

What can PHNs learn from value based commissioning internationally?

Paresh Dawda

Founder, Director and Principal, Prestantia Health

Co-founder, Director and Principal, Next Practice Deakin

GP Specialist Consultant Adviser, NSW Agency for Clinical Innovation



Acknowledgment of Country

We acknowledge the Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands and pay our respects to their culture, their people and Elders past, present and future.

Should the healthcare compass in Australia point towards value-based primary healthcare?

Jodie Oliver-Baxter^{1,4} BArts(Hons Psych), PhD, Research Fellow

Lynsey Brown¹ BPsych(Hons), GradDipSocSci(CounsStud), PhD, Research Fellow

Pareesh Dawda^{2,3} MBBS, DRCOG, DFRSH FRACGP, FRACGP, FGCert (Leadership and Quality Improvement), Visiting Fellow, Adjunct Associate Professor

¹Primary Health Care Research & Information Service, Discipline of General Practice, Flinders University, GPO Box 2100, Adelaide, SA 5001, Australia. Email: lynsey.brown@flinders.edu.au

²Australian Primary Health Care Research Institute, School of Population Health, College of Medicine, Biology and the Environment, Building 63, Corner Mills and Egglestone Roads, The Australian National University, Canberra, ACT 0200, Australia. Email: Pareesh.Dawda@anu.edu.au

³University of Canberra, Faculty of Health, University Drive, Bruce, ACT 2617, Australia.

⁴Corresponding author. Email: jodie.oliverbaxter@flinders.edu.au

Abstract This paper provides an overview of quality improvement in healthcare in an Australian context. Specifically, the paper considers issues around defining, quantifying, recording and incentivising quality improvement and accountability in primary healthcare. The role of newly emerging Primary Health Networks provides a context for the discussion. The paper draws on international learnings that provide a framework for examining the important elements of quality improvement among reforming primary healthcare organisations in order to support healthcare providers and offer an evidence base for policy makers and peak bodies moving forward.

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Introduction

Health care is both science and an art, balancing technical care and interpersonal processes. At the heart of improving patient outcomes is the need for assurances that the health care consumers receive is both safe and consistently of high quality, regardless of who, where, when or how they access the healthcare system. As the Australian primary healthcare (PHC) system embarks on an evolving reform agenda, Primary Health Networks (PHNs), Australia's PHC organisations (PHCOs), are charged with the responsibility of increasing the efficiency, effectiveness and continuation of medical services for patients, especially those at risk of poor health outcomes.¹ The approach from PHNs will need to include accountability and quality improvement, the latter being defined as:

... the combined and increasing efforts of everyone – health care professionals, patients and their families, researchers, payers, planners and educators to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning).²

This paper outlines the main issues (defining, quantifying, recording, rewarding) and the complexity of quality improvement, accountability and judgement in health care. To put these approaches in context, the role of Australian PHCOs is considered. The paper draws on international learnings, which provide a

platform for examining the important elements of quality improvement among reforming PHCOs in order to support health care providers and offer an evidence base for policy makers and peak bodies moving forward.

Domains of quality improvement

There are many legitimate interpretations of the term 'quality' relevant to health care. Quality care lies on a continuum from measures that are routinely available and data that are quantifiable (e.g. service usage data) through to aspects that are more difficult to quantify and can only be measured through local approaches, patient feedback and other qualitative methodologies (e.g. patient experience). These largely depend on location in the system and the nature and extent of responsibilities. Donabedian's³ framework is a commonly used approach that considers how health and the responsibility for it is defined, whether assessment is at the level of performance of health professionals or whether it includes patients and the healthcare system, and finally whether interpersonal processes are included in technical care. The dimensions of care that the framework covers represent three types of information that may be collected and incentivised to understand and influence the quality of care in a given system (Table 1).

Value-based primary care in Australia: how far have we travelled?

Pareesh Dawda^{1,2}, Angeleno True², Helen Dickinson³, Tina Jnanian⁴, Tracey Johnson⁵

Health care systems across the developed world face a similar challenge: determining how to maximise value for their population. Value can be captured in various ways. Early definitions of value-based health care typically combined measures of effectiveness and efficiency with value defined as health outcomes per dollar spent.¹ Since then, the definition of value has broadened to include personal value (appropriate care to achieve patients' personal goals) and societal value (contribution of health care to social participation and connectedness). The Economist Intelligence Unit evaluated value-based health care across 25 countries against four domains: enabling context, policies and institutions; measuring outcomes and costs; integrated and patient-focused care; and outcome-based payment approaches. These domains identify the enabling units from experiential learning during value-based health care implementation. We use them in this article as the evidence base required for enabling value-based health care.

In 2016, Oliver-Baxter and colleagues argued that Australia should orient its primary health care services towards a value-based approach to measurement and accountability.³ In this article, we explore the subsequent progress against this aspiration. We conducted PubMed and Google searches with a combination of search strings and synonyms for value-based health care in primary care and attempted to identify relevant Australian articles (by limiting via PubMed medical subject headings and/or review of abstracts) that were published during the period 2016–2021. In doing so, we noted a lack of peer-reviewed accounts of value-based health care in primary care, but also some progress captured in reports and practice-based accounts identified through our own personal knowledge and signposting by opinion leaders in the field. To critically consider how far value-based health care in Australian primary care has travelled, we consider 11 initiatives and programs that we identified (Supporting Information). We chose these initiatives for three reasons: they incorporate Australian primary care, they meet the strategic intent to provide value-based health care, and they relate to the four domains used by The Economist Intelligence Unit.

Enabling context, policies and institutions

For value-based health care to be realised, it needs to be supported by aligning structures and processes and buy-in from policymakers, clinicians and managers. There are many overseas examples of its implementation, including in primary care.^{4,5} We identified that while Australia lacks a strategic national framework, some more local initiatives have started to develop. We consider a selection of these here.

