

CHF AHHA

Partnering with consumers

Demonstrating the value of
effective customer engagement

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Australian health consumers

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 - Aging
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 - Outcomes that matter to me not the system

The importance of experience

- Every other industry is obsessed with customer experience...
- PwC BXT
- IHI Quadruple Aim – are you improving?
- PREMS and PROMS
- Openness, transparency... ‘Sunlight is the best disinfectant; electric light the most efficient policeman’... Judge Louis Brandeis
- Quality and safety
 - Keogh lead indicators – leadership, patient and staff experience
 - Victoria SCV
- Outcomes based approaches... the recipients’ end of the telescope

What needs to change?

Encourage Australians to take greater responsibility for their own health by improving health education in schools, driving greater transparency, enabling consumer choice, and providing incentives to adopt healthier lifestyles

Promote **Health Literacy** and **publish data** to increase consumer transparency



Launch **Kids Healthy Living** program, including focus on sports, nutrition, sleep and education

Behaviour

Wellbeing

Place much greater emphasis on preventive approaches to keep people healthy and slow the growth in demand for health services, and tap areas such as predictive analytics to assist with prioritising interventions and catchment area planning. Focus on whole-person care – physical, social and mental wellbeing.



Set up national **Obesity commissioning** platform



Super-charge **Healthcare Homes** with additional focus on Mental Health



Ensure Mental Health is an integral part of all health care provision, integrate Federal and State based approaches



Implement changes, in consultation with the **Private Health Insurance** industry to enable and incentivise insurers

What needs to change?

Many see integrated care as relating only to health care and being about joining up the dots on what is currently done. Our focus here is about **whole person care** – addressing all the factors that keep Australians well, with an integrated system pursuing this outcome, rather than the disparate inputs or activity in silos that current arrangements incentivise.

We should introduce new models of care, leveraging best practices globally. These have the “right care in the right place at the right time” end-to-end with more emphasis on prevention, quality care in the best setting and targeted interventions using predictive analytics to assist with risk stratification and place-based planning.



Focus on wellbeing rather than post-hoc care – make this an explicit objective for health and care systems. Adopt a whole-person approach to care – physical, social and mental wellbeing and integrate on that basis.



Use risk stratification and predictive analytics to support earlier and better targeted interventions.



Recognise safety and quality performance in healthcare funding; raise the profile and teeth of the Australian Commission on Safety and Quality in Health Care. Invest in capacity building in this area as a key focus for prevention.



Pilot wellbeing programs, led by Primary Health Networks (PHN) and working with Local Hospital Networks (LHN) in the same geography that are designed to reduce presentations and admissions and also reduce length of stay and readmission rates. Better leverage PHN networks. Empower them to have a stronger role and demonstrate benefits to their communities.

Whole person care

Funding

Move to a single or pooled source of government funding to incentivise a more whole-system cost and benefit perspective and eliminate cost shifting and duplication, combined with more private sector contributions and alignment to outcomes.



Work between Federal and State government(s) to pilot pooled funding and joint outcome-based commissioning for integrated care, including care in the community e.g. establish a joint, outcomes-based commissioning pilot for integrated care, including care in the community.



Medicare Benefits Schedule (MBS) and PBS reform. Build off the Healthcare Homes model to fix the system challenges, such as creating better outcomes-based payment models. Focus initially on those clinical events for which there is a clear path from ‘diagnosis’ to ‘wellbeing’.



Sponsor Social Impact Bonds to incentivise long-term investments with specific targeted outcomes.

What needs to change?



Adopt widespread application of **integrating technologies** to empower consumers, help clinicians improve patient outcomes, embrace non face-to-face channels and harness the power of analytics, whilst ensuring protection from **cyber-security risks**.

Support a staged roll-out of **My Health Record**, insist on national **interoperability** standards and mandate that meaningful patient information is populated to ensure benefits are delivered for both consumers and the health industry.

Set up **National Integrated Data** Hub for health analytics.

Digital

Workforce

Successful change and implementation has the potential to deliver real gains in the consumer experience, as well as better health outcomes and lower total healthcare costs. But, the transition will have a massive impact on the health workforce; new skills and capabilities will be required.



Whole system change: Develop new skills to operate in the future environment, including a focus on outcomes and wellbeing, more integrated approaches to delivery, more co-creation and collaboration and a better balance in provider/recipient relationship.



Clinicians: Deliver health IT training, to support the transition to e-health (e.g. secure messaging, My Health Record) and decision support tools.



New workforce types: Identify and trial new healthcare workforce capabilities; e.g. care coordinators, integrated health and social care case managers, mobile health workers, health data scientists.



Leadership: Develop and run leadership development programs for health stakeholders, with emphasis on leading through transformational change.

Some potential discussion areas

1. Are patience and staff experience important?
2. What are you doing in this area?
3. How can we streamline capture, synthesis and reporting?
4. Where's the balance of power? Clinician... Patient
5. How can co-creation help? Hinder?

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Thank you

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