

Public Health Challenges & Priorities for Tasmania

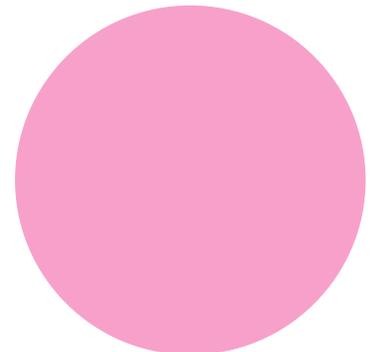
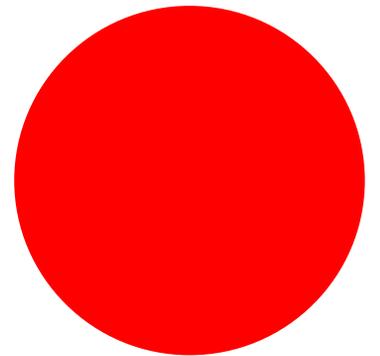
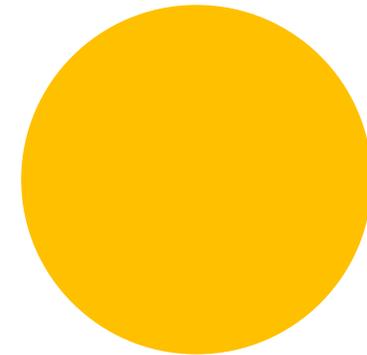
Dr Shannon Melody

Dr Jodi Glading

Tasmanian Data Linkage Unit Symposium

Linked Data in Action: Supporting Service Improvement

5th December 2018



Outline

- The health of the Tasmanian population
 - Who we are?
 - What determines our health?
 - What conditions do we live with and die from?
- What are we doing to improve outcomes?
 - Local and national agenda



What
determines
our
health?

Age, sex,
constitutional
factors



Our Population

- 509,965 people
 - 51.1% female
 - 48.9% male
- Median age 42 years
- 4.5% identify as Aboriginal and/or Torres Strait Islander
- 13% born overseas
- 2/3 of our population live in inner regional cities or towns
- 1/3 live in outer regional or remote Tasmania
- Fertility rate 1.92

Source: AIHW, MyHealthyCommunities: user-generated report for selected measures, 2014-15

What determines our health?

Age, sex, constitutional factors



Tobacco smoking

Alcohol misuse

Overweight & obesity

Physical inactivity

Lifestyle factors



Drivers of poor health outcomes

- Smoking

- Second highest smoking prevalence in the country
- Current smoker: 19.3%
- Smoking in pregnancy: 15.2%
- Smoking in pregnancy among Aboriginal women: 38.5%

Source: AIHW, MyHealthyCommunities: user-generated report for selected measures, 2014-15

Drivers of poor health outcomes

- Alcohol misuse
 - Exceed lifetime alcohol risk guidelines: 19.1%
- Physical inactivity
 - Insufficient weekly physical activity: 58.5%
- Overweight and obesity: 65.9%

Source: AIHW, MyHealthyCommunities: user-generated report for selected measures, 2014-15

What determines our health?



Social, economic & environmental factors

Age, sex, constitutional factors



Tobacco smoking

Alcohol misuse

Overweight & obesity

Physical inactivity

Lifestyle factors



Our social, economic & environmental determinants

- Unemployment
 - Employment rate 25-64 year old: 74%
- Educational attainment
 - Not in education or employment and without qualification rate 19-24 year old: 13.8%
 - Low achieving year 9 students (NAPLAN): 27%
- Housing stress
 - Rental stress (share of bottom 40% of income earners): 26%
- Seasonal periods of poor ambient air quality

Source: Grattan institute 2018, State Orange Book 2018

A vibrant, stylized illustration of a park scene. In the foreground, a blue river flows through a green landscape. People are engaged in various activities: a person on a bicycle, a person walking a dog, a person sitting on a bench, a person holding a beach umbrella, a person playing with a ball, a person holding a balloon, a person walking, and a person standing. There are also several cars on the road, including a red car, a yellow car, a pink car, and an orange car. In the background, there are green hills, trees, a factory with smokestacks, and city buildings. The overall scene is lively and depicts a community enjoying a day in the park.

