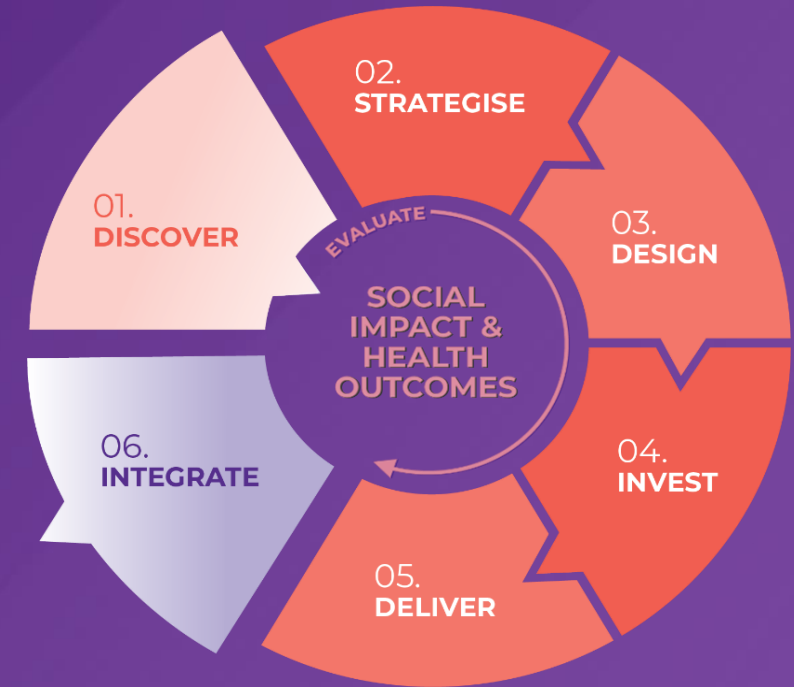


ACT Government

Health Commissioning Sector Update



Webinar #2, 2024

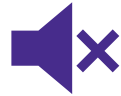
Tuesday 30 July 2024 1:30pm-2:30pm

Hosted by the Health System Innovation and Performance Division, ACT Health Directorate



Thank you for joining us for today's webinar. We will begin shortly.

Some housekeeping reminders:



Please remain on mute when not speaking



Use the hands-up feature or chat room for any questions you may have



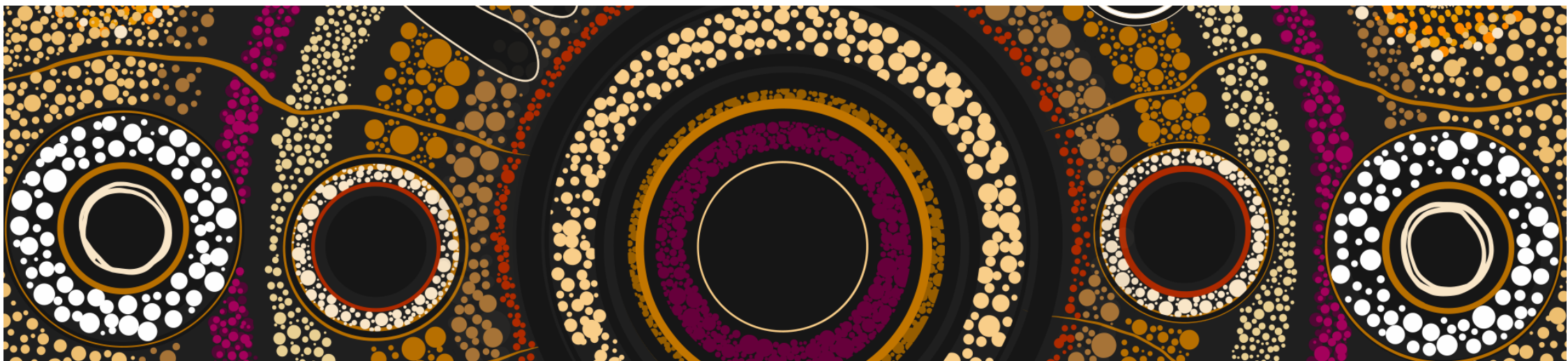
Please note that this session will be recorded



Webinar recordings and presentation slides will be made available on the Commissioning website following the session



Please direct specific questions relating to ongoing investment or transition processes to the nominated teams/persons/mailbox



Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land we are meeting on and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

Purpose of these sessions



Health Commissioning Sector Updates provide a platform for sector and government partners to come together to:

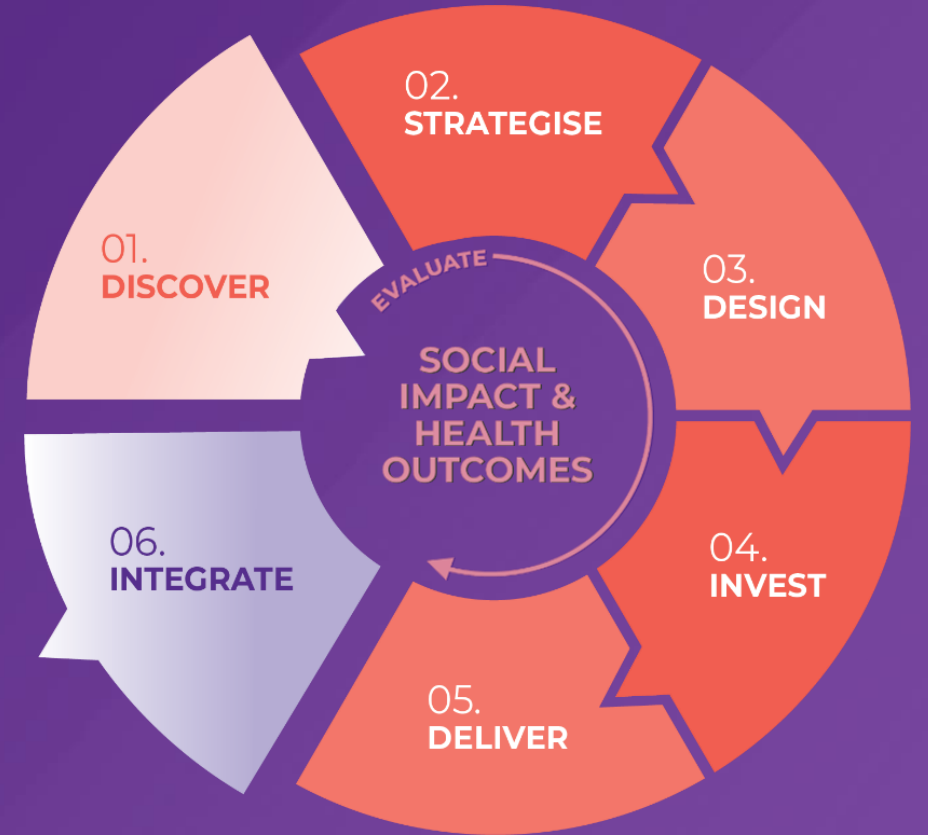
- Discuss and showcase health sector reform activities, with a particular focus on the commissioning of community health services delivered by non-government sector partners
- Build sector commissioning awareness and capability
- Reflect on progress and lessons learnt and explore opportunities for process quality development (try, test and learn)

Session agenda

1. **Housekeeping** (Jamie Droney - Senior Director, Branch Operations)
2. **Welcome and introductions** (Robyn Hudson - Deputy Director-General, Policy and Transformation, ACTHD)
3. **Data Workshop** (Luke Worth - Executive Branch Manager, Health System Performance)
4. **Update on Activity Based Management** (Alex Konovalov - Senior Director, Activity Based Management)
5. **Strategic Commissioning and Cycle updates** (Jamie Droney and Fellon Gaida - Director, Commissioning)
6. **Q&A** (Jamie Droney)
7. **Final comments and meeting close** (Jamie Droney)

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Data Workshop update

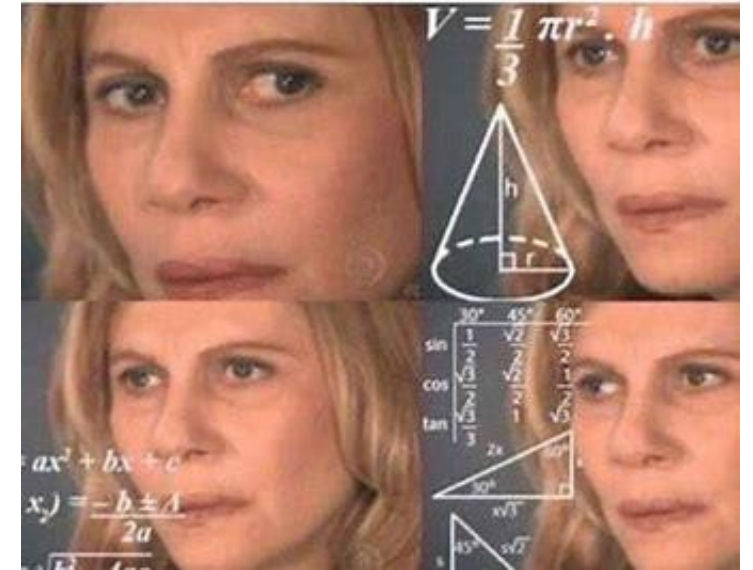


Presented by: Luke Worth | Executive Branch Manager
Health System Performance Branch

Data workshop



- Data governance (ownership, stewardship and sharing)
- Data sovereignty
- Health services planning data
- Workforce data
- Outcome reporting
- Activity based reporting
- Data infrastructure
- Economic data/ cost analysis
- AI
- Future data requirements





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Activity Based Management

The lay of the land July 2024

Alexander Konovalov
Senior Director | Activity Based Management

What is ABF and ABM?



