COMMUNITY HEALTH FIRST

Submission for

2024-25 Victorian Budget

www.communityhealthfirst.org.au.

Community Health in Victoria

Community Health First unites all 24 of Victoria's registered community health services with one shared goal – improving the health, wellbeing and quality of life for all Victorians.

Registered community health services play a unique and important role in ensuring access to essential healthcare and community support for all Victorians. Community health services operate out of more than 190 sites across metropolitan, rural and regional Victoria, employing over 10,000 people to support more than 500,000 Victorians every year.

Working across the full spectrum of healthcare prevention, early intervention and multi-disciplinary care, community health bridges the gap between primary care and tertiary care, to connect people with place-based services that improve health, social and economic outcomes.

2023 marks 50 years since the Whitlam Government first invested in community health, recognising its role in providing universal access to health services in Australia. Since then, Victoria has maintained community health recognising the unique role that it plays in providing accessible, quality health care to Victorians; particularly those who are vulnerable or have complex needs.

The 2024 Budget can further build on that foundation by investing in the health and wellbeing of our communities to deliver better health outcomes and reduce costs in our acute healthcare system.

Community Health Value Proposition

Purpose
To improve the overall health, wellbeing and quality of life of all Victorians.

HOW WE DO THIS

Reach the most disadvantaged

We prioritise healthcare access and community support to people who need it most.

Victorians with the poorest health and the greatest economic and social needs are put first.

This means that community health can reach and properly care for people who often 'fall through the cracks' of the service system.

Relationship-based

We build relationships and connections across lifetimes and generations by working with all kinds of people to help them to lead a healthy and happy life.

Strong community connection and stewardship

We engage and support people on their terms. We operate from a social model of health and actively participate in, and contribute to, local communities.

This strong community connection means that community health workers can better respond to locals who need help and better address factors that influence health.

We have the connections to connect people with the care they need across health and social services and can rapidly organise system-wide responses to emerging issues.

IMPACT

People

Local Communities

Agile and responsive

With our partners, we find innovative ways to address the social determinants of health and community capability.

COVID-19 in particular showcased the agility of community health and the ability of services to rapidly establish responses.

Community health services and workers were able to connect with at-risk individuals, meaning those who had no access to healthcare were able to obtain vaccinations, testing, education, and support.

Upstream investment

We pinpoint the root causes of health inequalities and invest in targeted, large-scale health promotion and prevention programs.

These programs are able to reach hundreds of thousands of people and help reduce social and economic pressure on people, communities, and governments.

We actively reduce downstream costs and excess demand on the healthcare system.

Clinical capabilities

We provide high quality primary care and multi-disciplinary clinical services in the community, supported by robust clinical governance.

We are equipped to care for people when and where they need it and have the expertise to keep Victorians healthy and out of emergency department waiting rooms.

Policies and systems

Economy

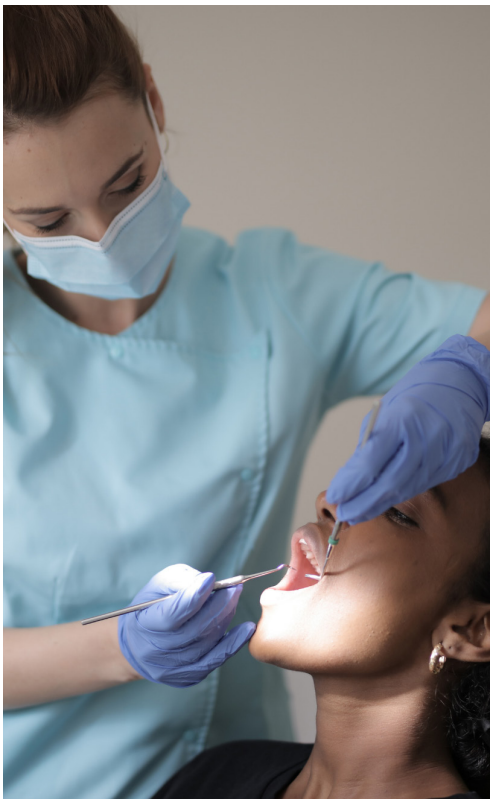
Reducing demand on Victoria's hospital system through Community Health

Victoria's registered community health services are uniquely positioned to deliver scalable early intervention initiatives that reduce strain on the hospital system and ensure Victorians have access to the right care, in the right place and at the right time.

By investing in community health in the 2024 Budget, the Victorian government can improve health outcomes for Victorians, reduce demand on acute healthcare services, avoid immediate and long-term costs and ensure limited healthcare resources are directed where they are most needed.

Community Health First's Budget Submission **includes a plan to avoid $637 million of acute healthcare costs** within four years to:

- **Alleviate the burden of chronic disease on hospitals** by providing tailored support to reduce hospital presentations and bed days for patients with chronic conditions.
- **Deliver on the planned surgery reform by optimising community-based non-surgical pathways** through evidence-based support for osteoarthritis patients and prehabilitation for high-risk planned surgery patients
- **Reduce the number of emergency department presentations** by engaging frequent users and supporting them to connect with necessary preventative supports
- **Alleviate strain on regional and rural health services** by expanding access to preventative health services for communities that need it most.



