

Representing consumers on national health issues

Making Smart Choices: Reducing Health Costs and Improving Health

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The CHF agenda

- Achieve better outcomes for the people who pay for and use the health system - health consumers
- Make health care more accessible cost, etc.
- Make health services more flexible and responsive to health consumers needs
- Drive reform in work practices, information sharing and consumer engagement
- Improve safety and quality
- Make the health system accountable for achieving better health













What we know

Australia doing well in terms of:

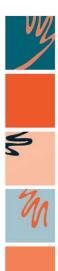
mortality (length of life) smoking rates immunisation

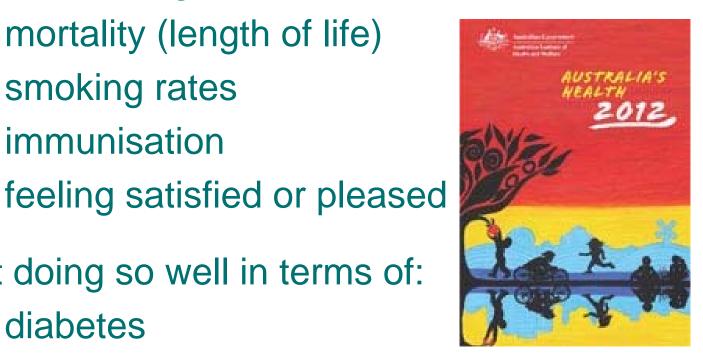
Not doing so well in terms of:

diabetes

obesity

other risk factors







What we know

Health expenditure rising – as are expectations



 Hospital is the most expensive place - \$46.3 billion of \$121.4 billion healthcare expenditure





- Increasing out of pocket \$24 billion a year
- \$7 billion on dental mostly private
- Over 5 million prescriptions a week





What we do not know

From the AIHW report summary



'There is no nationally coordinated approach to primary health-care data collection, which means there is little information available to answer fundamental questions such as 'Why do people consult a health professional?' and 'What was the outcome from the consultation?'



What we do not know

- No clear link between health outcomes and health service data
- Limited primary care data or linkages data
- Limited data on quality of health services or their outcomes
- We do not really know the consumer experience of health care
- We do not really know quality of care or outcomes





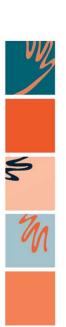








Four critical measures to improve health and reduce costs



- 1. Produce and use better information for health care decision-making
- 2. Promote health and enhance disease prevention efforts
- 3. Align financial incentives with health quality and efficiency
- Correct price signals in health care markets



Want to save \$billions – invest in prevention









- Reduce smoking
- Reduce high blood pressure
- Improve diet
- Increase activity
- Reduce obesity
- Reduce binge drinking



Align financial incentives with health quality and efficiency and correct price signals

- Most health providers are paid for their activity, not their health outcomes. In some ways we reward illness not health
- Even when the known cost of service provision reduces, changing the amount paid for services can be difficult – e.g. cataracts and ophthalmologists, price disclosure and pharmacy owners
- System inertia change is hard when you are challenging income levels etc.





Produce and use better information for health care decision-making

One example - better end of life care

- When surveyed, more than two thirds of Australians said they wanted to die at home.
- In reality, two thirds of Australians will die in a hospital, or another clinical setting.
- One in five Australians will die in an Intensive Care Unit. This figure is increasing.











Appropriate end of life care – one of the issues facing older health consumers











"[People are] getting sick at home, being put in an ambulance, coming into the hospital ... It's a process which has happened subtly. And it's happened without any discussion within our society. It's just what we do. And we do it for what we consider are in the best interests of patients. We want to look after them. We want to cure them. And in doing so we've set up a situation where it's difficult to die peacefully."

Professor Ken Hillman



What are we doing on information – National Health Performance Authority

The National Health Performance Authority will:

- Report on hospitals and primary care
- Identify high-performing services
- Release its information to the public

CHF hopes it will also:

- Measure and report on consumer experience
- Drive improvements
- Promote patient-centred care













What are we doing on payments - National Healthcare Agreement



- Indicator 58 is 'Patient satisfaction and experience', measuring 'Nationally comparative information that indicates levels of patient satisfaction around key aspects of care they received' BUT
- Consumer experience of care has not been adequately measured





Improving the information on which we base decision making and payments?



One simple idea...



What it should be

- Uniform
 - A national and internally-consistent instrument capable of international benchmarking
- Discerning
 - Beyond the "choice of brekkie" experience, not tending to the "7/10 result"
- Mineable
 - Standard data taxonomy with data being publicly mineable in aggregate scores at various levels













EuroHealth Consumer Index 2012

EuroHealth Consumer Index 2012 Health Consumer ub-discipline **Furo Health Concumer Index** Healthcare law based on Retirety Right at a glance: 2 Patient organisation i 3 Volad najpactic inspect Winner: Netherlands A Right to second opinion nner-up: Denmark Acces to own medical record GRogistry of base fide disclore. 1. Patient rights and .7 Winb or 247 interphone IFC info Sub-disciplines: cylcir catalogur with quality rankin 10 CFR greetedon 11 On-line booking of ago Denmark 12 o-procriptions 102 141 117 88 146 112 107 175 141 131 136 112 117 88 122 146 107 131 107 131 112 88 170 180 126 126 18 180 102 122 112 102 141 126 18 Belgium, Luxembourg, I Family doctor same day access Direct access to specialist 3 Major electric surgery 400 days Norway, Sweden Clacery Men. Range and reach of services 217 217 233 133 133 183 183 187 187 187 183 200 200 167 183 180 133 117 183 233 183 200 83 117 117 167 117 200 133 100 100 233 13 Netherlands 1 Rest infert case biskly 17 Infant deaths 13 Cercor double relative to incident Denmark (Demonstable Years of Life Les) 3. Outcomes MISA infections Caturan widow Undergrowed districts 113 188 213 138 200 188 225 250 175 250 298 113 200 175 138 283 238 213 138 138 250 183 263 300 188 163 100 113 188 213 215 300 215 20 6 = Good (3) Liquity of Innithonous systems Catanat operations per 100 000 ago G = Intermediary (2) Infant 4 depay yacdration A Ridney isomplaris per million po @ = Not-so-good (1) Dental care included in public health; revention/ Range as Date of manney spiry n.a. = data not available (1 7 Informal payments to disclore usp. = not applicable (2) £10 % of diabate description of clinic 1 Resubsidy CAcons to new drugs films to subsidy 5. Pharmacouticals S. Alafanimor drugs For more info please visit: 7 Americano, Artibidico aspiroliviro. 33 81 81 33 48 57 62 90 48 86 86 38 76 67 52 62 96 52 43 33 62 48 76 67 48 67 48 38 67 81 71 Iotal score 535 737 783 456 655 627 694 822 653 752 766 527 704 617 577 799 714 623 491 585 791 609 672 756 577 589 469 451 675 638 603 775 769 72 29 11 5 33 17 20 15 2 18 10 8 50 14 22 28 3 13 21 51 26 4 26 1 9 27 25 52 34 16 19 24 6 7 12



Shaping our future for better health and lower costs

- If we want our services to be efficient and sustainable, we must ensure they are directed to and measured by their achievement of better health outcomes
- To do this we must look beyond service use data and begin the real work of measuring health and the experiences of health consumers. If we do not, the growing need to be able to make an informed choice in an information age will ensure this vacuum is filled

