Delivering quality care more efficiently inquiry

Questionnaire response 37

Name: Each

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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

   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?

• An entrenched sickness model of health and the need for cross-portfolio efforts

In design and in practice, Australia's health system reflects a biomedical model, or a 'sickness model of health', despite consensus that many health issues are driven by social determinants, such as socio-economic status, race, education, social supports, and housing. These determinants mostly sit outside health portfolios, however, and so solutions and approaches that seek to address them are often handballed or dismissed as too hard by governments. This stymies efforts to secure funding.

• A lack of planning for scaling sector-driven innovation

Though there is appetite by government for innovation, as seen through myriad local pilot programs across the country, there is clearly a barrier to scaling effective or proven prevention initiatives. When commissioning, there is no expectation set by funders that something tested and evaluated will be scaled, if successful; and often pilots are not extended or expanded beyond their initial contract.

• Health system fragmentation

The health system is not funded, and does not function, as a connected system. Instead, it is managed as its different parts: GPs, hospitals, and everything else.

Prevention does not deliver measurable impact and outcomes in the community immediately, even though it can positively impact on other parts of the health system relatively quickly. The return on investment in prevention is not realised at scale for many years and requires a range of initiatives, impacting the willingness of government to fund prevention.

• Poor delineation of roles and responsibilities in the health system

• A growing shift by the private sector into service delivery areas

The private sector is increasingly delivering early intervention services as a cost-saving, or profit making, exercise - as opposed to a health outcomes exercise. These services do not generally support priority populations or improve their health outcomes.

The introduction of these types of services will likely see the proportion of people with complex needs coming to government-funded services increase. The private sector's capitalisation on demand for community-based care is a potential deterrent to governments to invest in prevention and early-intervention.

• Short electoral cycles

When it comes to health, there seems to be a perception that prevention is not important to voters. Prevention is not tangible in the same way as acute care and hospitals. With

only three-year electoral cycles at a federal level, if that perception is widely held, then there is little opportunity or appetite to challenge the status quo.

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

• Pathways++

The Pathways++ Program is a community-based initiative aimed at improving the long-term care of people with chronic and complex health conditions. The program pooled State Government funding, and was delivered by Each and Eastern Health's Community Health. Pathways++ provided stepped, multidisciplinary care to clients transitioning from hospital, helping them to better manage their conditions in the community and reduce their reliance on hospital.

Over 12 months, the pilot supported 230+ clients, offering nurse-led care coordination, home visits, and links to GPs and local services. Evaluation by La Trobe University showed program benefits included improved client activation (confidence to self-manage health), reduced emergency department visits and hospitalisations, and high satisfaction among clients and clinicians.

A cost-benefit analysis of the Each component showed a return of $8.81–$13.28 for every $1 spent, indicating significant health system value. The program contributed to better health outcomes, reduced acute care use, and enhanced service integration in the Eastern Melbourne region.

Despite its effectiveness, the program is not continuing beyond a pilot and there is no funding or ability to expand it more broadly.

• Oral health services

More than 80,000 potentially preventable hospital visits a year in Australia are for dental health problems. Many of these visits can be prevented with basic dental care and treatment.

Each's Oral Health Services supports the dental health of vulnerable people in the community, treating nearly 15,000 patients a year on-site and through outreach, for low or no cost. Our Ferntree Gully dental service sees more than 150 clients a day.

These services are funded by the Victorian Government and include Smile Squad and Smiles for Miles; initiatives to deliver accessible preventative dental care in schools and kinders. Each's Smile Squad outreach delivers services to more than 80 schools.

52.9% of customers in our dental clinics are from priority population groups; with 35% of those customers being mental health clients, and 25% refugees. As a community health service, we are able to connect oral health patients in with our relevant AOD, mental health, primary care, and family violence supports as needed, to support the client's wellbeing.