New South Wales value-based health care initiative

NSW Health has progressed a value-based health care initiative at scale,⁶ aimed at achieving the Quadruple Aim — improving health outcomes, enhancing efficiency, and improving patient

Summary

- In this article, we discuss how the value-based health care concept has matured across recent years, and consider how it can be achieved in the primary health care sector.
- We provide illustrations of related initiatives across the four domains of value-based health care, highlight the need for cultural transformation and reorientation of the system, and call for a national framework and agreed plan of action.

and provider satisfaction.⁷ This approach seeks to not only enhance patient experience and population health while reducing costs, but to do it in a way that helps the workforce avoid burnout and dissatisfaction. The NSW initiative has four programs — leading better value care, integrated care, commissioning for better value, and collaborative commissioning — and provides a whole-system context and a state-level policy to support value-based health care.⁸

Collaborative commissioning

Collaborative commissioning is broadly described as a program of initiatives that brings together health care funders, to partner in efforts that incentivise local autonomy and accountability to deliver community outcomes that matter to consumers.⁹ It is a whole-of-system approach involving Local Health Districts and Primary Health Networks that are responsible, via new structures called patient-centred co-commissioning groups, for improving health outcomes for the local community and balancing high priority population needs with appropriate care across all populations. Collaborative commissioning seeks to pool funds to support an integrated care pathway across all levels of health care and all sectors. Examples of the models of care include: cardiology in the community, addressing poorly managed diabetes, and urgent care for frail and older people.⁹

HealthPathways

A key facet of value-based health care is using evidence-based pathways of care. HealthPathways (<https://www.healthpathwayscommunity.org>) is an online evidence-informed clinical and referral information portal for general practitioners to use at the point of care. Early adopter sites evaluated HealthPathways as having positive effects on system integration.¹⁰ It is now accessible by primary care across Australia, although publicly available data on its utility are not available.

Measuring outcomes and costs

To measure outcomes and costs, disease registries, processes and systems are fundamental to value-based health care. These require connected and interoperable electronic health records.

Australia generally lacks data to measure the effectiveness of quality and safety in primary care.¹¹ The Australian Institute of Health and Welfare is responsible for creating a national



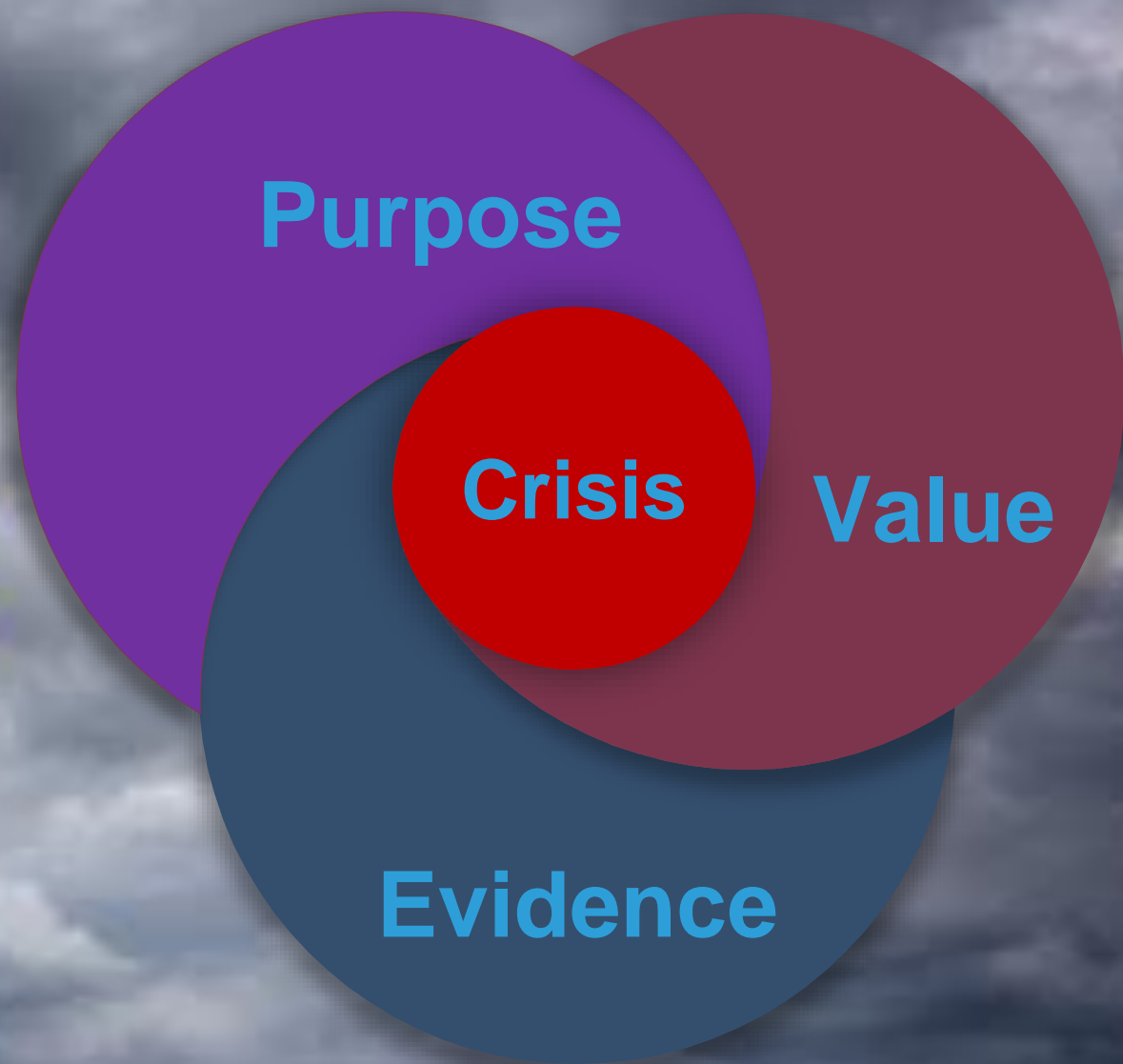
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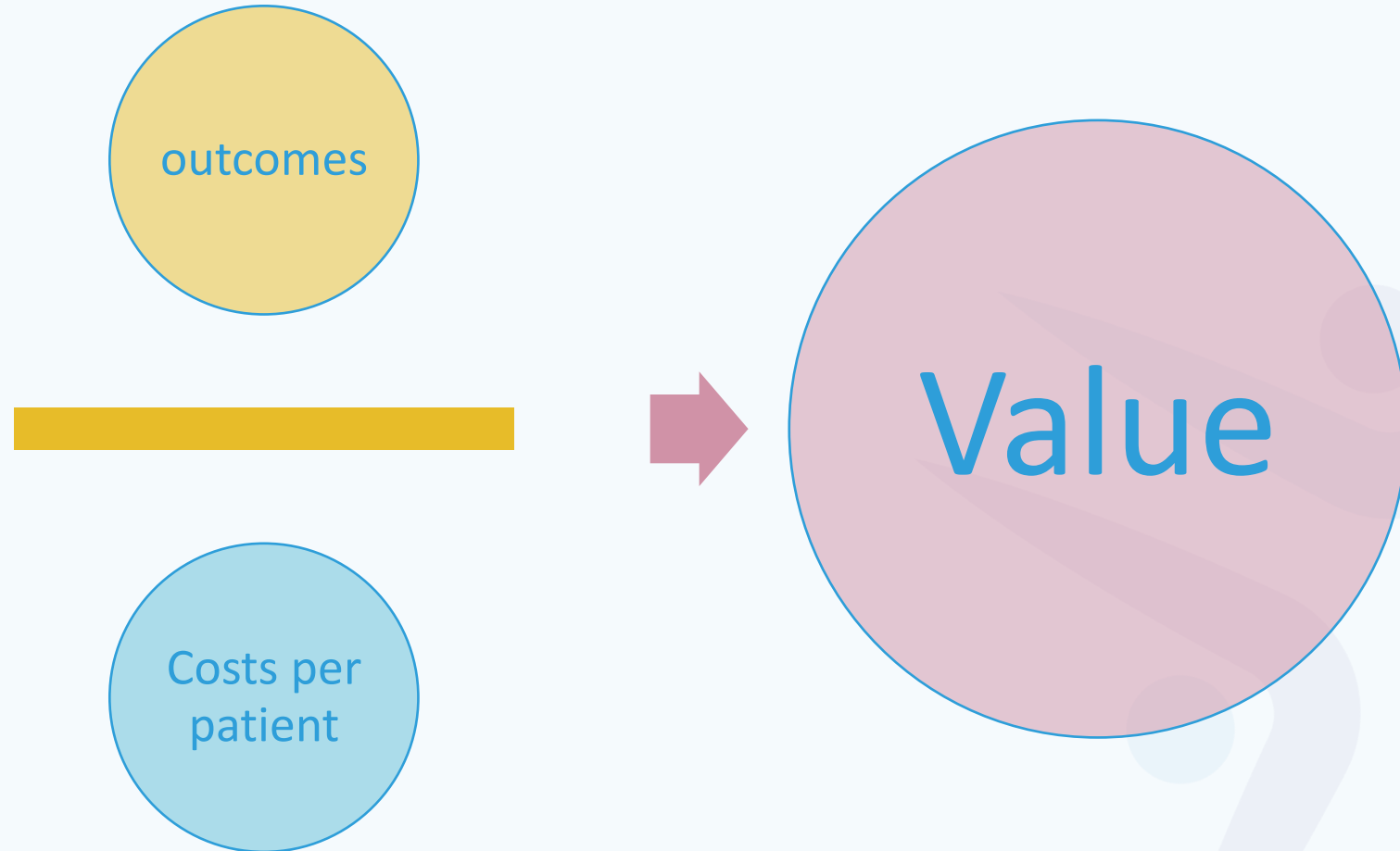
Strengthening Medicare From a Value-Based Health Care Lens

