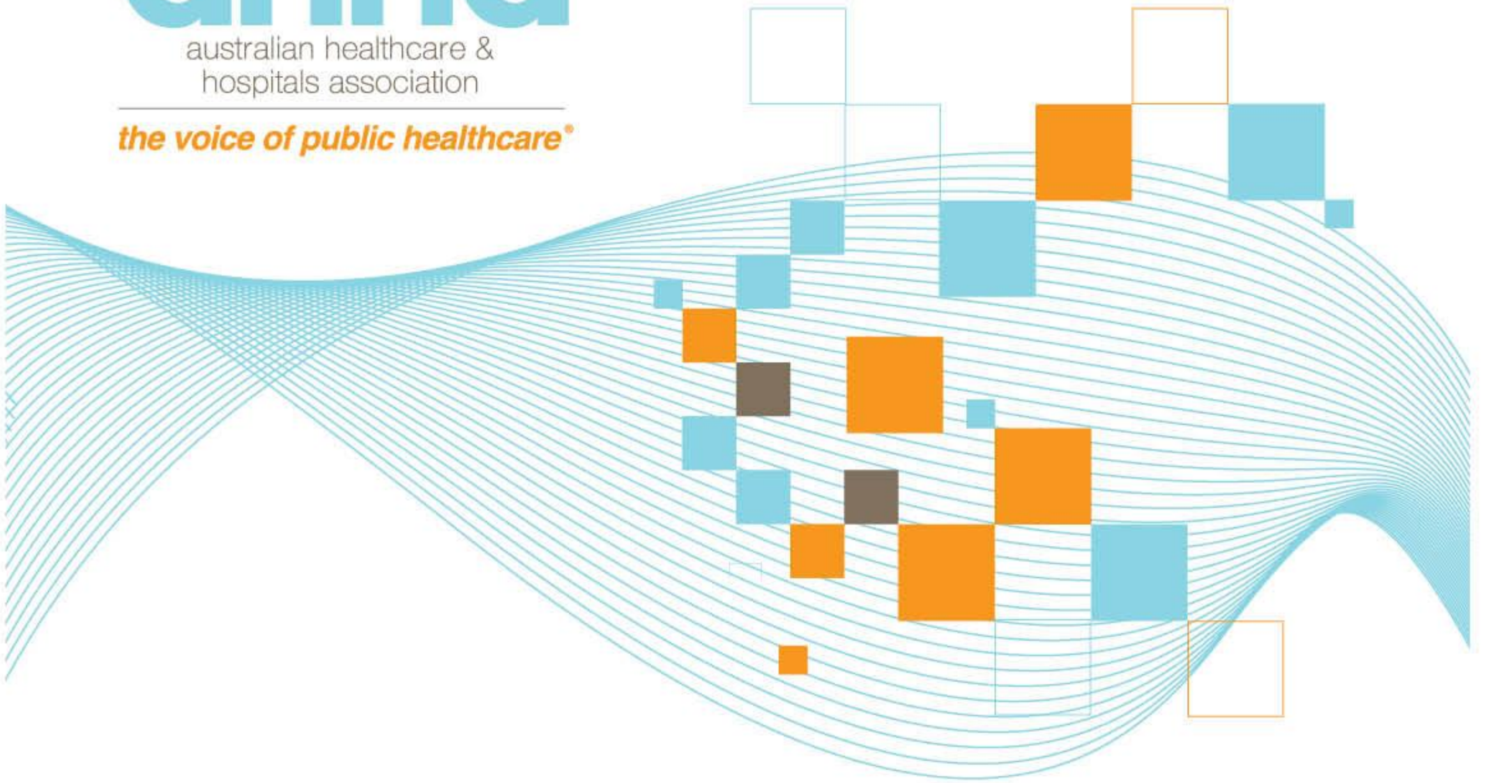

Draft Australian Cancer Plan

AHHA Submission

16 December 2022

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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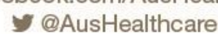
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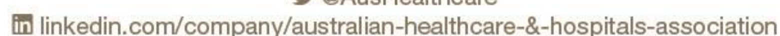
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TABLE OF CONTENTS

Introduction 2

Response 3

Data to drive integrated, coordinated care: 3

Shared, multidisciplinary care: 4

Virtual care 5

Funding that incentivises improved outcomes 5

Place-based cancer care 6

Conclusion 8

INTRODUCTION

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide feedback on the draft Australian Cancer Plan, with a specific focus on considerations for its implementation.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

To achieve a healthy Australia supported by the best possible healthcare system, AHHA recommends Australia reform the healthcare system over the next 10 years by enabling person-centred, outcomes-focused and value-based health care. This requires:

1. A nationally unified and regionally controlled health system that puts people 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.

