Medibank Private Limited:

Submission to the Delivering quality care more efficiently – Interim Report

September 2025

Medibank Private Limited

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About Medibank Private Limited

As one of Australia's leading health companies, we want people to experience their best health and wellbeing, so they can live better lives. We support more than 4.2 million customers with health cover through our Medibank and ahm brands, and our Amplar Health network delivers care to millions of people across the country through prevention programs, primary care, virtual health, and home and community-based care. Our focus is on giving people greater choice, easier access, and better value from the health system. That's why we're working closely with health providers and governments to reimagine how care is delivered and investing to develop more personalised models of care. We're accelerating the health transition in Australia, so we can all continue to access the care we need.

Medibank's feedback on the interim report

Medibank Private Limited (**Medibank**) welcomes the opportunity to respond to the Productivity Commission's (**Commission**) *Delivering quality care more efficiently Interim Report* (**Interim Report**). We commend the Commission's emphasis on prevention, collaborative commissioning, and regulatory alignment as critical enablers of an integrated, productive, and person-centred system. As part of Australia's dual public–private health system, we support reform in collaborative commissioning and prevention to improve outcomes for all Australians.

While we acknowledge the importance of regulatory reform in quality and safety, this submission does not provide detailed commentary on this area.

We support the Commission's draft recommendation (Rec 2.1) to embed collaborative commissioning to increase the integration of care services

We believe our health system should enable a person to access the services they need, when and where they need them, across their health and wellbeing journey. We support the governments' commitment to commissioning and recognise that there are efficiency improvements to be made that reduce duplication and gaps in service delivery. To that end, we support collaborative commissioning that recognises complementary capability and experience, and incorporates public-private sector collaboration, to deliver flexibility for place-based approaches tailored to local needs. Strong frameworks and governance, collaboration and co-design throughout the full commissioning cycle, shared data and learnings, evaluation and consumer and clinician engagement are essential inclusions for success.

Medibank actively contributes to collaborative commissioning through our partnerships, for example:

- Amplar Health partners with 8 NSW Primary Health Networks (PHNs) to deliver the Medicare Mental Health Initial Assessment Hub – a collaboratively commissioned, co-designed model offering a single-entry point to mental health support. The initiative streamlines referral pathways and aims to improve access, reduce duplication and maintain localisation. In PHNs where Amplar also delivers the Spoke service, referral times are on average 4 days faster than in non-integrated Spokes.
- Amplar has partnered with the WA Primary Health Alliance, comprising all WA PHNs, to deliver the Medicare Mental Health Intake Hub.[1] The Alliance co-commissions the service, enabling shared learnings to introduce new features like engagement and marketing to strengthen referral pathways and improve access to mental health services.

[1] formerly Head to Health Intake Service

- The Day Stay Initiative, introduced via select Medibank-hospital contracts, incentivises private hospitals to shift procedures from overnight to same day where clinically appropriate. While contractual, collaborative commissioning principles are reflected by aligning funding with shared goals and performance.

We welcome the draft recommendation (Rec 3.1) to establish a national prevention framework to support government investment

Unlocking the full potential of prevention requires a health transition; from reactive, acute-focused care to long-term investment that connects consumer choice with broader care pathways keeping them healthier for longer. We need action to improve fiscal sustainability for future generations despite the challenge working with short-term budget cycles.

We support increased investment in prevention, guided by a national framework and independent advisory body. We recommend that the National Prevention Investment Framework (**Framework**):

- Includes the private sector as a partner in the prevention ecosystem.
- Educates, empowers, and supports individuals to sustain behaviour change through health literacy uplift, recognising the importance of consumer choice.
- Prioritises equity by targeting vulnerable populations, addressing social determinants of health, and ensuring accessibility and choice for diverse communities.

Medibank already plays an active role in prevention, supporting Australians to stay well through investments in preventive proactive care, everyday wellbeing and community connection, such as:

- Our proactive primary care pilot implemented in 3 Myhealth clinics in Western Sydney, involving 18 GPs and over 1,000 patients. A multidisciplinary team delivers wraparound care through nurses and allied health professionals, with the aim to reduce hospitalisation risk and improve outcomes for people with complex or chronic conditions.
- Our Live Better rewards program supports healthy habits by offering eligible members up to $400 annually for activities like walking, sleeping well, and eating better. Rewards are earned through challenges, goals, and community events – including parkrun, our partner since 2016, and AFLW – helping build wellbeing routines.
- Our Chronic Disease Management Programs (CDMPs) tailor support for conditions such as diabetes, cardiac and musculoskeletal conditions. These programs help consumers actively manage their health and wellbeing, to improve long-term outcomes.

Response to information requests

Alongside our general response to the Interim Report, Medibank offers perspectives on the specific information requests.

Information request 2.1 – A consistent joint governance framework will enable more collaborative commissioning

Our collaborations, including with PHNs and governments, demonstrate the value of joint planning, funding, and governance for shared value-based outcomes. To be effective, structures should balance local flexibility with national consistency, supported by clearly defined roles, shared accountability, and sustained investment in joint planning to actively engage public, private, and community organisations.

