Delivering quality care more efficiently inquiry

Questionnaire response 29

Name: Anonymous

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Participant background

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

   I am an organisation that provides or coordinates care services

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

   Health

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?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

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

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

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

1. What is your experience with collaborative commissioning

   Globally, Medtronic have been involved with Value-Based Healthcare projects and value-based procurement of medical technology.

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

   Outcomes that matter to patients and value for health systems can result from a process of enabling Competative Dialogue on a challenge and how

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?

   Procurement can be a strategic enabler of VBHC and a powerful tool for public sector transformation. Procurement processes can be designed to leverage innovation to solve key challenges, which leads to social and economic value. Currently, state procurement processes do not consider and measure the non-price components of devices. This is a challenge also with Federal procurements under the National Diabetes Services Scheme. Need to ensure procurment considers outcomes. And need to consider adoption of Competitive Dialogue as a tool for outcomes enhancement through tenders.

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?

   Funding incentives, or disincentives. Collaboration with private sector not embedded, open and transparent.

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

   The participant did not respond to this question.

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

   Government could consider a national approach to bariatric surgery as part of a holistic approach to the management of obesity given the components of the care pathway. Governments could consider further investment in the management of diabetes. Currently this largely falls to the federal government, but reduced hospitalisations are an expense to state governments.