



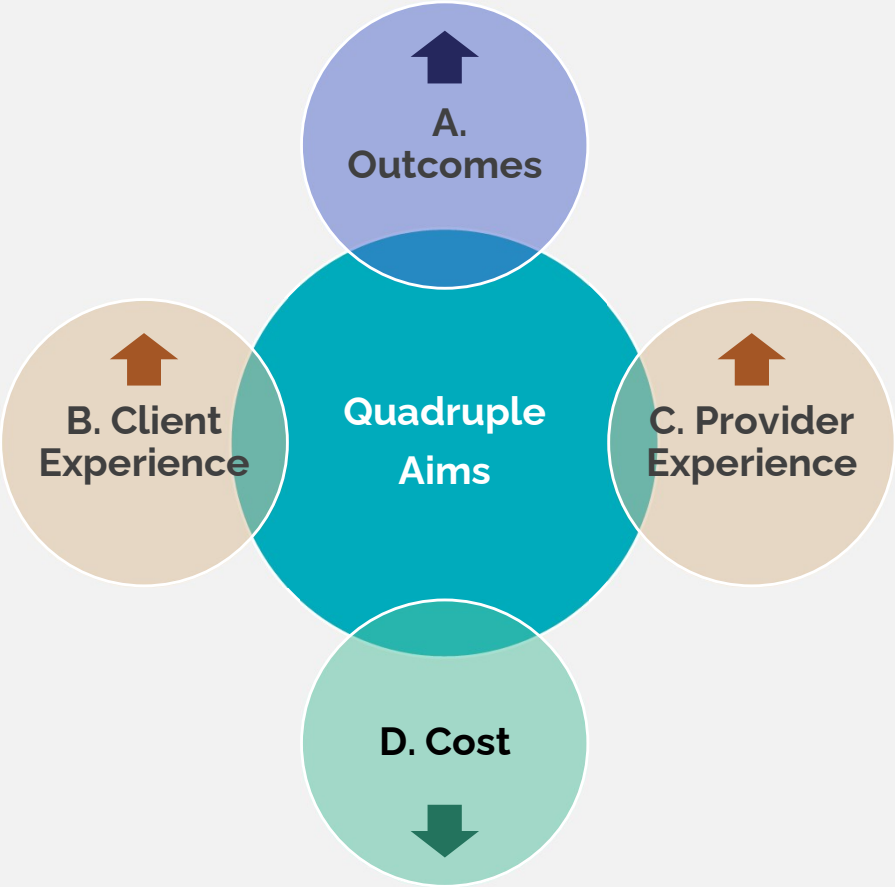
## Part 2 - The Murray PHN Outcomes & Experiences Framework

