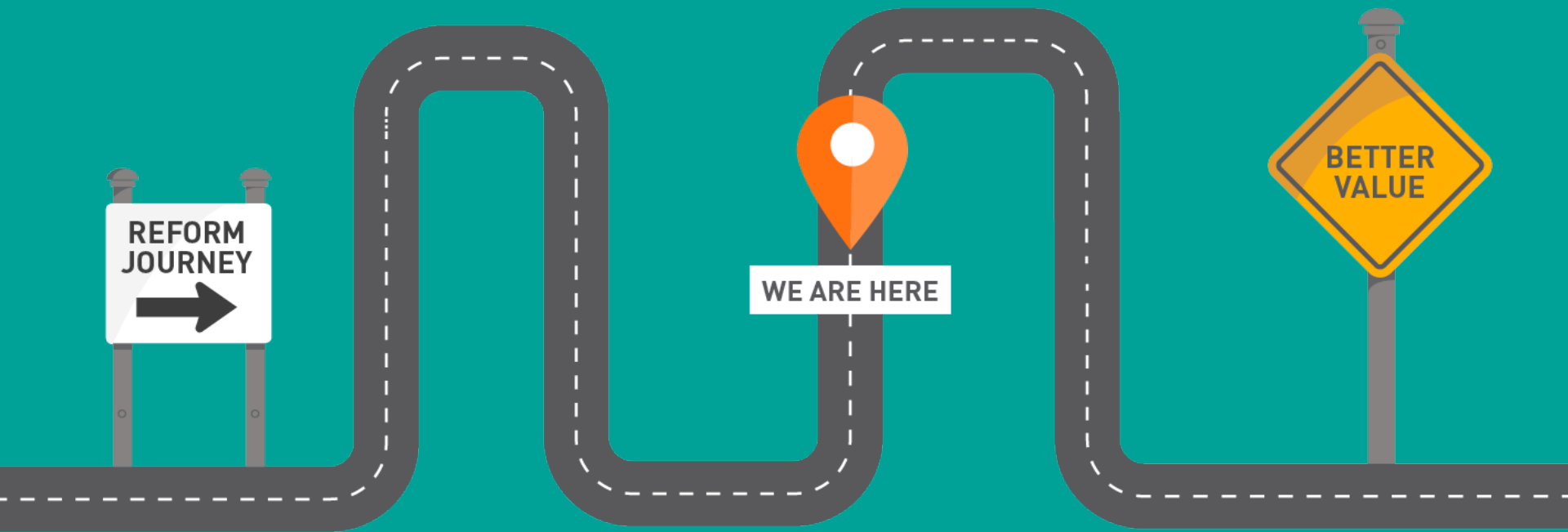


FROM VOLUME TO VALUE DRIVEN CARE



2016 NSW Health Innovation Symposium
Elizabeth Koff, Secretary, NSW Health

WORLD WIDE, ALL HEALTH SYSTEMS ARE ON JOURNEYS OF REFORM

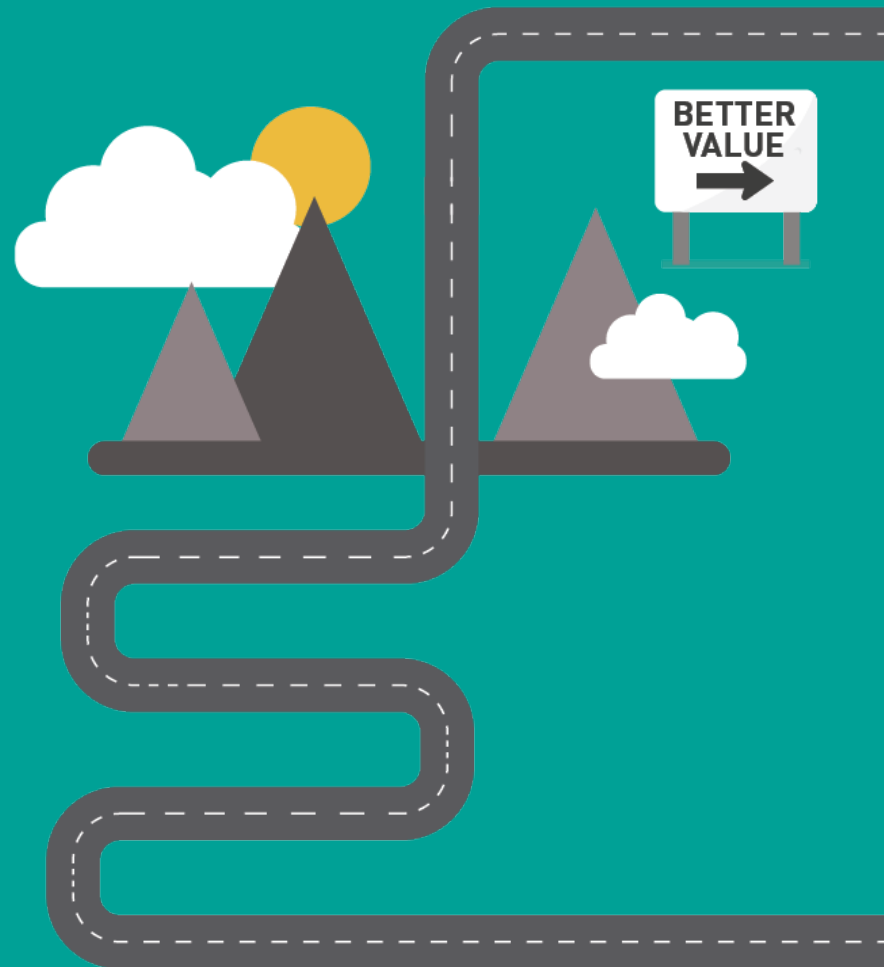
- Population growth and ageing
- Increasing chronic disease
- Rapidly evolving technologies and new medical knowledge
- Rising expectations
- Uneven quality
- Increasing costs

“Health spending has risen faster than economic growth in all OECD countries over the past 20 years.”
OECD, Better Policies for Better Lives