Currently, the wait time is for our general dental and denture services is between 22-24 months, and our services are operating at above 100% capacity. Our services

consistently exceed KPIs and the activities delivered are mitigating future poor health and reducing preventable hospital admissions.
Funding levels for adult dental are recurring but limited and not commensurate with demand.

• Right Care, Better Health: Improving chronic disease management

The Right Care = Better Health program, commissioned by Eastern Melbourne PHN in 2021, received $1.07 million in Federal Government funding and achieved an estimated $1.5 million in combined savings for Federal and State governments.

Designed for people with complex, chronic health conditions, the program promoted person-centred, interdisciplinary primary care. One of two organisations delivering the initiative, Each implemented a Chronic Disease Model of Care with a lead nurse and two nurse care coordinators.

An independent evaluation by PwC found the program improved physical wellbeing, quality of life, patient experience, and access to disease management support. Clients reported fewer healthcare visits and saved time accessing services.

Notably, the program avoided over $1.3 million in hospital admission costs by reducing unnecessary hospital use and GP visits, instead directing patients to care coordinators and linkage workers.

Recognised for its effectiveness in improving outcomes and reducing acute care demand, the program is funded through June 2026.

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

• Implement of the National Preventative Health Strategy and commit to funding prevention

As per the objectives of Strategy, Government could better support investment in prevention by:

 Establishing an ongoing, long-term prevention fund to ensure sustainable funding of preventative health activity, and
 Establishing a national, independent governance mechanism to determine preventative health action priorities; based on evidence, effectiveness and relevance.

• Increase the proportion of preventative care spend

Spending on preventative care, as a proportion of total health expenditure, is only ~2% in Australia; compared to the OECD median of 5%. If government were to bring this spend into line with comparable OECD peers, and manage the investment via a long-term fund and governance mechanism; effective, ongoing prevention programs could be implemented at scale.

• Strengthen the National Health Reform Agreements

The Agreements are currently highly focused on hospitals and should better encompass the broader health system, providing clear role delineation – eg. hospitals should focus on illness and injury, and community organisations (NFPs and NGOs) should be the focus for delivering primary and secondary prevention and early intervention.

• Recognise the economic and other value of preventative care

In the vein of 'what can be measured, matters', an early intervention investment framework like Victoria's State Government Early Intervention Investment Framework (EIIF) can offer rigour and enable funding of prevention.

Victorian Treasury has developed an in-house avoided cost model to help quantify the impact for government. The EIIF "guides investments to where timely assistance for Victorians will improve life outcomes for individuals and reduce pressure on acute services."

This has been a positive initiative in Victoria and something that could be implemented Federally to support the funding of prevention activity.

• Ensure reporting requirements capture trends and insights

There is an established evidence base that links prevention activity – chronic condition interventions, healthy eating, better care coordination – to improved health outcomes. The causality is proven and requiring service providers to restate the case for every prevention program is of little value.

A more effective reporting model focusing on activity delivered and evaluation of how those activities likely impact the acute health system could encourage prevention investment. More emphasis and consideration on qualitative reporting like case studies and storytelling can demonstrate the value of prevention in the short to medium term better than numbers alone.

• Invest in robust evaluation

Funding of prevention initiatives and programs should include substantial provision for robust evaluation that can demonstrate benefits to funders. This creates an evidence base to scale successful initiatives and stop funding initiatives that do not have impact.

• Encourage and resource collaboration between NGO service providers

Collaboration and partnership is needed to develop, trial and roll-out scaled approaches that can be effective nationally.

Funders should look at scalable models of service from the outset to readily enable the adoption of services at a national level.

• Provide sustainable and longer-term contracts

The Federal Government's short-term contracts, uncertain funding, and a hard cap of 10% on corporate overheads, make it difficult for service providers to tender for, plan,

and deliver high-quality prevention programs and demonstrate their impact.

Longer-term contracts and certainty, and more flexibility in funding, would enable services to be more innovative and implement effective programs and evaluations. This provides evidence of the value of prevention; in turn, can encourage greater investment.