Five community-based programs, already proven to deliver outcomes in Victoria, have been identified that can be scaled across Victoria via registered community health services.

All five programs contribute to the directions set out in the ***Victorian Health Strategic Plan 2023-27*** and assist in delivering the reform agenda outlined in the ***Planned Surgery Reform Blueprint.***

Each program has a strong evidence-base, demonstrated ability to reduce demand on acute services, and is aligned to the ***Victorian Early Intervention Investment Framework***, as summarised in the table over page.

Community health services are also proposing to scale the existing Community Health Program to deliver an additional 10,000 hours of preventative health supports each year and drive cost-savings in our system into the future.

Research shows that for every $1 spent on preventative healthcare measures, $14 is saved in future healthcare costs. By investing now, Government will build a truly sustainable healthcare system for future generations[1].

This is coupled with a proposed investment in strengthening data on the impacts of community health on the system, to support more effective system-wide planning and efficiencies.

“For 50 years registered community health services have been responding to the needs of Victorian communities, supporting millions of people through provision of high quality and high impact services.”

Community Health Early Intervention Investment Projects

Proposed programs are summarised below, with detailed overview, cost and performance assumptions outlined further throughout the submission.

1. Alleviating the Burden of Chronic Disease on Hospitals

Chronic Disease Health Coaches

288 Health Coaches supporting chronic disease patients to effectively manage conditions within community and avoid escalation to hospital

Alignment to Victorian Health Strategic Plan 2023-27

Strategic Direction:
Keeping people healthy and safe in the community

Key Deliverable:
Information that empowers people to make informed choices about their health

Year 1 Investment
$47.6 million

Year 1 Reach
16,000 people

Year 1 Reduction in service demand
2,880 ED presentations avoided
32,000 bed days avoided

Program Value Delivered
$1.40 avoided
for every **$1 invested**

2. Delivering on Planned Surgery Reform

GLA:D Program Expansion

Scaling the GLA:D program across community health to ensure osteoarthritis patients receive care that avoids unnecessary surgery

Year 1 Investment
$4.13 million

Year 1 Reach
5,000 people

Year 1 Reduction in service demand
272 surgeries avoided
320 bed days avoided

Program Value Delivered
$2.65 avoided
for every $1 invested

‘Prehabilitation’ Program

Tailored multi-disciplinary support prior to planned surgery to reduce risk factors and reduce length of stay

Year 1 Investment
$25 million

Year 1 Reach
13,900 people

Year 1 Reduction in service demand
20,850 bed days avoided
246 30-day unplanned readmissions avoided

Program Value Delivered
$1.80 avoided
for every $1 invested

Alignment to Victorian Health Strategic Plan 2023-27

Strategic Direction:
Keep innovating & improving care

Key Deliverable:
Improved outcomes, safety and care experiences for people who need mental health and wellbeing services, emergency and urgent care or planned surgery

3. Reducing Emergency Presentations

Emergency Department In-reach

In-reach to engage frequent ED users & connect with community-based supports to decrease presentations

Alignment to Victorian Health Strategic Plan 2023-27

Strategic Direction:
Keep innovating & improving care

Key Deliverable:
Improved outcomes, safety & care experiences for people who need mental health and wellbeing services, emergency and urgent care or planned surgery

Year 1 Investment

$4.25 million

Year 1 Reach

1,400 frequent hospital users

Year 1 Reduction in service demand

5,600 Emergency Department presentations avoided

Program Value Delivered

$1.17 avoided
for every **$1 invested**

4. Alleviating strain on regional and rural health services

CP@ Team

Scaling early intervention outreach across rural and regional communities through 99 trained staff

