






Queensland Health


Clinical Excellence Division

The changing nature of the health system: surviving and thriving in the 21st century

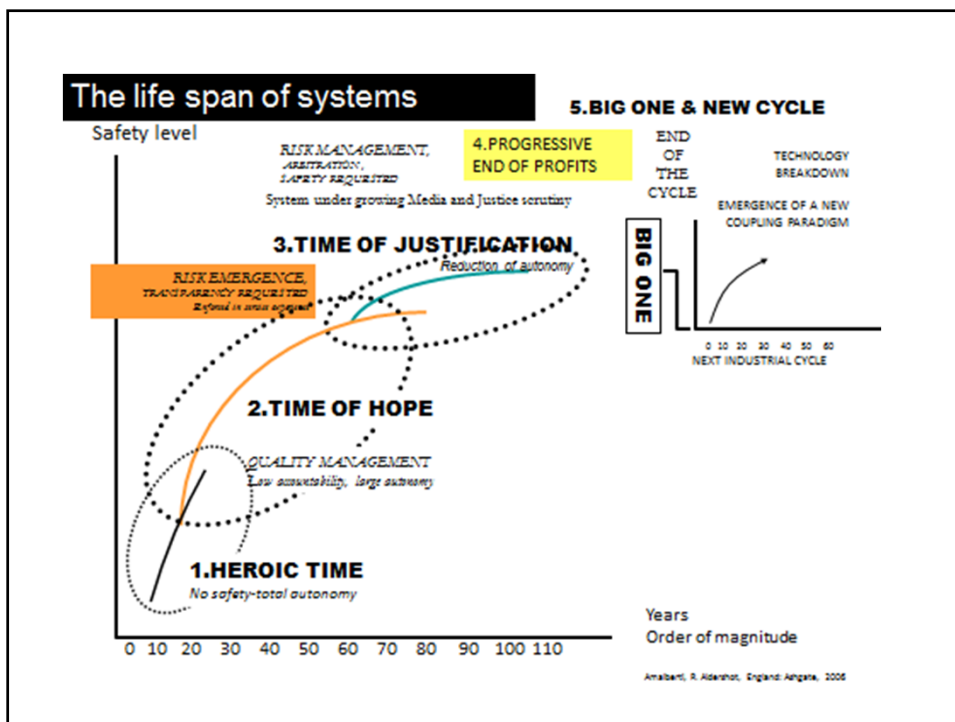
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Adjunct Professor of Public Health Queensland University of Technology

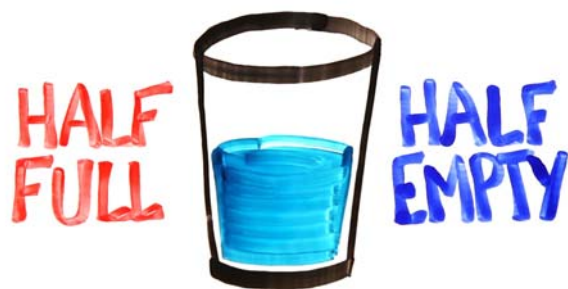








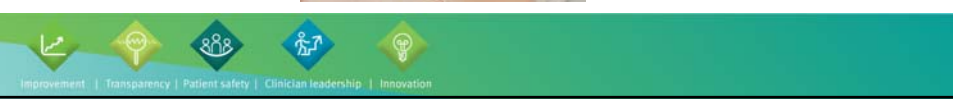
Improvement | Transparency | Patient safety | Clinician leadership | Innovation



What is the state of our healthcare system?

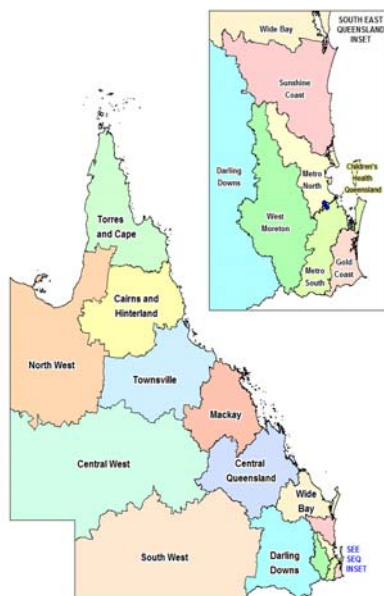
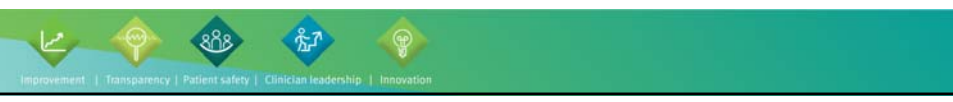


Depends on who you ask... right?



What is the state of our healthcare system?

