

# Putting the consumer first

Creating a consumer-centred health system for a 21st century Australia

A health policy report, April 2016



The George Institute  
for Global Health



Consumers  
Health Forum  
of Australia



Of course I am not medically trained but I have lived in this body for over six decades and I understand it very well.

Twanny Farrugia. Chronic condition consumer. Consumers Health Forum of Australia's journal, *Health Voices* Issue 17, 2016.



## About this report

We live in an increasingly consumer-driven world. And we are all consumers of healthcare. Yet most aspects of healthcare delivery have been designed with a key focus on the needs of the provider, rather than the consumer who uses the health services. This is clearly an area that is ripe for change.

In addition, our efforts to improve the health system face many other challenges: we have a fragmented health system on many levels including between primary, acute and aged care; between states, territories and the Commonwealth; and between public and private systems. The growing complexity of supporting people affected by chronic diseases, and the greater focus on treating the effects of disease rather than the causes, further compounds the challenges faced by people using health services.

There is a need for a connected, integrated system that can be easily navigated by consumers, as well as by health professionals and carers, and where consumers have a voice and meaningful involvement in their own healthcare.

On 31 March 2016, The George Institute for Global Health and the Consumers Health Forum of Australia, jointly hosted a Breakfast Forum and Special Policy Roundtable to discuss the importance of innovation in creating a consumer-centred healthcare system. The Breakfast Forum attendees, which included a range of experts from health and other industry sectors, were encouraged to tweet their views and questions using the hashtag #innovatehealth. Tweets featured in this report are key reflections from the Breakfast Forum attendees and are not the views of those who contributed to this policy paper.

The aim of the Roundtable was to generate new thinking around potential innovations in healthcare to drive improvement and to formulate a set of consumer-focussed policy recommendations that might underpin these changes.

*Four overarching questions were asked of participants:*

- *How do we empower consumers and communities to be informed and actively involved in their healthcare and the healthcare system?*
- *How do we enable and support consumer-centred professional practice?*
- *How do we enable services and providers to change?*
- *How do we create the right policy, infrastructure and incentive platforms to drive change and support consumer-centred care?*

The Roundtable took place in Sydney with over 35 experts, consumer advocates and groups, and stakeholders from across the health sector, community, academia and industry. This report provides a series of key recommendations for change, as well as a summary of key discussion points.

## Acknowledgements

The George Institute for Global Health and the Consumers Health Forum of Australia thank all those who participated in the Roundtable and the organisations they represented, for their contribution to this report, as well as Andrew Hollo from Workwell Consulting for facilitating the Roundtable. As the meeting was conducted under a version of Chatham House rules, the views and recommendations in this report represent the outcome of the group discussion and do not necessarily reflect the specific views of the individuals at the Roundtable or the organisations they represented (some of whom may have official positions that differ from that presented in this report). The George Institute and the Consumers Health Forum of Australia would like to acknowledge the particular contributions of Anne Parkinson, Fiona Turnbull, Stephen Jan, Tracey Laba, Mark Metherell, Maya Kay and Andrew Hollo to the Roundtable and their work on this report.



Vlado Perkovic  
Executive Director  
The George Institute for Global Health, Australia



Leanne Wells  
CEO  
Consumers Health Forum of Australia



Chronic diseases don't just exist as isolated conditions; lack of understanding co-morbidity reduces treatment effectiveness #innovatehealth

## Summary of key recommendations

1. Develop a *National Vision for Australia's Health* 2025 through the Council of Australian Governments (COAG), that describes and commits to the principles of consumer-centred healthcare
2. *Involve consumers in governance* arrangements throughout all levels of healthcare and research
3. Invest in *empowering consumers to become more involved* in healthcare design and delivery, and self-management of their health
4. *Define consumer-centred professional practice* as a core healthcare professional competency across all levels of healthcare education, to grow skills in working with patients and as part of multidisciplinary teams
5. Ensure that consumer experience drives the health system by *routinely measuring and benchmarking patient experiences and outcomes* across the health system, and *making this information publically available* to allow informed decision-making
6. *Enable innovation in healthcare* while ensuring new approaches are evidence-based, developed collaboratively and 'fit for purpose'
7. *Adjust drivers to create the right policy, infrastructure and incentive platforms* to drive change and support consumer-centred care
8. Develop a *change management strategy* to facilitate the implementation of a consumer-centred health system



Share information. Not just medical information but whatever else may help me as a patient, perhaps about peer support groups, self-help groups or other agencies in the community that may help me. Importantly though, this information needs to be in a format I can understand.



Twanny Farrugia. Chronic condition consumer. Consumers Health Forum of Australia's journal, *Health Voices* Issue 17, 2016.



**@Rebeccalvers**

Rebecca Ivers, Director, Injury Division, The George Institute for Global Health.

Leanne Wells, issues are care coordination, health literacy, home care pilots a potential solution [#innovatehealth](#)

## Introduction

The increasing number of people affected by complex and chronic diseases, combined with an ageing population, are imposing increasing demands on our healthcare system. The precursors of many common diseases—poor dietary and other lifestyle behaviours including low rates of physical activity are well established—yet there is a continued focus on management once the condition is established rather than a whole of life approach to ‘maintaining health’. The healthcare system tends to be focused on elements that are not always the most important to the people using the system—the consumers. It is also generally designed for the convenience of healthcare providers rather than consumers, based on what is now an outdated model of service provision.

