Thank you for the opportunity to provide feedback on the *Delivering quality care more efficiently Inquiry* interim report on behalf of Crohn's & Colitis Australia (CCA).

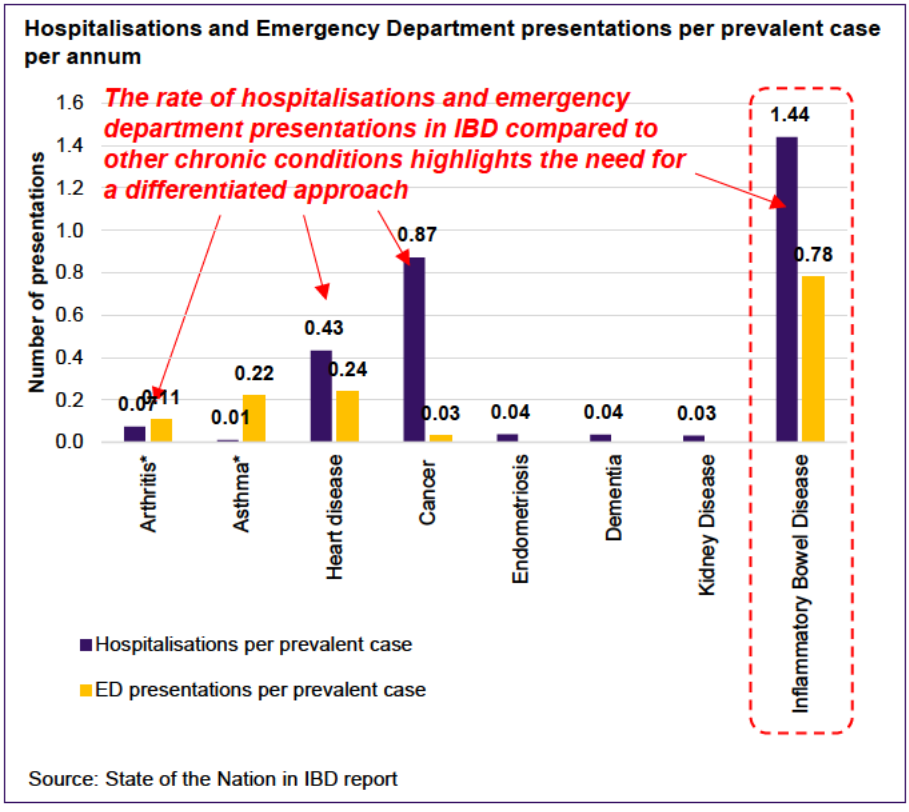
For more than four decades, CCA has been empowering the almost 180,000 Australian men, women and children living with Crohn's disease or ulcerative colitis – collectively known as inflammatory bowel disease (IBD) – to live fearlessly.

We provide feedback on two of the three Draft Recommendations as well as additional comment on Health Technology Assessment.

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

CCA supports the recommendation to embed collaborative commissioning to promote collaborative planning and remove barriers to pooling funding or other forms of joint commissioning. This collaboration should be with patient organisations in chronic disease and cancer who have information on unmet needs of patient groups rather than generic consumer health organisations. Flexibility and initiative in this area will support the identification and improved management of people with chronic disease whose create avoidable demand on expensive hospital care. For example, people with IBD are the "frequent flyers of our hospital system" with hospitalisations and emergency department presentations per prevalent case per annum higher than cancer in total, heart disease and other chronic diseases (figure below).



The IBD State of the Nation Report[1] identifies a model of collaboration between PHNs and hospitals to better manage the care of people with IBD. The report and associated proposal to Treasury[2], the Minister for Health and Aged Care and the Economic Reform Roundtable indicates that a person with severely active IBD costs the Commonwealth $15,358 more annually (2025) than someone in remission. Collaborative commissioning would provide a pathway for this model which involves hospitals, PHNs and primary health clinicians (mostly GPs and nurses) collaborating to improve outcomes for people with IBD. Importantly, there are health and economic benefits that extend beyond the direct financial gains to the Commonwealth: the integrated services model will reduce emergency department visits, hospital admissions, and improve service efficiency amid an overstretched health workforce and unsustainable ambulance callouts.

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

CCA support the recommendation to support government investment in prevention. In particular, we reinforce the importance of the inclusion of secondary and tertiary prevention (sometimes known as early intervention). It is essential that a National Prevention Investment Framework provides that investments in health care should be evidence based and deliver productivity improvements, a more resilient workforce and cost savings to the health system and wider economy. Benefit-cost ratios need to be included in the government decision making processes to ensure that high value care is delivered more efficiently.

Too often the limited preventative health funding available has prioritised population-based lifestyle behaviour modification type primary prevention above secondary and tertiary prevention. IBD provides an illuminating case study of how tertiary prevention can shift people from episodes of remitting- lapsing active disease to a state of early identification and ongoing remission. The CCA proposal to Treasury[2] quantifies the significant benefits of an early intervention integrated care model:

- Increases the probability of achieving remission nearly four-fold
- Reduces the risk of hospitalisations by 30 per cent
- Reduces the risk of surgery by 44 per cent
- Reduces the risk of emergency department presentations by 78 per cent

[1] Insight Economics (2025), State of the nation in inflammatory Bowel Disease in Australia, Final Report 2025, prepared for Crohn's & Colitis Australia, available at: https://crohnsandcolitis.org.au/wp-content/uploads/2025/05/CCA_State-of-the-Nation-in-IBD-1.pdf

[2] This program is based on Option 3 (Foundations and Targeted Program for Priority Populations) developed in a Business Case to the Australia Government submitted in January 2025. See: https://consult.treasury.gov.au/pre-budget-submissions/2025-26/view/239

- Improves a person's probability of working by 26 per cent
- Triples the probability of a student staying in school
- Improves a person's ability to have a more active social life by 50 per cent.

Health Technology Assessment

It is important to highlight the absence of Health Technology Assessment changes in the *Delivering quality care more efficiently Inquiry interim report*. While it is understood that there is currently an Implementation Advisory Group working to provide ministerial advice on priorities, many of the recommendations within the Health Technology Assessment (HTA) Policy and Methods Review final report have clear productivity benefits and should be considered for their benefit to improve quality of care and deliver care more efficiently. Indeed, the Department of Health and Aged Care are clear the most significant contributions to productivity growth in the healthcare sector have stemmed from delivering more effective healthcare services rather than doing more with less.[3] This is described as the result of more effective medical treatments primarily medication of which there are novel medications globally that Australians are not getting affordable and timely access too.

Contact: Leanne Raven

CEO

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[3] Australia Government Department of Health and Aged Care. 2025 Incoming Government Brief. FOI number: FOI 25-0413 LD/FOI 25-0418 LD/FOI 25-0423 LD, release date: 26 June 2025