



No. 33: Reforming for value: Opportunities for outcome-focused national health policy

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Current national health policy emphasises costly and unsustainable scaling up of healthcare volume and perpetuates ongoing inequities in access to care.

The Commonwealth Government's Long-Term National Health Plan includes commitments to support flexible care models that do not rely on fee for service, as well as the development of a national preventative health strategy. However, without clear policy levers to measure and fund meaningful improvements in health outcomes, national efforts to achieve a vision of 'a mentally and physically healthy Australia' are likely to be hampered.

Recommendations

- The National Health Agreement and related National Partnership Agreements must establish mechanisms to develop and report on health outcome indicators.
- A national framework for outcome-commissioning accompanied by an Implementation Plan to progressively shift toward an outcome-focused health system should form part of a reformed National Health Agreement.
- Mandatory development and linkage of health outcome data should be embedded in all national partnership reporting requirements, to be held in a national health outcome data repository under centralised custodianship.
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) of validated patient-reported health and experience outcomes directory should be supported for initial work and ongoing development.
- National metadata architecture should be used across all national health data collections to facilitate linkage and modelling.
- Modelling of unwarranted variation in healthcare and differential costs of care should be mandated for all bilateral and multilateral funding agreements, commencing with existing data collections from activity-based National Partnership Agreements on healthcare currently in the Commonwealth's possession.
- Governing agreements for national healthcare funding should be revised to mandate independent cost modelling for all bilateral or multilateral health agreements and should mandate efficiencies through population-based prevention and mitigation of disease.