While other industries such as banking, telecommunications and commerce have undergone a digital revolution that focuses on the experience of the user, this has not been the case in health. Nevertheless, it is recognised that health is in many ways different to other sectors and that the role of person-to-person contact is always going to be paramount. The challenge is to integrate technology in the best way to provide a platform for more efficient, accessible, personalised, and easy to navigate healthcare.

Our health system is complex and often disconnected across primary, acute and aged care, with outdated models of care making it hard to navigate for users and providers. Affordability is also a key consideration—Australia currently spends \$154 billion per year across the healthcare system and the health spending per person is predicted to double by 2055.

It is clear more of the same is not an option, yet solutions need to be sustainable for the long term. We urgently need new and innovative ways of thinking about healthcare and how we ensure precious health resources and dollars are effectively and efficiently utilised, methods that ensure the patient comes first; that address the disparities in access to healthcare profoundly impacting the most disadvantaged groups across Australia.

As we look towards the 21st century, innovation is appropriately central to the agenda across all parts of government in Australia, and in most sectors including health, industry and trade. This drive to innovation offers an opportunity to build on Australia’s existing world-class tradition of health and medical breakthroughs, but also recognises it is time for change when it comes to addressing our biggest health system challenges.

Australia has a unique opportunity to leverage this culture of innovation to improve the focus, safety, quality, accessibility and affordability of healthcare, in order to ensure better health outcomes for all Australians. Innovation is key to creating a consumer-centred health system—from stepped and incremental, to disruptive and transformative change; from new models of service delivery to the application of new technologies; from new ways of thinking about the role of consumers, to new ways of paying for healthcare.

When we apply the innovation lens to our health system, the first question is what a consumer-centred healthcare system might look like in Australia. In parallel, it is crucial to consider the innovations needed to create such a system.



**@ShemTheBiomed**

Shem Richards

Currently the greatest [#innovatehealth](#) is coming from the [#tech](#) industry, we need to embrace [#digitalhealth](#) [#BigData](#)



## Towards consumer-centred care in Australia

Globally, shifts are beginning to occur in the way we view consumers of health services. No longer seen as passive recipients of care, people are increasingly becoming active participants in their health management and outcomes. They can do this by making decisions about the health services they use, the treatments they choose to accept or reject, and/or by managing their own day-to-day care.

Healthcare consumers are increasingly seen as 'makers and shapers' rather than 'users and choosers' of health and human services. The system is the beneficiary of this as this approach to consumers as partners in care delivers better, more cost effective and efficient healthcare.

To develop a framework for how this might happen in Australia, The George Institute for Global Health and the Consumers Health Forum of Australia partnered on a Special Policy Roundtable held in Sydney on 31 March 2016. Involving over 35 consumers, advocates, and health experts from a range of backgrounds, and representing key stakeholders (see list at end of report), these individuals developed the themes crystallised as recommendations in this report, based on the principles of consumer-centred care.

### Seven principles of consumer-centred care

- Accessible and affordable care.
- Appropriate care that meets the needs and preferences of individuals, that is evidence based, high quality and safe.
- Whole of person care that takes into account people's lives and personal and cultural values; that is inclusive of carers and family.
- Coordinated and comprehensive care that provides multidisciplinary care and facilitates continuity across the different levels of the healthcare system.
- Trust and respect at all times, including timely and efficient complaint resolution processes.
- Support to enable informed decision-making including access to clear and understandable information about treatment options, risks and costs.
- Meaningful involvement of people at all levels of planning, system design, service development and in key governance structures to ensure sustainability.

The following four interdependent principles, provided *consumer-centred framework* for the Roundtable discussion. Looking ahead, these provide key questions to be asked throughout the process of creating a health system that can adapt to diverse consumer needs and the growing burden of chronic and complex conditions in Australia, and to guide systematic change across all levels of the health system. The principles are:

- Empower people and communities to be informed and actively involved in their healthcare and the healthcare system and actively participate in setting priorities for research, healthcare delivery and funding;
- Support consumer-centred professional practice, including working with people, and in multidisciplinary teams;
- Enable services and providers to change;
- Create the right policy, infrastructure and incentive platforms to drive change and support consumer-centred care.

Throughout this report, consumers are defined as people who use or are potential users of healthcare services. They refer to patients, families, carers, friends and other support people as defined by the Australian Commission on Safety and Quality in Healthcare. For consistency purposes, this terminology is used through this report.



@Painaustralia  
Pain Australia

@georgeinstitute @sophiescott2 #innovatehealth. Finance reform needed alongside health reform for better chronic condition management

## Reforms underway in Australia

There is widespread consensus that our health system in Australia, and those in many other parts of the world, are not sustainable in their current form. Costs have increased in line with growing demand and complexity—the sustainability challenges are great, especially in light of the growing rates of multiple chronic and complex conditions and an ageing population.