Activity Based Funding (ABF) is a way of funding hospitals where they get paid for the number and mix of patients they treat. ABF for public hospitals was introduced through the National Health Reform Agreement (NHRA) in August 2011.



Activity Based Management (ABM) is the approach used to plan, budget, allocate and manage activity and financial resources to ensure the delivery of safe, high quality public hospital services.



Under ABF, hospital funding is transparent and explicitly linked to actual services provided. If a hospital treats more patients, it receives more funding. Because some patients are more complicated to treat than others, ABF takes this into account.

Why ABF?



ABF connects funding to patient care and encourages all members of the health system to identify the best possible care for patients.



ABF supports timely access to quality health services and improves the value of the public investment in hospital care.

How will ABM improve our health system?



Transparency: Visibility of the drivers of health system costs.



Stability: Alignment with national funding models



Evidence: The ability to make informed decisions based on patient costs.



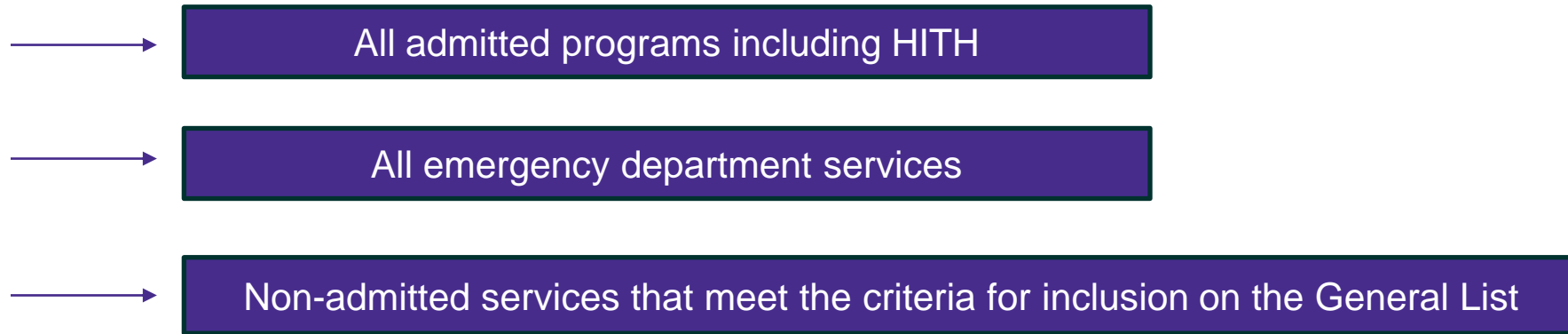
Sustainability: Consistent basis for measuring performance.

Where is Activity Based Funding used?

Where ABF is applied	Where ABF is not applied (Block funded)
Emergency Department care	Public health
Admitted acute care	Teaching, training and research
Admitted mental health care	Non-admitted home ventilation
Admitted sub and non-acute care	Non-admitted mental health care*
Non-admitted care, subject to eligibility criteria	Non admitted child and adolescent mental health care

*IHACPA plans to introduce ABF to Community Mental Health Care

In-Scope Public Hospital Services



Examples



Costing brings it together



Costing is the way that hospitals report costs for activity and the systems and processes that attribute costs to patients



At present, costing gets done once a year as part of the ACT's national submissions to the Independent Hospital, Aged Care and Pricing Authority



In an ABF environment, costing becomes very important – the goal is to provide managers with visibility of both the funding attached to each patient and the full costs.

How does ABF support Safety and Quality?



Sentinel events

Sentinel events are a subset of patient safety events that are wholly preventable and result in serious harm to, or the death of, a patient. The funding approach for sentinel events is to assign episodes of care with a sentinel event an NWAU of zero.



Hospital acquired complications

A hospital acquired complication (HAC) refers to a complication that occurs during a hospital stay for which clinical risk mitigation strategies may reduce the risk of that complication occurring. Leads to a reduction in funding.

