



Reflections on VBHC in Australia the role of outcomes, data and clinical leadership

Clinical Senate of Western Australia
Value Based Health Care Meeting
October 22nd 2021



Independent observations and examples to inform the final two workshop sessions

1. A high-level view of the progress of VBHC in Australia
2. Reflections and observations through a change management, leadership and culture lens
3. The central importance of a person-centred outcomes driven approach
4. An example of VBHC methodology applied beyond health outcomes
5. Workshop calls to action

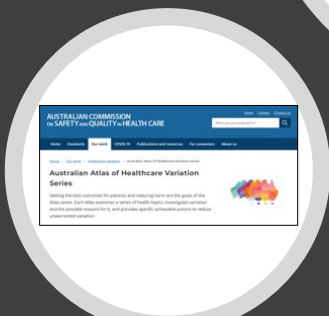
Momentum in the Australian context began in around 2014



- Awareness raising across all layers of the system
- Early stages of change and alignment
- Leading clinicians in ICHOM working groups
- Leading consumer organisations funding pilots
- Leading governments supporting system change

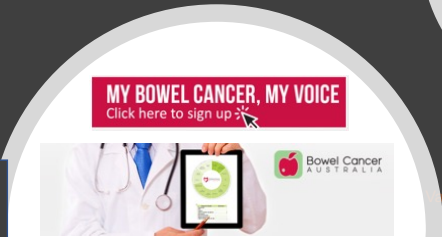


STANDARD SETS



In 2021 the landscape has matured and the momentum continues

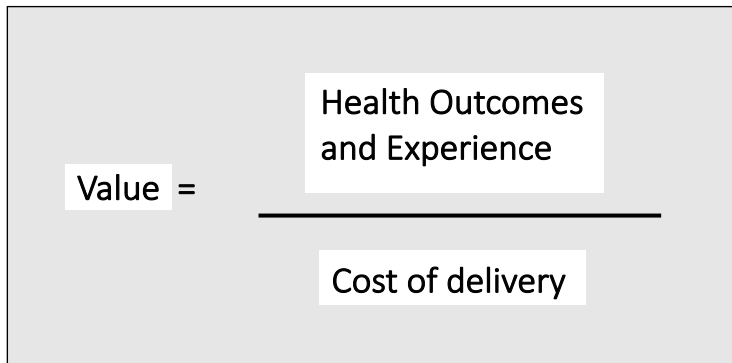
- Existing clinical registry initiatives have evolved
- Consumer organisations leading PRM initiatives
- Clinicians leading implementation programs
- Health departments enabling change at scale
- National and international benchmarking and collaboration efforts are strong



Successful VBHC initiatives have built upon existing efforts in quality, measurement, research and partnerships

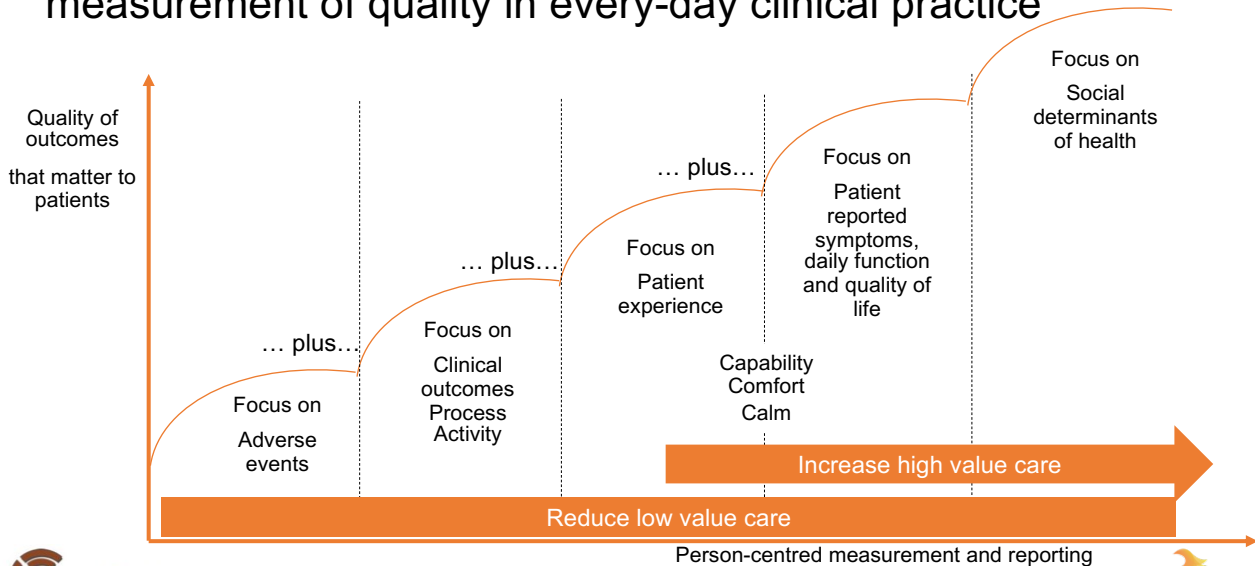
- Outcomes research and clinical registries
- Triple and Quadruple Aim improvement initiatives
- Patient-centred care
- Healthcare Quality and Safety Culture
- Clinician led audit and practice improvement
- Reducing waste/ low value care
- Collaboration and partnerships in service design and delivery
- Identification of clinical variation, reporting dashboards and benchmarking