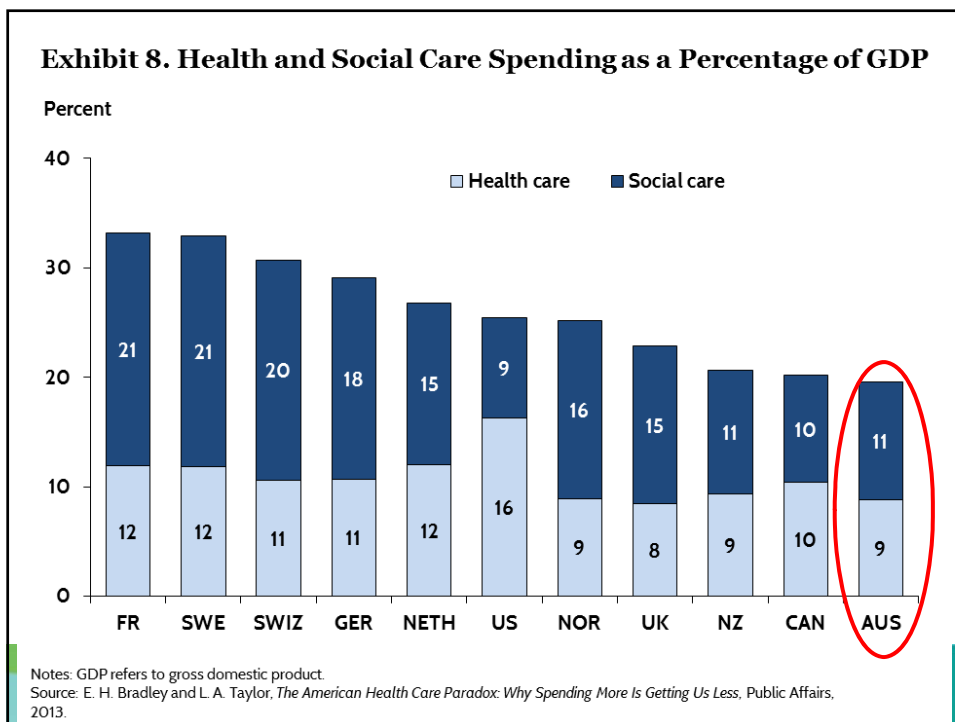
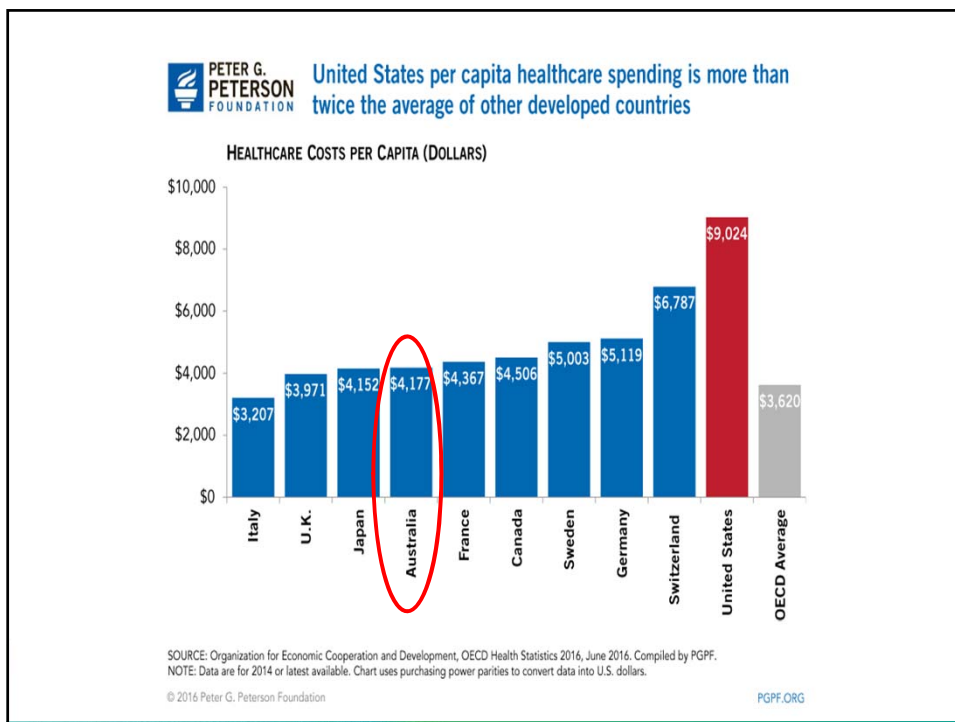
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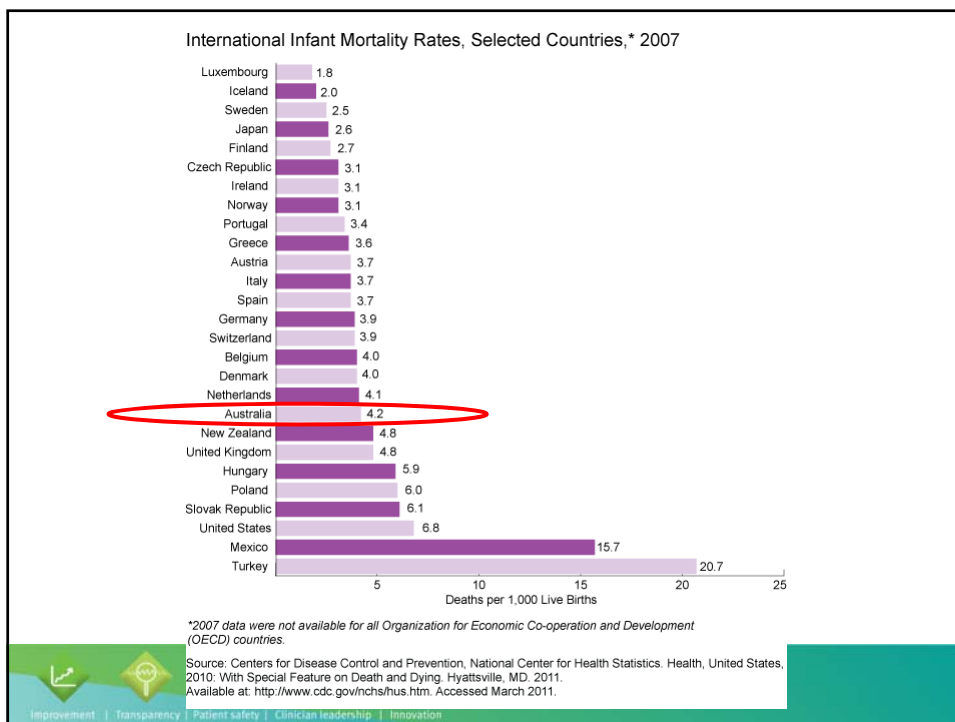
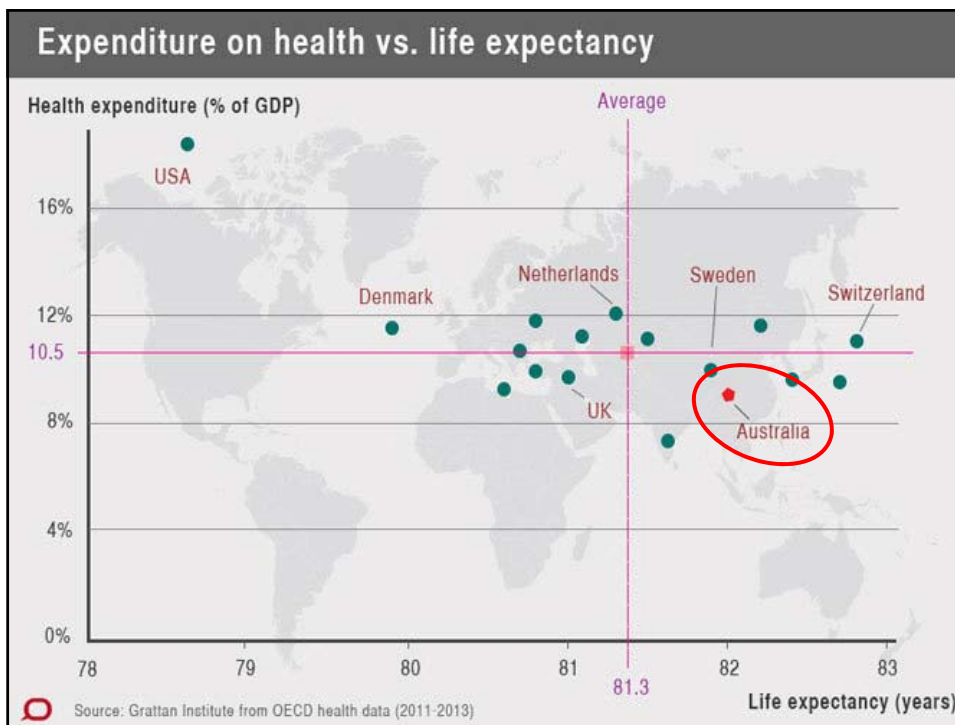