Alignment to Victorian Health Strategic Plan 2023-27

Strategic Direction:
Providing care closer to home

Key Deliverable:
Improved outcomes for regional and rural communities

Year 1 Investment

$23.65 million

Year 1 Reach

11 communities supported

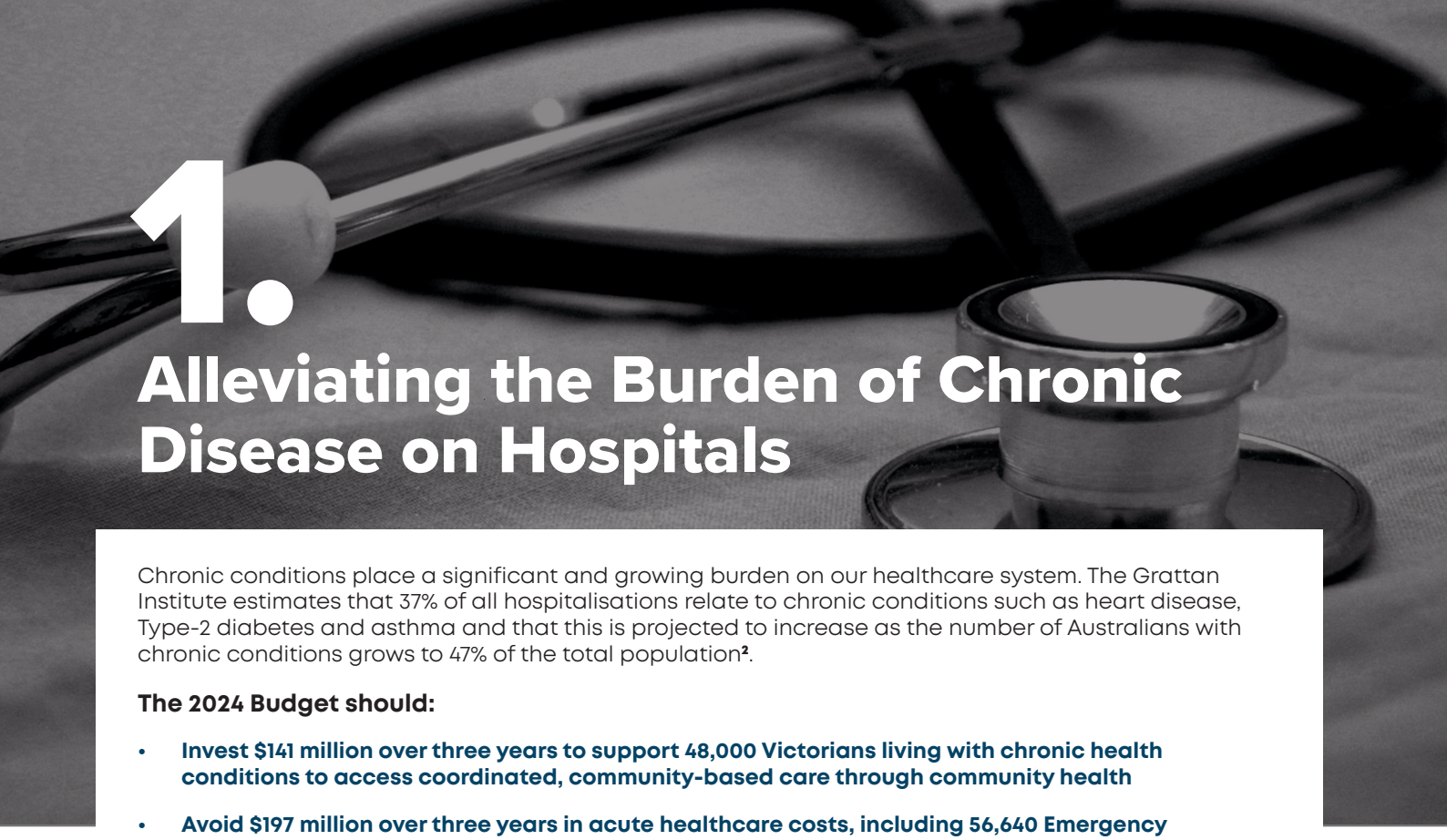
8,927 Emergency Department presentations avoided

Year 1 Reduction in service demand

27,053 Emergency call-outs avoided

Program Value Delivered

$1.61 avoided
for every **$1 invested**



1. Alleviating the Burden of Chronic Disease on Hospitals

Chronic conditions place a significant and growing burden on our healthcare system. The Grattan Institute estimates that 37% of all hospitalisations relate to chronic conditions such as heart disease, Type-2 diabetes and asthma and that this is projected to increase as the number of Australians with chronic conditions grows to 47% of the total population[2].

The 2024 Budget should:

- **Invest $141 million over three years to support 48,000 Victorians living with chronic health conditions to access coordinated, community-based care through community health**
- **Avoid $197 million over three years in acute healthcare costs, including 56,640 Emergency Departments and 104,640 hospital bed days avoided**
- **Deliver $1.40 of avoided costs for every $1 invested.**

Chronic Disease Health Coaches

The problem

Many chronic disease patients access hospital services do not need to be there or could have had their hospital presentation avoided had they received care earlier.

Supporting patients with chronic conditions through care coordination, information and support to self-manage has been proven to dramatically reduce hospitalisations and improve health outcomes and quality of life[3].

The solution

Two community health services - EACH and DPV Health - partnered to deliver Right Care = Better Health across Melbourne's North-East with the support of Eastern Melbourne PHN, providing integrated care to support people with complex and chronic conditions to stay out of hospital.

Right Care = Better Health program was embedded within ten General Practices. Community health services worked collaboratively with each practice to proactively identify patients that would benefit from improved coordination of their care due to the complexity or chronic nature of their condition.

Community health services employed dedicated nurse care coordinators and allied health coordinators to work with each patient and the range of health services to better coordinate of their care. Over a two-year pilot, 300 people were supported to coordinate their care, better understand their condition and build their capacity and confidence to manage their health.

An independent evaluation showed that participant health and wellbeing improved, they had an improved patient experience as a result of better service coordination and spent less time organising and accessing care due to the integrated program approach. For every $1 invested in the program, $1.40 was avoided through a diversion of GP appointments a reduction in the use hospital services, including unplanned Emergency Department presentations[4]. This included an:

- **80% reduction in Emergency Department presentations**
- **88% reduction in unavoidable hospital admissions**
- **37% decrease in length of stay for unavoidable admissions for those accessing the service[5].**

Investment would allow this model to be scaled across all community health services by embedding a workforce of 288 Chronic Disease Health Coaches. Coaches will come from a range of disciplines including nursing and allied health and deliver effective integrated health and social care support to people with complex and chronic health conditions resulting in improvements in chronic disease management and a reduction in acute care presentations.

