



COMMISSIONING FOR BETTER HEALTH

A BUSHMAN'S GUIDE TO
COMMISSIONING IN
WESTERN QUEENSLAND



CONTENTS

Introduction	3
The Context	4
What is commissioning?	4
Foundations to our commissioning framework	6
What funding is available?	10
What does Western Queensland look like?	12
Commissioning Localities	14
Shaping our Provider Landscape	16
Selecting Commissioning Approaches	18
Commissioning for Health Framework	20
Eight Principles to Commission for Better Health	22
1. Support WQ Health Care Home model of care	22
2. Applied health intelligence to support evidence informed approaches	24
3. Deliver culturally appropriate services to Aboriginal and Torres Strait Islander Peoples	24
4. Active stakeholder collaboration in planning and evaluation	25
5. Optimise self-management and consumer engagement	25
6. Promote clinical leadership and stewardship	25
7. Support innovation, partnerships and value	26
8. Place based approaches	26
The Commissioning Cycle	27



ACRONYMS

AICCHS	- Aboriginal and Torres Strait Islander Community Controlled Health Service
AIHW	- Aboriginal and Islander Health Worker
CL	- Commissioning Localities
CTG	- Close The Gap
DOH	- Department of Health
HHS	- Hospital and Health Service(s)
HNA	- Health Needs Assessment
KPIs	- Key Performance Indicators
MOC	- Model of Care
NGO	- Non Government Organisation
OBC	- Outcomes Based Commissioning
PHC	- Primary Health Care
PHN	- Primary Health Network(s)
WQ	- Western Queensland
WQHCH	- Western Queensland Health Care Home
WQPHN	- Western Queensland Primary Health Network

FIGURES & TABLES

LIST OF TABLES

Figure 1 - Quadruple Aim	8
Figure 2 - Estimated WQPHN resident population	12
Figure 3 - Commissioning Levers	17
Figure 4 - Considerations for Commissioners	18
Figure 5 - Value of Outcome Based Commissioning	19
Figure 6 - The WQPHN Health Care Home Neighbourhood	21
Figure 7 - The Western Queensland Health Care Home Model Of Care	23
Figure 8 - The WQPHN Commissioning Cycle	27

LIST OF TABLES

Table 1 - WQPHN Strategic Plan	7
--------------------------------	---

INTRODUCTION

Western Queensland is unique, and arguably one of the most remote regions in Australia. Western Queensland Primary Health Network (WQPHN) is one of 31 Primary Health Networks (PHN) established and funded by the Federal Government, mandated to improve the efficiency and effectiveness of primary health services for consumers, particularly those at risk of poor health outcomes.

WQPHN is a primary health care (PHC) partner to our Hospital and Health Services (HHS), Aboriginal Community Controlled Organisations (AICCHS) and General Practice, an enabler and innovator to shift our current system towards more consumer centred, comprehensive systems of care, close to home.

Commissioning for Better Health is our target, aimed at delivering health and wellbeing to Western Queensland communities through exceptional performance in our commissioning services. This document articulates how WQPHN will hit the mark, from analysing health needs, through to designing solutions, partnering with services, procurement and evaluation processes. It demonstrates how our commissioning principles and procurement decisions are linked to our 'true north' - the WQPHN Strategic Plan.

Commissioning for Better Health defines how the WQPHN will commission differently. It will highlight the need for a cautious but sustained reshaping of the primary health care markets, emphasising the importance of partnerships, service provider engagement, capability development and joint accountability.

Traditional commissioning in Australia has tended to focus on independently funding individual organisations with an emphasis on processes and activity (i.e. occasions of service). Our experience tells us that this approach has inadvertently contributed to fragmentation in the way care is delivered. In Western Queensland's vast landscape, this has created a barrier to the development of integrated services and consumer centred models of care. Historically, organisations have been funded on activity, not population based outcomes.

Through *Commissioning for Better Health*, we aim to have a direct positive impact on the health of the community, supporting an integrated model where all providers, regardless of their location and employment arrangements 'talk' to each other. The focus for us will always be, delivering better health outcomes for the people of rural and remote Western Queensland.

4

CONTEXT

What is commissioning?

The word commission, in its most basic meaning is the ‘act of granting authority to someone else to undertake certain functions’¹ Primary health commissioning is a relatively new term in the Australian primary health environment, driven by the Commonwealth Government which has tasked PHNs ‘to be regional purchasers of health services, with the flexibility to stimulate innovative public and private health care solutions, to improve frontline services and better integrate health service sectors.’²

As commissioners, PHNs do not deliver health services, they fund them, and this typically involves a commissioning cycle of strategic planning - determining need and innovative solutions, procuring services, followed by monitoring and evaluation. We have developed our own unique WQPHN *Commissioning for Better Health* cycle informed by our strategic partners and the Department of Health (DOH) Commissioning Framework.

Alongside the commissioning cycle, there is also a spectrum to the procurement approach, where funds can be tendered openly to the market, to a select number of potential suppliers, an alliance of

suppliers, or directly to a single organisation. Consideration around the WQPHN procurement approach, is ongoing, adaptable, informed by the commissioning cycle, and in consideration of WQPHN’s predominantly rural and remote environment.

Commissioning provides a range of opportunities for improving the primary health care system because it delivers targeted activity and prevents a piece-meal approach, which can sometimes occur when a funder does not see a whole regional picture. Commissioning helps us establish a more systematic, population-based approach that integrates existing models of care.

Commissioning is different to procurement in that it takes a longer term focus with population-based outcome measures, encourages collaboration across provider networks, and places the consumer at the centre of a connected system of care. Commissioning seeks to introduce innovation, with adoption of critical enablers to strengthen the quality and integration of service, applying health intelligence to guide investment and monitor effectiveness.

The move to whole of population outcome measures takes time and cooperation, building trust with health partners and provider networks and ensuring consumers are able to actively contribute to health system improvement. Most importantly, it requires high quality health intelligence around current and future population health needs to guide priority setting and investment.

In our *Commissioning for Better Health* approach, WQPHN wants to address system-wide issues that act as barriers to quality accessible care. This includes working in 'silos', duplication, fractured and parallel service delivery, misalignment of health system performance, poor collaboration and networking across our primary care workforce, competitive organisational behaviours (even in small country towns), cultural incompetence and poor engagement with Aboriginal and Torres Strait Islander people. These features of the health system are contributing to market failure, entrenched lifestyle behaviours, and decline in patterns of health seeking behaviours for preventable illness.

Commissioning for Better Health will produce an easy to navigate, well connected system of care, close to home and part of a supportive network of providers. We want greater digitally enabled services that are activated for people with complex conditions and our children. Our services will be hard-wired into a General Practice led multidisciplinary team based care environment. We need to be working to ensure the whole system is more accountable, engaged with consumers and achieving whole of population health improvement. Fundamentally we seek to lift the performance of the Western Queensland (WQ) primary health care system to build healthier, more independent and resilient outback communities.

Through commissioning we can see where the gaps are, who is currently providing services, how services can be delivered more effectively, and determine what new innovations can support better health outcomes. It is an exciting new way for Western Queenslanders to receive better care, better health and targeted health services.

6

FOUNDATIONS TO OUR COMMISSIONING FRAMEWORK

In developing *Commissioning for Better Health* we started with the **WQPHN Strategic Plan**, and this is the 'lens' through which we view the future, guiding all our organisational activity.

Our strategies provide a strong guide to how commissioning will be designed and focused. We are dedicated to working alongside our partners to integrate the WQ health system, break down silos of care, and firmly focus on outcomes for consumers. We want to collaborate, and co-design solutions with service providers, clinicians and consumers to enhance integrated models of care. We believe in access to culturally competent primary health care for our indigenous community and finally, managing chronic disease, complex conditions and improving maternal and child health is a big priority.