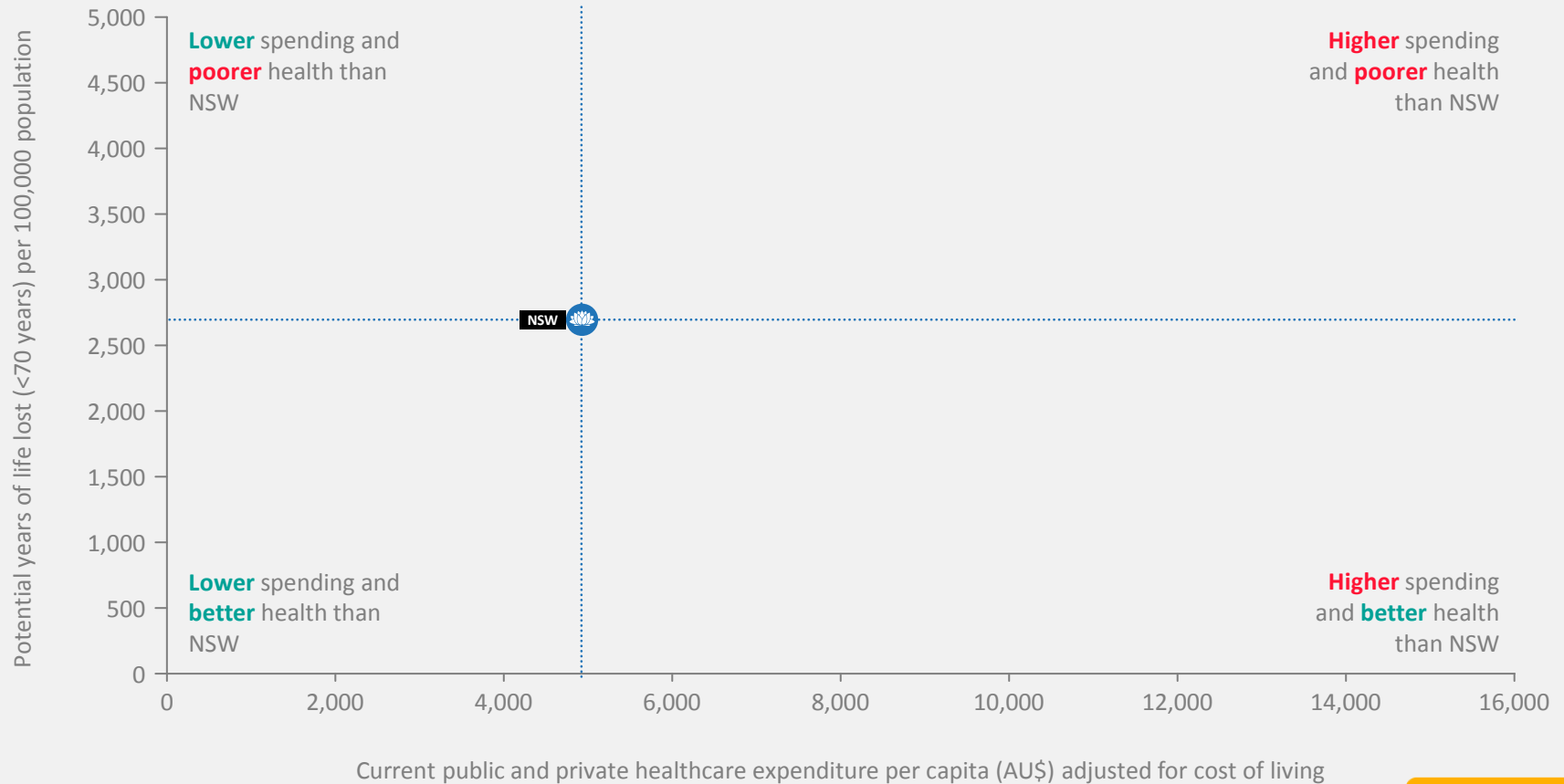


SINCE 2011, NSW HEALTH HAS BEEN PUTTING IN PLACE THE BUILDING BLOCKS FOR TRANSFORMATION

- Putting decision making closer to the patient
- Supporting strong clinician engagement and leadership
- Making healthcare funding transparent
- Implementing new models of evidence-based care
- Looking at ways to better integrate care
- Lifting system performance
- Investing in partnerships
- Supporting connectivity through investments in eHealth