Matt Jones, CEO, Murray PHN

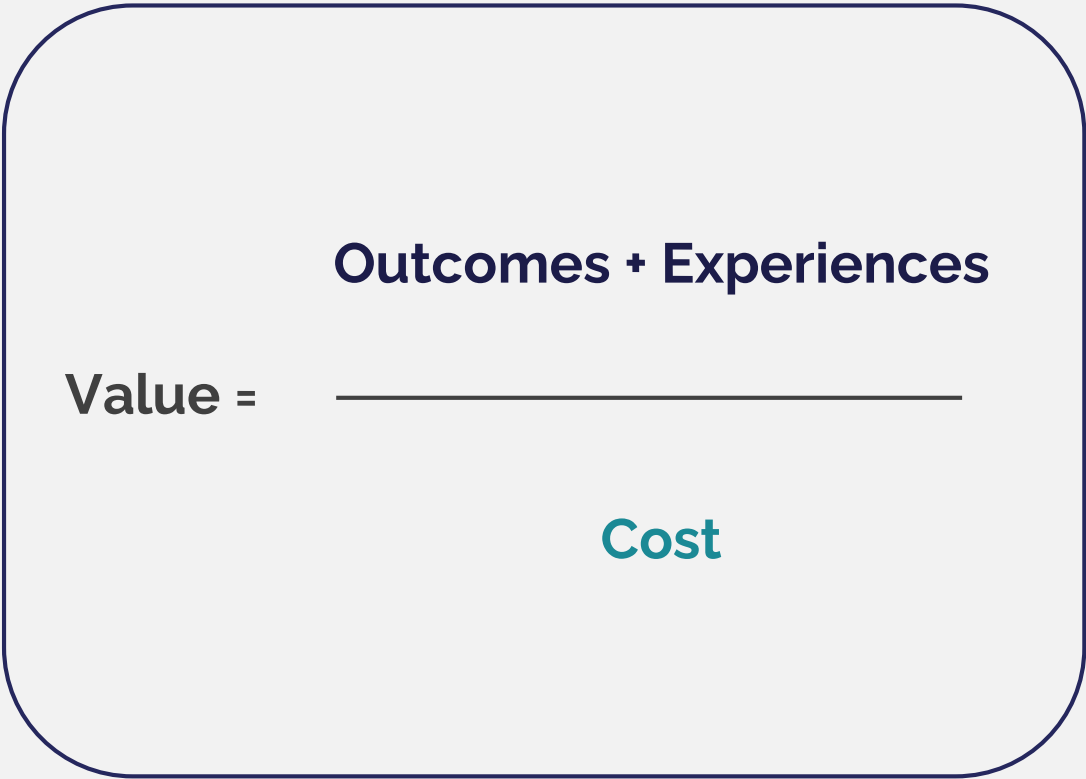


# Murray PHN recognise that we need to focus our efforts around a shared concept of value

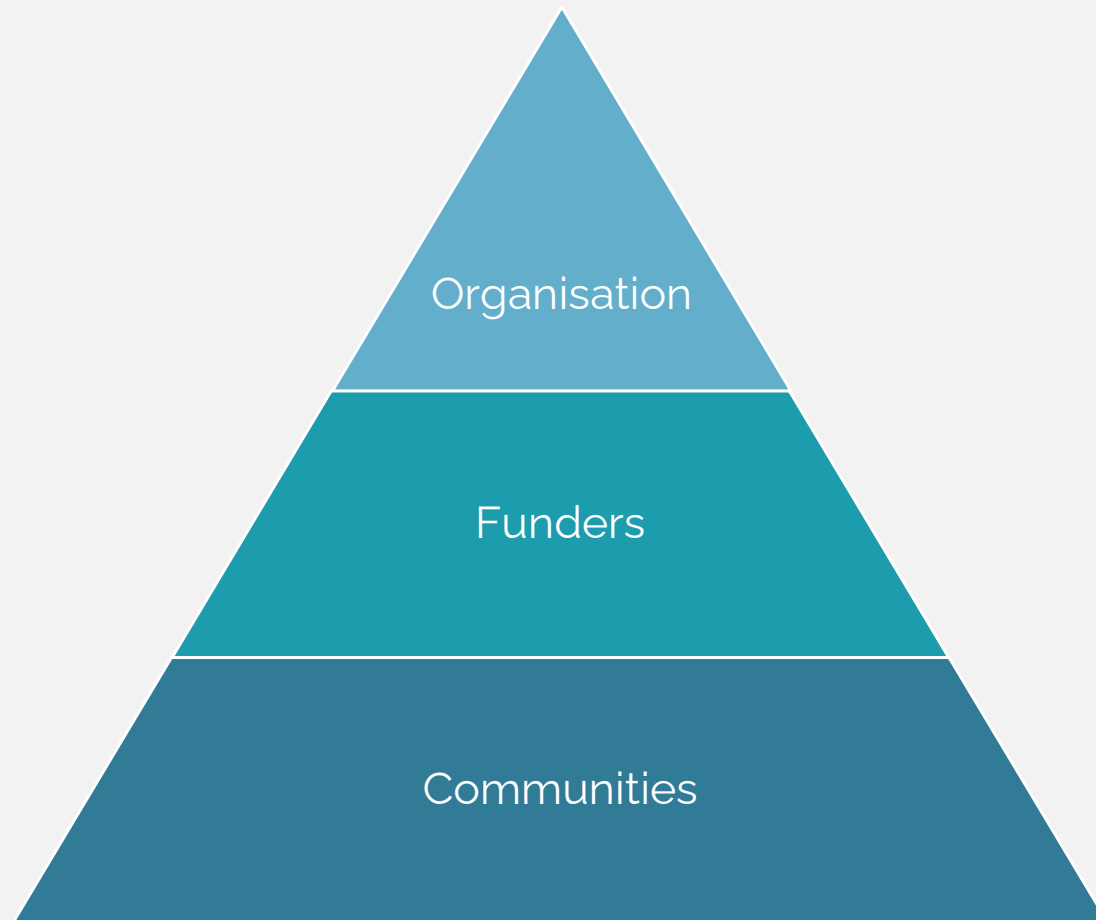
The quadruple aims of healthcare



Value based healthcare



As our new strategy is emerging, we needed to work out how to demonstrate value to our board, funders and communities



