



Australian healthcare after COVID-19

An opportunity
to think differently



Lessons of the past and issues of the future...

The emergence of COVID-19 has created a global health emergency. Compared to other countries around the world, Australia has done an exceptional job in controlling this disease to date but has not been immune to challenges and must step up its efforts to manage these effectively.

Positive actions have included the rapid response from all Australian governments guided by public health experts, and implementing proactive measures including international border closures, strengthening of health system capacity to respond to the pandemic, and efficient contact tracing and wide scale testing.

Nevertheless, this healthcare emergency has exposed critical bottlenecks and vulnerabilities within the Australian health system. Health services have had to adopt new ways to deliver care.

We should be factoring into our health policy decisions the social determinants of health, such as housing, income and employment. We should be breaking down the silos between departments of health, community and social services. We should be sharing data across these three areas and looking for smart ways to achieve better health outcomes and address health disparities.

Our experiences addressing these challenges can provide a catalyst for reimagining health care. As we move toward a post-COVID world, identifying the changes that are needed to form the foundation of a modern, sustainable and resilient healthcare system, focussed on health outcomes and capable of absorbing shock will be as important as identifying the changes that are not.

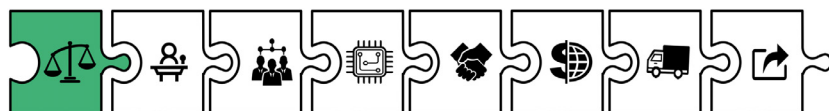
The future of Australian healthcare should not be defined by our challenges, but by the way we respond to them...





Ten steps we should take now

- 1** The direct and indirect effects of the pandemic and natural disasters on health service delivery and health outcomes are evaluated, and lessons learned inform a reimagined health system
- 2** Ensure greater transparency in decision-making, fostering community trust and collaborative relationships amongst stakeholders
- 3** Empower consumers to take an engaged and active role in their health, through health literacy programs and expanded opportunities to codesign health services
- 4** Low and no-value health care is reduced through the prioritisation of evidence-based care and addressing inappropriate variations in care
- 5** Team-based care with health professionals working to the top of their scope of licence, and a greater focus on permanent employment and upskilling
- 6** Funding models include incentives for value and improving health outcomes
- 7** Patient-reported outcome data that measures what matters to patients is developed, and informs outcome-based payments and service design
- 8** Telehealth MBS items are continued and refined to ensure they reflect the cost of providing care, support affordable care for patients, and represent value for money for government funders
- 9** Cross-sector partnerships between health, aged care, disability and community services are informed by linked data, and funded to collaborate to improve health outcomes for all
- 10** Medical manufacturing models are responsive, cost effective, environmentally sustainable, create local jobs and advance the Australian economy



A fair and healthy Australia

The community is engaged and health equity is prioritised

As Australia takes measures to curtail the spread of COVID-19, the direct relationship between the pandemic and health inequities cannot be overlooked. Disadvantaged people, people with chronic diseases and vulnerable populations are all at higher risk of infection and death from COVID-19.

Planning for a post pandemic future that better supports the underserved will require investment in health and social justice, communication, education, collaboration, and informed and compassionate leadership.

What this looks like...

IDENTIFIED

Funding decisions are informed by and respond to data that identifies health disparities

Data linkage and analysis of community, health and social services data is prioritised

INVESTED

Planning for and developing appropriate responses to equity issues is specifically designed into funding arrangements

ENGAGED

Patient education resource libraries and health literacy programs empower consumers to take a more active role in their health

PARTNERED

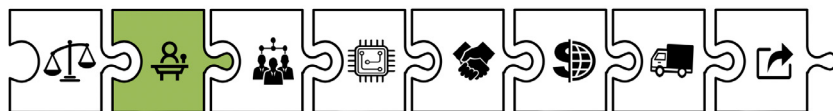
Cross-sector partnerships between health, aged care, disability and community services are empowered and funded to collaborate to improve health outcomes for all

VALUED

As new technologies and treatments are funded, consideration is given to ensuring value both at an individual level and at a public level, including how equity will be promoted

PROMOTED

Public health awareness is promoted and prevention is prioritised in health budgets



Trusted health stewardship

Leadership is connected, collaborative, proactive and transparent

COVID-19 has tested governments and leaders across the world. In Australia, the rapid establishment of the National Cabinet has enabled a strong and responsive, coordinated, multi-level national response to the pandemic.