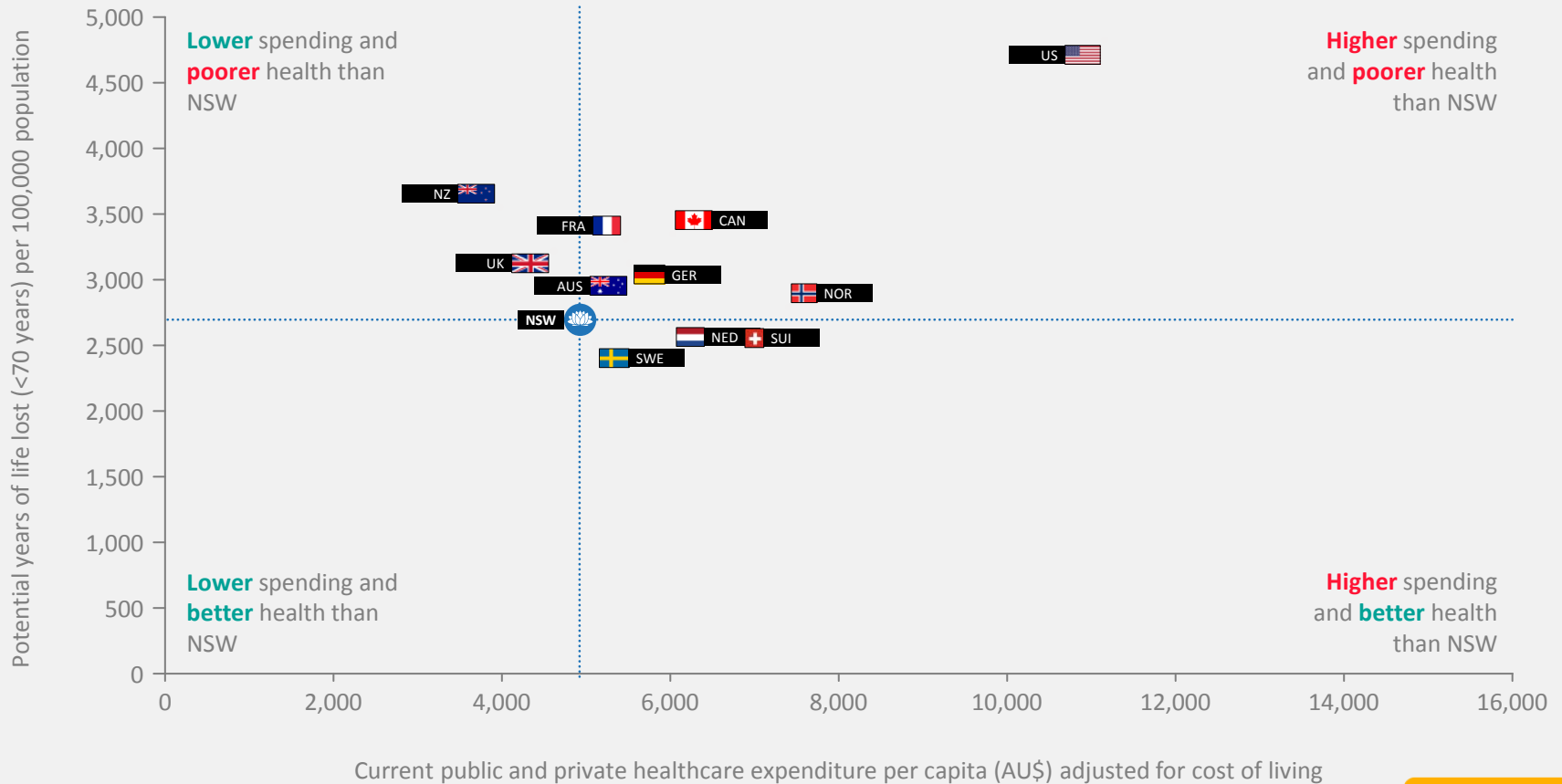


NO OTHER COUNTRY HAS BETTER HEALTH OUTCOMES PER CAPITA