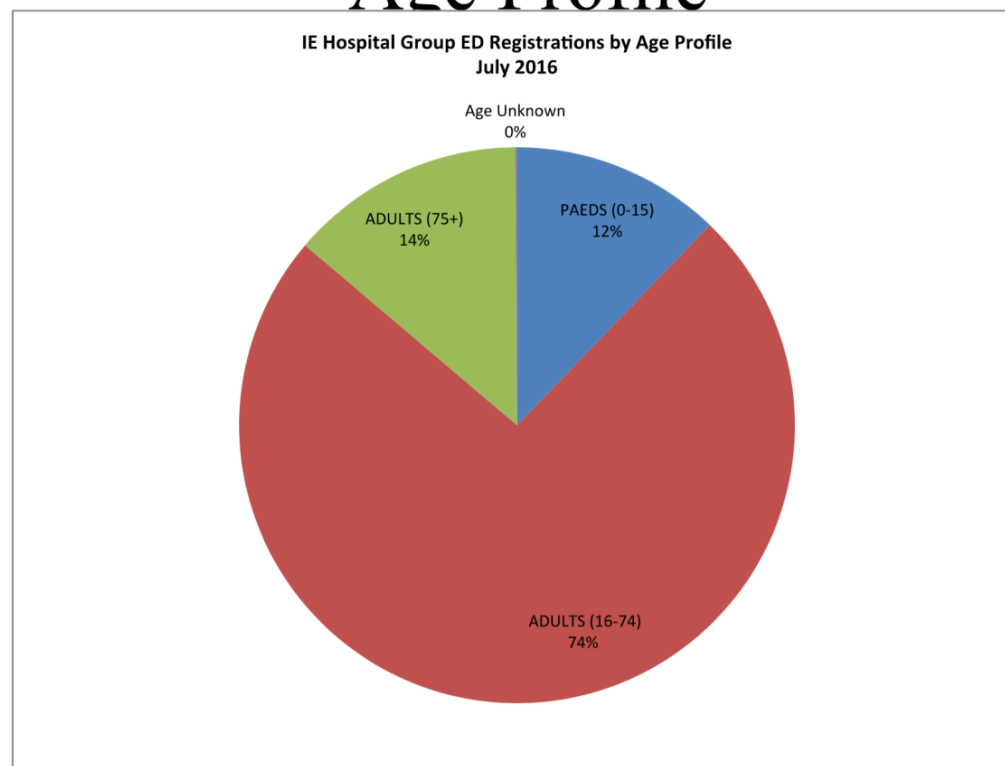


# Greater than 15 Months WL Trend

Total Group / Hospital Waiting List Trend: Group(s) - Ireland East Hospital Group: Hospital(s) - All: Year 2016