Health Coaches will prioritise those at highest risk of engaging in acute services as a result of chronic conditions, and work proactively with primary and tertiary care to engage those at risk of hospitalisation.

Investment

	2024-25*	2025-26	2026-27	**Total**
Investment	$47.6 million	$46.7 million	$47.6 million	**$141 million**

**Includes establishment costs and year one evaluation*

Outcomes

	2024-25	2025-26	2026-27	**Total**
Number of participants	16,000	16,000	16,000	**48,000**
ED presentation reduction	2,880	2,880	2,880	**56,400**
Hospital bed day reduction	32,000	32,000	32,000	**96,000**

Avoided Costs

	2024-25	2025-26	2026-27	**Total**
ED costs avoided	$2.4 million	$2.4 million	$2.4 million	**$7.2 million**
Hospital bed day costs avoided	$63.3 million	$63.3 million	$63.3 million	**$189.9 million**

2.

Delivering on Planned Surgery Reform Blueprint

The number of Victorians waiting for public planned surgery more than doubled between 2019 and 2022[6].

The Victorian Government's Planned Surgery Reform Blueprint released in late 2023 provides a clear path forward for reducing the number of people on the planned surgery preparation list through non-surgical interventions.

It acknowledges the importance of patient-centred care in perioperative care settings, both during and after surgery, and the improved patient outcomes that can be seen through active condition management and education prior to their surgery[7].

The multidisciplinary and integrated service approach of community health makes it well placed to deliver non-surgical support and programs to patients in their local communities to both reduce the number of people on the preparation list and improve post-surgery outcomes for those who still require surgery.

The 2024 Budget should:

- **Invest $154 million over three years to allow:**
  - **30,000 Victorians living with osteoarthritis to access evidence-based support to reduce the need for hip/knee replacement surgery**
  - **72,970 Victorians on planned surgery waiting lists to access tailored prehabilitation support to reduce the risk of surgical complications and post-surgery readmission**
- **Avoid $220 million over five years in acute healthcare costs including avoiding:**
  - **2,720 hip/knee replacement surgeries**
  - **112,335 hospital bed days and**
  - **1,293 post surgery readmissions.**
- **Deliver $1.80 of avoided costs for every $1 invested.**

GLA:D Program Expansion

The problem

1 in 5 Australians over the age of 45 have osteoarthritis, with women nearly twice as likely to experience it as compared to men. Osteoarthritis is a common cause of hip and knee replacement surgeries, placing a significant strain on Victoria's healthcare system. An estimated 30,000 hip/knee replacement surgeries are conducted each year in Victoria[8].

With a cost of $20,340 per surgery[9], this represents $610 million of healthcare spending each year. Research has shown that many hip and knee surgery replacements may be avoidable. Many who have surgery have not exhausted first-line management options prior to surgery, with 39% not having had a referral or recommendation to exercise and 54% having never tried muscle strengthening exercises[10].

The solution

With investment community health services can expand their delivery of the proven GLA:D Australia program to support the Victorian surgical reform goal of increase non-surgical treatment pathways to improve patient outcomes[11].

GLA:D is an evidence-based program for osteoarthritis patients to avoid knee and hip surgery and is delivered by specially trained physiotherapists or exercise physiologists. The 6-8 week program provides personalised education and advice on effective osteoarthritis management, pain management and exercise programs to improve daily living, reduce the need for planned surgery, and improve their surgery should surgery still be required after undertaking the program. The goal is empowered patients who understand their treatment options, have access to information they need to make choices about their healthcare, and are well prepared for surgery should they need it.

Research shows that 48% of all osteoarthritis patients will have a hip/knee replacement surgery within a six year time horizon[12].

Patients participating in the GLA:D program saw a 68% avoidance of knee replacements in the two years post participation by those with moderate to severe osteoarthritis as compared to a control group[13]. For those that do progress to surgery, research has shown that participation in similar programs can reduce length of stay in hospital post-surgery by 2.5 days or higher[14].

Many community health services already deliver GLA:D but this can be scaled can be scaled across all 24 services and to reach more Victorians. The investment would allow community health to train up to 250 additional physiotherapists and exercise physiologists to work in communities across Victoria and expand access state-wide.

Investment

	2024-25*	2025-26	2026-27	**Total**
Investment	$4.1 million	$7.5 million	$11.3 million	**$22.9 million**

**Includes establishment costs and year one evaluation*

Outcomes

	2024-25	2025-26	2026-27	2027-28	**Total**
New Practitioners Trained	150	50	50	-	**250**
Participants	5,000	10,000	15,000	-	**30,000**
Surgeries avoided	272	816	1,632	816	**2,720**
Hospital bed days avoided	320	960	1,600	960	**2,880**

Avoided Costs

	2024-25	2025-26	2026-27	2027-28	**Total**
Surgery Costs Avoided	$5.5 million	$16.6 million	$33.2 million	$16.6 million	**$71.9 million**
Hospital bed day costs avoided	$0.6 million	$1.9 million	$3.1 million	$1.9 million	**$7.5 million**

‘Prehabilitation’ for Planned Surgery Patients

The problem

Despite universal healthcare, there are disparities in adverse events for surgical patients in Australia. These disparities can stem from three facets: a patient’s access to healthcare and the severity of the disease at the time of presentation, variation in perioperative and follow up care delivery and social determinants of health or lifestyle factors that may have an effect prior to admission, during admission and after discharge.