EXPENDITURE THAN NSW

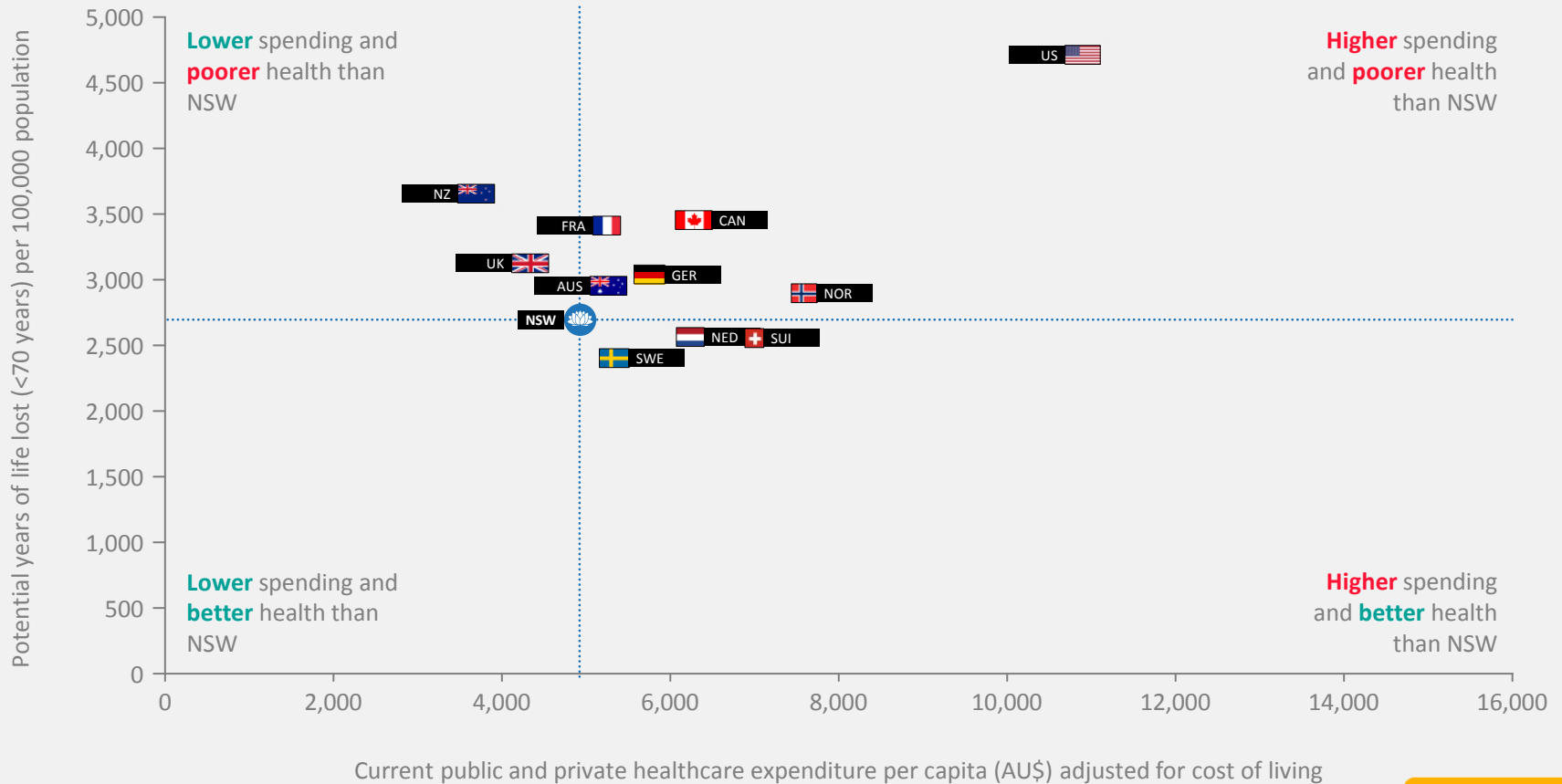


THIS WAY
TO BETTER
VALUE
→

