

A CEO perspective on the future provision of healthcare in Australia

As people continue to live longer and longer, it's no surprise that the healthcare system across Australia is facing considerable strain.

With factors such as a steadily ageing population, evolving technology and an increase in chronic long-term diseases set to shape healthcare delivery, what steps can the sector take to confidently lead change and prepare for the increasing demand for health services in the future?

Ahead of [Health Facilities Design and Development 2017](#), two CEOs in the NSW Healthcare sector share insights into the approaches they are each using to manage the increasing demand on systems to ensure quality provision of healthcare services now and in the years to come.

Re-thinking the best use of healthcare facilities in the realm of population health



Janet Compton, Chief Executive, Southern NSW

The evolution of healthcare: what's driving change?

“The biggest factor that is going to challenge us in the healthcare sector in the future is chronic disease, particularly people with multiple comorbidities. For a lot of people, this will be driven by lifestyle choices. As people get older, they are going to bring an increasing burden on the health sector.”

Taking an integrated approach to healthcare

“When communities think about healthcare, they think about hospitals and measure the quantum of their healthcare around the number of beds available. But in fact, we need to communicate to the community that healthcare is an integrated approach to how people live their lives and also how they receive healthcare. We need to move towards a more integrated model that emphasises the use and role of the community in healthcare.



More care should be provided in the community – in people’s homes and in community based facilities, not just in what we traditionally see as healthcare facilities. This is a real challenge for healthcare providers who are connected to hospitals. But it is also a challenge for the community to understand that good healthcare isn’t just available in hospital, it is available anywhere in the community.”

Future proofing facilities to be flexible in design

“We are in the very early stages of the journey of understanding what integrated and community care means. Our first area of focus is defining what integrated care looks like and how we can design the right change agendas to move people into this way of thinking.

Our aim is find new ways to use facilities to engage a different way of thinking about the provision of health services – and I don’t have the answer to this. But the value of having these discussions within the sector will help us morph healthcare into what we need it to be.”

The role of technology in a new model of care

“One of the areas I am fascinated in, is how we can use technology to help people monitor and manage their own health. For example, we have seen an upsurge in Fitbits and other apps which help people monitor how they live their lives. We need to look at how we can translate these kinds of apps to give people ownership of their own health and also how to use technology to manage increasing symptoms from chronic and obstructive diseases. There are a whole lot of options and a number of innovations around the world already helping this to be achieved in healthcare.”

Designing health facilities based on the patient experience

“The design of how services are provided is usually centred on the needs of professionals. We design our outpatient and emergency wards around what the best ways are for us to work in the system.

Instead, we should be asking the patients or consumers about their experience and how we can improve that experience. It shouldn’t be so much around the needs for us as healthcare providers, but around the systems that need to be in place for consumers.

One of the things we’re going in the redesign of the new Goulbourn Hospital is running a whole set of user groups which involves consumers coming into the new facility and having conversations with us around their experiences. We will then use that feedback to design the facility.”





HEALTH FACILITIES DESIGN & DEVELOPMENT

Taking an integrated approach to healthcare delivery



Wayne Jones, Chief Executive, Northern NSW Local Health District

Investigating alternative, cost effective models of care

“Our primary focus is on integrated care, predominantly looking at the interface between acute community and primary healthcare models. Currently the designs of a lot of our capital work buildings are models of care that create an acute primary care interface.

A lot of our models of care are built on trying to prevent people from needing hospitalisation or working with people who have brief exposure to hospitals. This is usually through an outpatient department or clinic environment, or an opportunity where there is an acute community where the staff and patients deal with each other on a regular basis. This means there is familiarity between the acute workforce and inpatients, and the workforce can manage these patients in an interface community primary health environment.

The bulk of the models we’re looking at are integrated care and working with the primary healthcare sector. Anything that allows us to reduce the demand on inpatient beds is cost effective for us. We also need to ensure the platform we have is safe and high quality for patients, regardless of the model of care we’re working with.”

Designing and delivering digitally enabled facilities

“In order to design digitally equipped healthcare facilities, there needs to be improved communication between all partners and stakeholders in health. The Federal Government’s My Health Record is a great step in the right direction. Compared to the international landscape, My Health Record is going further than just the Electronic Medical Record (EMR) and looking at the entire health record of an individual.

We need to have a process that allows all stakeholders involved in the patient journey to input information into the My Health Record. For us, part of this involves the digital platform we are currently working on with our GP partners called an admission and discharge notification.



We're in the process of developing an interface so that if a patient comes into a hospital, then their GP is notified via an alert that their patient has been admitted. There is also a process involved where they can make contact with the acute sector and talk about their patient's condition, current medications and so on. This provides better continuity of care and improved clinical care. It's not only an efficient way of managing care between all stakeholders; it's also providing better patient care."

"The fundamental difference between what we built with bricks and mortar 20- 30 years ago compared to today, is ensuring that digital connectivity is available and is built to be upgraded and diversified without having to tear it down. It is important to ensure these facilities have the access and capacity to build digital frameworks.

The days of defining healthcare in acute sectors as a bed, a doctor and a nurse has changed dramatically. It now involves computers which connect those acute care services with contemporary primary healthcare sectors. The biggest factor moving forward is the digital interface with stakeholders and enabling services to be built around as much a digital platform as a clinician."

Creating user centric facilities for improved patient outcomes

"It is important to ensure that clinicians and consumers are engaged from the get go. In the past, we have experienced issues where the predominance of planning has been by the builders, planners and architects. We have realised there is certainly improvement on that model.

The current arrangement of building health facilities is based around engagement with consumers, clinicians and all stakeholders involved to ensure the design and scope reflects the practices of what we need today, but also the challenges people think they might face in the future.

If you can build scope within your facility that allows for future proofing and modest redesign for growth in demand, then you are already a step ahead of what we were doing 20 or 30 years ago."

Interested in learning more?

Join Wayne and Janet at Health Facilities Design and Development at Australian Healthcare Week 2017 where they will be taking part in a panel discussion exploring:

- Opportunities for public private partnerships to deliver innovative and cost effective models of care
- Examining infrastructure delivery models and privately operated public facilities
- Delivering the benefits of digital healthcare and avoiding costly mistakes
- Investing in new innovative models of integrated care



For more information visit <http://hfdd.austhealthweek.com.au> or call +61 2 9229 1000 or email enquire@iqpc.com.au

Fast track your attendance by simply filling in [this form](#) and emailing it back to registration@iqpc.com.au

Why attend Australian Healthcare Week 2017?

"I'm looking forward to Australian Healthcare Week because it allows me to engage with others. A lot of us are on the journey of redesign and building facilities that meet the current demands and future capacity for the future.

Australian Healthcare Week allows people with the same challenges to sit down and learn from each other and I'm very much looking forward to it."

Wayne Jones

"Australian Healthcare Week provides the opportunity to see a lot of different approaches to what is happening and how healthcare can be better provided."

Janet Compton