AHHA's *Healthy people, healthy systems*[1] is a blueprint for reform (the Blueprint) with a series of short, medium, and long-term actions to achieve these goals. The actions outlined in the Blueprint closely align with the initiatives mapped out in the Australian Health Minister's *National Health Reform Agreement (NHRA) – Long-term health reforms roadmap*[2].

[1] Australian Healthcare and Hospitals Association. 2021. Healthy people, healthy systems. Available at https://ahha.asn.au/Blueprint

[2] Australian Health Ministers. 2021. National Health Reform Agreement (NHRA) – Long-term health reforms roadmap. Available at https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap

RESPONSE

AHHA commends the draft Australian Cancer Plan (the Plan) for the inclusion of priorities, strategic objectives, goals, and actions that align with need for person-centred, outcomes-focused and value-based health care reforms to create a health system for a healthy Australia.

Successful implementation of the Plan will be enabled only by broader health system reform and investment. Without system reforms that are adequately resourced and funded, the Plan's strategic objectives for an integrated, coordinated, data driven health system that delivers person centred cancer care to achieve the outcomes that matter to people and communities cannot be truly realised.

We commend the ambition of the Plan and offer our support for, and advice on, the system-level changes required to realise them. Below we have drawn out some of the specific elements of the Plan we support and outlined considerations for their implementation.

DATA TO DRIVE INTEGRATED, COORDINATED CARE:

We strongly support the focus on integration and coordination within the Plan. Greater coordination and integration of services across care sectors will ensure better service delivery, improved efficiency, better health outcomes and improved quality of life. Further, the intersect between concurrent reforms across care sectors must be clearly understood and coordinated to prevent any unintended consequences. However, data and technology reforms are needed for optimal and meaningful integration and coordination to occur.

As recently reported by the Productivity Commission in its *5-year Productivity Inquiry Interim Report*,[1] the issues and recommendations identified in the 2017 Shifting the Dial report including the rigidities of existing service models, the lack of integration across the system, inadequate use of data, and poor diffusion of best practice, remain relevant today (Productivity Commission 2022). Improved data collection and sharing mechanisms, and interoperable systems are needed to enable measurement and analysis across a person's care journey. Robust, real-time, linked data, through national minimum data sets, are needed both within and across care systems to inform the development of performance measures focused on health outcomes, along with routine monitoring of those outcomes.[3] In addition, to ensure high quality, equitable and accessible healthcare, there must be transparency and evaluation undertaken to demonstrate whether national reforms are achieving intended outcomes.

The integration of outcome datasets into routine cancer care has been pursued by various services, e.g., in the Continuous Improvement in Care - Cancer project in Western Australia that focuses on patients with lung, colorectal, breast, prostate, and ovarian cancer, and in the Cabrini Health and The Alfred partnership that focuses on patients with colorectal cancer. Importantly, such work recognises that data from both public and private settings are important to integrate but highlights the challenges in a system without interoperability or sufficiently strong privacy legislation.

The action within the Plan to design and embed patient reported experience and outcomes into national performance monitoring and reporting is commended. There is existing activity in this sphere being led by government entities (e.g., through the NSW Agency for Clinical Innovation), by

[3] Raymond, K 2019, Reforming for value: Opportunities for outcome focused national health policy, Deeble Institute for Health Policy Research Issues Brief. Available at: https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no._33_reforming_for_value_opportunites_for_outcome-focused_national_health_policy_0.pdf

public health providers (e.g., Dental Health Services Victoria), and across public and private health providers (e.g. in the Continuous Improvement in Care cancer pilot trial in Western Australia). The Australian Commission on Safety and Quality in Healthcare (ACSQHC) has undertaken scoping on the appropriate role for the measurement and reporting of patient-reported experiences and outcomes to support the health system to deliver patient-centred care. We highly recommend that the lessons and experiences of these organisations inform work in this area.

SHARED, MULTIDISCIPLINARY CARE:

We commend the focus on shared, multidisciplinary, and integrated models of care to support people with and impacted by cancer, and the development of a national framework for multichannel, multi-disciplined navigation models is welcomed. A lot of work has been undertaken to develop these models across Australia, which should be leveraged to inform the development of the national framework. This will help promote an environment of shared and continuous learning, and to reduce wasteful duplication.