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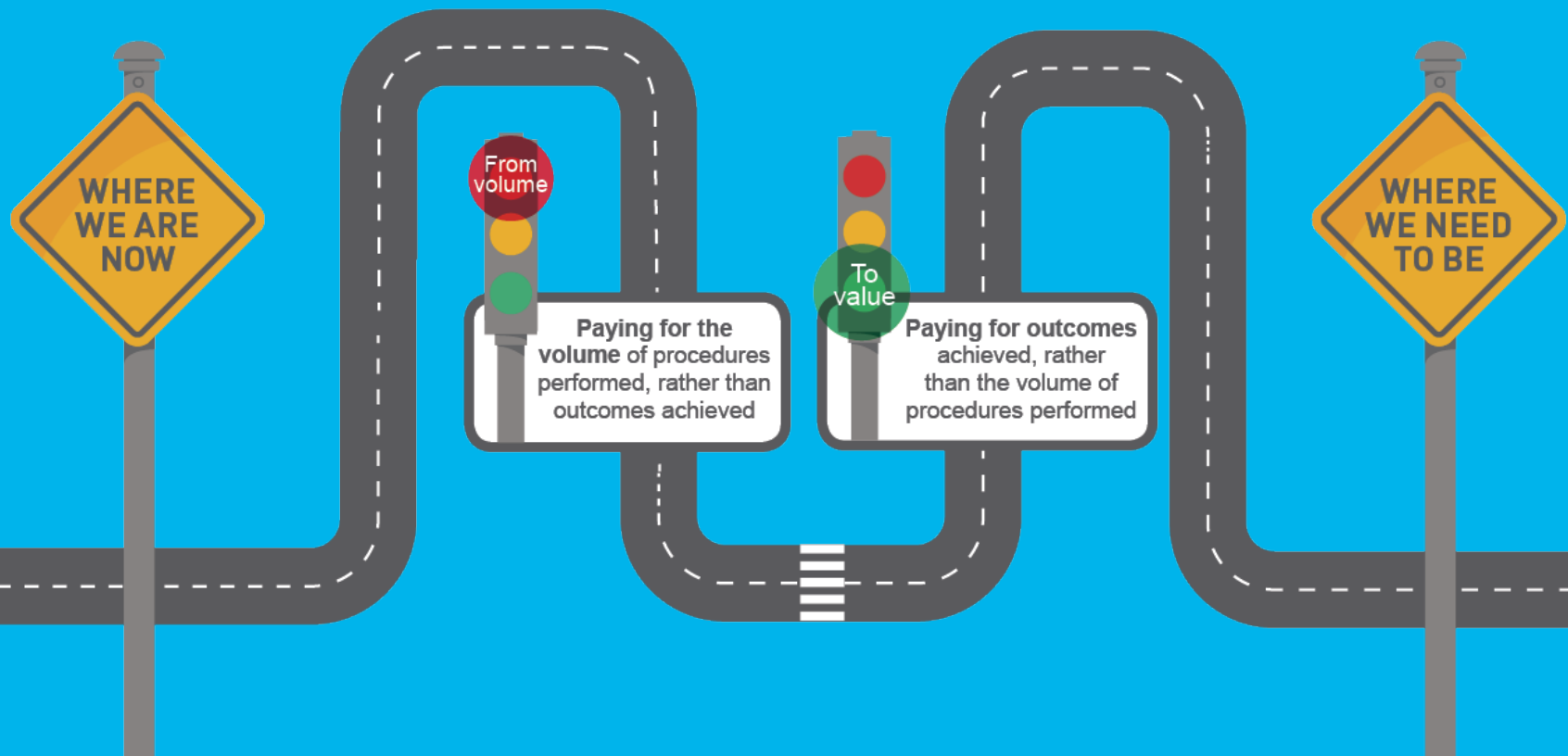


