Taking Healthcare Home Forum: Overview of findings and recommendations

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Executive Summary

In February 2017 The Australian Centre for Health Services Innovation (AusHSI) hosted the Taking Healthcare Home Forum. The goal of the forum was to explore the key public health policy issues around promoting and providing services in the home that are traditionally provided in hospital. The forum addressed issues related to healthcare in the home in the Queensland context for three services: hospital in the home (HITH), home dialysis, and home parenteral nutrition (HPN).

The forum was designed to first identify the key factors that were impeding healthcare in the home services, and second to facilitate stakeholder discussion around how to improve the quality and uptake of home healthcare. Five factors were identified during the forum, and discussed using a World Café approach. These five factors and the key recommendations from each are listed below.

1. **Funding and Incentives: how home health is reimbursed, financed, and prioritised in the health system**
    a. Explicit and transparent incentives
    b. Clear funding pathways
    c. Recognition of patient costs
2. **Awareness: the visibility and knowledge of home treatment options**
    a. Identify and address knowledge gaps for patients and providers
    b. Incorporate healthcare in the home training at orientation and as part of tertiary education.
3. **Professional culture and attitudes: how home healthcare is presented and recommended by health professionals**
    a. Measure and publicise safety and quality data
    b. Clearly define governance models and role delineation
    c. Create Clinical Nurse Consultants (CNCs) dedicated to HITH at ED to educate and advocate
4. **Technology: how technological growth can drive integration**
    a. Maximise use of existing resources
    b. Improve integration and access to health records
    c. Utilise and invest in decision support systems
    d. Schedule regular training for new and existing technology
5. **Needs of patients and carers: how to reduce burdens in home healthcare**
    a. Improve and standardise home suitability assessment
    b. Provide after-hours telephone assistance and respite for carers
    c. Address financial burden to patients
    d. Review existing training materials

There are significant differences between HITH, home dialysis, and HPN. Despite this, the discussion and World Café identified ways in which government policy, private business, and research could work together to enable home healthcare and allow it to thrive. Home health may not be an option for all patients, but when appropriate, it can lead to improved outcomes, lower costs, and greater capacity. This paper presents the key themes and recommendations that stakeholders and experts have identified as the key to successful home healthcare.

Table of Contents

Background

On the 14th of February 2017, the Australian Centre for Health Services Innovation (AusHSI) hosted the Taking Healthcare Home Forum in Brisbane. The objective of this forum was to explore the key public health policy issues around promoting and providing healthcare services in the home that are traditionally provided in hospital. The forum addressed issues related to healthcare in the home in the Queensland context focussing on three services:

1. Hospital in the home (HITH)
2. Home dialysis
3. Home parenteral nutrition (HPN)

Several factors have contributed to the migration of hospital services into the home, including budget constraints due to an ageing population and increasing costs of medical services, patient preferences for receiving care at home, and growing evidence of the clinical effectiveness, safety, and cost-effectiveness of healthcare in the home services [1-3]. In some cases, healthcare at home has become more feasible due to technological innovations, such as telemedicine, portable ventilators [6-9], home-based x-rays [2], and handheld ultrasonic devices [10, 11].

Potential benefits of the provision of healthcare at the patient's home include improved health outcomes, increased patient and carer satisfaction, and reduced costs [1-6]. The benefits depend on the disease, the nature of the service, and the model of care.

Issues Paper: Summary

AusHSI published the Taking Healthcare Home Issues Paper in January 2017 [12]. The Issues Paper was a synthesis of the evidence of barriers and facilitators to healthcare in the home. It reported the evidence of effectiveness, cost effectiveness, utilisation, and models of care for healthcare in the home. The Issues Paper also reported the findings from 18 interviews with providers and consumers of healthcare in the home services. It informed the design and scope of the Taking Healthcare Home Forum and was distributed to the attendees and on the AusHSI website.

HITH is the provision of acute or sub-acute services in the patient's home, substituting for admission to hospital. There is evidence that HITH, together with physician input, improves outcomes for a range of defined patient populations, interventions, and models of care. Surveys have found that patients are highly satisfied with HITH services. For the six most common Diagnosis Related Groups (DRGs), HITH is estimated to reduce costs by 22% compared with in-hospital care[13].

Home dialysis, an alternative to in-centre and satellite dialysis, is a significant component of the overall market for Renal Replacement Therapy (RRT). Home Dialysis has been proven to be cost effective for the majority of chronic kidney disease (CKD) patients. Among the different types of home dialysis, there are: haemodialysis (HD), automated peritoneal dialysis (APD), and continuous ambulatory peritoneal dialysis (CAPD). Studies have found many benefits of Home dialysis, including dramatically improved survival rates, lower hospitalisation rates, higher rates of employment, and fewer adverse events. Patients can remain on the machines for longer than if they were at a clinic or hospital, especially if used nocturnally, improving their health outcomes. Home haemodialysis accounts for 9% of dialysis patients in Australia compared with 70% for facility haemodialysis and 20% or peritoneal dialysis[14]. However, while more affordable for the government and health providers, Home dialysis involves significant costs to the patient, which need to be considered.

