

Treasury Project

Cost benefit analysis on management of 000 calls

Before investing more money into St John Ambulance (SJA) infrastructure I believe it would be worth thinking outside the box for a minute and taking a step back from thinking SJA is the answer to everything out of Hospital in WA. The market has evolved and there are other options now.

I propose Treasury do a cost benefit analysis on moving the 000-call centre out of SJA and placing it into the health department to create a range of alternate care pathways similar to that of other states utilising a wide range of health resources in the community.

If you move the call centre out of SJA you allow alternative health responses (Alternate care pathways), other than an ambulance or SJA facility. This might include an afterhours GP Locum, a Telehealth service, a home nursing service or directions to an afterhours GP service (other than an SJA facility), or advice to wait with a follow later. Other states already do this and Victoria have a very good model which you should have a look at. The alternate care pathway model using more than one provider will reduce the pressure on Emergency Departments, reduce the issues with ramping and ambulance availability for critical cases while improving the range of services and quality available.

In addition, I think you will find most of those alternate care pathways will push costs to the Primary Health Networks – Federal money, not state money, that's just one advantage.

St John Ambulance own statistics indicate that over 60% of calls could have been treated differently (By something other than an ambulance). But... if SJA send an ambulance or take them to an SJA facility they also get to send a bill, and in urgent care cases also get to bill Medicare and private healthcare providers. So, there is no incentive for SJA to anything else with the states 000 calls.

I think if you do some good business modelling you can save a lot of money for the state simply by changing the way the 000 calls for health issues are handled, rather than spending more on SJA solutions. Right now, St John Ambulance have a monopoly on that piece of state infrastructure (as the 000 number is the states, not St Johns) which is not a healthy situation.

Let SJA have the ambulances, just not the call management function. You can leverage a lot of additional horse power from the PHN's and other health resources in the community if the calls are managed differently (by the health department directly or independent third-party contractor). I am happy to share more detail with you on this matter over a coffee, but think about breaking the monopoly on 000-call management – it's not best care for WA tax payers, its lazy.

Get Treasury to do some work on this. I guarantee you will find genuine financial savings and improve the quality of healthcare to West Australians in the process. All the Doctors I have spoken with support the idea.

I've also discussed it with [REDACTED] and he agrees it is an excellent idea and will address multiple issues within the hospitals as well, so too do several other Emergency Physicians I have spoken with from other hospitals.

I have also discussed the possibility of co-locating the 000 function with WACHS, as they have invested heavily in their telehealth technology. All the parts are there, and they are interested.

Think outside the box on this for a bit.

Thanks for reading.