The Coordination of Health Care Study: Local level reporting on patient experiences of coordination and continuity of care

Rural and Remote Health Scientific Symposium

Claire Sparke
Who we are

• Independent national data agency

• 400 staff in Canberra and Sydney, skilled in:
  
  ✔ statistical analysis  ✔ epidemiology & demography
  ✔ information development  ✔ data management
  ✔ communication  ✔ public sector administration

• Data partnerships with national and global experts and agencies
What we do

- Provide regular, reliable and relevant information and statistics using a person-centred data approach
- Collect, analyse and report on comprehensive data from a range of sources
- Develop and maintain national metadata standards, performance indicators and targets for national agreements
Our *Strategic directions 2017–2021* include the goals of being:

1. Leaders in health and welfare data
2. Drivers of data improvements
3. Expert sources of value-added analysis
4. Champions for open and accessible data and information
5. Trusted strategic partners
Why is coordination of health care important?

‘Person-centered’ care

Management of chronic and complex conditions

Multiple health care providers

Active participation in own health care
Coordination of Health Care Study background

• Study commissioned by the National Health Performance Authority (NHPA) in 2015 (later transferred to AIHW)

• NHPA independently reported on 48 indicators in the Performance and Accountability Framework, agreed by all Australian governments in 2011
Continuity indicator ‘to be developed’ in the Performance and Accountability Framework:

- No indicator prescribed
- No available national data source
- Data collected from the Study to be a national source for reporting
New Australian Health Performance Framework includes continuity of care as a domain for health system performance.
The Coordination of Health Care Study

Study has 2 parts:
1. Survey of Health Care
2. Data linkage using MBS, PBS, and hospital data (including admissions and ED)

Results:
→ First release of national results (joint publication between the AIHW and ABS) in September 2017
→ Selected findings for rural and remote Australians – April 11 2018
→ Primary Health Network (PHN) area results proposed for July 2018
Survey of Health Care

MBS and PBS linkage

Hospital linkage

Department of Health Human Research Ethics Committee
Approval August 2015

Department of Health Data Request Assessment Panels (DRAP)

Department of Human Services External Request Evaluation Committee (EREC)

States and territories
- Ethics committees
- Data linkage units
- Data custodians

AIHW
- ABS and AIHW MoU
- Project Executive Group
- Ethics Committee
- Report Advisory Committee
  - Project working group
  - Internal peer and statistical review
- Performance and Accountability Framework Jurisdictional Advisory Group
- Relevant legislation, including AIHW Act 1987 and ABS Act 1975
Survey of Health Care

• Oversampling method included people with 12+ GP visits
• 35,495 participants (29% response rate)
• Statistically robust reporting for the 31 PHN areas in Australia

Sampled people:
- 45 years and over
- At least 1 GP visit in year before sampling
Survey of Health Care

Asked about:

✔ Health status

✔ Use of health services and barriers to access

✔ Usual GP or usual place of care

✔ Experiences with GP, including perceived quality of care

✔ Information sharing between health care providers
# Demographics

<table>
<thead>
<tr>
<th>Area</th>
<th>45–64 years</th>
<th>English is main language</th>
<th>Education: Bachelor degree or higher</th>
<th>Excellent, very good or good self-assessed health status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>60%</td>
<td>86%</td>
<td>27%</td>
<td>82%</td>
</tr>
<tr>
<td>Inner regional</td>
<td>56%</td>
<td>97%</td>
<td>17%</td>
<td>81%</td>
</tr>
<tr>
<td>Outer regional</td>
<td>58%</td>
<td>97%</td>
<td>14%</td>
<td>80%</td>
</tr>
<tr>
<td>Remote/Very remote</td>
<td>61%</td>
<td>96%</td>
<td>12%</td>
<td>78%</td>
</tr>
</tbody>
</table>

AIHW analysis of ABS 2016
Use of primary health care

Whether has a usual GP

Per cent

Major cities

Inner regional

Outer regional

Remote/Very remote

Whether has a usual place of care

Per cent

Major cities

Inner regional

Outer regional

Remote/Very remote

Whether had a health professional with a good understanding of health care needs and preferences

Per cent

Major cities

Inner regional

Outer regional

Remote/Very remote

AIHW analysis of ABS 2016
Information sharing between providers

**ED to GP**

- Seemed informed
- Did not seem informed

**Hospital to GP**

- Seemed informed
- Did not seem informed

**Specialist to GP**

- Seemed informed
- Did not seem informed

- Major cities
- Inner regional
- Outer regional
- Remote/Very remote

AIHW analysis of ABS 2016
Information sharing between providers: ED to GPs

Whether usual GP or usual place of care seemed informed of follow up needs or medication changes after most recent ED visit, by remoteness, 2016

AIHW analysis of ABS 2016
Barriers to access: GPs

All reasons for not seeing a GP when needed, by remoteness, 2016

AIHW analysis of ABS 2016
Barriers to access: specialists

All reasons for not seeing a specialist when needed, by remoteness, 2016

AIHW analysis of ABS 2016
Barriers to access: tests, x-rays and scans

All reasons for not getting a test, x-ray or scan when it was ordered, by remoteness, 2016

AIHW analysis of ABS 2016
Barriers to access: seeing a health professional (excluding GPs, specialists and nurses) for emotional or psychological health

All reasons for not seeing a health professional for emotional or psychological health when needed, by remoteness, 2016
Barriers to access: seeing a health professional for physical health

All reasons for not seeing a health professional for physical health when needed, by remoteness, 2016

AIHW analysis of ABS 2016
## ED attendances in the last 12 months

<table>
<thead>
<tr>
<th>Region</th>
<th>Went to an ED</th>
<th>Did not go to an ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>17%</td>
<td>83%</td>
</tr>
<tr>
<td>Inner regional</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Outer regional</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Remote/Very remote</td>
<td>26%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Main reason for ED attendance

- Condition was serious or life threatening
- Told to visit ED by nurse or doctor
- Waiting time to see a doctor or other health professional
- GP not available when required
- Cost of going to the doctor
- Preferred GP not available
- Other

Main reported reason for attending ED in the last 12 months, adults 45 years and older, by remoteness, 2016

AIHW analysis of ABS 2016
Further information


→ Selected findings for rural and remote Australians to be released April 11 2018 on the AIHW website

→ Coordination of Health Care Study: Patients’ experiences with GP care 2016 due for release July 2018

→ Email: coordinationofhealthcarestudy@aihw.gov.au

→ AIHW website (includes enquiry form, email notification services and news feeds): [www.aihw.gov.au](http://www.aihw.gov.au)

→ My Healthy Communities website: [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

→ Twitter: @aihw
References