The Australian Government has embarked on a broad reform of the healthcare system and has acknowledged that such reforms must reflect the needs of modern Australia and put the consumer first. These are anticipated to usher in new models of care with new and more effective ways of doing things. This is particularly true for people with chronic and complex conditions, where there are disparities in access to care such as rural and remote Australia, and where the burden of disease and injury is greatest.

Underpinning these reforms is the recognition that there is considerable scope for improvement through better co-ordination of care, increasing efficiency and reducing waste, and by moving to a consumer-centred service model in which the needs of the patient are central—rather than those of the provider. The proposed reforms assume goals of a system wide cultural change to embrace better data collection, analysis and reporting to aid strategic thinking and planning.

### Government-led initiatives

- **The Medicare Benefits Schedule Taskforce:** to consider how services can be aligned with contemporary clinical evidence and improve health outcomes for patients.
- **Private Health Insurance Review.**
- An independent panel investigating **Pharmacy Regulation and Remuneration** with a focus on the future arrangements for funding community pharmacy.
- **The Primary Healthcare Advisory Group** examining primary healthcare reform and how to provide better care for people with chronic and complex conditions. On the day of the Roundtable, the Federal Government announced a pilot to test a model of patient-centred healthcare homes through 200 general practices across Australia.
- Ground breaking shifts to **consumer-directed care in disability and aged care services** including personally controlled budgets.
- Regional trials of the **National Disability Insurance Scheme** with regards to eligibility to receive financial assistance to purchase relevant services.
- The implementation in 2016 of the Government's response to the **National Review of Services** conducted in 2014 by the Mental Health Commission.
- The **Australian Commission on Safety and Quality in Healthcare** has developed and implemented National Safety and Quality Health Service Standards, which are required for hospitals to be accredited. **Partnering with Consumers** is an overarching standard.
- Establishment of the **Australian Digital Health Agency** to oversee and coordinate digital health policy and implementation.
- Establishment of **Primary Health Networks.**



## Key recommendations

The recommendations stemming from the Roundtable take account of the *consumer-centred framework* outlined on page 5, and the challenges that were identified as preventing progress towards a consumer-centred health system in Australia. These recommendations range from longer-term and transformative changes requiring planned and adaptive change, to areas of 'low hanging fruit' where pragmatic change can be implemented immediately. They also capture three dimensions where an essential shift is required to ensure consumers are at the centre of reform:

- *From national to local*
- *From service silos to systems*
- *From institutions to people and places*

### Vision & Governance

Many components of the healthcare system recognise the value of involving the end-user in a number of aspects, but the approach, breadth and depth of consumer involvement varies widely in ambition, consistency and implementation. In addition, individual organisations have limited capacity to explore and implement best-practice approaches to consumer engagement in their activities. A whole-of-government approach and overarching framework, supported by appropriate governance structures, is necessary to ensure comprehensive uptake of consumer involvement across primary care, hospitals, prevention and research.

#### Recommendation 1: Develop a National Vision for Australia's Health 2025 through the Council of Australian Governments (COAG), that describes and commits to the principles of consumer-centred healthcare.

- *Governments should acknowledge that a healthy community has an impact on our wellbeing and health, human service system sustainability and effectiveness, but also national productivity, and articulate a National Vision for Australia's Health 2025 through COAG.*
- *A National Vision would set the principles of, and provide a framework for, the development of the healthcare system in Australia. A key aspect of this should be recognising the central role of consumers in all aspects of the healthcare system. In addition, this process should outline practical elements of how such an approach should be implemented.*
- *As part of this process, Primary Health Networks (PHNs) and Local Health Districts/Networks (LHDs) should work with local clinicians, communities and consumers to set a vision for a regional health system. This will ensure that services, providers and consumers have a stake in ensuring the vision is realised, are committed to taking action towards it and, most importantly, holding the PHNs and LHDs to account for its delivery.*
- *This combination of a national and regional approach should facilitate broad and joint ownership of responsibility for ensuring appropriate consumer involvement in healthcare design and delivery.*

#### Recommendation 2: Involve consumers in governance arrangements of all levels of healthcare and research.

- *Healthcare organisations, particularly Primary Health Networks (PHNs) and Local Hospital Districts/Networks, commonly create governance arrangements that ensure capable and well-resourced consumers are meaningfully involved in the co-creation of healthcare systems and services to ensure local needs are met. This should be mandated, and consumers must be supported to inform and participate in all phases of PHN commissioning functions. This is particularly important for new initiatives, such as the newly announced implementation and evaluation of Healthcare Home demonstrator sites. Consumers should be involved in co-designing both the national implementation framework for Healthcare Homes, as well as local implementation plans.*
- *Research funders and grant givers also mandate inclusion of people, patients and communities in their governance structures, decision-making processes and individual project design and implementation as a condition of ethics and funding approval. The National Health & Medical Research Council (NHMRC) should take a leadership role and work with the consumer representative organisations and the research community to convert its existing Consumer Engagement Framework into a joint statement supported by an implementation strategy to ensure people, patients and communities are included as co-creators of research.*



@JulieMcCrossin  
Julie McCrossin

We need finance reform to drive behaviour change by clinicians  
#innovatehealth @georgeinstitute @sophiescott2

## Key recommendations continued

### Consumer Empowerment

A key challenge in the development and implementation of a health system that has appropriate consumer engagement is the development of appropriate skills for consumers and health professionals to enable effective involvement. On the one hand, consumers involved in Boards, Committees and other oversight and support groups in health may find it challenging to fully participate in discussions and decision-making in the presence of diverse information, as compared with healthcare professionals involved in these bodies. On the other, healthcare professionals may not be skilled in consumer-centred care and effective engagement of consumers in this capacity.

