Don’t Break the siloes, Connect them

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Monday, 14 December 2015
As a community, we are living longer

1973 – 72 years

+10 years

2013 – 82 years
Multi morbidity by age bracket

- The majority of over-65s having 2 or more conditions, and the majority of over-75s having 3 or more conditions
- More people have 2 or more conditions than only having 1.

Oldham J, Long term Conditions, Asian Hospital and Healthcare Management
Technology in health care has evolved

- Stones
- Saws
- Medical Tools
- Microscopes
- Oxygen
- ECG
- X-Rays
- Wearables
- Apps
Increasing specialisation through the 20th Century

TABLE 1. Dates of Inception of Specialty Boards

<table>
<thead>
<tr>
<th>Surgical Specialties</th>
<th>Nonsurgical Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>Date</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1917</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>1924</td>
</tr>
<tr>
<td>Obstetrics and</td>
<td>1930</td>
</tr>
<tr>
<td>Gynecology</td>
<td></td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>1934</td>
</tr>
<tr>
<td>Colon and Rectal</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>1935</td>
</tr>
<tr>
<td>Urology</td>
<td>1935</td>
</tr>
<tr>
<td>Surgery</td>
<td>1937</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>1938</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>1939</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>1940</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>1950</td>
</tr>
</tbody>
</table>

Who provides services to Mental Health clients in Tasmania?

- GPs
- Older Persons
- Anglicare
- Primary Health Tas
- Family
- Grow
- Life without Barriers
- Carers
- Psychologists
- Richmond Fellowship
- Forensics
- Private Hospitals
- Colleagues
- Drug and Alcohol
- Baptcare
- Community Services
- Caroline House Inc
- Aspire
- CAMHS
- Aus Red Cross
- Friends
- Langford Support Services
- Inpatient Services
- Psychiatrists
- Family Based Care Assoc
Schematic of patient trajectories

Acuity

Complexity

Age

Service

Service

Service

Service

Service

Service

Service

Service

Service

Service
…but…

Physiotherapy

Social Work

Occupational Therapy

Psych

Nursing

Podiatry

Dietetics

Speech Therapy

Pharmacy
…but…

- Occupational Therapy
- Nursing
- Dietetics
- Podiatry
- Speech Therapy
- Pharmacy
- Social Work
- Psych
- Physiotherapy
but...

- Physiotherapy
- Social Work
- Occupational Therapy
- Nursing
- Podiatry
- Dietetics
- Speech Therapy
- Pharmacy
- Psych
...but...

- Pharmacy
- Nursing
- Podiatry
- Occupational Therapy
- Physiotherapy
- Dietetics
- Speech Therapy
- Social Work
- Psych
How do we describe the most common combinations?

- Physiotherapy
- Occupational Therapy
- Nursing
- Dietetics
- Social Work
- Psych
- Podiatry
- Speech Therapy
- Pharmacy
The concept of networks
There must be a better way
How can we better describe our community?

**Geographic locations** e.g. wards, clinics, service centres

**People** e.g. admissions, throughput, FTE, expertise

**Traits** e.g. diagnoses, age, gender

**Other** e.g. categories

**Strength of relationships**
Degree of sharing between nodes
  e.g. systems, processes, people, data, clinical pathways
Took a lot of data manipulation.
Inpatient service usage profile

SERVICE RELATED GROUPS NETWORK
Royal Hobart Hospital
2011 Episode Data
DRG v 5.2
Adult, overnight stays (excl. Same Day)
Note: Only those SRGs (Nodes) that account for the top 90% of episodes are shown.
Only those links (Edges) with a weight of 25 or greater are shown.
By Peter Maree (03) 6222 6694

Corporate Governance Key
- **Surgery**
- **Medicine**
- **Chronic Care**
Inpatient Mental Health morbidity profile

Overnight stays
Excludes Same Day
Jul 2010 – Jun 2014
How can we connect?

**Governance structures**
- Realign structures to reflect morbidity profile
How can we connect?

Skill combinations

• Create interdisciplinary teams
• Employ staff with specific skill combinations
How can we connect?

**Improve communications**
- Shared and standardised IT systems
- Co locate disciplines / services
MOVING AWAY FROM CONVEYOR-BELT CARE

To achieve the truly ideal patient experience, officials at the Mayo Clinic’s Center for Innovation say that hospitals must move away from the old model of “conveyor-belt care” — in which the patient just moves along a line from provider to provider with no real coordination — to a team-based, “wrap-around” approach.

THE CURRENT MODEL: CONVEYOR-BELT CARE

Today’s model of care deals mostly in face-to-face interactions between patients and other clinicians, and is too focused on acute care and reactive medicine, according to Mayo.

THE FUTURE MODEL: WRAP-AROUND CARE

In the new model, patients are put right at the center and surrounded by all sorts of clinical and nonclinical care providers; it is focused on population health, prevention strategies and a proactive approach that maximizes value.

We shouldn’t be breaking down the siloes, rather we should be connecting them.

2013, Press Ganey