Patients with long term intestinal failure may require parenteral nutrition for years, making in-hospital provision of parenteral nutrition prohibitively expensive. HPN is the provision of parenteral nutrition at the patient's residence, often administered by a carer or by the patient themselves. The Australian Society of Parenteral and Enteral Nutrition (AuSPEN) guidelines show few randomised controlled trials of HPN, highlighting the need for further research.

The main findings to emerge from the stakeholder interviews were the identification of barriers and facilitators to healthcare in the home. There were differences in the identified barriers and facilitators between HITH, home dialysis, and HPN. Factors identified by the interviewees that affected delivery of HITH services included the attitudes and knowledge of health professionals and hospital administrators about HITH, administrative burden, financial incentives, fluctuation in demand, geographic distance, and training.

The major barriers for home dialysis and HPN were out of pocket costs for patients, geographic distance, patient ability to self-manage care, and feelings of loneliness and social isolation. Facilitating the expansion of healthcare in the home requires supporting the needs of patients, encouraging cultural change among health professionals and ensuring that funding for healthcare in the home adequately compensates providers while avoiding cost shifting between funding systems.

Hospital in the Home	Home Dialysis	Home Parenteral Nutrition
Tertiary care for selected medically stable patients at home	**Provision of Renal Replacement Therapy in the home**	**IV nutrition and hydration for patients with intestinal failure**
• Comparable outcomes to hospital care in mortality and readmission data • Improved patient and carer satisfaction • Lower costs to the health sector	• Home-based haemodialysis and peritoneal dialysis have been declining in share of total dialysis patients since 1995, whilst reimbursement has driven an increase in satellite/in-centre haemodialysis • Home haemodialysis and PD allow greater frequency of dialysis compared to "in-centre" models of care, improving outcomes • Costs are lower for the system overall, but higher for dialysis patients	• HPN is provided long-term, making hospital provision inconvenient and expensive • Between 5-7 per million Australians receive HPN each year, which could benefit from more trials and evidence around best practices

Taking Healthcare Home Forum

The forum was divided into two phases. The first phase, in the morning, included presentations and an interactive discussion panel with experts in the field. The second phase, in the afternoon, was a World Café to facilitate the sharing of ideas. The World Café brought together clinicians, hospital administrators, policymakers, and consumers to take a collaborative approach to identifying opportunities to increase the uptake of healthcare in the home.

Discussion Panel

The first event at the forum was an interactive panel discussion hosted by Dr Norman Swan on the topic. Attendees were invited to participate throughout with questions and comments. Participants in the forum were asked to answer questions on GoSoapBox (see Appendix). The panellists included:

- Mr Martin Chambers – Member of Health Consumers QLD.
- Dr Nick Gray – Director of Renal Medicine, Sunshine Coast Health Service District
- Ms Melissa McCusker – Nurse Unit Manager, Acute Care @ Home, QEII
- Dr Kate McCarthy – Infectious Diseases Physician, Clinical Director of HITH and Outpatient parenteral antimicrobial therapy (OPAT), Metro North Health Service District
- Dr Amanda Dines – Executive Director Royal Brisbane and Women's Hospital, Metro North Health Service District

At several points during the discussion, Dr Swan opened up the GoSoapBox app for responses from the audience. The questions and answers asked during the survey segments helped provide insight and understanding of the political and healthcare delivery climate surrounding HITH.

The majority of respondents agreed that Queensland hospitals and policymakers should make greater use of home healthcare services. The features that were seen as the greatest benefit of healthcare in the home services were "patient preferences for care in the home" (40%), that the services "reduces costs and frees up hospital resources" (34%), and "clinical outcomes for patients" (26%).

When asked what was the main barrier to making greater use of home healthcare, 41% of the participants said "fears about safety and quality", 23% indicated that "clinicians think they are losing control of their patients", 21% selected "poor systems" in the healthcare sector as the main barrier, and 10% thought it was about "inadequate incentives". Only 4% believed the perceived added workload to clinicians was the primary barrier. This question required respondents to choose only one barrier and highlights the three key barriers to healthcare in the home.

Only 16% of the respondents either strongly agreed (3%) or agreed (13%) that consumers in Queensland are being adequately supported in the transition to receiving healthcare in the home. No respondents strongly agreed that carers in Queensland are being adequately supported in the transition to receiving healthcare in the home. The areas where healthcare consumers and carers were seen by the respondents as requiring further support included training, managing home conditions, financial support, and clinical monitoring.

World Café

A World Café is a simple and flexible method for hosting large group dialogue [13-15]. The approach brings together stakeholders and uses a structured approach to facilitate conversation and challenge expectations in order to foster actionable knowledge. Eighty participants, including health professionals, consumers, hospital and health service executives and managers, researchers, and home health service providers participated in the World Café. The participants sat face-to-face at tables with seven or fewer participants per table.