In addition, consumers wishing to have greater involvement in their own healthcare often find it challenging to do so, and would benefit from having additional support and training. Technological developments over recent years offer a great opportunity to do this in an effective, systematic and co-ordinated fashion.

### Recommendation 3: Invest in empowering consumers to become more involved in healthcare design and delivery, and self-management of their health.

- Government, PHNs and professional colleges should implement consumer health leadership development programmes. People need to be encouraged to be leaders and be trained to build this capacity so they can take up leadership roles in policy development, health technology assessment and programme development.
- Healthcare funders should also prioritise the development of patient self-management and education programs, tailored to suit an individual's health literacy and activation levels. The development of expert patient groups, and peer support groups for patients and carers to enable people will also help people better manage their long-term conditions. This includes ensuring those who are most vulnerable or who may have lower levels of health literacy receiving appropriate support to 'navigate the system' using care coordinators.
- In areas such as disability care, and in other countries, approaches that allow consumers with chronic conditions to purchase packages of care are being explored. The results of these approaches should be carefully assessed, to understand whether they may help to improve healthcare system user experiences and outcomes.
- An individual's access to his/her own health information is a key element that will facilitate engagement in care. Electronic Health Records are already being developed and should be enhanced to allow them to be accessed by consumers to better understand their health status, for example using third-party tools. The Australian Digital Health Agency is key to this and should design, champion and support uptake of a personalised electronic record system that supports multidisciplinary team care practices, communication of shared health information between providers and patients, and that fits with current system architecture. The consumer community must be actively engaged as partners by the Agency in the design, application and use of this system. Further, national standards and frameworks should support consumer centric information to be accessible, transferable and connected across providers.

### Education

Clinicians engage with consumers of the health system on a daily basis, but their attitudes to the involvement of consumers in design and decision-making vary widely. While many healthcare professionals are already highly engaged with consumers and have a deep and innate understanding of mechanisms of engagement, this is not universal. The behaviour and attitudes of healthcare professionals are shaped by their training and their continuing professional development. Growing skills in the ability to work with patients and in multidisciplinary teams is critical for provision of integrated, consumer-centred care especially for people with multiple conditions. Delivering consumer-centred care requires skill particularly within community settings.





Ensure collaboration between my various specialists so I am not treated as a collection of individual health issues but as the one individual with the complex health issues I happen to be. This collaboration should go outside the hospital to include the GP, other health professionals, patient's family, carers and/or interested others nominated by the patient.



Twanny Farrugia. Chronic condition consumer. Consumers Health Forum of Australia's journal, *Health Voices* Issue 17, 2016.

## Key recommendations continued

**Recommendation 4. Define consumer-centred professional practice as a core healthcare professional competency across all levels of healthcare education, to grow skills in working with patients and as part of multidisciplinary teams.**

- Professional education bodies for healthcare professionals should incorporate consumer-centred competencies in curriculum at all levels from undergraduate to continuing professional development, including the participation of consumers in the design and delivery of relevant components of the curriculum. This will ensure that healthcare professionals learn how to engage in shared decision-making and tailoring care to reflect varying levels of health literacy, patient expectation and support needs and that this becomes engrained in routine practice.
- Professional, education and standard setting bodies should also ensure that clinical practice guidelines reinforce consumer-centred care, and should develop toolkits and education programmes for healthcare professionals that aid in explaining treatment risks and benefits to consumers, particularly in the presence of multi-morbidities.
- Government, private health insurers, professional colleges and PHNs should also collaborate with developers of health apps and other digital platforms, and invest in programs that will support healthcare professionals to learn and embrace new technologies. This will ensure they are better placed to advise consumers during shared decision-making and planning.

## Transparency

A key element of a consumer-focused health system is a focus on quality of outcomes and shared decision-making. This can only be achieved if the system collects appropriate data regarding metrics, and these are made available to consumers. While much data is collected about key outcomes including mortality, morbidity, complications, adverse events and costs, these are not made available to consumers in a fashion that allows outcomes to be appropriately incorporated in health choices. In addition, outcomes important to the consumer, such as patient reported outcomes and patient experience, are often not collected let alone used to support informed health choices.

