2023 PHN Commissioning Showcase

Primary Health Tasmania Health Conditions Program Strategy and Logic

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What was needed?

- During the Health Needs Assessment (HNA) process, priority areas for focus of work identified
  - Chronic Conditions
  - Mental Health, Alcohol And Other Drugs (AOD) use, and Suicide Prevention

Emergence of complex issues and ideas for solutions

Health Conditions Program Strategy

- streamline all the programs components in an efficient, effective, and evidence-based method
- improve the health of Tasmanians particularly those at highest risk of the poorest health outcomes

Why was it needed?

To inform and facilitate:

- prioritisation for *resource allocation*
- *integrated care* across our programs by commissioning to provide *holistic evidence-based model of care* for people with priority health conditions
- advancing *outcome-focused* health service commissioning
- identifying the *opportunities for partnership and collaboration* across the health system stakeholders
- advancing *health equity* for the priority population groups

What did we do to meet this need?

- We developed and implemented two strategies:
  - Chronic Conditions Program Strategy
  - Mental health /Alcohol and Other Drugs (AOD) Strategy

- ***The focus:***

  to provide a guide for priority setting and decision-making across program activities

- ***The Goal:***

  to increase the efficiency and effectiveness of primary care for patients with chronic conditions, mental health and alcohol and other drug problems, particularly those at highest risk of the poorest health outcomes.

How did we do it ? (Methods)

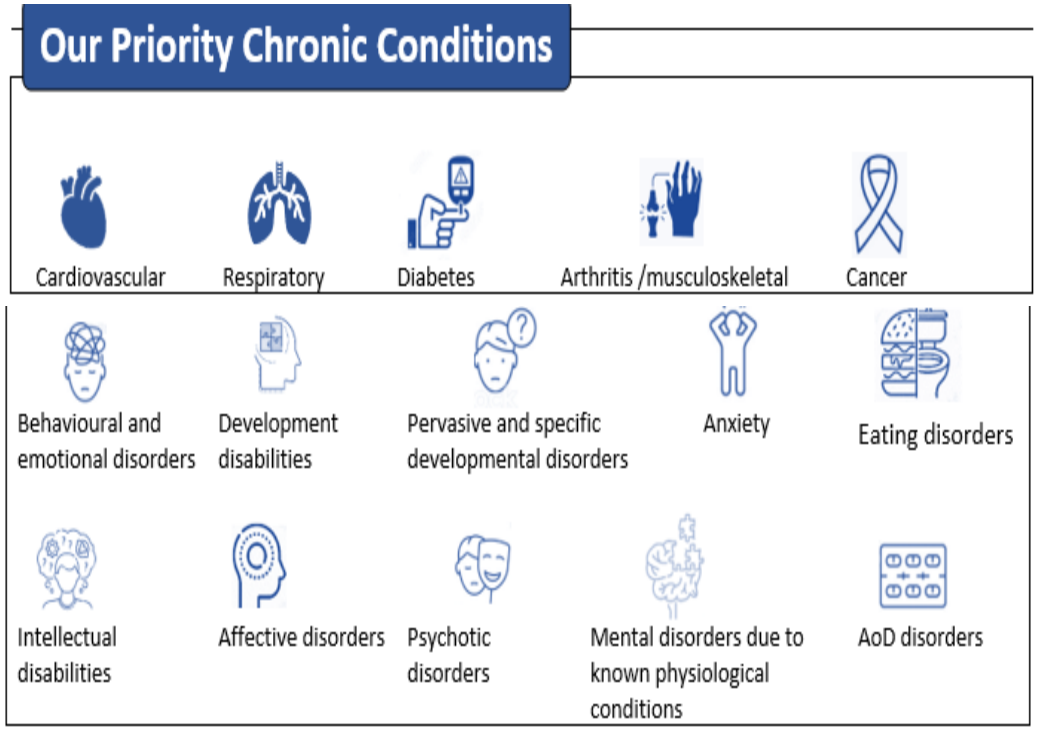
- **Development phase**
  - Health Needs Assessment informed the process
  - Environmental scan / alignment with state and national strategies and frameworks
  - Stakeholder identification and consultation
  - Gathered credible evidence / used relevant clinical guidelines
  - Priority setting
  - Strategy development
  - Theory of Change method workshopped
  - Program Logics developed
- **Implementation phase**
- **Evaluation Phase**

What and who are our priorities?

- Priorities were defined:

1) Priority health conditions have higher
   - burden of disease
   - mortality
   - potentially preventable hospitalisation

2) Priority population groups
   - inequitable burden of the priority health conditions
   - higher prevalence of risk factors
   - lower access to healthcare



Strategy development (methods cont.)

Seven overarching outcomes of interest achievable via five themes of activity within the programs:

What Outcomes Do We Want To Achieve?
Tasmanians with priority conditions receive:
evidence-based care
primary care as close to home as possible
culturally appropriate care
comprehensive team-based primary care for the ones with higher hospital service use
Timely appropriate end of life care
improved access to primary care in the after-hours period
Tasmanians will not die due to suicide.

