Delivering quality care more efficiently inquiry

Questionnaire response 13

Name: Liz Keen

Submission date: 26/05/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Generally speaking; all of them as they are all connected in someway

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   To a great extent

2. What are the reasons for your answer?

   Differences in quality and safety regulations create communication barriers between organisations, as each uses different risk frameworks and standards. This leads to varying acceptable risk levels across sectors, causing misunderstandings. For example, if a technology vendor does not adopt a principles-based approach like clinical governance, healthcare providers may resist or face unrealistic expectations to manage technology risks themselves. This misalignment results in commercial challenges and delays in implementation, which can increase costs and limit timely access to health or care services.

   Hospital and health services are mandated to comply with traditional clinical governance and standards, and organisations such as the Australian Digital Health Agency are also legislated to implement clinical governance. However, it raises the question: why only these entities? When done well, clinical governance builds trust, demonstrates integrity, and provides a common language that goes beyond mere compliance, enabling clearer communication and more effective risk management across the entire care ecosystem.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   To a great extent

4. What are the reasons for your answer?

   Implementing an intelligent, principles-based clinical governance approach across all sectors would significantly improve the management of safety and quality. While clinical governance is not one-size-fits-all, its core foundations - safety, quality, continuous

improvement, and a person-centered focus - are universally relevant and essential to enabling a culture that prioritises safety and quality.

In health care, clinical governance is well established and generally understood, but it must evolve beyond traditional compliance to better incorporate technology and adapt to changing environments. For the health technology industry, clinical governance means demonstrating integrity in products, aligning closely with the needs of the healthcare providers, and showing deep understanding of the specific care settings they serve, whether large hospitals or home care, and demonstrating they thoroughly understand the problem to be solved - technology isn't always the answer.

For government, clinical governance builds public trust by transparently managing complex health and care systems in ways that are understandable and reassuring to the community. In personal care, disability, and aged care sectors, clinical governance is often overlooked due to its perceived “clinical” focus; here, a broader health and care governance framework that resonates with these sectors would be more appropriate.

Overall, greater alignment of quality and safety regulations through a flexible, sector-sensitive governance approach will enhance trust, reduce complexity, and improve access to safe, high-quality care across all sectors and jurisdictions.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

The main barriers to government investment in evidence-based prevention programs are well outlined in the question: upfront costs, delayed and hard-to-measure benefits, and benefits spread across multiple sectors and levels of government.

To add perspective, the recent Ozempic trend highlights how addressing obesity - a key risk factor for many acute and chronic conditions - can lead to healthier populations making better choices over time. Evidence shows that maintaining a healthy weight in childhood significantly reduces the risk of adult obesity, emphasising the value of early prevention.

Many prevention programs target deep-rooted social and behavioral issues like smoking

and alcohol dependence, where change is gradual. Effective prevention requires both education and improved access to healthy options. For example, if healthy foods remain expensive, families often opt for cheaper, unhealthy alternatives high in fat, salt, and sugar. A potential strategy could be to tax unhealthy foods and use those revenues to directly subsidise healthier, natural options, making prevention more accessible and sustainable.

Its starts with education and connection for people to make a change.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

I'm not sure if the program is still going, but it was piloted by Pegasus Health in Christchurch NZ. It focused on people who were on the sickness and invalids benefit in NZ and wanted to return to work, though there a health-related reason preventing them from returning and the public system was unlikely, if ever, going to provide the intervention. This program brought together physical health, mental health and employment support to enable a person to get back into the workforce. The prevention aspect in this was to prevent people remaining on a low government-dependent income and therefore support one of the social determinants of health. The program was funded by the Ministry of Social Development (MSD)

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

To better support prevention and long-term care outcomes, funding models should shift away from activity-based funding, which is episodic and primarily focused on addressing short-term problems. This approach often limits the ability to invest in sustained, holistic care that prevents issues before they escalate.

The current scope of practice review presents an important opportunity to expand care responsibilities across a broader range of healthcare providers, moving beyond a solely medically driven model. By empowering multidisciplinary teams - including nurses, allied health professionals, social workers, and community health workers - to take on greater roles in prevention and ongoing care, we can deliver more integrated, person-centered services.

Multidisciplinary teams bring diverse expertise that addresses the complex social, behavioral, and medical factors influencing health. This collaborative approach enhances early intervention, supports chronic disease management, and improves overall quality and safety in care delivery. Aligning funding models to support these teams will enable more effective, coordinated prevention efforts and reduce reliance on reactive, episodic care.