Health
system
access, use
and
navigation

EACH DAY IN TASMANIA



15 babies are born

7,720 see a GP

7 people are diagnosed with cancer

400 present to a public Emergency Department

306 public hospital admissions

4 premature deaths (<75 years)

2 potentially avoidable deaths

13 people die

32 potentially preventable hospitalisations

How we navigate the health care system

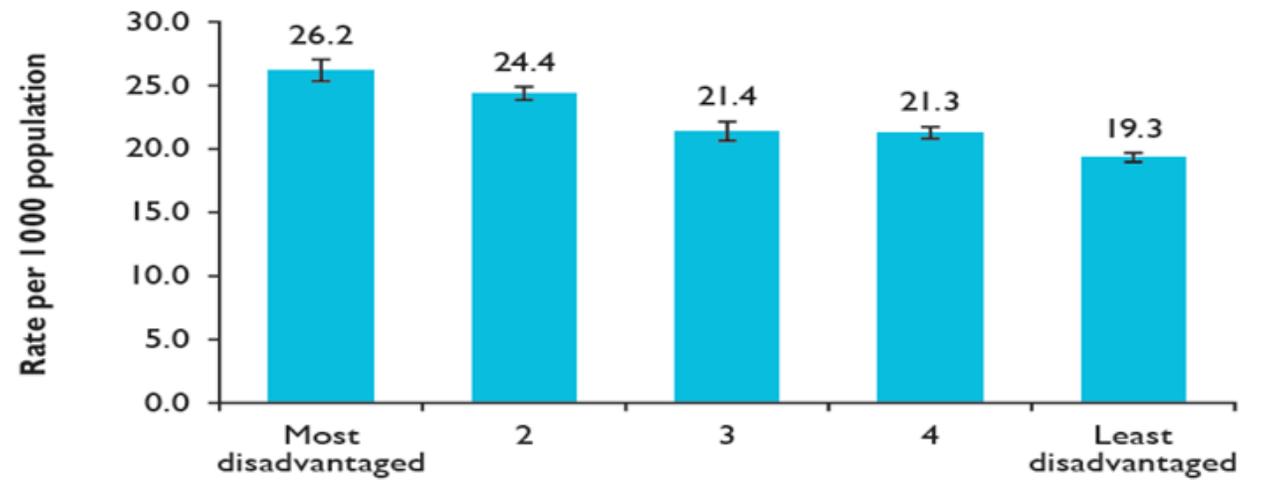


Figure. Potentially preventable hospitalisations by socioeconomic status Tasmania 2009-11

Source: State of Public Health Report 2013



What conditions do we live with?

- 82% report good, very good or excellent health
- Chronic disease & multimorbidity
 - 50% have 3 or more chronic health conditions
- Most commonly
 - Mental health conditions, arthritis, hypertension, asthma, diabetes, cardiovascular disease and COPD

Source: Australian Bureau of Statistics, 2014-15 Australian Health Survey



What conditions do we die from?

- Life expectancy
 - 78 years for men
 - 82 years for women
- Age-standardised death rate decreasing over time
- Leading causes of death: cancer, cardiovascular and respiratory disease

Source: ABS, Causes of deaths, Australia 2016

How are
we
improving
outcomes?