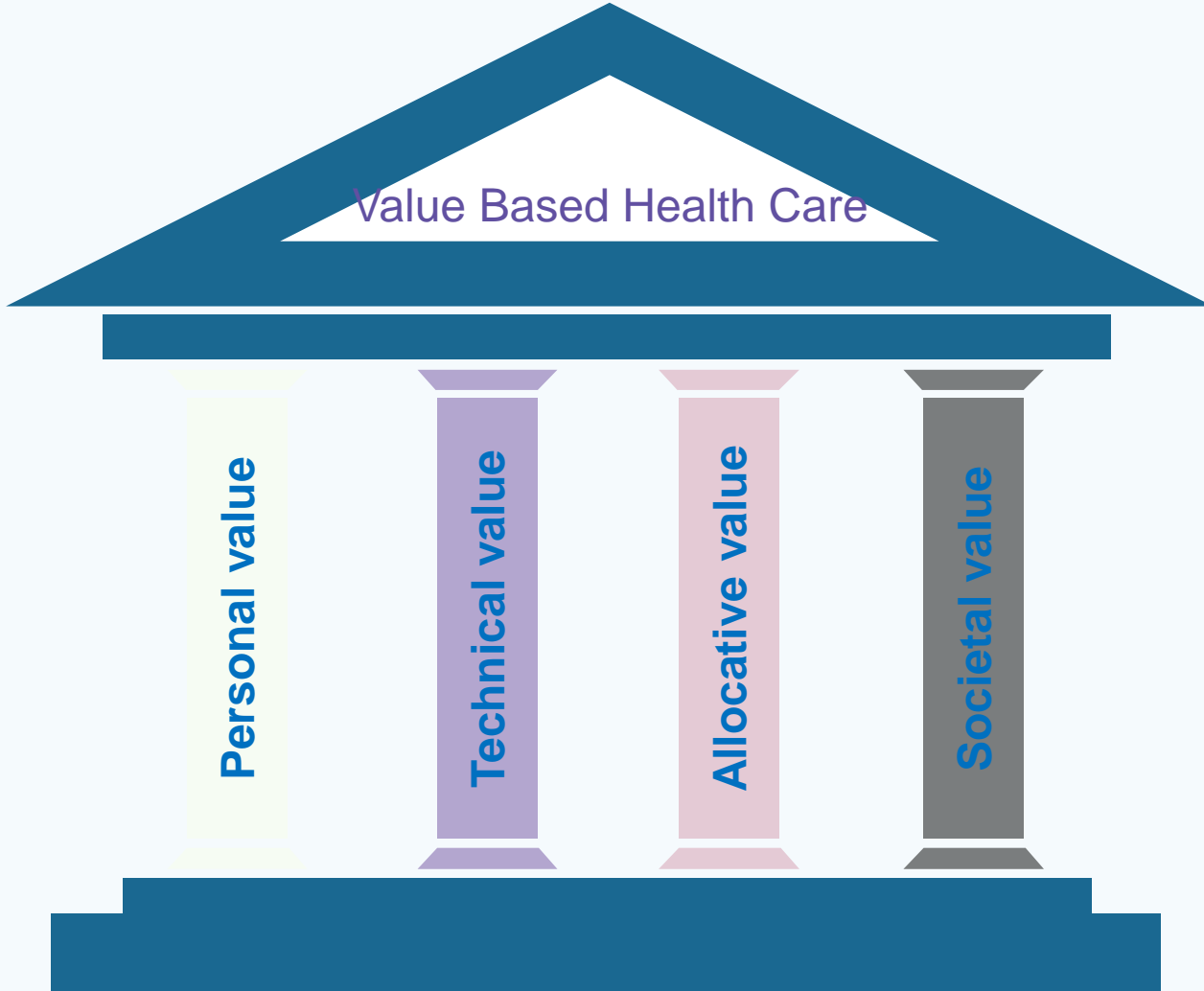
This blog analyses the strengthening medicare taskforce recommendations for primary care through a value based healthcare lens.