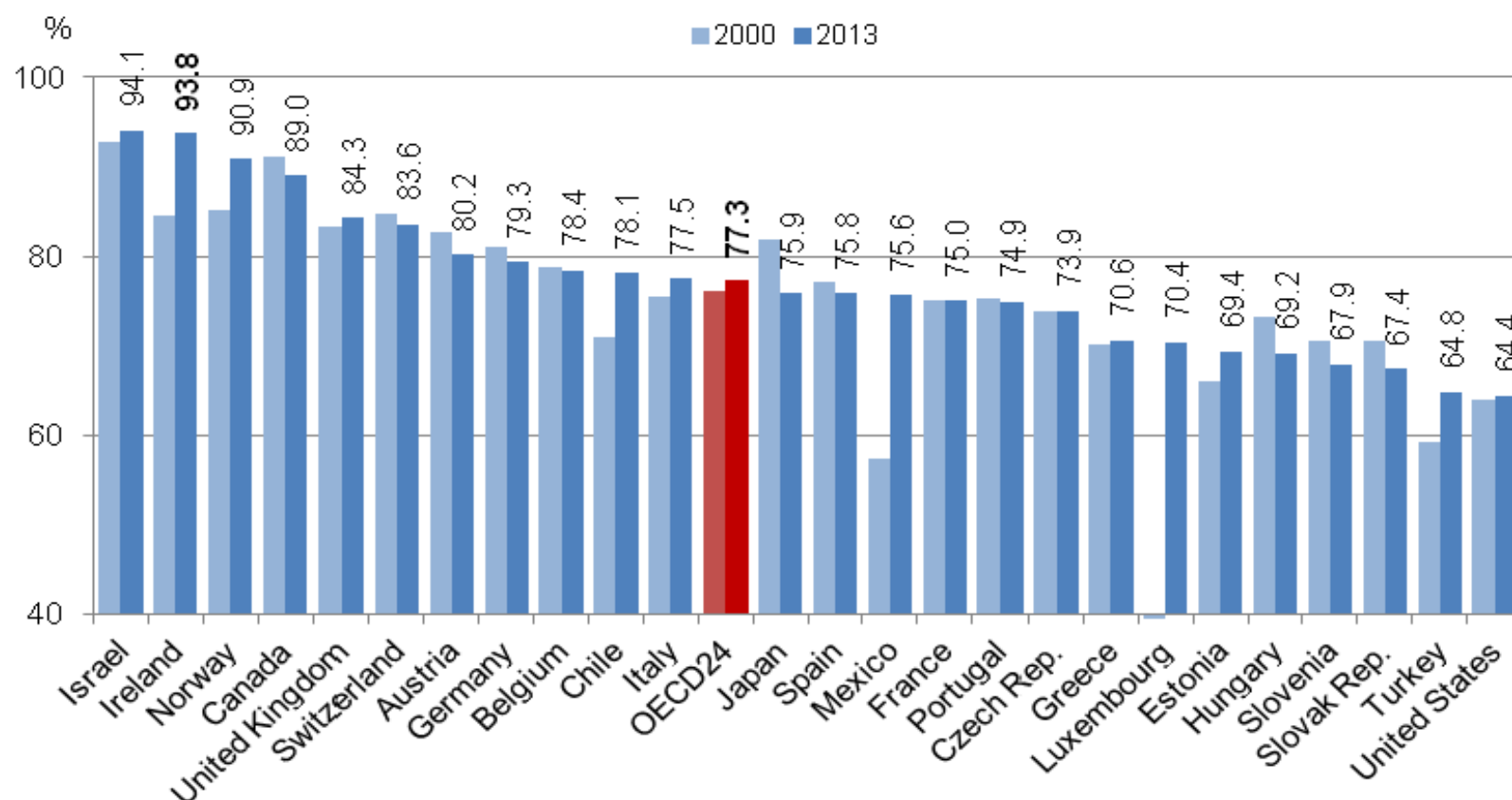


# ED Attendances Age Profile



# BEDS: The Capacity crisis

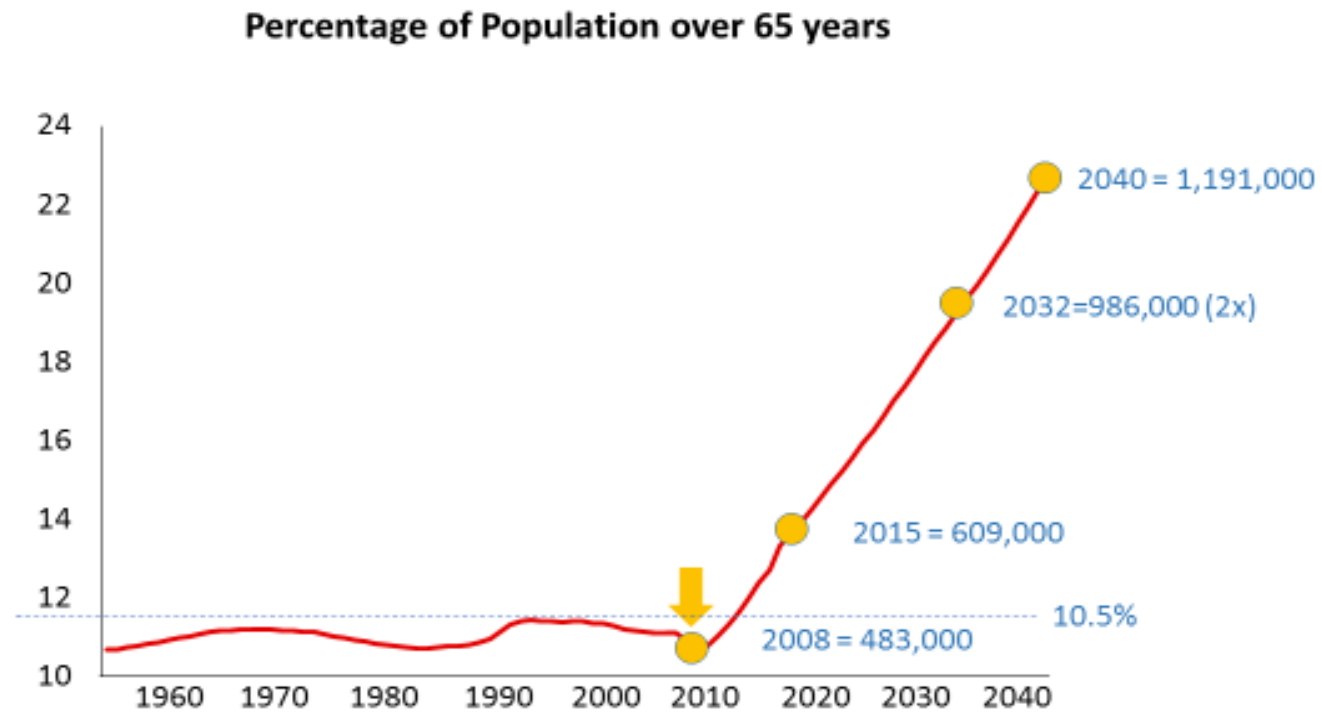
Bed occupancy rate of curative (acute) care beds, 2000 and 2013



