ACT Government | ACT Health

Value Based Health Care Health Forum 9 November 2023

Report and next steps

January 2024

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Introduction

The purpose of the ACT Health directorate's Health Forums is to bring together the ACT health community to learn, share and design a system that supports improving health outcomes for our region's population. ACT Health is committed to holding health forums at least twice a year.

The first Health Forum was held on 9 November 2023. This forum aimed to introduce the concept of value based health care (VBHC) and to consider which areas of the ACT health system are ready to implement this model.

This report has been developed as a record of the forum and to inform the next steps to be taken by the ACT Health Directorate in the area of VBHC.

ACT Health and the value agenda

At ACT Health we are aiming for Canberrans to be the healthiest they can be. This requires us to use VBHC to deliver the best outcomes (clinical, patient reported outcomes and experiences) in the most financially sustainable way.

We face the same challenges in the ACT as others around Australia and the world:

- increasing inequity of health outcomes for a growing community
- unplanned, urgent, and emergency services under strain
- demand that is growing year on year
- unwarranted variation in care when benchmarking against national figures
- pressure on our limited workforce numbers.

VBHC gives us a framework where safe and effective care can happen, with measurable improvement outcomes.

What is value based health care?

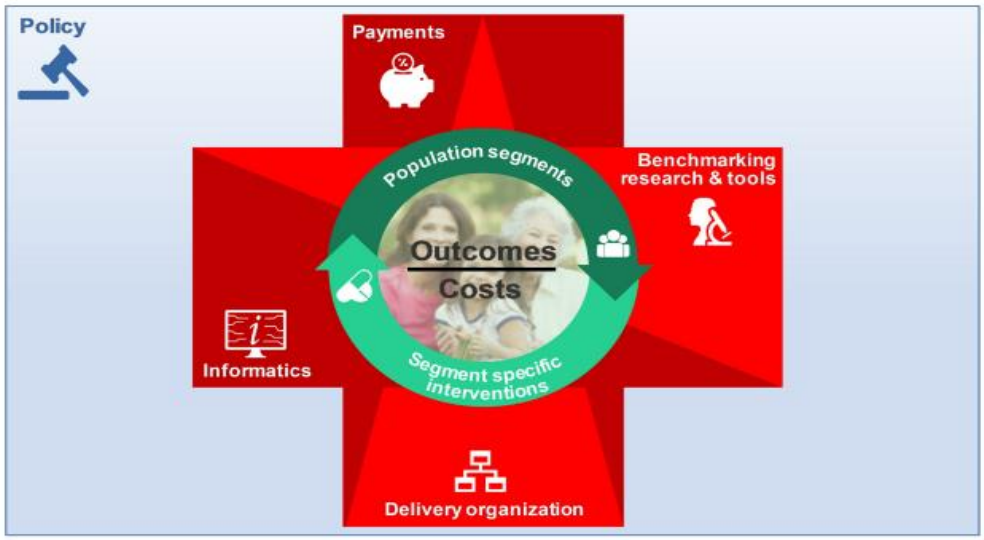
VBHC is a term introduced by Michael Porter and Elizabeth Teisberg in 2006[1]. Since this time many health system and individual organisations have adopted the model. VBHC includes the elements below[2] and shown in Figure 1[3]:

a. Three foundational principles
    1. systematic measurement of health outcomes that matter to patients and the costs required to deliver them
    2. identification of clearly defined population segments
    3. development of customised segment specific health outcomes

[1] Porter M and Teisberg E (2006) Redefining Health Care: creating Value Based Competition on Results. Boston: Harvard Business School Press, 2006
[2] Larsson, Clawson and Keller (2023) The Patient Priority. Solve Health Care's Value Crisis by measuring and delivering outcomes that matter to patients.
[3] World Economic Forum (2017) Insight report Value Healthcare Laying Foundations https://www3.weforum.org/docs/WEF_Insight_Report_Value_Healthcare_Laying_Foundation.pdf

b. Four key enablers that when aligned can accelerate progress
    1. informatics including shared standards and new capabilities that enable the routine collection, sharing and analysis of outcomes data and other relevant information for each population
    2. benchmarking, research and decision support tools
    3. payments
    4. delivery organisation including new roles and models that adapt to new opportunities and innovations, provide better access to appropriate care and engage clinicians in continuous improvement
c. public policy - can influence regulation and legal constructs

Figure 1: Framework for a Value Based Health Care System



ACT & national context

The recent review of the National Health Reform Agreement emphasises the need for a more proactive and deliberate approach to innovation. This approach assesses system performance and develops responses to ready the health system for future challenges. It identifies a need to focus on elements identified in VBHC:

- funding reform, including payments for blended models of care and bundled payments and pricing approaches that reward high value care and penalise low value care to minimise variation
- development of optimal models of care for population segments, including First Nations people
- embedding digitisation and workforce as key enablers of the health system
- shifting to an outcome focus including through patient experience and reported outcome measures.