#### OEF Purpose



Demonstrating how the PHN is delivering against its strategic priorities



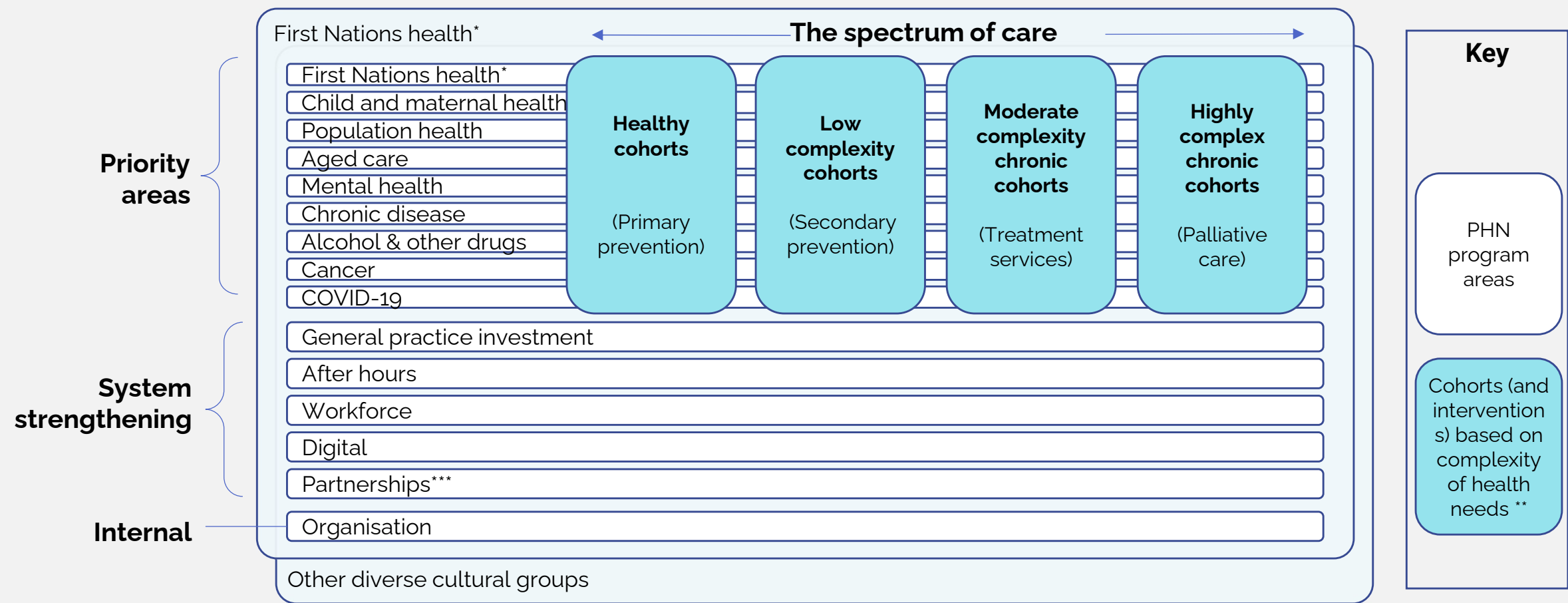
Ensuring the PHN is demonstrating a return on investment and meeting its reporting obligations to the Commonwealth



Supporting providers to continuously improve outcomes and experiences for communities

Rebbeck worked with our team to conduct a deep dive into our business, summarising a conceptual map of our investments

Murray PHN program conceptualisation



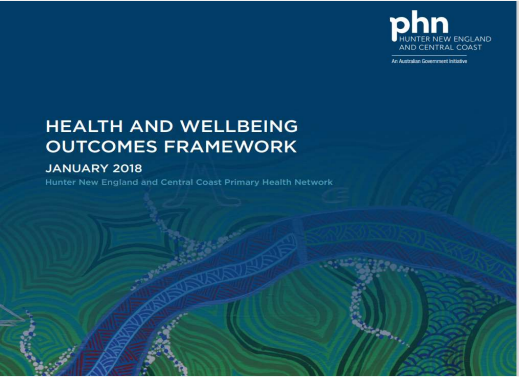
\*First Nations health appears in two places on this diagram because First Nations needs must be considered across all Murray PHN programs, as well as First Nations having targeted funding streams in their own right

After looking at our current business we saw that we are highly collaborative around data and using indicators but we lacked a roadmap & strategic focus

