



# CATHOLIC HEALTH AUSTRALIA CONFERENCE

## BREAKING SILOS BY FOCUSING ON CONSUMERS

**Carol Bennett, CEO,  
Alzheimer's Australia  
August, 2015**



# Consumers driving reform

- The Macquarie dictionary defines reform as ***“the improvement or amendment of what is wrong, corrupt, etc.”***
- For us, reform is about better responding to the needs of consumers rather than accepting the limitations of an outcome blind system
- Our role at Alzheimer’s Australia is to engage a diversity of consumers and ensure their experiences drive policy and practice



# Alzheimer's Australia = Consumers

- Advocates on behalf of the 342,000 people with dementia in Australia and the 1.2 million who support them
- Seeks to engage consumers, carers, health systems and care providers, researchers and the community
- National Consumer Advisory Committee
- Consumer Dementia Research Network
- Alzheimer's Australia Dementia Advisory Committee



# Purpose, measures, disruption

- What are we trying to achieve and why?
- In many systems, including aged care, health care, disability services, the purpose can get lost in the day to day issues of getting people fed and changed, our incomes, status, careers, positioning, competition, doing what we know how to do
- We may need to disrupt the way we usually do things, the way we measure and reward, if we are to innovate and drive change that will better achieve our purpose



# Values?





# What values are enacted in our services?

dignity

hope

respect

courage

pride

patience

responsibility

meaning

belonging

opportunity

change

fun

health

*dismissive*

*authority*

*power*

*control*

*discrimination*

*judgement*

*embarrassment*

# Importance of values in healthcare

‘When you boil it all down it ultimately is about respect. Does a healthcare professional, whether nurse, physician or anyone else, send a message of respect to the patient and family, because we know in the presence of respect it builds trust and trust is at the foundation of a safety culture. Sometimes we don't communicate clearly, sometimes we are not available when we ought to be available, sometimes we are disrespectful to others. All of those things get in the way of good quality healthcare.’



# Findings on patient care

‘Surgeons who have few if any unsolicited patient complaints have very favourable surgical occurrence rates. They don't have complications, whether they are doing high risk surgical procedures or low risk surgical procedures.’



# Findings on patient feedback

*‘Surgeons who have lots of patient complaints doing very low-risk surgical procedures, they also have favourable occurrences. But if you look at those same high complaint associated surgeons doing complex cases, they have terrible surgical occurrence rates.’*



# Outcomes of listening to patients

By encouraging feedback, following through on any complaint within 24 hours and offering early intervention / feedback to health professionals, Hickson achieved real outcomes – e.g.

‘We have reduced our claims now from 12 suits per 100 insured physicians per year to 0.3 suits per 100 insured physicians per year, and the dollars have followed that.’



# Are we listening?

When surveyed, more than two thirds of Australians said they wanted to die at home.

In reality, two thirds of Australians will die in a hospital, or another clinical setting.

One in five Australians will die in an Intensive Care Unit. This figure is increasing.

# Are we listening?

- Up to 70,000 people with dementia in Australia are on antipsychotic medications. But only approximately 20% of these people derive a clinical benefit (Snowdon, J. et.al 2011, Westbury, J. et.al 2010, Banerjee, S. 2009)
- A clinician's hesitation to withdraw antipsychotic treatment for fear of worsening the original symptoms is not appropriate
- A majority of people with BPSD can be safely withdrawn from chronic antipsychotic medication without detrimental effects





# Barriers to Consumer - Centred Quality Improvement

- Lack of health outcome measures
- A reward system based on illness and throughput – not improved health
- Blind to the people we do not see
- System inertia – small incremental change
- Professional protectionism
- Cost of collecting/ analysing information on our community and our health



# Responsive, individualised care

- Everyone's journey with dementia is unique, even though there are many shared pathways
- The best services respond to individual needs, engage, listen, provide as best they can in a flexible and adaptive way
- One size fits all is definitely not an option for people with dementia



# Responsive services are complex

- If I work with the family of someone with younger onset dementia (YOD) to better inform them about care options, is this a health service, an aged care service, a community intervention, a disability service?
- If I arrange counseling for a person experiencing YOD about to enter an aged care facility, is this a mental health intervention, a disability service, community care, aged care, health care?



# Better health needs disruption

Health and well-being - as something we all own - a personal responsibility

Finding a voice - having a say over the services we all receive

Flourishing - individually and as a community - not just the absence of illness

Care - enabling people to take care of themselves and people they love

Partnership - not just the powerful groups determining our choices for us



# Achieving change

- Measure and report experiences of care
- Ensure the availability of appropriate information to enable choice
- Encourage active consumer engagement in care planning and delivery
- Listen to consumers, and act on complaints
- Make consumer experience the driver of real improvement in care systems



# THANK YOU

[www.fightdementia.org.au](http://www.fightdementia.org.au)

@AlzheimersAus

@CarolJBennett