A. The definition matters.... it is essential to come to a common and **clinically informed** view of 'Value'



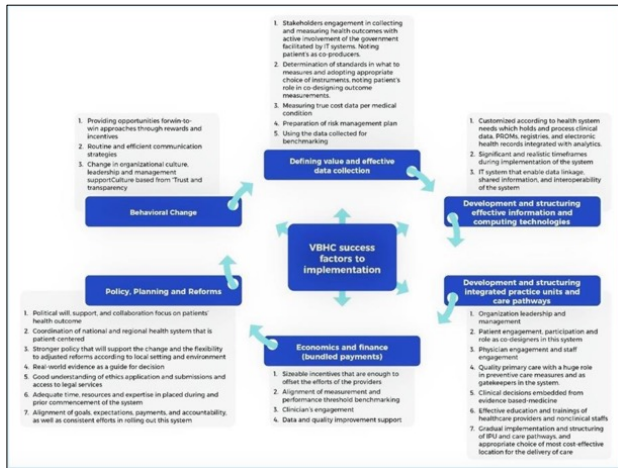
Value-based health care must include measurement of clinical and patient reported outcomes

B. VBHC is a step in the ongoing evolution towards measurement of quality in every-day clinical practice



C. Success factors in VBHC implementation require clinical leadership and input at both local and system-wide levels

- Change management, including clinical leadership, team-based care and consumer engagement in co-design (L)
- Defining value, measuring health outcomes and data collection (L, S)
- Fit-for-purpose information technology and information systems (L,S)
- Developing care pathways and integrated practice units (L,S)
- Economic incentives and payment models (S)
- Policy, planning, and health system reforms (S)



The Value Based Healthcare Landscape Deeble Institute Perspectives Brief 14/10/2020

Teisberg E, Wallace S, O'Hara S. Defining and Implementing Value-Based Health Care: A Strategic Framework. *Acad Med.* 2020;95(5):682-685. doi:10.1097/ACM.0000000000003122

D. The VBHC approach helps reinforce a central focus on patient needs and outcomes

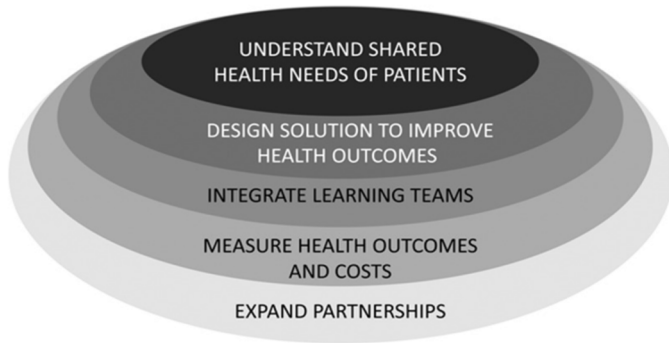
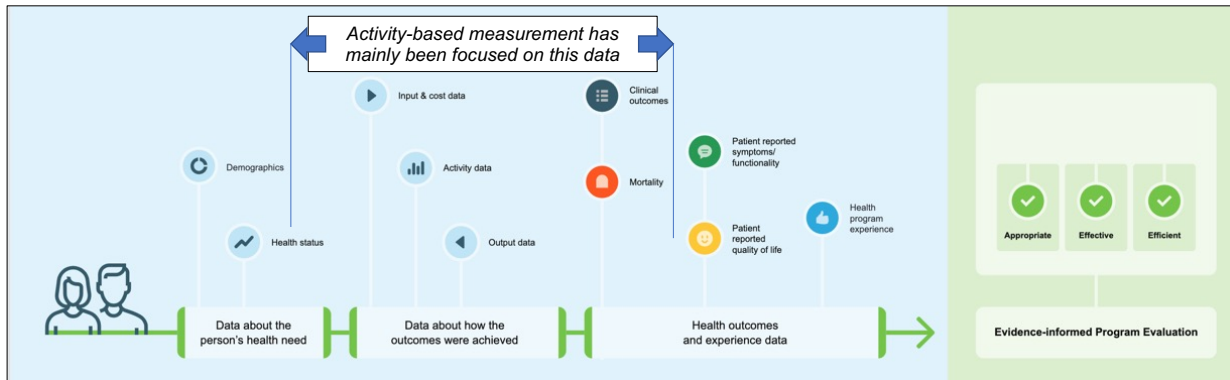


Figure 1

Strategic framework for value-based health care implementation to achieve better patient outcomes.