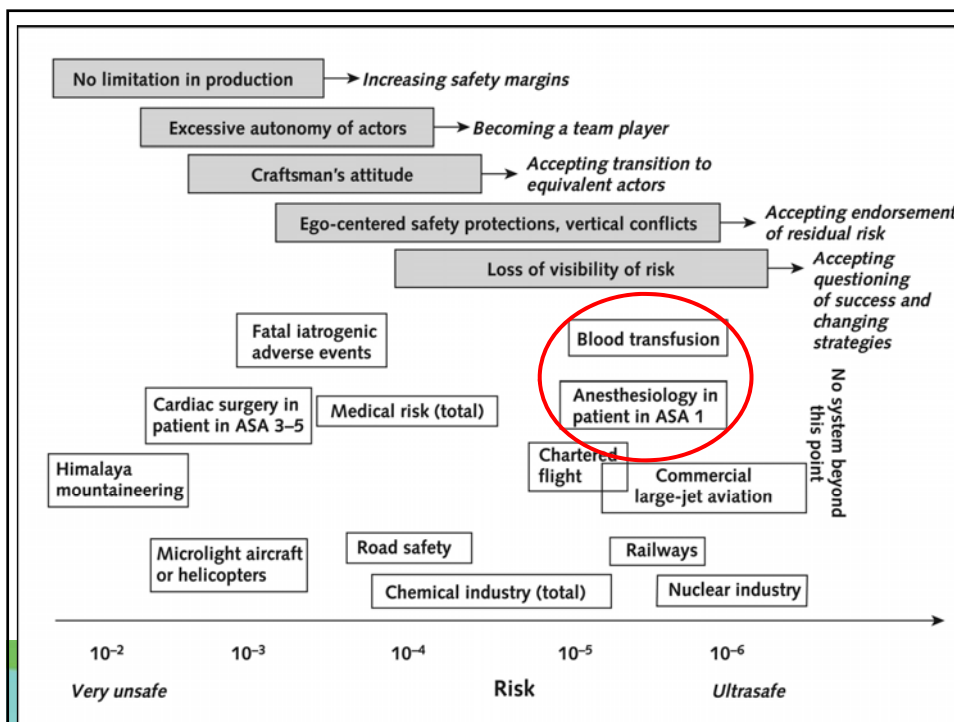
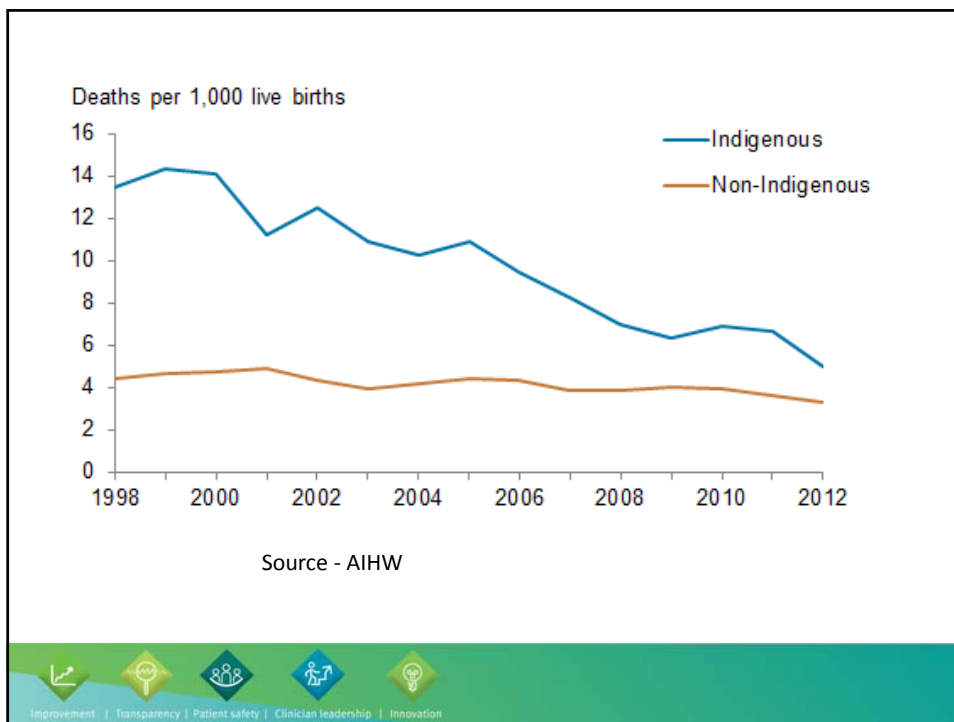
FACTS & FIGURES

- Universal Health Care
- **Queensland**
- Population 4.7 million
- 8 times size of UK
- Decentralised population
- **Public Health System**
- Health budget - c\$16bn
- >80,000 staff
- 182 hospitals

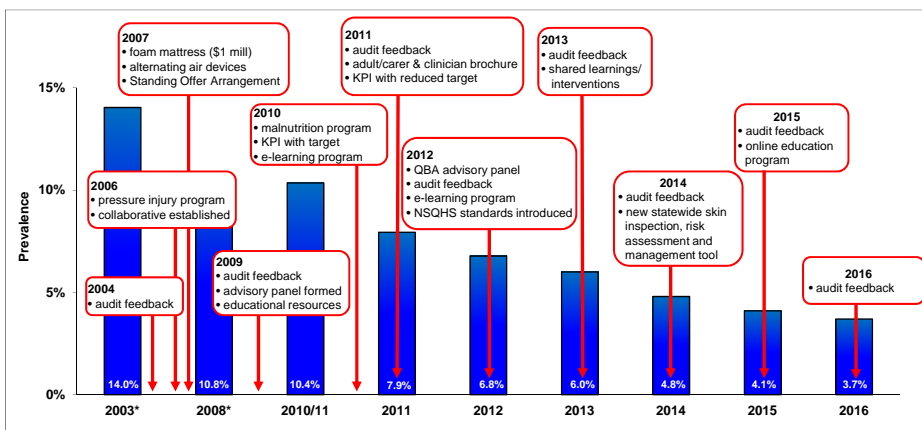








Statewide inpatient hospital-acquired pressure injury results



* Hospital-acquired prevalence for inpatients are estimated from hospital-acquired prevalence reported for total audit population (inpatient and residential aged care facilities)

Source: 2003: Queensland Wound Care Association 2005, *Primary Intention*, Vol. 13, No. 3, pp. 126-127.
 2008, 2010/11, 2011: Patient safety bedside audit Health Service District reports.
 2012, 2013, 2014, 2015, 2016 Queensland Bedside Audit statewide inpatient reports.

Adverse Events

Adverse events treated in hospitals, per 100 separations, 2013-14

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Rate	6.4	7.0	6.4	7.0	7.3	8.4	7.3	3.7	6.7

Source: Attachment table 11A.51

Falls resulting in patient harm in public hospitals, per 1000 separations, 2013-14

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Rate	5.1	3.4	3.4	4.5	4.9	6.5	3.8	1.8	4.2