We would like to draw to your attention a recent Deeble Institute Issues Brief, 'Integrating shared care teams into cancer follow-up care models'[4], which highlights the gaps in knowledge relating to the implementation of shared care cancer follow-up models in Australia. It focuses on some of the key considerations for implementing shared care including the need to collect primary care data and link this to patient health outcomes data; map of the health care workforce involved in delivery to identify gaps in services; and develop national clinical governance frameworks that enable continued monitoring and quality improvement.

The benefits of multidisciplinary, team-based care were comprehensively articulated in the recent Grattan Institute report.[5] While the benefits of such models have been promoted for decades, the system still faces challenges in operationalising them. The Australian Government, in partnership with all state and territory governments, must provide leadership on proactively redefining traditional workforce models of healthcare delivery, recognising that vested professional and financial incentives are an impediment to effective structural reforms in the way health services are designed, delivered and remunerated.

Enabling teams that span multiple services will require sector-wide attention to:

- Collaborative population health planning being central to the implementation of integrated, team-based services
- Clinical governance frameworks that reflect the local context
- Cultural shifts to include patients, families and carers as members of the team
- Systematic use of person-centred goals, measures and indicators
- Interoperable data and technology
- Interprofessional workforce development

[4]Crawford-Williams, F. and Haddock, R. 2022, Integrating shared care teams into cancer follow-up care models, Deeble Institute for Health Policy Research, Issues Brief. Available at: https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_46_integrating_shared_care_teams_into_cancer_follow-up_care_models.pdf

[5] Breadon, P., Romanes, D., Fox, L., Bolton, J., and Richardson, L. (2022). A new Medicare: Strengthening general practice. Grattan Institute. Available at: https://grattan.edu.au/wp-content/uploads/2022/12/A-new-Medicare-strengthening-general-practice-Grattan-Report.pdf

- Funding models that recognise where the costs and rewards of providing care differently are borne, support dedicated time for population health planning and developing team-based models of care, and incentivise the desired patient and population health outcomes.[6]

VIRTUAL CARE

We support the inclusion of actions to prioritise and improve technology and virtual care articulated in the Plan, particularly in regional, rural and remote areas, and agree with the conclusion that:

- individuals should be provided with the option of in-person cancer care
- people receiving virtual care must be supported to develop digital and health literacy skills and
- that carers and families must be considered in digitally enabled cancer care provision.

The Deeble Institute Perspectives Brief, 'Moving towards value-based, patient-centred telehealth to support cancer care', explored "the need for an improved telehealth service model for cancer that integrates clinical and patient reported outcomes to support patients' needs and providers' expectations".[7] This brief provides recommendations on how a new model of telehealth service for cancer can be value-based and data-informed.

Effectively operationalising virtual care models must ensure integration within local care pathways and services. It should not be driven only by individual services operating to meet their own priorities, which may risk the viability of other critical services within the health ecosystem. Joint planning and funding at a local level, through the collaborative efforts of LHNs and PHNs should drive the establishment and integration within a national framework.

FUNDING THAT INCENTIVISES IMPROVED OUTCOMES

The inclusion of a goal within the Plan to explore and test innovative approaches to pool and redirect funding to address areas of need in cancer care is welcome. These alternative models of care must be matched with complementary payment models, as traditional payment mechanisms such as fee-for-service can create perverse incentives and entrench fragmented care. There should be mechanisms to support innovation where traditional funding frameworks can be challenged, and flexibility for different approaches to be trialled.

Australian healthcare funding policy needs a rethink and value-based payments will be a necessary step towards securing Australia's healthcare system sustainability, as payment mechanisms can be used to drive sustainable transformations in healthcare that will improve individual and population health outcomes. Nevertheless, using financial incentives to change behaviour will require national leadership, substantial investment in better information technology, and improved data collection and sharing.

[6] AHHA (2021). Enabling person-centred, team-based care. https://ahha.asn.au/sites/default/files/docs/policy-issue/enabling_person-centred_team-based_care_-_refreshing_the_blueprint.pdf

[7] Slavova-Azmanova, N., Millar, L., Ives, A., Codde, J. and Saunders, C. 2020, Moving towards value-based, patient-centred telehealth to support cancer care, Deeble Institute for Health Policy Research, Perspectives Brief. Available at: https://ahha.asn.au/sites/default/files/docs/policy-issue/perspectives_brief_no._11_moving_towards_value-based_patient_centred_telehealth_to_support_cancer_care9197_0.pdf

A recently released Deeble Institute Issues Brief, 'A roadmap towards scalable value-based payments in Australian health care' examines the challenges and advantages of moving ahead with a health funding model that includes value-based payments.[8] The Brief is authored by Professor Henry Cutler, Inaugural Deeble Institute Fellow and Inaugural Director, Macquarie University Centre for Health Economics (MUCHE), Macquarie University. In this paper, Cutler posits that "who bears the risk and who benefits [from value-based payments] must be transparent and factored into implementation to predict for uncertainties".[9] Recognising that it is "natural for providers to push back on value-based payments if the incentive structure fails to compensate for increased risk, fails to cover the marginal cost associated with meeting incentive targets, or fails to attribute health outcomes to care".[10]

