COMMISSIONING FOR BETTER HEALTH

A BUSHMAN'S GUIDE TO COMMISSIONING IN WESTERN QUEENSLAND

phn
WESTERN QUEENSLAND

An Australian Government Initiative

CONTENTS

ACRONYMS

AICCHS	Aboriginal and Islander Community Controlled Health Service
AICCHO	Aboriginal and Islander Community Controlled Health Organisation
AIHW	Aboriginal and Islander Health Worker
CL	Commissioning Localities
CSPs	Commissioned Service Providers
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
MoU	Memorandum of Understanding
NGO	Non Government Organisation
PHC	Primary Health Care
PHN	Primary Health Network(s)
OBC	Outcomes Based Commissioning
WQ	Western Queensland
WQ HCH	Western Queensland Health Care Home
WQHSIC	Western Qld Health Services Integration Committee
WQPHN	Western Queensland Primary Health Network

FIGURES

TABLES

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 care (PHC) services for consumers, particularly those at risk of poor health outcomes.

WQPHN is a primary health care partner to General Practice Networks, local Hospital and Health Services (HHSs), Aboriginal and Islander Community Controlled Health Organisations (AICCHOs) and Health NGOs. It is an enabler and innovator aiming to shift the current system towards more consumer centred, comprehensive systems of care, closer to home.

Commissioning for Better Health is the target, aimed at delivering health and wellbeing to Western Queensland communities through exceptional performance in the commissioning of services. This document articulates how WQPHN will mature its Commissioning proficiency and deliver on its Strategic Plan for health improvement in Western Queensland. It demonstrates how the commissioning foundations and procurement decisions are linked to the Western Queensland Health Care Home (WQ HCH) Model of Care and WQPHN Strategic Plan.

Commissioning for Better Health defines how WQPHN will support an evidence and quality informed commissioning process. It highlights 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.

Through *Commissioning for Better Health*, WQPHN aims 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 work collaboratively as a 'Team' focused on individual and population level improvements. The focus for WQPHN will always be, to empower our people through partnerships in an integrated primary health care system that delivers better health outcomes for the people of Western Queensland.

SHAPING THE PROVIDER LANDSCAPE

The WQPHN *Commissioning for Better Health* approach aims to identify gaps, determine who is currently providing services, how services can be delivered more effectively, and identify what new innovations can support better health outcomes. It provides a overarching framework and enables innovation in the way Western Queenslanders receive better care, better health and targeted health services.

As commissioners, PHNs do not deliver health services, they fund or 'purchase' them, and this typically is undertaken as part of a commissioning cycle inclusive of planning and priority setting, designing innovative solutions, procuring services, followed by monitoring and evaluation. The *Commissioning Cycle* is informed by strategic partners and the Australian Government Commissioning Framework[1].

Within the commissioning cycle there are options regarding potential procurement approaches, 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 (see Figure 1).

Commissioning provides a range of opportunities for improving the primary health care system because it delivers targeted activity and helps to establish a more systematic, population-based approach that integrates existing systems and model of care[2].

Fundamentally, WQPHN seeks to lift the performance of the Western Queensland primary health care system to build healthier, more independent and resilient outback communities.

Commissioning takes a longer term focus with population-based outcome measures, encourages collaboration across provider networks, and places consumers, carers and people with a lived experience 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 services, and the application of health intelligence to guide priority setting and investment. Figure 2 highlights some of the dynamic levers that a commissioning approach can adopt and enable.

Figure 1 – Procurement Maturity

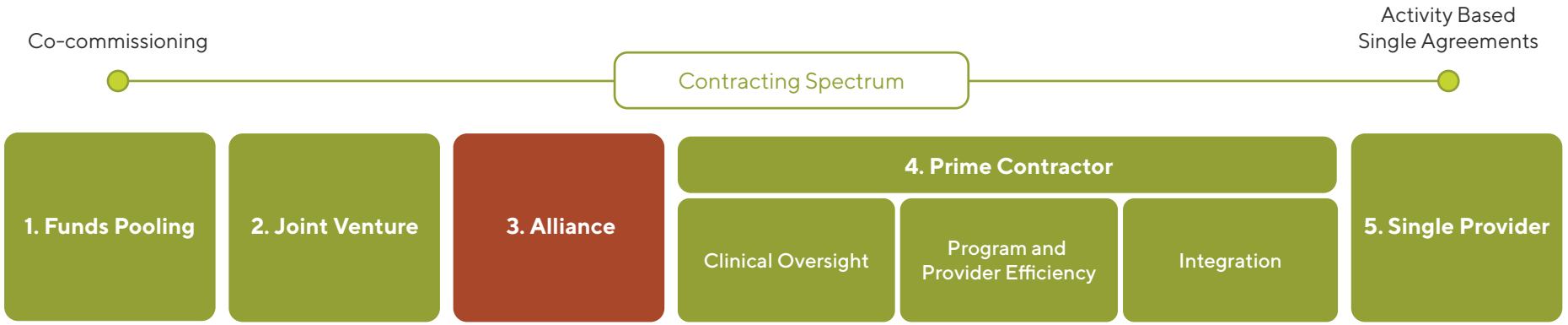


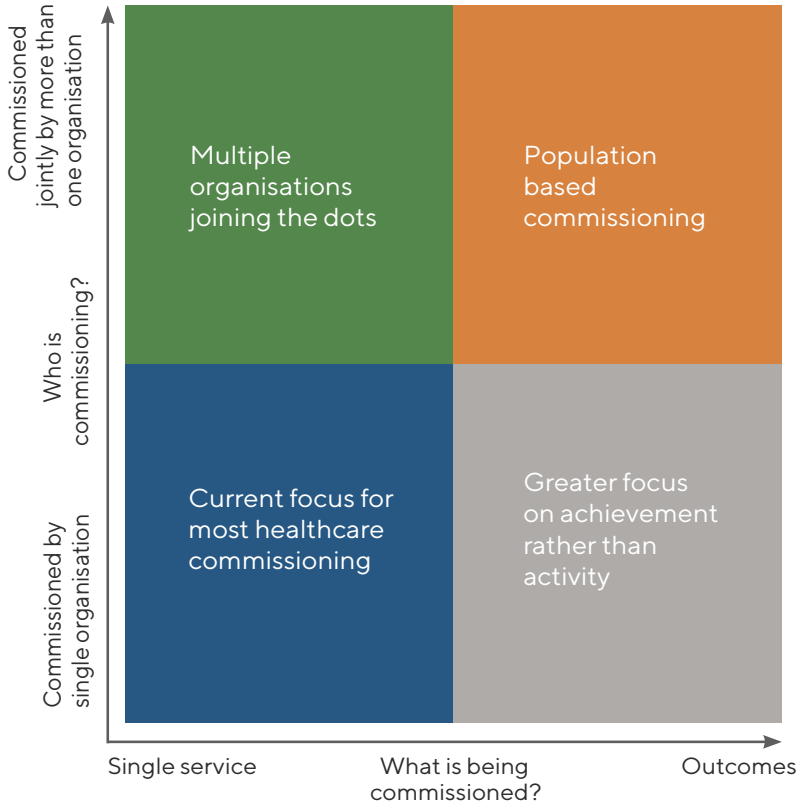
Figure 2 – Commissioning Levers

SELECTING COMMISSIONING APPROACHES

When considering procurement approaches, WQPHN will balance the WQPHN Strategic Plan deliverables against the capacity and innovation within the provider market. WQPHN is maturing in its commissioning approach, moving from the current individual service provider state (transactional), to a future population based commissioning approach that includes greater co-design and partnership approaches focusing on agreed outcome measures (transformational). This includes aligning top down and bottom up performance indicators to monitor commissioned service provider compliance and maturity[3].

The four box model (Figure 3) 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)'[3]. The vertical axis displays the spectrum from single organisations through to multiple or joint commissioning organisations.