The ten tables were divided into two blocks of five. For each block of tables, there were five facilitators who moved between them to encourage evolving rounds of conversation. Each facilitator had a topic for discussion, defined as one of the barriers to providing healthcare in the home. The facilitators asked the participants at each table to consider strategies to overcome these barriers. After the first round of discussions each table was privy to the conversation summaries of the previous table, which were recorded as a set of statements on paper. This avoided duplication and fostered the development of novel ideas and solutions. The barriers selected for discussion were drawn from the findings from the literature review, the panel discussion, and survey responses (Table 1).

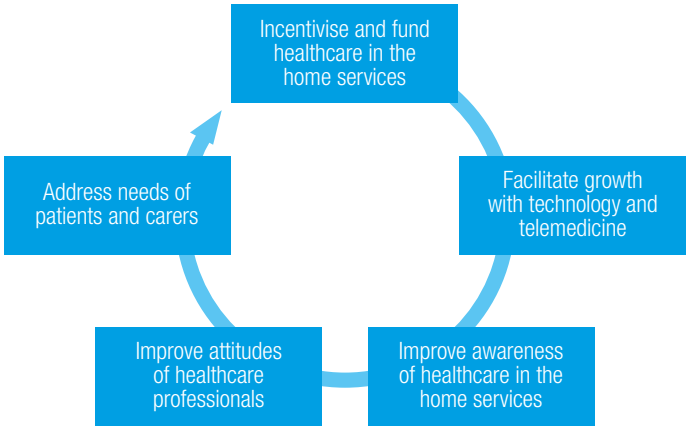
Table 1: Issues for World Café discussion

Issue	Description
Financial incentives/funding for healthcare in the home	Includes how funded, sufficient resources, public-private funding split
Awareness of healthcare in the home services	By both hospital staff and patients, includes communication issues between service providers.
Attitudes and culture of health professionals	Includes perceptions of safety, cost-saving and responsibility for patient
Role of technology	Electronic records, iPads, telemedicine etc.
Needs of patients and carers	Can be time, financial and psychological burdens– often greater burden for chronic conditions (home dialysis and HPN)

HPN, home parenteral nutrition

The role of the facilitator was to state the ground rules for discussion (see Appendix), clarify questions if they arose, redirect the conversation when necessary, and record relevant information. Each round of discussion took 15 minutes. Participants stayed at their seats while facilitators moved. In the first five minutes each participant, going around the table, was asked to state their thoughts on the topic. The second five minutes was a free group discussion. The final five minutes was the chance for the participants to have a final say, providing an opportunity to probe for the most important issues raised in the discussion.

Figure 2: Steps needed to address key barriers to healthcare in the home



World Café

Issue 1: Funding and incentives

Participants disagreed about the appropriate funding mechanism for delivery of healthcare in the home services, particularly for HITH. Some argued to classify funding under HITH, rather than the "big pot" of Activity Based Funding (ABF). This suggestion featured a set budget for healthcare in the home services, with an activity target to incentivise innovation. Others argued for the strength of ABF in its ability to allow providers to decide how to deliver care.

Participants discussed the need for greater support from private funds and the need for a better DRG for HITH. Current DRG payments were argued to be insufficient because they neglected the cost of governance and administration of HITH services. This disagreement highlighted the complexity of funding healthcare services and providing the best incentives to all stakeholders.

Incentives to innovate in home health services were considered limited. Suggestions included potentially using key performance indicators (KPIs), such as measuring and reporting percentage of discharges that are HITH, and linking HITH performance to financial incentives for hospitals. A benefit of KPIs was that they facilitate conversation about why targets are not achieved.

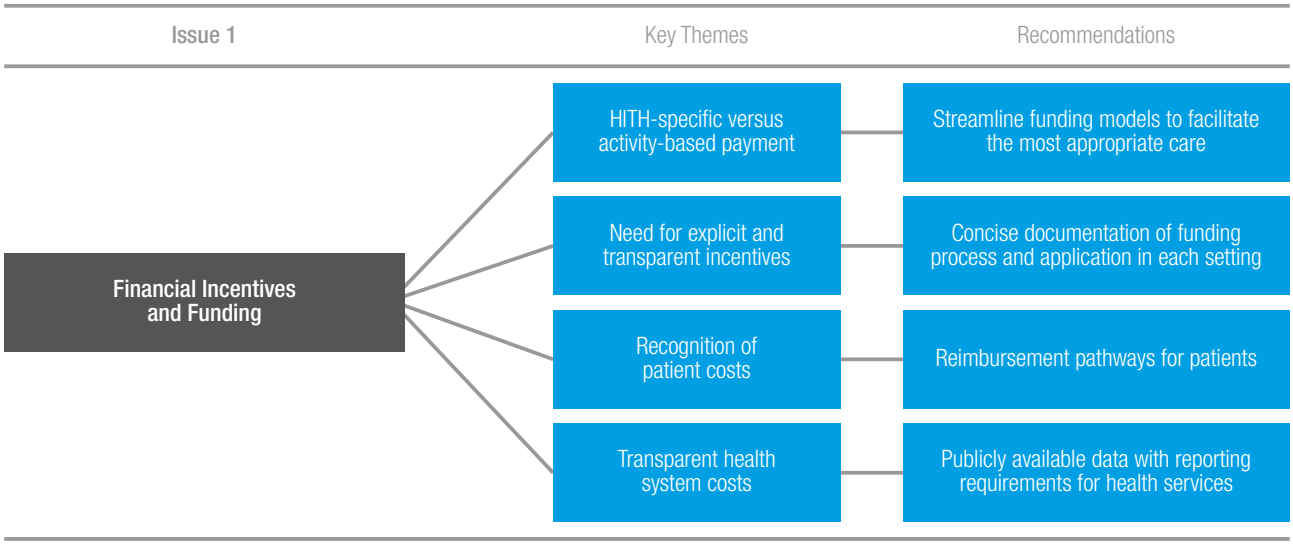
Participants mentioned a lack of clarity around what should be funded under HITH, and whether reimbursement should change if patients receive other services at home, such as HPN, instead of in-hospital. The existing incentives for telehealth, including the need to make staff aware of financial claims and how they can make such claims for telehealth consultations, were considered. Importantly, it was recognised that the incentives do not need to be financial. One group suggested personal letters of appreciation to service providers who are doing well and meeting targets.