Source: OECD Health at a Glance 2015

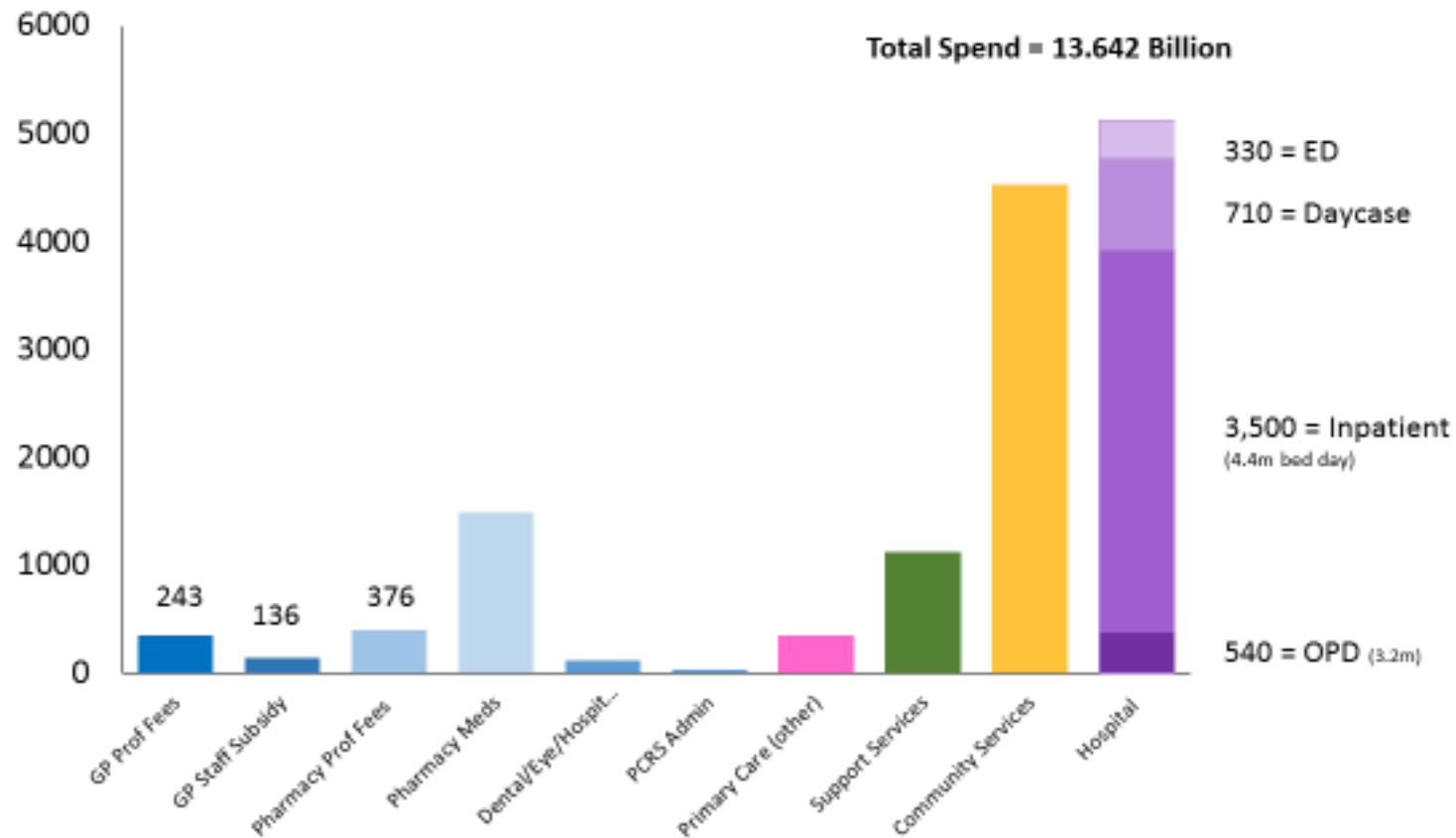
# Demographics: The Imperative for change