What is value-based healthcare





PERSONAL VALUE

- Appropriate care to achieve patients' personal goals.

TECHNICAL VALUE

- Achievement of best possible outcomes with available resources.

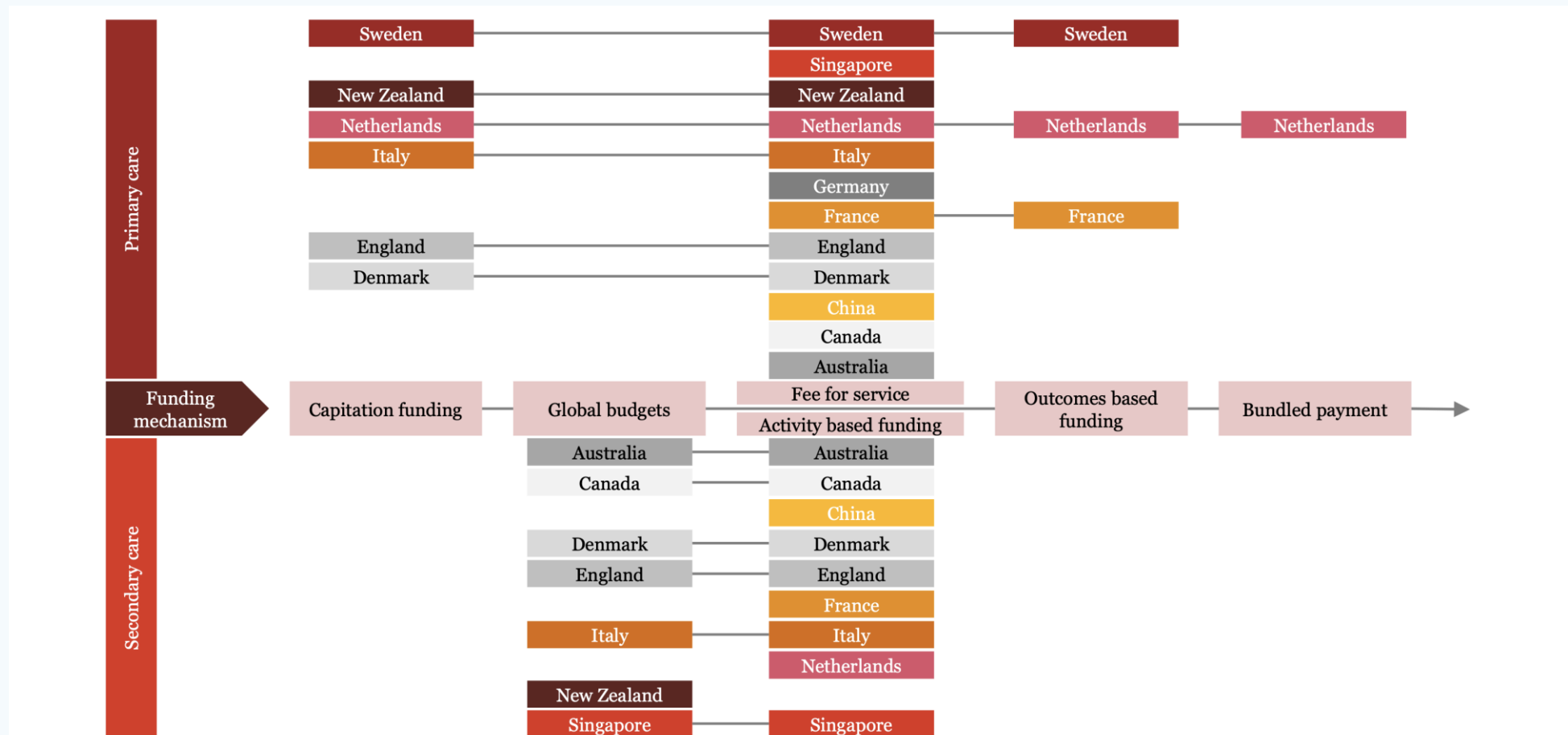
ALLOCATIVE VALUE

- Equitable distribution of resources across all patient groups.

SOCIETAL VALUE

- Contribution of healthcare to social participation and connectedness.