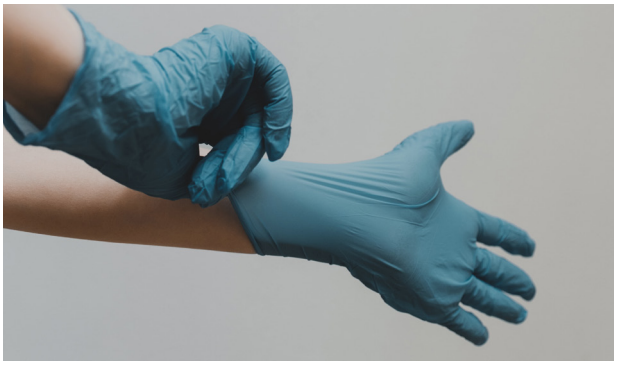
Lifestyle factors such as obesity, smoking, physical inactivity, and poor nutrition have been increasingly linked to poorer postoperative outcomes. Based on the most recent data, 67% of adults and 25% of children and adolescents are overweight or obese and 35% of adults aged 18–64 are insufficiently physically active. While there has been a downward trend in smoking, 1 in 10 people aged 18 years and over are daily smokers.

These lifestyle risk factors compromise surgical outcome resulting in increased burden on the healthcare system. Research shows increased length of stay post surgery and unplanned readmission rates 1.8 times the average for those with risk factors prior to surgery occurring[15].

Addressing these factors pre and post surgery requires a multidisciplinary approach including nutrition, exercise, and psychosocial management (counselling, discharge planning support, transport support, emergency relief). These services are not currently readily available to all surgery patients.

As of 30 June 2023, there were 72,024 people on the waiting list for planned surgery. 96% of these people (n=69,497) are Category 2 and 3 patients and have an overdue wait time for surgery of 220 days and 320 days respectively.

Applying the prevalence of overweight and obese, inactivity and smoking to the 69,497 patients awaiting category 2 or 3 surgery suggests that up to 46,000 patients are likely to have significant modifiable risk factors that could contribute to an increased risk of perioperative morbidity and mortality.



The solution

Engaging patients in a tailored prehabilitation support program through the extended waiting period for planned surgery will improve surgical outcomes, promote faster recovery, and enhance patient experience.

Once the pathway to surgery has commenced, there are a variety of prehabilitation optimisation pathways that can be provided offer significant value for the patient and the health system by better engaging and preparing patients and streamlining care delivery.

Community health services are well placed to implement and scale new and existing optimisation pathways for surgery, to support a better experience and outcomes across the patient’s surgical journey

Community health services can deliver the prehabilitation programs including establishing post-surgical discharge and are experienced in working with vulnerable and at-risk patients. The proposed program brings together multidisciplinary teams to deliver personalised education, exercise, nutritional support and psycho-social support over a 6–8-week pre-surgery program delivered by specially trained physiotherapists or exercise physiologists, dietitians, counsellors, occupational therapists, social workers, case managers and nurses.

Community health are well placed to look at post-surgical requirements to support patients once discharged. The services available through community health exceed purely clinical care such as nursing and therapy. They extend to local service support and engagement such as activities of daily living (showering, cleaning, shopping etc), meal delivery, social engagement activities, counselling, and support with transport to appointments, therapy etc. These local, community-based connections support successful discharge and can help avoid hospital readmission.

It is anticipated that patients would have 6 weeks (approximately 8-12 appointments) to support the perioperative and post-operative journey with additional follow up as necessary, at a cost of $1,800 per participant. Community Health can provide these services in the patient’s local community face to face or using mobile health technology where patients are unable to access a face-to-face service.

Investment

	2024-25*	2025-26	2026-27	Total
Investment	$25.02 million	$43.77 million	$62.55 million	**$131.34 million**

**Includes establishment costs and year one evaluation*

Outcomes

	2024-25	2025-26	2026-27	Total
Number of participants	13,900	24,320	34,750	**72,970**
Bed days saved	20,850	36,480	52,125	**109,455**
Unplanned readmissions within 30 days avoided	246	431	616	**1,293**

Avoided Costs

	2024-25	2025-26	2026-27	Total
Bed day costs avoided	$41.24 million	$72.15 million	$103.1 million	**$216.5 million**
Readmission costs avoided	$1.31 million	$2.3 million	$3.28 million	**$6.9 million**

3.

Reducing Emergency Department Presentations

In 2022, there were over 550,000 potentially preventable hospitalisations in Victoria identified through the Report on Government Services[16], an increase on previous years and the second highest of any State or Territory.

Given the average Emergency Department presentation costs $840 in Victoria[17], this represents $462 million of potentially preventable costs to the Victorian healthcare system each year and results in Victorians facing significant challenges and wait times in accessing emergency care when needed.