However, as Australia moves out of the emergency phase, government decisions will significantly impact the 'new way of life' and investment, consultation, collaboration, communication and transparency will be critical to fostering trust and a sense of community ownership.

What this looks like...

ENGAGED

Decision making is transparent, ensuring community trust, and fostering collaborative relationships with clinicians and other health stakeholders

LISTENING

Aboriginal and Torres Strait Islander culture is included in the design and delivery of policies and programs that support improvement in the health and well being of indigenous Australians

People and organisations with the greatest knowledge of an issue have input to policy design and support to contribute as effectively as possible

OUTCOMES FOCUSED

Strategic policy frameworks are focussed on health system outcomes and on the well being of the population

Due attention is given to systems design and complexity is acknowledged

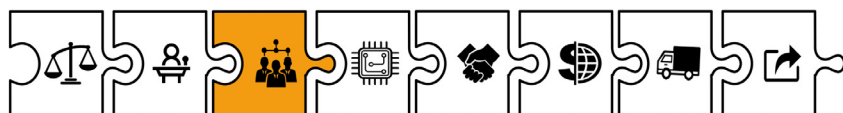
ACCOUNTABLE

Decisions are made at a useful pace and consistently communicated

Trade-offs are rationalised and recognise the rapidly changing environment in which they are made

Mechanisms to harmonise regional and national governance responses are embedded and actively coordinated, including planning, coordination and monitoring

Governance includes independent oversight and broad representative leadership



Patients at the centre

Care systems are integrated and responsive, patient centred and outcomes focussed

The speed and scale of the response required of the health system as a consequence of the COVID-19 pandemic has highlighted how fragmentation within the system impacts on its ability to respond effectively. Low value care, inflexible funding models, siloed planning, health inequities and poor integration of care across a patient's treatment journey have all been recognised as areas that make us more vulnerable to poor health outcomes and emerging system shocks.

The ability of the health care system to cope, respond and adapt to new challenges demands contemporary models of care that support the best possible patient outcomes, maximise value for money and promote health systems sustainability. The National Health Reform Agreement Addendum 2020–25 includes measures which will support efforts to address value and patient outcomes in the post COVID-19 environment.

What this looks like...

UTILISED

Existing PHN infrastructure and capacity of the primary health care sector is utilised to support management of future public health threats

LEAN

Productivity improvements are made at pace and scale through Lean approaches and practice.

Unnecessary processes are removed based on evidence and condition specific patient reported outcomes

EMPOWERED

Innovative arrangements between private and public sectors that help

manage care demand are evaluated and extended where appropriate.

Systems wide barriers to change are addressed

VALUE

The number of low or no-value elective care procedures is reduced through the prioritisation of care that is supported by evidence of its relative value

CO-DESIGNED

Individuals and organizations across the health sector are engaged in meaningful ways that allow them to address change. Co-design co-produce care in partnerships with clinicians and health services

OUTCOMES

Health policy, funding and governance frameworks support the integration of value based health care as the new norm and collaboration across the sector improves outcomes for patients

CONNECTED

Primary care delivery systems that incorporate hospital-at-home programs and virtual health outpatient services have been expanded

FLEXIBLE

Support for flexible combinations of face-to-face and virtual care across the whole of system including primary, secondary and tertiary care is maintained

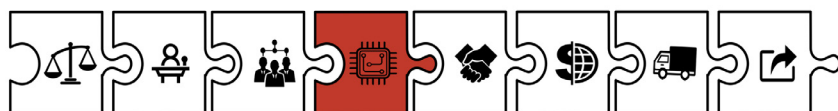
COORDINATED

Integrated multidisciplinary, models of care support systems resilience and increase the ability to absorb systems shock

