The **Health System** context for delivering chronic care

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Health System Reforms

1800's

Improvements in Public Health
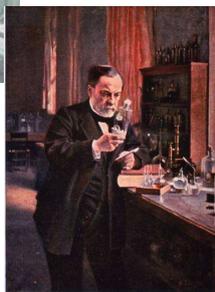
1842 Anaesthesia

1867 Antiseptic Surgery

1876 Bacteria

1892 Diphtheria antitoxin

1895 X-rays

1898 Viruses

1896 Radiation

1899 Aspirin

1872 Chloroform used in surgery in WA

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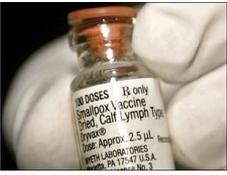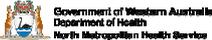
Health System Reforms

1800's

Improvements in Public Health

1900's

Infectious Diseases: Many became preventable and cures found
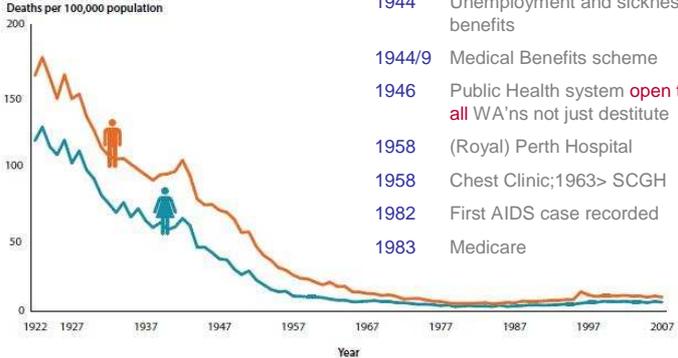

1900's

VACCINES developed for:

- Diphtheria
- Whooping cough
- Tuberculosis
- Tetanus
- Yellow fever
- Typhus
- Influenza
- Polio
- Rubella
- Measles
- Chicken pox
- Mumps
- Pneumonia
- Hepatitis A and B
- Meningitis
- (Smallpox eradicated)
- (Leukemia-fighting drug)

Infectious disease deaths: trends

Deaths per 100,000 population

Year	Event
1899	Women's vote
1914	World War I
1929	The Great Depression
1939	World War II
1943	Penicillin
1944	Unemployment and sickness benefits
1944/9	Medical Benefits scheme
1946	Public Health system open to all WA'ns not just destitute
1958	(Royal) Perth Hospital
1958	Chest Clinic;1963> SCGH
1982	First AIDS case recorded
1983	Medicare

1900's **'CURE'** Approach
Reactive, Episodic, Didactic

- Instructions, medications, treatments, compliance

Health Provider (Active Role) → EPISODE → **Consumer** (Passive Role)

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Improvements in Public Health
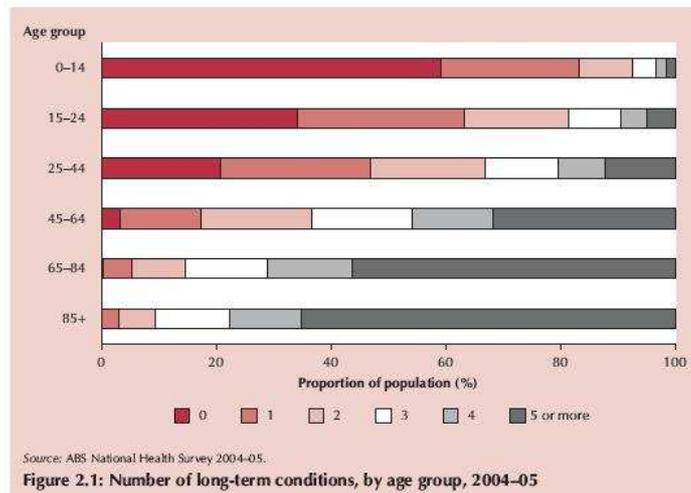
1900's
Infectious Diseases: Many became preventable and cures found

2000's
Chronic Conditions
from 'CURE' to 'CARE' and **Prevention**

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AUSTRALIANS WITH CHRONIC CONDITION(S):
Australian Institute of Health Welfare (AIHW) , 2006

Living with Chronic Condition (s)
75%

Not ~
25%

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Living Longer with a Condition

Projected fatal and non-fatal burden of major disease groups, 2010

	Fatal	Non-fatal
Cancers		
Cardiovascular diseases		
Nervous system and sense disorders		
Mental disorders		
Chronic respiratory diseases		
Diabetes		
Injuries		
Musculoskeletal diseases		
Genitourinary diseases		
Digestive system diseases		
Infectious and parasitic diseases		
Congenital anomalies		
Neonatal conditions		
All other causes		

DALYs ('000)   0   100   200   300   400   500   600

Australia's Health in 2010 – In Brief , AIHW, 2010

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Multiple Chronic Conditions

Source: ABS National Health Survey 2004-05.