**Recommendation 5. Ensure that consumer experience drives the health system by routinely measuring and benchmarking patient experiences and outcomes across the health system, and making this information publically available to allow informed decision-making.**

- Given National Health Service achievements in England, and as reported by the NSW Agency for Clinical Innovation, where patients provide direct feedback on their care, healthcare funders and regulators should require healthcare providers to collect Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs), and utilise the results to drive consumer-centred quality improvement at all levels—frontline, regionally and nationally.
- Government, private funders and providers can make transparent and accessible information about the quality, performance and costs of health services, both public and private. This should include patient reported outcomes and experience measures, along with appropriately adjusted mortality, morbidity, complication and adverse event rates. This will ensure that there is better information balance, that consumers have greater knowledge and certainty about the market, and can make better informed choices about their healthcare options.
- Quality improvement activities by healthcare organisations and clinicians should involve consumers at all levels ranging from their involvement in setting standards and accreditation, to the use of patient experience insights and data in continuous improvement processes. This will ensure that quality improvement is taken beyond the realm of compliance to focus more strongly on using data, peer review and consumer insights to drive service improvement and innovation.



@HCNSW

Health Consumers NSW

Our best and often overlooked resource is [#consumers](#) and their experience  
[@CHFofAustralia](#). [#innovatehealth](#)

## Key recommendations continued

### Innovation

There are an increasing number of healthcare innovations which promise more efficient care, however many of these are incremental rather than transformative. Many innovative approaches harness technology including telemedicine, electronic decision support, consumer portals and smartphone apps, and have consumer interests in mind. However, these innovations are commonly developed in isolation, without strong evidence to support their effectiveness or acceptability, and without a good understanding of where they will 'fit' in the system. The current system also focuses on physician-based care, which ignores the potential of a wider health workforce to deliver effective care to prevent and manage chronic disease.

Systemic barriers to the testing and implementation of novel approaches to healthcare are also common across the health system. If service providers are to strengthen and improve the extent to which they are delivering consumer-centred care, as well play a lead role in innovative consumer-centred care delivery, a supportive environment must first exist and barriers to change be broken down.

### Recommendation 6. Enable innovation in healthcare while ensuring new approaches are evidence-based, developed collaboratively and 'fit for purpose.'

- Consumers, industry, government and researchers should work collaboratively to develop, test and scale-up proven innovative initiatives that address current challenges in healthcare.
- New models of care, including those assisted by digital technology or provided by alternative healthcare workers, should be encouraged, and barriers (legislative, regulatory, financial and operational) removed. It is important that any innovations are carefully assessed, to ensure that they are supported by robust evidence in a process analogous to that through which new drugs are evaluated, with appropriately rigorous assessment of their safety, effectiveness, acceptability, affordability and sustainability.
- Funding models and information systems should seek to consider and capitalise on the wider health workforce, including patients themselves, their carers as well as social care workers, pharmacists, allied health workers and Aboriginal and Torres Strait Islander health workers as a potential means of delivering effective care with appropriate support. This is especially the case where access to General Practitioners and specialist services is limited.
- Innovations in healthcare delivery such as the recently announced Healthcare Home demonstrator sites, should explore how the delivery of care in non-clinical settings and how the existing workforce, particularly specialist care providers and social care providers, can be integrated in new and innovative ways in Healthcare Home models in consultation with stakeholders and peak bodies. New forms of vertical and horizontal integrated care will ensure more effective 'wrap around', comprehensive consumer-centred services.

### Creating Change

New models of care supported by robust evidence, appropriate funding models, information and data, workforce, emergent workforce, and ways to deploy the existing health and social care workforce in new configurations are required.

Changes to policy settings and structural change are therefore needed to shift thinking and create a new vision. In today's digital world, we must prioritise the development of information systems and digital technology to enable the sharing of information across organisational and professional boundaries, and to support consumers to access services and engage in self-care. Change can also be enabled through quality leadership and governance.

### Recommendation 7. Adjust drivers to create the right policy, infrastructure and incentive platforms to drive change and support consumer-centred care.

- Health funders should redesign reimbursement to health providers to prioritise consumer-centred care, including those based on patient-centric performance measurement and facilitating effective, outcome-based care.
- Governments could take this further by creating financial instruments such as social impact bonds that are a means of implementing

## Key recommendations continued

*a system of results-based financing to encourage innovative private sector programs in disease prevention and care co-ordination.*

- *Organisations providing healthcare should be held to account for the health outcomes of the populations that they serve, with funding and other levers adjusted based on these.*

### Change Management

The recommendations outlined above are ambitious and are intended to strengthen and build on the best of Australia's healthcare system in order to ensure that it is fit-for-purpose and responsive to the needs, preferences and expectations of 21st century healthcare consumers. They call for national leadership to set an enabling health and human service policy framework, regional leadership at the local health economy level and an investment in healthcare innovation through collaborations between the public and private domains of the system. Importantly, they recognise that change must be driven 'top down' as well as 'bottom up', that some change will be longer-term and transformational, whereas other change can be acted upon relatively quickly.

Our recommendations acknowledge the fundamental role to be played by clinical leaders and consumers themselves in driving and sustaining system improvement and transformation through shifts in attitudes, cultures and practices. As regional 'system stewards' charged with transforming primary healthcare and fostering system integration, PHNs and LHDs have roles that go beyond service commissioning. They have a fundamental role in working together to support and coordinate such leadership at the regional level, bridging the private and public sectors and better integrating the primary, specialist and social care systems. They will need change management expertise and capacity themselves. Implementation will require intensive and sustained activity to achieve a change in the culture, design and operation of the current health system. This will be challenging and will need ongoing oversight, development and resourcing.