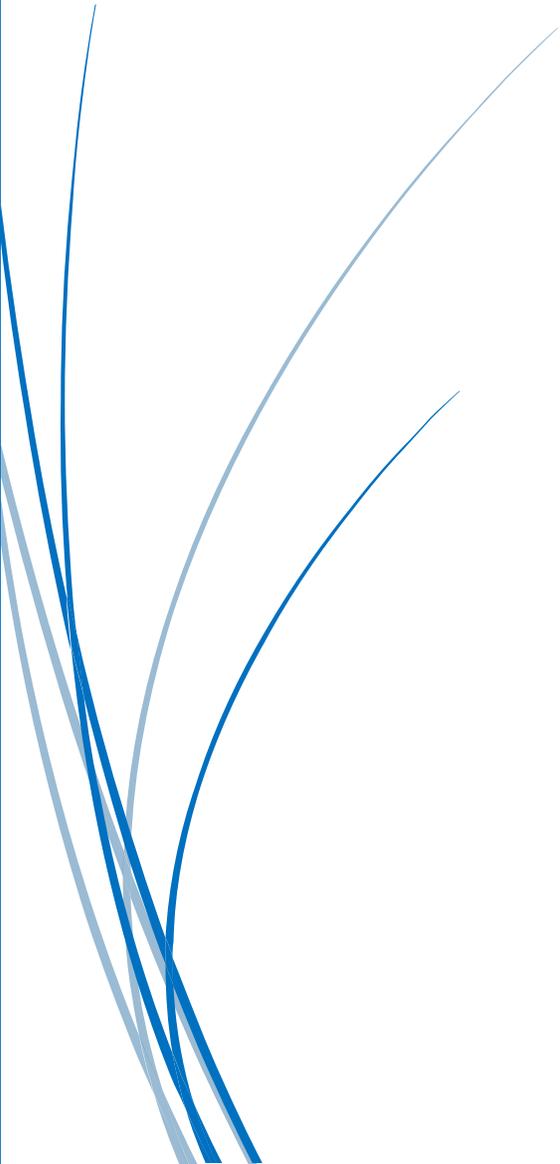
Nationally

- Atlas of Variation
- National Health Reform Agreement
- Medical Research Future Fund

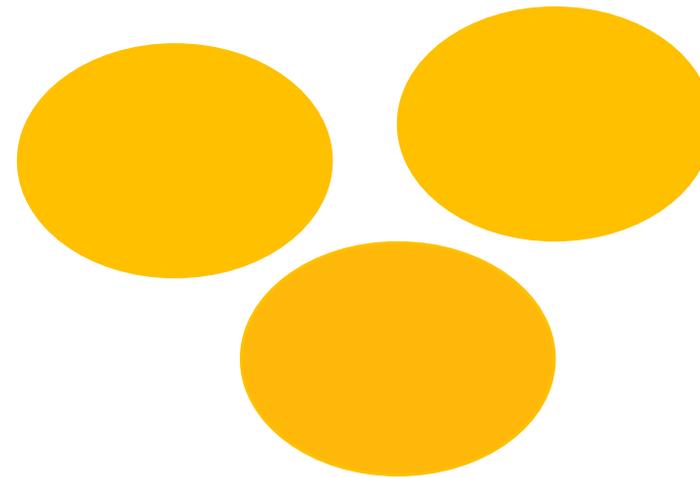
Tasmania

- Statement of Purchaser's Intent
- Complexity Framework
- Tasmanian Wellness Framework
- Quality Governance Framework





National Agendas



Limiting Unwarranted variation



Identifies variation in the use of health care by mapping care given to where people live

Gives possible reasons for variation to prompt investigation

Links to national and International resources

Limiting
Unwarranted
Variation

The First
Australian Atlas
of Healthcare
Variation

2015



First Atlas

Priority Areas

- Antimicrobials
- Psychotropic medicines
- Fibre optic colonoscopy
- Knee arthroscopy
- Hysterectomy and endometrial ablation
- Cataract surgery

Limiting
Unwarranted
Variation

The Second
Australian Atlas
of Healthcare
Variation

2017



Second Atlas

Priority Areas

- Hysterectomy and endometrial ablation
- Chronic conditions (COPD, diabetes complications)
- Knee replacement.
- Chronic conditions and cardiovascular conditions, particularly in:
 - Aboriginal and Torres Strait Islander Australians
 - People living in remote areas
 - People at most socioeconomic disadvantage