Figure 3 – Considerations for Commissioners



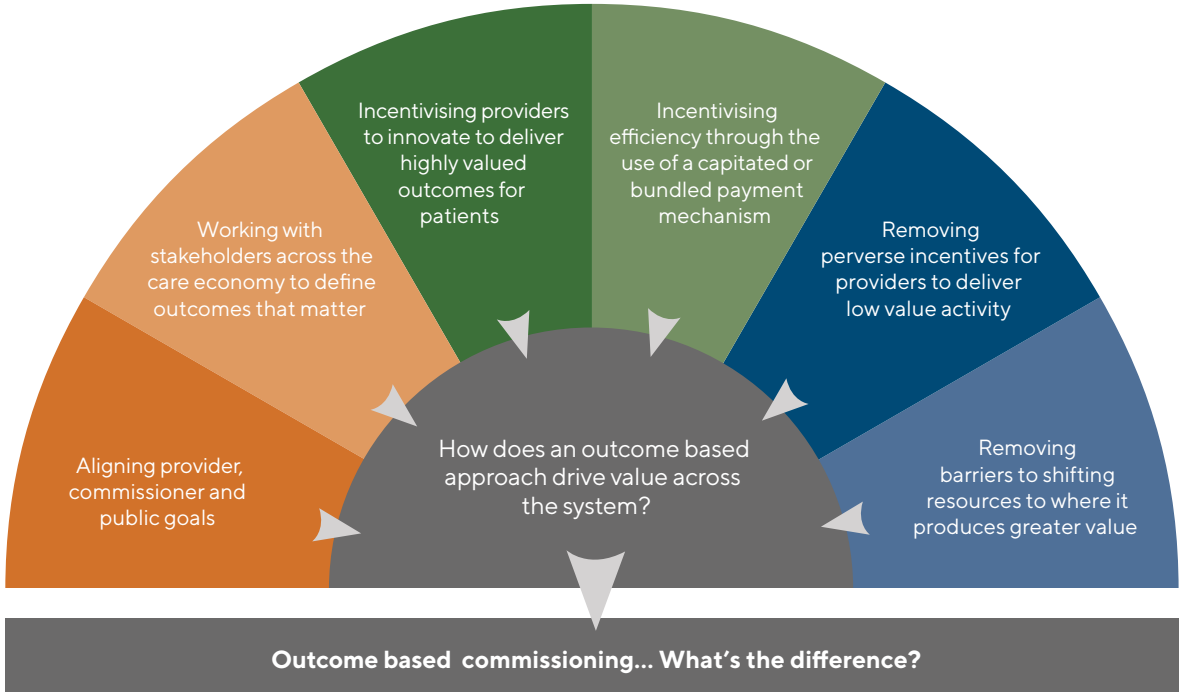
Source: Department of Health (2016) Designing and Contracting Services Guidance Version 1.0[3]

Commissioning for Better Health framework seeks to shift from an 'activity' focus to more transformative 'outcome' focus that invariably requires partnerships and alignment through joint commissioning arrangements. WQPHN recognises the importance and value in securing primary care partnerships that enable greater co-design, co-investment, and ultimately co-commissioning.

The *framework* strives for a gradual and flexible transition toward Outcome Based Commissioning (OBC) that creates change at a population level and delivers value. WQPHN seeks to foster new and innovative service delivery methods that respond directly to need, enable greater collaboration, stimulates team-based approaches, unlocks interoperability and creates connectedness across different provider networks and individual patients. This is consistent with reforms highlighted in Schedule C of the National Health Reform Agreement (NHRA) 2020 to 2025 which enable flexible health service funding models focusing on value and outcomes in response to joint planning and integrated data analysis[4].

Outcome Based Commissioning is a contemporary evidence informed approach, that aims to improve health and keep people well, in their own homes and communities, supporting patient-activation that enables self-management (Figure 4)[5].

Figure 4 – Outcome based commissioning



Source: Outcome Based Commissioning Alliance (OBC Alliance) formed of PwC, Wragge & Co, Cobic and Beacon[5]

STRATEGIC PLAN 2020-2025

OUR VISION Western Queenslanders experiencing better health

OUR PURPOSE

To empower our people through partnerships in an integrated primary health care system that delivers better health outcomes for the people of Western Queensland

OUR VALUES

STRATEGIES

INTEGRATING CARE

Supporting collaboration with primary health care partners and lead co-design to enable integrated service frameworks on key health priorities.

WQ HEALTH CARE HOME (WQ HCH)

Strengthening general practice and service provider capability and innovation building a contemporary patient centred primary health care strategy.

CLOSING THE GAP

Supporting authentic collaboration and partnership with Western Qld's Aboriginal and Islander Community Controlled Health Services (AICCHS) under the Nukal Murra Alliance to strengthen engagement, cultural safety and primary care capacity.

CHRONIC DISEASE

Improve management and prevention of chronic disease through planned proactive approaches within the WQ Health Care Home model of care, enhancing coordination, patient self-management and independence.

CHILD & FAMILY HEALTH

Support clinically integrated and culturally safe care across the first 3,000 days of life and improve coordination of services supporting health and wellbeing of children and their families.

MENTAL HEALTH, WELLBEING & RESILIENCE

Implement a strengths-based approach for those living with Mental Health or Alcohol & Drug issues and enable stepped care with a recovery focus, better coordination and integration across care domains.

GOOD GOVERNANCE

Provide accountable quality assured corporate, program and clinical governance to support a responsive efficient organisation, focused on improving patient and population outcomes.

WQPHN ENABLERS

- Enterprising and respectful partnerships
- Quality data and evidence informed approaches
- Confident, mature and sustainable provider and general practice networks
- Value based care through Commissioning excellence
- Workforce capability and innovation
- Clinical leadership and engagement
- Organisational excellence and good governance
- Cultural respect and strong AICCHS networks
- Authentic consumer engagement
- Adoption of digital technologies

STRATEGIC PRIORITIES GUIDE OUR COMMISSIONING FRAMEWORK

The *WQPHN Strategic Plan* is the lens guiding the *Commissioning for Better Health* framework and is informed by the suite of programs funded under the Australian Government's Primary Health Network program. The seven (7) strategies, combined with the WQPHN funding guidelines provide the context to how commissioning will be designed and focused. The WQPHN is dedicated to working alongside partners to integrate the WQ health system, break down silos of care, and firmly focus on outcomes for consumers underpinned by good corporate and clinical governance. Strong collaboration and co-design solutions with service providers, clinicians and consumers, carers and people with a lived experience shape integrated models of care. The WQ HCH Model of Care provides the architecture for building a person-centred strategy by strengthening general practice and service provider capability and innovation.

ENABLING LEADERSHIP AND DRIVING SYSTEM TRANSFORMATION

WQPHN Purpose Statement features integrated primary health care and service provider collaboration as critical in translating improved system performance and care for Western Queenslanders. Essential to this is enabling leadership through partnership approaches designed to drive system transformation as evident in renewal of various Memorandum of Understandings (MoU) and Agreements. These Agreements affirm a commitment to work together and as partnerships mature, it is expected to foster greater innovation that will add value and strengthen the fidelity of *Commissioning for Better Health* and its influence on improving primary care within communities and across the catchment.

The **WQPHN Strategic Plan** – Developed in collaboration with WQPHN 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 2020** – 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 Care Plan and local leadership structures), to support the adoption of greater integration, co-design and innovation, and guide 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 needs. The Maranoa Accord includes the Western Qld Health Services Integration Committee (WQHSIC) which aims to drive reform and innovation, and adopt scalable initiatives such as the WQ HCH and WQ Health Pathways. Importantly, the Maranoa Accord is a practical execution to the important Commonwealth–State partnership aspirations outlined under the National Health Reform Agreement[4].

Nukal Murra Health Alliance between WQPHN and Western Queensland AICCHS – WQPHN is working together with the AICCHS Sector to advance the National Aboriginal and Torres Strait Islander Health Plan 2013–23 and ensure meaningful participation by Aboriginal and Torres Strait Islander people. This engagement is fundamental recognition of the AICCHS Sector as an enduring feature of the Australian PHC system. The Alliance Agreement between WQPHN and Gidgee Healing, Cunnamulla Aboriginal Corporation for Health (CACH), Charleville Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH), Goondir Health Services supporting implementation of the Nukal Murra Framework, aligning strategy, providing cultural intelligence and co-design, and creating new capacity through joint stewardship and leadership, improving quality and informing culturally appropriate models of care.