The State Government has already introduced measures to attempt to reduce emergency department demand, including landmark investments in Priority Primary Care Centres across Victoria. However, further investment is needed to address sustained demand.

The 2024 State Budget should:

- **Invest $24 million over three years to embed community health complex care coordinators within 42 emergency departments to support 8,400 frequent users engage with services needed to keep them out of hospital.**
- **Avoid $28 million over three years in acute healthcare costs including avoiding 33,600 emergency department presentations.**
- **Deliver $1.17 of avoided costs for every $1 invested.**

In-reach of Community Health into Emergency Departments

The problem

Emergency Departments are often used by those with complex care needs, particularly those with multiple co-morbidities and social, behavioural and psychological care requirements. Research has shown that this cohort accounts for 1.4 – 4% of all ED presentations[18].

The complex needs of this cohort cannot be met by Emergency Department staff alone and many are disconnected from other health and social supports[19].

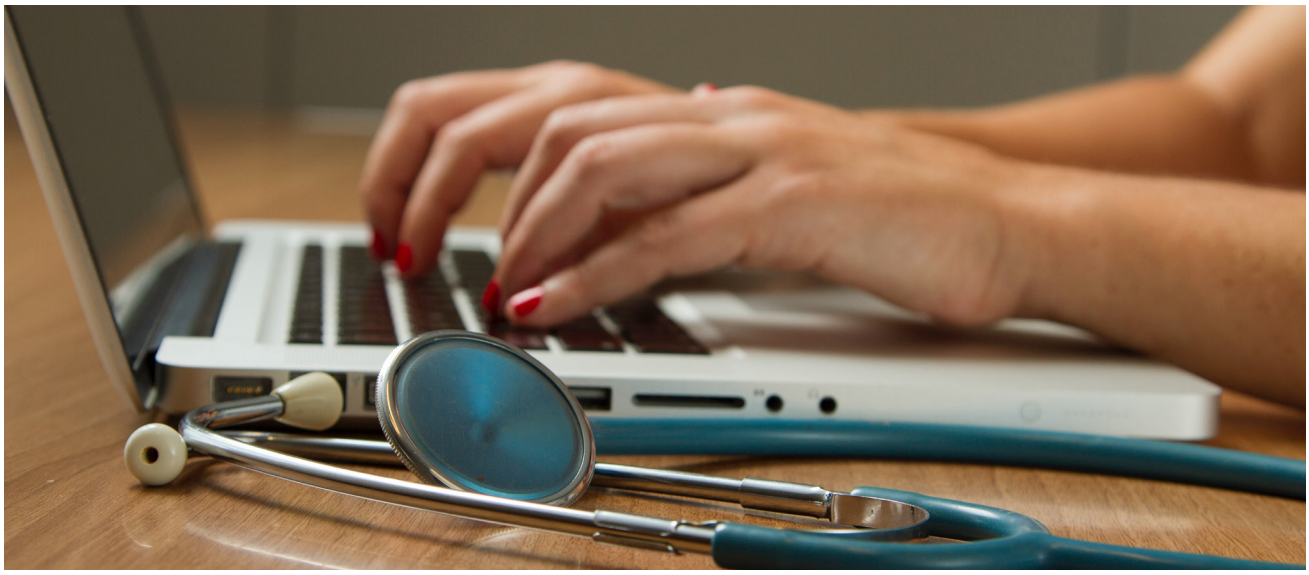
The Solution

Community health services are uniquely placed to address the ongoing support needs of this cohort of people frequently presenting to emergency departments given the range of complementary services offered, multi-disciplinary skill set and deep, established community connections.

In-reach community health Complex Case Workers co-located into EDs will engage and support up to 100 frequent users of emergency departments each year.

Case Workers will be well connected to a range of services within the local community and can outreach into community settings to assertively engage, connect and match frequent Emergency Department users with existing services and coordinate the preventative and complementary services to prevent and reduce further visits.

The program would be established across 14 Emergency Departments in year one, before scaling to a further 14 Emergency Departments in subsequent years.



Investment

	2024-25	2025-26	2026-27	Total
Investment	$4.2 million	$7.9 million	$11.9 million	**$24 million**

Outcomes

	2024-25	2025-26	2026-27	Total
Emergency Departments Supported	14	28	42	**42**
Complex Case Workers (FTE)	22.4	44.8	67.2	**67.2**
Participants	1,400	2,800	4,200	**8,400**
Reduction in ED presentations	5,600	11,200	16,800	**33,600**

Avoided Costs

	2024-25	2025-26	2026-27	Total
ED costs avoided	$4.7 million	$9.4 million	$14.1 million	**$28.2 million**

4.

Alleviating Strain on Regional and Rural Health Services

The healthcare system in rural and regional Victoria is experiencing unique challenges that are placing significant strain on their ability to deliver timely care. Persistent difficulties in attracting and retaining a skilled workforce within a tight labour market, mean that many regional and rural hospitals are under-staffed.

At the same time lack of accessible, affordable primary care services in many communities means that demand for hospital services is significantly higher than in metropolitan communities. For example, emergency department presentation rates in inner and outer regional communities is 1.45 times higher than in metropolitan areas[20].