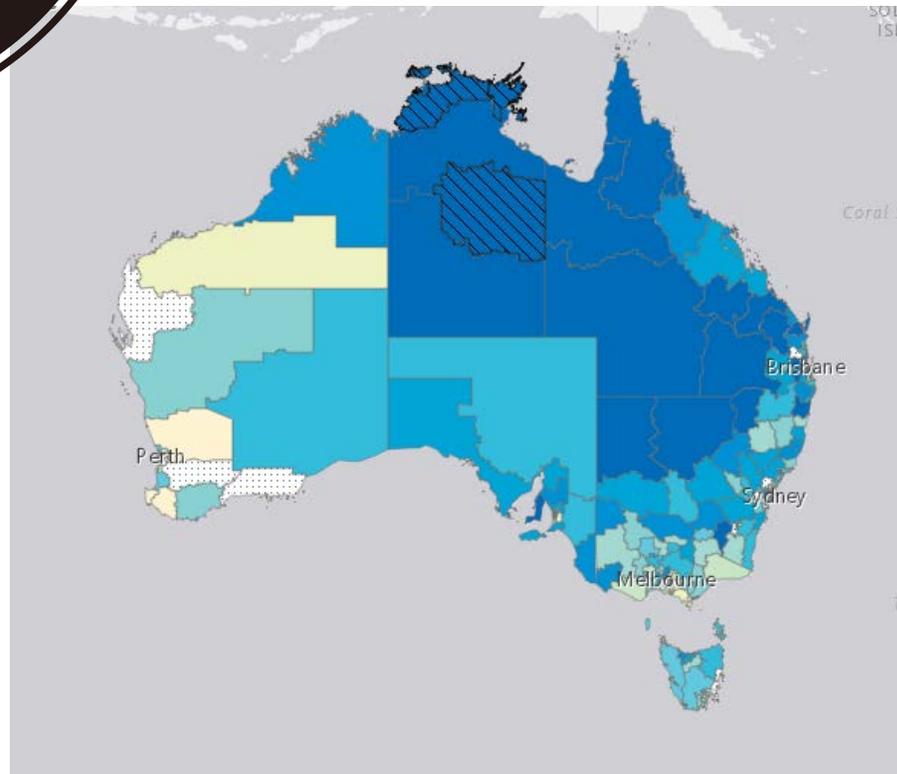
Limiting
Unwarranted
Variation

Interactive Atlas

Chapter 2: Cardiovascular conditions

2.1 Acute myocardial
infarction admissions

2.2 Atrial fibrillation



National Reform

National Health Reform 2020-2025 Objectives

- Emphasis on outcomes that matter most to communities
- Improve the quality and effectiveness of health services and health technology
- Create incentives to reduce waste and inefficiencies



National Reform

National Health Reform 2020-2025 Objectives

- Improved provision of GP and primary care services and better integration with health services
- Improved coordination for people with chronic and complex needs
- Work with aged care and disability sectors to deliver better outcomes
- Respond to the needs of communities through collaboration between LHN and PHN
- Improve access to and use of data to support service delivery





National Reform

National Reform Strategic Priorities

- Improving efficiency /ensuring financial sustainability
- Delivering safe, high-quality care (right place, right time) including :
 - Nationally cohesive health technology assessment;
 - Paying for value and outcomes; and
 - Joint planning and funding at a local level.



National Reform

National Reform Strategic Priorities

- Prioritising prevention and helping people manage their health across their lifetime including:
 - Empowering people through health literacy; and
 - Prevention and wellbeing; and
- Driving best practice and performance using data and research to enhance health data and comprehensive public reporting.

Medical Research Future Foundation

National Research Priorities

- Strategic and International Horizons
 - One Health - Antimicrobial Resistance
 - Global Health and Health Security
 - Aboriginal and Torres Strait Islander Health
 - Ageing and Aged Care
- Data and Infrastructure
 - Digital Health Intelligence