Over 65s. Courtesy: Dr Austin Byrne IMO  
OECD.stat Historical population data and projections (M2F2) 1950-2040 Ireland





## Health Spend 2013



**Figure 5** GP Spend. HSE 2013 Annual reports and accounts. Courtesy: Dr Austin Byrne, IMO 2016

# The shift to PC – the rhetoric must get real

- Funding must get real
- New GP Contract that includes resourced CDM
- Must invest in PC and General Practice teams - nurses/ GPs/ AHP & diagnostics
- Bring hospitals into the home - CIT

# **CIT – a PC success story**

## **Now 13 teams with 8 more planned**

- 27,749 referrals to CIT in 2016
- Approx 600 per week - Quality Care, VFM
- In 2015, CIT/OPAT saved 26,307 bed days  
= 72 beds per day
- In 2016, CIT/OPAT saved 28,606 bed days  
= 78 beds per day

**HOSPITAL IN THE HOME PC CAN DO MORE**

# General practice is already doing a lot

## OOH GP visits:

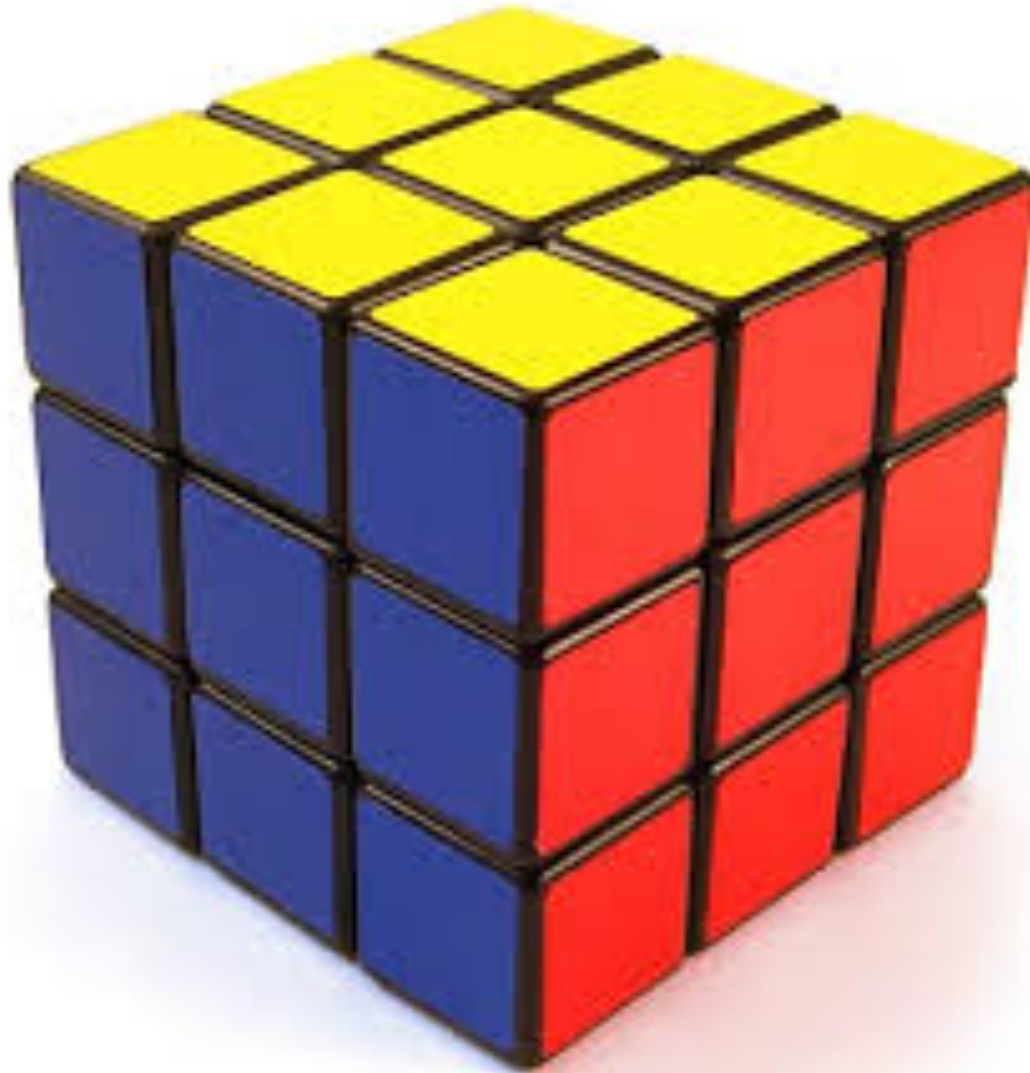
- 939,600 in 2014
  - 980,917 in 2015
  - 1,090,340 in 2016 = 11.6% increase
- 
- These keep patients at home & out of hosp