Tailored solutions are needed to alleviate the strain on regional and rural health services.

The 2024 State Budget should:

- **Invest $76 million over three years to expand the CP@ model to provide critical preventative health screening and support to 47,000 people annually.**
- **Avoid $108 million over three years in acute healthcare and ambulance costs including avoiding 95,915 ambulance call-outs and 31,652 emergency department presentations.**
- **Deliver $1.61 of avoided costs for every $1 invested.**

Scaling CP@ across rural and regional Victoria

The problem

Victoria's rural and regional communities experience significant challenges in accessing affordable primary and preventative care due to a lack of local GPs and health workforce.

Access to GPs is projected to worsen as 30 per cent of current rural and regional GPs plan to leave over the next three years.

Lack of access leads to poorer health outcomes, particularly as a result of chronic conditions, and increased strain on acute services, through unnecessary ambulance call-outs and hospital presentations.

This contributes to significant health inequities in rural and regional communities, who are 1.4 times more likely to die of chronic illness.

The solution

The CP@team model provides an innovative, evidence-based, cost-effective model that supports those who are isolated and disconnected from community and have inequitable access to healthcare. This program has been successfully implemented in over 100 locations across Canada, has significantly reduced chronic disease risk factors and ambulance call outs and resulted in substantial healthcare cost savings.

The program is the result of 10 years of extensive research and rigorous randomised controlled trials, published through McMaster University, Canada. Empirical evidence from those participating in the Canadian program demonstrate:

- **19-25% reduction in emergency call-outs**
- **Reduction in emergency presentations**
- **Improved cost effectiveness as a result of the redistribution of scarce hospital and acute health care resources**
- **Improved Quality of Life regarding self-care, pain and discomfort and engagement with daily living activities**
- **Reduction in chronic disease, blood pressure and diabetes risk**
- **Participant empowerment**
- **Improved social connectedness.**

The model has been adapted to the Australian setting by Sunraysia Community Health Services in Mildura and research partners McMaster and La Trobe Universities in 2021.

Investment would scale the CP@ Team across 11 rural and regional community health services. The program draws on an available workforce of community paramedics who work directly with the community to assess and support health needs and operate outside the traditional emergency call-out response.

Approximately 6,500 registered paramedics in Australia are currently not employed by state ambulance services and could be working as community paramedics within the CP@team model. This provides opportunities for paramedics to remain in their chosen profession and relieves pressure on the primary and acute health sectors.

Investment

	2024-25*	2025-26	2026-27	**Total**
Investment	$23.6 million	$21.7 million	$22.4 million	**$67.7 million**

**Includes establishment costs and year one evaluation*

Outcomes

	2024-25	2025-26	2026-27	**Total**
Emergency call-outs avoided	27,053	31,972	36,890	**95,915**
ED presentations avoided	8,927	10,551	12,174	**31,652**

Avoided Costs

	2024-25	2025-26	2026-27	**Total**
Emergency call-out costs avoided	$23.2 million	$27.4 million	$31.6 million	**$82.2 million**
ED costs avoided	$7.5 million	$8.8 million	$10.2 million	**$26.5 million**

Investment now to meet growing demand for Community Health services in Victoria could save $196 million in future healthcare costs

As the demand for accessible services continues to rise, community health will need to be properly equipped to manage the growing population and support the long-term health outcomes of communities growing in size and diversity.

Community Health Program funding is less than 0.5% of the total Victorian health budget and equates to an average expenditure of $22 per Victorian, as compared to $190 spent per person on ambulance care and $3,166 on hospital care[21]. For every $1 spent on preventative healthcare measures, $14 is saved in future healthcare costs[22]. It also generates significant economic and social benefits, particularly through increased workforce participation and productivity[23].

Research shows that investment in preventative health can yield $14 savings in future healthcare costs for every $1 invested and significant economic benefits through increased workforce participation and productivity. Despite population growth of 20% over the past twenty years, expenditure on the Community Health Program has not received any substantive uplift and has gone backwards in real terms as indexation has not kept up with inflation.

The 2024 State Budget should invest:

- **$14 million of additional annual funding to the Community Health Program for registered community health services to deliver 100,000 hours of additional support across nursing, allied health and case coordination.**

Enabling effective measurement of community health impact on Victoria's healthcare system

The Victorian government has made a welcome commitment to move from competition to collaboration through improving services through planning and sharing information. Community health services currently support over half a million Victorians each year across a wide range of programs. While some demographic and service-level data is captured through the community health minimum data set this is often incomplete, only represents some of the work undertaken by community health and is not aggregated, shared or matched with other health system data.

By sharing data, knowledge, research and resources, we can design and deliver better and more integrated services that lead to better health outcomes[24]. High quality, reliable data from community health services could support better targeting of health funding to deliver improved outcomes and cost savings to the health system, in addition to future outcome-based commissioning.

