Delivering quality care more efficiently inquiry

Questionnaire response 36

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Participant background

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

   Researcher

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

   Empirical evidence on the effectiveness of 'team-work' within the Australian health sector is limited to specific cases and jurisdictions.
   A major limitation is the fragmentation of the system, with primary care funded by the Commonwealth and hospitals/community health by the states. Data on health outcomes or healthcare utilisation that captures the whole patient journey (including from health practitioners not funded by Medicare (e.g. some community health programs) is not easily available for research.

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

   Some evidence on the benefits of multi-disciplinary teams can be found here: https://doi.org/10.1111/1467-8462.12557

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?

   - Review of funding structures that support collaborative work. The current fee-for-service is detrimental to collaborations (For example: https://doi.org/10.1258/1355819021927683).
   - Sharing information. With the increased use of digital technology, sharing patient records should be facilitated across providers/settings (hospitals/allied health/GPs).
   - Collaborative teams will generate new business models that may require specific laws regarding anti-competitive behaviour.

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?

   Evidence on the effectiveness of programs designed for early-intervention and prevention is mostly correlational and for small, targeted programs. While evidence on health outcomes is positive, the evidence on healthcare utilisation (like reduction of hospitalisations) is mixed.

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?

   Better evaluation. Better access to primary care and review of funding models that remunerate prevention instead of treatment.