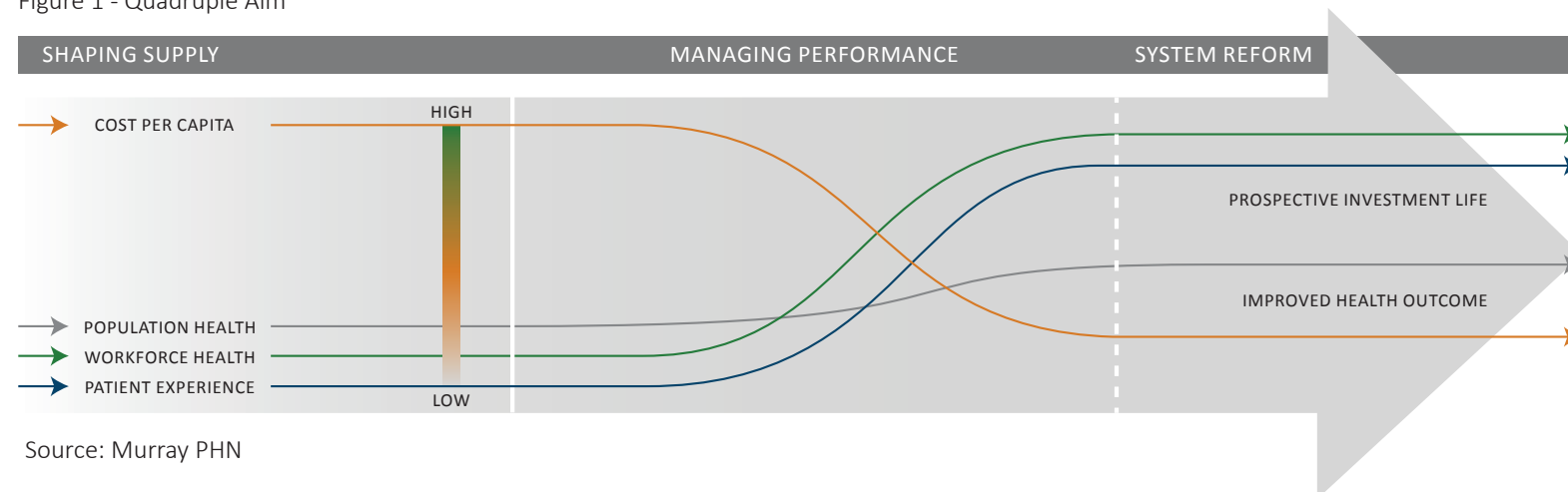
Table 1 - WQPHN Strategic Plan

VISION					
Western Queenslanders experiencing better health					
PURPOSE					
To support a comprehensive and integrated primary health care system that delivers better health outcomes for the people of Western Queensland					
GOALS					
Improve the health of our population, and reduce inequities	Enhance consumers' and families' access and experience of care	Strengthen the capacity and capability of primary health care	Foster efficient and effective primary health care		
STRATEGIES					
<p><i>Integrating care</i></p> <ul style="list-style-type: none"> • Shared health intelligence and performance evaluation • Support regional primary care leadership and advocacy • Clinician and consumer co-design and engagement • Codesign and measurement of key health priorities • Place based commissioning approaches • Commonwealth-State primary care alignment. 	<p><i>WQ Health Care Home</i></p> <ul style="list-style-type: none"> • Broad endorsement and uptake of WQHCH • CQI methodology to build capability • Broaden and enhance workforce • Integrating care and coordination • Business sustainability and innovation • Formative evaluation and evidence informed roll-out. 	<p><i>Closing the Gap</i></p> <ul style="list-style-type: none"> • Joint WQPHN – AICCHS co-commissioning and development approaches • Culturally competent commissioning approaches • Boost Indigenous workforce in primary care • Increase clinical leadership and cultural intelligence in planning, design and evaluation • A integrated CTG strategy for Western Queensland • Active engagement and participation from ATSI consumers and ATSI health institutions. 	<p><i>Chronic disease management</i></p> <ul style="list-style-type: none"> • Evidence informed patient-centred service frameworks • Practice based commissioning within WQHCH construct • Integrated and aligned allied health and team care approaches • Stepped Care approaches and digital health meaningful use • Skilled, team focused workforce • Better coordination across care domains and services. 	<p><i>Child and family health</i></p> <ul style="list-style-type: none"> • Universal child and maternal health primary care support in first 3000 days • Place-based approach with WQHCH model of care • Focused strategies to improve childhood development outcomes • Local partnership approaches designed for families and children • Digital health enablement to support engagement and outcomes • Better coordination and linkage across care domains. 	<p><i>Good governance</i></p> <ul style="list-style-type: none"> • Good corporate, program and clinical governance • Agile corporate culture • Excellent financial performance • Skilled and efficient workforce and structure • ISO 9001-2016 Quality Assured Management Systems • Commissioning Excellence • Stakeholder and Government confidence and support.

FOUNDATIONS TO OUR COMMISSIONING FRAMEWORK

Alongside many health organisations around the world, *Commissioning for Better Health* is strongly influenced by the Quadruple Aim, which intends to ‘redesign health care systems and transition to population health’³ and address challenges associated with improving community health while simultaneously lowering healthcare costs. As illustrated in Figure 1, the Quadruple Aim enables system reform, proposing that health care organisations simultaneously pursue four dimensions of performance: improving population health, enhancing the patient experience of care, reducing the per capita cost of health care and improving the work life of health care providers⁴. *Commissioning for Better Health*, through its collaborations with health care organisations, AICCHSs, HHS, community service agencies, consumer groups and other key stakeholders will strive to meet Quadruple Aim objectives, and support regional projects that uphold this model.

Figure 1 - Quadruple Aim



Source: Murray PHN

The WQPHN organisational vision talks about integrated primary health care and how service providers relate to each other, and to the rest of the system. In keeping with this mandate, WQPHN has reached out to our primary health and acute service providers, and this interaction, which includes new agreements, is also directing *Commissioning for Better Health*. These agreements are only the beginning, and over time, as WQPHN and the partnerships mature, we expect to foster greater innovation that will add value and strengthen *Commissioning for Better Health*.

The WQPHN Strategic Plan - Developed in collaboration with our Clinical Council and Consumer Advisory Council, and alongside HHS, AICCHS and NGO partners, the Strategic Plan presents an aspirational agenda to transform the current PHC system. This will occur through collaboration with partners, placing general practice at the heart of a comprehensive service, high cultural engagement, optimisation of interventions for management and prevention of chronic diseases, and greater performance in maternal and child health outcomes.

The Maranoa Accord 2017 - Agreement between WQPHN, Central West Hospital and Health Service (HHS), North West HHS, South West HHS, and the WQ AICCHS. Development of a regional framework (including a Primary Health Plan and local leadership structures), to support the adoption of greater integration, co-design and innovation, and guide the implementation efforts to enable the readiness and adoption of new models of care. The Accord recognises that through working together, all parties can have a greater impact on local health outcomes, providing enhanced leadership, and ability to address longstanding population and place-based problems.

Nukal Murra Health Alliance between WQPHN and Western Queensland AICCHS - WQPHN will work together with the AICCHS Sector to advance the National Aboriginal and Torres Strait Islander Health Plan 2013–23, and ensure full and ongoing participation by Aboriginal and Torres Strait Islander people in all levels of decision-making affecting their health needs. This engagement is fundamental recognition of the AICCHS Sector as an enduring feature of the Australian PHC system. Through this partnership, WQPHN will ensure every contact point for commissioned services provides an opportunity to provide care that is culturally safe, high quality, responsive and accessible for all Aboriginal and Torres Strait Islander

people of Western Queensland. An Alliance Agreement between the WQPHN and Gidgee Healing, Cunnamulla Aboriginal Corporation for Health, Charleville Western Areas Aboriginal and Torres Strait Islander Community Health, Goondir Health Services and QAIHC; will establish a Performance Framework with outcome measures targeting leadership, quality, workforce and models of care.

