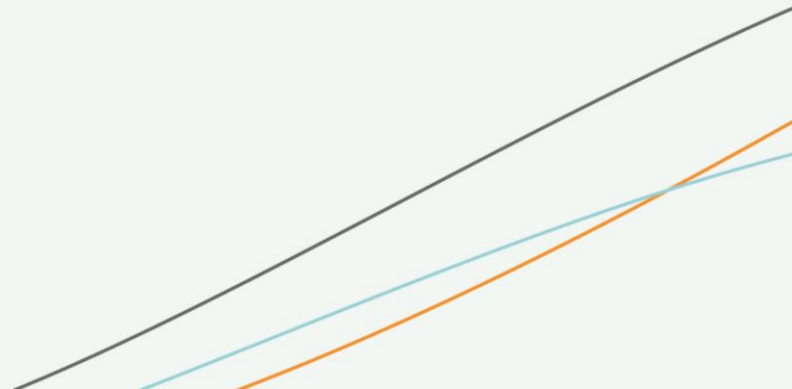


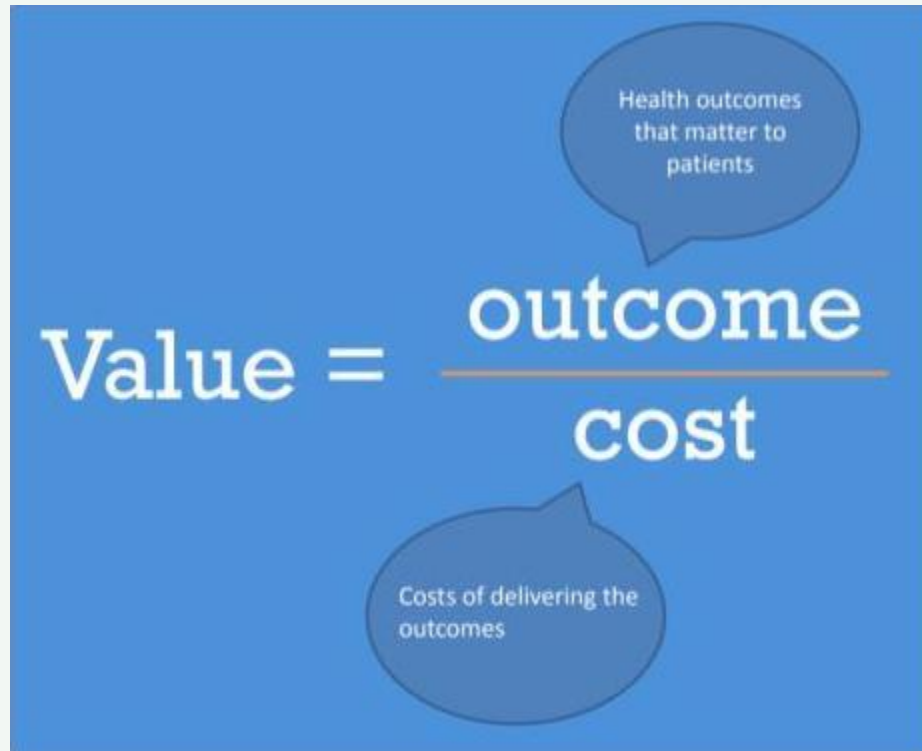


TRANSFORMING FOR VALUE IN CANCER CARE

Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association



Porter and Teisberg (2006)



What is in scope?



Patient Reported Measures

- Patient reported outcome measures
 - Measuring patients' own view of their health status
 - Outcomes that matter to patients
- Patient reported experience measures
 - Measuring patients' own perceptions of their experience while receiving care
- Patient activation measures



Patient journey mapping; experience-based codesign

<https://ahha.asn.au/experience-based-co-design-toolkit>



ALL-CAN AUSTRALIA: CANCER CARE NAVIGATORS PROPOSAL

- Promote value based healthcare by eliminating barriers to care and preventing duplication of services
- Improve timeliness of cancer care
- Enable more effective utilisation of the healthcare system and reduce patient no shows
- Enhance overall care satisfaction
- Provide effective emotional support and cancer education
- Improve the quality of care for underserved population groups

Key themes from stakeholder consultations indicated:

- *'There is currently a **disparity** in terms of which cancer patients have access to a navigator based on cancer type.'*
- *'CCNs make a big difference when people are initially diagnosed and don't know what to do or what to expect when they're **uninformed and anxious***
- *'**The sooner people are connected to a service the better their outcomes are'***
- *'CCN models that are tumour specific are more costly to run'*
- *'COVID-19 has improved the **acceptability of telehealth**, and has changed peoples' expectations.'*
- *'Nurses and allied health professionals are most suited to act as CCNs'*
- *'The role of a CCN should be about facilitating access [to support], rather than directly delivering care. It's primarily about navigating the system.'*
- *'Navigators should address **holistic needs** of patients, not just medical needs'*

How much does a navigator cost?