Memorandums of Understanding (MoU) – WQPHN has four strategic MoU Agreements with CheckUp, Health Workforce Queensland (HWQ), Royal Flying Doctors Service (RFDS) and RHealth. These MoU Agreements commit to health cooperation through joint planning, co-design, and co-investment to unlock potential and create system improvement and positive change for local communities.

Consumers and their families as partners in care – WQPHN 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 services are configured, their ease of navigation, cultural competency, support of multidisciplinary team-based approaches, and workforce development all contribute to a positive consumer experience and reflect better health outcomes.

WHAT FUNDING IS AVAILABLE?

WQPHN, one of seven (7) in Queensland, 31 nationally is funded by the Australian 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. WQPHN contracts are 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'[6] and procure services from local providers through a regional commissioning approach.

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

- Aboriginal and Torres Strait Islander Health
- Digital Health
- Population Health
- Aged Care
- Mental Health
- Workforce
- Alcohol and Other Drugs
- Chronic disease management and prevention

This list is not exhaustive and over time, it is expected that alignment with the Western Queensland Health Needs Assessment, Commissioning maturity and priorities of Australian Government will drive new health initiatives to the community through PHNs. Current funding availability and details of funded projects can be viewed on the website www.wqphn.com.au

POPULATION HEALTH

WQPHN is a large rural and remote geographic area covering a catchment of 956,374.8 sq kilometres, more than half of the Queensland land mass. With a population growth five times less than Queensland, WQPHN has a small population of 62,038 (based on 2019 data) and has a significant segment of its population classified as transient due to its fly-in/fly-out workforce, seasonal workers and tourism[7]. The population can increase significantly over the cooler months as tourists flock to the region, which places additional burden on the health system.

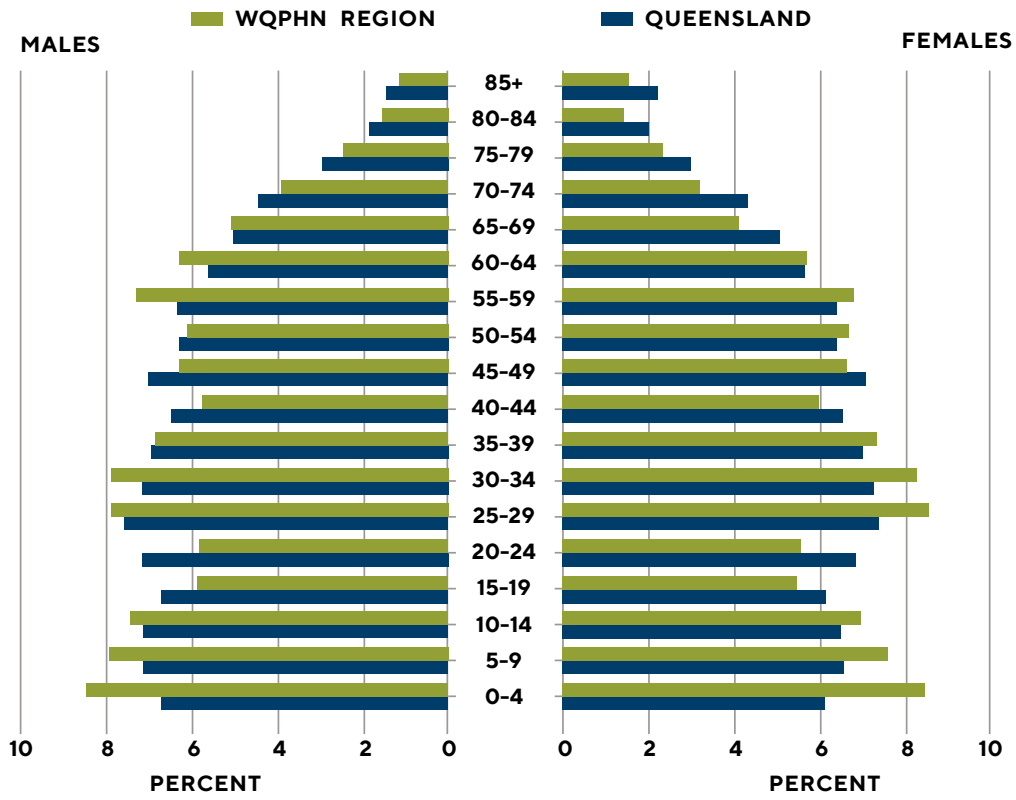
The region has a high Aboriginal and Torres Strait Islander population – 17.2% compared to the Queensland average of 4%[7]. Some areas far exceed this; Lower Gulf's Aboriginal and Torres Strait Islander population is 67% and Western Corridor sits at 27%[8].

As demonstrated in the population graph Figure 5, WQ features a younger population with 22.7% under 14 yrs compared to a state average of 19.5%[8]. Those people aged over 65 years is lower at 13% compared to a state average of 15.7%, due in part to avoidable mortality rates which, at 188 per 100,000 is one of the highest in Australia (second to Northern Territory)[9].

The leading cause of death for adults in WQPHN between 2014-18 was coronary heart disease and Chronic Obstructive Pulmonary Disease (COPD). The region has higher rates of premature mortality (death under 75 between 2013-2017) for cancer, circulatory system diseases and suicide and self-inflicted injuries when compared to the national rates[9].

Services to these very remote areas are predominantly provided by the region's three HHS services and four AICCHSs. Private general practices are scattered throughout the major towns of the region, the largest group in Mount Isa, and whilst this has not declined during the last five (5) years, like other parts of rural and remote Australia, private general practice has become increasingly fragile from a from a business sustainability and workforce perspective. Ninety-five percent (95%) of private General Practices, thirty-one percent (31%) of HHS run practices and fifty percent (50%) of both RFDS and AICCHOs are WQ HCHs.

Figure 5 - Estimated resident population by age and sex, WQPHN region and Queensland, 30 June 2019



Source: ABS 3235.0, Population by age and sex, regions of Australia, 2019

Ensuring access to quality health care is a challenge, influenced by remoteness and socioeconomic factors impacting Western Queenslanders. Currently 7.4% of the population have no access to a motor vehicle and almost 26.9% have no Internet at their residence[8]. This places limitations on eHealth solutions and also face to face consultations as transport is limited. Access to specialist services usually requires travel outside the region with implications for affordability and care continuity. The unemployment rate in some regions such as Lower Gulf is 22.4%, which is nearly four times the state rate of 6.4% (June quarter 2020). In addition, 15.2 % of families have no parent employed in the household[8].

In WQPHN, children developmentally vulnerable on two or more domains of the Australian Early Development Census (AEDC) are classified as 21% vulnerable and over double in the Lower Gulf region at 46% (compared to a state average of 14%)[10]. Obesity across the region is significant at 32.8%, compared to a state average of 24.9%. Smoking rates are 20.7% which is almost double the state average of 11%[11] and maternal smoking rates in Indigenous women is high at 45.2% compared to non-Indigenous Queensland rate at 11.2%[12].

The region has also been identified as a high risk location 'hot spot' for potentially preventable hospitalisations (PPH), with data from 2017-2018 demonstrating that Angina Age Standardised Rate (ASR) is nearly three times higher (299 per 100,000) than the national rate (AUS) (110 per 100,000), COPD nearly 2.3 times higher (604 per 100,000, 267 AUS), diabetes complications (464 per 100,000, 187 AUS) and congestive heart failure (385 per 100,000, 206 AUS) nearly double[13].

The highest estimate of disease burden (chronic conditions in the 2019-2020 year) of the active patient population of the region by broad cause were hypertension (19%), mental health (15%), diabetes (9%), asthma (9%), and osteoarthritis (8%). Of the patient population 15% have two or more chronic conditions and 14.6% are on five or more medications, which is associated with poor health outcomes and more complex disease management[14].

The Health Needs Assessment brings together the detailed evidence and analytics that is informing *Commissioning for Better Health* and guiding performance measurement. Ensuring distribution of limited funds are placed in the area of most need is foremost in considerations.

1. SUPPORTING A PLACE-BASED CO-DESIGNED APPROACH

'Where you live' can impact on your health, and by understanding the factors that contribute to poor health in a Commissioning Locality can lead to finding solutions that improve health standards and help to overcome often entrenched disadvantage and health inequity[15].