The Western Queensland Health Care Home (HcH) - The WQPHN recognises the HcH as a central platform to supporting comprehensive primary health care in our communities. Supporting general practice in the readiness, uptake and adoption of initiatives that support integrated care and system capability lies at the heart of WQPHN commissioning activities. Supporting this strategy across almost one million square kilometres will require a determined localisation strategy to guide investment, effort and accountability to regions of common interest. We will ensure WQ HcHs lie within defined localities to achieve greater efficiency, service capability and innovation.

Consumers and their families as partners in care - Our business is about people, the people of Western Queensland. Consumers are central to a successful system of care, and partnering with consumers to ensure they participate in their health journey is key to the consumer-centred ideology of *Commissioning for Better Health*.

The style of communication, how our services are configured, their ease of navigation, cultural intelligence, support of multidisciplinary approaches, and workforce development all contribute to a positive consumer experience and reflect better health outcomes.

10

WHAT FUNDING IS AVAILABLE?

WQPHN, along with all PHNs are funded by the Commonwealth Government to respond directly to national priorities. These priorities are established within long standing health and system improvement domains that guide national policy setting, and agreements with the State Governments. Our contracts are therefore guided by national policy and predominantly target areas viewed as being a national priority.

As commissioners PHNs are then expected to 'understand the health care needs of their communities through analysis and annual planning'² and procure services from local providers through a regional commissioning approach. Both the organisation and its contracts represent a deliberate investment to consolidate the Governments effort and better integrate across the primary health care service delivery paradigm.

Funding is limited and finite, with current priorities focusing on;

- Mental health
- Addictions
- Aboriginal health
- Management and prevention of chronic disease
- Child and maternal health
- Aged Care
- After Hours Primary Health Care
- Health intelligence
- Provider capability development

This list is not exhaustive and over time, it is expected that Government will drive new health initiatives to the Australian community through PHNs. Current funding availability and details of funded projects can be viewed on our website www.wqphn.com.au.





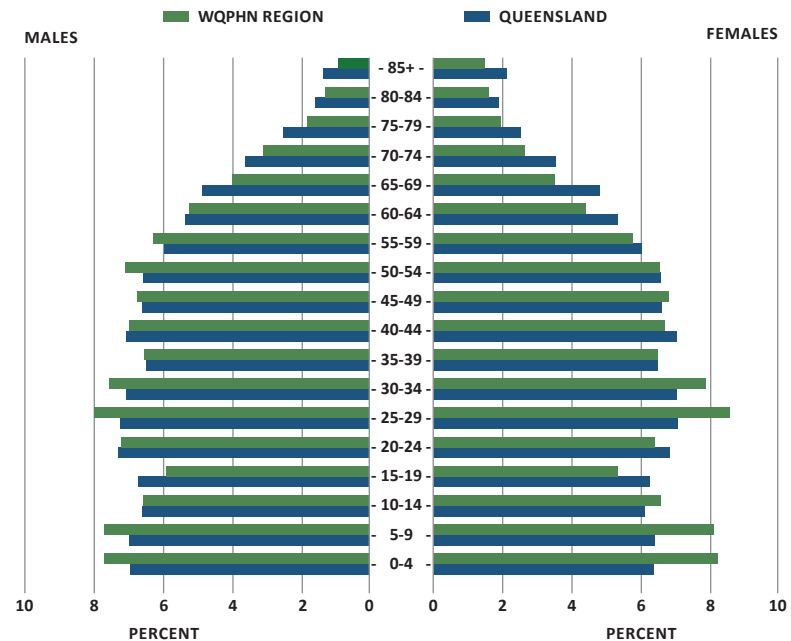
WHAT DOES WESTERN QUEENSLAND LOOK LIKE?

Western Queensland is a large, predominantly rural and remote geographic area covering 956,374.8 sq. kilometres, more than half of the Queensland land mass. The population is sparse at 71,043⁵, but can increase dramatically over the cooler months as tourists flock to the region, which places additional burden on the health system.

The region has a high Aboriginal and Torres Strait Islander population – 20% compared to a national average of 5%⁵. Some areas far exceed this; Lower Gulf’s Aboriginal and Torres Strait Islander population is 67% and Western Corridor sits at 27%⁵. As demonstrated in the population graph opposite, WQ features a younger population with 22.5% under 14 yrs compared to a state average of 19.8%⁵. Those people aged over 65 years is lower at 11.1% compared to an state average of 14.4%, due in part to avoidable mortality rates which, at 203 per 100,000 are the highest in Australia⁶ (second to Northern Territory). The major causes of premature death in WQPHN are cancer, circulatory and external causes (including suicide)⁷. In addition, 15% of the population assessed themselves as having fair or poor health.⁸

Services to these very remote areas is predominantly provided by the region’s three HHS services and four AICCHSs. Private practices are scattered throughout the region, the largest group in

Figure 2 - Estimated resident population by age and sex, WQPHN region and Queensland, 30 June 2015



SOURCE: ABS 3235.0, POPULATION BY AGE AND SEX, REGIONS OF AUSTRALIA, 2015

Mt Isa, but over the past decade privately owned General Practices have been in decline. Although almost 70% of Western Queensland's population has access to a private general practice, 52.5%⁹ of General Practices are either managed by the HHS (46%) and AICCHS (6.5%) which highlights the importance of partnerships with these entities.

In terms of access, the cost of delivering services to the region is high, and prevents few new entrants entering the market. We are mindful that a fragile service provider environment exists in Western Queensland, and *Commissioning for Better Health* will complement and not impair existing providers.

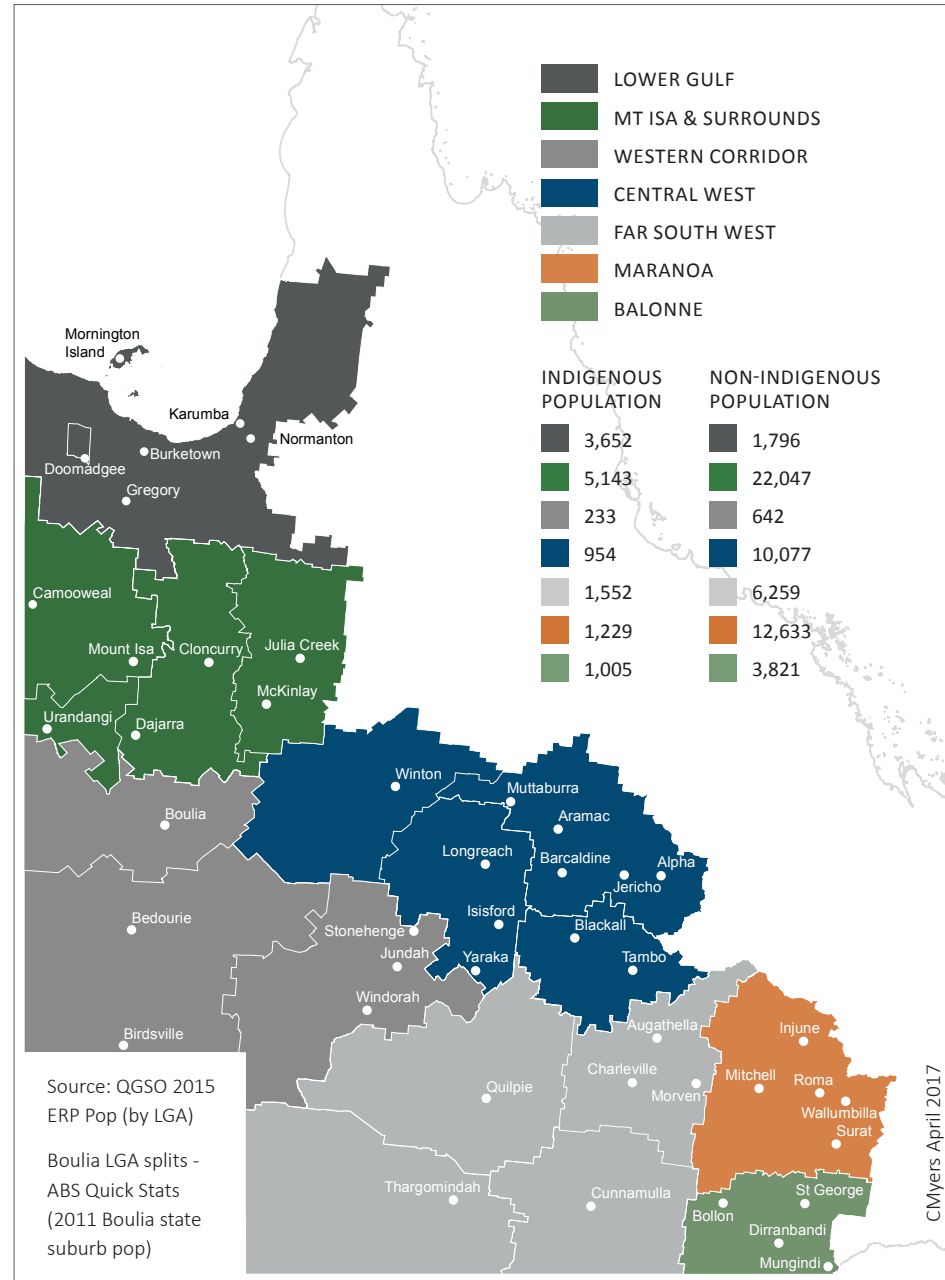
Access to quality health care is a key consideration, influenced by the vast catchment, climatic conditions and socioeconomic factors impacting Western Queenslanders. 8.6% of the population have no access to a motor vehicle at home and almost 27.3% have no internet at their residence⁵. This places limitations on eHealth solutions and also face to face consultations as transport is limited, with access to specialist services requiring significant travel outside the region. Unemployment is also above the state average at 7.2 %, with regions such as Lower Gulf higher at almost 26%. In addition, 14.1 % of families have no parent employed in the household⁵.