Funding approaches across OECD countries



Source: adapted from the Commonwealth Fund '2015 International Profiles of Health Care Systems'
http://www.commonwealthfund.org/~media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf

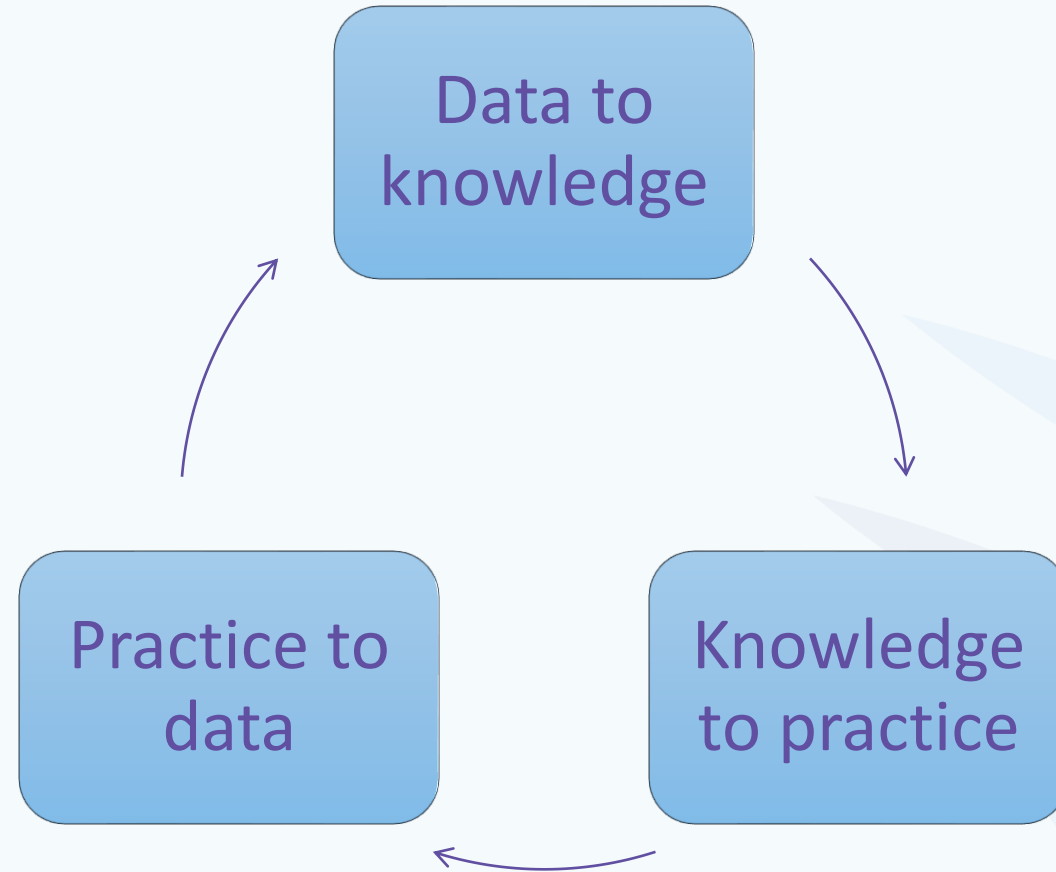


A black and white close-up photograph of Winston Churchill. He is wearing a dark top hat and looking upwards and to the right with a serious expression. A speech bubble with a dark background and a light border is positioned on the right side of the image, containing a quote in blue text.