PHNs of the Future



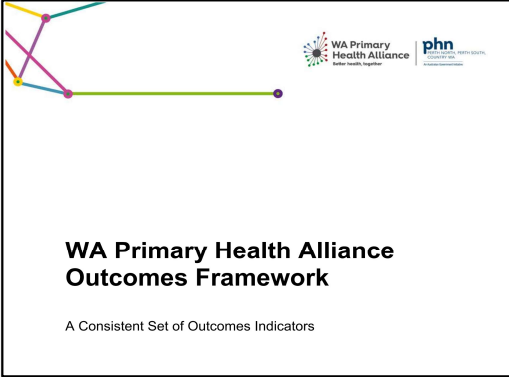
HNECC PHN Health & Wellbeing Outcomes Framework



Australian Centre for Value Based Healthcare



WAPHA Outcomes Framework

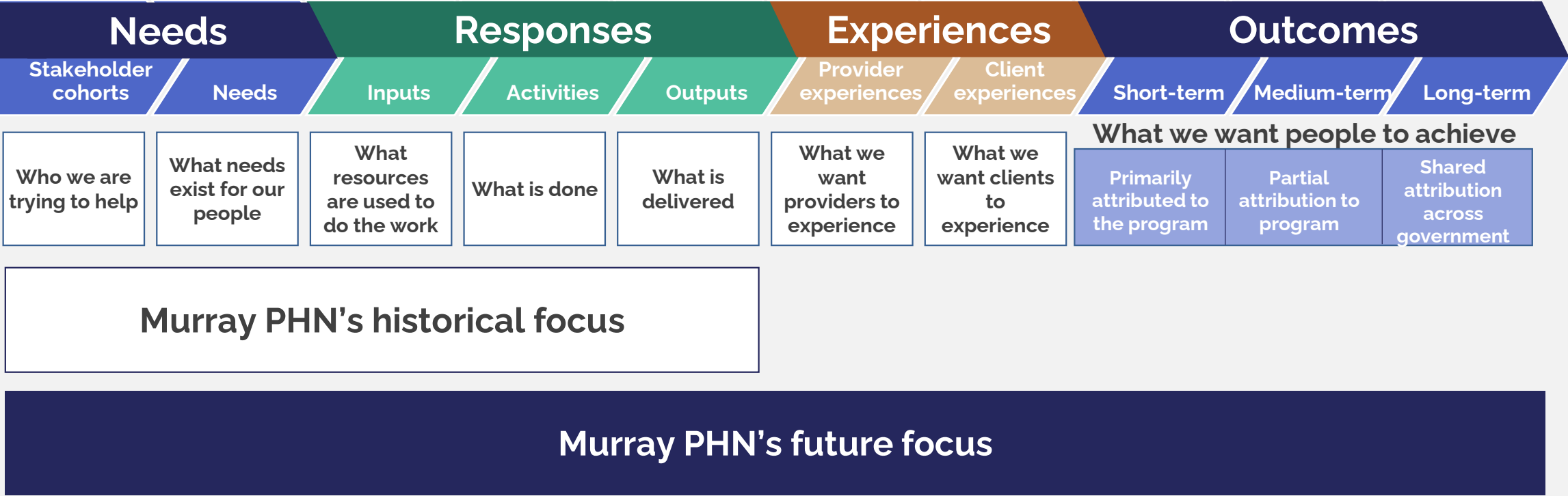


Primary Health Reform Steering Group



We realised that we were mostly focusing on activities and outputs that were not necessarily aligned to our strategic priorities

Our shifting focus towards outcomes and experiences



Rebbeck identified 834 indicators in use at Murray and used a quality assessment approach with a focus on outcome and experience indicators