Prevalence of diabetes is higher than the state average and preventable episodes of care in some Local Government Areas are almost 13% over the QLD average¹⁰. In the Lower Gulf region, children with 2 or more domains classified as vulnerable is 46%, compared to a state average of 14%¹¹. Obesity across the region is significant at 65%, compared to a state average of 58%¹². Those who smoke daily sits at 22% which is almost double the state average of 12.10%. Smoking rates in Indigenous Women is alarmingly high at 46.6%⁹.

This is only part of the picture, and the WQPHN population health team will capture more of this critical demographic information from multiple sources to enable an evidence based approach to commissioning. This data, along with conversations with our stakeholders, enables *Commissioning for Better Health* to create a real and robust analysis of need. We are committed to developing advanced knowledge management, analytical and forecasting skills so valuable and finite public funds will be expended to maximum impact. Consequently, if the evidence tells us that one region, health condition or access issue has greater need, their funding allocation may reflect this. Fairness, backed by evidence is critical to us, as defined in our commissioning principles.

COMMISSIONING LOCALITIES

Commissioning for Better Health had established 7 unique Commissioning Localities (CL) in consideration of primary care flows, funding, demographic and cultural considerations. Creating CLs within the large Western Queensland catchment provides a practical regional framework to plan and develop services, and mobilise key relationships across HHS, PHN and AICCHS around health service gaps and opportunities for innovation. In the short term the localities provide a way for the WQPHN and its partners to work together to tackle the immediate financial, system and service pressures that are universally faced across the catchment. In the longer term, this place-based approach will provide a solid platform for implementing new models of care that span organisational and service boundaries.





SHAPING OUR PROVIDER LANDSCAPE

Designing and contracting services has traditionally been referred to as 'procurement', however a commissioning approach is a more dynamic process involving the development and implementation of services based on planning, monitoring and evaluation. Figure 3 highlights some of the dynamic levers that a commissioning approach can adopt to enable change.

All contracting will be aligned with the priority areas of the WQPHN Health Needs Assessment and be part of a continual, iterative cycle that is defined within annual planning phases. Our capacity to provide long term contracts will be undertaken within the context and requirements of the PHN Funding Agreement with the Commonwealth.

Our commissioning approaches will develop over time, however in the Western Queensland fragile service market our efforts will focus on

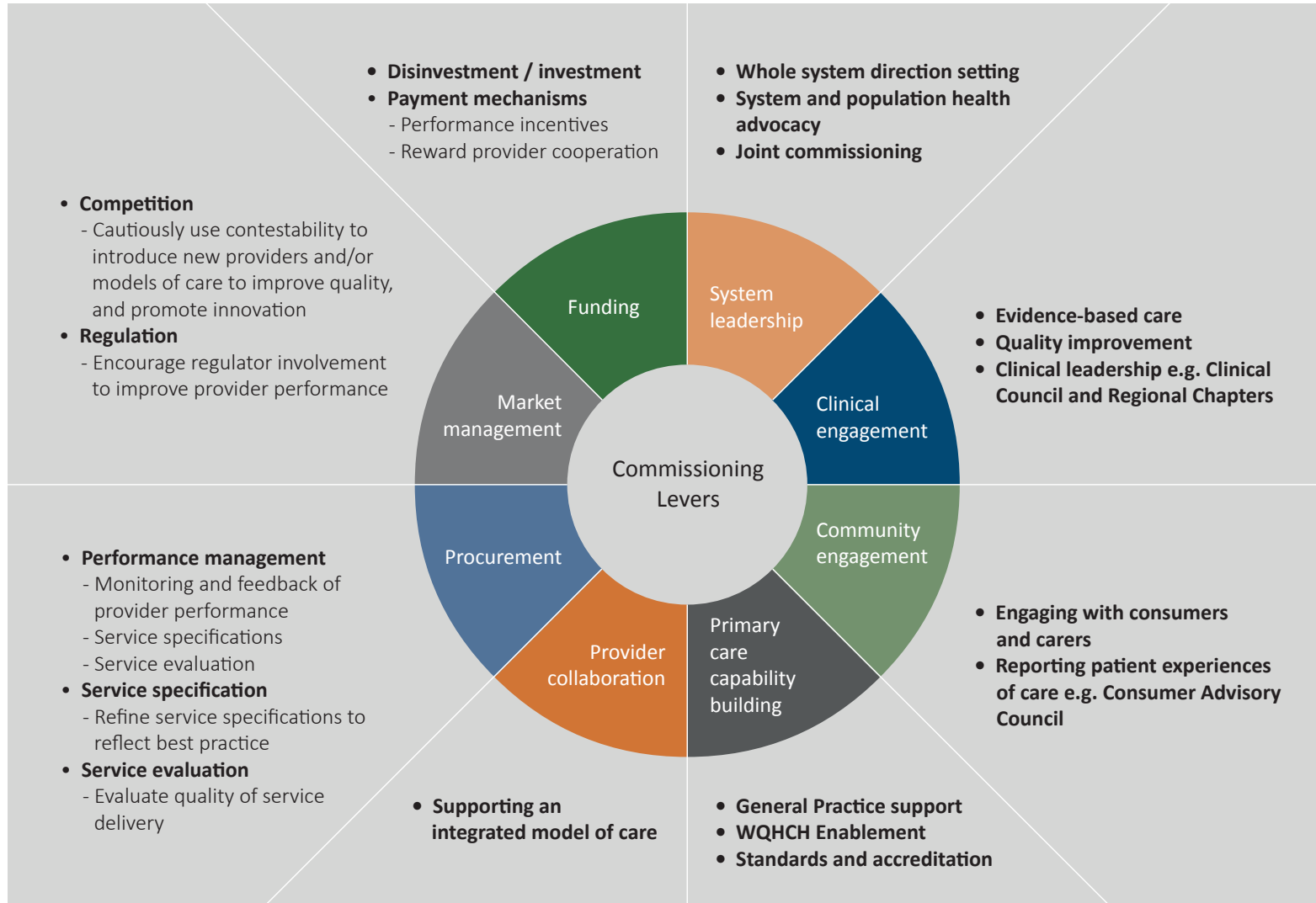
designing services in alignment with our Strategic Plan, and develop the market through enabling capability and integration of the service provider community.