### Recommendation 8. Develop a change management strategy to facilitate the implementation of a consumer-centred health system.

- *Successful implementation of the strategy outlined above will need strong leadership, oversight and resourcing. Responsibility for this will need to be vested in suitable national bodies which take responsibility to work in partnership to oversee implementation and make available appropriate expertise, tools, education, training and resources.*
- *Primary Health Networks will need resourcing to fulfil their change leadership and system stewardship roles. This could include access to a performance and innovation funding pool to accelerate regional healthcare innovation and integration and access to a national innovation portal for sharing best practice and translating knowledge.*
- *Fit-for-purpose programmes should be developed nationally and rolled out regionally to equip both clinicians and consumers with the leadership and change management skills required to drive transformational change and consumer-centred improvement and innovation initiatives.*

@methusheilah

Maggie Gardener. Follow #Auspol.



#innovatehealth so that we don't have to wait months for an MRI in the public system 5%  
medicare tax on all income over \$200,000 #auspol



@AAMRI\_Aus  
AAMRI.

All the [#medicalresearch](#) in the world won't change outcomes unless patients are at centre of healthcare. [@georgeinstitute](#) [#innovatehealth](#)

## Summary

The recommendations in this report provide a blueprint for reform and a guiding framework for involvement of the consumer in the health system of the future.

We first need a ***national vision***—one that incorporates, defines, and commits to the principles of consumer-centred care. From here, how we judge, measure and take accountability for the performance of our healthcare system is critical. Traditionally this has been the extent to which it delivers ***better health outcomes, better experiences of care and cost-effectiveness***. However, ***the health workforce*** and their professional development is an equally important part of the mix. And, foremost, underpinning the pathway to reform must be a deep and systematic understanding of what matters to consumers and ***consumer empowerment and engagement***.

It must also be recognised that implementing the recommendations in this report will require ***adequate budget*** allocation and resourcing by the various stakeholders. However, these investments are critical, if we are to realise the improvements in safety, quality, effectiveness and efficiency of care when delivered, designed and evaluated in partnership with consumers.

The Roundtable discussion and this report mark the beginning of a conversation that we believe is crucial to continue.

It is ***time to change the way we view consumers; less as 'users and choosers' and more as 'makers and shapers'***. It's time to shift gears from a system designed by providers to one that's consumer-centred, to accelerate healthcare innovation that creates real, disruptive and lasting whole-system changes for the benefit of all Australians. This is one of the most fundamental transitions we need to make if we are to create a truly 21st century health system in Australia.



@timregan99

Tim Regan. CFO/COO The George Institute for Global Health

When will patients own their medical records on their mobile  
- so last century to fill in new form for each visit to doctors [#innovatehealth](#)



"We don't have a health system, we have a sick system". How do we keep people engaged in managing their own healthcare? #innovatehealth

## Thank You

The George Institute for Global Health and the Consumers Health Forum of Australia are grateful for the participation of the following representatives in the Roundtable discussion that is the basis of this report.

*Lin Oke* - Allied Health Professions Australia

*Karen Booth* - Australian Primary Healthcare Nurses Association

*Naomi Poole* - Australian Safety and Quality in Healthcare Commission

*Ian Hickie* - Brain and Mind Centre, University of Sydney

*Jarrod Ball* - Business Council of Australia

*Alison Beauchamp* - Centre for Population Health Research,  
Deakin University

*Tim Shaw* - Charles Perkins Centre, University of Sydney

*Melissa Cadzow* - Consumer Health Advocate

*Karen Luxford* - Clinical Excellence Commission

*Debbie Rigby* - Consultant Clinical Pharmacist

*Jan Donovan* - Consumers Health Forum of Australia

*Leanne Wells* - Consumers Health Forum of Australia

*Tony Lawson* - Consumers Health Forum of Australia

*Ian Yates* - Council on the Aging, Australia

*David Hansen* - CSIRO

*Melissa Kang* - Department of General Practice, Sydney Medical School,  
Westmead

*Tim Usherwood* - Head of Department of General Practice,  
Sydney Medical School, Westmead

*Tony Sherbon* - Ernst & Young Health Practice

*Joseph Caputo* - Federation of Ethnic Communities Councils  
of Australia

*Andrew Knight* - Improvement Foundation Australia & Nepean Blue  
Mountains Primary Health Network

*Paul Nicolarakis* - Lorica Health

*Frank G Quinlan* - Mental Health Australia

*Janet Meagher* - Former Commissioner,  
National Mental Health Commission

*Tim Kelsey* - Telstra Health

*Fiona Turnbull* - The George Institute for Global Health

*John Myburgh* - The George Institute for Global Health

*Simon Finfer* - The George Institute for Global Health

*Stephen Jan* - The George Institute for Global Health

*Tracey Laba* - The George Institute for Global Health

*Vlado Perkovic* - The George Institute for Global Health

*Gillian Shenfield* - The Royal Australasian College of Physicians

*Frank R Jones* - The Royal Australian College of General Practitioners

*Zena Burgess* - The Royal Australian College of General Practitioners

*Louisa Jorm* - University of NSW and NSW Bureau of Health Information

*Stephen Leeder* - Western Sydney Local Health District Research  
and Education Network

*Walter Kmet* - Western Sydney Primary Health Network



**@DonnaSNS**

Donna Waters. Dean, Sydney Nursing School, University of Sydney.