As such, the paper concludes that the likelihood of success of a value based funding program depends on whether "state, territory, and federal governments develop a structured and supportive policy and institutional framework around the intent to trial and evaluate multiple value-based payment models nationally".[11] The Brief outlines four key recommendations, including the development of a cohesive vision and national 10-year plan for value-based payment integration into the healthcare system and the creation of an independent national payment authority to implement the national plan.

AHHA recommends that implementation of the funding related actions contained within the Plan consider this Issues Brief and its recommendations.

PLACE-BASED CANCER CARE

The recognition and inclusion of the principle of 'place-based' learning and care within the Plan is commended. In the plan this principle has been applied to First Nations peoples, which is crucial; however, AHHA believes that a place-based care approach to care can be expanded.

Top down and linear models of change are insufficient for improving performance within the health system, which is a complex ecosystem that must respond to relentless demands and shifting internal and external pressures.[12] Instead, network models are needed that draw from complexity science, that maintain pace with exponentially increasing volumes of evidence, and induce collaboration that transcends specialties and individual services.[13]

The concept of 'learning health systems' provide a guide on how to scale a place-based approach all Australians. They are defined as "a systematic approach to iterative, data-driven improvement", where a learning community is "formed around a common ambition of improving services and outcomes".[14] Learning health systems are described as a "team, provider or group of providers that, working with a community of stakeholders, has developed the ability to learn from the routine care it

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[8] Cutler, H. 2022, A roadmap towards scalable value-based payments in Australian health care, Deeble Institute for Health Policy Research Issues Brief. Available at: https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_49_a_roadmap_towards_scalable_value_based_payments_final.pdf

[9] Cutler, H. 2022, A roadmap towards scalable value-based payments in Australian health care.

[10] Cutler, H. 2022, A roadmap towards scalable value-based payments in Australian health care.

[11] Cutler, H. 2022, A roadmap towards scalable value-based payments in Australian health care.

[12] Braithwaite, J., Glasziou, P. & Westbrook, J. (2020). The three numbers you need to know about healthcare: the 60-30-10 Challenge. BMC Medicine, 18(102).

[13] ibid

[14] Hardie, T., Horton, T., Thornton-Lee, N., et al. (2022). Developing learning health systems in the UK: Priorities for action. The Health Foundation and Health Data Research UK. https://doi.org./10.37829/HF-2022-I06

delivers and improve as a result – and, crucially, to do so as part of business as usual"[15]. In essence, it describes a systemic approach to iterative data driven improvements.

Learning systems offer a way of pulling together work from various areas in a more organised way to facilitate shared learning and the rapid dissemination of new ideas.[16] Additionally, it is the ability of learning systems to bring diverse groups of people together to ask questions, interpret data, reconcile differing views and make decisions that facilitates change in complex, adaptive systems.[17]

Five themes have been identified as integral to a nurturing learning community:

- Systematic approaches and iterative, continuous learning with implementation contributing to new best-practice care
- Broad stakeholder, clinician and academic engagement and co-design with a culture of learning and improvement
- Skilled workforce, capability and capacity building
- Resources with sustained investment over time
- Data access, systems and processes.[18]

While not often termed 'learning health systems', there are numerous examples in Australia of projects being established that would fit the definition (to some extent). Most are condition-focused or thematic-based. Examples include End of Life Directions for Aged Care (ELDAC) and Health Justice Partnerships. Primary Health Networks also drive significant activity in this space, through communities of practice and collaborations. The NSW Statewide Initiative for Diabetes Management provides an example of a cross-sector service-led collaboration taking a 'one health system' approach to improve health outcomes. The focus areas identified for this initiative align with those of a learning health system, i.e., capability building, shared information and data, identified governance and leadership with a focus on partnerships.

However, just from these examples, it is clear there is variation in how health services and stewards lead, interact and engage within such learning health systems from a place-based perspective. Available resources, workforce engagement and data availability continue to present challenges. As such, there is significant opportunity for governments to support place-based learning health systems more explicitly. Such support aligns with the long-term health reforms identified in the National Health Reform Agreement (e.g., resourcing through joint planning and funding at a local level) and should be a fundamental element of support in policy reforms currently being pursued (e.g., the introduction of voluntary patient enrolment with general practices).