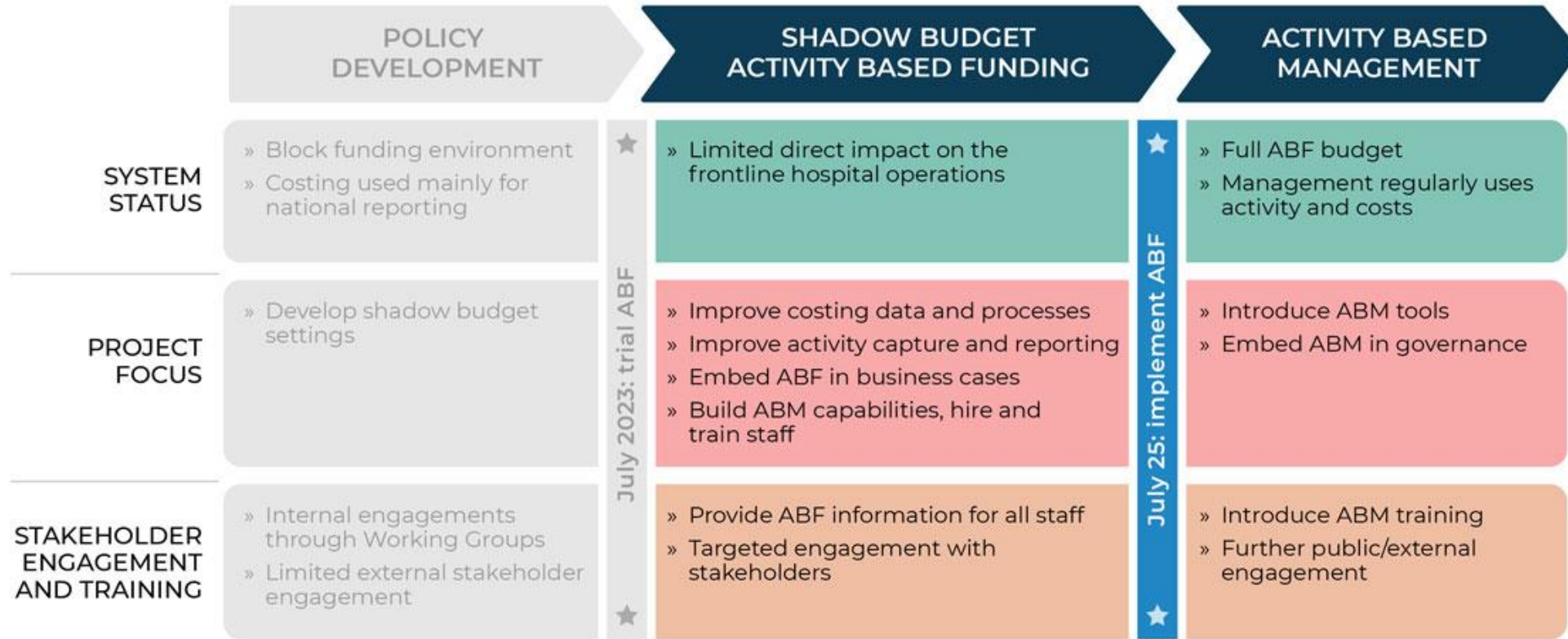


Avoidable hospital readmissions

An avoidable hospital readmission (AHR) occurs when a patient who has been discharged from hospital is admitted again within a specific time interval and the readmission is both clinically related to the first admission and has the potential to be avoided through improved clinical management. Leads to a reduction in funding.

Activity Based Management (ABM)

Project summary



What does introducing ABF mean for stakeholders across the health system?

Stakeholder	Impact
Public hospital managers	Need to use the ABF framework for management and decision making
Public hospital workforce	Stronger focus on clinical documentation Training and education
Consumers and the public	Benefit from improvements in service delivery ABF is agnostic about setting – greater focus on virtual care and hospital in the home
Community sector	Limited direct impacts ABF highlights per patient costs in the hospital and hence the importance of prevention and rehabilitation

QUESTIONS?