Place-based approaches involve stakeholders engaging in a collaborative process to address issues within a geographic space, be it a neighbourhood, or a regional locality. They have been used effectively in protecting against risk factors and in responding to complex 'wicked' problems[16-18].

WQPHN health services are configured geographically around the seven Western Queensland Commissioning Localities with services and care designed around the health needs of people who reside in these regions. These localities are in effect the neighbourhoods in which general practice networks are supported and enables services to be tailored and co-designed in places where it is needed most, and where inequalities are engrained.

The geographic environment of Western Queensland includes higher socioeconomic disadvantage, higher chronic disease and lifestyle related risk factors such as smoking rates and higher indigenous populations[8-15]. These patterns of health inequities are amplified in rural and remote settings and are a translated in higher rates of potentially preventable hospitalisations, and reduced life expectancy[9,13]. Providing culturally responsive services that consider the significant spiritual connection to country Indigenous have with the land, further highlights the need to consider people and places in health system design[19-21].

Overcoming the barriers to optimal health outcomes requires cross sector integrated and interagency approaches that aim to address the multiple ecological factors that impact upon people and places. This transformation places allegiance to shared aims for integration above organisational goals, highlighting the importance of collaboration on system-wide priorities. Shared leadership and accountability is fundamental to place-based design where all partners are collaborating to improve health and wellbeing.

The refreshed *Commissioning for Better Health* incorporates the recently adopted WQ HCH Model of Care which provides the vehicle for place-based, person-centred care that is delivering outcomes that are important to individuals. This shift is focused on people and the places they live, and through this approach, people are experiencing improved health and care outcomes.

Central to success includes mobilising the assets of partners across a place to help people lead healthier fulfilled lives.

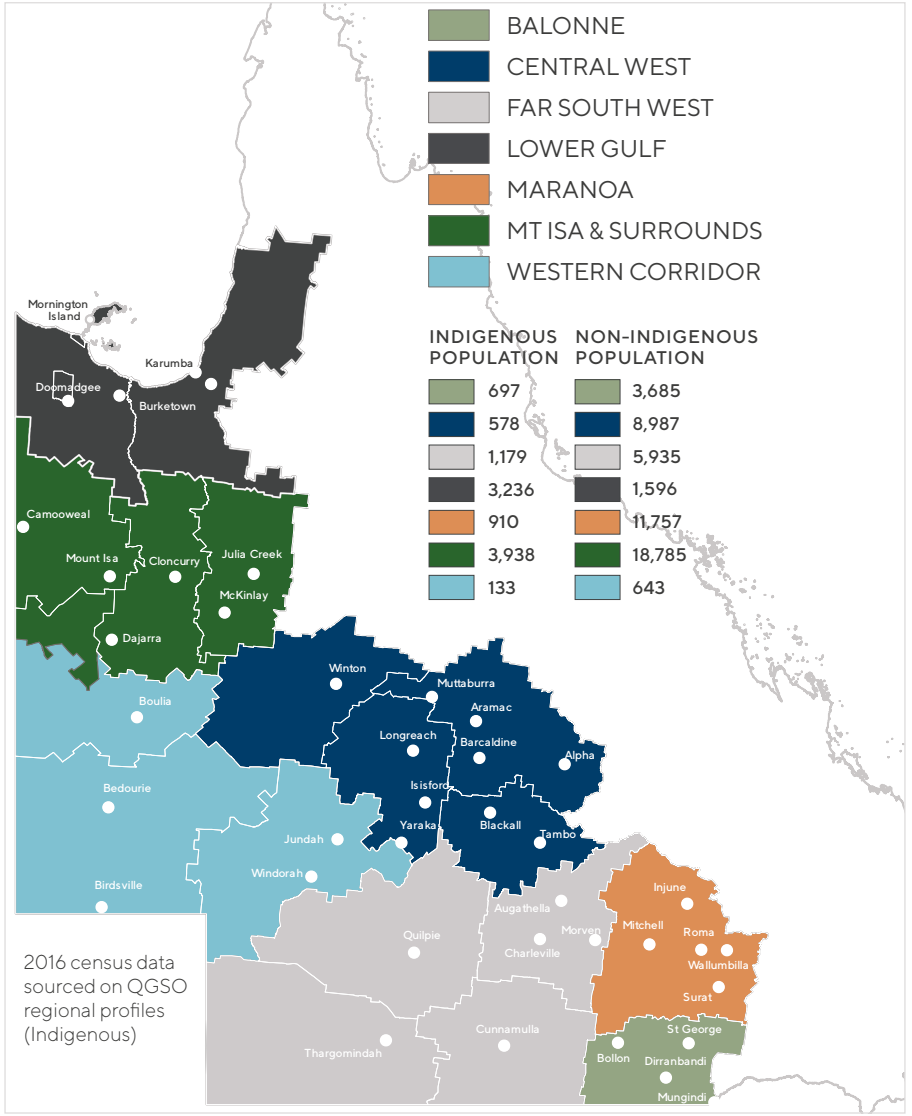
COMMISSIONING LOCALITIES

Commissioning for Better Health had established seven (7) place based Commissioning Localities (CL) in consideration of primary care flows, funding, demographic and cultural considerations. Creating CLs within the 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 in Western Queensland catchment. In the longer term, this place-based approach will provide a platform for implementing new models of care that span organisational and service boundaries.

Also referred to as Commissioning 'neighbourhoods', the seven (7) CLs provide a geographically informed context within which a deeper analysis of the unique characteristics of the vast Western Queensland landscape can be examined, and services commissioned.

There are twenty Local Government Areas (LGAs) and three (3) Hospital and Health Services (HHS) within the network as seen in Figure 6[7] and these important organisational contexts inform strengths, service configuration, referral and support networks for people of Western Queensland and their access to health and wellbeing.

Figure 6 – Map of WQPHN Commissioning Localities



COMMISSIONING NEIGHBOURHOOD

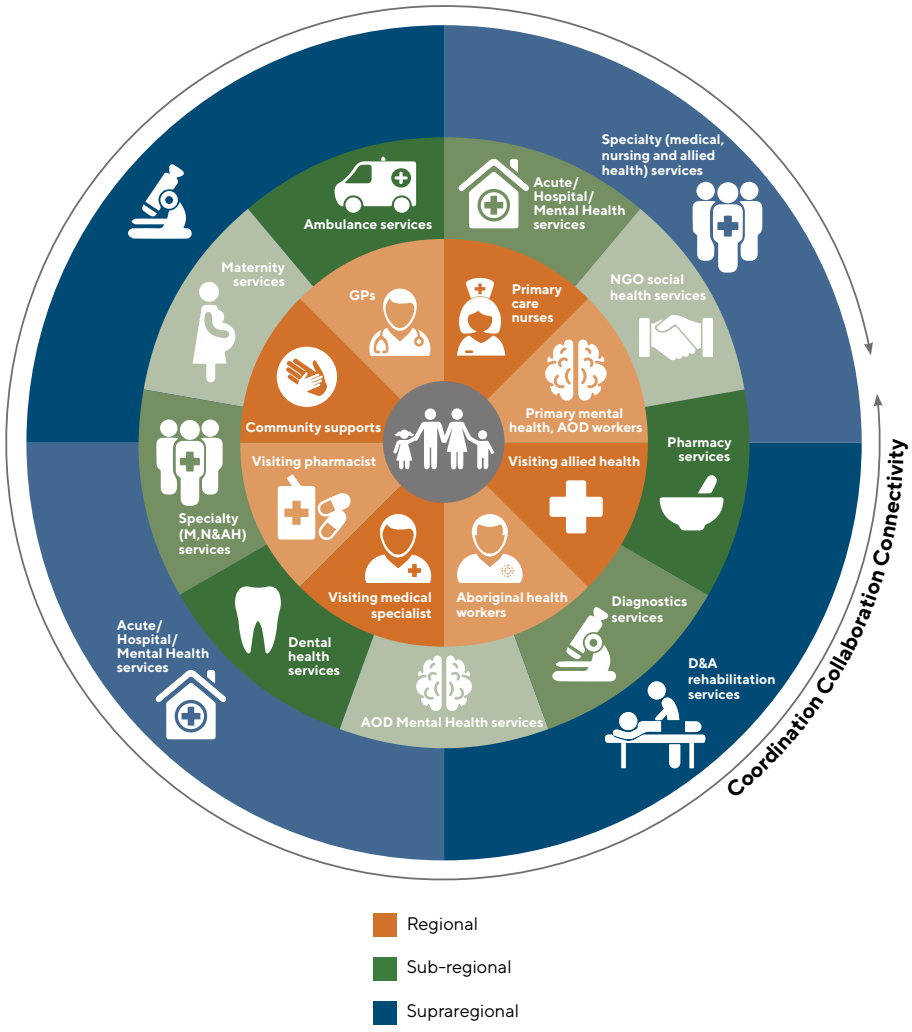
The WQ HCH 'neighbourhood' is the wider health system in which the WQ HCH operates (Figure 7). WQ HCH practices provide the gateway to the wider health system through facilitating care coordination to ensure patient referrals occur as part of team based care, under the stewardship of the WQ HCH including linkage to hospital and specialist services where these are required. This is critical to commissioning as connection to the wider neighbourhood team members such as allied health professionals enables the WQ HCH practice to have visibility of patient needs, coordinate care in collaboration with patients and service providers, and tailor support around individual needs.

