Potentially Avoidable Hospitalisations: Causes, Initiatives and Challenges from a Primary Health Care Perspective

Lynsey Brown
Petra Bywood
Rachel Katterl
Olga Anikeeva
Caryn Butler
Bradley Smith
Content

- Risk factors for potentially avoidable hospitalisations (PAHs)
  - Things to note among patients and communities

- Characteristics of successful initiatives
  - Things to adopt when designing programs

- Challenges in addressing PAHs
  - Things to consider when working in this field
Primary Health Care Research & Information Service (PHCRIS)

‘PHCRIS helps people to find information, share knowledge, build capacity and exchange ideas about primary health care’

- Professor Ellen McIntyre OAM, Director
PHCRIS Resources

- **Acronym**: Search our extensive acronym list containing over 1100 PHC acronyms.
- **Journal articles and presentations**: Journal articles and presentations prepared and presented by PHC RIS staff.
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- **Fast Facts**: Information snapshots showing trends over time.
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- **infonet**: Publishing news items about and for primary health care.
- **Policy Issue Review**: Examining topical policy-relevant issues in primary health care.
- **PHC Search Filter**: Providing quick and easy access to the primary health care literature you need.
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- **ROAR**: Register of primary health care researchers, projects and funding.

- **Snapshot**: Highlighting policy relevant PHC research projects and findings.
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- **Organisation profiles**.
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Policy Issue Reviews

- Examine topical policy-relevant issues in primary health care
- Synthesis of recent research relevant to key directions in Australian health policy
- Authored by PHCRIS staff and reviewed by experts

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Policy Issue Review


*Potentially avoidable hospitalisations in Australia: Causes for hospitalisations and primary health care interventions.*

Potentially Avoidable Hospitalisations

- Key policy objective: reducing PAHs

- “Admissions that could have been prevented through the provision of appropriate non-hospital health services”\(^1\)

- Hospitalisation rates may be reduced by support from primary health care services

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Primary Health Care (PHC)

- The **first level of contact** individuals, families and communities have with the health care system

- Poor primary health care **access strongly linked** to higher rates of PAHs

- PAH **data used as indicator** of primary health care **accessibility and effectiveness**
Methods

- Rapid review
- Grey and peer-reviewed sources
- Australian/international literature
- Emphasis on common PAH conditions:
  - Diabetes
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Dental conditions
- Focus on evaluated initiatives
Risk Factors: Individual (1)

- Age
- Socioeconomic status
- Health status
- Comorbidity
- Ethnicity (including Aboriginal and Torres Strait Islander status)
Risk Factors: Individual (2)

- Gender
- Poor social support
- Mental health
- Living arrangements
- Medication
- Severity of condition

Strength of evidence:
- Moderate
- Weak
Risk Factors: Health Service System

- Poor coordination of care/integrated services
- Prior hospitalisation
- Limited availability of GP services
- Physician characteristics
- Self-management supports

Strength of evidence

- Strong
- Weak
Risk Factors: Environmental

- Air quality
- Distance to hospital
- Rurality
- Topographical factors

Strength of evidence: Moderate
Initiative Types

- Large-scale
- Disease-specific
- Comprehensive disease management
- Telehealth
- Specialist clinics
- System-level approaches
Characteristics of Successful Initiatives (1)

- Multidisciplinary team care
- Multifaceted approaches
- Patient-centred/individually tailored care
Characteristics of Successful Initiatives (2)

- Integrated care
- Continuity of care
- Patient self-management
## Approaches for Vulnerable Populations (1)

| **Early detection/treatment** | • Screening patients at-risk  
• Managing risk factors  
• Preventing comorbidities |
|-----------------------------|------------------------------------------------------------------|
| **Supportive environments** | • Social and disease management capacity  
• Engaging support networks |
| **Self-management**         | • Individually-tailored management plans  
• Patient education and communication  
• Language and literacy-appropriate resources |
Approaches for Vulnerable Populations (2)

**Service delivery**
- Evidence-based interventions
- Improved access to care
- Comprehensive discharge planning
- Care coordination

**Local liveability**
- Focus on environment
- Primary health care delivered locally

**Socioeconomic opportunity**
- Adequate resources
- Income opportunities
Avoidable Readmissions

- Common and costly
- Indicator of gaps in care coordination
- Risk factors similar to PAHs factors
- Relationship between avoidable readmissions and primary health care
Tackling Avoidable Readmissions

- Algorithms to identify high-risk patients
- Comprehensive discharge planning
- Enhanced follow-up procedures
- Patient education
Challenges: Health System

- Infrastructure
- Resources
- Integration of services
  - Culture
  - Communication
- Access
Challenges: Research

- **Interpreting data**
  - Definitions
  - Coding
  - Accuracy of estimates
  - Confounds

- **Evaluations**
  - Prevalence
  - Availability
Enabling Reduction in PAHs

- Identification of at-risk patients
- Patient-centred approaches
- Disease management
- Access and equity
- Multidisciplinary care
- Care coordination/service integration
Future Directions

- Impact on PHC
- Enhancing the role of PHC
- Supporting continuity/integration
- eHealth
- Improving population health
Key Lessons (1)

STOP

And consider the prevalence of risk factors in your communities:

- Individual
- Health service system
- Environmental
Key Lessons (2)

**WAIT**

And think about how to make your programs:

- Multidisciplinary, multifaceted, integrated, patient-centred, disease management approaches
Key Lessons (3)

**GO**

Forward and break down silos, evaluate your programs and share the lessons you learn along the road
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