

LIVING WITH DIABETES PROGRAM

**916. Mr R.H. COOK to the Minister for Health:**

I refer to the minister's remarks in the house on Tuesday, 17 November when he said that based on a report, the chronic diseases management program had failed to deliver value for money for Western Australian public hospitals.

- (1) Is it not true that the evaluation report by the University of Western Australia identified significant savings to the state of up to \$158 million?
- (2) Is it not true that the report also showed that each patient undertaking a chronic diseases management program was spared a hospital stay of at least three days?
- (3) Will the minister now apologise for misleading the house with his statements on Tuesday?

**Dr K.D. HAMES replied:**

- (1)-(3) No I will not, and no I did not mislead the house. Yes, all the things the member has said are true, but, as usual, he has taken one set of figures and tried to do something else with them. What the investigation showed is that, yes, it would indeed prevent three days of admission per patient and, as I said yesterday, it would be at a cost of about \$4 500 per patient. Of the patients who were referred to go through that coaching program, only 60-odd per cent—I do not have the percentage with me—actually turned up to undertake that coaching. Of those who turned up, only about 11 per cent completed the course. For that 11 per cent who turned up it was successful, but at an extraordinary cost per patient—far greater than the amount of money that we would save —

**Mr R.H. Cook:** That is not what the report said, is it?

**Dr K.D. HAMES:** Yes, it is exactly what the report said. The report said that if we were to take that model and get it out to all the diabetic patients across the state and save three days per patient for all those diabetic patients across the state, yes, it would save \$158 million, but we would have to expend a considerable amount of money—approximately \$4 500 per patient, or about \$4 million for those patients who are there now. It is not economically viable. As I said yesterday, we needed to invest —

**Mrs C.A. Martin** interjected.

**Dr K.D. HAMES:** The member should not be talking—she should not even be in there!

**Mrs C.A. Martin:** You get your facts wrong!

**Dr K.D. HAMES:** You, with your income and with your education, should not be in the program!

**The SPEAKER:** Member for Kimberley, I know you have —

**Mrs C.A. Martin** interjected.

**The SPEAKER:** Member for Kimberley! I formally call you for the first time. Member for Kimberley, I know you have a passionate and personal interest in this matter, but it is not the appropriate way to go about gathering information that you might use. While I am on my feet, I am also going to formally call you for the second time.

**Dr K.D. HAMES:** This program would need an enormous increase in the amount of funds, which we just do not have at present within the system. Across that particular item, if we were to roll it out and if 100 per cent of the people referred turned up, and 100 per cent of the people continued with the program instead of the current 11 per cent —

**Mr E.S. Ripper** interjected.

**The SPEAKER:** Leader of the Opposition!

**Dr K.D. HAMES:** — we could save it. Therefore, we must look at whether it is the best use of taxpayers' dollars. At present it is not because we have all these general practitioners who can do exactly the same program and exactly the same work with their diabetic patients. They get funding from the commonwealth government to do that, and we have had representations from the GPs —

**Mr P. Papalia** interjected.

**The SPEAKER:** Member for Warnbro!

**Dr K.D. HAMES:** — that they want to be able to undertake —

**Mr P. Papalia** interjected.

**The SPEAKER:** Member for Warnbro!

**Dr K.D. HAMES:** — that program. We have to make choices —

**Mr P. Papalia** interjected.

**The SPEAKER:** Member for Warnbro, I formally call you for the first time, and also, while I am on my feet, I formally call you for the second time. You may have an interest in this issue, and obviously you do, and you may have some knowledge about it, which I do not dispute, but you should use that knowledge in a different way. Ask a question and do it in the appropriate manner. Minister, please conclude your remarks.

**Dr K.D. HAMES:** It is important to realise that preventative medicine is an extremely important component of managing patients, and we must do the best we can to fund both preventative programs and programs at the end. We are putting an extra \$20 million —

**Mr F.M. Logan** interjected.

**The SPEAKER:** Member for Cockburn!

**Dr K.D. HAMES:** — into the Friend in Need—Emergency program assisting Silver Chain to work with doctors in better looking after patients in their homes. But, at the end of the day, we must treat the patient. It might be a member's auntie or mother who walks through the door of the emergency department at one of our hospitals, and we must ensure that we look after her properly. We will do that and ensure that she gets the best of care with the funds that we have currently available.