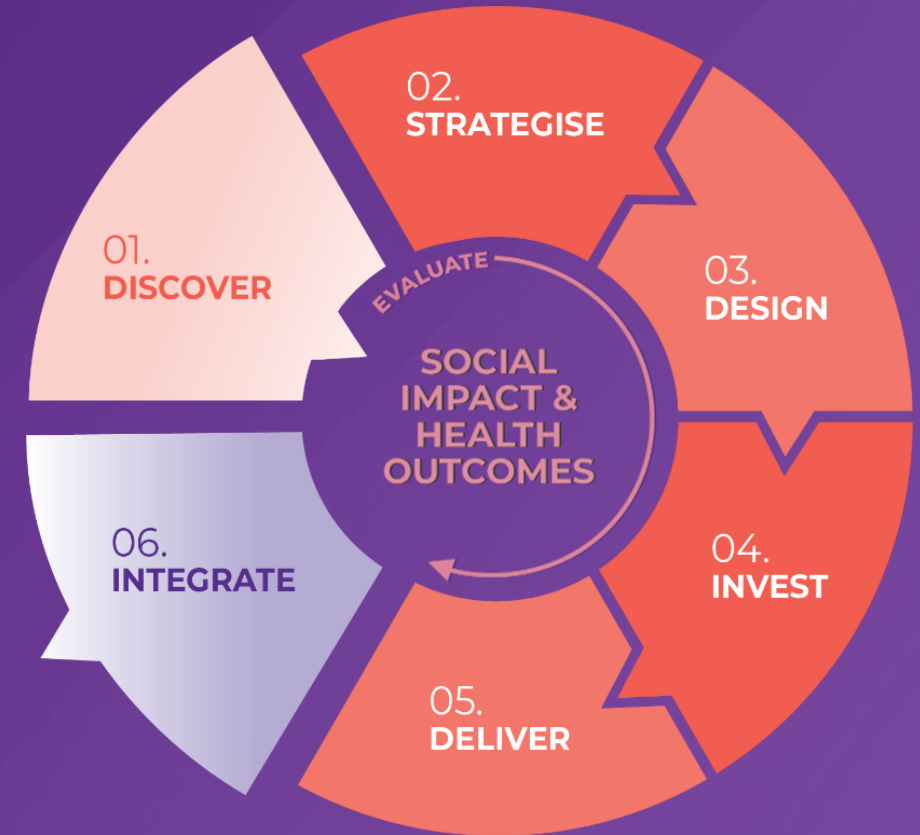


Further resources

- [Introduction to activity based funding with Prof Stephen Duckett | Resources | IHACPA](#)
- [Understanding the NEP and NEC Determinations 2023-24.PDF \(ihacpa.gov.au\)](#)
- [General List of In-Scope Public Hospital Services Eligibility Policy-Version 8.0.PDF \(ihacpa.gov.au\)](#)

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Update on Health Commissioning



Presented by: Jamie Droney | Senior Director | Branch Operations








Refreshed Approach – an update on where we are up to

Intensive Commissioning Approach



- Community Support (CATS)
- Sexually Transmissible and Infections and Blood Borne Viruses (STIBBV)
- Alcohol, Tobacco and Other Drugs (ATOD)
- Primary Health Services for Young People (PHSYP)
- Mental Health

Progressing with Commissioning Cycle

	Community Support (CATS Program) 	STIBBV 	PHSYP 	ATOD 	Mental Health 
Current phase	Deliver/Integrate	Invest/Deliver	Invest/Deliver	Invest	Design
Most recent activities	Continued delivery of services under the program.	Most service providers have commenced service delivery under new agreements and contract negotiations are continuing for the remaining providers.	Deeds of Grant have been executed with the successful providers, and services under the new program have commenced, or will commence this week.	Contract negotiations are in train with preferred respondents for the Core Services and Early Childhood Education and Care grants.	Held the Insights Report Community Webinar on Wednesday, July 17. Planning and updating consultation plans for the Strategic Investment Plan
Next steps	Implementation of the Central Intake Service (CIS)	Delivery and integration of newly commissioned services	Delivery and integration of newly commissioned services	Delivery and integration of newly commissioned services	Consultation on the SIP post-election. Release of SIP ~Jan 2025

Refreshed approach – an update on where we are up to

Flexible Alignment Approach



- Palliative Care Support
- Aged Care Respite
- Primary Care Support
- Aboriginal and Torres Strait Islander Health Partnerships

Supported Capability Approach



- Chronic Conditions
- Family and Inclusion (formerly Maternity Support)



Most contracts have either been extended or transitioned to Deeds.

ACTHD will work with service providers in these streams to support sector sustainability and build commissioning capability.

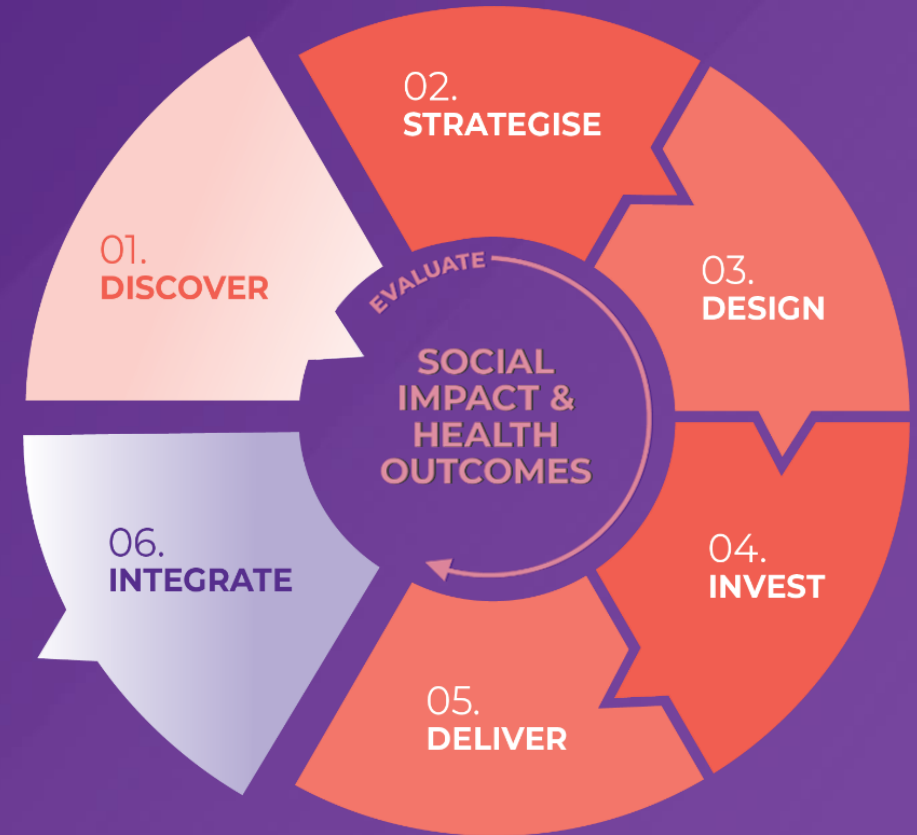
Reflections from recently completed cycles