THIS WAY
TO BETTER
VALUE
→

SHIFTING THE PARADIGM FROM VOLUME TO VALUE DRIVEN CARE – THE NEXT STEP IN OUR REFORM JOURNEY

“Achieving high value for patients must become the overarching goal of health care delivery, with value defined as the health outcomes achieved per dollar spent. ...If value improves, patients, payers, providers,...all benefit while the economic sustainability of the health care system increases”

M Porter, What is value in health care? NEJM, 2010



FROM VOLUME TO VALUE – FOCUSSING ON PATIENT OUTCOMES

THE SYSTEM MANAGER

- New payment models
- Statewide service planning
- NSW Health enabling IT program
- New models of care
- Quality and safety capacity building
- Translational research

ENABLERS

Listening, Learning,
Measuring, Reporting,
Data Analytics, Evidence,
Education, Research,
Evaluation, Innovation,
Partnering

DISTRICTS AND NETWORKS

- Patient-centred care
- Quality and safety led governance
- Measuring and reporting
- Culture of continuous improvement
- Care integration
- Collaboration

IMPACT



VALUE
THIS WAY
→

VALUE
THIS WAY
←

BETTER VALUE FOR THE SYSTEM
Cost savings delivered by reducing variation,
errors, duplication and fragmentation

VALUE

BETTER OUTCOMES FOR PATIENTS
Improved alignment of patient expectations
with the care delivered

FROM VOLUME TO VALUE: KEY PRIORITIES AND ACTIONS FOR NSW HEALTH

SAFETY & QUALITY *PATIENTS FIRST*

- safe, patient-centred care
- incident management
- accountability
- measurement and reporting
- compliance

NEW MODELS OF CARE *LESS VARIATION*

- chronic conditions (diabetes, COPD, CCF)
- timely access to care (hip fracture surgery)
- variation in rates of procedures (hysterectomy)
- community based care (palliative care)
- specialised services (stroke)

SYSTEM REDESIGN *BETTER VALUE*

- process improvement (OR efficiency)
- statewide service planning (Level 4 ICUs and Observation Units)
- partnerships
- procurement models (tendering processes)

PEOPLE AND CULTURE *SKILLS MATCH*

- rostering improvements
- new workforce models
- building capability of boards

**BETTER
VALUE**



DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



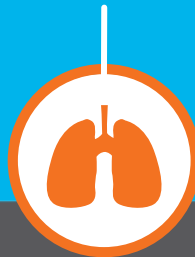
Congestive
heart failure



Falls



Chronic obstructive
pulmonary disease



Diabetes



Diabetic foot



Hip Fracture



Osteoarthritis



Identified areas where
there is an opportunity to
improve our models of
care to deliver better
outcomes and better
value

