

Turning the rhetoric into reality:

Prevention and early intervention
in HealthOne NSW services

Objectives of session

- To develop a common understanding of prevention
- To explore the potential for HealthOne NSW services to be actively engaged in prevention
 - Using the discussion paper released by the National Preventative Health Taskforce as one reference
 - And ranging more broadly into other health priorities, with consideration of equity and acknowledging upstream factors
- To discuss the tensions and challenges of implementing prevention approaches in HealthOne NSW services, and to identify useful strategies for addressing these.

Definition of Prevention

- *“Action to reduce the onset, causes, complications or recurrence of disease” (AIHW 2004)*
- This may include strategies which aim to reduce or eliminate risk factors and/or increase protective factors.

Understanding prevention

- **Primary Prevention** – goal is to “limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health”.
- **Secondary Prevention/Early Intervention** - described as strategies which aim to “reduce progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention”.
- **Tertiary Prevention/Chronic Disease Management** - aims to minimise the impact of established disease and improve function through effective treatment and rehabilitation.

Population by stages of disease continuum →

Well population	At risk	Established disease	Controlled chronic disease
Primary Prevention	Secondary Prevention/ Early Detection	Disease Management and Tertiary Prevention	
<ul style="list-style-type: none"> Promotion of healthy behaviours and environments across the lifecourse Universal and targeted approaches 	<ul style="list-style-type: none"> Screening Case finding Periodic health examinations Early intervention Control risk factors – lifestyle and medication 	<ul style="list-style-type: none"> Treatment and Acute Care Complications management 	<ul style="list-style-type: none"> Continuing Care Maintenance Rehabilitation Self management
<ul style="list-style-type: none"> Public health Primary health care Other sectors 	<ul style="list-style-type: none"> Primary health care Public health 	<ul style="list-style-type: none"> Specialist services Hospital care Primary health care 	<ul style="list-style-type: none"> Primary health care Community care
Health Promotion	Health Promotion	Health Promotion	Health Promotion

↑
Prevent movement to the
“at risk” group

↑
Prevent progression to
established disease and
hospitalisation

↑
Prevent/delay progression
to complications and
prevent readmissions

Discussion points (1)

- Interventions across the disease continuum can be delivered at a population, group or individual level.
- For HealthOne NSW services, where does the relative emphasis or focus lie, and where should it lie, given:
 - The blending of state-funded and private (commonwealth-subsidised) services
 - Different provider-consumer relationships - episodic/single encounters, longitudinally continuous care, population-level interventions (including health promotion and community involvement in planning and delivery)
 - multidisciplinary care team for individual patients over time

Discussion points (2)

Taking into account, eg. funding arrangements, workforce availability and skills, what role should HealthOne NSW services have in:

- primary prevention (controlling exposure to risk and promoting protective factors)
- secondary prevention (early intervention and detection)
- tertiary prevention (minimising impact of disease and restoring function)