Based on a model which uses:

- 90% telehealth
- 10% in person services
- Delivered by qualified nurses and allied health members
- Assumed 20% take-up by the target population

ESTIMATED COSTS: \$56M per annum (\$410 per service recipient)

BUT THESE COSTS WILL BE OFFSET BY GREATER ECONOMIC SAVINGS

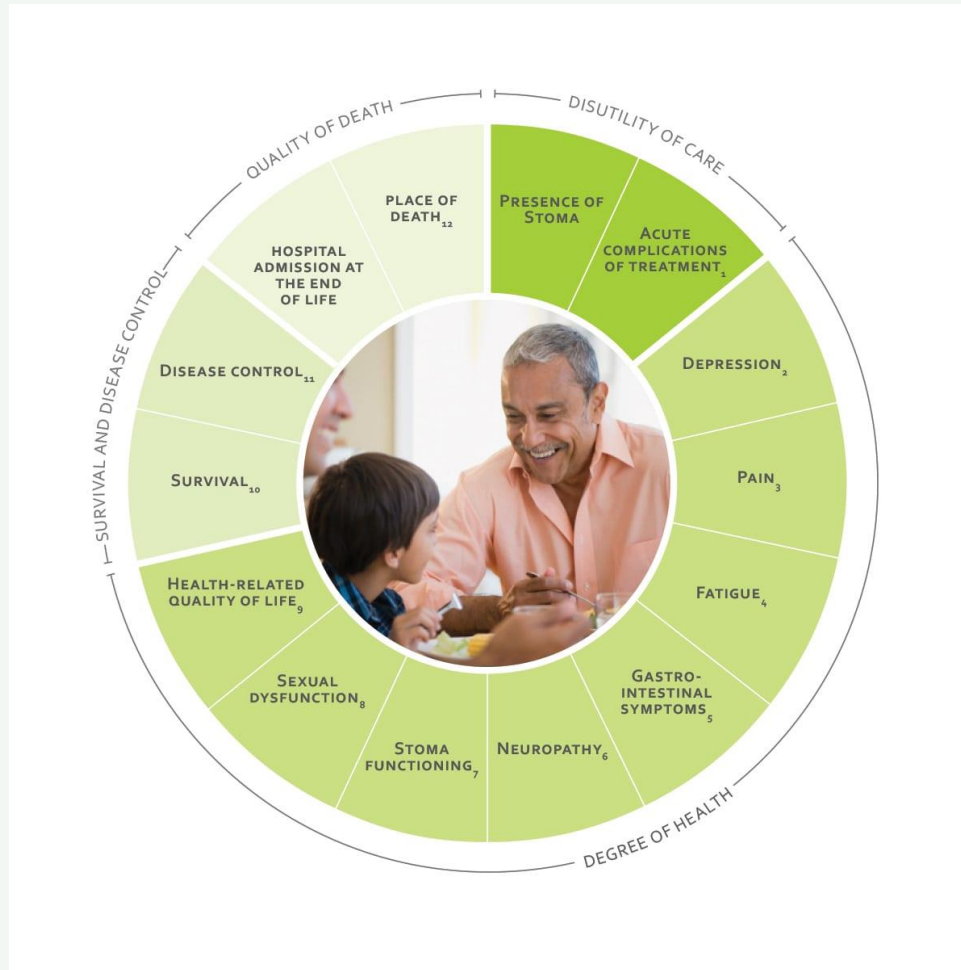
- \$174M to the health system, through reductions in inpatient care and ED presentations
- \$8M to workplace productivity by reducing employee absenteeism
- \$7M in reduced education expenses for not for profits
- \$17M in reduced transport costs for patients

NET EFFECT: an overall net saving of \$144M per annum or \$1,060 per recipient

International Consortium of Health Outcomes (ICHOM)

- Outcomes are the results of treatment that patients care about most, not “outputs”
- Standard Sets are developed by international working groups of clinicians, registries leaders, outcomes researchers and patient advocates
- Include a combination of administrative, clinical and patient-reported data
- Standard Sets now cover more than half the global disease burden