Supporting the uptake and adoption of a WQ HCH Model of Care ensures individual practices are able to foster service support in local communities and strengthen referral networks close to where their patients live. As service demand is better coordinated, support for WQ HCH practices can be configured in and around practice networks within defined 'neighbourhoods'.

Collaboration across care settings is key to supporting improved access and responsiveness to services, developing sustainable workforce teams as part of interdisciplinary care, integrating lifestyle approaches into service delivery and maximising the use of technology to support interoperability across providers.

Enabling patient activation and self-care through a personalised health assessment or care plan provides a central source of accurate clinical information which helps all team members (including the wider neighbourhood) understand their role in helping the patient achieve their healthcare goals and wrap external supports around the patient to help them navigate the care system.

Figure 7 – WQ HCH Neighbourhood



2. WESTERN QUEENSLAND HEALTH CARE HOME MODEL OF CARE

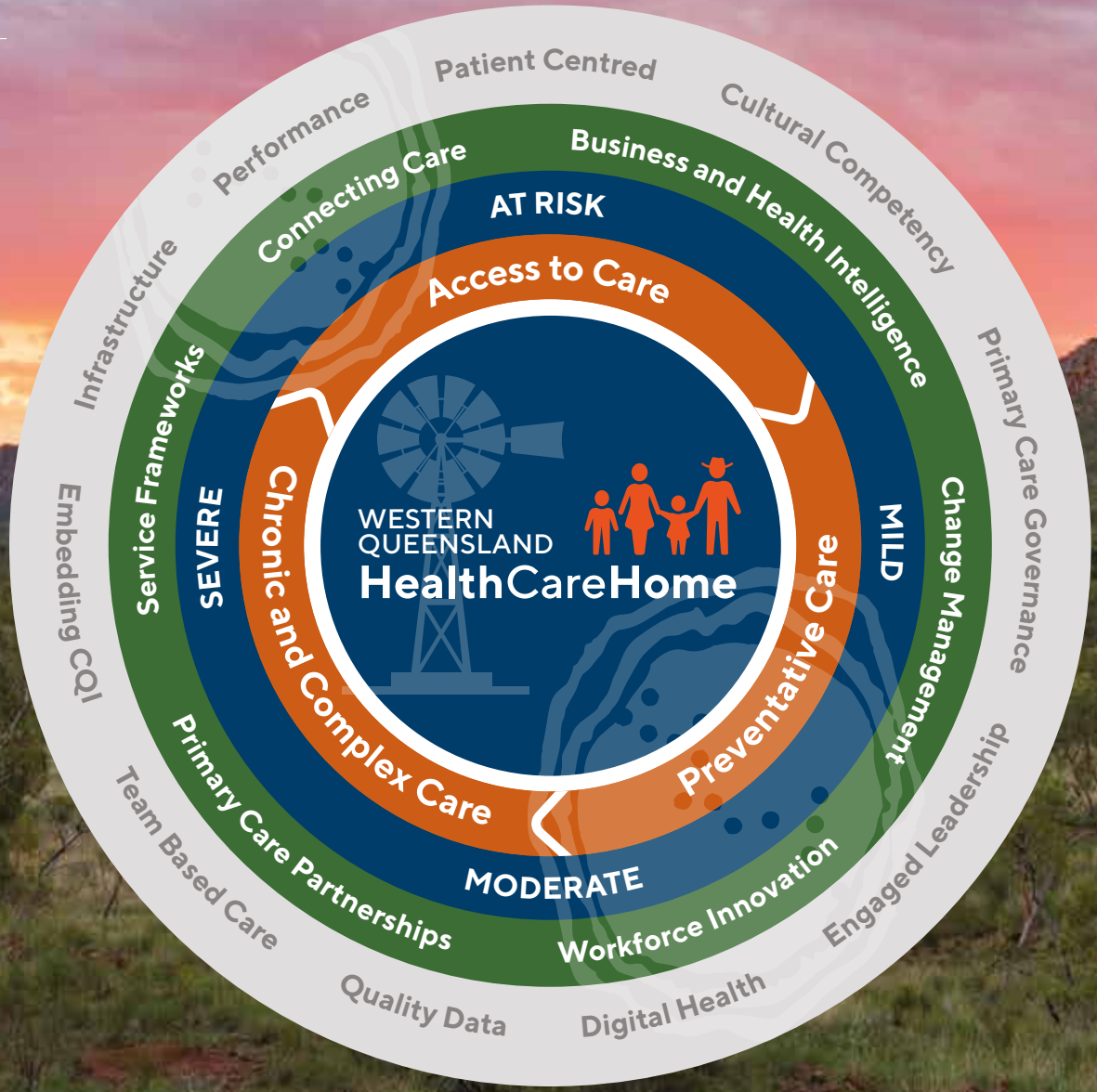
The WQ HCH model places an emphasis on supporting general practice to operate at scale, with efficiency and greater capacity with the patient at the centre of care.

It has enabled more integrated multidisciplinary team-based care that connects individuals with the broader health and social care system.

WQPHN have collaboratively developed the contemporary evidence based WQ HCH (Figure 8) as a central platform to supporting comprehensive primary health care in Western Queensland communities[22]. Internationally, the HCH Model of Care is now the model of choice in New Zealand[23], UK[24] and USA[25,26]. Adapted from the national HCH model and informed through collaboration with general practice networks, AICCHOs, HHSs, service provider neighbourhood and academic partners, WQ HCH now has coverage over 67% of all WQ Practices Active Population, providing a consistent quality improvement approach with a focus on access to care, proactive prevention, and engaged chronic and complex care (see www.wqhch.com.au).

At the heart of the model is whole-of-system integration that provides comprehensive, coordinated and continuous care for patients. The model aims to shape care around an individual patient's needs and provides health care professionals with greater flexibility to set goals and encourage patients to actively partner in and direct their own care.