The review recognises that health system performance is a function of the hospital, primary, disability, aged care and prevention sectors working effectively together in the interests of the consumer and system sustainability. It recommends joint planning and commissioning by Commonwealth, State and Territory departments, Primary Health Networks, Local Hospital Networks and Aboriginal Community Controlled Organisations.

It is often remarked that the ACT is the perfect size to test health reform and to innovate. We have one primary health care network, a single public acute and community provider, a modest sized private acute sector and engaged non-government organisations. Our population is reflective of the rest of Australia. 11% of the population lives in low-income households, one in 2 adults have a chronic condition, and the leading causes of disease burden in ACT are coronary disease, anxiety and back pain.

Over time the ACT has moved forward with key enablers of a system that is striving toward VBHC (table 1).

Enablers	Examples of evidence
Informatics	The Digital Health Record (DHR) implemented in November 2022 provides a comprehensive data collection tool.
Benchmarking for populations	Engagement in 13 clinical quality registries across the system and key groups such as Women's Health Australasia for maternity metrics.
Payments	Developing activity-based funding arrangements with single public provider (acute and community). Pursuing a comprehensive commissioning program for outcomes with non-government providers. Testing payment for primary care and extended allied health for people with complex, chronic disease illness through the Commonwealth funded primary care initiative.
Delivery organisations	Successful testing of nurse led Walk-in-Centres (currently being expanded as Urgent Care Clinics) for low acuity care, development of community hubs that blend social and health care. Funding of social workers in general practice to support people with complex health and social needs. Emerging systemwide engagement of clinicians (including the Maternity in Focus initiative) and through clinical governance mechanisms such as the Clinical System Governance Committee.

Table 1: Examples of enablers present in ACT

The foundation elements in figure 1 require commitment to implementation and assessment of the population segment with the greatest impact. In the ACT there are many areas of significant variation of care and for which there is data already available, such as maternity and critical care.

The national and local aspirations to manage demand and improve the health of the population within our complex health system is only possible with a shared agenda between commonwealth and state, clinician and consumer, provider and commissioner.

Health Forum #1

On 9 November 2023 255 people from across the ACT health community attended the inaugural Health Forum. The forum agenda (appendix 1) brought together international and local leaders to consider VBHC and how it could have impact in 2033 for the ACT community. It was also an opportunity to introduce the new ACT Health Council and allowed time for attendees to connect with each other.

The key messages from the guest speakers were:

- VBHC is about better outcomes for people
- start small and start with the willing
- use data that is available
- begin to measure outcomes (clinical and patient reported) and process metrics
- don't start with funding reform.

The forum worked together through 2 breakout activities to consider:

- which populations to focus on for impact on outcomes by 2033
- what barriers and enablers are present now
- what to measure to see change by 2033.

Progress was made to identify some population segments which were:

- homelessness
- diabetes
- frailty
- children under 5 years old
- people at end of life.

Each of these will be explored alongside outpatient wait lists. The forum clearly identified enablers to improve outcomes for each of these specific populations. The following 5 areas were also considered issues and opportunities that would deliver better outcomes by 2033:

- integration and coordination across the system
- data including patient reported outcome measures and improved transparency
- workforce including training, retention and attraction
- prevention, community, and primary care need improved capacity
- supporting learning across the system.

These 5 areas are key components of a VBHC system. The forum showed that there is good alignment to VBHC within the ACT context.

Attendees

A total of 255 people attended the event. The invitation to attend was open to ACT healthcare professionals with specific approaches made to key stakeholders and members of ACT Health committees. Figure 1 shows the percentage of the audience in each category. The government category included representatives from ACT and New South Wales government agencies.