Governments should provide resourcing to initiate and sustain learning communities at the local level to come together to learn from data and design place-based solutions. These place-based learning health systems could also provide a framework for longer term, flexible funding approaches that may be used to incentivise high value care, as well as address inequities that may be exacerbated through fee-for-service funding models, for example in rural and remote health care reform.

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[15] ibid

[16] Carey, G. and Matthews M. 2015, 'Better methods for delivering adaptive regulation in public management: An application to the NDIS', Regulatory Institutions Network and Hardie, T., Horton, T., Thornton-Lee, N., et al. (2022). Developing learning health systems in the UK: Priorities for action.

[17] Hardie, T., Horton, T., Thornton-Lee, N., et al. (2022). Developing learning health systems in the UK: Priorities for action.

[18] ibid

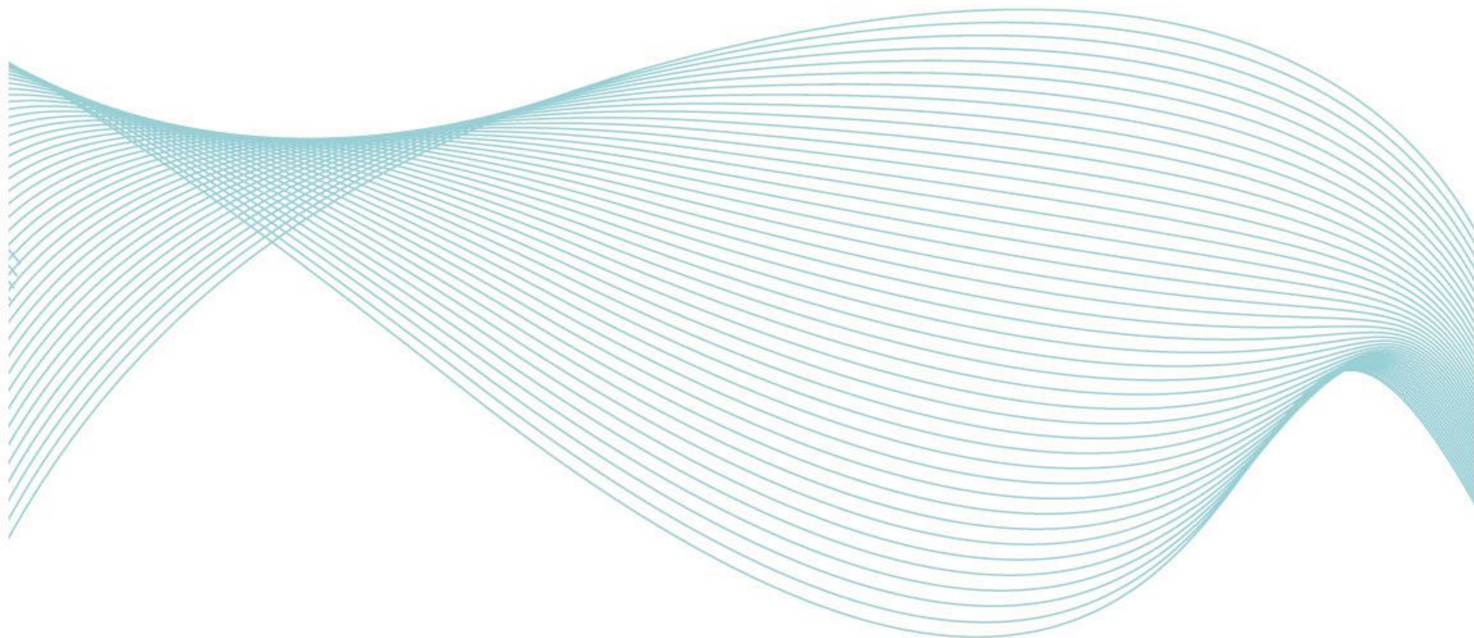
CONCLUSION

In short, for the strategic objectives of the draft Australian Cancer Plan to be successfully implemented, whole of system reforms, implemented nationally and developed via a partnership between states, territories and federal governments are required.

Reforms to funding models, investment in data sharing capabilities and information technology for interoperability, workforce strategies and learning communities as posited in this submission will increase the likelihood that goals and strategic objectives of the draft Australian Cancer Plan are successful.

Once again, we commend you on the draft Plan and believe that achieving the objectives set out will improve the cancer and health outcomes of Australian people.

We would be happy to discuss any aspect of this response further.



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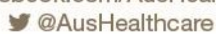
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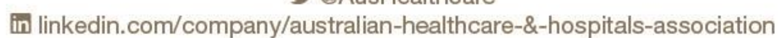
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