Case study

Applying a VBHC lens to an Allied Health led COVID-19 vaccination rollout in Queensland

While the health system reorients to incentivise and support person-centred and sustainable care that focuses on outcomes over activity, and value over volume, health services are already demonstrating such shifts.

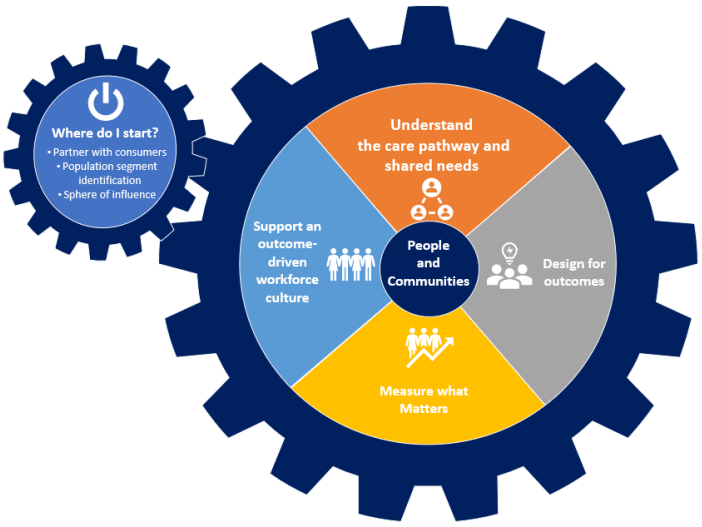

Figure 1

This case study was developed in collaboration with the Allied Health Professions' Office of Queensland (AHPOQ) as part of the Queensland Health Allied Health Framework for Value-Based Health Care (visually represented in figure 1). It has been presented to demonstrate how a shift towards value-based health care was achieved against the domains of the Framework, and particularly highlights the important role of understanding the needs of different population segments and designing care accordingly.

Critical enabler	
Where do I start? **Identifying the population and sphere of influence**	In response to the COVID- 19 pandemic and the need to coordinate a vaccine rollout across the North West of Queensland, the executive team at North West Hospital and Health Service (North West HHS) was asked to consider how this would be coordinated. As a result of their unique sphere of influence, which encompassed extensive system knowledge, relationships across services and sectors, familiarity with governance and compliance structures and understanding of a number of the technical issues around vaccine supply logistics, the Director of Pharmacy at North West HHS was asked to lead the North West vaccination response.
Understand the care pathway and shared needs	The coordination effort for the North West vaccination rollout was massive, and involved understanding and leveraging the skills and expertise of numerous stakeholders across a number of sectors, including IT, communications, logistics, health promotion, Aboriginal and Torres Strait Islander communities, Primary Health Networks, State Government, Federal Government, disaster management organisations, private industry and more. This involved mapping out and understanding the needs of different population segments within the community, and understanding the existing services, relationships and partnerships in place that could be leveraged to deliver vaccinations quickly and effectively.

Design for outcomes	As a result of identifying and understanding the unique needs of the different population segments within the North West Queensland region a number of different vaccination models were designed. These targeted the following distinct population segments: **First Nations Australians** - strong existing relationships with ACCHOs and First Nations Australians community leaders enabled First Nations Australian representatives to be embedded in the vaccine response planning and roll out early and often. This facilitated support from clinics and services in community, fostering a culture of acceptance and participation in the vaccine rollout. Collaboration with state policy makers was also important in facilitating First Nations Australian vaccination uptake. Building on the extensive efforts of community leaders to facilitate widespread acceptance of the vaccine within First Nations Australians communities, policy makers were able to implement incentive policies that activated First Nations communities to get vaccinated. In a single fortnight after one such announcement there was a 12% increase in the number of First Nation Australians vaccinated within the North West region. Vaccine services were coordinated and positioned to facilitate rapid widespread access across healthcare providers, capitalising on the significant surge in demand. The strength of designing these solutions to reflect the needs of this unique population segment is demonstrated by the fact that the First Nations Australians population segment within Mt Isa were the highest vaccinated population within North West Queensland. **Homeless populations** – were targeted through outreach to homeless shelters in the first instance, and then through health workers going out into the community to meet homeless people where they were. These efforts aimed to provide culturally appropriate and convenient access to health information and vaccination services. **Remote communities -** Integrated cross-sector, multidisciplinary teams were essential to enable vaccination in remote communities. Through collaborating and partnering with First Nations Australians community leaders, local councils and services on the ground, the vaccination team were able to set up vaccination clinics in local hubs. Access to council buildings or local charities (e.g., PCYC) enabled the vaccination team to put on community events such as BBQs to encourage people to get vaccinated. In some communities these events included the attendance of ex-Cowboys rugby league players as a result of a partnership established with the Cowboys Football Club and Rex flights. Smaller, very remote communities were provided access to vaccination through a joint Royal Flying Doctors Service and North West HHS initiative. **Metro communities** – Under the strategic direction of the Mount Isa District Disaster Management group a vaccination clinic was set up at the Mt Isa Civic Centre, a centralised and easily accessible location within the central shopping district of Mt Isa.

Measure what matters	The primary outcomes that were tracked in this project were vaccination rates. The urgency of the rollout did not allow time for more in-depth consideration of the outcomes that mattered to people and communities. VBHC outcomes measurement requires a shift to measuring 'how are you doing' rather than 'how are we doing?'. This is a significant shift in the context of healthcare measurement and one that it is still in its infancy within the Australian health system.
Support an outcome driven workplace culture	Initially, the small team leading the response, which included the Director of Pharmacy, the Public Health Clinical Nurse Consultant (CNC) and the infection control nurse, found it very difficult to get buy-in. A framework was developed and released for consultation to define the scope of the work. This was accepted and endorsed by the executive committee, which provided the necessary 'permission to lead' to the Directory of Pharmacy and the vaccination team. Yet, engagement from the wider workforce was still lacking, with staff dismissing the vaccine rollout as not important to them in their daily roles. It was only when the executive team went the extra step and made their support highly visible that this changed. After reporting the difficulties to the executive leadership team, the executives responded immediately. Within an hour they had every senior leader within the HHS in a room, to be briefed by the team coordinating the vaccine rollout. Support was then very forthcoming, with senior leaders communicating across the service the importance of all staff assisting to support the vaccine rollout.
Challenges and enablers	One of the biggest enablers of the North West HHS vaccination response was its focus on communication and building partnerships early in the process. This enabled the development of a large integrated team in which everyone was working towards a common goal. Another enabler was the fact that North West HHS had longstanding existing partnerships with trusted community services, which could be activated to support the COVID-19 response and facilitate the delivery of vaccinations quickly and effectively. As a result of these existing partnerships, 75% of vaccinations within the North West region were delivered by the HHS.
Lessons learned	Don't get overwhelmed with perfection, starting is more important.