Figure 8 – WQ HCH Model of Care



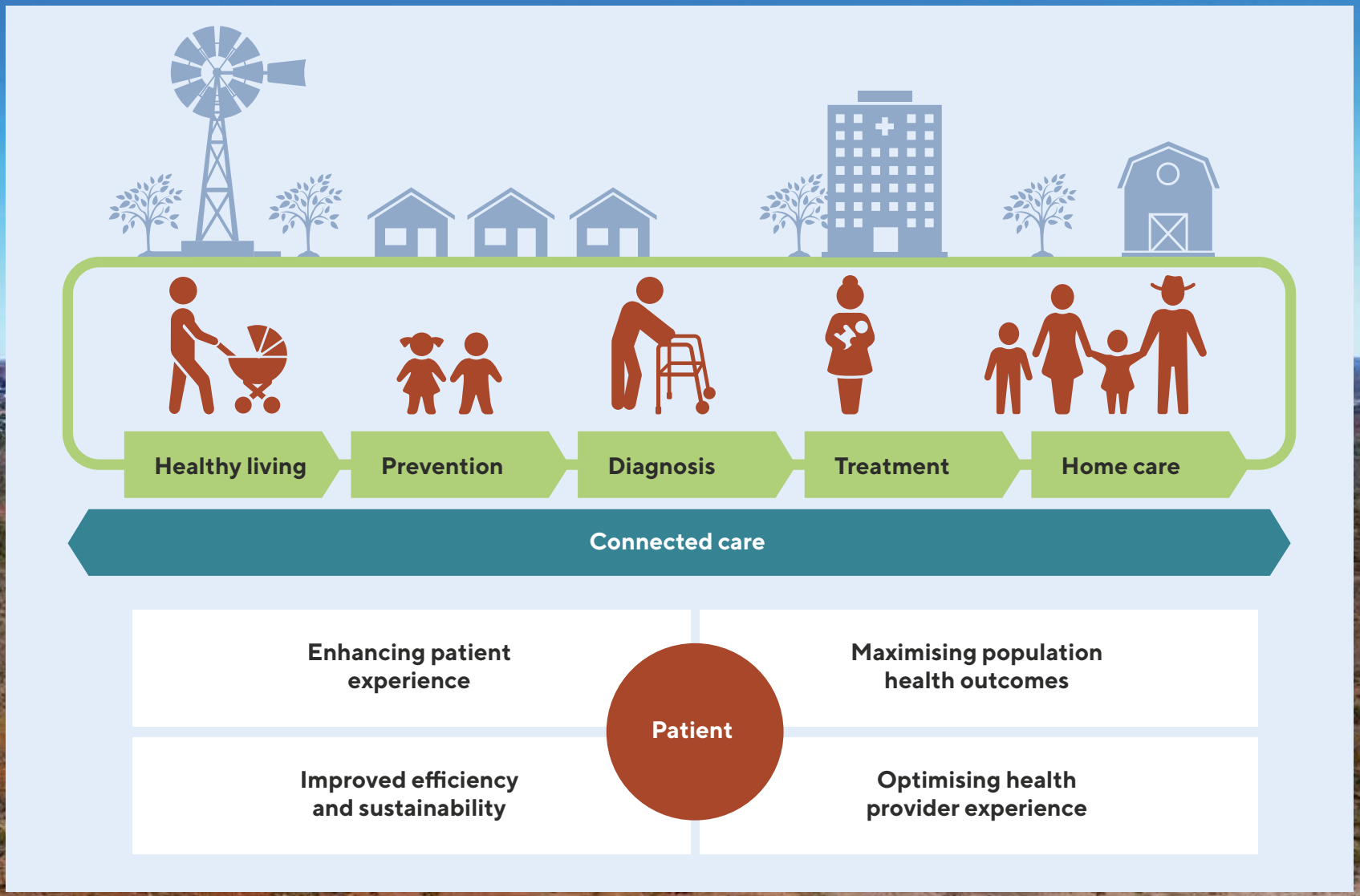
QUADRUPLE AIM OUTCOMES UNDERPINS THE MODEL OF CARE

Commissioning for Better Health is underpinned by the principles of the Quadruple Aim, which supports redesign of health care systems and transition to population health[27,28] and addresses challenges associated with improving community health, while simultaneously lowering healthcare costs.

The Quadruple Aim has been adopted by the WQ HCH program and reinforces the approach used to optimise health system performance as seen in Figure 9. It provides the essential vision for the WQ HCH program and practices are encouraged to focus on this vision within a change management approach that shifts from transactional interactions with patients to more transformational system and practice population level change. It enables system reform around values based care, proposing that health care organisations simultaneously pursue four (4) dimensions of performance including: maximising population health outcomes; enhancing patient experience; optimising provider experience and; improving the efficiency and sustainability of care.

Commissioning for Better Health, through its collaborations with WQ HCHs, health care organisations, AICCHSs, HHS, community service agencies, consumer groups and other key stakeholders are working hard to meet Quadruple Aim objectives, and support regional projects that adopt the Quadruple Aim framework.

Figure 9 – WQ HCH Quadruple Aim



3. TEN FOUNDATIONS TO COMMISSION FOR BETTER HEALTH

WQPHN has replaced the eight (8) principles in Version 1 of the *Commissioning for Better Health* with the ten (10) foundations of the WQ HCH Model of Care. As the contemporary model driving person-centred integrated care across Western Queensland, this change reflects the widespread support and adoption of the WQ HCH model by general practice networks, providers and the broader health system. The ten (10) foundations provide the key pillars that guide transformation at the practice, neighbourhood and specialist level, particularly for people with more complex and unstable conditions. By shaping the health system within the WQ HCH construct, the consumer journey can be linked with a clear road map; where consumers, carers, GPs, health and social service providers, hospitals and specialists can collaborate effectively to optimise the health and wellbeing of Western Queenslanders.

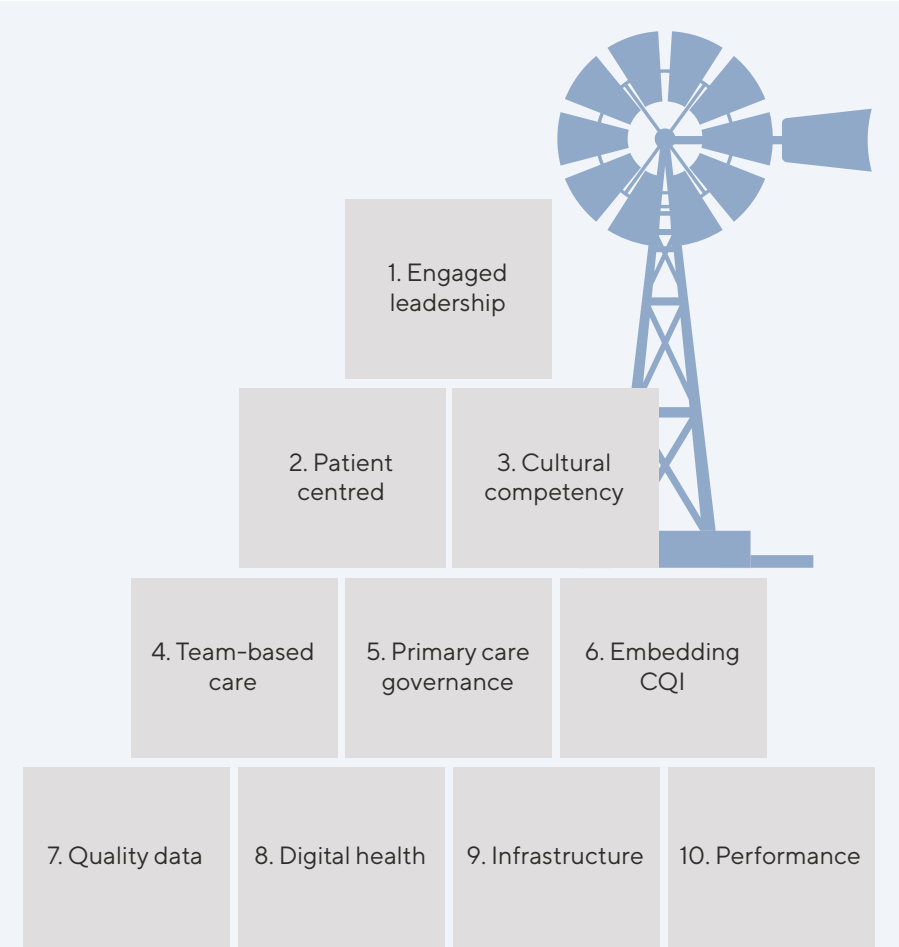
Commissioning for Better Health 2021 seeks to harness the innovation, infrastructure and capability of local service provider networks, transitioning from independent, competitive and fragmented networks to relationships that better enable connected team based care. Service provider networks funded through the WQPHN will be recognised as being both agile and capable with networks at the forefront to innovate the way primary care is delivered locally by actively contributing to the readiness and adoption of the WQ HCH Model of Care and contributing to continuous quality improvement, workforce innovation, and digital technology enablement.

The principles of *Commissioning for Better Health* focus on building a sustainable health care system with customisation in service design and delivery around the unique needs of rural and remote populations. The ten (10) key foundations will underpin the delivery of comprehensive primary health care in the region and collateral to support their uptake and adoption in practice has been co-designed with Practice networks and clinical leads from Western Queensland (Figure 10).