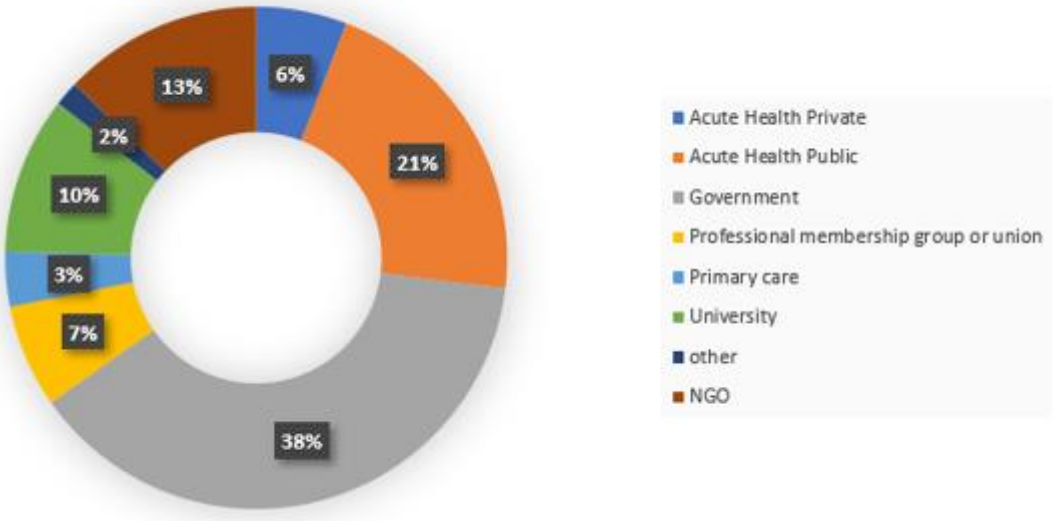


Figure 1: Organisational category of the attendees

Breakout 1: Progressing the health system

The purpose of this breakout was to identify focus areas and understand barriers and opportunities from the attendees. Each of the 30 tables of participants were asked to answer the following questions:

1. Is there a population, clinical or system issue or area that you would focus on now to have impact in 2033? Please provide your consolidated top 3 priorities.
2. What would we need to implement to achieve the change in the identified population/clinical/system issue?

Figure 2 shows the populations identified from the first question. Of the total tables 29 had these populations within their top 3. Complex populations included people who are homeless, culturally and linguistic diverse and those who experience poor determinates of health and wellbeing outcomes.

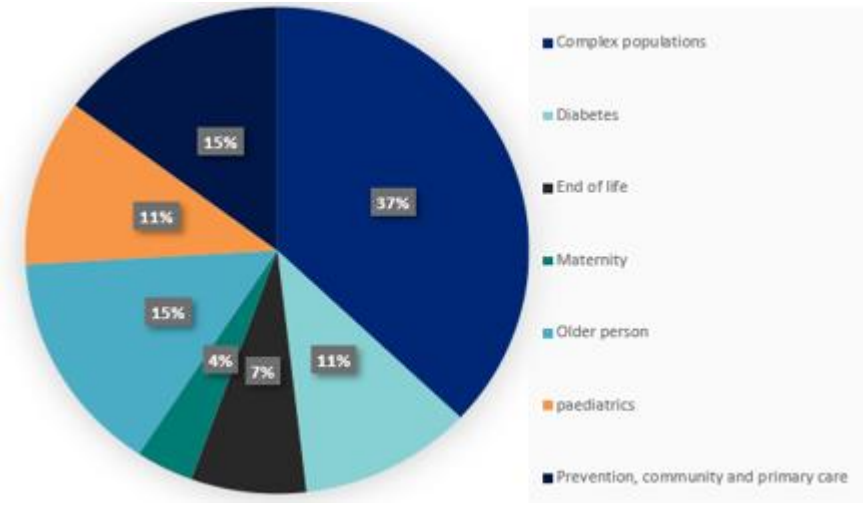


Figure 2: Populations to focus on for impact in 2033 (question 1)

Figure 3 sets out the identified system issues to focus on to improve the outcomes across the ACT. The top 5 issues identified were:

- integration and coordination across the system
- data including patient reported outcome measures and improved transparency
- workforce including training, retention and attraction
- prevention, community, and primary care improved capacity
- supporting learning across the system.