Participants discussed the need to adequately reimburse the cost to patients to ensure that the service is not cost shifting. Multiple participants suggested a financial "package" for patients so that they will not be out-of-pocket and can decide how best to spend the money. Currently, a rebate exists for home dialysis in some states, but not for HPN or HITH. Participants noted that the out-of-pocket costs were more significant for chronic healthcare in the home patients, such as home dialysis and HPN, than for HITH patients.

Several groups discussed the need for better data and transparency on the true costs and value of healthcare in the home. This ranged from gathering out-of-pocket data for patients to using data that is already captured, such as patient throughput, to show that benefits may not be limited to simply cost or capacity. The potential benefits of data sharing extended to research collaborations, not only in terms of improved data availability, but also for raising the profile of home healthcare.

The participants emphasised that governance plays a pivotal role in funding mechanisms, incentives, cost reimbursement, and transparency. For the funding systems of healthcare in the home to be functional, there must be a governance structure that supports and champions the services. Figure 2 represents the four key themes and four recommendations that are linked to financial incentives and funding.

Figure 2: Addressing the financial barriers to wide scale healthcare in the home utilisation



World Café

Issue 2: Awareness

The participants generally found that there was uneven awareness of healthcare in the home services. Participants reported that there was high awareness among healthcare professionals and patients of home dialysis, but relatively low awareness of HITH and HPN. The importance of training for improving knowledge and awareness of healthcare in the home was a recurrent theme.

Suggestions for increasing awareness included having healthcare in the home, specifically HITH, included as part of hospital orientation for all clinical staff. Medical-led education was recommended at every resident change "by a doctor, to a doctor". Participants also suggested including healthcare in the home as part of nursing education at a junior or university level.

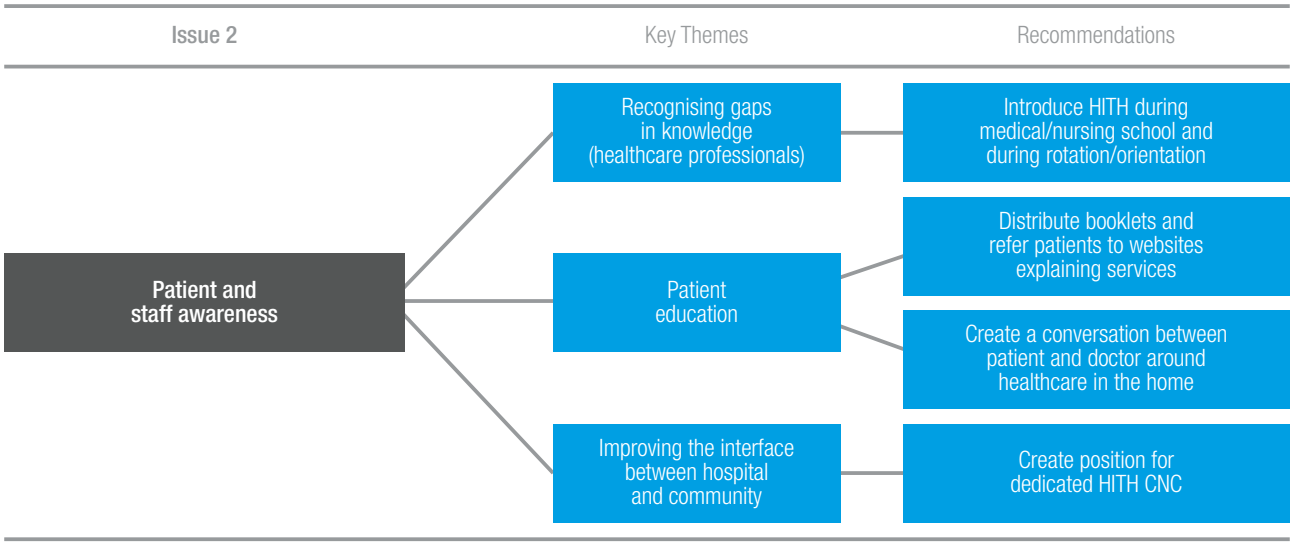
Participants highlighted potential benefits of increasing public awareness of healthcare in the home. Patients could be empowered to ask themselves and their physicians, "Can I receive my care at home?" Participants gave examples of methods of engagement, including booklets, websites, videos, and public or health professional-led online communities.