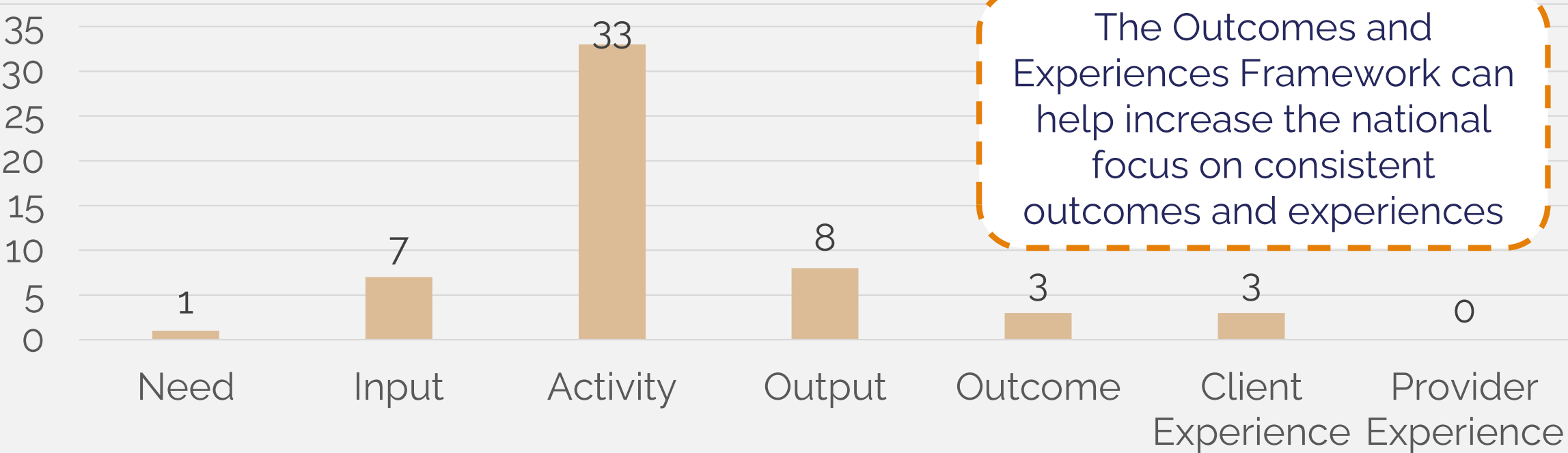
Indicator quality appraisal criteria

Criteria	Criteria type	Definition
Required	Filter	The indicator is required to be measured as part of the PHN Performance Framework
Measurability	Filter	The indicator can be quantified (observed) in a timely way (can be qualitative or quantitative)
Inclusivity	Filter	The indicator is structured and phrased in a way that is proactively respectful of cultural diversity and does not reinforce majority norms*
Anti-racism	Filter	The indicator is consistent with Murray PHN's commitment to anti-racism
Relevance	Scoring	The indicator is relevant for Murray PHN
Validity	Scoring	The indicator accurately measures what it intends to measure
Reliability	Scoring	The indicator will consistently produce comparable results across time periods, geographies, jurisdictions and cohorts
Practicality	Scoring	The indicator is cost effective and practical to measure
Specificity	Scoring	The indicator is specific and easy to understand



Our work aligns with the PPQF, and we see enormous value in applying our OEF to increase the national PHN focus on outcomes and experiences

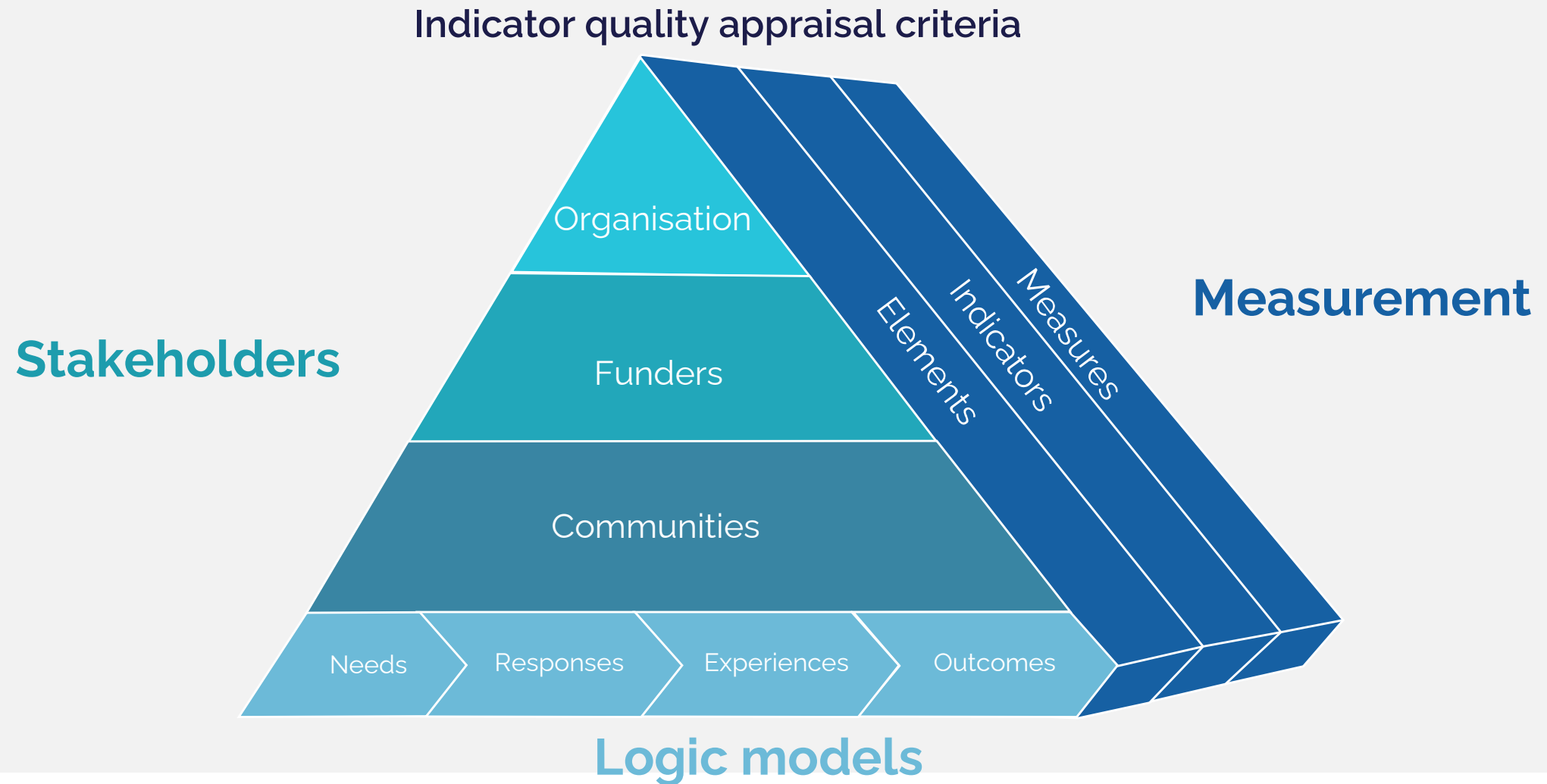
The PHN Performance & Quality Framework focuses on activities