Medical Research Future Foundation

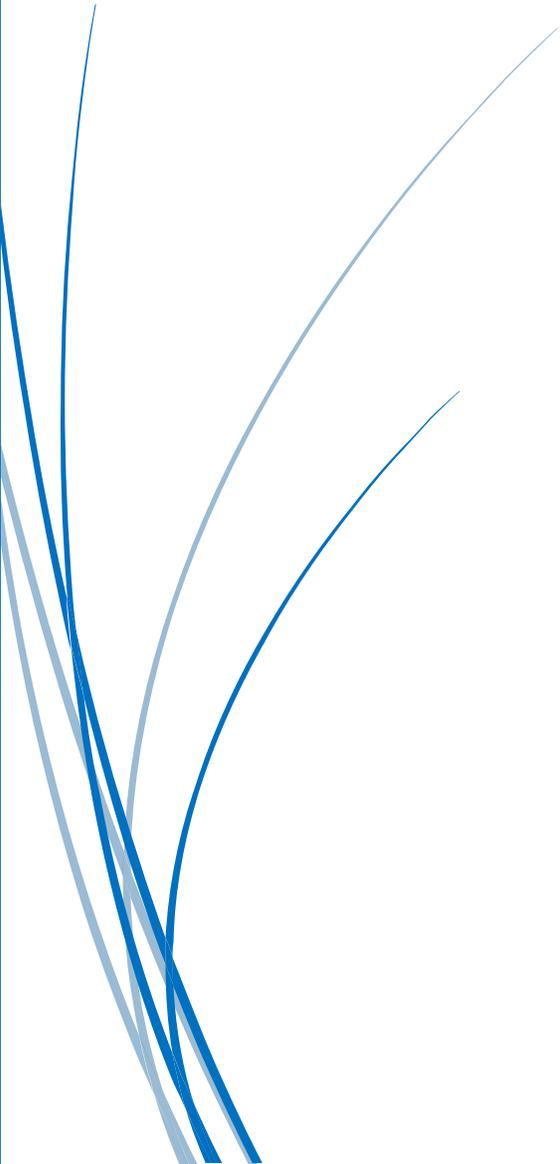
National Research Priorities

- Health Services and Systems
 - Comparative Effectiveness Research
 - Primary Care Research
- Capacity and Collaboration
 - Clinical Researcher Capacity
 - Consumer-Driven Research
- Trials and Translation
 - Drug Repurposing
 - Public Health Interventions
- Commercialisation
 - Translational Research Infrastructure