PHNs have been established to increase the efficiency and effectiveness of medical services for consumers, particularly those at risk of poor health outcomes, and to improve coordination of care¹⁴.

Commissioning for Better Health views commissioning as a real-time change process and a means to an end, rather than an end in itself. Using the WQPHN Health Needs Assessment and our annual planning cycles, we aim to detect when to intervene, making tactical and evidence based decisions about which procurement approach to take.



Figure 3 - Commissioning Levers



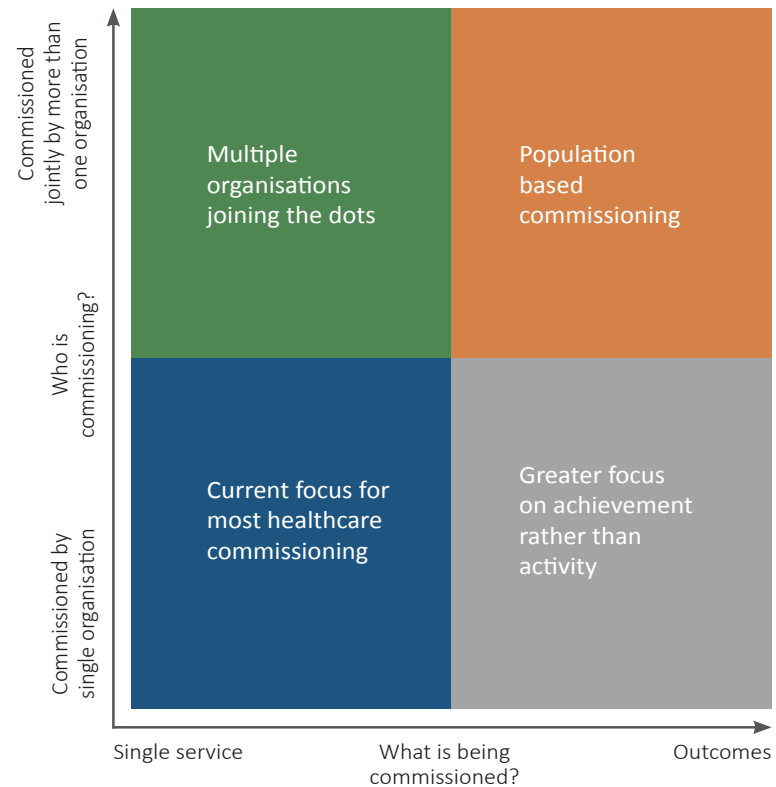
SELECTING COMMISSIONING APPROACHES

When considering procurement approaches, we will balance the WQPHN Strategic Plan deliverables against the capacity and innovation within our provider market. Determining the correct commissioning approach will require WQPHN to consider how it transforms from the current individual service provider state (transactional), to a future population based commissioning approach that will require greater co-design and partnership approaches toward agreed outcome measures (transformational).

The four box model (Figure 4) illustrates some of these considerations. The horizontal axis shows 'potential commissioning requirements from single services (such as providing a particular allied health service in a particular region) through to securing a set of outcomes (such as reducing the number of aged people needing to attend emergency departments as a result of diabetes)¹⁵. The vertical axis displays the spectrum from single organisations through to multiple or joint commissioning organisations.

Commissioning in Australia has 'tended to focus on processes and activity (numbers of consumer, attendances, operations and procedures), individual organisations and single inputs of care. This approach has often inadvertently helped sustain a fragmented approach to the way care is delivered, acting as a barrier to the development of more integrated services and models of care. It can also incentivise activity rather than outcomes. There is a strong case for commissioning differently'¹⁴.

Figure 4 - Considerations for commissioners



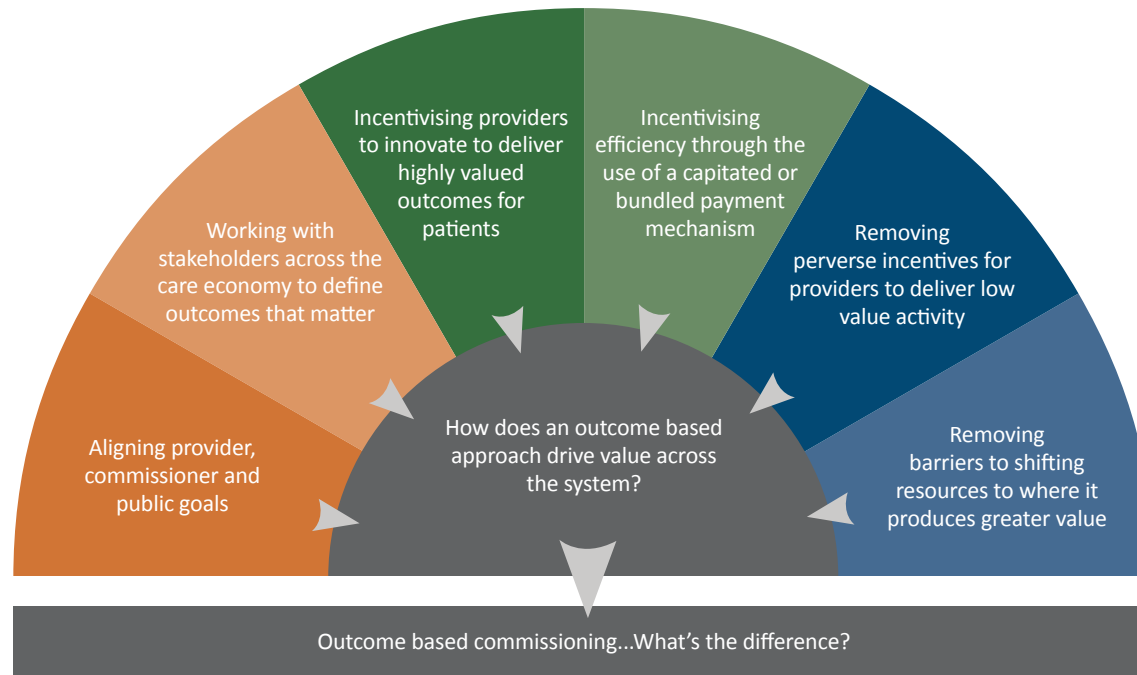
Source: Designing and Contracting Services Guidance Version 1.0 - June 2016

Commissioning for Better Health prefers Outcomes Based Commissioning (OBC) in partnership or joint commissioning arrangements. We will emphasise the importance of building primary care partnerships that enable greater co-design, co-investment, and ultimately co-commissioning.

Commissioning for Better Health will strive for a gradual and flexible transition toward population based OBC and adopt different approaches to achieve the desired result. We will seek to offer new and innovative service delivery methods and help encourage greater collaboration, interoperability and connectedness across different provider networks.

This will allow more contemporary approaches to keep people well, in their own homes and communities, with an emphasis on self management. As outlined in Figure 5 there is immense value to OBC across the system. It will incentivise high value interventions and shift more resources into the community and primary care, away from acute hospital settings. Outcomes based commissioning ensures the focus is positioned on the experience of consumers and achieving outcomes that matter to them.

Figure 5 - Value of Outcome based commissioning



Source: Outcome Based Commissioning Alliance (OBC Alliance) formed of PwC, Wragge & Co, Cobic and Beacon

THE COMMISSIONING FOR BETTER HEALTH FRAMEWORK

Eight principles provide a blueprint to *Commissioning for Better Health*, and aim to transform the primary health sector in Western Queensland, shaping the provider market to meet demand. Aligned to the WQPHN Strategic Plan these priorities will support innovation and quality service, build better efficiency, support the capacity of existing providers, and importantly have consumers at their heart.

In bringing about these improvements, the role of General Practice, Hospital and Health Service, AICCHSs, NGOS, and all primary care clinicians is pivotal. The role and input of the WQPHN Community Advisory Council and Clinical Councils will be foundational in the design and validation of health system improvements and models of care. Based on their input and leadership, *Commissioning for Better Health* will support activities that improve consumer experience and assist general practice and all service providers to improve health outcomes.