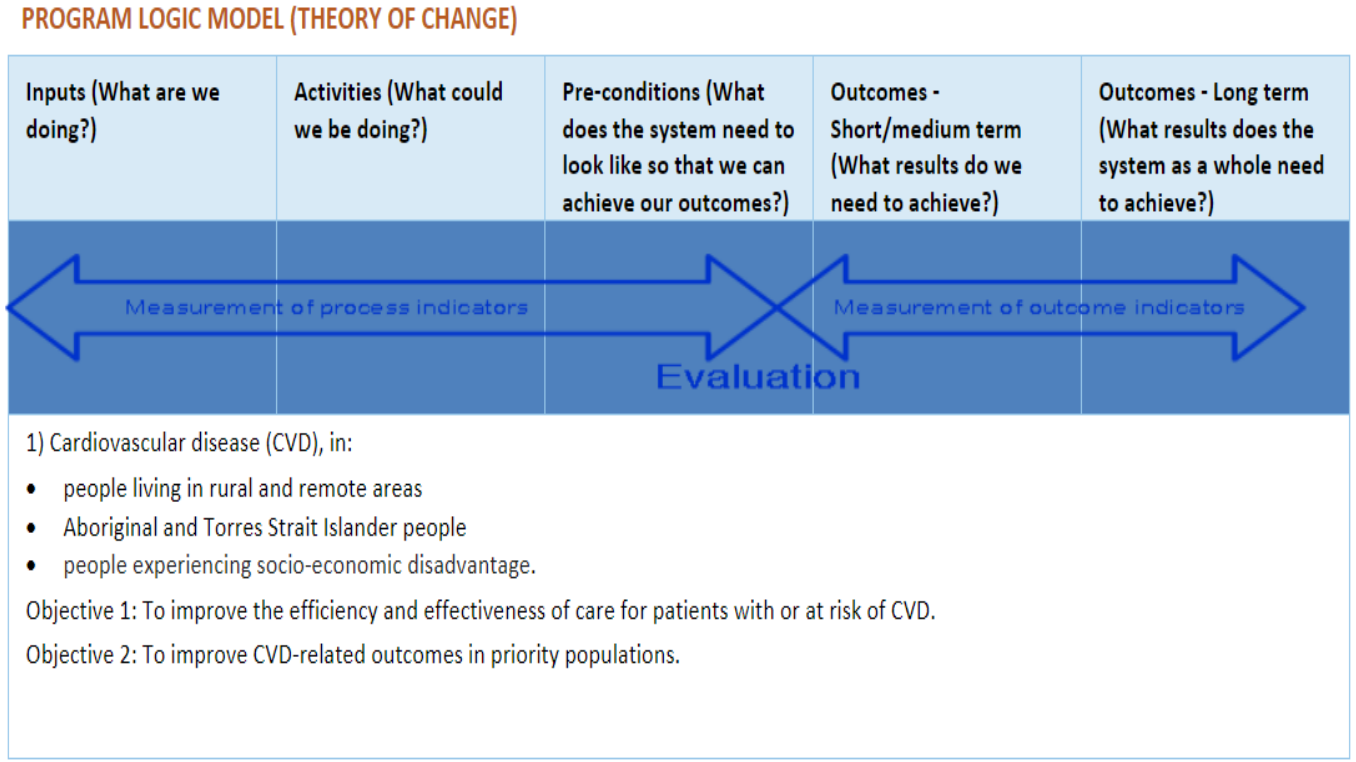
HOW WILL WE ACHIEVE THESE OUTCOMES?

- Commissioning Health Services
- Collaboration and Partnerships
- Working with Consumers
- Health Workforce
- Digital Health

Logic Development and Theory of Change Approach

- Three whole of program logics developed
- The logics map priority population against their priority conditions, objectives and specific activities to achieve the relevant outcomes

- TOC approach adopted to demonstrate:
  a) What are we doing?
  b) What could we be doing?
  c) What does the system need to look like so that we can achieve our outcomes?(Preconditions)
  d) What results do we need to achieve?
  e) What results does the system as a whole need to achieve?



The impact of the implementation of the strategies

1) Evidence-based guide for priority setting and decision-making in service design, commissioning, and other activities
2) Opportunity for better collaboration with stakeholders for outcome focused service commissioning
3) Better buy-in from the commissioned service providers regarding the changes and variations due to strategy implementation
4) Facilitate the development of shared aims, outcome measurements and other arrangements in co-commissioning
5) Enhancing health equity by ensuring the inclusion of priority population groups
6) Facilitate improved program evaluation practice for effectiveness and efficiency of programs/services

What is the takeaway?

1) Health conditions strategies need to be holistic in focus and goal , but specific in defining the activities and outcomes
2) Develop an implementation plan with practical timeframes in place specifically for the commissioned services for it to be achievable. (helpful in change management)
3) Include all the primary stakeholder in all the steps for better buy-in and successful implementation.
4) Evaluate the impact of health condition strategies implementation by the end of the strategic cycle

Conclusion

- The development of strategies and logics for the PHN’s priority areas with an accurate methodology is important.

- Such strategies help the organisation communicate and strategize their approach to efficient, effective, and evidence-based work.

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