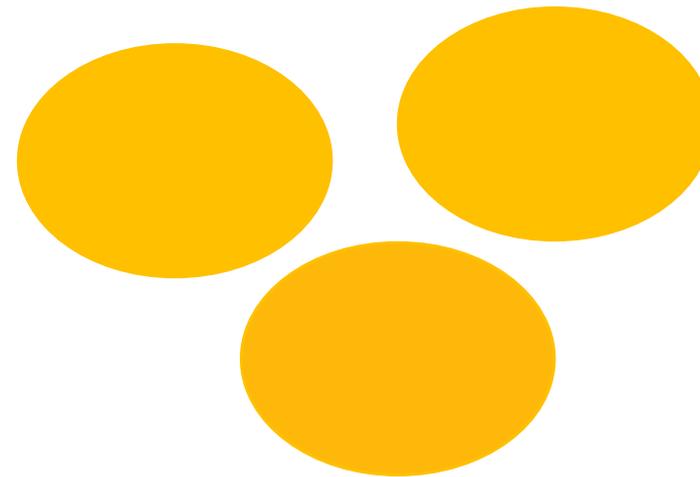


Medical Research
Future Fund

AUSTRALIAN MEDICAL RESEARCH
AND INNOVATION PRIORITIES
2018-2020

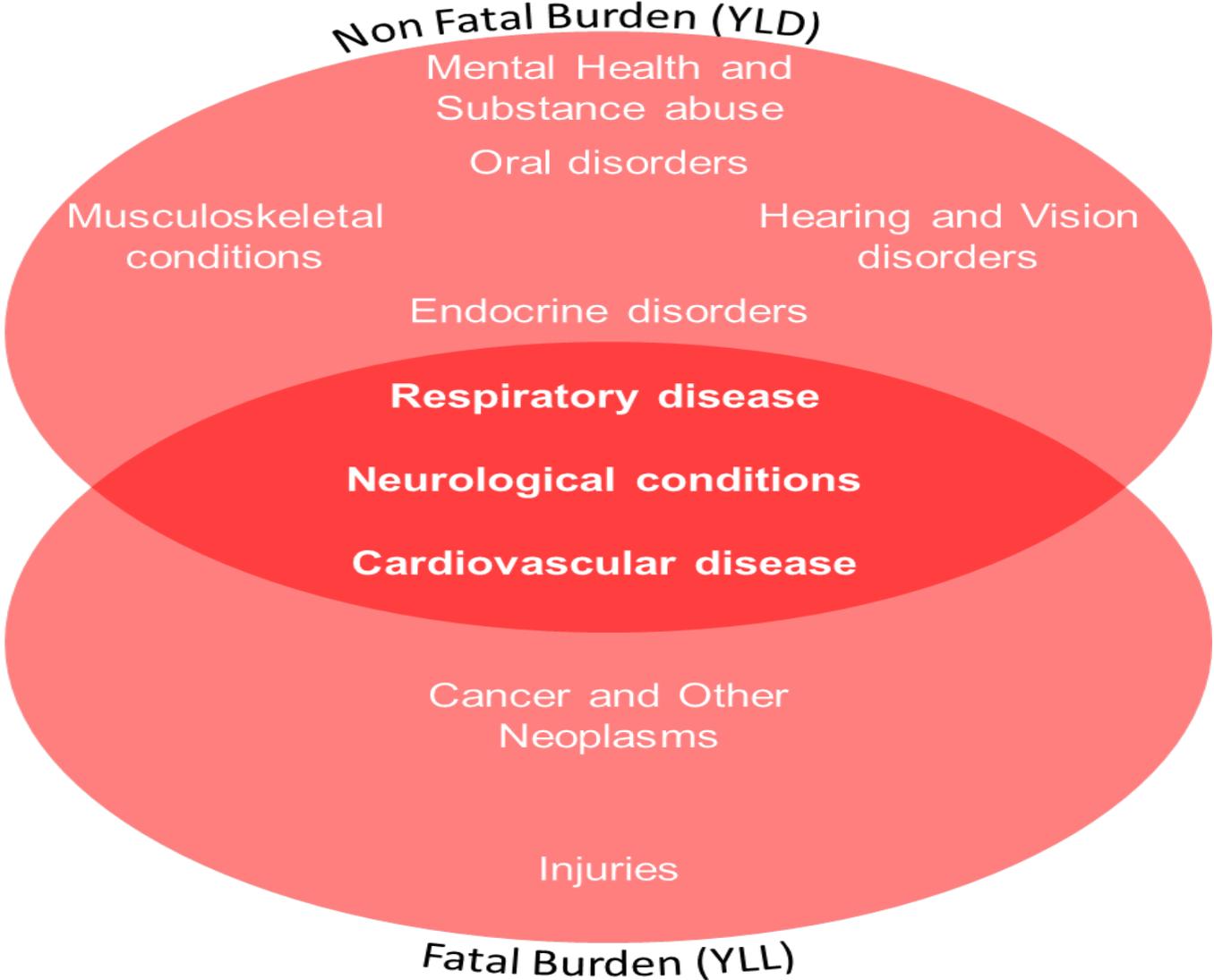


Tasmanian Agenda

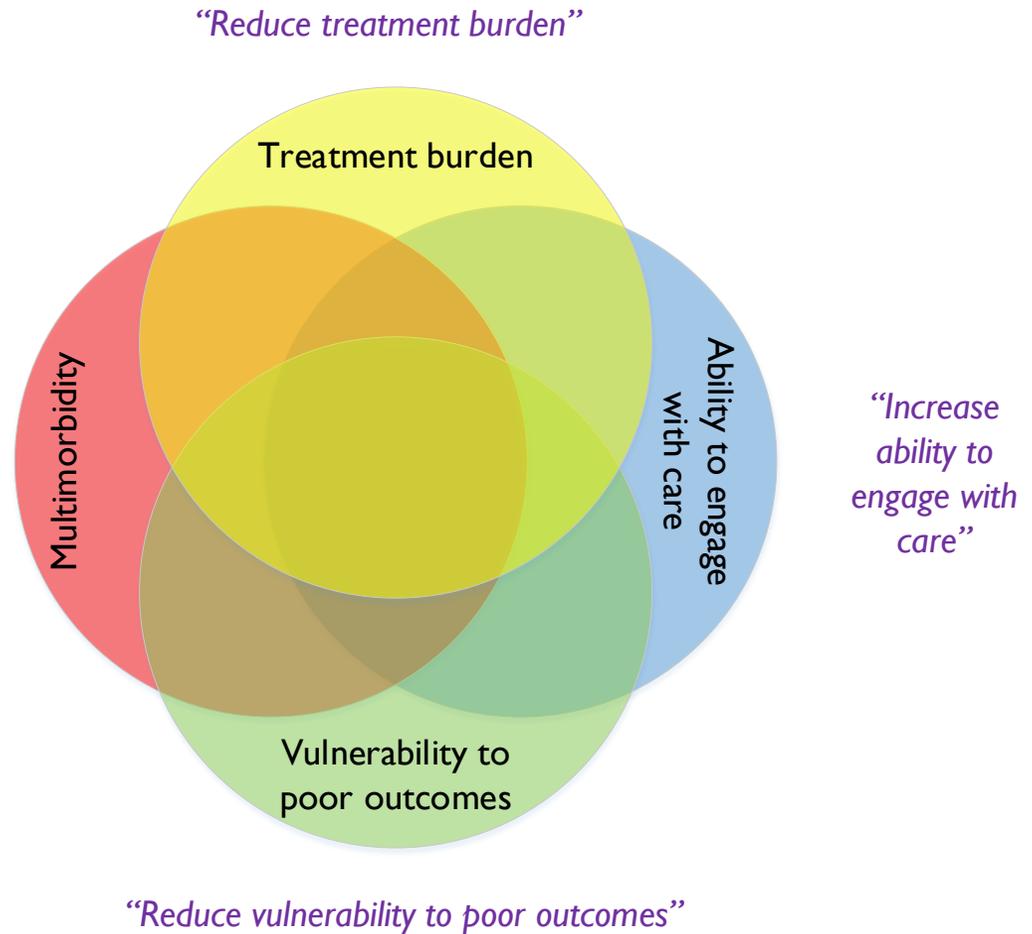


Statement
of Planning
Intent

“Target high burden conditions”