A key focus for our ten priorities is the development of a **Health Care Home (HcH)** capability through supporting general practice at the heart of a comprehensive primary health care system. In doing so, 'consumers and their families have a continuing relationship with a GP, supported by a practice team, and other clinical services within their local community that wrap around the consumer and their families as required'¹⁴. Importantly however, in an integrated system a collaborative workflow design exists, with providers sharing health intelligence, 'speaking' to each other and consumers. Looking beyond this immediate home, consumers have access to other regional community health services within their 'neighbourhood' as required and specialist services to cater for more complex and unstable

conditions. By shaping the health system within the HcH construct, we believe these consumer journeys can be linked, with a clear road map where the consumer, GPs, health and social service providers, hospitals and specialists can collaborate effectively to optimise the management and prevention of chronic conditions.

Commissioning for Better Health acknowledges that our population of interest resides within practice populations across the WQ catchment and will seek to support the transformation of General Practice toward the HcH model. This will require direct engagement with our general practice networks, systemisation of practice capability and innovation, and collaboration to build a significant referral base for people who require additional support in the management of their personal illness. Transitioning toward an HcH capability will require practice based commissioning approaches.

Preserving and building a more robust and better connected provider market is also at the heart of our approach. *Commissioning for Better Health* will seek to harness the innovation, infrastructure and capability of local service provider networks, transitioning from independent, competitive and fragmented networks to relationships that better enable connected team based care. Service provider networks funded through the WQPHN will be recognised as exhibiting agility and capability. Networks will be at the forefront of efforts to innovate the way primary care is delivered locally; they will actively contribute to the readiness and adoption of the HcH and contribute to continuous quality improvement, workforce innovation, and digital technology enablement.

Figure 6 - The WQPHN Health Care Home Neighbourhood

- Regional
- Sub-regional
- Supraregional



8 PRINCIPLES TO COMMISSION FOR BETTER HEALTH

Commissioning is a change process, moving our health system towards sustainable models of care. In WQ this will require many parts of our local system working in better alignment, greater awareness, engagement and active participation of patients in their primary care journey, and dynamic partnerships across public, and private health provider networks and services.

Commissioning for Better Health aims to build a sustainable health care system with customisation in service design and delivery around the unique needs of rural and remote populations. If nothing else changes in the system, the burden of illness and disadvantage will increase, and the cost of services will continue to grow.

1. Support WQ Health Care Home model of care

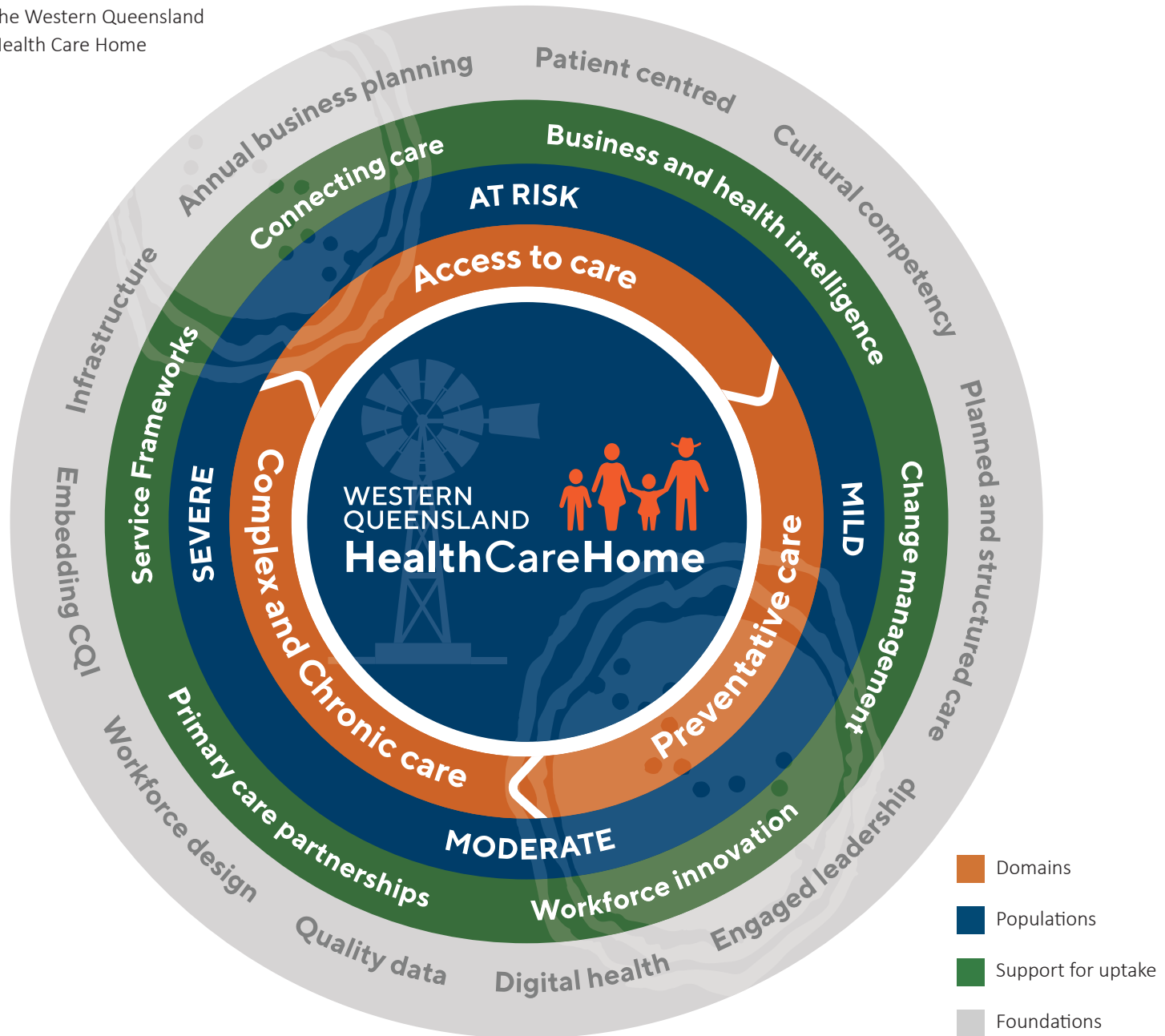
To enable a more sustainable future, we recognise a more cohesive and systematically coordinated primary care model is required. We support a GP-led Health Care Home model of care, where consumers are at the heart of their local primary care system and risk factors for poor health outcomes are identified early and people with chronic disease are looked after by a team of health professionals. We are committed to integrated care, particularly for more vulnerable parts of our population who find it hard to navigate the system, experience geographic isolation or economic disadvantage, and have complex care needs. To enable a more sustainable future, WQPHN will strive to leverage greater coordination, linking consumers to providers across networks and services whether they're positioned in private General Practice, AICCHS or NGOs.

We want to cut down the organisational and professional barriers that impact care including better coordination between social, primary and acute care settings, supporting shared approaches, shared health intelligence and adoption of eHealth solutions to enable timely information exchange. We need a system that is easy

for consumers to navigate and delivers greater self-management and independence. The WQ Health Care Home (WQHCH) will be the primary enabler to comprehensive primary health care and centred on strengthening and transforming general practice's role as the health care home for people and their families. In the WQHCH, General Practice offers continuity of holistic care, delivered close to peoples' homes; and individuals, families and carers are informed and active partners in their care. General Practice provides the gateway to the wider health system through access to the community-based multi-disciplinary disciplinary team, and to hospital and specialist services where these are required.

Rather than wait for people to become acutely unwell or require hospital care, the new Framework will place an emphasis on those foundations for system and patient care that better support people to stay well and live in their own homes for as long as possible. The patient, the patient's family and the care team work as partners to motivate the patient to increase their knowledge, skills and confidence to manage their health.