- Utilising a structured project management approach, particularly in the Invest phase, has enabled better tracking of progress and a clearer visibility of risks and time and process pressures
- Additional supports provided to grant assessment panels has been valued, however, we need to ensure that we have reserve panel members available to step into the grant assessment process if panel members need to take unexpected leave.
- The transition to grants has reduced the response burden on applicants
- We need to further strengthen the Design phase to include consideration of what the sector ecosystem should look like before heading into the Invest phase.
- The costing requirements within grant applications needs further work so that the process is clear and easy for applicants

We will be looking at further engaging recent grant applicants over the coming months to seek additional input into our continuous improvement approach.

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ACTHD Outcomes Reporting Pilot



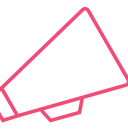
Presented by: Fellon Gaida | Director | ACTHD Commissioning



Outcomes



Outcomes Reporting Pilot – *What we've heard...*

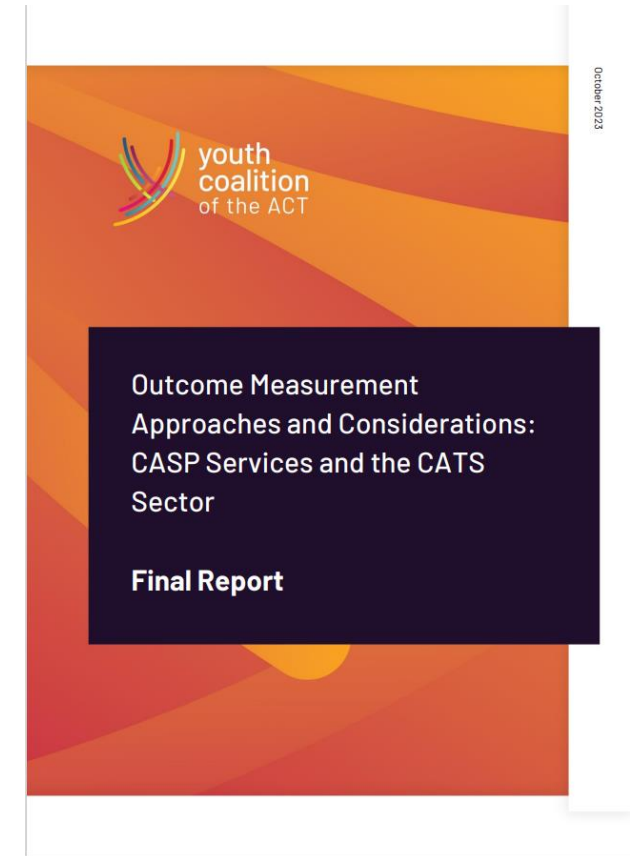


- Service providers are generally supportive of a shift towards outcomes reporting
- Reporting requirements, and infrastructure and capability to undertake outcomes measurement and monitoring, is variable across the sector
- There are concerns across the sector about what the transition to outcomes reporting could and should look like
- Reporting can be diverse and burdensome (particularly for smaller organisations and organisations with Territory, Primary Health Network and Commonwealth reporting obligations)
- Data collated through current reporting structures does not always yield significant value
- Current data quality is insufficient to confidently inform policy, program or planning activities
- Government needs to strengthen the data feedback loop – NGOs often do not receive any feedback about their performance data and how their data fits within the broader sector picture
- It will take time to establish an evidence base about the impact of commissioning reform
- ACT Government has a responsibility to evaluate the effectiveness of commissioning, both at the service/program level, and the broader NGO system level
- It is important that our approaches to outcomes reporting meet ACT community needs and, where possible, align with similar approaches used elsewhere

Outcomes Reporting Pilot – *What we know...*



- A systems approach to outcomes
- A focus on social impacts
- Approaches should be both consistent yet flexible
- Shared understandings
- Access to supports to build capability
- Don't over-do it
- Outcomes data that tells a story
- Where appropriate, include frontline workers in outcomes development and measurement





Outcomes Reporting Pilot – *What we're thinking.*

- Phased and flexible implementation
- Using SmartyGrants as the IT platform for reporting input (SmartyGrants enables subsequent storage, aggregation, synthesis and reporting of outcomes data).