Source: Attachment table 11A.52

Source: Productivity Commission ROGS 2016

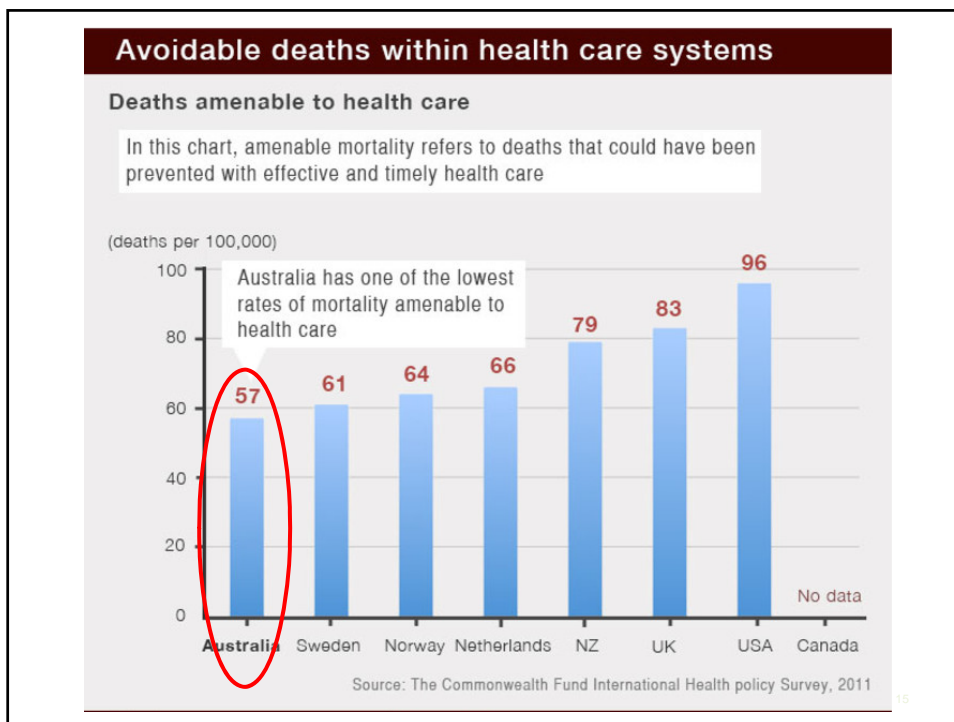


EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

- Top 2*
- Middle
- Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	8	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

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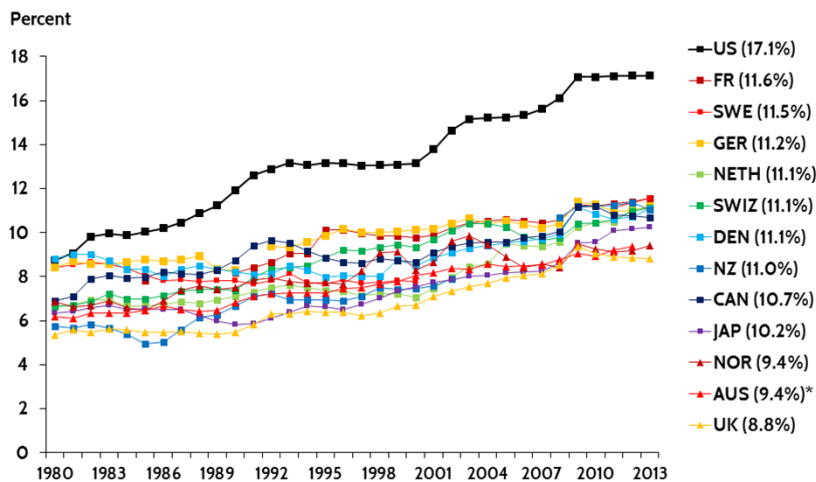
- Mid to low spend on health and social care (GDP vs spend)
- Get close to best outcomes
- Universal coverage



What is the state of our healthcare system?



Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013



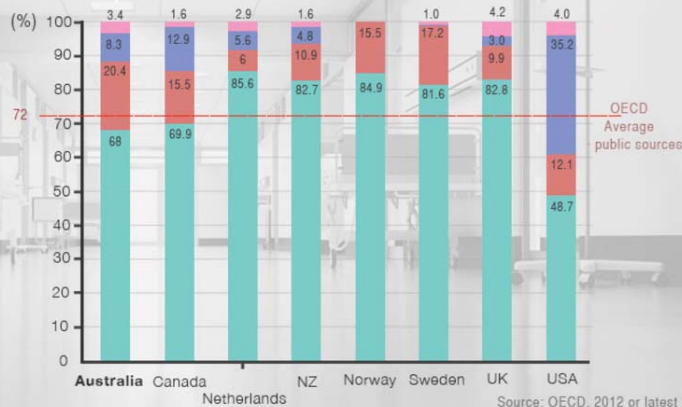
* 2012
 Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.
 Source: OECD Health Data 2015.

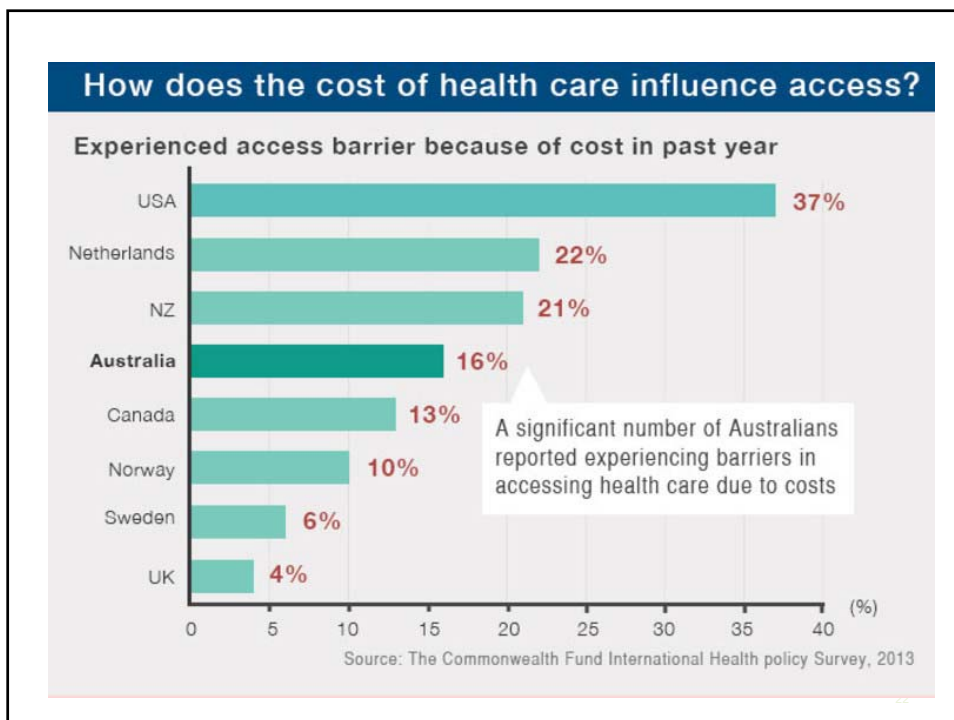
Where does the money come from?

