

Submission to the Health Performance Framework Review

February 2017

- 1. What are your views on the proposed framework for health system performance and reporting, including the recommendations on what should be included in the framework? Is there anything missing from the proposed framework? (Please limit response to 400 words or less)**

In principle the proposal to combine the National Health Performance Framework and the Performance and Accountability Framework for the benefits outlined is reasonable – i.e. creating a single source of information, identifying information gaps and addressing these in a coordinated way, as well as streamlining reporting processes.

The Review should be very clear about how the combined Frameworks will relate to and align with *the Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF)*. It is important that the ATSIHPF is not undermined or diluted in anyway within other reporting frameworks. The ATSIHPF is integral for monitoring progress towards achieving the targets identified for Closing the Gap in Aboriginal health outcomes, as well as the implementation of the National Aboriginal and Torres Strait Islander Health Plan.

The ATSIHPF and its processes acknowledge the vast inequities between Aboriginal and non-Aboriginal health outcomes that require additional efforts and resources to address. This includes health conditions that are rare in non-Aboriginal population yet frequent in Aboriginal populations, including Acute Rheumatic Fever, Rheumatic Heart Disease and trachoma. Furthermore, the breadth of reporting on social determinants of health extends to factors such as racism and access to traditional lands which is vital for addressing the inequities between Aboriginal and non-Aboriginal Australians. The breadth and scope of performance measures in the ATSIHPF are much broader than in the mainstream frameworks and it is essential that this greater focus is maintained until such time as there is no health gap between Aboriginal and non-Aboriginal people.

The integrity of the ATSIHPF regime must also be maintained to keep governments and providers to account and to ensure efforts are sustained in closing the gap in health outcomes.

- 2. What are your views on the recommended principles for indicator selection? (Please limit response to 400 words or less)**

The principles recommended for indicator selection are comprehensive and appropriate. In particular:

- The inclusion of equity as a key principle in measuring the health system is appropriate, as this explicitly acknowledges the need for “unequal access for unequal need” requiring additional resources and services to overcome disadvantage and to achieve equitable health outcomes. It will be important to ensure that indicators that are not currently in the Aboriginal and Torres Strait Islander Health Performance Framework are disaggregated by Aboriginal status.

- Similarly, ensuring that the needs of different disadvantaged populations are considered is also important in the mainstream framework. However, as noted above, indicators developed under this principle should not supersede nor undermine the existing Framework specific to Aboriginal and Torres Strait Islanders.
- The inclusion of a mix of process and outcome indicators is supported and aligned with the shift from transactional measures only to outcomes measures as well as indicators of health system effectiveness and value.
- Congress is, in principle, supportive of transparent use of data. Overtime quality improvement data should be transparent and public. This will increase accountability and assist practices to improve by comparing data with other practices.ⁱ However, data comparisons will need to take into account population demographics and the social determinants of health that influence processes and outcome indicators (e.g. poverty, lack of education, unemployment, age, disease prevalence) where clients will have poorer health outcomes and service usage compared with other populations due to factors beyond health service performance. The context in which health services are being provided is critical in understanding some difference in health system performance.
- Community and Consumer experience is a welcome principle with growing evidence that monitoring patient experience supports health system improvements and improves care.ⁱⁱ In addition to this community participation and engagement up to the level of community control has been shown to improve the efficiency of the health system especially for marginalised populations.

The proposed model for the collection, supply and use of health data.

3. What are your views on the proposed model for health data collection, supply and use, including the recommendations on what should be included in the model? Is there anything missing from the model? (Please limit response to 400 words or less).

In principle, the establishment of a national model for data collection to achieve such benefits as: consistent data collection methods, supply and use; increased efficiency; reduced duplication etc. is appropriate. In particular, Congress supports the use of digital technologies for data collection as well as benchmarking performance with comparable countries in order to learn and improve

In establishing and implementing the model, it will be important to consult with providers who already participate in rigorous reporting regimes, including Aboriginal Community Controlled Health Services (ACCHS). Data collected by ACCHS are used to fulfill reporting requirements as well as support local decision-making to improve the delivery of primary health care services through Continuous Quality Improvement (CQI) programs. Congress also collects patient experience data to inform and improve our services.

Legislation around data supply and use, particularly data sharing, should take into account protective privacy requirements. While the benefits of data sharing are clear, particularly for coordinating care

across specialties and sectors, communities need to be able to have a say on how their data is used and managed.

The establishment of a uniform model for data collection should also take into account current reforms being undertaken by the Commonwealth government including the revision of data collection processes within the redesign of the Practice Incentive Scheme.

4. What are your views on the proposed tiered reporting framework for health data? (Please limit response to 400 words or less).

The principle behind the proposed tiered reporting framework is appropriate though how this is implemented including the level of detail and context around the data within each tier will need to be in consultation with all audiences i.e. community, consumers, providers, funders etc.

The proposed recommendations for implementation.

5. What are your views on the recommendations for implementation? Is there anything else that should be considered? (Please limit response to 400 words or less).

The proposed recommendations for implementation are reasonable including health ministers holding responsibility for leadership of health system performance information and reporting. Implementation must be done in close consultation with the community, consumers, providers, funders and other stakeholders.

ⁱ Henke, N, Kelsy, T., and Whately, H., Transparency- The most powerful driver of healthcare improvement? Health International. McKinsey health systems and health services practice 2011.

ⁱⁱ Harrison R, Walton M, Manias E. Patients' experiences in Australian hospitals: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the Australian Commission on Safety and Quality in Health Care, 2015.