Services for Older Persons

Medical Leader	•
Medical Expert	
Communicator	
Advocate	
Scholar	
Professional	
Collaborator	
Manager	•

2014 (November) - DAY 1 – Q2 (COMPULSORY)

You are a FRACMA who has been seconded from your Area Health Service to sort out a number of professional and service-related issues at a small rural hospital serving a mixed community.

The population living near the hospital has an over-representation of older, typically white, wealthy retirees as the area is a popular retirement location. Primary care and limited secondary services are concentrated in this town. The remainder of the catchment population served is dominated by a younger, socially disadvantaged indigenous population.

You are approached by the local president of "Grey Power", advocacy group for older people. He expresses concern and resentment that the majority of services required by the older population cannot be provided locally and that his members have to travel to the nearest base hospital, two hour's drive away. Because public transport is minimal and many of the retirees no longer drive, they rely on volunteers and family members for their transport. He asks why, when the town is such a retirement mecca, specialists cannot come to the town to provide assessment and follow-up clinics locally.

You review admission data from the base hospital and note that his concerns are borne out by the data. The rural hospital provides mostly low-level inpatient care, step-down care from the base hospital, uncomplicated obstetrics and some day-only surgery procedures. There is also a 24 hour access emergency department with significant issues in recruiting and retaining appropriate medical staffing, especially during the seasonal tourist influx. Significantly there is no geriatric medical service, psycho-geriatric services, services in urology, ophthalmology and orthopaedics, and no in-patient rehabilitation.

When you raise these concerns with your CEO, it is obvious that the issue is not high on her list of priorities given impending budget cuts to the organisation.

Questions
What do you do?

Guidance for Censors:
ISSUES

1) **Health advocacy**
2) **Service planning**
3) **Addressing needs of both retirement and indigenous communities**
4) **Leadership**

- Candidate should address both the elderly community and the indigenous community issues.
- Outline ways to involve the community in the resourcing discussion (NZ candidates should mention the Treaty obligations to the indigenous community).
- Give feedback to the Grey Power spokesperson and seek his organisation's support for making your case. Perhaps he could make a direct submission to your Board if the CEO continues to ignore the situation.
- Review census data and available health indicator data for this community.
- Do the service access issues for the elderly community reflect real health needs or the worried well?
- Review of level of general practitioner services in the town and General practitioner proceduralists available to service the community and the hospital
- Discuss the service issues with your local primary care providers and domiciliary services.
- Discuss the situation with your base hospital's clinical administration and relevant specialist providers; advocate for the services you feel should be provided in this town, ascertain any relevant history / background in relation to these services and seek a clinical champion. Explore population-based funding models to address inequities in service provision.
- The ED issue should also be explored – a young indigenous community will have significant needs for access to a 24/7 emergency service.
- Consider potential for telehealth consultations with specialists with the support of the general practitioners in the community
- Consider Outreach clinics from the base hospital for geriatrics, psycho-geriatrics and rehabilitation
- Up skilling general practitioners with an interest in these areas to provide a service in conjunction with specialists from the base hospital, so that lower-level care in the specialties can be provided locally, also need to consider Allied health support
- Consideration of activity levels and Activity Based Funding and turning back the flow

- Is the admission data reflective of surges in activity at holiday time given this is a retirement area, and if so what are the implications on demand for medical staff and services
- Strategic planning for health services, service planning, need to consider role delineation of the hospital.
- Indigenous community – because it is located in more remote communities, access to services is a major issue (e.g. need for good travel / transport links). Indigenous communities experience lower levels of health at all ages and require older age-related services and a younger chronological age. What unmet needs are they experiencing?
- Better candidates may mention Tudor Hart's Inverse Care Law (availability of good medical and social care tends to vary inversely with the needs of the population served) and how the earlier needs for age-related care in the indigenous community may encourage a synergistic approach to service planning for the broader aging community.
- Alternative funding sources for services e.g. Medicare, other Commonwealth funding, grants, private insurance, particularly for the white population.