We are all health consumers #innovatehealth @UniSydneyHealth

## Sources

Bowles, M Secretary, Australian Department of Health. (2016) Speech to the committee for Economic Development of Australia (CEDA) Friday 11 March 2016, Brisbane

Cornwall A, Gaventa J. (2001) From users and choosers to makers and shapers: repositioning participation in social policy. IDS Bulletin 31(4): 50-61. Available at <https://www.ids.ac.uk/files/Wp127.pdf>

Collaborate and New Local Government Network (NLGN). (2016) Get well soon: Reimagining place-based health. Available at [http://collaboratei.com/wp-content/uploads/Get-Well-Soon\\_FINAL.pdf](http://collaboratei.com/wp-content/uploads/Get-Well-Soon_FINAL.pdf)

Edwards N. (2016) Nuffield Trust (UK) Contradiction, change and misdiagnosis. Available at <http://www.nuffieldtrust.org.uk/blog/contradiction-change-and-misdiagnosis>

Farrugia, T. (2016) A chronic consumer's casebook: Doctors, duct tape and a big red bus. Health Voices Issue 17 (April) 19-20. Available at [https://www.chf.org.au/newsletter/April%202016/HealthVoices\\_April2016.pdf](https://www.chf.org.au/newsletter/April%202016/HealthVoices_April2016.pdf)

Health Foundation and Nesta. (2016) At the heart of health: Realising the value of people and communities. Available at [http://www.nesta.org.uk/sites/default/files/at\\_the\\_heart\\_of\\_health\\_-\\_realising\\_the\\_value\\_of\\_people\\_and\\_communities.pdf](http://www.nesta.org.uk/sites/default/files/at_the_heart_of_health_-_realising_the_value_of_people_and_communities.pdf)

Health Foundation. (2014) Person-centred care: from ideas to action. Summary and analysis. Available at [http://www.health.org.uk/sites/default/files/PersonCentredCare\\_IdeasInAction\\_inbrief.pdf](http://www.health.org.uk/sites/default/files/PersonCentredCare_IdeasInAction_inbrief.pdf)

KPMG. (2014) Creating new value with patients, carers and communities: A report in the What Works series. Available at <https://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/what-works/creating-new-value-with-patients/Documents/creating-new-value-with-patients.pdf>

Renedo A, Marston CA, Spyridonidis D, Barlow J. (2014) Patient and public involvement in healthcare quality improvement: How organizations can help patients and professionals to collaborate. Public Management Review 17(1): 17-34.

Royal College of General Practitioners. (2014) An inquiry into patient centred care in the 21st century: Implications for general practice and primary care. Available at <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/RCGP-Inquiry-into-Patient-Centred-Care-in-the-21st-Century.ashx>



**@stephenhowald**

Stephen Howald

To progress consumer innovation in the mental health sector, the sector has to create leadership opportunities for consumers #innovatehealth



## Host organisations

### About The George Institute for Global Health

The George Institute conducts targeted, innovative health research aimed at reducing the burden of leading causes of death and disability in Australia and around the world, to ensure all Australians have efficient access to safe and effective healthcare.

For the past 16 years our research has influenced medical guidelines and practice, and changed thinking about some of the most common prevention strategies and medical treatments around the world. Since the establishment of its Australian headquarters, The George Institute has developed a global research program with additional offices in China, India and the United Kingdom. The George Institute employs over 500 staff, has more than 50 ongoing research projects and has raised over \$550 million in funding for global health research. The George Institute is affiliated with the University of Sydney, Peking University Health Science Centre, and the University of Oxford and is ranked among the top 10 research institutions in the world for scientific impact by the SCImago Institutions Rankings (SIR) World Report in 2011, 2012, 2013 & 2014. In addition, the National Health and Medical Research Council's (NHMRC) 'Measuring Up Australia 2013' report ranked The George Institute first among Australian research organisations for research impact.

### About The Consumers Health Forum of Australia

The Consumers Health Forum of Australia is the national peak body representing the interests of Australian healthcare consumers and those with an interest in contemporary health consumer affairs. We work in the public interest to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. We do this by generating consumer-led ideas for better health.

Consumer Health Forum member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. The Consumer Health Forum policy is developed through consultation with members, ensuring that the Consumer Health Forum maintains a broad, representative, health consumer perspective. The Consumer Health Forum is committed to being an active contributor in the ongoing development of Australian health policy and practice.

### Project team

The Roundtable and report was a joint production of The George Institute for Global Health and the Consumers Health Forum of Australia.

#### *The Consumers Health Forum of Australia:*

Leanne Wells, Chief Executive Officer, The Consumers Health Forum of Australia

Dr Anne Parkinson, Policy Officer, The Consumers Health Forum of Australia and Postdoctoral Fellow, The Australian National University, Research School of Population Health

Mark Metherell, Director of Communications, The Consumers Health Forum of Australia

#### *The George Institute for Global Health:*

Professor Vlado Perkovic, Executive Director, The George Institute Australia.