Coordination of care for people with chronic diseases and vulnerable populations is improved

CLOSE THE GAP

Aboriginal and Torres Strait Islander community leaders and Australian governments have prioritised initiatives to support quality health care provision through ACCHOs and AMSs
Aboriginal and Torres Strait Islander models of healthcare are considered more widely



Health care transformed

Digital gains are locked in, innovation is prioritised

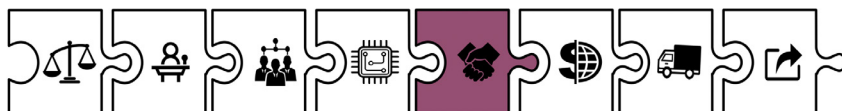
As the health sector responds to radical changes in demand for their core products and services, COVID-19 has forced healthcare to be more innovative.

Digital technology has enabled people to stay connected during the crisis; while the rapid expansion of virtual healthcare has meant that long awaited efficiencies, workplace flexibility and improvements in access to care are beginning to be realised.

With more care interactions moving to virtual healthcare models, the capacity to transform Australian healthcare in the longer-term is being re-imagined and many of the recent policy changes that have supported digital gains should be made permanent.

What this looks like...

<p>GOVERNED</p> <p>Virtual healthcare is underpinned by a strong clinical governance framework that ensures high levels of safety, quality and effectiveness</p> <p>National oversight and infrastructure support joint planning and funding at a local level, driving the integration of virtual healthcare into care models and pathways</p> <p>FUNDED</p> <p>MBS telehealth items across the healthcare team are continued</p> <p>Blended payment models and incentive payments for adoption of virtual healthcare are available as a health care delivery option</p>	<p>INTEROPERABLE</p> <p>Improved health information technology interoperability facilitates the exchange of data across health care delivery points</p> <p>Standards for electronic health records and virtual health care platforms are developed and implemented; and the digital health capability of health service providers is regulated</p> <p>SCALABLE</p> <p>Technology is easy to use and layered with human support. Escalation occurs rapidly</p> <p>INNOVATIVE</p> <p>The development of new digital tools, as well as point of care and home based monitoring devices is accelerated</p>	<p>PATIENT CENTRED</p> <p>Professional and service standards for incorporating virtual healthcare must demonstrate responsiveness to the needs of the patients</p> <p>Patients are engaged and retained through optimised patient experiences</p> <p>Patients with chronic disease have care interactions that are integrated with home based monitoring and equipment</p> <p>Linkages between virtual health and in person care are maintained</p>	<p>ACCESSIBLE</p> <p>Proactive efforts by governments ensure equity through the wide scale implementation of virtual healthcare as a healthcare delivery option</p> <p>Upfront technology costs to patients are limited or subsidised through Medicare</p> <p>Infrastructure is upgraded to meet community needs</p> <p>INFORMED</p> <p>Data development is required for virtual occasions of service, clinical efficacy and safety, patient and provider experience. Assessment of quality and value of services inform service planning and continuous improvement</p>
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Evolving workforce

An agile workforce that is valued and supported

While Australia's response to the COVID-19 has recognised the essential role of care providers in protecting the nation's most vulnerable people, the impact of the pandemic on the healthcare workforce has yet to be fully realised. Known shortcomings include a highly-casualised workforce, particularly in the aged care sector, and insufficient focus on training and access to personal protective equipment for many health worker groups.

As the crisis subsides, identifying the lessons learnt from the pandemic will be critical for managing the transition of the workforce to new and different ways of working on a permanent basis.

A focus on community and patients, clarity of roles, communication, education and training; as well as strong clinical governance and mechanisms that support coordination and integration will be critical to maintaining an agile, responsive and safe workforce for the future.

What this looks like...