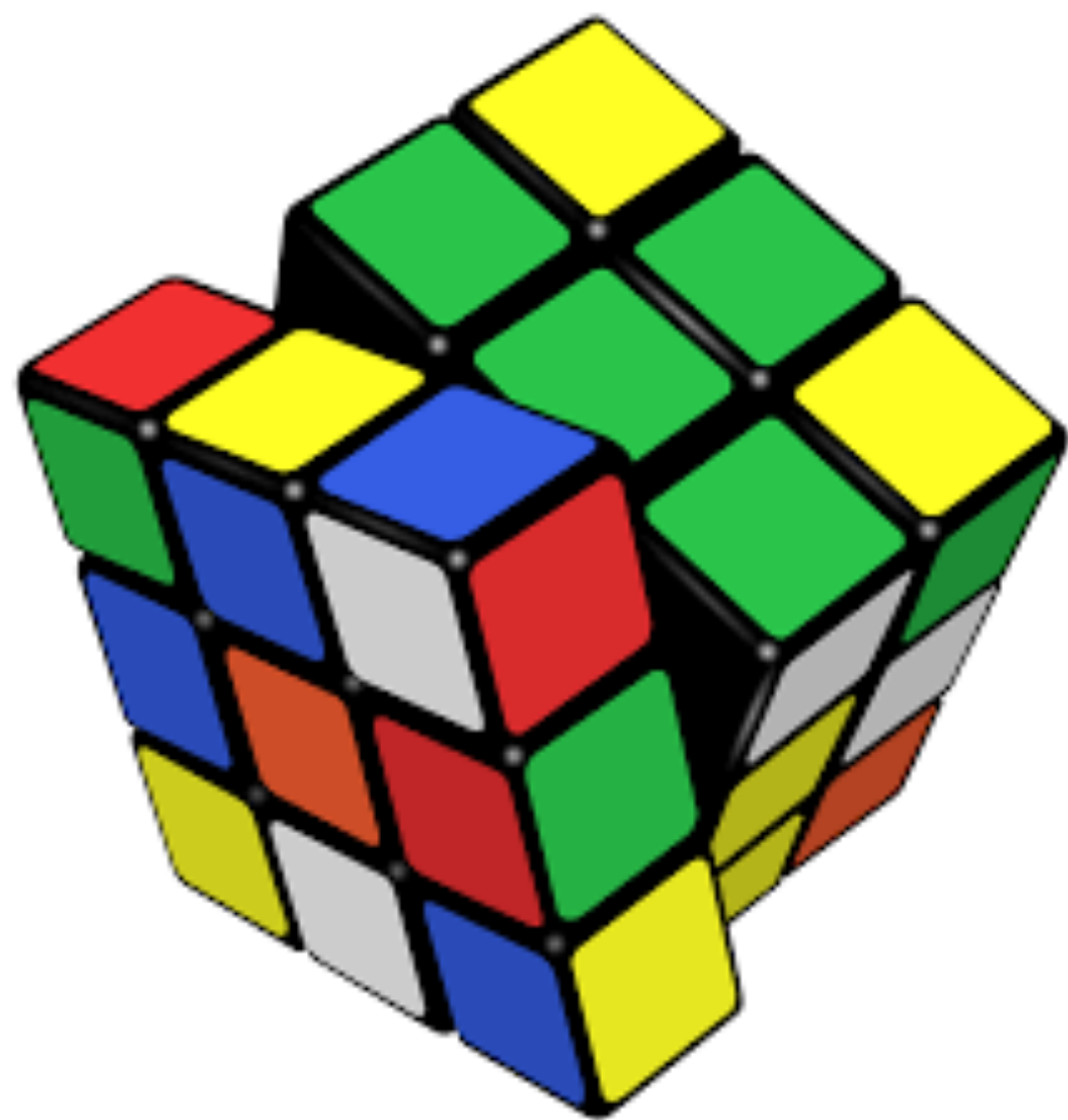


## CIT and LICC shows that:

- Primary Care and Secondary Care can work together
- Can create business structure at the interface
- Can think/work as whole system – not silos
- Can integrate care

