Submission to the Productivity Commission

Delivering quality care more efficiently – Interim Report

Contribution prepared by Seer Data & Analytics

10 September 2025

Summary

Seer Data & Analytics (Seer Data, we) are pleased to provide feedback to the Productivity Commission's interim report on Delivering Quality Care More Efficiently. Seer Data is an Australian purpose-led technology company helping governments, communities, and not for profit organisations turn data into action for improved outcomes. Our trusted platform provides secure, shared access to health data from Government departments to local communities, supported by safe and secure practices and application of standards to drive preventive health innovation, strengthen equity, and improve efficiency in care delivery.

In this contribution we have responded to all recommendations in the interim report. We strongly support the Productivity Commission's reform directions and emphasise that embedding shared data infrastructure, community-led evaluation, commitment tracking and ethical governance will be critical to achieving the report's vision.

Response to Draft recommendation 1.1: The Australian Government should pursue greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users

We support the Productivity Commission's recommendation that the Australian Government pursue greater alignment in quality and safety regulation across the care economy.

Key priorities we emphasise:

- **Data access and governance:** Embedding community-led data use, including First Nations data sovereignty and governance principles (Ownership, Control, Access and Possession), ensures alignment efforts in preventive health remain inclusive, equitable and trusted.
- **Turning commitments into action:** Governments need a unified platform to be able to securely service various audiences; to track cross-agency commitments, monitor outcomes and report with confidence. Transparent, audit-ready reporting builds accountability, trust and a more cohesive care economy by providing a single source of truth for quality and safety.
    - For example, at the highest level the commitment tracking tool should show when each reform is scheduled to begin or be explored, with dependencies clearly flagged to make it easier to monitor progress over time, accountability and sequencing (short-term and longer-term actions grouped by workers, providers and the overarching regulatory landscape).
- **Responsible adoption of AI:** Regulatory alignment should include a consistent national approach to AI, guided by strong data governance, transparent AI assurance processes that align with global standards and Australian frameworks and respect for First Nations Data Sovereignty.
    - *Data Governance:* AI systems depend on data. Without strong governance, AI outputs can be inaccurate, biased or unsafe.

- *AI Assurance:* The operational tool to ensure when AI is adopted, data governance (including First Nations sovereignty) are checked, documented and monitored.
- *First Nations Data Sovereignty:* If AI models are trained on First Nations data, for example, health, land use, language, community services, justice, there must be First Nations governance over how that data is used. Otherwise, AI risks perpetuating colonial patterns of extraction and decision-making without consent.

Alignment efforts will be most effective if they embed commitment tracking, data access, data governance and the responsible adoption of AI. Not only will this streamline compliance but also improve outcomes and protect the most vulnerable.

Case Study: Keeping Children Safe – Monitoring & Reporting Tasmanian Government Commitments

Following the Commission of Inquiry into the Tasmanian Government's responses to Child Sexual Abuse in Institutional Settings, a unified monitoring and reporting platform was established to enable transparency for Keeping Children Safe commitments, actions and responses.

The Tasmanian Government partnered with Seer Data & Analytics to create a centralised tool that securely services multiple audiences (including the general public) and provides a single source of truth for monitoring reforms. It enables regular data uploads and audit-ready reporting, with clear visibility of dependencies, timelines and sequencing, making it easier to track progress across interim, short-term, mid-term and long-term actions.

The approach streamlines compliance, strengthens trust and supports systemic change.

Response to Draft Recommendation 2.1 – Governments should embed collaborative commissioning, with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings

We strongly support embedding collaborative commissioning to reduce fragmentation, strengthen place-based approaches that promote local autonomy and improve preventive health outcomes.