Participants reported that there are misconceptions about what constitutes healthcare in the home, so it is important when communicating to health professionals and the public to have a clearly articulated message. Suggested methods for communicating such a message included the use of personal stories and presenting positive patient outcomes. Participants discussed the need for outreach to health professionals, including presentations at forums, team meetings, face-to-face conversation, training days and ad hoc training.

Participants identified systems that need to be in place in hospitals to facilitate understanding of healthcare in the home. Data on the efficacy of healthcare in the home needs to be collected and shared. These data need to be presented at executive levels and disseminated to individual clinicians. Hospitals should have a Clinical Nurse Consultant (CNC) dedicated to HITH to perform an educational, advisory and advocacy role.

The patient's understanding of healthcare in the home is likely to be shaped by how it is presented to them by their clinician. If healthcare in the home is presented as possibly unsafe or unusual by the clinician then the patient is less likely to choose it as a service. GPs must be educators for home health as they are often the first point of contact to the healthcare system. For HPN particularly, there is low awareness of the condition in the community and by health professionals. Groups discussed the need for training the service providers of HPN patients. Figure 3 shows the three key themes and four recommendations to emerge in relation to awareness of healthcare in the home services.

Figure 3: Improving awareness around healthcare in the home as a viable alternative to inpatient care



World Café

Issue 3: Professional culture and attitudes

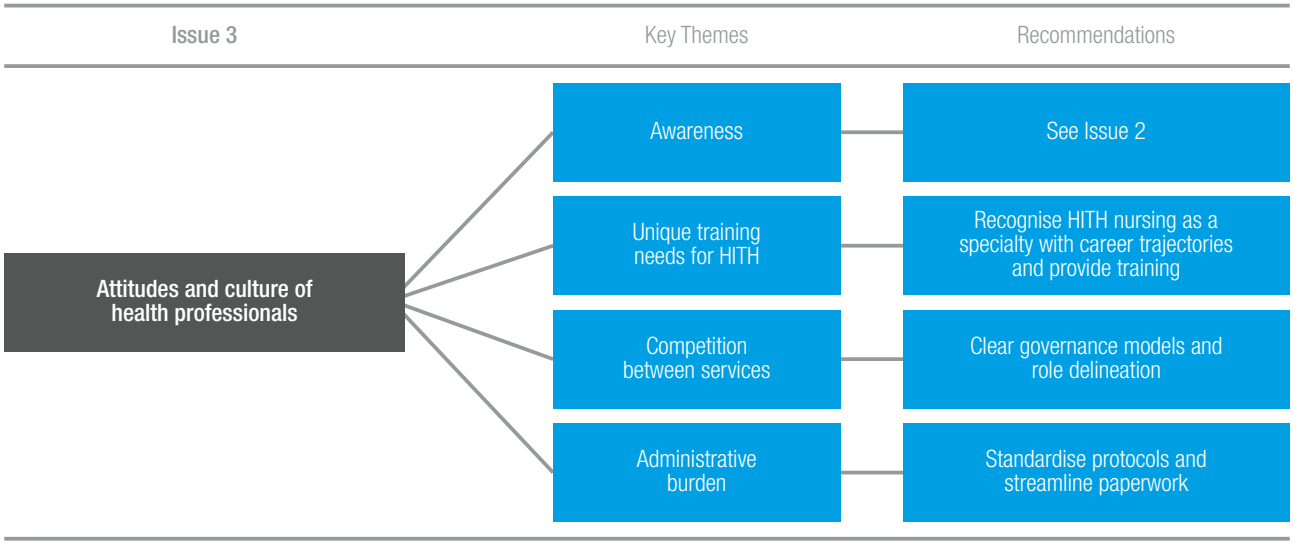
Participants widely recognised the effect that professional culture has on the use of healthcare in the home. This concept is distinct from awareness, but overlaps significantly in that information must be presented objectively to avoid bias. A major theme in the discussion was the need to dispel the belief amongst health professionals that "being in hospital is good" and that healthcare at home will be less safe or effective than in-hospital care.

Participants identified several negative perceptions about healthcare in the home, such as patient cost and prolonged treatment length. In addition, there were concerns about a lack of governance, understanding, and visibility around healthcare in the home. When advocating for healthcare in the home, it is necessary to address concerns about safety, quality and the mistaken belief that the service is cost-saving to the patient. There was general agreement that healthcare in the home services need to be patient-centred. Many participants noted that champions, such as CNCs, would be critical for building trust, advocating and promoting the service regularly and explicitly.

Participants noted several concerns with HITH funding and administration. HITH coexists and can overlap with existing services such as chemotherapy for patients, and requires clear pathways, streamlined paperwork, and transparent governance. These solutions could be facilitated by greater GP involvement and the creation of HITH as a career pathway for clinicians.