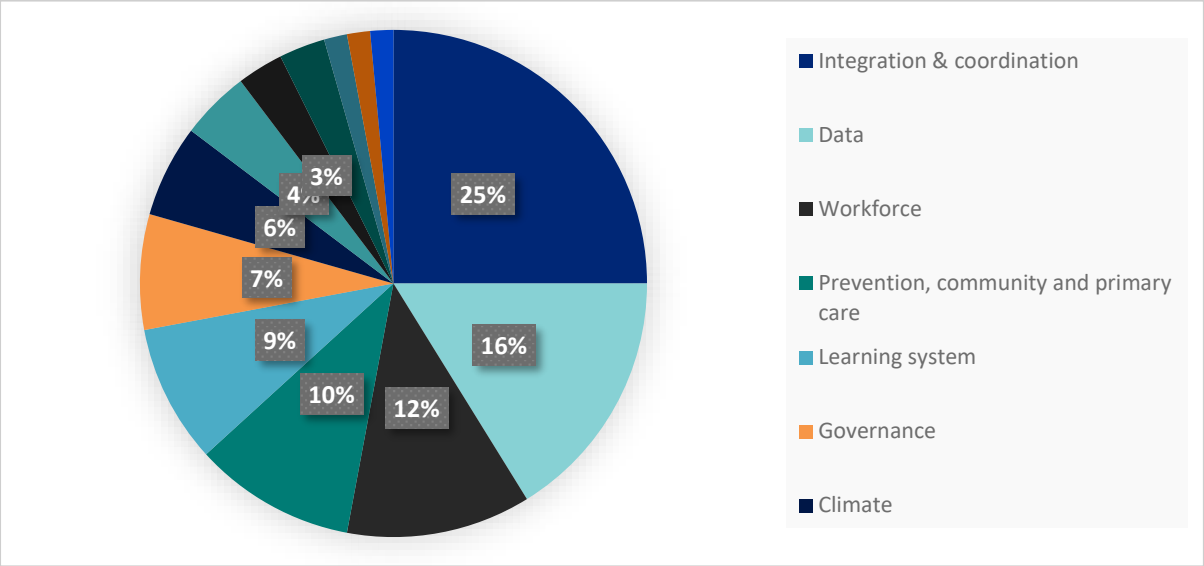


Figure 3: System issues to focus on for impact in 2033 (question 2)

Question 2 also added a few key additions: consumer partnership, funding reform, clarity on governance of the system and a need to focus on culture.

Breakout 2: Imagining the future of the health system in 2033

The forum was asked to focus on the following areas identified in break out 1:

- people who are experiencing homelessness
- people with diabetes
- people who are frail
- people who require end of life care
- children under 5 years of age
- outpatient waitlists

For each area the forum was asked to answer the following questions and build upon each other's ideas:

1. How will we know that improvement has occurred by 2033? What should we measure?
2. For whom will things have changed and how?
3. What infrastructure and key enablers need to be in place?
4. What development do we need in technology?
5. What incentives need to be considered to achieve the future health system?

Significant detail came from this exercise which will require refinement with clinicians, consumers and other experts over the coming months. Table 2 shows the high level responses to these questions.

	Possible aim	Measures	Change ideas
End of life care	People have what matters most to them at the end of their life	Number of people dying at home who choose to Reduction in complex grief in carers and family following death	Advanced care planning in place What matters at the end of life is known and understood by everyone

		Satisfaction of carers and family as to the death of their loved one Improved community knowledge and comfort with end of life Reduced futile care at the end of life Number of referrals to palliative care	Tertiary education programs to create a workforce for navigation Workforce is skilled to have early conversations about end of life, and for this to consider also different cultural approaches to death. Provision of after hours care Remote monitoring to support staying at home Support for carers – virtual and physical Death literacy campaign Funding reform to support best evidenced end of life care
Homelessness	People experiencing homelessness have improved health	People who are homeless will feel comfortable and safe to access community and preventative health services Increased access to healthcare services for people who are homeless Reduced need for trauma informed care Improved staff knowledge to work with people who are homeless Reduced number of people who are homeless using emergency services	Partnership with PHNs, Public Health and NGO services to provide in-reach and outreach health services in crisis services/shelters and for people sleeping rough Programs that deliver where the homeless people are Mobile/pop up services to homeless communities - to supply medicines/consumables Technology to improve data collection Programs with capacity for codesign by people experiencing homelessness Universal basic income Specific/multidisciplinary training for health professionals working with homeless cohorts and appropriate clinical supervision to avoid burn out Shared health info to be able to care for people wherever they arrive at the health system - no wrong door. Information to be accessible at the point of care (where ever this is) across all community and tertiary services Ways of maintaining tenuous housing connections during hospital stays Flexible funding models to provide services – e.g. people without Medicare or other forms of ID
Frailty	People who are frail do not require acute health care services as often	People report that they feel more confident to access community and mange their care/life at home	Specific programs for vulnerable cohorts in the population Measure frailty at every opportunity and put preventative steps in place when risk identified Fund by need not specialty