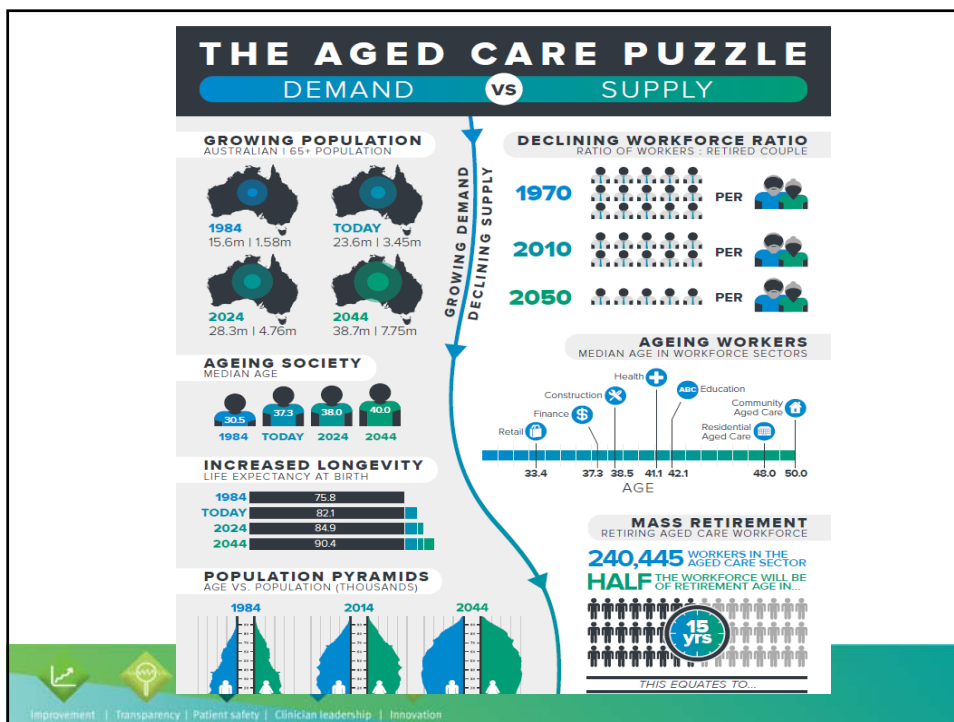
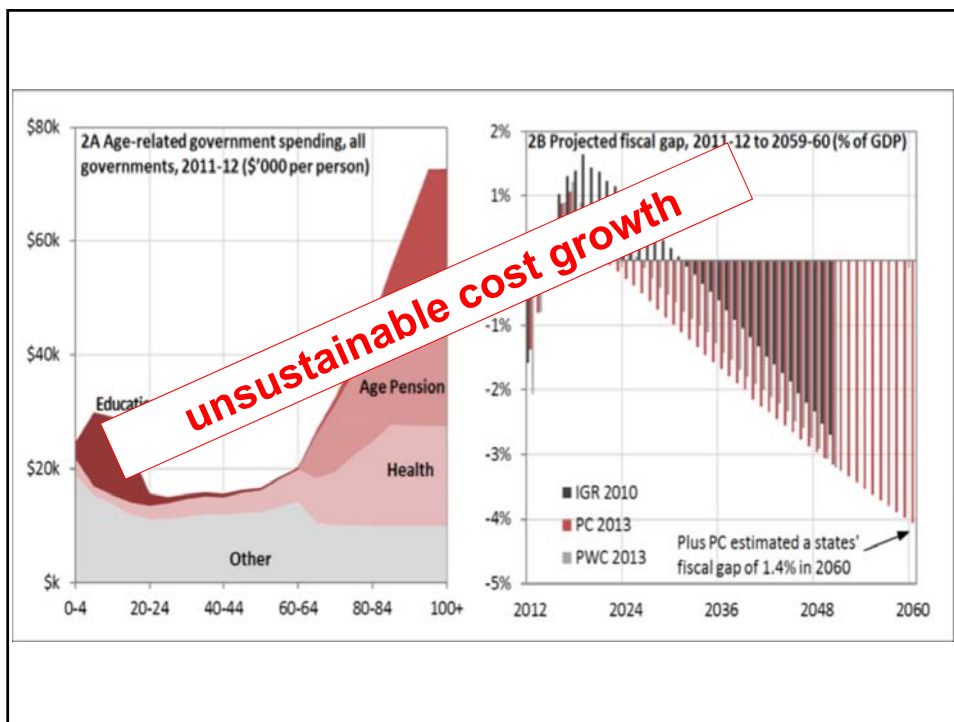
Health expenditure by type of financing

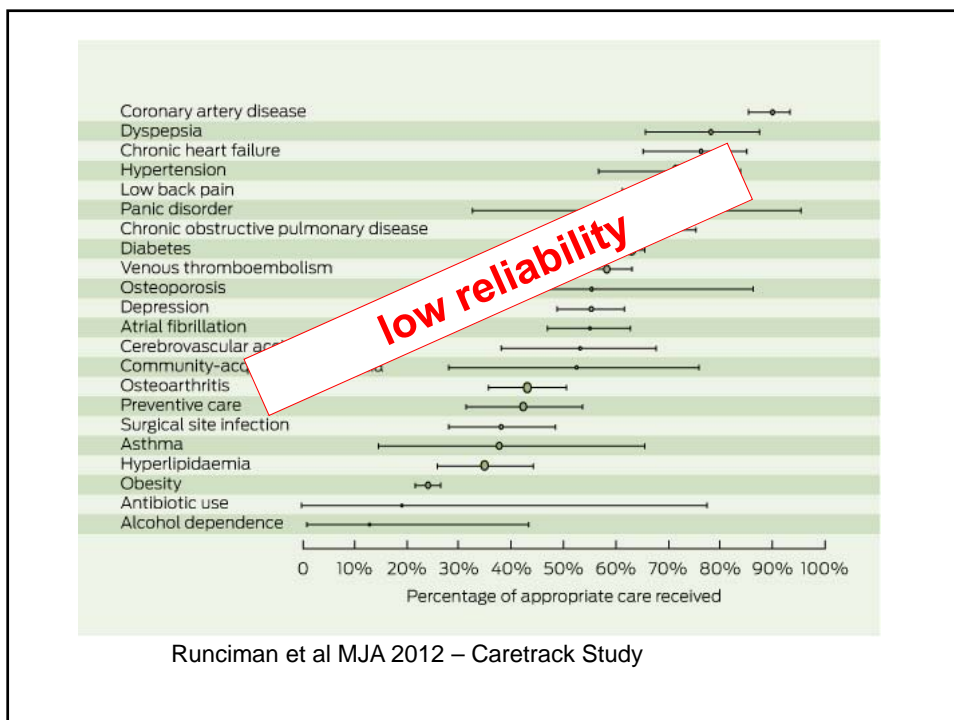
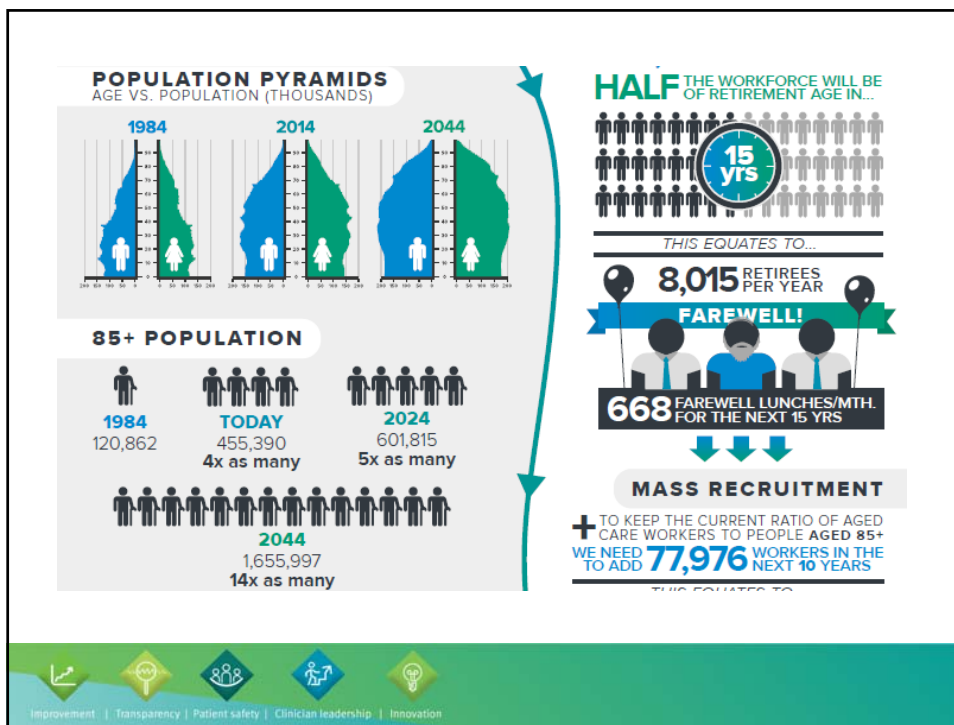
Government* Private out-of-pocket Other
 * Includes social insurance Private insurance

