

Performance Information and Reporting

Whole-of-system health performance information and reporting is needed that is:

- focused on health outcomes that matter most to patients; and
- facilitates achieving value in healthcare and transparency of performance.

Data must accurately reflect care outcomes and be in the right format, timely and of sufficient quality to discern critical relationships between investment and results, as appropriate, for different audiences and purposes.

Health performance information and reporting serves a number of purposes:

- For the public—patient-friendly and clinically-relevant statistical information informs individuals and communities, promotes transparency and supports research;
- At the point of care—it enables comparisons (against one’s own performance and against others) to drive service improvements;
- For jurisdictions—it informs policy and drives health system improvements; and
- For regions—it drives strategic directions and allocation of funding and resources.

To support systematic tracking of health outcomes, relevant risk-adjustment factors, segment-specific interventions, corresponding costs of care and other relevant dimensions of health system performance, consideration needs to be given to:

- Data standards;
- Information and communications technology (ICT) architecture; and
- Analytical and reporting capabilities.

AHHA POSITION

Data standards:

- ✧ A national minimum dataset and data dictionary must be developed for primary healthcare, with:
 - metadata aligned with acute care national minimum datasets to support data linkage and development of outcomes data reporting; and
 - data submission a requirement for those receiving an Medicare Benefit Scheme (MBS) provider number, practice incentive payments, or other government funding for the provision of health services.

ICT architecture:

- ✧ The development and implementation of interoperability standards must be fast-tracked to support better information sharing across the health system in near real-time.
- ✧ Standards for primary healthcare electronic health records must be developed and implemented, with an initial focus on general practice.

Analytical and reporting capability:

- ✧ A strategy must be developed for a standardised national approach to measuring and reporting value-based patient-centred outcomes.
- ✧ Reporting and benchmarking must be fit-for-purpose:
 - meeting the needs of different levels of the healthcare sector and different audiences;
 - providing transparency for consumers and among healthcare providers;
 - published in meaningful timeframes; and
 - managed to prevent unintended consequences.
- ✧ Stakeholders must be given incentives (financial and non-financial) to cooperate in introducing standardised tracking of health outcomes and costs of care.
- ✧ Existing initiatives, such as *Choosing Wisely* and the *Atlas of Healthcare Variation*, should be aligned and individualised feedback loops introduced to motivate professionals and services to make meaningful changes in their own performance.
- ✧ Regional needs assessments should determine projected needs of the population 5-10 years in the future to inform investment in prevention.
- ✧ Measurement of institutional racism must be incorporated into performance information and reporting requirements across the health system.