Figure 7 - The Western Queensland Health Care Home



2. Applied health intelligence to support evidence informed approaches

Commissioning decisions will be informed by evidence and this valuable health intelligence will be shared and available to the sector. Reliable, consistent and high-quality data will inform a direction of travel and safeguard alignment of effort with shared population health priorities and measure the system effectiveness and outcome performance. *Commissioning for Better Health* will analyse population health, identify regional need, causes of ill health, burden of disease and social determinants that impact health equity and access. We will scope, and design solutions based on the best available evidence of what has worked best locally and adopt a continuous improvement culture that strives for improvement in services delivered. Assessment around the efficacy of procured services will be based on evidence of performance against agreed performance measures.

Commissioning for Better Health is adopting a population health planning approach, enabling us to look deeply into system performance and the health needs of Western Queensland, prioritising investment to produce the best outcome from a Quadruple Aim (pg.8) perspective. Through access to quality data around health, social care and access issues, and in collaboration with our HHS, AICCHS and service provider partners, we aim to improve the wellbeing of whole populations, and reduce inequities between more vulnerable parts of our population.

To support the commissioning efficacy and alignment, and to help inform and orientate stakeholders, service frameworks for population health priorities, including mental health, child and maternal health and chronic conditions will be designed collaboratively and guide investment, performance targets and outcome measures.

3. Deliver culturally appropriate services to Aboriginal and Torres Strait Islander Peoples

Commissioning for Better Health is committed to supporting the representation and participation of Aboriginal and Torres Strait Islanders in WQPHN governance and commissioning systems.

We recognise that AICCHS's (Aboriginal and Islander Community Controlled Health Services) are an enduring feature of the Western Queensland primary health care landscape and we are committed to building a strong resilient AICCHS sector, to secure comprehensive, culturally appropriate local services. *Commissioning for Better Health*, will support a system to enhance and value-add to their current network of essential services. This will involve prioritising funding for our AICCHS sector, and development of a joint commissioning and performance framework better linking their services, General Practice and the broader health community. Through this joint commissioning Alliance, we will work to incorporate local cultural intelligence into planning and design, increase cultural competency of provider networks, and better support productive partnerships between our AICCHS and the wider primary care network. Our collaboration will better position AICCHS to drive innovation, engagement and leadership within our PHN to ensure Aboriginal and Torres Strait Islander people of our region experience a better system designed around their unique needs and priorities.

4. Active stakeholder collaboration in planning and evaluation

A *Commissioning for Better Health* stakeholder is any person, group or organisation that will be impacted by our activities. We acknowledge the critical importance of trusted stakeholder relationships, to achieve health outcomes across a host of indicators at consumer, health provider, health system, and government levels.

Commissioning for Better Health will work with our stakeholders to explore innovation, assess need and co-design solutions to develop a shared vision for the future. We will work closely with the Consumer Advisory Council and Clinical Councils to assist the development of new models of care and commissioning frameworks. We will also draw on the significant experience of our regional clinical chapters and harness their collective knowledge, recognising their leadership role in respective jurisdictions.

Commissioning for Better Health will ensure contracts and agreements with providers clearly stipulate performance measures. We will facilitate good working relationships with our providers, engage in constructive discussions around performance, and ensure our providers deliver quality services in keeping with our values. We will implement our contracts using common-sense and probity measures that will not only consider value for money, but also ensure these services are contributing to a better integrated and patient-centred system of care.

5. Optimise self-management and consumer engagement

Commissioning for Better Health recognises the importance of placing the needs of consumers and families at the centre of service design, and the active engagement of consumers is implicit within all eight priorities. We understand what really matters is good quality services that are accessible, personalised, and intuitively removes roadblocks so consumers can easily navigate the system if their care needs change or become more complex. We also understand the importance of

empowering consumers to engage in decision making and management of their health and will work with our provider networks to ensure effective information exchange and health literacy, measurement of patient experiences of care, and place an emphasis on self-management outcomes.

The adoption of the WQHCH framework will progressively move the local system of care to a more patient centric approach, with services designed around the needs of local practice populations, routine and proactive care that easy to understand and navigate, with a consistent, well connected care team with local knowledge and experience.

6. Promote clinical leadership and stewardship

Commissioning for Better Health will collaboratively align the regional primary health agenda and build a culture of leadership, inclusiveness and innovation. We will foster appropriate clinical governance and assurance within our contracted service providers and promote clinical leadership locally. We will promote this clinical leadership through the enablement of Clinical Chapters and through commissioning our capacity building program and continuous quality improvement in collaboration with general practice and service provider networks.

Commissioning for Better Health recognises the importance of effective management and governance as part of its business model. As one of 31 national PHN organisations, WQPHN will ensure commissioning approaches are consistent with PHN program deliverables and customised to our local needs and settings. We will aim to measure our performance through patient and system outcome measures. Furthermore, WQPHN will continue to develop its health intelligence capability and role as a trusted data custodian to ensure a comprehensive evaluation of performance and ensuring commissioning activities are evidence based, jointly accountable, and provide value for money.

7. Support innovation, partnerships and value

Commissioning for Better Health will seek to create a more sustainable business proposition where providers are supported to create long term and enterprising service delivery arrangements within our remote catchment. Our commissioning framework will nurture innovation and foster an environment where providers experience the value of working in primary care partnerships and contributing to co-commissioning and co-design networks. We will aim to support new workforce roles and service frameworks that strengthen local provider viability and efficacy, and also provide value for money and minimise the administrative costs of care. We will use local, national and international knowledge, benchmarks and good practice to identify and promote innovative practice. We understand that as commissioners we are also a part of the team, and will work together to solve problems that inhibit sustainability and quality care, contribute to building the capacity of providers, and work to bring greater shared accountability for health improvement within our WQ population.

8. Place based approaches

Commissioning for Better Health will have a geographic footprint with the establishment of Commissioning localities that represent logical groupings of communities with common geographic, social and health access features. These localities allow a deeper analysis of health and system needs and priorities and enable place-based approaches when considering planning, design and delivery of primary care. Despite many similarities, no town in the WQ catchment is the same and unique health needs of each Commissioning Localities can bring greater responsiveness and cohesion across provider networks and allow service configuration to be cognisant of the unique characteristics and strengths within respective localities.

We will work collaboratively with providers, consumers and system partners in each Commissioning Locality to carefully consider the enablers for more integrated care and better activate clinical pathways where support is required outside local communities and regions. Simple, universally applied and target clinical pathways for key population health priorities will help achieve consistent, evidence-based practice that results in better outcomes for patients.



THE COMMISSIONING CYCLE

The 6 step *Commissioning for Better Health* cycle is focused on delivering effective, efficient and quality care for consumers, in an environment of continuous improvement, innovation and transformation of the PHC system. This will be managed by the WQPHN Commissioning and Population Health unit, with expertise in health data analysis, commissioning performance and systems, research and evaluation.

Strategy - Our commissioning decisions are informed by the WQPHN Strategic Plan, strategic intent of DOHs contracted funds, Quadruple Health Aims and partnership arrangements with our stakeholders.

Understand Health Needs - The WQPHN Health Needs Assessment (HNA) details regional health priorities, gaps in service provision and system failures. We will review this annually, assessing population health, level of risk and burden of disease, identifying population groups affected, and social determinants impacting health.

Plan - WQPHN will commission based on the HNA, identifying services and interventions that address gaps, prioritising services that deliver to the greatest need. We will use an evidence based approach to population health planning and needs assessment and work in partnership with community, health practitioners, and other stakeholders to determine capacity within the primary health care system, gaps in services and opportunities to improve coordination and responsiveness of care.

Design - We will design solutions alongside our stakeholders, and in support of our principles around service integration, creating a sustainable future, delivering value for money, and building sector capacity. We will seek to identify new ways of doing things, piloting innovation, and designing new services. Our strong partnerships with AICCHSs, the HHS, GPs, allied health professionals and other service

providers will ensure that service design truly enhances the system, avoiding duplication.