OVERALL, CARE IS RATED HIGHLY BY PATIENTS IN NSW, BUT THERE'S ROOM FOR IMPROVEMENT

60% of patients were involved in decisions

21% of GPs are always notified when patients are discharged from hospital

25% of patients were not told about new medication side effects to watch for



SHIFTING FROM VOLUME TO VALUE IS A LEADERSHIP IMPERATIVE

At all levels of the system, from the bedside to the boardroom and in setting policy:

HOW WE NEED TO BE

- Listen
- Learn
- Challenge



WHAT WE NEED TO DO

- Measure
- Innovate
- Reward

“While challenges remain, it is becoming clearer every day that shifting from volume-based toward value-based payment and delivery systems in health care has great potential. But it is also clear that it will take all of us in the health care system working together to achieve its full potential of providing the best quality of care.”

D Leonard. The Health Care Paradigm Shift: Moving from Volume to Value, March 31 2015





DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



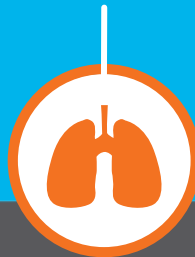
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Between 2006 and 2009, 47% of patients who died from cancer visited an Emergency Department in the last 30 days of their life.

DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



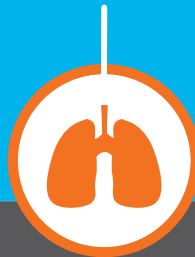
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Chronic obstructive pulmonary disease



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Osteoarthritis



Of all patients admitted to a NSW hospital for CHF between 2006 and 2009, 15% were readmitted within 30 days of discharge – 32% for a potentially avoidable complication.

DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



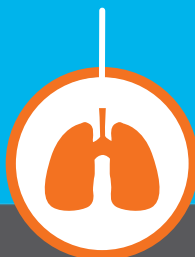
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Diabetic foot



Hip Fracture



Osteoarthritis



In 2014-15,
there were
around 10,000
patient falls in
NSW public
hospitals that
caused harm.

DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



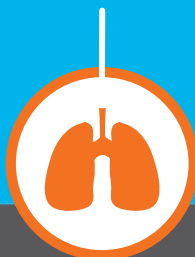
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Diabetic foot



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Osteoarthritis



NSW has one of the highest rates of hospitalisation for patients with COPD. Compared to 11 other countries, only New Zealand had a higher rate.

DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



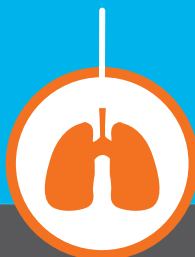
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Diabetic foot



Hip Fracture



Osteoarthritis



In 2014-15, admission
for treatment of
diabetes accounted
for 11% of all public
hospital admissions,
with an average stay
of 6 days.



DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



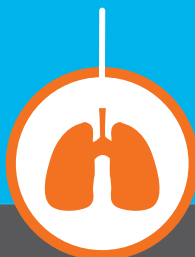
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Diabetic foot



Hip Fracture



Osteoarthritis



Compared to 11 other
countries, NSW is mid
range for diabetes-related
lower extremity
amputation rates
(9/100.000 people).

DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



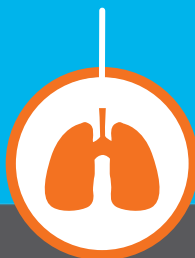
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Hip Fracture



Osteoarthritis



In 2013, only 70% of patients with a hip fracture received surgery within the recommended timeframe of two days from time of admission.



DEVELOPING NEW MODELS OF CARE – KEY AREAS OF FOCUS TO IMPROVE CARE

End of life



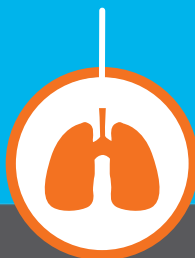
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Osteoarthritis



In NSW in 2013,
11,377 patients aged
over 50 years
underwent a knee
arthroscopy, which has
been found to have
little or no benefit for
people in this age
group.