Associate Professor Fiona Turnbull, Head of Strategic Initiatives, The George Institute for Global Health

Professor Stephen Jan, Head of Health Economics, The George Institute for Global Health

Dr Tracey Laba, Research Fellow, Health Economics, The George Institute for Global Health

Anna Palagyi, Research Fellow (Injury), The George Institute for Global Health

E. Richard Mills, Director, Global Communications and Advocacy, The George Institute for Global Health

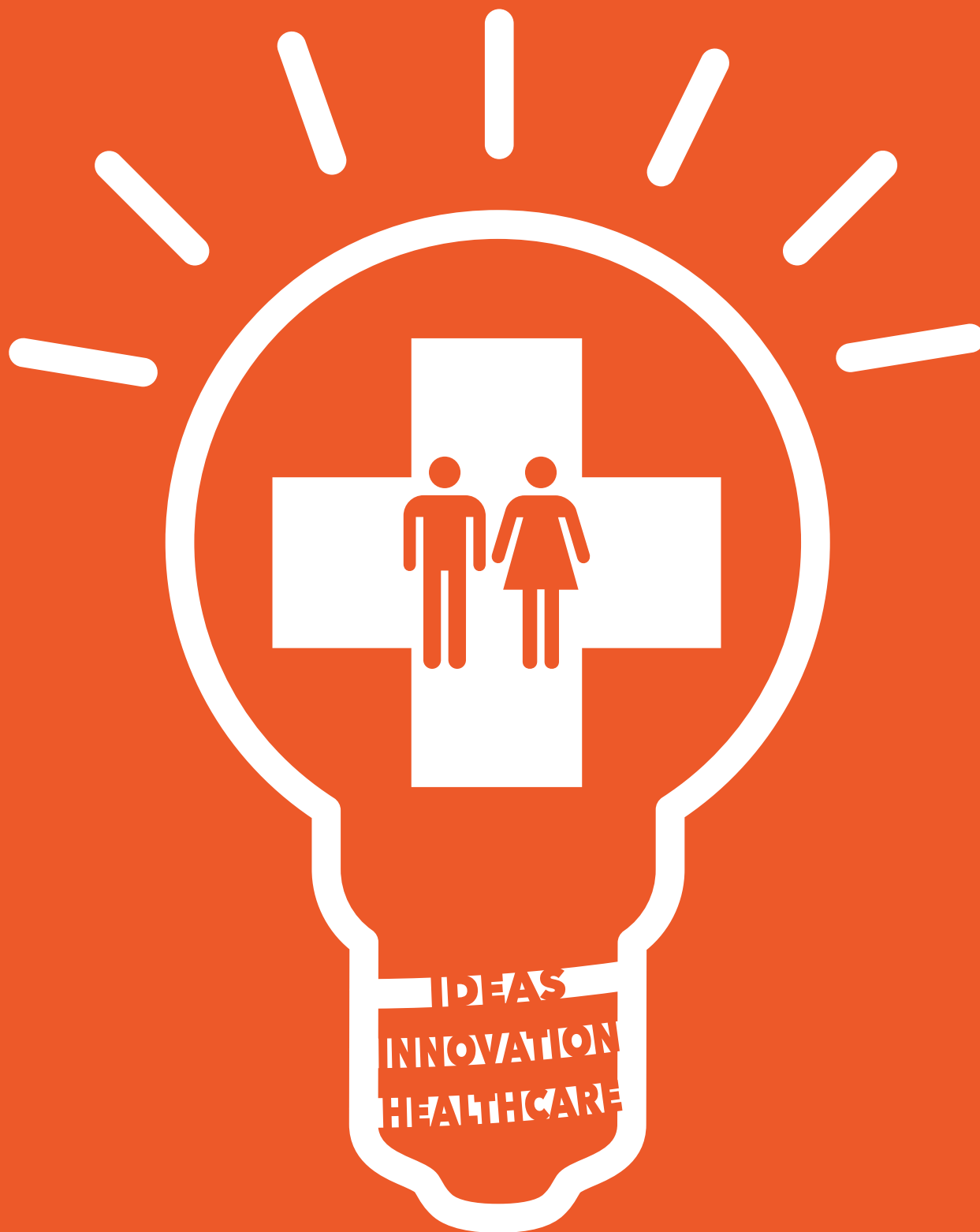
Maya Kay, Communications Manager, The George Institute, Australia

Julia Timms, Senior Media Advisor, The George Institute, Australia

Chelsea Hunnisett, Communications Coordinator, The George Institute, Australia

Kevin Truong, Digital Engagement Manager, Global Communications, The George Institute for Global Health

Alexander Baldock, Design Manager, Global Communications, The George Institute for Global Health



The George Institute  
for Global Health

[@georgeinstitute](#)

[www.georgeinstitute.org](http://www.georgeinstitute.org)

[thegeorgeinstitute](#)



Consumers  
Health Forum  
of Australia

[@CHFofAustralia](#)

[www.chf.org.au](http://www.chf.org.au)