Key priorities we emphasise:

- **Shared data infrastructure:** Embedding collaborative commissioning requires trusted data, shared accountability and transparent outcomes. A shared evidence base, co-designed outcomes frameworks and accessible, centralised data platforms allow Local Hospital Networks, Primary Health Networks and Aboriginal Community Controlled Health Organisations (ACCHOs) to jointly plan, track commitments, define and measure outcomes and report on progress in real time. Tools like integrated reporting, data visualisation and community-led frameworks help connect data at the source, surface insights, reduce inefficient duplication and demonstrate measurable impact; driving innovation, reducing preventable hospitalisations and generating savings.
    - *AI-enabled insights with guardrails:* Predictive analytics can help identify populations at risk but must be implemented with care. Responsible adoption of AI requires strong governance, transparent assurance processes and alignment with First Nations Data Sovereignty principles to ensure it enhances equity and community trust.
    - *Shift from activity-based to outcome-based measurement:* Move beyond counting programs delivered to measuring real-world changes in behaviour, health status and access. Embed impact measurement and continuous evaluation processes, with communities as active partners to ensure investments are evidence-driven and continuously evaluated.

    - *Support adaptation through real-time feedback:* Support adaptation to changing health needs through real-time monitoring of prevention initiatives and transparent reporting.
- **Community-led evaluation:** Supporting ACCHOs and other community organisations to define and measure success ensures that commissioning is culturally safe and locally relevant.
- **Long-term sustainable funding and capacity building:** Long-term, flexible funding for LHNs, PHNs, ACCHOs and other community organisations is critical. It must include dedicated investment in commitment tracking, impact measurement and community capacity building,particularly for rural, regional and First Nations organisations. Ensuring all organisations working under different levels of government can engage meaningfully helps direct quality improvements and services where they have the greatest impact on preventive health.

Governments must enable data sharing, support capability and capacity building for evidence-based decision making, community-led evaluation and long-term sustainable funding and capacity building at the heart of commissioning. By doing so, collaborative commissioning will not only improve efficiency and outcomes but also build trust, equity and resilience across the care economy.

Case Study: Healthy Tasmania – Coordinating Data for Community Health

Healthy Tasmania, the Tasmanian Government's preventive health strategy, plays a central coordinating role in supporting communities to lead local health initiatives. Guided by a vision for all Tasmanians to live healthy, active lives connected to people, place and culture, Healthy Tasmania works across government, services and communities to create the conditions for better health outcomes.

To strengthen this work, Healthy Tasmania has partnered with Seer Data & Analytics to respond to community requests for more localised data. Through this partnership, the Seer Data Platform gives communities access to the information they need to plan, act and evaluate health initiatives. The user-friendly platform is being piloted with five communities receiving Healthy Together grants, enabling a data-driven, place-based approach that aligns with Healthy Tasmania's community-first ethos.

Healthy Tasmania's leadership is key to ensuring the platform responds to local needs. The implementation team has played a pivotal role in identifying data gaps, engaging communities and ensuring that data tools are relevant and accessible. They continue to coordinate funding and provide capacity-building support to foster local capability in using data for decision-making. In addition to facilitating data access, Healthy Tasmania supports collaboration across sectors, simplifies grant processes and monitors equitable distribution of resources. The strategy also focuses on enabling environments, building the capacity of local governments, connecting with organisations working in underrepresented areas and addressing the needs of priority populations.

By bringing together data, funding and community voice, Healthy Tasmania is demonstrating how coordinated government leadership can empower communities and strengthen the broader public health system. It provides a scalable pathway for collaboration that delivers more efficient, equitable and resilient preventive health outcomes across Tasmania. The learnings from this pilot will inform future investment and help shape a more inclusive, evidence-informed approach to preventive health across Tasmania.

Response to Draft Recommendation 3.1 – Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure

We endorse the establishment of a National Prevention Investment Framework (NPIF) to support sustained, cross-sector investment in prevention.