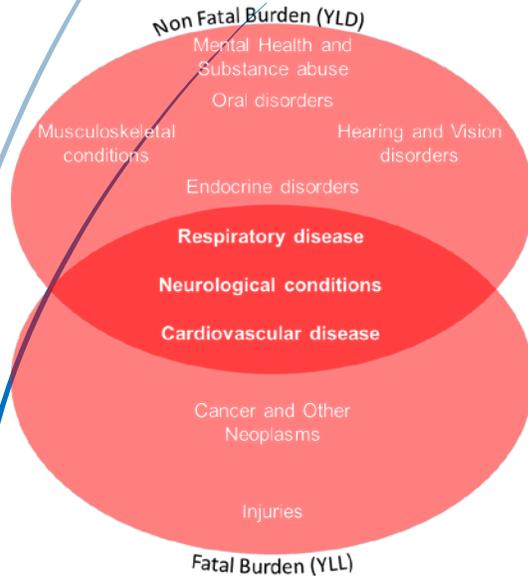
Complexity Framework



Health Planning Unit

Statement of
Planning
Intent

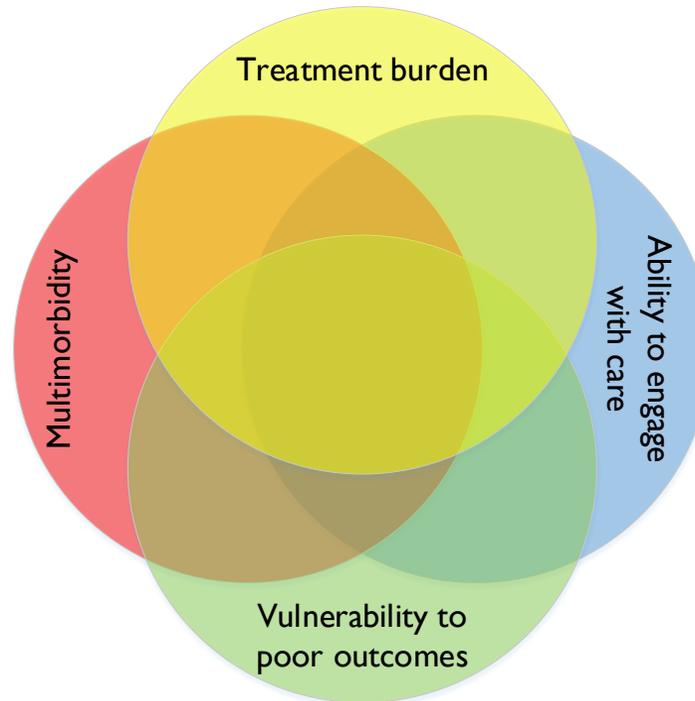
“Target high burden conditions”



*“Improve
management of
multiple high
burden
conditions”*

Complexity
Framework

“Reduce treatment burden”



“Reduce vulnerability to poor outcomes”

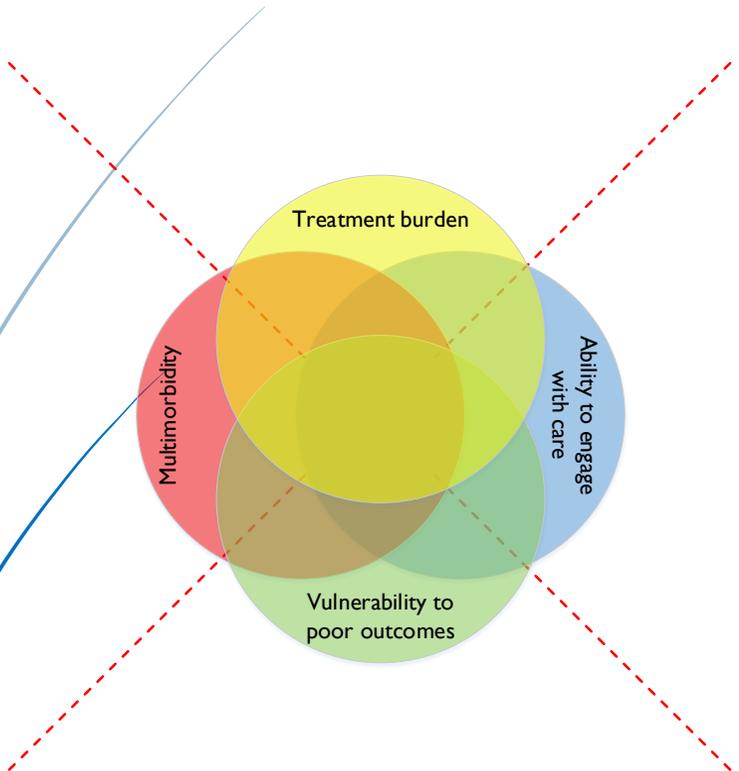
*“Increase
ability to
engage with
care”*