**“Never let a
good crisis
go to waste”**

Learning health systems

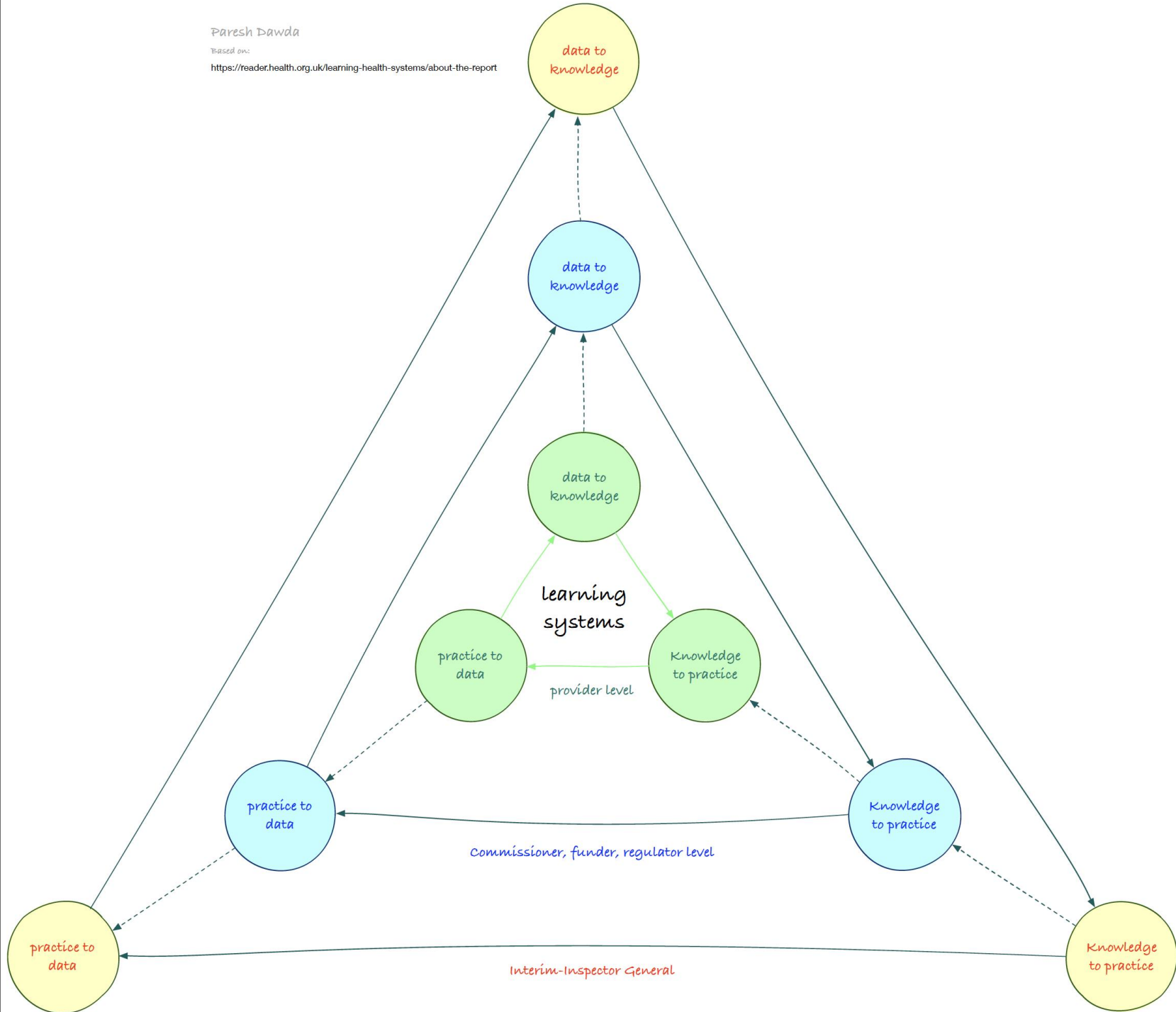
Learning health systems



Paresh Dawda

Based on:

<https://reader.health.org.uk/learning-health-systems/about-the-report>



A case study

Next Practice Deakin





NEXT PRACTICE
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GP Service – Pathology – Specialists
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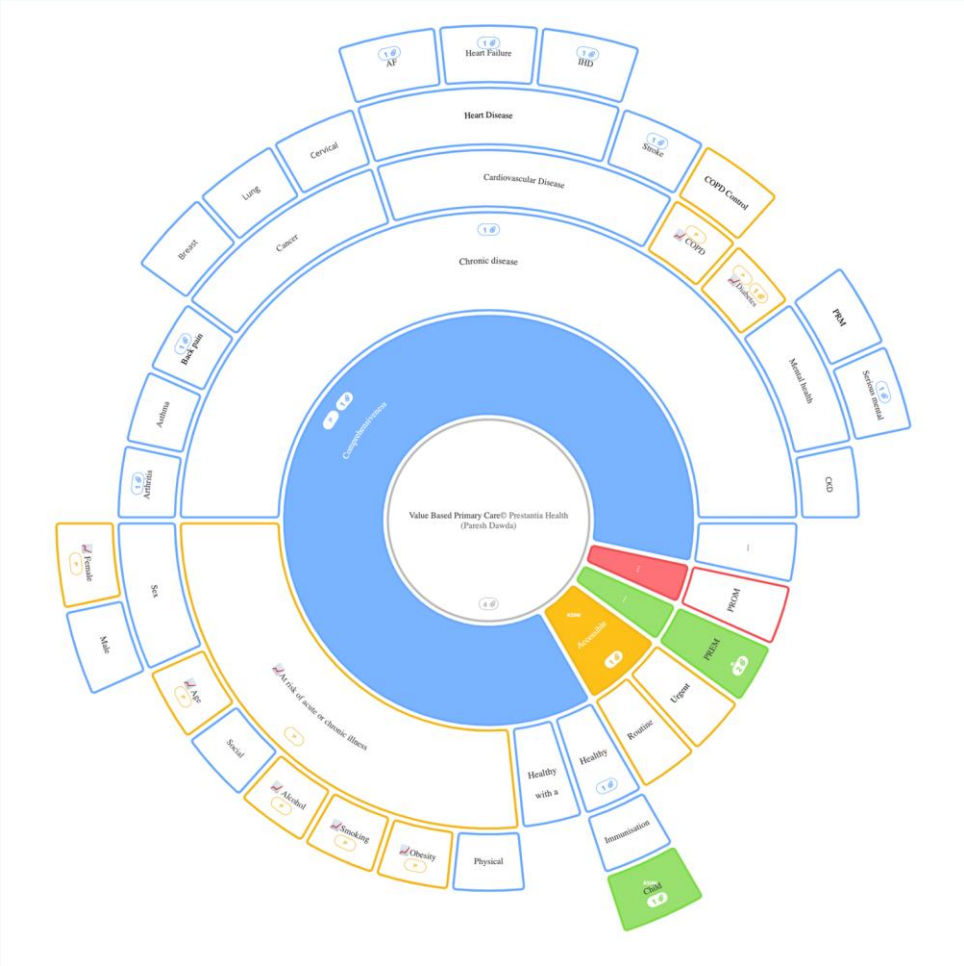
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An emergent VBHC Framework for Primary Care



<https://bit.ly/PH-VBPH>



Human Centred Care – what is it?