** Please note that some information on this slide has been removed since the webinar was recorded as our thinking and plans relating to the proposed pilot sample are changing/evolving and we want to avoid confusion.*

Generic and broadly applicable outcome domains, enabling outcomes data to be aggregated across different subsectors of specialty, for an NGO-wide system view 

Outcomes Reporting Pilot – *How it aligns*



ACT Wellbeing Framework Domains

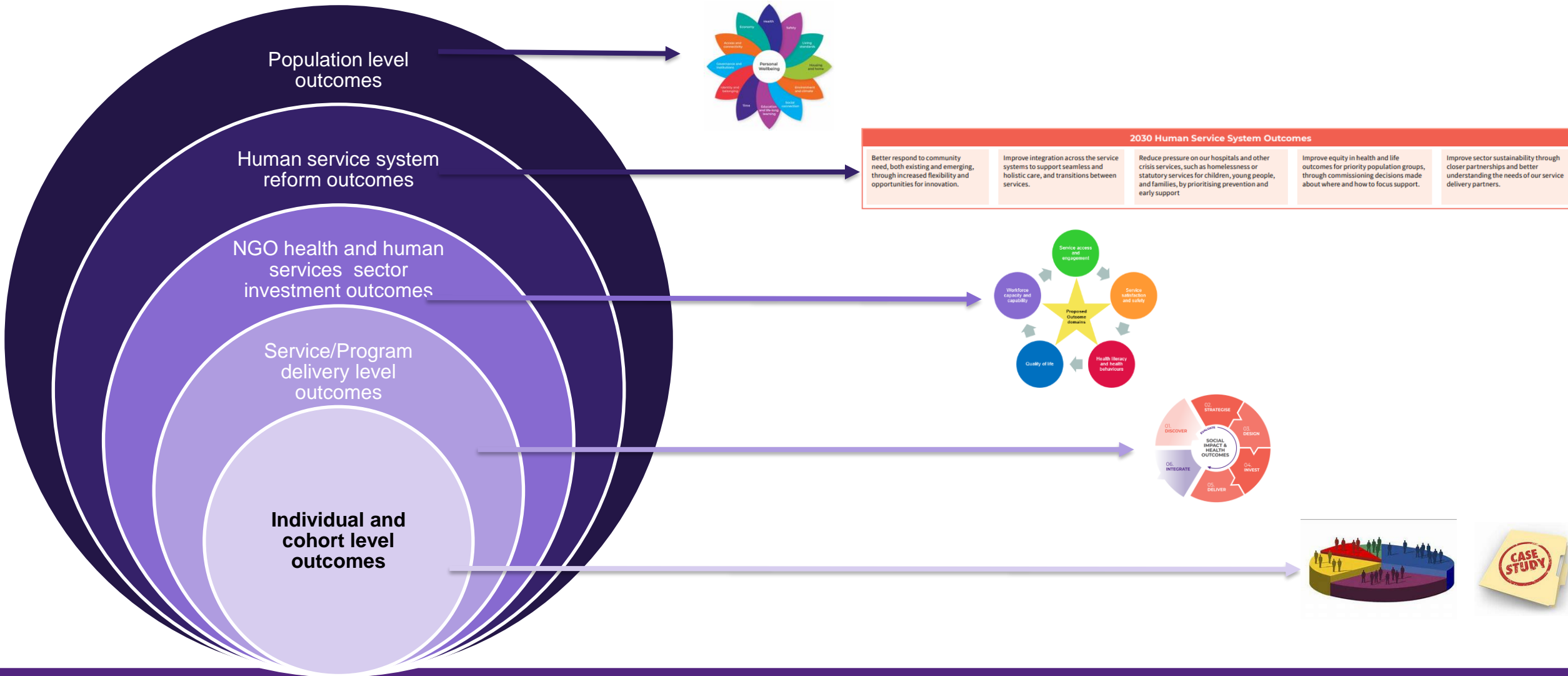
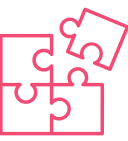
- Education and lifelong learning
- **Health**
- **Social Connections**
- Access and connectivity
- Identity and belonging
- Safety
- Living standards
- Economy

Health Commissioning Outcomes Framework

- Service access and engagement
- Service Satisfaction and Safety
- Health Literacy and Health Behaviours
- Quality of life
- Workforce

Aligns with the ACT Wellbeing Framework 

Outcomes Reporting Pilot – *Where it fits*



Enables a broader, systems thinking approach to outcomes measurement and reporting

Outcomes Reporting Pilot – Next steps



Engage proposed sample organisations to provide further information and seek their input into the Framework and their appetite for participation

Continue to refine Framework and metrics in partnership with sample cohort and Peak Organisations

Co-develop plan for implementation (with consideration of capacity and capability)