Capability
Framework

*“Balance delivery
of care along the
continuum”*



Complexity Framework



Linking new and old

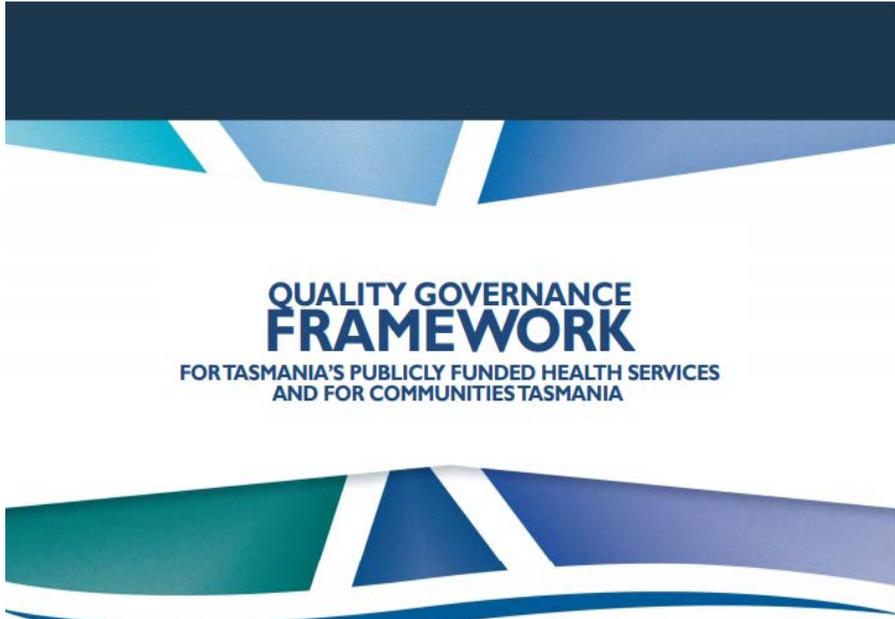
Tasmanian Wellness Framework



- Develop and improve skills across chronic disease and pain self-management
- What matters to people
- Co-design approach
- Collect information and data from its work for a 'What Works Dashboard'

Quality Governance Framework

Tasmanian
QGF



**QUALITY GOVERNANCE
FRAMEWORK**
FOR TASMANIA'S PUBLICLY FUNDED HEALTH SERVICES
AND FOR COMMUNITIES TASMANIA

Dimensions of Quality

Acceptability	Services are respectful and responsive to user needs, preferences and expectations
Accessibility	Services are obtained in the most suitable setting in a reasonable time and distance.
Appropriateness	Services are relevant to consumer needs and are based on accepted or evidence-based practice.
Effectiveness	Services are provided based on scientific knowledge to achieve desired outcomes.
Efficiency	Resources are optimally used in achieving desired outcomes.
Safety	Risks are mitigated to avoid unintended or harmful results.

Adapted from the *Alberta quality matrix for health*, viewed 30 July 2018,
<https://d10k7k7mywg42z.cloudfront.net/assets/56a00bd2d4c9612e3610b6ce/HQCA_11x8_5_Matrix.pdf>



Tasmanian QGF

Framework Priorities

- Consumer centred care/services
- Leadership and culture
- Continuous improvement
- Organised for safety
- Driven by data

Tasmanian QGF

- Statutory
- Standards and Accreditation
- Charters, Conventions and Frameworks
- Workforce



Tasmania's
Health
Priorities

Questions