Primary Care



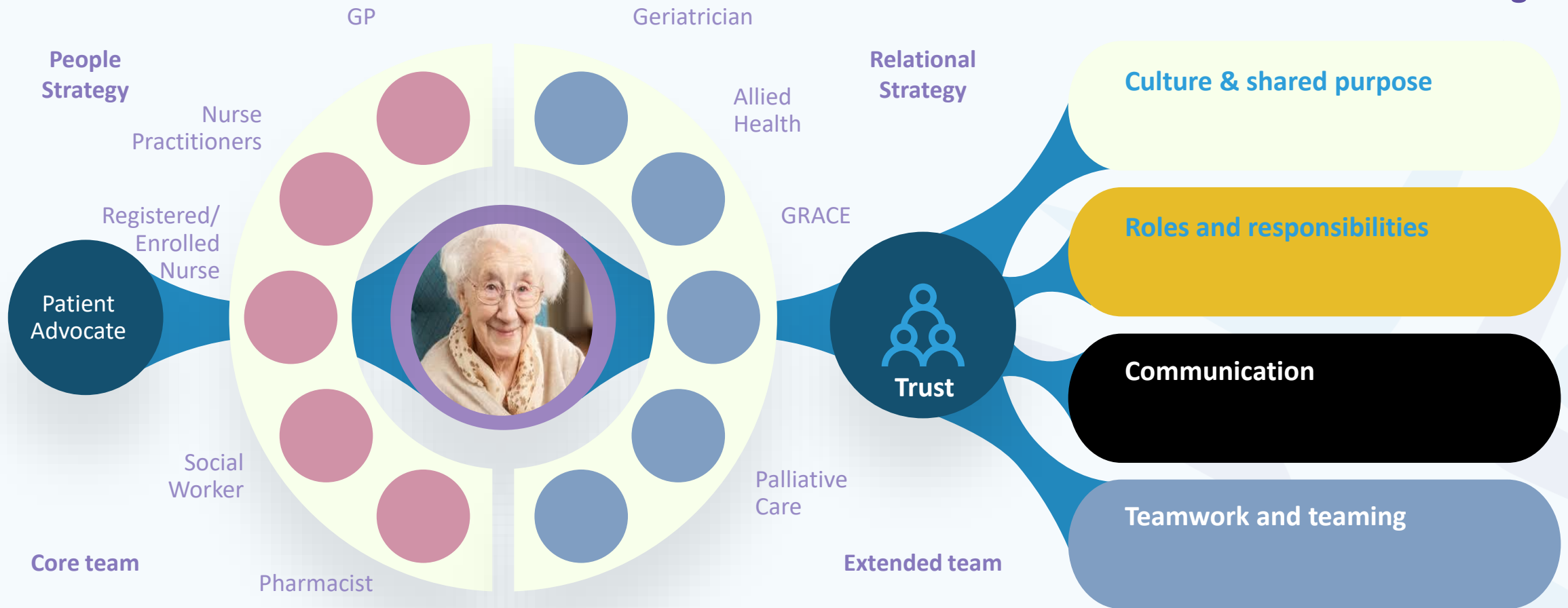
<https://bit.ly/VBHCOlderPeople>



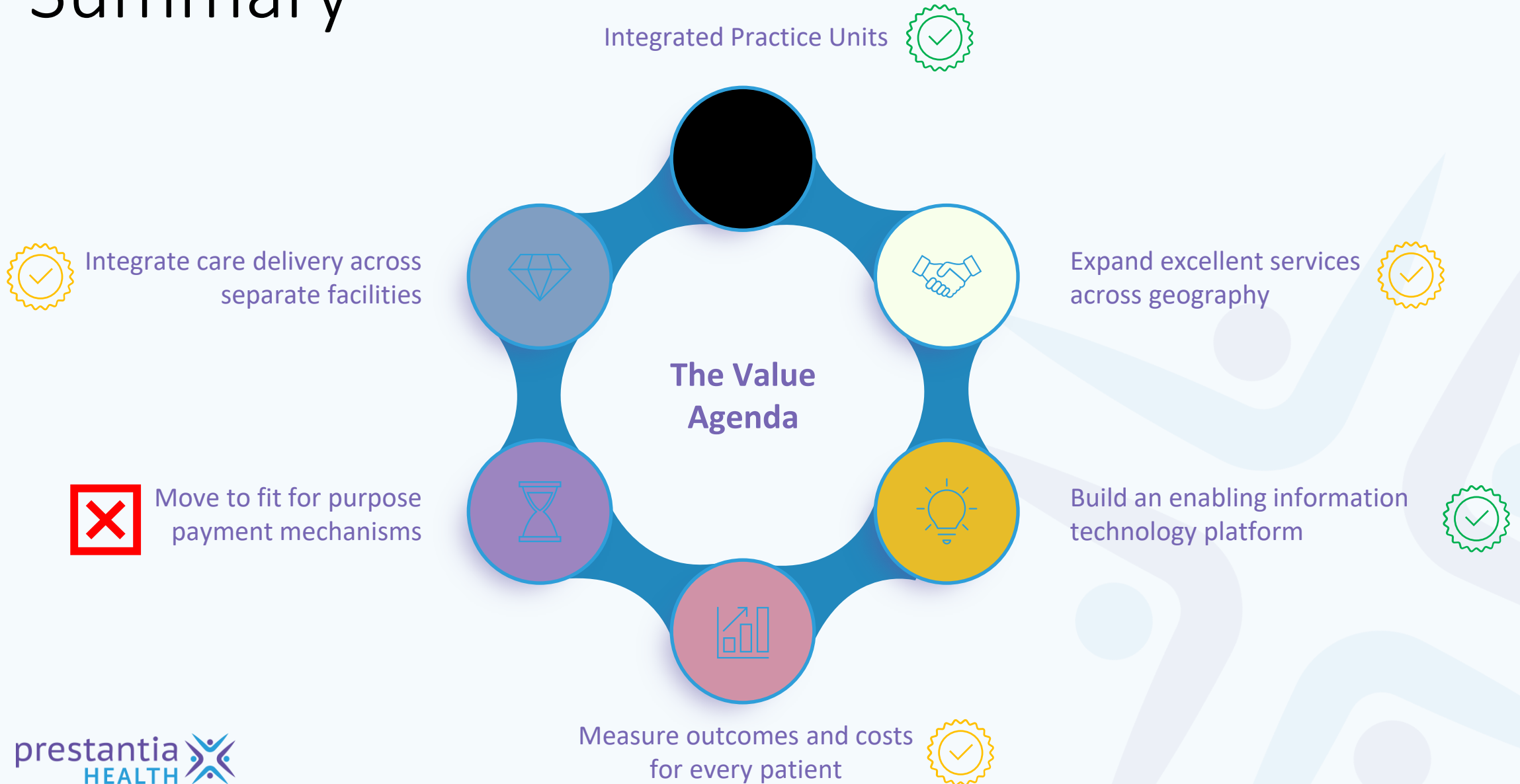
Current findings

- 407 PROMIS 10 surveys collected
 - Global Physical Healthscore average of 12.48 (+/- 0.29) (T value: 39.8)
 - Global Mental Health average score of 11.8 (+/- 0.29) (T value: 41.1)
- Loneliness
 - Hardly ever lonely 59%
 - Lonely some of the time 32%
 - Feels lonely often 9%