The 2024 Budget should invest:

- **$583,000 per year for two years to improve community health data capture, reporting and linkages, and enable the establishment of shared data governance the community health minimum data set to improve and better determine the impact of community health on hospital service usage.**

Appendix 1:
Outcome & Avoided Cost Calculation Assumptions

A. Acute Healthcare Cost Assumptions

Cost Assumptions	Assumption	Rationale / Source
Emergency Department presentation cost	$840	Independent Health and Aged Care Pricing Authority, National Hospital Data Collection Public Sector Reportw2020-21
Ambulance call-out	$858	Based on total Victorian State Government funding in 2020-21 divided by the number of call-outs during the period, source: Ambulance Victoria, Annual Report 2020-21
Acute admission	$5,341	Independent Health and Aged Care Pricing Authority (2023), National Hospital Cost Data Collection: Public Sector Report, 2020-21 Financial Year
Hospital bed day	$1,978	Based on the acute admission cost (above) divided by the average number of bed days for admitted patients (2.7). Source: Australian Institute of Health and Welfare, Admitted Patients 2021-22,
Hip/knee replacement surgery cost	$20,340	Ackerman, I.N., Skou, S.T., Roos, E.M., Barton, C.J., Kemp, J.L., Crossley, K.M., Liew, D., & Ademi, Z. (2020) Implementing a national first-line management program for moderate-severe knee osteoarthritis in Australia: A budget impact analysis focusing on knee replacement avoidance, Osteoarthritis and Cartilage Open, Volume 2, Issue 3

B. Program Performance Assumptions

Chronic Disease Health Coaches		
Performance Assumptions	**Assumption**	**Rationale / Source**
Annual Emergency Department presentations avoided per participant	0.18	PWC (2022) Right Care = Better Health Evaluation Report, Eastern Melbourne Primary Health Network
Annual hospital bed days avoided per participant	2	PWC (2022) Right Care = Better Health Evaluation Report, Eastern Melbourne Primary Health Network

GLA:D PROGRAM EXPANSION		
Performance Assumptions	**Assumption**	**Rationale / Source**
Annual rate of progression of osteoarthritis patients to hip/knee surgery	8%	Dabare, C., Le Marshall, K., Leung, A., Page, C. J., Choong, P. F., & Lim, K. K. (2017). Differences in presentation, progression and rates of arthroplasty between hip and knee osteoarthritis: Observations from an osteoarthritis cohort study-a clear role for conservative management. International journal of rheumatic diseases, 20(10), 1350–1360. https://doi.org/10.1111/1756-185X.13083
Proportion of GLA:D participants who avoid hip/knee surgery in 2 years prior to participation	68%	DPV Health, GLA:D Program results monitoring
Reduction in length of stay for those progressing to surgery	2.5 days	4 studies of pre-surgery interventions for hip/knee replacement patients showed reductions in length of stay between 2.5 and 3.3 days. Source: National Institute of Health and Care Research, "People leave hospital after surgery sooner if hospitals follow 'enhance recovery protocols'", Health and Social Care Research, February 2020

‘PREHABILITATION’ FOR PLANNED SURGERY PATIENTS

Performance Assumptions	Assumption	Rationale / Source
Reduction in planned surgery length of stay for participants	1.5 days	15 studies of prehabilitation programs have found a reduction of length of stay between 1.5 and 4.5 days. Source: National Institute of Health and Care Research, “People leave hospital after surgery sooner if hospitals follow ‘enhance recovery protocols’”, Health and Social Care Research, February 2020
30 day readmission rate post-surgery without prehabilitation	4.79%	Australian Government Productivity Commission, Report on Government Services: Public Hospitals, 2023
Reduction in 30 day readmissions achieved with prehabilitation	37%	Perry R, Herbert G, Atkinson C, et al. Pre-admission interventions (prehabilitation) to improve outcome after major elective surgery: a systematic review and meta-analysis. BMJ Open 2021;11:e050806. doi:10.1136/ bmjopen-2021-050806

COMMUNITY HEALTH IN-REACH INTO EMERGENCY DEPARTMENTS

Performance Assumptions	Assumption	Rationale / Source
Average number of Emergency Department presentations by frequent users without intervention	8	8+ presentations is a consistently used definition of Frequent Hospital User within Australia
Reduction in Emergency Department presentation for participants in three years post-engagement	50%	A review identified 22 of 31 studies globally where a reduction in ED presentations was recorded after intervention, with results as high as 66%. Source: J. Moe, SW Kirkland, E. Rawe, MB. Ospina, B. Vandermeer, S. Campbell, BH. Rowe, “Effectiveness of interventions to decrease frequent emergency department visits by adult frequent users: a systematic review”, Academic Emergency Medicine, July 2016

CP@ TEAM EXPANSION IN RURAL & REGIONAL VICTORIA

Performance Assumptions	Assumption	Rationale / Source
Average number of ambulance call-outs per location without CP@ Team	12,944	Ambulance Victoria, Annual Report 2020-21
Annual reduction in ambulance call-outs with CP@ Team	19%	Agarwal G, Angeles R, Pirrie M, McLeod B, Marzanek F, Parascandalo J, Thabane L. (2019). Reducing 9-1-1 emergency medical service calls by implementing a community paramedicine program for vulnerable older adults in public housing in Canada: A multi-site cluster randomized controlled trial. Prehospital Emergency Care. 23(5):718-729
Average number of ambulance call-outs resulting in Emergency Department admission	33%	Ambulance Victoria, Annual Report 2020-21

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