Issues associated with awareness (Issue 2) were reemphasised, such as the collection and communication of safety and quality data, the importance of having a CNC specialising in HITH, as well as the need to recognise HITH nursing as a specialty with career trajectories. Participants recommended that HITH should be assessed based on safety and quality outcomes, and the research should be disseminated broadly. These findings demonstrate the interrelatedness of the issues, particularly between awareness of services and professional culture and attitudes. Figure 4 shows the four themes and four recommendations that emerged from the findings associated with creating a professional culture and positive attitudes towards healthcare in the home services.

Figure 4: Creating a culture of acceptance and familiarity with healthcare in the home



World Café

Issue 4: Technology

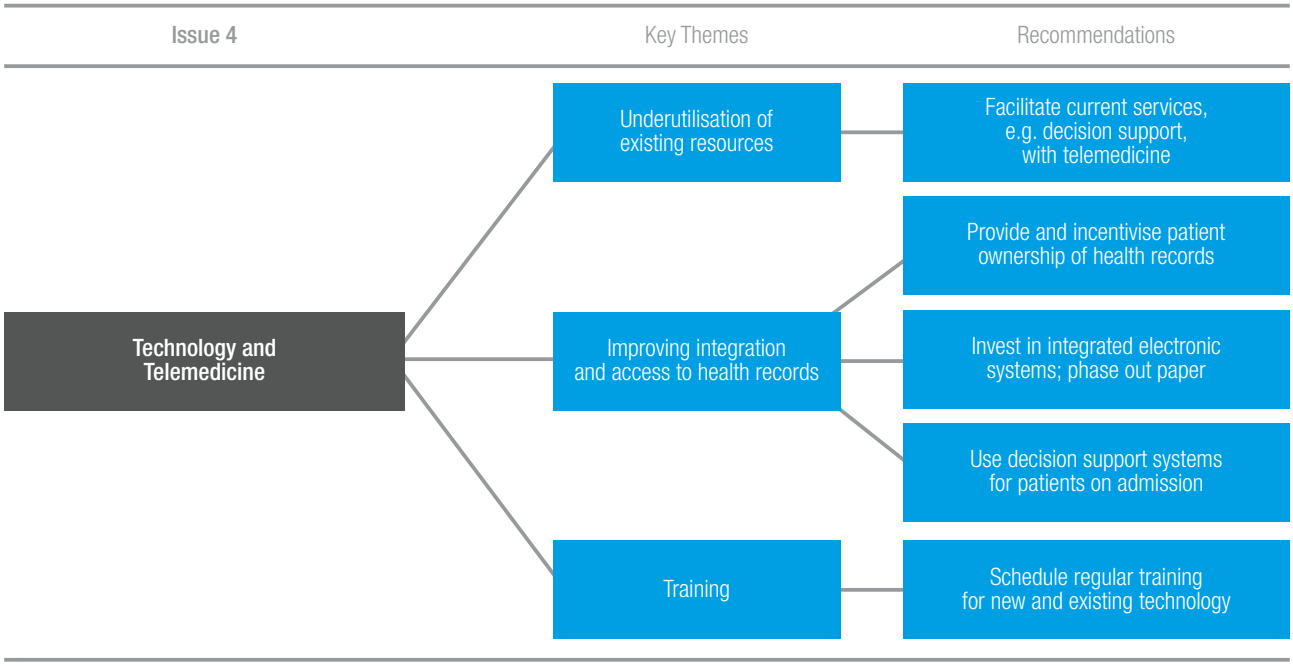
Participants argued that technology is underutilised. Home healthcare technology should be streamlined, user friendly, accessible and appropriate. It should complement, rather than replace, health services delivery. For example, it could create opportunities for patients to gain autonomy and health literacy, or integrate with decision support systems to improve outcomes. Participants argued that current and emerging technologies should be evaluated in terms of patient benefit prior to implementation. They noted that rather than focusing on emerging technologies, there were many currently available technologies that may not be used efficiently.

Opportunities to improve home healthcare technology include integration of patient records, telemedicine and improved communication. Telemedicine may be incorporated with other technologies to perform point of care testing, provide medication reminders, and monitor adherence and outcomes.

Participants worried it may not be possible to integrate hospital and GP records for HITH patients. Similarly, policies and procedures for patient information sharing often pre-date current information technology. A challenge for HITH is maintaining consistent medical records across different providers. One table of participants argued that the lack of integration of health records and processes would be improved if health records belonged to the patient, who could then share their personal records with providers and carers.

Participants recommended ongoing support for telemedicine users. Successful telehealth requires internet connectivity, clinical time, incentives, and patient capacity to use the technology. They argued that, despite widespread concerns, Queensland had few places where internet connectivity was so poor that telemedicine was not possible. Figure 5 displays the three themes and five recommendations for increasing and enabling the use of technology in healthcare in the home services.