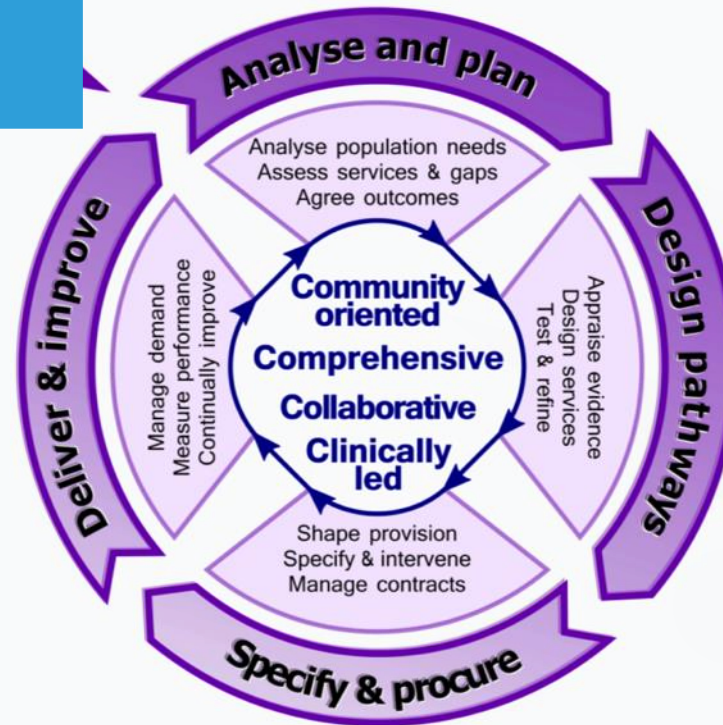
Integrated Practice Units



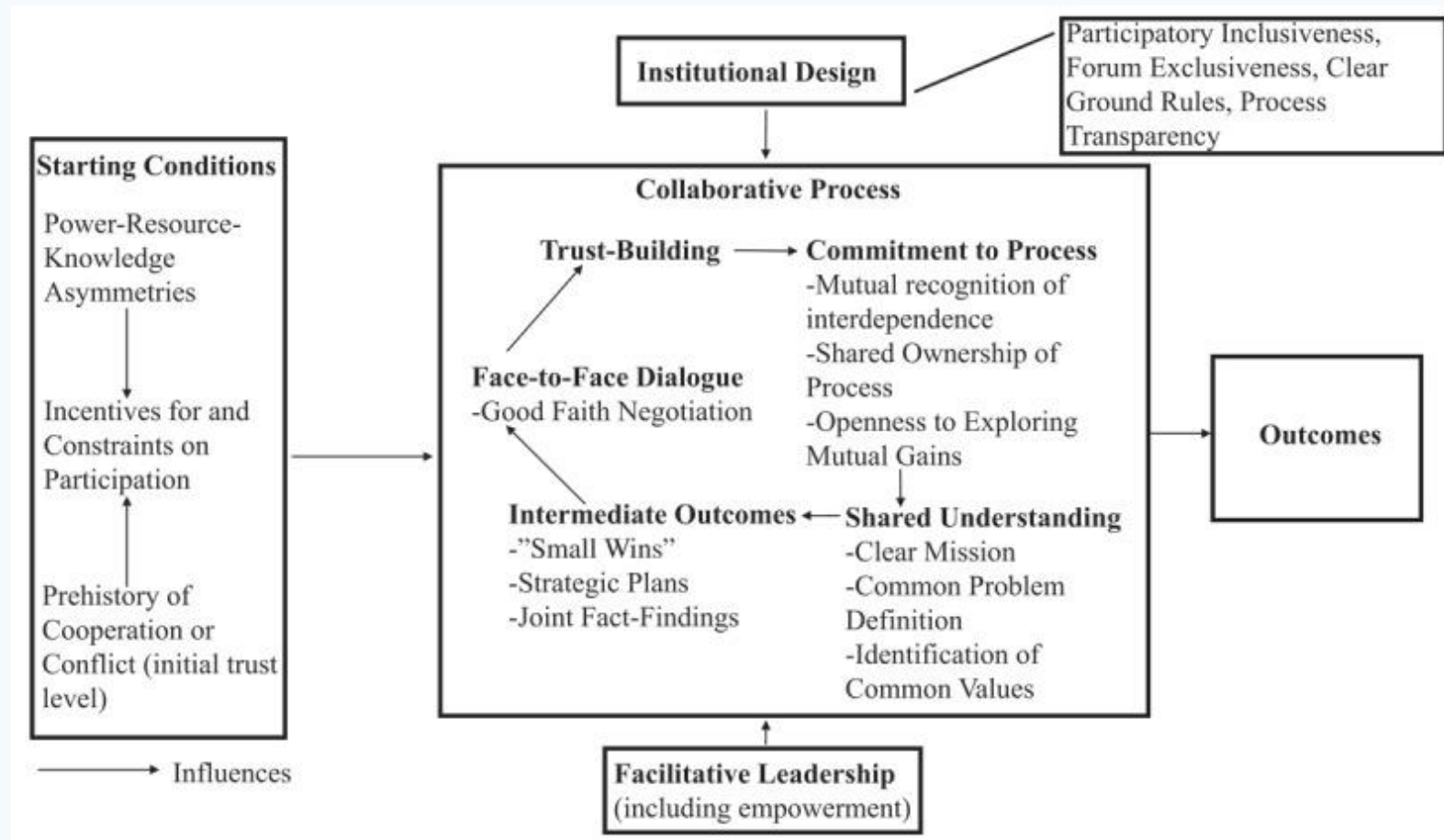
Summary



Commissioning Cycle



Collaborative Practice



Values-based practice is not another category of commissioning to rank with practice-based commissioning, locality commissioning, or commissioning for outcomes in health and social care. Values-basing is about the processes that can be applied to any form of commissioning, anywhere

Four domains

enabling context, policies and institutions

measuring outcomes and costs

integrated and human-centred focus

outcome-based payment approaches