**Healthcare is a Rubik Cube**





# Why the interface matters?

- Most risk is here: **In Acute Care:**

612 on Trolleys Jan 5th 2017

691 Delayed Discharges 8<sup>th</sup> Oct 2016

## **In Scheduled Care:**

1m OPD referrals in 2015

530,000 on OPD W/L July 2016

80,000 waiting > 1 year

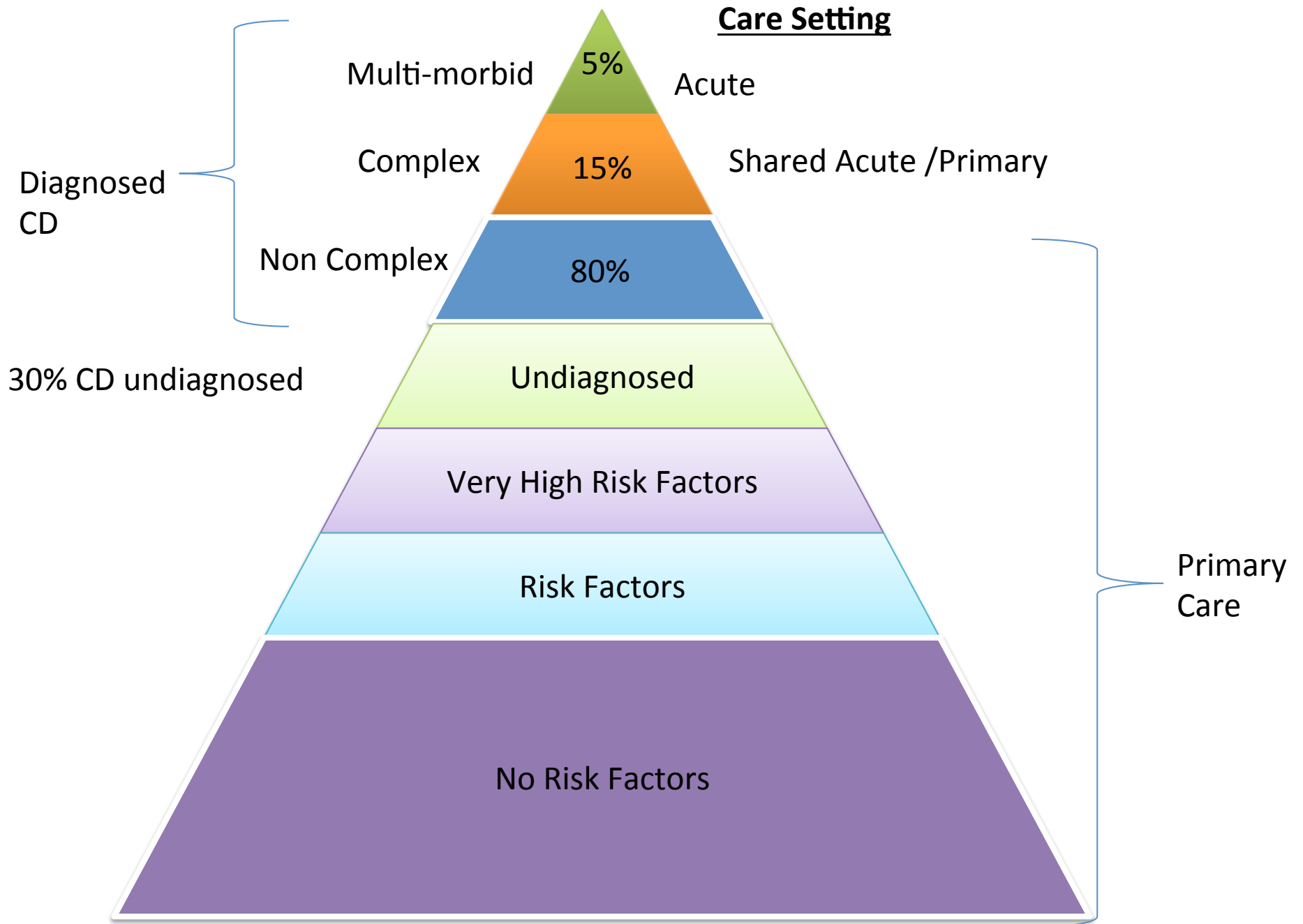
**MOST OF THESE HAVE CHRONIC DISEASE**



# Chronic Disease is the major driver of demand

- 1 m with COPD/Asthma/CVD & Diabetes
- 75% of bed days
- 40% admissions to hosp
- 55% of hosp costs
- CD growing by 4% per year
- Pro-active care of CD in the community reduces hospital referrals

# Population Health Pyramid



# How can RNs help improve primary care?

The nation's 3.7 million registered nurses (RNs) are the ideal team members to help expand primary care capacity, but a number of barriers must be overcome.