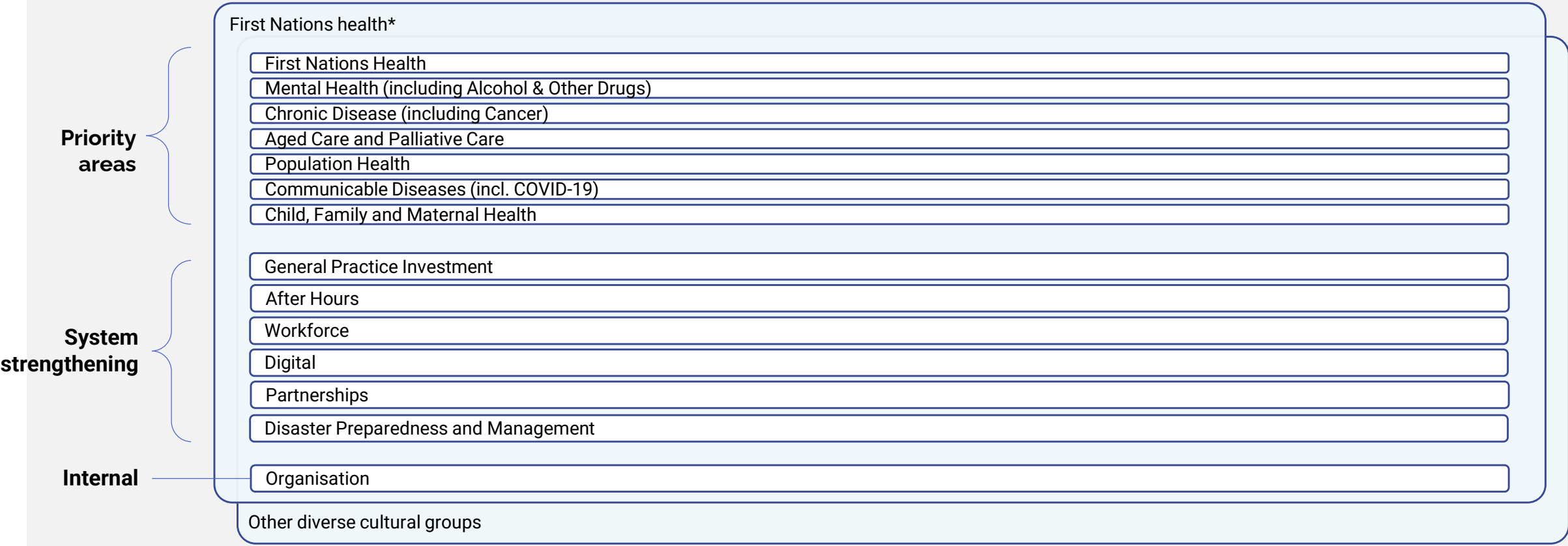
Source: Rebbeck analysis of PHN Performance & Quality framework, December 2021