ACTHD to provide supports to sample cohort to support implementation

Implementation, support and monitoring

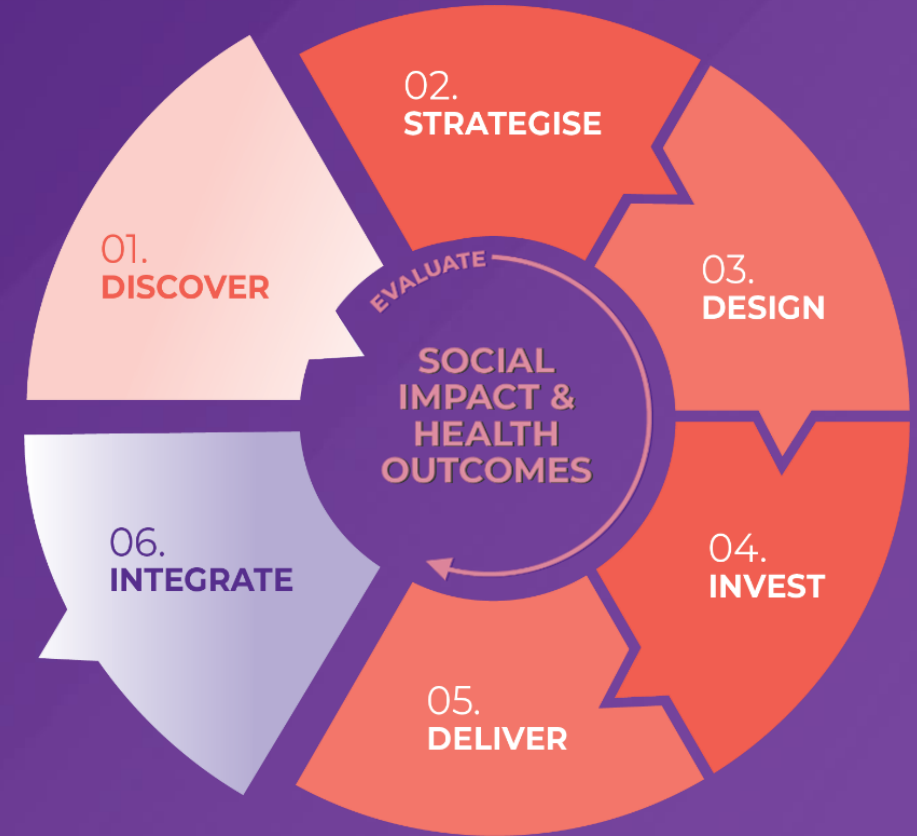


Outcomes Reporting Pilot

Development of a whole of government Evaluation Framework for commissioning

If valued and successful, the framework could feed into a whole of government Evaluation Framework for commissioning

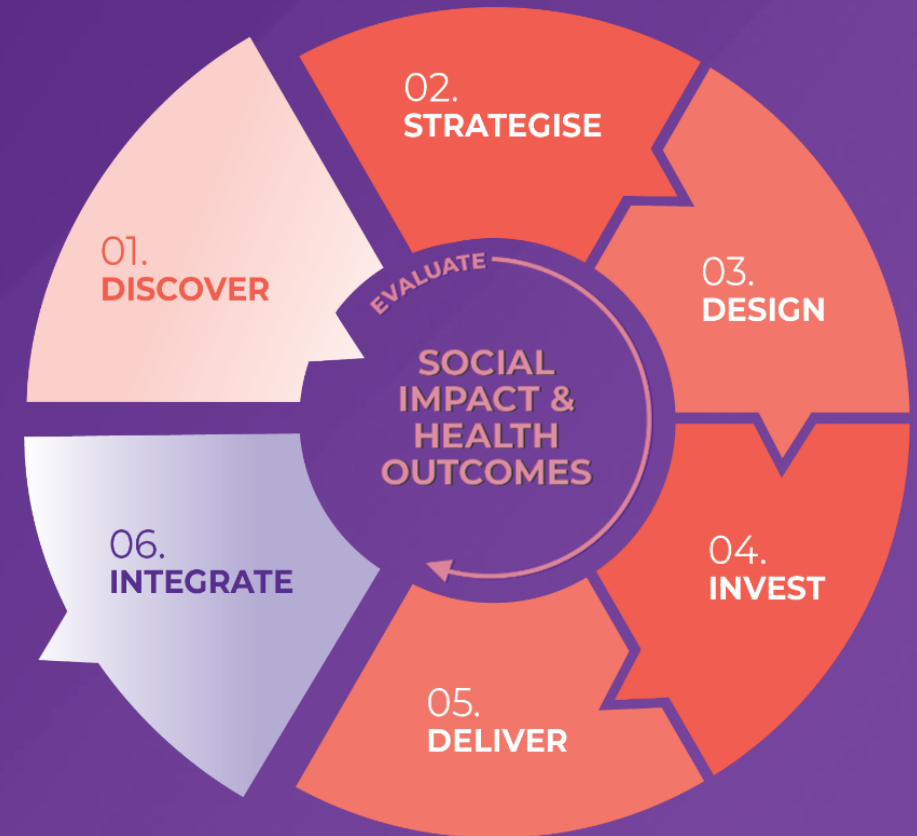
Questions and Answers



Presented by: **Jamie Droney** | Senior Director | Branch Operations

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Thank you



- A follow-up email will be issued with links to webinar recordings and slide decks
- Please direct feedback or questions to HealthCommissioning@act.gov.au