INNOVATIVE

Institutions and organisations promote agile work practices. Scalable workforce practices are the norm

Team-based care with health professionals working to the top of their scope of licence will underpin health service delivery across all health services

INFORMED

Realtime national data informs workforce redeployment to areas of high demand or in response to disasters and emergencies

Learning and shared knowledge are embraced and there is an increased demand for real-world evidence

Data sharing and adoption of new technology occurs rapidly

RE-ENVISIONED

Governance, care models, workflow and funding models support team based care, including virtual health, for chronic and complex conditions

The healthcare workforce is digitally capable. New roles support the implementation of virtual health care

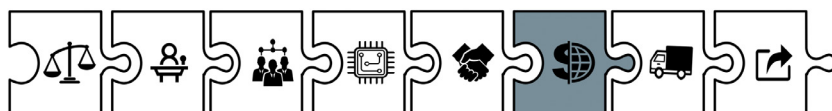
Clinicians work to the top of their scope of their licence

Leadership is collective

SAFE

The healthcare workforce is physically and psychologically safe

Unwanted variation in work and clinical practice is reduced



From volume to value

Funding is flexible and high value care is enabled

The ability of the system to absorb and respond to unpredictability in health revenue and demand will require adopting flexible funding policies that increase resilience in health financing.

Weaknesses associated with the current healthcare funding model have been highlighted by the pandemic. Re-orienting the focus to funding that blends incentives and supports high value care and patient outcomes will be required for enabling the delivery of patient-centred care, managing costs effectively and optimising the use of finite public health resources.

What this looks like...

REFORMED

Funding models include incentives for value and improving health outcomes

Patient-reported outcomes measures are developed and support outcome-based payments which incentivise gains in quality, safety and patient-centredness

Funding arrangements that overcome disconnect caused by multiple funders and siloed arrangements

Telehealth MBS items are continued and refined to ensure they reflect the cost of providing the service, enable and incentivise team-based care, and represent value for money for patients and government

FLEXIBLE

Funding arrangements are able to adapt to the implementation of new technologies

Re-imbursement models from payers for virtual health and home care programs are more flexible

INCENTIVISED

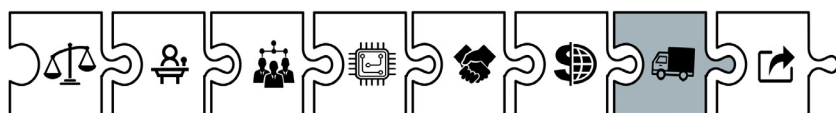
Incentives are aligned across care pathways and providers to maximise value for money in public investments and achieve better outcomes for patients funders and the healthcare system

Incentive payments support the adoption of virtual health care within local integrated care pathways, achieving outcomes determined through joint governance arrangements with PHNs and LHNs

Funding arrangements that strengthen incentives for improving health equity are implemented

VIABLE

Guidance and tools support health care providers implementation of virtual health care and assure economic viability for providers



Resources managed

Resources are optimised and risks are managed

As cases of COVID-19 began to increase around the world, issues around the management of Australia's medical supply chain were brought to the fore. Inadequate digital infrastructure, poor geographic distribution of medications and getting Personal Protective Equipment (PPE) to the front lines in a timely and efficient manner exposed system vulnerabilities and an over-reliance on global supply chains and manufacturing.

In the post-pandemic landscape, continuity planning, investments in critical infrastructure, partnerships between research and industry and mechanisms for more effective communication and information sharing will help to ensure an adaptable, resilient supply chain, that is less vulnerable and able to absorb future traumas.

Governments should also act in a coordinated manner to collectively diversify supply chains and provide appropriate support to enable domestic production of critical supplies in varying circumstances.

What this looks like...