Figure 5: Enabling the use of technology in home treatments and integration



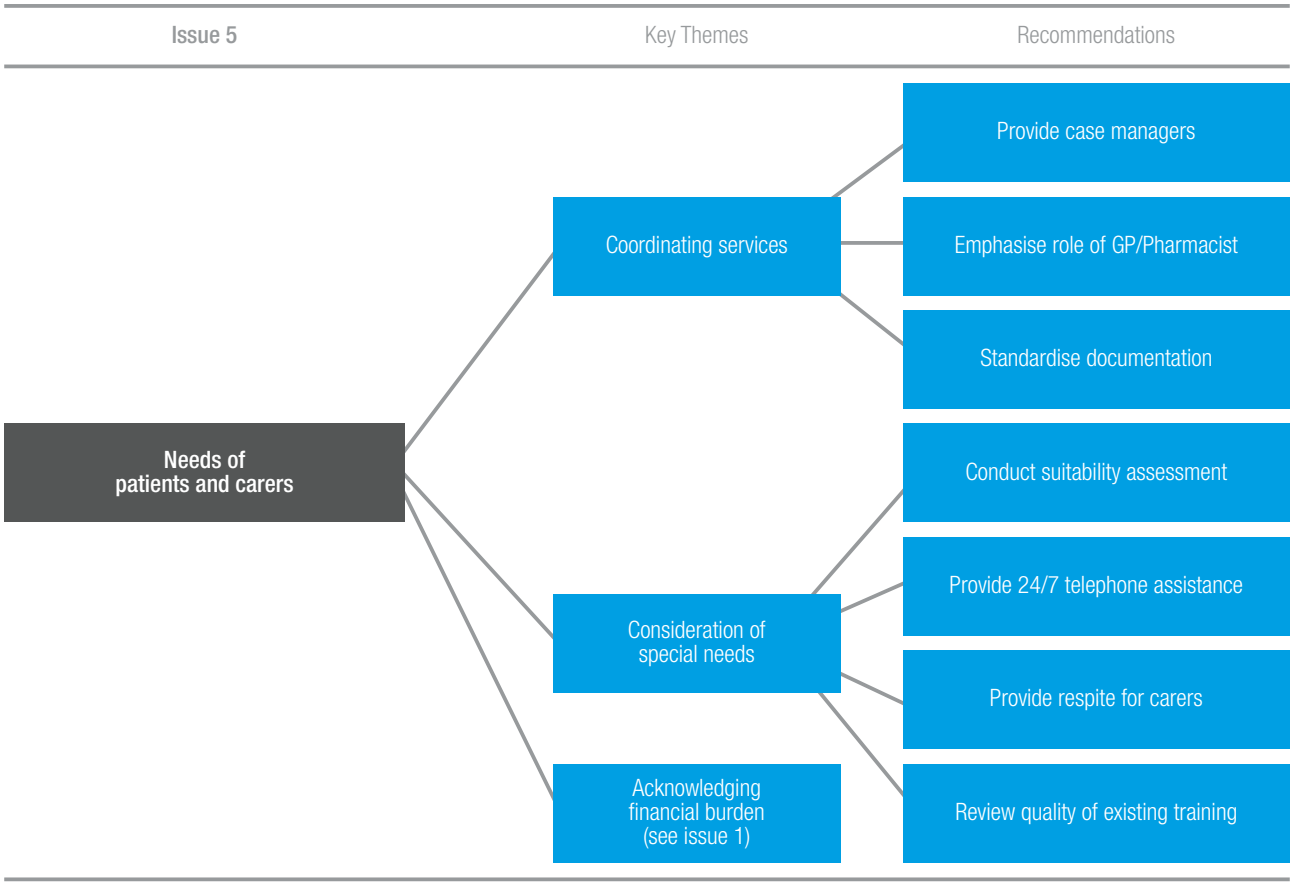
World Café

Issue 5: Needs of patients and carers

The participants considered methods to reduce the burden of healthcare in the home to patients and carers. These included a case manager and a more pronounced role for GPs and pharmacists, which would improve coordination between primary and tertiary care. Participants emphasised the importance of properly accounting for the financial burden to patients. They specifically mentioned the needs of remote patients, including challenges associated with distance from appropriate providers and safety, due to a lack of immediate emergency support. Several participants recommended a suitability assessment before the patient was discharged or transferred home, as well as an in-home follow-up. Recommended supplementary services included a 24/7 telephone assistance line for patients and carers, respite for carers, peer support, and carer support.

A central theme in the discussion of the needs of patients and carers was the call for appropriate training documentation for each patient population. It was recommended that the training resources be tailored to the individual patient using locally appropriate information. Participants agreed upon five key factors. Training resources should be introduced early; they must consider the health and technological literacy of the patient or carer; patients must be aware of how to handle an emergency; GPs must be involved early; protocols must be reviewed for effectiveness. Figure 6 shows the three themes and seven recommendations with respect to the needs of patients and carers in the delivery of healthcare in the home services.

Figure 6: Adhering to patient-centred care through training and analysis



Differences Between HITH, Home Dialysis and HPN

There were differences in the issues discussed between HITH, home dialysis, and HPN. HITH requires an active decision by health professionals to transfer an acute or sub-acute patient home from the hospital. This requires the support and cooperation of the hospital staff, an alignment of funding incentives, and training of hospital staff. Other suggestions that were put forward for encouraging HITH use were KPIs, measuring impact of HITH and disseminating findings, having a CNC dedicated to HITH in EDs, and outreach activities.