We developed the Outcomes & Experiences Framework to provide a logic for our people to understand what we do and how we can measure it



# This framework shows how we are measuring and driving outcomes and experiences for our areas of strategic focus



\*First Nations health appears in two places on this diagram because First Nations needs must be considered across all Murray PHN programs, as well as First Nations having targeted funding streams in their own right

# The Outcomes & Experiences Framework identifies outcome themes for each PHN strategic focus area

PHN strategic focus areas	Murray PHN outcome themes
<b>First Nations Health</b>	<ul style="list-style-type: none"> <li>Increasing health equity between First Nations people and other populations</li> </ul>
<b>Cultural Responsiveness, Anti-racism &amp; Inclusiveness</b>	<ul style="list-style-type: none"> <li>Increasing cultural responsiveness of health services</li> <li>Reducing experiences of racism</li> <li>Increasing inclusiveness</li> </ul>
<b>Child, Family &amp; Maternal Health</b>	<ul style="list-style-type: none"> <li>Improving health, development and wellbeing of children and their families</li> </ul>
<b>Mental Health (inc. AOD)</b>	<ul style="list-style-type: none"> <li>Improving mental wellbeing whilst reducing rates of mental distress, suicide and alcohol related ill-health</li> </ul>
<b>Chronic Disease (inc. Cancer)</b>	<ul style="list-style-type: none"> <li>Reducing preventable disease and hospitalisation</li> </ul>
<b>Aged Care &amp; Palliative Care</b>	<ul style="list-style-type: none"> <li>Improving autonomy, choice and quality of life for people in their later years</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>Promoting health and wellbeing and maximising quality of life for the Murray population</li> </ul>
<b>Communicable Disease (inc. COVID-19)</b>	<ul style="list-style-type: none"> <li>Maximising immunisation rates whilst minimising illness and death from infectious disease</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>Developing a sustainable, appropriately skilled and distributed workforce</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>Developing a digitally enabled health system, with digitally literate consumers and workforce</li> </ul>
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>Increasing Murray PHN's collaborative impact through partnerships</li> </ul>
<b>GP Investment</b>	<ul style="list-style-type: none"> <li>Preventing avoidable disease and improving the health and wellbeing of General Practice clients</li> </ul>
<b>After Hours</b>	<ul style="list-style-type: none"> <li>Improving the quality of care and reducing avoidable hospitalisations during the after-hours period</li> </ul>
<b>Disaster and Emergency Preparedness</b>	<ul style="list-style-type: none"> <li>Enabling continuity of primary care services during major emergency events</li> </ul>



# The framework also provides a standard set of 'elements' which will help PHNs to develop consistent logic models for programs

Responses			Experiences	
Inputs	Activities	Outputs	Provider Experience	Client Experience
<ul style="list-style-type: none"> <li>• People</li> <li>• Property &amp; Equipment</li> <li>• Processes</li> <li>• Finances</li> <li>• Access</li> </ul>	<p><b>Healthcare</b></p> <ul style="list-style-type: none"> <li>• Health promotion</li> <li>• Primary prevention</li> <li>• Secondary prevention</li> <li>• Palliative care</li> </ul> <p><b>Social determinants</b></p> <ul style="list-style-type: none"> <li>• Education &amp; employment</li> <li>• Social &amp; community</li> <li>• Empowerment</li> <li>• Safety</li> <li>• Home</li> <li>• Economic</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals</li> <li>• Prescriptions</li> <li>• Use of evidence-based pathways</li> <li>• Completion of care</li> </ul>	<ul style="list-style-type: none"> <li>• Workload</li> <li>• Safe workplace</li> <li>• Culture</li> <li>• Resources</li> <li>• Fulfilment</li> </ul>	<ul style="list-style-type: none"> <li>• Client centricity</li> <li>• Quality of care</li> <li>• Support</li> <li>• Professionalism &amp; conduct</li> <li>• Continuity of care</li> </ul>

# The OEF provides a future-proofed approach for demonstrating outcomes and experiences for both current and future investments