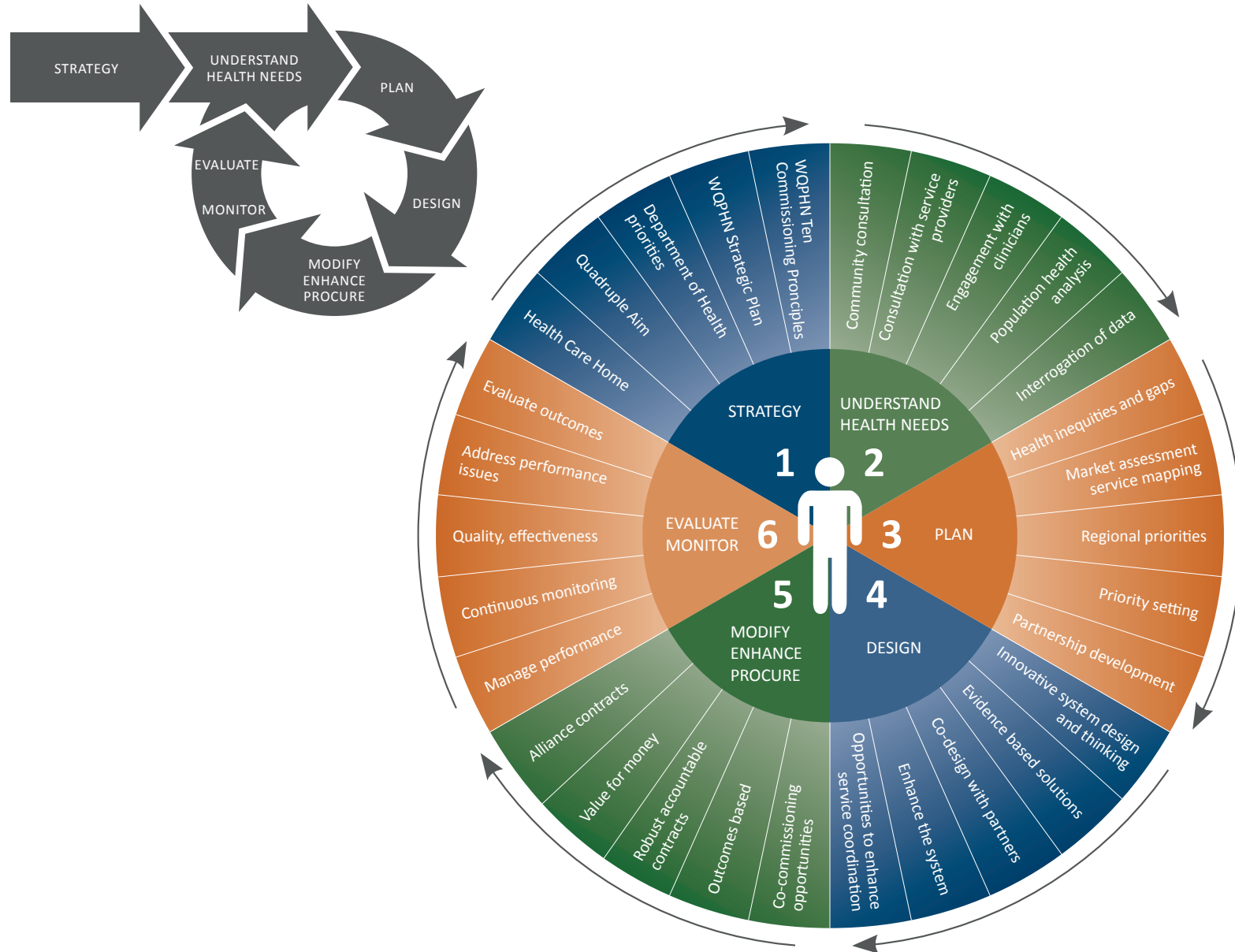
Procurement - Procurement processes will be guided by contemporary approaches, with an emphasis on co-commissioning, and funds pooling within an outcomes focus. Our procurement approach will seek to build on existing infrastructure, leveraging from established provider networks creating greater incentive for innovation and integration. Procurement options will be adopted that advance program priorities, the 10 Commissioning Principles, and achieve value for money.

To enhance the existing lean service provider market, we will look to partnership arrangements with existing providers and explore alliance contracts that drive collaborative behaviours and shape more population based approaches.

Monitor - WQPHN will improve health outcomes and quality care for consumers by ensuring robust systems are in place to monitor commissioned services, enabling evaluation and informing future planning cycles. We will ensure compliance with industry standards, reviewing performance and benchmarking performance against national indicators. We will work with our general practice networks to monitor whole of population impacts and deliver flexible, responsive services.

Evaluate - Through the cyclic commissioning process, WQPHN will ensure commissioned services deliver expected outcomes and value for money through a robust analysis of performance. This process will inform the planning cycle, identify areas performing well to allow duplication of success, and address underperformance. Where contracted agencies are not meeting performance outcomes, active performance management will be undertaken to address deficiencies and work towards contracted outcomes.

Figure 8 - The WQPHN Commissioning Cycle



REFERENCES

1. Anon, (2017). [online] Available at: <http://https://www.vocabulary.com/dictionary/commission> [Accessed 6 Apr. 2017].
2. Australian Government Department of Health (2016). Primary Health Networks Grant Programme Guidelines. ACT, pp.Version 1.2.
3. Sikka, R., Morath, J. and Leape, L. (2015). The Quadruple Aim: care, health, cost and meaning in work. [online] BMJ Journals. Available at: <http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160> [Accessed 6 Apr. 2017].
4. Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*, 12(6), 573–576. <http://doi.org/10.1370/afm.1713>
5. Statistics.qgso.qld.gov.au. (2017). Queensland Regional Profiles (Queensland Government Statistician’s Office, Queensland Treasury). [online] Available at: <http://statistics.qgso.qld.gov.au/qld-regional-profiles> [Accessed 12 May 2017]
6. Myhealthycommunities.gov.au. (2017). Primary Health Network area: Western Queensland | MyHealthyCommunities. [online] Available at: <http://www.myhealthycommunities.gov.au/primary-health-network/phn305> [Accessed 12 May 2017].
7. Torrens University. (n.d.). Social Health Atlas. [online] Available at: <http://phidu.torrens.edu.au/social-health-atlases> [Accessed 12 May 2017].
8. Australian Institute of Health and Welfare (2017) Performance and accountability framework (AIHW). [online] Available at: <http://www.aihw.gov.au/health-performance/performance-and-accountability-framework/1-introduction/> [Accessed 12 May 2017].
9. Western Queensland Primary Health Network (2017). Population Health Team.
10. Diabetesmap.com.au. (n.d.). Diabetes Map. [online] Available at: <http://www.diabetesmap.com.au/#/> [Accessed 12 May 2017].
11. Aedc.gov.au. (2015). Australian Early Development Census. [online] Available at: <https://www.aedc.gov.au/> [Accessed 12 May 2017].
12. Health.qld.gov.au. (2017). Preventive health survey results | Queensland Health. [online] Available at: <https://www.health.qld.gov.au/research-reports/population-health/preventive/data/preventive-health-surveys/results/default.asp> [Accessed 12 May 2017].
13. Australian Government Department of Health (2016). Designing and Contracting Services Guidance. Version 1.0
14. Medicalhome.org.au. (2017). What is a Medical Home? | Medical Home. [online] Available at: <http://medicalhome.org.au/what-is-a-medical-home/> [Accessed 5 Apr. 2017].
15. Bodenheimer, M.D, T. (2017). Coordinating Care — A Perilous Journey through the Health Care System — NEJM. [online] *New England Journal of Medicine*. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMhpr0706165> [Accessed 5 Apr. 2017].



Australian Government

phn
WESTERN QUEENSLAND

An Australian Government Initiative



WESTERN QUEENSLAND PHN

07 4573 1900
admin@wqphn.com.au
www.wqphn.com.au

MOUNT ISA

11 Barkly Highway
(RFDS-Base)
PO Box 2791
Mount Isa QLD 4825

WINTON

PO Box 302
Winton QLD 4735

ROMA

61 McDowall Street
PO Box 307
Roma QLD 4455



Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community.



We pay our respect to them and their cultures and to elders past and present.