ICHOM Colorectal Cancer Standard Set



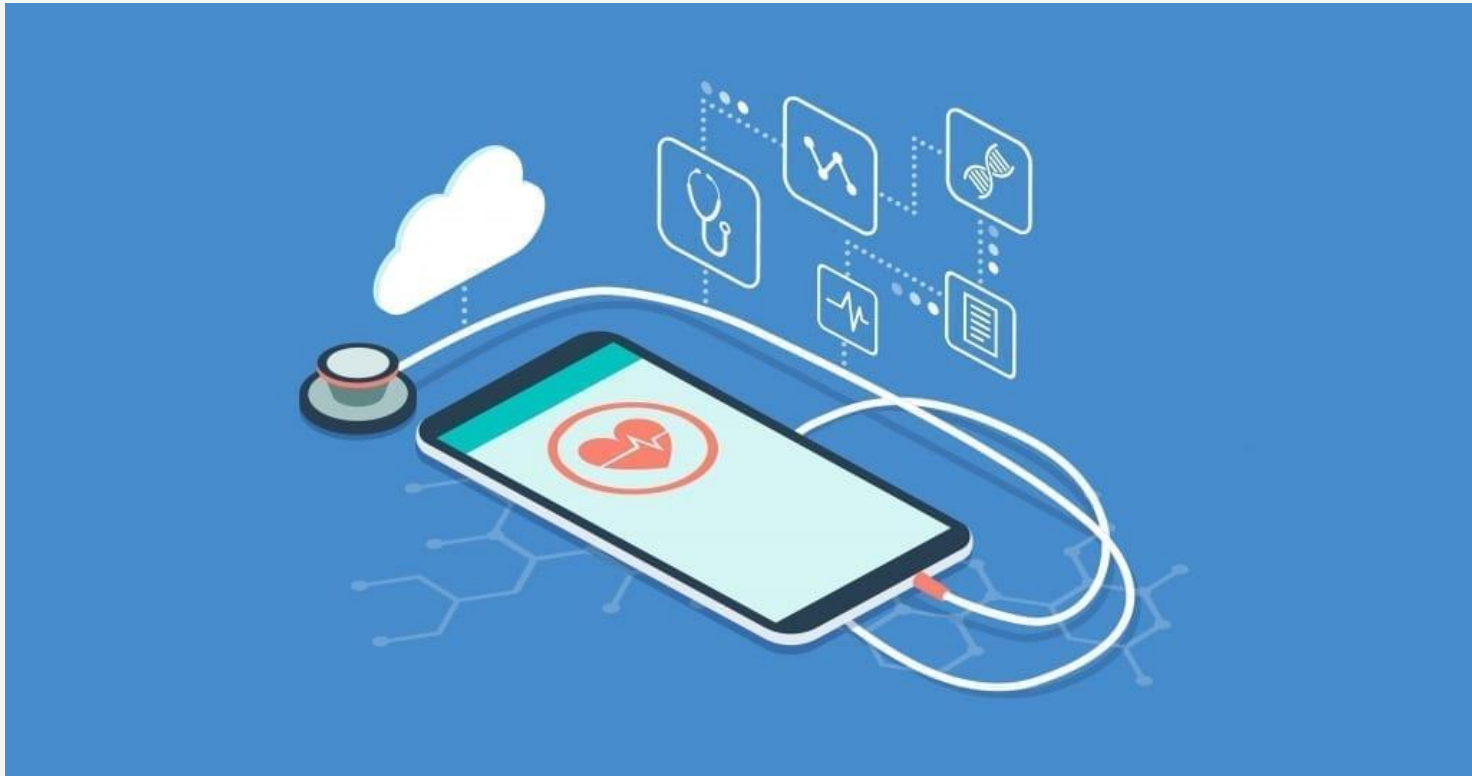
Healthcare Is Realised Over Time

- The assessment of health outcomes should incorporate both near term and relevant longer term aspects of care:
 - A move away from episodic assessment to a longitudinal view of healthcare
 - Implications for patient data capture and associated system infrastructure
- Costs over the full cycle of care – direct and indirect
 - Time-driven activity based costing
 - <https://hbr.org/2004/11/time-driven-activity-based-costing>

Team-based care, with all team members working to **top of scope** of licence



Informed by data, facilitated by technology



<https://ahha.asn.au/supplement-effective-and-sustainable-adoption-virtual-health-care>

Australian Cancer Plan and health policy reforms

- National Health Reform Agreement Addendum 2020-25 provision for innovative funding models
- Some state initiatives:
 - NSW *Leading Better Value Care* program
 - NSW LHD/PHN collaborative commissioning
 - Queensland *Shifting from Volume to Value*
 - Victoria *HealthLinks* project
 - UWA cancer care project (public and private providers)
 - Dental Health Services Victoria

Other strategic reforms

- National preventive health strategy
 - Women's health strategy
 - Primary health strategy
- Telehealth reforms
- Medical Costs Finder website and out-of-pocket costs
- Private health insurance reforms (more support for out of hospital care?)
- MRFF funded research, eg related to genomics
- Jurisdictional cancer strategies, eg NSW



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