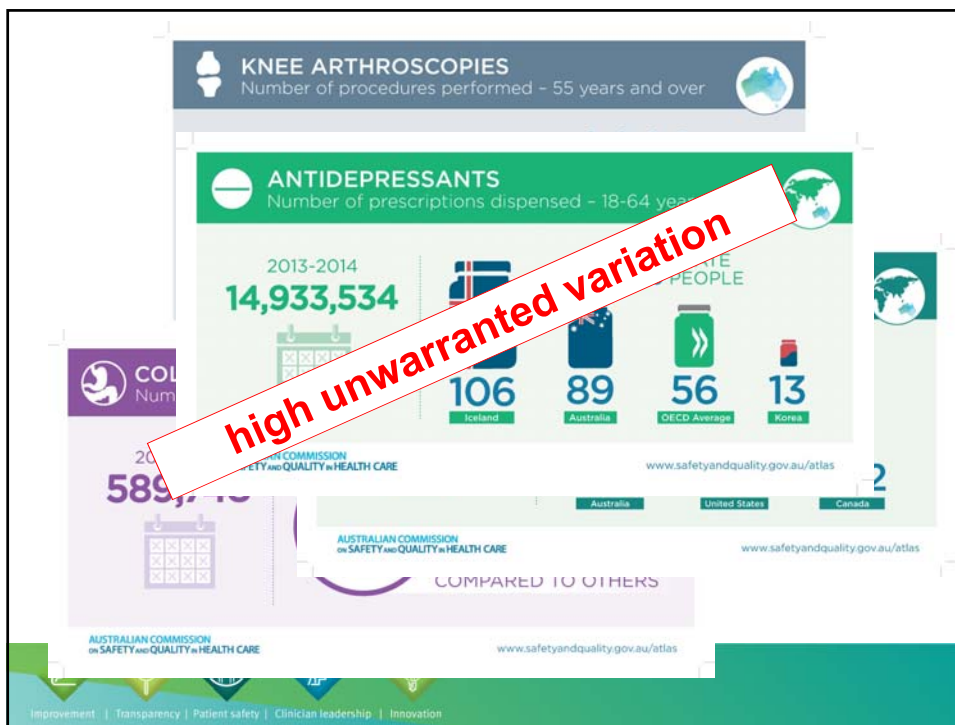
68% of Australia's health spending was funded by public sources in 2011-2012 (compared to the OECD average of 72%)