A person-centred view of data is essential for measurement and evaluation of outcomes, processes and costs



When we largely focus on system metrics, we limit the ability to evaluate value for patients

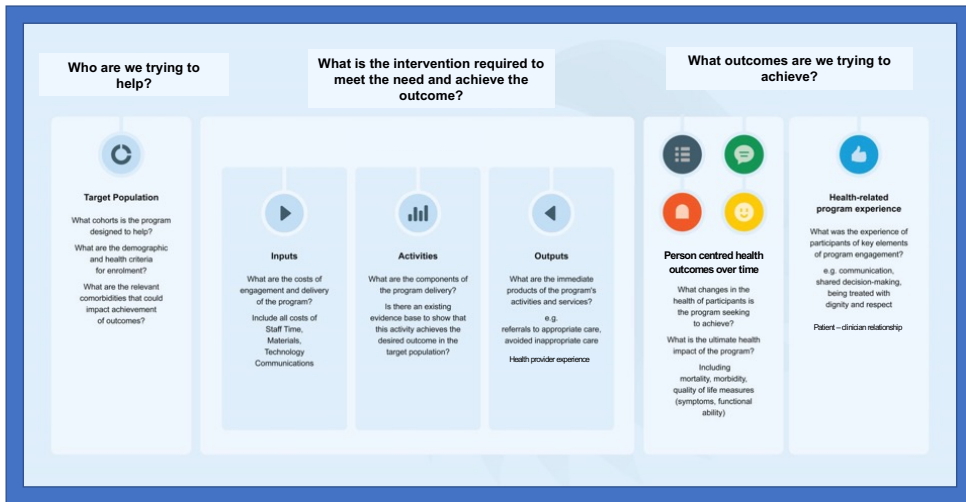
- Traditional hospital and service 'outcomes' are focused on measuring activity, changes in service cost and utilisation and immediate clinical outcomes
- This cannot adequately capture experiences and outcomes for health consumers

Mandy: 15 weeks post-op, she continues to experience pain, "can hardly walk", cannot eat properly and frequently vomits.

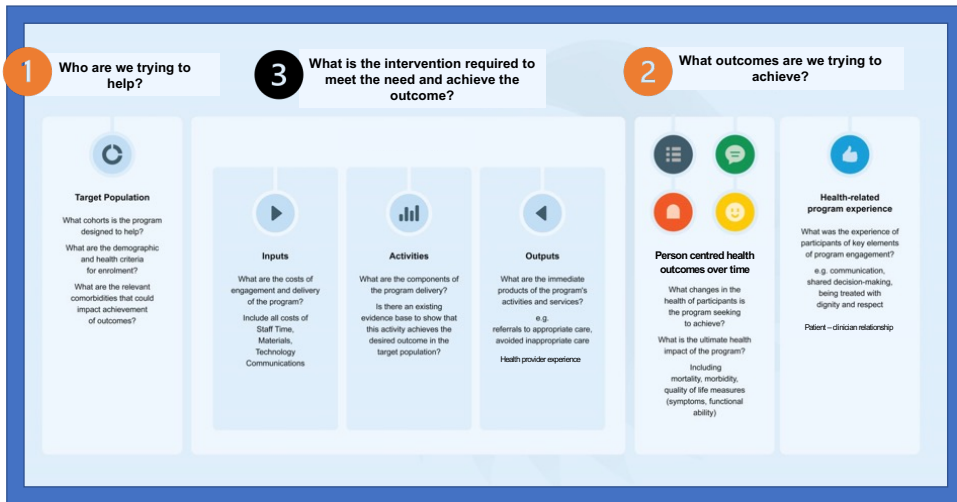
- *medical specialist at a public hospital*
- *medical specialist private rooms*
- *GP*
- *private imaging provider*
- *local emergency department x2*



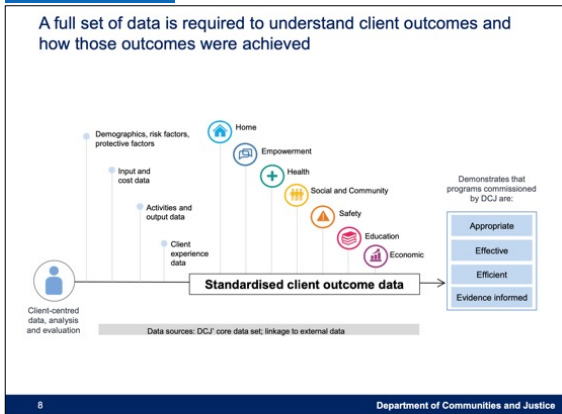
A person-centred program logic approach is central to design, monitoring and evaluation