Grounded in international literature and adapted from Bodenheim's building blocks[27], *Better Outcomes for People with Chronic and Complex Health Conditions Report*[29] and more broadly the Patient Centred Medical Home model[26], these foundations are the fundamental enablers that assist transformation and quality improvement toward future state capability of the WQ HCH model of care.

Commissioning for Better Health, will work to integrate these foundations into the WQPHN commissioning maturity and better support the transition to value-based healthcare, improving the comprehensiveness and sustainability of the WQ HCH and neighbourhood, and deliver a better experience for the patient and healthcare providers delivering care.

Figure 10 – WQ HCH Foundations



TEN FOUNDATIONS OF THE WQ HCH MODEL OF CARE

1. Engaged leadership

In order to activate change across the health system, there is a need for collective and distributed leadership to support service redesign and consumer driven care. *Commissioning for Better Health* collaboratively aligns the regional primary health agenda and builds a culture of leadership, inclusiveness and innovation. WQPHN fosters strengthened clinical efficacy, alignment with model of care and business continuity with contracted service providers and promotes local clinical leadership. WQPHN promotes this clinical leadership through Clinical Chapters; commissioning capacity building programs and continuous quality improvement in collaboration with general practice and service provider networks. Enabling leadership across the commissioning neighbourhood is fundamental to adapting and responding to local needs including investing in protected time for staff to pursue training and education beyond immediate patient care and administration activity.

The *Commissioning for Better Health* also works with stakeholders to explore innovation, assess need and co-design solutions to develop a shared vision for the future. WQPHN works closely with the Maranoa Accord partners; WQHSIC, Nukal Murra Alliance, Consumer Advisory and Clinical Councils and other MOU partners to assist the development of new models and commissioning approaches. This includes drawing on the significant experience of regional clinical leaders and harnessing their collective knowledge, recognising their leadership role in respective jurisdictions.

2. Patient centred

Commissioning for Better Health recognises the importance of placing the needs of consumers, carers and people with a lived experience at the centre of service design, and the active engagement and participation of consumers is implicit within all ten (10) commissioning foundations. WQPHN understands 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. WQPHN also understands the importance of empowering consumers to engage in decision making and management of their health care to improve health literacy, activation and self-management. The adoption of the WQHCH Model of Care is progressively moving the local system of care to a more connected patient centred approach, with case conferencing/management and referral pathways in place to support the care needs of each individual. Service delivery models also support the collection of patient reported experience measures (PREMs) and patient reported outcome measures (PROMs) to provide insight into the impact and quality of services as well as patients feedback about their care, health and quality of life.

3. Cultural competency

The Western Queensland health system will benefit from better access to cultural awareness programs and tools to build improved competency and safety in primary health care services for Aboriginal and Torres Strait Islander peoples including drawing on the cultural knowledge of the Nukal Murra Alliance partners and co-commissioning framework. Nukal Murra meaning 'many hands' highlights the intercultural emersion of bringing together different cultures on an equal basis and the importance of trusted relationships in bringing about racial equality. This new way of leading through AICCHS's in line with Indigenous values and cultural belief systems is reorientating the WQ system towards more responsive solutions in mediating stressors that the burden of accumulated trauma has created across generations of Indigenous Australians. Harnessing this cultural intelligence into organisational design and mainstream services is important, particularly for the workforce delivering care across Western Queensland. *Commissioning for Better Health* supports emersion of teams, both Indigenous and non-Indigenous, working side by side supporting the health of individuals. Through trusted holistic care, providers will deliver respectful interactions with clients enabling mutual respect, cultural safety and services aligned with, and informed by, local community priorities and values. The WQPHN's Reconciliation Action Plan (RAP) also provides direction for the delivery of improved cultural competency and safety in primary health care.

4. Team-based care

Commissioning for Better Health is committed to investing in multidisciplinary team based models through the WQ HCH and neighbourhood network using collaborative partnership approaches that support systems integration and coordination of health services. This includes mechanisms to support flexible team-based care by advancing the digital health agenda to support interoperability of infrastructure, such as local clinical pathways and increased access to telehealth. Service delivery models will involve consumers and carers as partners in their care team and use team-based care planning processes, such as case conferencing, to ensure wholistic care goals are identified. Facilitating change required to support team based care and skill-mix also includes education and training in multidisciplinary team approaches, clear role delineation and enhancing the role of some professionals. Consideration of co-commissioned roles and pooled funding as per the National Health Reform Agreement 2020-2025, highlights the shift to value based, outcomes driven care. *Commissioning for Better Health* is also creating opportunities for health professionals to engage in critical reflection and dialogue with other health professionals, ensuring that clinical champions who advocate for team-based approaches are supported.

5. Primary care governance

Through effective primary care governance, WQPHN aims to reduce 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. Ensuring organisations contribute to optimal communication across the WQ HCH neighbourhood that is configured to ensure that patient care is coordinated, safe and effective will be key. Proactively supporting timely access to planned and structure care that includes comprehensive screening and assessment and systematically monitors treatment and care transitions will ensure care is responsive and tailored to individual needs, especially for people with unstable or more complex care needs. WQPHN has collaboratively developed several evidence-based plans and frameworks to guide clinical practice in a Western Queensland context e.g. Five-year Plan (2021-2026) to improve Mental Health, Suicide Prevention and Alcohol and Other Drug Treatment Services in Western Queensland, Child and Maternal, Diabetes, Social and Emotional Wellbeing Frameworks that provide extra information for commissioned service providers involved in these particular programs.

6. Embedding CQI

WQPHN is committed to supporting organisation maturity in the adoption of a proactive quality improvement culture. By embedding Continuous Quality Improvement (CQI) strategies into daily workflows, general practice and service provider capability to deliver responsive patient centred care is improved, empowering patients to be informed and engaged in the management of their own health care. The integration of CQI will help to shift from transactional interactions with patients, to more proactive and connected care that is more outcome focused, transformative and with patients at the centre of the care. Meaningful use and analysis of quality practice population data will inform and guide CQI activites through improvement models such as the Model for Improvement and Plan, Do, Study, Act (PDSA) cycles. This approach enables organisations to implement and monitor change over time, improves systems and processes, and strengthens linkage to services that make a difference to patients. Adoption of new skills, techniques and ways of working are embedded as part of managing change to design, redesign, communicate results and spread ideas. Clinical information systems/patient records and other digital health systems are used to systematically drive CQI efforts and drive a proactive population health approach that includes timely access to care, to support referrals and connection to support services with information communicated in advance to support timely follow up.

7. Quality data

Robust and reliable information regarding population health status and how these needs are changing over time is essential to support effective place-based commissioning and inform service design and delivery options. Primary care commissioning in Western Queensland will be supported through good data governance and Indigenous data sovereignty to guide data acquisition, aggregation and analysis, and applied health intelligence that will validate and inform evidence-based approaches and quality improvement.

As one of 31 national PHN's, WQPHN ensures commissioning approaches are consistent with the Australian Government PHN program deliverables and customised to local needs and settings. Performance is measured through patient and system outcome measures along with measuring performance and maturity of commissioned service providers. Furthermore, WQPHN continues to develop its health intelligence capability and role as a trusted data custodian to ensure commissioning activities are evidence based, jointly accountable, and provide value for money. *Commissioning for Better Health* builds data governance capability through overall management of usability, availability, integrity and security of data and leverages business intelligence (BI) to build capability across the sector. Central to this is also ensuring data quality is maintained to support timely and accurate information to manage accountability of commissioning, performance, reporting and evaluations.

8. Digital health

WQPHN supports the adoption of innovation to improve interoperability and integration across care domains and workflows so health information can be exchanged securely, enabling providers to communicate using digital technology. *Commissioning for Better Health* works towards secure digital services that provide instant access to patient information and aims to reduce unnecessary duplication, support earlier diagnosis, better coordination of care and better informed treatment decisions. Continuing adoption and uptake of secure messaging and online tools such as refeRHEALTH supports improvement to electronic referral processes and surveillance and monitoring efficiacy of referrals. Better access to online navigation platforms (Health Pathways), specialist services through the e-Consultant program, quality telehealth consultations and pharmacy through e-Prescribing, provides options for providers and their patients to have access to digitally enabled options and healthcare support.