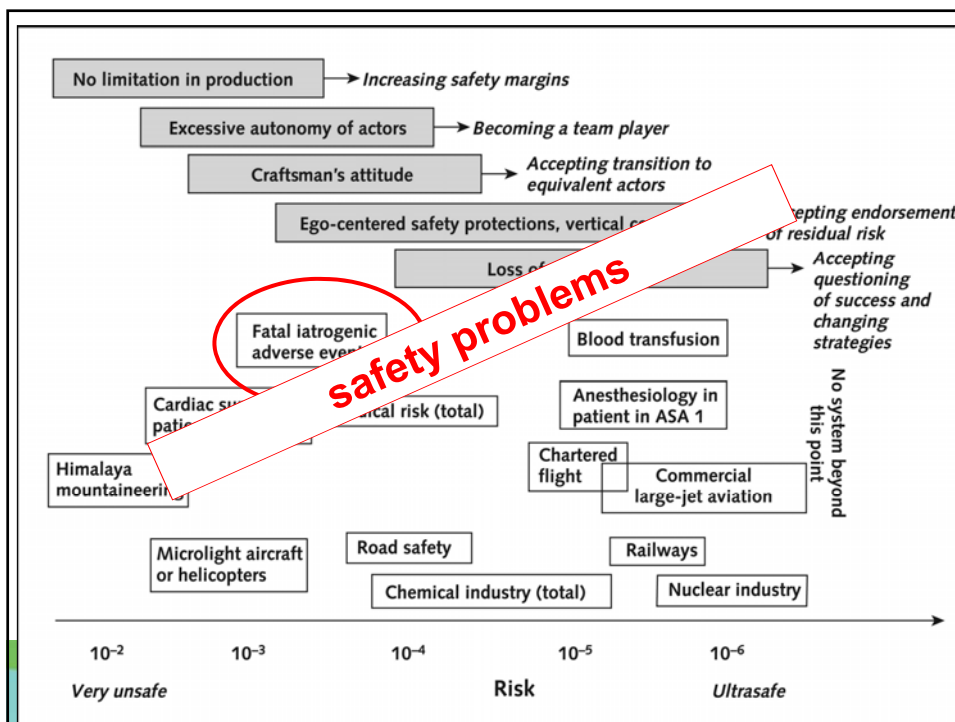


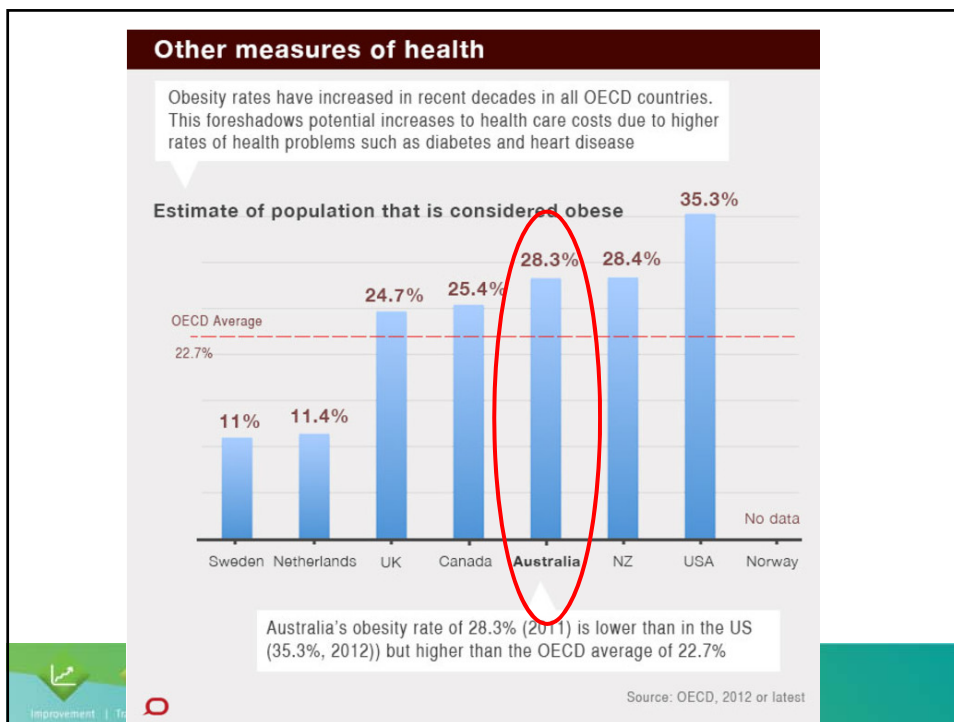






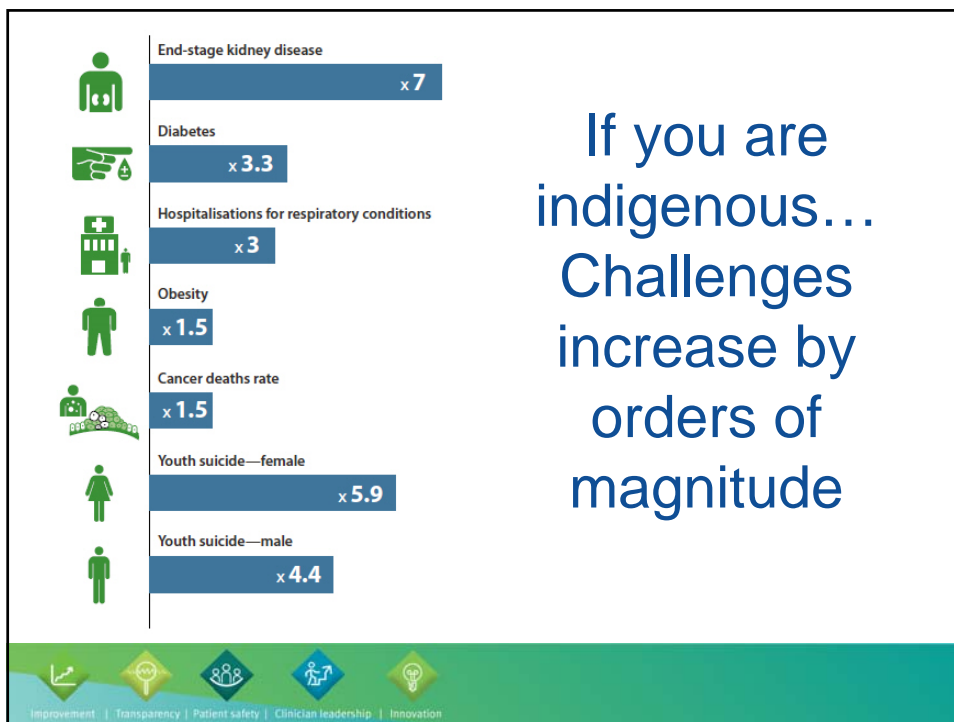
high unwarranted variation






Affluenza – the biggest threat to health





So how do you rate our system now?
 How optimistic are you about our system in the future?

HALF FULL  **HALF EMPTY**

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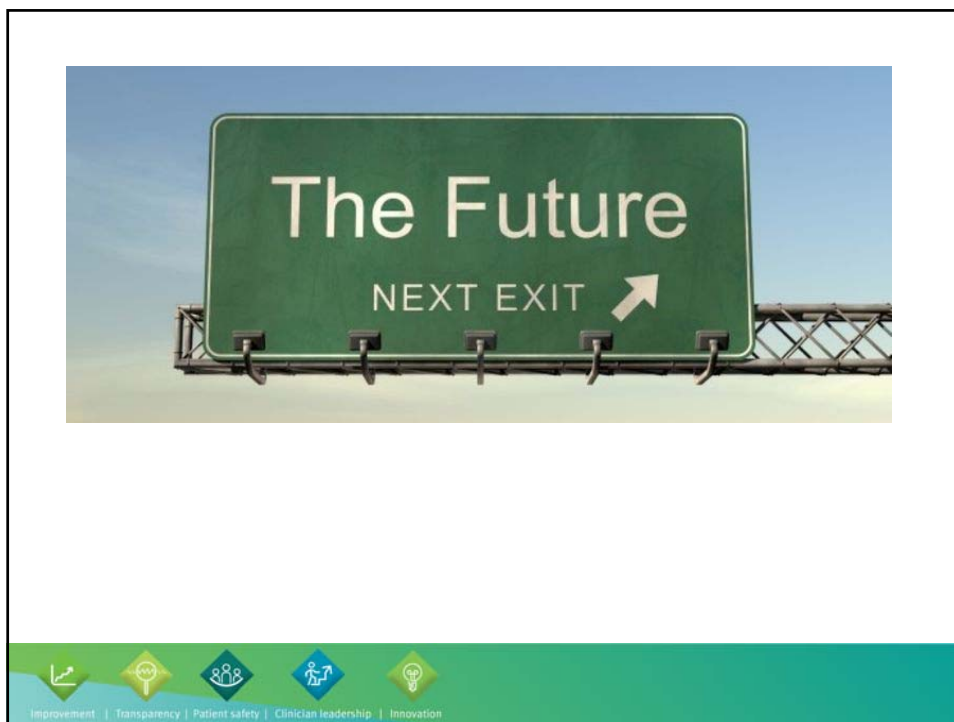
- Unsustainable cost growth
- Reliability 10^{-1}
- Safety 10^{-1}
- Patient expectation/experience gap increasing
- Funding rewards poor quality
- System designed for different era and not fit for purpose



"EVERY SYSTEM IS PERFECTLY DESIGNED
TO GET THE RESULTS IT GETS"

PAUL BATALDEN





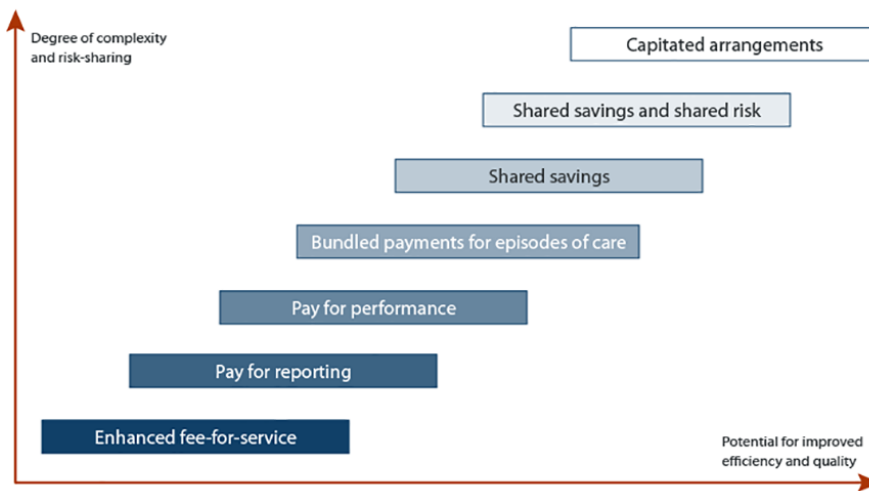
Vision » By 2026 Queenslanders will be among the healthiest people in the world

