



DR JANET LONG
Senior Research Fellow,
Keeping People out
of Hospital Project,
Australian Institute
of Health Innovation,
Macquarie University

Keeping people out of hospital



Coping with a long-term illness or recurring ill-health is a challenge faced by increasing numbers of Australians. While as a population we are living longer, it is often with more than one long-term health condition such as heart disease and diabetes.

If not carefully managed, and sometimes simply as a matter of course, recurrent hospitalisations can form part of the picture, causing greater pressure on hospital resources, and sometimes inappropriate care that could be better managed nearer to home.

The COVID-19 crisis has highlighted the importance of making high quality care available in the community, alleviating pressure on hospitals. Even without a pandemic, the key to better care for chronic and complex conditions lies in major improvements in the delivery of best practice care across the entire health system.

There is no lack of research, with solid evidence bases to guide high quality care. It is the

translation of that research into best practice that is the hardest part—moving it from the laboratory bench to the bedside. The Medical Research Future Fund (MRFF) Keeping People out of Hospital Project, led by the Australian Institute of Health Innovation (AIHI) at Macquarie University, will develop a robust and detailed model of just how to do that.

The Project is being undertaken on the New South Wales Health Flagship program, Leading Better Value Care (LBVC), which has been rolled out across the State.

LBVC is seeking to provide the right care in the right place at the right time for all patients, recognising the impact of chronic diseases on the sustainability of our health system. The ultimate aim of the evidence- and value-based initiatives within the LBVC program is to improve the care people receive by:

- improving health outcomes
- improving patient experiences of receiving care



- improving the experiences of health professionals providing care
- increasing effectiveness and efficiency of care.

The Keeping People out of Hospital Project is focused on the implementation of the LBVC program into the health system. AIHI will be working with several organisations that shape the delivery of healthcare in New South Wales (NSW), including the NSW Agency for Clinical Innovation, NSW Bureau of Health Information, Macquarie University Centre for the Health Economy, and the NSW Ministry of Health. The Project will complement existing health economic analyses, and formative and summative evaluations already being undertaken.

It is a complex project with a simple outcome—to identify implementation strategies that work well in one context, discover in detail why and how they work, and model how we can replicate that in other locations across NSW and Australia. It will focus on the leading causes of hospital admission—

chronic heart failure, lung disease, diabetes, osteoarthritis and kidney disease. The research also aims to support the over 100,000 people in NSW Health working every day to improve experiences of care, and clinical outcomes.

A major challenge is trying to take into account all the complex contextual variables that implementation strategies must address—including differences in the nature of the various innovations, differences in sites and patient cohorts (e.g. rural, metropolitan), and differences in the resources available at each site.

The Macquarie University Centre for the Health Economy will concurrently develop an economic model that can be considered alongside the implementation model to identify benefits, risk-benefits, and how benefits are likely to change as the programs mature. ^{14a}

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