## TODAY

Focused on patient triage

Practice restricted by state laws and healthcare organizations

Education centered on inpatient and acute care

## TOMORROW

Responsibilities include chronic care management, care coordination, and preventive care

Practicing to the full extent of licensure

Curricula balanced between acute and primary care instruction



Download recommendations on *Preparing Registered Nurses for Enhanced Roles in Primary Care* at [macyfoundation.org](http://macyfoundation.org)



# Joined-up care

## No admissions to AMAU in 3 yrs





# CONCLUSIONS?

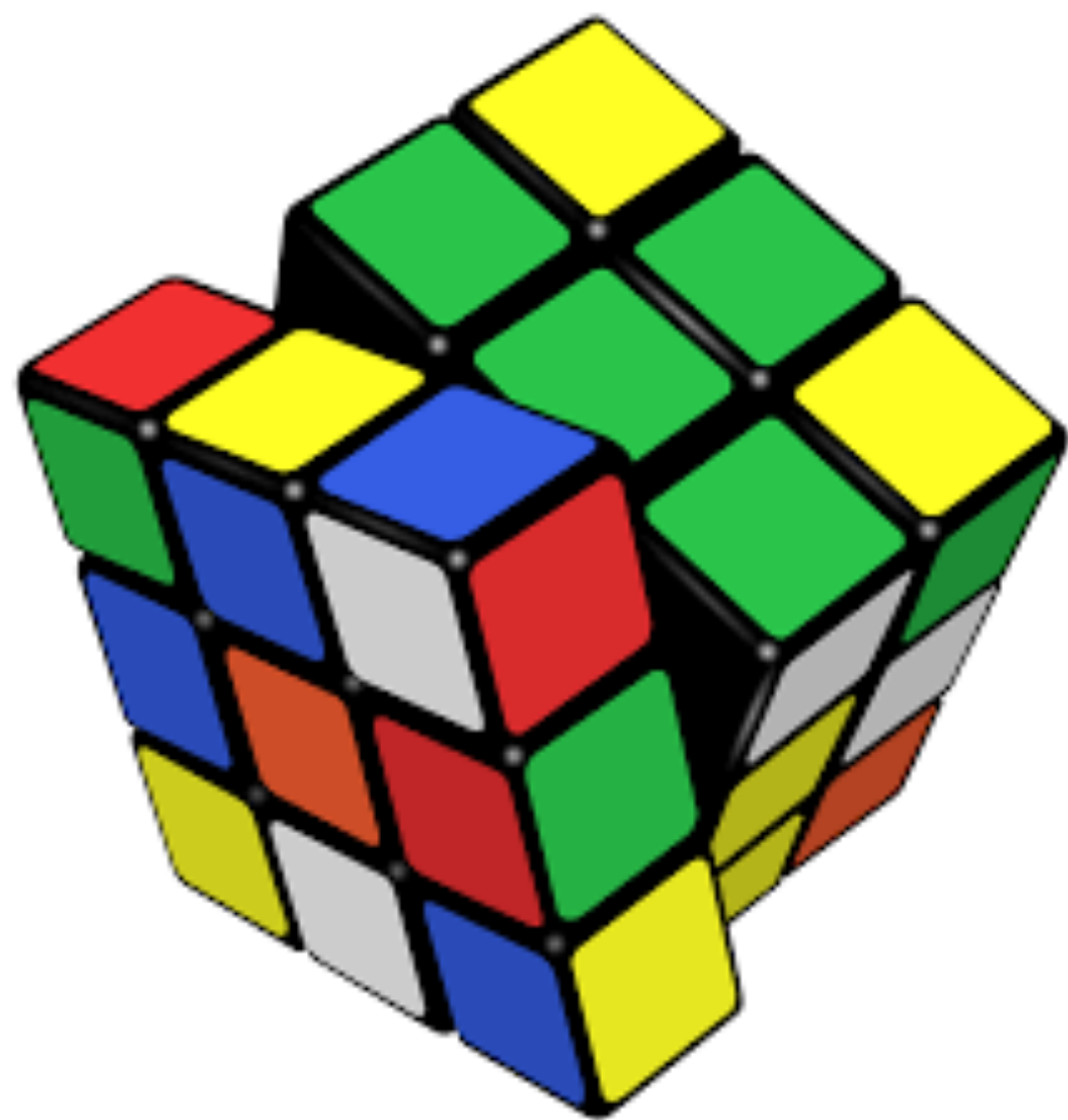
Transitional Funding

Ring fenced

10 Year Oireachtas support

# The Primacy of the Patient





# PC can take the reins

- The primacy of Hospitals is over
- The Era of Primary Care has arrived
- General practice can lead the change