	Principles	Sustainability	Compassion	Inclusion	Excellence	Empowerment
	1 Promoting wellbeing	2 Delivering healthcare	3 Connecting healthcare	4 Pursuing innovation		
Directions	Improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health	The core business of the health system, improving access to quality and safe healthcare in its different forms and settings	Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers	Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care		
Consumer comment	"Health is everyone's business." <i>-Henry Ritz</i>	"People think we can't influence the health system. But we can." <i>-Ayana R. Kazi</i>	"I dream of a seamless interface for consumers, where there is no wrong door." <i>-Helen Mead</i>	"Why do I need to go to a hospital to talk to someone. I'd rather connect with people on the other side of the world and use mobile apps to manage my health." <i>-Jessica Blase</i>		
Strategic Agenda	Health as everyone's business	Consumer voice	Simplifying and connecting	Smart technology and infrastructure		
	Healthy communities	Empowering our workforce	Funding reform	Research and new ideas into practice		
	Healthy choices	Continuous improvement culture and clinical practice	Being a good partner	Personalised health		
	Headline measures of success By 2026 we will: <ul style="list-style-type: none"> Reduce childhood obesity by 10% Reduce rate of suicide deaths in Queensland by 50% Increase life expectancy for Indigenous males by 4.8 years and females by 5.1 years Increase levels of physical activity for health benefits by 20% 	Headline measures of success By 2026 we will: <ul style="list-style-type: none"> Have consumers participate at all levels of the health system Deliver a 10 year Health Workforce Strategy Attain the lowest rate in Australia of unplanned readmission rates for selected procedures Publish information on service delivery and patient outcomes Ensure Queenslanders receive clinical care within a appropriate time regardless of location 	Headline measures of success By 2026 we will: <ul style="list-style-type: none"> Increase availability of electronic health data to consumers Reduce the rate of potentially preventable hospital admissions Implement new funding models for better connected healthcare and improved health outcomes 	Headline measures of success By 2026 we will: <ul style="list-style-type: none"> Have the majority of clinical activities supported by a digital platform Have 20% of National Health and Medical Research Council (NHMRC) grants awarded to Queensland researchers and the State will have 10% of NHMRC grants from the Health and Translation Centres Increase the proportion of patient care delivered by Queensland and New South Wales health models of care Have a strong innovation and research culture across the health system 		

1. Reward value; not activity



EXHIBIT 5. SPECTRUM OF VALUE-BASED MODELS IN MEDICAID



Note that level of risk can vary substantially within each model and that these models can be combined with one another.
Source: Authors' analysis.

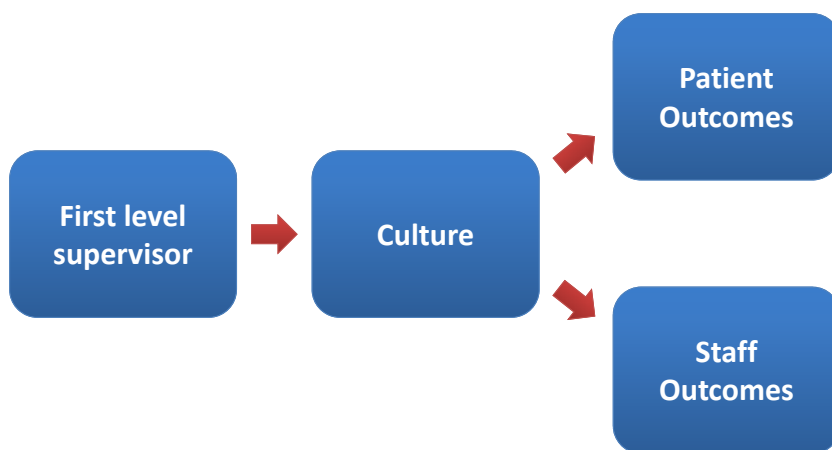


2. Invest in our people – the 21st century clinician



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Culture determines outcomes – real outcomes!



At smallest unit of work – clinical microsystem

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Programs and Activities for 2017-2018

	Program/Activity	Year 1 (2017/18)	
Statewide Clinician Leadership and Management Programs	High Impact Leadership Program	1 cohort	For Senior Surgeons who supervise/ manage staff
	Manage4Improvement Program	12 cohorts	
	Step Up Leadership Program	4 cohorts	For Junior Surgeons
	Learn2Lead – Junior Doctors Development Program	2 cohorts	
	Total Cohort Participation	665	

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3. Connecting Care



4. Shared decision making with consumers



Statement of Choices form

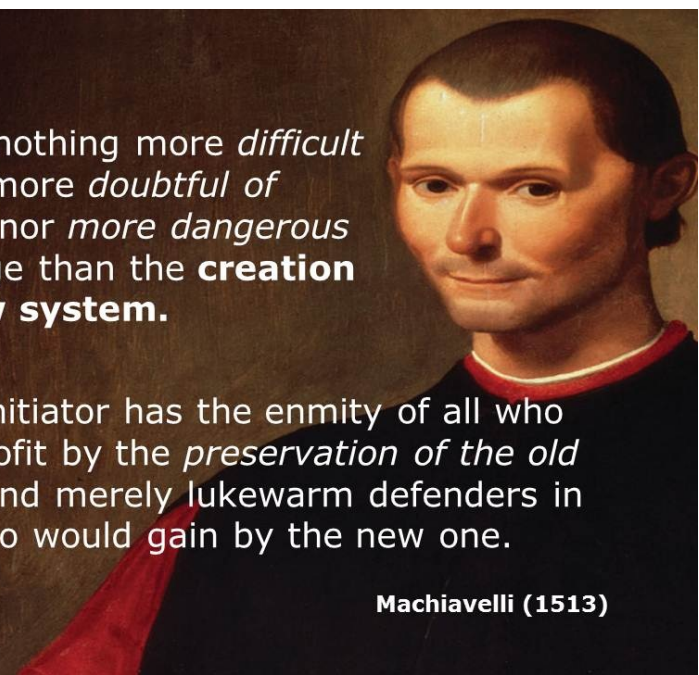


5. Innovation and Disruption



So how do the old guard and the new blood meet these challenges?



A portrait of Niccolò Machiavelli, showing him from the chest up. He has short, dark hair and is wearing a dark, high-collared garment with a red lining. The background is a dark, textured brown.

There is nothing more *difficult to plan*, more *doubtful of success*, nor more *dangerous to manage* than the **creation of a new system.**

For the initiator has the enmity of all who would profit by the *preservation of the old system* and merely lukewarm defenders in those who would gain by the new one.

Machiavelli (1513)