SUBMISSION RELATED TO DELIVERING QUALITY CARE MORE EFFICIENTLY

14 September 2025

Dear Commissioners,

Thank you for the opportunity to provide a written submission. The interim report offers a comprehensive overview of the current status of Australia's health system and identifies opportunities for improvement toward a more cohesive, efficient, and value-based health service in Australia.

In this submission I share my personal views, based on my professional experience in measurement for improvement and my academic perspective on high-quality health service management that can be more meaningful to people. Note that these do not necessarily represent the views of my employer or the education provider disclosed below.

1. Strengthening Quality and Safety Reporting Framework

The Framework could benefit from a focus on consistency, cohesive linkage, and enhancement of existing models–such as the Australian Health Performance Framework[1]–by prioritising healthcare outcomes from the perspective of consumer experience,[2] rather than activity and throughput.

– *establish a standardised quality and safety reporting framework and data repository to hold data reported against the framework, which could also be used to more consistently measure productivity and report on performance across sectors (within three years)* (p. 3)

Incentives based on activity may continue to hinder substantial, long-term investment in peri-hospital and primary/community-based care, which are essential for preventing hospitalisation and re-admission.

Suggestion for improvement:

- Consistency: Agree on what to measure (e.g., outcome, experience) and how to measure (i.e., measurement definitions including numerator, denominator, technical specifications).

[1] Australian Institute of Health and Welfare, *Australia's health performance framework*, https://www.aihw.gov.au/reports-data/ahpf/australias-health-performance-framework
[2] Australian Commission on Safety and Quality in Health Care, *Indicators, measurement and reporting*, https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting

- Linkage: Develop outcome indicators that reflect commonalities in patient/client outcomes and experience across levels of care. For example, the Australian Hospital Patient Experience Question Set[3] could be explored for broader use.
- Coherence: Select a minimum set of indicators, such as a matrix of outcome/experience indicators across services and sectors

The National Health Data Hub, managed by the Australian Institute of Health and Welfare,[4] could service as an authorised data repository (and 'linker') to support this initiative. Related feedback in #5.

2. Governance for collaboration

"New joint governance arrangements to support collaboration are needed." (p. 3)

To make the proposed joint collaboration effective, clear authority, accountability and responsibilities must be established. While the concept of partnership and collaboration appear promising in theory ("work-as-imagined"), the reality ("work-as-done") often diverges due to operational constraints, complexity, misaligned priorities, and, at times, political motivation.[5]

To elevate the focus on prevention, greater authority should be granted to primary/community-based care providers, enabling them to influence policy decision-makings in continuity of care (e.g., discharge planning, transitional care) and expand services that reduce hospital re/admissions.

3. Defining 'quality'

An agreed definition of 'quality' is essential to guide what should be measured to evaluate the success of the reform. (p. 6) Clear theory of change may assist this.

While the report references common elements of quality, such as efficacy (e.g., cancer treatment), a clearer articulation of what 'quality' means across services and sectors would be beneficial.

4. Clarifying 'reporting'

The term 'reporting' requires clearer definition. At times, it appears to synonymous with 'documentation'–for example, "AI scribes can reduce time workers spend on reporting, while robots…" (p. 7)

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[3] Australian Commission on Safety and Quality in Health Care, *Patient experience*, https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/patient-experience

[4] Australian Institute of Health and Welfare, *National Health Data Hub*, https://www.aihw.gov.au/australias-disability-strategy/technical-resources/data-sources/national-health-data-hub

[5] Peerally MF, et al 2017, 'The problem with root cause analysis', *BMJ Quality & Safety*, 26:417-422, https://qualitysafety.bmj.com/content/26/5/417

If ‘reporting’ does include ‘documentation’, AI may offer a promising solution to reduce duplicate paperwork in digitally assisted environments. However, the maturity (both technical and in governance) and resources of different services/sectors will affect their ability to adopt such technology.

5. Data governance and evaluation

The concept of a data repository and linkage (p. 21) must be supported by robust data governance between providers and regulators to enable information-safe and transparent reporting and benchmarking.

Recommendations:

- Ideally, performance reporting should be made public, similar to the *Safety in Health Care Web Tool*.[6]
- Desirably, the proposed reporting framework should include, where feasible, an agreed alert and alarm system to flag unwarranted/concerning variations, prompting relevant service to review and plan improvements–similar to systems used in Queensland Health.[7,8]
- A clear escalation pathway for concerning performance should be built into the system.
- An evaluation framework–either within or separate from the reporting framework–is essential. It should guide stakeholders on:
    - What actions should be taken to address identified unwarranted variation
    - Who is responsible for implementation
    - Who is accountable for ensuring the work is completed and has met the outcome
    - Who oversees the process
    - Who reports on progress and outcome

The above is often a missing link between reporting and making desired improvement happen in the real world. While a balance on administrative burden will be required, without these mechanisms, outputs from partnership and collaboration risk being reduced to symbolic gestures or compliance-focused (tick-box) activities, rather than delivering meaningful improvements.

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[6] Australian Commission on Safety and Quality in Health Care, Supporting patient safety, https://www.safetyinhealthcare.gov.au/

[7] Queensland Health, Variable life adjusted display and other national patient safety indicators guideline, https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety/variable-life-adjusted-display-and-other-national-patient-safety-indicators-guideline

[8] Australian Institute of Health and Welfare, *Taking the indicators forward*, https://www.aihw.gov.au/getmedia/eb83c037-9395-4d34-af22-313b69f6c80e/hse-75-10792_c04.pdf.aspx

Thank you again for the opportunity to contribute to this important review. I commend the Productivity Commission on the public engagement and the delivery of the interim report. Thank you for your consideration of this submission.

Regards,

Sarah Moon