	for preventable events	No cost shifting between primary and secondary/tertiary care Less falls Reduce readmissions	Improve health literacy of people who are at risk of becoming frail Increased availability of DEXA or ways of measuring bone density Fall detection technology in the home Care in the home rather than care at a facility by providing better community services and in home supports Prevention programs to include free gym membership, free fruit and vegetables, better walking paths Improved bridge between admission and GP for continuity of care Workforce optimisation to extend scope. For example fire fighters to review smoke detectors for the frail cohort
Children under 5	Children under 5 have improved health status	Reduction in unintentional injury Reduction in number of children in out of home care Reduction in ED presentations for Asthma	Better parenting support Early neurodiversity assessment and management Identification of vulnerable families and children and services provided Paediatrician access at schools for follow up Data linkage with human services (education and housing) Outreach services are available in primary school and early learning centres Care is available locally Evaluate the Kindy Health check Resolve the digital divide Use AI to look across multiple data sets to build real time picture of the child
Diabetes	Improve a person with diabetes ability to self-manage to reduce admissions to hospital	More GPs with an interest in diabetes and other chronic diseases Increase in confidence to manage own diabetes	Incentives that align to better management by the person of their diabetes e.g. Singapore has grocery incentives if exercise goals are reached Self-management incentives for person with diabetes and their GPs Virtual care for routine diabetes management Better interoperability between systems – DHR, GP software, private allied health

			Upskill GPs and broader multidisciplinary team to care for diabetes in the community Promote health at every weight Promote health literacy Consumer access to diabetes educators through all life stages
Outpatients wait list	Reduction in wait times for people requiring a specialist appointment	Improved satisfaction reported by consumers Less incidents of occupational violence and abuse in outpatient teams Less complaints from consumers and referrers about wait times No people are notified of an appointment after death Reduction in emergency presentations of people waiting for outpatient appointment	Consumers/carer can book appointments Case conferencing/multidisciplinary appointments for those people with multiple chronic conditions in community and hospital setting Alternative services provided by allied health for those waiting for surgical appointments Provision of conservative management first Mechanism for communication between clinicians and consumers about wait times. New to follow up ratios

Next steps

Insights from the first health forum have helped identify the 3 foundational principles of VBHC in an ACT context:

- measurement of value
- defined population segments
- outcome measures specific to the population segment.

Over the coming months we will work with expert clinicians, consumers and organisations to:

- further refine the population segments
- develop specific outcomes that matter to the person seeking health care
- establish a way to measure this and the associated costs.

This work will be presented and tested at the next health forum in April-May 2024.

Appendix 1: Agenda

Item	Subject	Speaker
1	Housekeeping	Luke Worth, MC
2	Welcome and introduction	Ms Rachel Stephen- Smith MLA Minister for Health, Minister for Aboriginal and Torres Strait Islander Affairs and Minister for Children, Youth and Families
3	Consumer story	Ms Rebecca Cross, Director-General, ACT Health
4	Value Based Healthcare – Australian perspective	Ms Kylie Woolcock, CEO, Australian Healthcare and Hospitals Association (AHHA)
	Morning tea	
5	Implementing better outcomes at scale: the Welsh experience	Dr Sally Lewis Director of the Welsh Value in Health Centre
6	Panel discussion - the ACT perspective of value based healthcare	Kylie Woolcock, CEO, AHHA; Rebecca Cross, Director-General, ACTHD; Dave Peffer, Chief Executive Officer, CHS; Stacy Leavens, CEO, Capital Health Network; Elizabeth Porritt, CEO National Capital
7	Breakout session: Progressing the Health system	Robyn Hudson, Deputy Director-General, ACT Health
	Lunch	
8	The Art of The Possible Panel	Prof Ian Curran, Australian National University (ANU)
	ACT Health Council – our role and vision	Dr Nigel Lyons, Chair, Health System Council
	Removing low value care: good for patients and good for the planet	Dr Arnagretta Hunter, ANU Human Futures Fellow; Cardiologist and Physician
	Afternoon tea	
9	Breakout session: Imagining the future health system in 2033	All
10	Outcomes and future focus areas	Ms Robyn Hudson, Deputy Director-General, ACT Health

Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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