New GP Contract is critical  
CDM

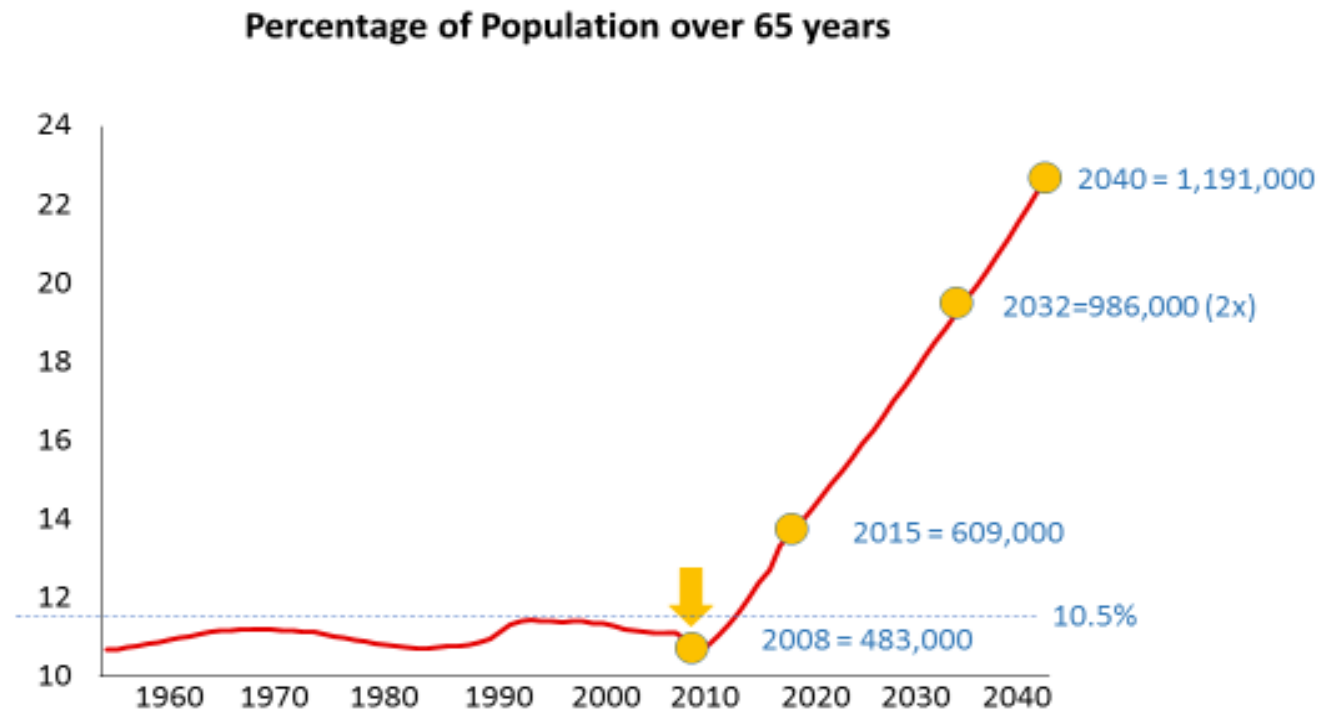
# The 8 steps for change to PC

- **Funding:** GP Contract Transitional Funding
- **Vision & Mission:** Farmleigh Principles
- **Clinical leadership** of team
- **Capacity:** Manpower, Training, Infrastructure
- **Integration** with SC: LICC, Streaming, ICT, SCR
- **Incentives** for activity: CDM, end-of-life-care, CIT, OOH, VC Role of Health Insurers
- **Incentives** for outcomes: Vaccination = 95%
- **Time** timeframe 5-10 years **COURAGE!**



# Demographics: The Imperative for change

Over 65s. Courtesy: Dr Austin Byrne IMO  
OECD.stat Historical population data and projections (M2F2) 1950-2040 Ireland



# The imperative of demand: Coming soon to a hospital near you



only a decisive shift to PC can fix this

# Final reflections on change

**“ All truth passes through 3 stages:**

**First, it is ridiculed.**

**Second, it is violently opposed.**

**Third, it is accepted as self-evident”**

**Arthur Schopenhauer (1788-1860)**