Figure 2.1: Number of long-term conditions, by age group, 2004–05

Inequity in Health Status

Death rates: ratio of Indigenous to non-Indigenous
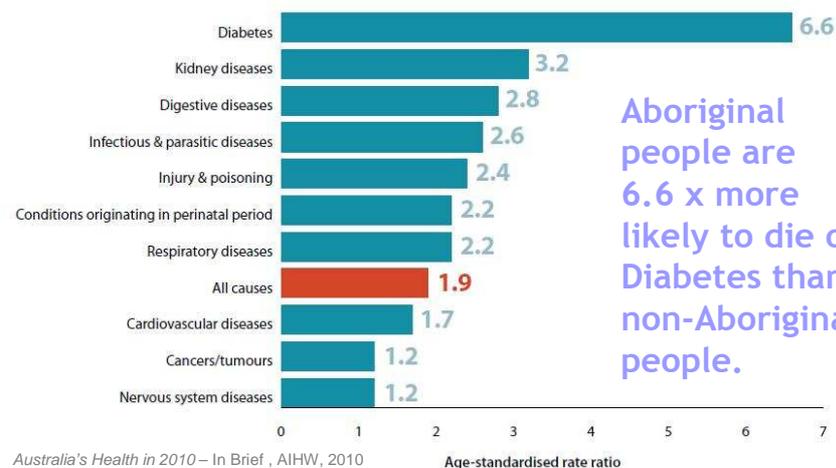
Aboriginal people are 6.6 x more likely to die of Diabetes than non-Aboriginal people.

Australia's Health in 2010 – In Brief , AIHW, 2010

CHRONIC CONDITIONS and link to Preventable Risk Factors

Table: Relationships between selected chronic diseases and determinants

Chronic conditions	Determinants						
	Tobacco	Physical inactivity	Alcohol misuse	Nutrition	Obesity	Hypertension	Dislipidemia
Ischaemic heart disease	✓	✓	✓	✓	✓	✓	✓
Stroke	✓	✓	✓	✓	✓	✓	✓
Type 2 diabetes		✓	✓	✓	✓	✓	
Arthritis	✓	✓			✓		
Osteoporosis	✓	✓	✓	✓			
Lung cancer	✓						
Colorectal cancer		✓	✓	✓	✓		
COPD	✓						
Asthma	✓						
Depression		✓	✓		✓		
Oral health	✓		✓	✓			

Source: Australian Institute of Health and Welfare (AIHW) 2002. Chronic diseases and associated risk factors in Australia, 2001.

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Reid Report : A Healthier Future for Western Australians (2004)

Health service delivery – vision and strategic directions

Continuum of care – Current 2004

Strategic Direction

Continuum of care – Future vision

Tertiary

Intermediate

Primary

Tertiary

Intermediate

Primary

NOW

FUTURE

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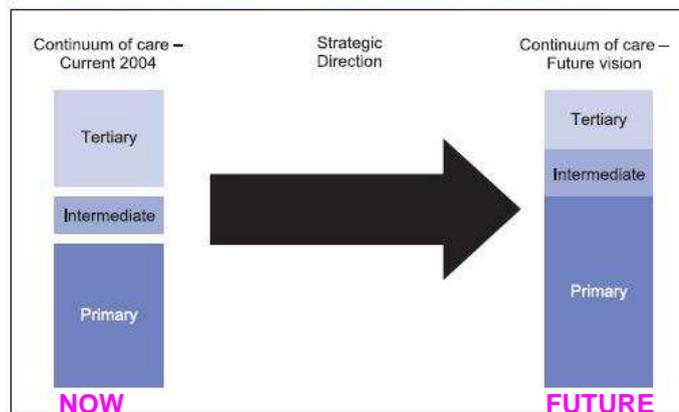
'CARE' Approach
Collaboration, Partnerships

- Holistic, lifelong, team approach to health
- Shared decisions, care plans and responsibility for health outcomes
- Support for self-management knowledge and skills
- Linked to community resources

- ❑ From systems of episodic 'cure'
- ❑ To coordinated, multidisciplinary services of ongoing 'care'
- ❑ In partnership with consumers
- ❑ A multi-level, multi-component, system-wide approach, across the continuum of care is required.

What is the health system AGENDA?

PROVISION of HEALTH CARE

FUNDING, RESOURCES

REGULATION, REFORM

WORKFORCE, SAFETY, QUALITY

EQUITY, ACCESS

RESEARCH

Healthier, longer, better quality of life for all

The Mission:
- Improving, promoting, protecting
- Caring for those who need it most
- Making the best use of funds and resources

= Managing limited resources

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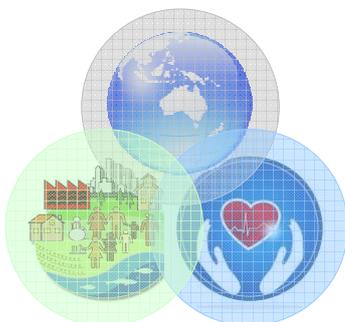North Metropolitan Health Service

Reconciling agendas

SYSTEM/ORGANISATIONAL LEVEL:

Managing limited resources

CONSUMER LEVEL:

Quality of Life

PRACTICE/SERVICE LEVEL:

Delivering evidence-based quality care

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