Unlike HITH, home dialysis and HPN are long term. Therefore the needs of home dialysis and HPN patients are particularly relevant. Participants identified a gap between the needs of these patients and the services provided. Participants recommended improved assessment of the suitability of patients' homes, better training, and more support for patients facing out-of-pocket costs.

Conclusions

Our findings indicate there are five key issues that need to be addressed to improve uptake and efficiency of health care in the home services in Queensland. These are:

1. Improving financial incentives and funding mechanisms,
2. Increasing awareness of healthcare in the home services, coupled with
3. Improving the professional cultures and attitudes towards to the service,
4. Enabling and improving the use of technology
5. Shifting the focus to the needs of patients and carers in the provision of the service.

For each of these issues we have identified key themes and then linked recommendations to each theme. We have also highlighted the relative importance of each of these with respect to HITH, home dialysis and HPN.

Healthcare in the home requires further discussion among providers, patients, and carers. Facilitating the growth of HITH, home dialysis, and HPN will depend upon the roles of government policy, private investment, and clinical research in creating a patient journey that suits every Australian. With time and effort, the uptake of appropriate home healthcare should lead to reduced costs, improved outcomes, and increased capacity across the country.

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Appendix

Choice	Votes	%
Queensland hospitals and policymakers should make more use of home healthcare services	**61**	
Strongly agree	49	80%
Agree	10	16%
Somewhat agree	1	2%
Disagree	0	0%
Strongly disagree	0	0%
Uncertain	1	2%
Queensland has good data for designing better home healthcare services	**72**	
Strongly agree	4	6%
Agree	7	10%
Somewhat agree	11	15%
Disagree	23	32%
Strongly disagree	13	18%
Uncertain	14	19%
Why should Queensland hospitals and policymakers make more use of home healthcare services?	**72**	
It saves money/frees up hospital resources	5	7%
It is the right thing to do for patients	9	13%
All of the above	58	81%
What do you see as the greatest benefit of home healthcare services?	**73**	
Reduces costs and frees up hospital resources	25	34%
Clinical outcomes for patients	19	26%
Patient preferences for care in the home	29	40%
None	0	0%
Other	0	0%
Which of these is the main barrier to making more use of home healthcare?	**70**	
Perceived added workload for clinicians	3	4%
Fears about safety and quality	29	41%
Inadequate incentives	7	10%
Poor systems	15	21%
Clinicians think they are losing control of their patients	16	23%
The selection process for consumers of home healthcare services in Queensland is appropriate	**71**	-
Strongly agree	2	3%
Agree	3	4%
Somewhat agree	28	39%
Disagree	18	25%
Strongly disagree	7	10%
Uncertain	13	18%

Choice	Votes	%
Which of these factors is most important in the selection process of consumers for home healthcare?	**70**	
Severity of symptoms	33	47%
Comorbidities	6	9%
Inappropriate home conditions	12	17%
Insufficient training	5	7%
Insufficient carer support	14	20%
Consumers in Queensland are being adequately supported in the transition to receiving home healthcare	**70**	
Strongly agree	2	3%
Agree	9	13%
Somewhat agree	19	27%
Disagree	25	36%
Strongly disagree	8	11%
Uncertain	7	10%
Where do home healthcare consumers most require further support?	**68**	
Financial support	11	16%
Training	20	29%
Managing home conditions	19	28%
More frequent clinical monitoring	8	12%
Other	8	12%
None of the above	2	3%
Carers in Queensland are being adequately supported in the transition to receiving home healthcare	**67**	
Strongly agree	0	0%
Agree	4	6%
Somewhat agree	14	21%
Disagree	30	45%
Strongly disagree	12	18%
Uncertain	7	10%
Where do home healthcare carers most require further support	**62**	
Financial support	10	16%
Training	25	40%
Managing home conditions	20	32%
More frequent clinical monitoring	3	5%
Other	3	5%
None of the above	1	2%

World Café Rules

GROUND RULES

1. Everyone has a chance to speak without interruption.
2. Only one person speaks at a time.
   No side conversations
3. Stay on topic.
4. No idea is a bad idea. All ideas and opinions will be respected.
5. Confidential issues will remain in the room.

How It Runs: 15 Minutes Per Topic

- First 5 minutes: go around the table and everyone has a chance to state their thoughts on the question (people can opt out)
- Second 5 minutes: free open group discussion
- Last 5 minutes: last chance for everyone to have a final say – go around the table a last time for final thoughts and comments (probe for most important issue(s) to be raised in discussion)

Facilitator's Role

- State the ground rules and how it will run at the outset.
- Clarify questions if they arise.
- Remain objective and neutral.
- Record relevant information on the paper provided.
- Redirect the conversation if one person is dominating or not following the rules.
- Keep the time but be flexible re the three blocks for 5 minutes if need be.


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10

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