Our own experience shows how we can successfully leverage the capability we have built, and lessons learned from our national delivery experience, with local stakeholder knowledge, including that of Local Health Networks (LHN) and PHNs, alongside Aboriginal Community Controlled Health Organisations (ACCHO) to deliver collaboratively commissioned care.

Information request 2.2 – Funding should provide certainty and flexibility

We echo the Commission's finding that current funding structures limit the ability to scale innovative models – research can take up to 17 years to translate into clinical practice, and in that time only 14% of studies are routinely adopted.[2]

Investment in prevention requires clarity in its parameters, including longevity and measurable desired outcomes. Funding should balance long-term investment to scale alongside flexibility to refine, add *and* decommission programs based on emerging evidence, with clear communication. The evolving primary care payment architecture presents an opportunity to embed value-based incentives that enable proactive, team-based care that increases the priority of prevention.[3]

Preventable hospitalisations form one useful measure to evaluate collaborative commissioning. Drawing on our experience, we recommend broadening indicators to better reflect the impact of integrated, person-centred care and provide signals to market. Additional measures include:

- Quintuple Aim outcomes, such as experience, equity, and cost-effectiveness.
- Modifiable risk factors, such as BMI, and blood pressure to show measurable change.
- Hospital risk scores are useful for identifying high-risk cohorts and tracking intervention impact.
- Patient activation measures (PAM) assess a patient's knowledge, skills, and confidence in managing their own health.

Information request 3.1 – A pragmatic approach to evaluation of prevention programs

Robust evaluation underpins a structured, transparent, and evidence-informed approach to guide decision-making. The Medibank Better Health Research Hub prioritises research partnerships aligned with the quintuple aims: better health outcomes, affordability, patient experience, equity, and workforce wellbeing. Drawing on our experience assessing research against system need, practical implementation and likely impact, we recommend focusing on:

- Relevance to the population – considering disease burden and unmet need.
- Consumer-centred design – co-design, personalisation, and choice of intervention/provider.
- Measuring the potential of behaviour change – likelihood of sustained uptake and impact.
- Feasibility and ability to scale – including insurer and system support.
- Addressing equity and access – reach across diverse and priority populations.
- Value of the investment – health, social, and economic cost-effectiveness.

Academic partnerships provide methodological rigour, independent insight, and research expertise. For example, our collaboration with the Australian Institute of Health Innovation (AIHI) at Macquarie University is independently evaluating Myhealth's Proactive Primary Care Pilot, while our partnership

[2] Williams, A., Lennox, L., Harris, M., & Antonacci, G. 2023. Supporting translation of research evidence into practice–the use of Normalisation Process Theory to assess and inform implementation within randomised controlled trials: A systematic review. Implementation Science, 18(1), Article 55.

[3] Australian Government Department of Health and Aged Care. 2025. Review of General Practice Incentives.

with La Trobe University is advancing health research and supporting better student development and employee health outcomes.

Information request 3.2 – Implementing a prevention framework across government

Support from the health system starts too late. As our communities age and chronic conditions rise, we should begin where people need support most – before health declines, with prevention. Australia's prevention investment remains below 2% of total health expenditure across all governments, despite a 5% target by 2030.[4] Acute-focused, fragmented approaches limit impact. Instead, we need new ways of thinking and doing, including diversified funding models for long-term reform. Consumer-centric pathways that empower people to engage in prevention on their own terms could extend beyond government-funded care to include non-government choices.

Medibank is already acting and is ready to do more. Through our investments in prevention pilots and digital solutions – such as Heart Health at Home, our digital lifestyle management program delivered in partnership with Amwell, and the proactive primary care pilot in general practices – we're building new avenues for consumers to engage in prevention how and when they want. The policy window is open – not just for government, but for other players to step in. With the right investment, associated funding mechanisms and leadership we can collectively shift the dial on prevention.

To support this, we welcome the proposed independent Prevention Framework Advisory Board (the **Board**). While the Interim Report suggests it be structured like the Medical Services Advisory Committee (MSAC), we note that the current process often face delays – largely due to relying solely on government funding for implementation.[5] To maximise the Board's impact, we suggest:

- Wider representation to reflect perspectives from all system players, including consumers and the private sector.
- A complementary pathway that enables clinically effective initiatives to be supported through the most suitable funding stream, including non-government, to reduce reliance on public investment and enable more agile implementation.
- Applying Health Technology Assessment (HTA) Review learnings to streamline processes, including a single-entry point and clear triaging between assessment and funding decisions.[6]

We understand the implementation of this framework is a significant and long-term undertaking. A phased, collaborative approach that leans on system actors, including consumers themselves, non-government stakeholders and private health sector, will elevate prevention as a priority.

Engaging in the next phase of reform

Medibank thanks the Commission for its recommendations and supports the direction outlined in the Interim Report. We welcome the opportunity to contribute further to support the health transition and shape reform that improves the health and wellbeing of all Australians. These perspectives build on our 31 July 2025 submission to the Commission in response to the *Mental Health and Suicide Prevention Agreement Review – Interim Report*.

[4] Australian Government Department of Health, Disability and Ageing. 2021. National Preventive Health Strategy 2021-2030.

[5] Australian Government Department of Health, Disability and Ageing. 2024. Health Technology Assessment Policy and Methods Review – Final Report.

[6] Ibid. p.55