	Needs	Responses			Experiences		Outcomes
PHN Strategic Focus Areas	Murray PHN Need Themes	Inputs	Activities	Outputs	Provider Experience	Client Experience	Murray PHN Outcome Themes
First Nations Health	Disparities in health status between First Nations and other populations First Nations world views & knowledge under-valued by the health system	People  Property & Equipment  Processes  Finances  Access	Healthcare		Workload	Client centricity	Increased health equity between First Nations people and other populations
Child, Family & Maternal Health	High rates of developmentally vulnerable children High rates of teenage pregnancy						Improving the health, development and wellbeing of children and their families
Mental Health (inc. AOD)	High rates of mental distress, MH admissions and suicide High rates of alcohol related ill-health						Improving mental wellbeing whilst reducing rates of mental distress, suicide and alcohol related ill-health
Chronic Disease (inc. Cancer)	High rate of PAH admissions for chronic conditions High rates of lifestyle risk factors						Reducing preventable disease and hospitalisation
Aged Care & Palliative Care	Ageing population living in distributed rural communities Difficulties accessing services						Improving autonomy, choice and quality of life for people in their later years
Population Health	High avoidable mortality rates, compared to Victorian average		Promoting health and wellbeing and maximising quality of life for the Murray PHN population				
Communicable Disease (inc. COVID-19)	Need for universal coverage for vaccine preventable diseases Growing rates of STIs		Social determinants	Use of evidence-based pathways	Safe workplace	Quality of care	Maximising immunisation rates whilst minimising rates of illness and death
Workforce	Upskilling of workforce required in areas such as digital health and cultural competency						Developing a sustainable, appropriately skilled and distributed workforce
Digital	Need for improved digital literacy and better data integration Need for increased adoption of health system technologies						Developing a digitally enabled health system, with digitally literate consumers and workforce
Partnerships	Lack of collaborative regional health planning, delivery & evaluation						Increasing Murray PHN's collaborative impact through partnerships
GP Investment	Increasingly complex & ageing population Ageing and transient GP workforce						Preventing avoidable disease and improving the health and wellbeing of General Practice clients
After Hours	Need for more affordable after-hours service Need for more responsive after-hours service						Improving the quality of care and reducing avoidable hospitalisations during the after-hours period
Disaster and Emergency Preparedness	PHN not routinely included in risk identification and management planning						Enabling continuity of primary care services during major emergency events
Cultural Responsiveness, Anti-racism and Inclusiveness	Need for culturally safe and appropriate services						Increased cultural responsiveness of health services
Anti-racism	People experiencing racism can be denied healthcare						Reduction in experiences of racism
Inclusiveness	Inappropriate service delivery excludes people from accessing care, leading to poor health outcomes and poor safety						Increased inclusiveness of health services

# Our next steps are to develop core indicators & measures for each PHN strategic focus area

## Worked example for mental health, alcohol & other drugs

Needs	Outcome theme	Outcomes	Indicators	Measures
<ul style="list-style-type: none"><li>“Mental health” identified as a concern across all LGAs, especially among refugees/migrant, LGBTQIA+ and Youth populations</li><li>High levels of mental health admissions and suicides amongst young people, especially women</li><li>High rates of alcohol-related chronic conditions as well as high levels of alcohol-related violence, accidents and injury</li></ul>	Improving mental wellbeing whilst reducing mental distress	<b>Prevention and early intervention</b>		
		• Improved lifestyle (incl. diet, exercise and sleep)	• Self reported levels of diet, exercise and sleep	• Diet Quality Index
		• Reduced prevalence of mental illness	• Prevalence of mental and behavioural problems	• Prevalence rates using data from PDIHU, Torrens University
		<b>Managing complex care / preventing hospitalisations</b>		
		• Improved mental health status	• Self reported mental health status	• Improvement in K10 score
		• Increase ability to function socially and occupationally	• Self reported functioning	• Improvements in SOFAS score
		• Reduced rates of suicide attempts	• Rates of death from suicide	• Number of client suicide attempts / Total patient cohort
		• Reduced rates of death from suicide	• Rates of death from suicide	• Number of client deaths from suicide / Total patient cohort
		• Reduction in substance dependence	• Self reported measure of substance dependence	• Improvement in DUDIT or AUDIT score



We are now implementing the OEF at Murray PHN

Would you like to collaborate with us to develop a consistent national approach for measuring meaningful outcomes and experiences?





# Discussion questions

1. How can PHNs help mainstream commissioning?
2. How can we co-design a national approach for measuring meaningful outcomes and experiences?







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An Australian Government Initiative

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