COVID-19 pandemic has served as a reminder of the importance of using telehealth as part of an emergency response in reducing the risk of community transmission. However, it has also provided opportunities to innovate and identify how to better integrate complementary options into routine mainstream care. Whilst challenges exist in rural and remote settings, there is clear intent from local people, communities and service provider agencies that improving the digital footprint, will help address barriers that lack of communication and interoperability creates.

9. Infrastructure

Health infrastructure is a key enabler of a more comprehensive and accessible primary health care system. Considering how general practice and service provider settings can be further developed or reconfigured to optimise efficiency, patient flow, service integration and coordination is a key consideration when activating the WQ HCH model of care. There is potential to create value for service users and providers through consolidation of health (and potentially social) care services on a single campus as a 'health precinct' or to accommodate multidisciplinary teams (MDTs) in a single facility. Creating more multi-use clinical space, seamless access to telehealth, and reclaiming passive waiting room floor space for active use have been identified as important infrastructure considerations within a WQ HCH, and Allied Health Professionals working in the wider neighbourhood. As we move forward together to improve health outcomes for individuals, communities and populations, partnering locally and with State government partners has never been more import in planning the future of health. Reform will be pivotal and implementing outcomes that remove organisational silos, reduces the need for unplanned hospital admissions and shifts to prevention to improve population health and wellbeing.

10. Performance

Whilst shifting the health trajectory for people living in rural and remote Western Queensland is complex, the WQ HCH provides a targeted strategy to lift the efficiency and sustainability of services. Both service provider and population health outcomes provide the business and health intelligence to the monitoring and evaluation of performance. As encouraged by policy and government and to ensure the shift from output to outcome measures is seamless and iterative, *Commissioning for Better Health* will ensure service provider contracts clearly describe performance measures and expected outcomes. WQPHN will facilitate good working relationships with providers, engage in constructive discussions around performance, and ensure providers deliver quality services in keeping with WQPHN values. WQPHN will implement contracts using common-sense and probity measures that will not only consider value for money, but also ensure services are contributing to a better integrated and patient-centred system of care. Supporting merit based recruitment, staff development and competencies and clinical/practice supervision are important workforce considerations in retaining appropriately qualified and skilled staff. The WQPHN MoU partnerships with HWQ, CheckUp, RHealth and RFDS have a clear remit focused on addressing workforce solutions. *Commissioning for Better Health* also recognises the importance of effective management and governance as part of its business model to support service provider maturity and improvement potential.

THE COMMISSIONING CYCLE

The six-step (6-step) *Commissioning for Better Health* cycle (Figure 11) 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 Business Commissioning and Services Unit (BCSU) with expertise in contract management, health data analysis, commissioning performance and systems, research and evaluation.

Strategy - Commissioning decisions are guided by the WQPHN Strategic Plan, strategic intent of Australian Government funding contracts, WQ HCH Model of Care and Quadruple Aim and partnership arrangements with stakeholders.

Understand Health Needs - The WQPHN HNA details regional health priorities, gaps in service provision and system failures. WQPHN reviews the HNA annually and ensures dissemination with partner organisations and provider networks. Informed by Health intelligence, the HNA assesses population health, level of risk and burden of disease, identifying population groups affected, and social determinants impacting health.

Plan - WQPHN aims to prioritise services that deliver to the greatest need. WQPHN uses an evidence based approach to population health planning and works 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 - WQPHN designs solutions alongside stakeholders, and aligned with principles centred around service integration, creating a sustainable future, delivering value for money, and building sector capacity. WQPHN seeks to identify new ways of doing things, piloting innovation, and designing new services. Strong partnerships with AICCHSs, the HHS, GPs, allied health professionals and other service providers ensures that service design enhances the system, avoiding duplication.

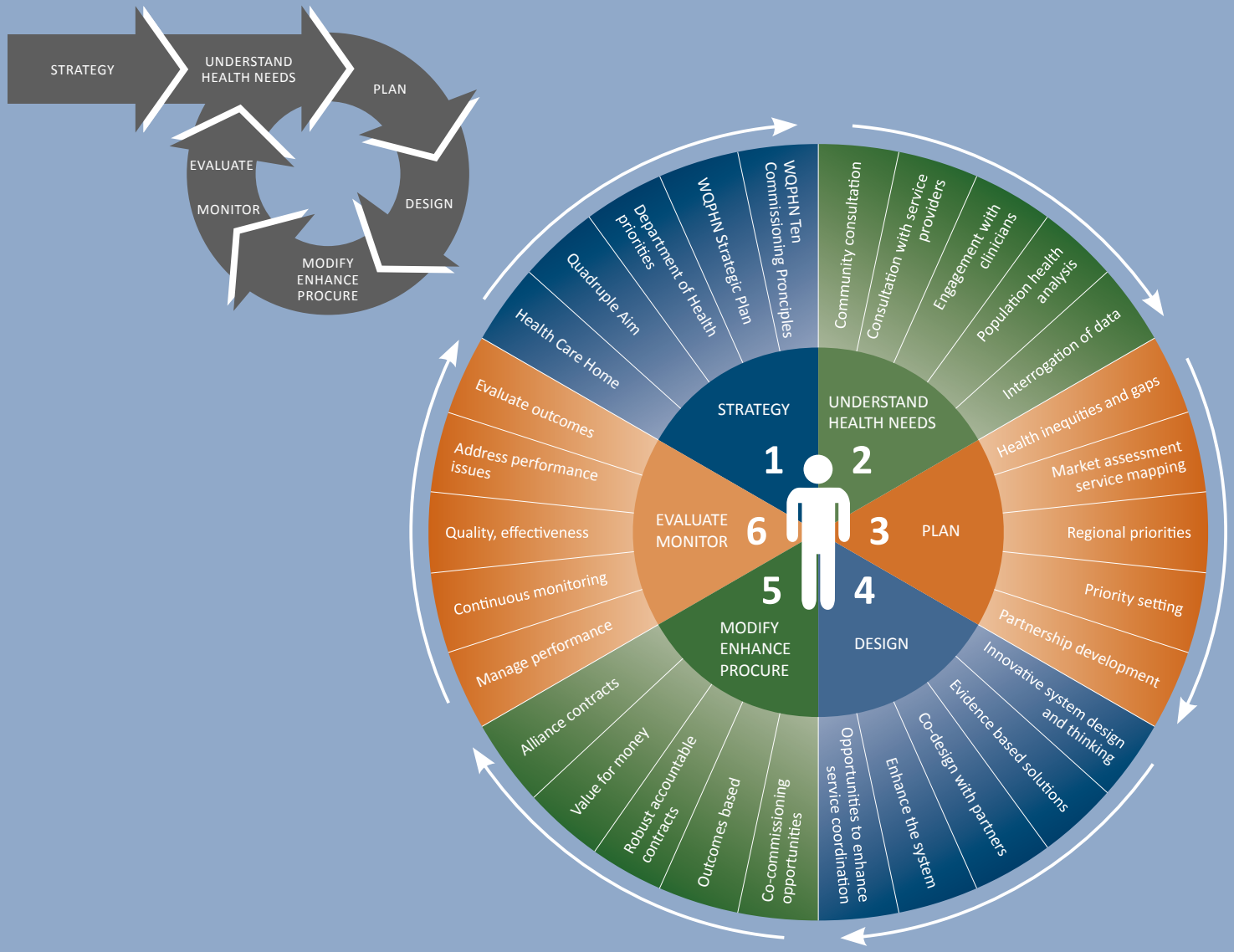
Procurement - Procurement processes are guided by contemporary approaches focused on outcomes, including an increasing emphasis on co-commissioning, blended funding and funds pooling. To enhance the existing lean service provider market, WQPHN will look to partnership arrangements with existing providers and explore alliance contracts that drive collaborative behaviours and shape more population based approaches.

WQPHN procurement approach will seek to build on existing infrastructure, leveraging from established provider networks creating greater incentive for innovation, integration and business continuity. Procurement options will be adopted that advance program priorities, the ten (10) Commissioning foundations, and achieve value for money.

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

Evaluate - Through the cyclic commissioning process, WQPHN ensures commissioned services deliver expected outcomes and value for money through the evaluation of service delivery models and commissioning maturity. This process will inform the planning cycle, identify areas performing well, 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 11 – The WQPHN Commissioning Cycle



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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.