Healthy people, healthy systems

**Strategies for outcomes-focused and value-based healthcare:
A BLUEPRINT FOR A POST-2020 NATIONAL HEALTH AGREEMENT**

four steps towards outcomes-focused and value-based healthcare

'Value should always be defined around the customer, and in a well-functioning health care system, the creation of value for patients should determine the rewards for all other actors in the system. Since value depends on results, not inputs, value in health care is measured by the outcomes achieved, not the volume of services delivered, and shifting focus from volume to value is a central challenge. Nor is value measured by the process of care used; process measurement and improvement are important tactics but are no substitutes for measuring outcomes and costs' (Porter 2010).

Outcomes-focused and value-based healthcare can be better enabled through a whole-of-government approach to achieve:

1 a nationally unified and regionally controlled health system that puts patients at the centre

2 performance information and reporting that is fit for purpose

3 a health workforce that exists to serve and meet population health needs

4 funding that is sustainable and appropriate to support a high quality health system.

The complete blueprint can be viewed at:
www.ahha.asn.au/blueprint

ahha
australian healthcare &
hospitals association

the voice of public healthcare

our vision for a healthy Australia supported by the best possible healthcare system

Efficient models of care are used to meet the needs of individuals and result in desired outcomes

The health workforce is flexible, competent, and working to the top of their scope of practice, and participates actively in the design and delivery of health services

Health services, models of care, workforce, infrastructure and funding arrangements are strategically planned in a non-partisan manner to deliver health system redesign

HEALTH LEADERSHIP IS INNOVATIVE, DEDICATED TO IMPROVING OUTCOMES FOR COMMUNITIES

HEALTH SERVICES ARE TRULY INTEGRATED AND CONNECTED

Hospitals are effectively utilised beyond distinct episodes of care, to also be a resource for: primary, home and community-based care providers throughout a patient's health journey; active engagement and promotion of primary and alternative care arrangements; and public health initiatives

Health outcomes are used to assess health sector performance and the quality of patient care

Participation of individuals and communities in the design and evaluation of health services is mainstream

Governance of health services covers individuals, and primary, community and hospital services, and is regionally administered and monitored and provides a continuum of care

Health service planning is robust, based on strong data across all sectors of the health system and innovates at the regional, state and territory, and national levels

healthy people   healthy systems

The health system is more nimble and able to take up improvements in care quickly. New treatments and technologies are evaluated and adopted (where suitable and sustainable) in an accelerated manner. Low value and superseded treatments are assessed and de-funded in a timely manner

A WHOLE OF GOVERNMENT APPROACH IS USED FOR PRIMARY PREVENTION OF ILLNESS THROUGH ADDRESSING DETERMINANTS OF HEALTH, PARTICULARLY FOR DISADVANTAGED POPULATIONS

Health promotion, prevention and early intervention services are receiving a greater proportion of innovation or grant funding

Health literacy and self-care are on the rise

INDIVIDUALS AND COMMUNITIES HAVE IMPROVED SELF-REPORTED RATES OF HEALTH AND WELLBEING

Positive health outcomes are attainable for all individuals and communities

Planning includes responses to pandemics and the effects of climate change, and includes proactive interventions to prevent or detect major health events

Individuals have access to their own health information that they can share and use to optimise their health outcomes

REAL-TIME, LINKED DATA, INCLUDING SELFCARE, PRIMARY, COMMUNITY AND HOSPITAL CARE DATA IS UTILISED TO UNDERSTAND INDIVIDUAL AND POPULATION HEALTH NEEDS

The use of technology and data to evaluate outcomes, including PREMS and PROMS, is mainstream, with sharing of data across all sectors of health, and with the community

Individuals and communities have more informed choice about the care they receive

Risk factors for chronic disease (such as smoking, risky drinking, obesity etc.) are decreasing

Positive health outcomes are attainable for all individuals and communities

Patient-reported experience and outcome measures (PREMS and PROMS) are collected and reported