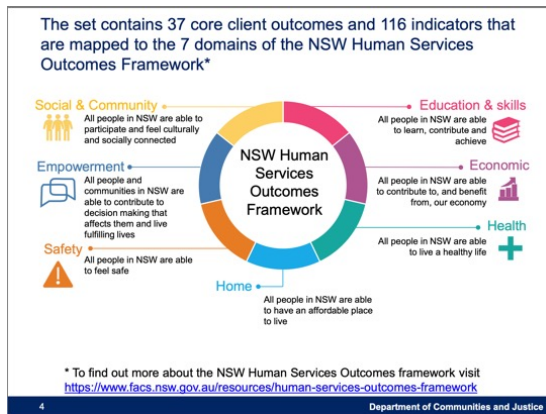
Focus on health needs and desired outcomes will guide continuous improvement and unlock innovation



This methodology is being applied at scale to improve human services outcomes, social determinants of health and commission services



<https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework/communities-and-justice-core-client-outcomes-and-indicators>



The NSW Human Services Data Set contains de-identified linked data across services

• **NSW Data Analytics Centres (DAC)** – the Data Host

• **Centre for Health Record Linkage (CHeReL)** – the Data Linkage Centre, responsible for data linkage for the Project.

• **Data Partners** – Departments and agencies that provide data for the project, identify data limitations, process data, provide resources, and receive aggregated data results for the purposes of program development. The Data Partners include:

- Department of Communities and Justice
- NSW Registry of Births Deaths and Marriages
- NSW Police Force
- Ministry of Health
- Department of Education
- NSW Education Standards Authority
- Revenue NSW.



The screenshot shows the NSW Communities & Justice website. The header includes the NSW Government logo and the text 'Communities & Justice'. A search bar is visible on the right. The main content area shows a breadcrumb trail: 'Home > [+] > Family and Community Services Insights, Analysis and Research (FACSIAR)'. Below this, the title 'Human Services Dataset (HSDS)' is displayed in bold. The text below the title reads: 'The HSDS brings together data from across government to take a powerful view of service usage and to improve outcomes of communities'.

<https://www.facs.nsw.gov.au/resources/research/human-services-dataset-hsds>

Introduction to Workshops 3 and 4

Three pillars for impact are reflected in VBHC and the SHR

Health system sustainability and impact requires embedding of:

1. A person-centred approach with an outcomes focus
2. Data-informed decision making
3. Cross-sector perspectives and collaboration



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Ensure a robust, disciplined and integrated approach to the implementation of endorsed Sustainable Health Review Recommendations.

Your call to action for the final workshop sessions

- Workshop 3 (30 minutes)

What immediate actions can you take and help catalyse within your spheres of influence?

Consider your role both as

- **an individual clinician**: what can I do locally to further build momentum? e.g., leadership, team integration, local program implementation, evaluation

For which cohorts of patients? Work up your specific examples further

- **the Clinical Senate**: how can we lead across the system as a whole to build and sustain momentum? e.g., partnerships, learning networks, KPIs, state-wide and national level influence, resources and change processes to support alignment across the health system, other levers to support collaboration at scale

For which cohorts of patients? Work up your specific examples further

Your call to action for the final workshop sessions

- Workshop 4 (30 minutes)

What areas of VBHC can the Clinical Senate prioritise to take forward into 2022-2023?

- Implementation and learning networks/ levers for change at scale identified in Workshop 3

Some possible other areas

- Exploration of equity issues
 - what additional complexities arise in rural, regional and remote settings?
 - what additional complexities arise for different cultural needs?
 - what additional complexities arise for different age cohorts?
- Exploration of economic evaluation and assessments of cost-effectiveness
- Exploration of how VBHC is best addressed within relevant curricula for clinical training

Further reading

<https://www.ichom.org/resource-library/>

https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_34_can_value-based_health_care_support_health_equity.pdf

https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_32_reorienting_funding_from_volume_to_value_0.pdf

<https://www.health.act.gov.au/sites/default/files/2021-05/The%20Value%20Based%20Healthcare%20Landscape.pdf>

H. P. A. van Veghel et al (2020): Introducing a method for implementing value based health care principles in the full cycle of care: Using atrial fibrillation as a proof of concept, International Journal of Healthcare Management

<https://www.nederlandshartnetwerk.nl/uploads/PUBLICATIE%20artikel%20methode%20NHN.pdf>