SCALABLE

Medical supply systems are integrated and ready to scale up. Collaboration between organisations drives innovation and governments have risk mitigation strategies in place

PRIORITISED

The distribution of the national strategic stockpile of medicines and PPE are prioritised. Decisions are accountable and clearly communicated through national leadership

Medical procedures are consistently prioritised, with reassessment of patients according to evidence based criteria

RESPONSIVE

Medical manufacturing models are responsive, cost effective, flexible, environmentally sustainable, create local jobs and advance the Australian economy

STANDARDISED

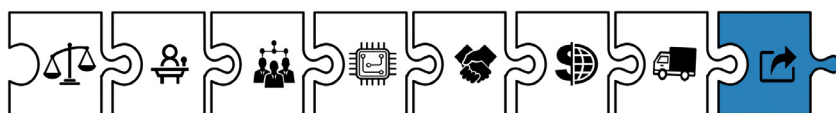
Medical manufacturing and products are standardised across the health system to facilitate substitution and reduce costs

STREAMLINED

The innovative potential of the Australian medical manufacturing industry is supported through streamlined governance, regulatory processes and information sharing to ensure health outcomes for Australia and globally

MONITORED

The national Critical Health Resource Information System (CHRIS) for monitoring ICU and equipment is maintained



Informed by evidence

A resilient and responsive health system underpinned by health systems research and real-time data

The impact of this pandemic on both public health and the economy demonstrates the immense reliance on the capacity of the Australian health system to respond effectively in emergency circumstances.

Investment in health systems research will be critical in ensuring that the evidence base needed to respond appropriately to the current health crisis, as well as future and ongoing challenges, is strong, nationally consistent and suitable for both service planning and future research efforts.

For health services to meet people's needs into the future, investment in health and medical research must focus on more than clinical and epidemiological research, but also on health policy, health economics and more directly on the structure and function of the health system.

What this looks like...

COLLABORATIVE

Cross sector collaborations and new uses of technology shape the post COVID-19 research landscape

HEARD

Research built on health priorities identified by Aboriginal and Torres Strait Islander people is prioritised

The Aboriginal and Torres Strait Islander research workforce is supported and their leadership of research and evaluation of programs is enabled

IDENTIFIED

Systems and processes are employed to uncover, mitigate, and prevent risks

EVALUATED

The direct and indirect effects of the pandemic on health service delivery and health governance, including specific implications for health service providers and healthcare workers are evaluated

ANALYSED

The cost-effectiveness and impact of various health system and service measures, innovations and strategies introduced during the pandemic have been analysed

PREPARED

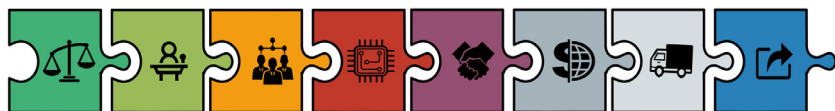
The preparedness of the health system and communities to respond swiftly and appropriately to new disasters has been assessed

MONITORED

There is ongoing systematic collection, analysis and interpretation of frequently collected or near or real-time health data that are essential to determining causality, and monitoring trends and projections

DEVELOPED

Indicators related to health system responses to natural disasters support national, state and regional performance reporting and service plans are developed



Why this matters....

COVID-19 has created new opportunities to reconstruct our health care system in ways that were rarely possible during ordinary times. Building this new reality will require accelerating the positive transformations we have made during the pandemic, undertaking some fundamentally new ones, and determining which of the activities we have stopped that we should not resume.

The emergence of COVID-19 has served to highlight inequities in the healthcare system – fragmented services, administrative hurdles, a lack of comprehensive data, social determinants ignored and unreliable lines of communication have all had long lasting effects on health care service provision and patient outcomes.

In a post-pandemic Australia, the expansion of virtual healthcare, a transition away from fee-for-service models to more value-based care, and an increased use of technology will be essential to rebuilding a more resilient care and flexible system, where communities are better able to cope, respond and adapt to new health care challenges and crises, while the delivery of everyday care services is maintained.

Understanding what matters to people, and how the Australian healthcare system can innovatively respond is a good place to start.



OUR VISION

A healthy Australia, supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective
Accessible
Equitable
Sustainable
Outcomes-focused.

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