Key priorities we emphasise to operationalise the framework:

- **Enable the NPIF through data access and sharing that respects data governance and First Nations data sovereignty:** enable national data sharing infrastructure to support all stakeholders with real-time tracking, disaggregated outcomes and impact reporting, First Nations data sovereignty, ensuring investment and outcomes in prevention initiatives is transparent, equitable and inclusive. This infrastructure should give not for profits and service providers access to relevant data and control over their own data, analysis and data storytelling whilst supporting shared learning.
    - *Transparent reporting:* Implement transparent reporting for the Independent Prevention Framework Advisory Board to monitor the assessment of proposals and evaluation of programs and to strengthen transparency regarding statistical modelling. Methodologies used to recommend whether programs should be considered for ongoing funding, scaling up, scaling down or defunding must be transparent and supporting data made accessible to all stakeholders.
    - *Responsible AI for statistical modelling:* Embed AI responsibly for cost–benefit and cost-effectiveness analysis; guided by strong data governance, implementation of Australian AI Assurance frameworks and international standards, and First Nations data sovereignty. Predicting future outcomes, costs

and benefits based on current and historical data, if non-representative, can lead to inaccuracies and embed inequities.

- **Long-term, flexible funding models:** Require proposals to model costs, benefits and outcomes over at least ten years, with compulsory annual evaluations against consistent outcomes and targets; noting that outcomes data for preventive programs with long-term benefits may not be readily available at the outset.
    - Balance early evaluation and shared learning with stable funding, using lead and lag indicators to track progress while maintaining support for programs with long-term benefits.
    - Build workforce capability and capacity and fund data systems to reduce barriers to accessing and reporting on high quality outcomes data while minimising administrative burden.

The National Prevention Investment Framework presents a vital opportunity to make prevention a long-term, whole-of-government priority. Making shared national data infrastructure available that supports governance of First Nations data, transparent reporting, responsible AI and long-term flexible funding models will strengthen the framework, boost national productivity and reduce the long-term costs of acute care.

Case study: Future Generation Global – Portfolio-wide Prevention Investment

Future Generation Global (FGG) demonstrates how private capital can drive systemic change in preventive health by embedding long-term funding, shared data infrastructure and robust evaluation into its investment strategy.

FGG's social investment focus is promoting wellbeing and preventing mental ill-health in young Australians. Over three years, it has invested in 14 not-for-profit organisations working across universal, selective and indicated prevention, as well as systems-level reform. This portfolio approach recognises that effective prevention requires sustained funding, strong measurement and collective accountability.

To track progress and strengthen equity, FGG partnered with Seer Data & Analytics to establish a scalable data platform that aggregates de-identified data from all partners. This shared infrastructure enables disaggregated reporting, respects First Nations Data Sovereignty and provides dashboards at both partner and portfolio levels.

FGG's framework aligns each partner's work to a common Theory of Change, with clear outcomes and 73 measurable indicators. Annual evaluations, supported by the shared platform, enable transparent reporting of results and strengthen the evidence base for long-term prevention funding.

FGG's investment prioritises organisational capacity as much as program delivery. By providing three-year commitments, it gives partners stability to plan, evaluate and adapt. The portfolio model balances early evaluation through lead indicators with stable, long-term support to capture lag indicators of wellbeing, enabling evidence of sustainable impact.

Alongside funding, FGG invests in data capability building. Partners are supported to strengthen their impact measurement, reduce administrative burden and develop the skills required to use shared data systems confidently.

This approach exemplifies how funders can embed national priorities into practice: investing in flexible, outcome-focused prevention, underpinned by transparent reporting and shared data infrastructure. Over time, FGG's collective dataset will demonstrate the long-term value of prevention, influence policy and provide a model for sustainable portfolio-level investment in national wellbeing.

Conclusion

Seer Data & Analytics strongly supports the Productivity Commission's draft recommendations. For reforms to succeed, they must be anchored in government investment in proven and trusted data sharing platforms that ensure secure governance, transparent commitment tracking, and respect for First Nations Data Sovereignty. These platforms must also embed responsible AI Assurance and sustained investment in community capacity. Together, these approaches will deliver a more cohesive, trusted and efficient care economy that protects the most vulnerable, strengthens accountability, and secures lasting national benefit.