



Strategic Plan 2020-2021

Health System Evaluation National Working Group

The Australian Health Research Alliance (AHRA) consists of seven Australian Advanced Health Research Translation Centres (AHRTCs) and two Centres of Innovation in Regional Health (CIRHs).

In 2018, AHRA, via its member organisations, received funding to develop a national framework for Health Systems Improvement and Sustainability (HSIS). The development of the national framework was based upon work in four priority areas:

1. Health Services Research and Evidence Synthesis and Dissemination/Education
2. Change and improvement of clinical practice
3. *Health systems evaluation and assessing new models of care (focus of the Health System Evaluation (HSIS) Working Group 3)*
4. Health Services Management Engagement in HSIS.¹

A team known as HSIS Working Group 3 (WG3) formed to address priority 3.¹ The driver for this priority was a concern that the expected value from healthcare spending in Australia was not being obtained. Specifically, the focus was on the apparent sub-optimal evaluation of healthcare in Australia, particularly at the local level.

WG3 was led by NSW Regional Health partners with members drawn from the AHRTCs and CIRHs. The specific aims for WG3 were to oversee a body of worked that addressed the local level in Australia regarding:

1. Reviewing and reporting evidence on:
 - a. Models for the evaluation of healthcare;
 - b. Gaps in the evaluation of healthcare;
 - c. Strategies to critically evaluate healthcare systems and technologies.
2. Developing a framework to improve the evaluation of health-related technologies and models of care.¹

This work was completed on time in late 2018. It was delivered at the NHMRC Translation Symposium in November 2018 and published by NSW RHP in 2019.¹ It contained four interrelated high-level recommendations:

1. Establish a national Expert Panel of people with the skills to develop the national and local level, evaluation and implementation framework (consider the framework developed by WG3) and a National Advisory Committee on Evaluation and Implementation. It is recommended that the Committee:
 - a. Oversee a national approach to local level evaluation and implementation;
 - b. Determine the appropriate evaluation and implementation tools and methodologies;

- c. Recommend a curriculum to support tertiary training and professional development in evaluation and implementation;
 - d. Set thresholds for AHRTC and CIRH centres to be accredited as Centres of Excellence in Evaluation and Implementation.
2. Boost education and training, and professional development, to ensure a sustainable health services workforce that is 'evaluation and implementation capable'.
 3. Increase the workforce of skilled evaluation staff at the local level (in health services and affiliated organisations such as universities and MRIs) with the capability to:
 - a. Be integrated into health services;
 - b. Plan and implement evaluations of health technologies and models of care;
 - c. Advise on the implementation of evidence-based decisions;
 - d. Undertake monitoring and assessment;
 - e. Provide decision makers in health services with appropriately communicated information to inform their decisions;
 - f. Provide appropriate communication of evaluation and implementation outcomes to a wide range of specialist and non-specialist audiences.
 4. Facilitate an increase in evaluation and implementation resources (e.g. financial) at the local level that supports a sustainable integration of evaluation and implementation capability into health services' decision making.¹

In December 2019, WG3 evolved into a new working group, now called **Health System Evaluation National Working Group** (HSENWG). The aims of HSENWG are to provide strategic oversight, advice and direction and operational support for the development, implementation, impact and influence of a national framework for "Health systems evaluation and assessing new models of care."

This document outlines one-page high-level strategic plan for HSENWG. **It is a living document that will be updated as the work of the group progresses.**

The single page strategic plan is to be implemented in stages – acknowledging the limited resources available to HSENWG. Note also, the documented short-term impacts are achievable in the time frame allocated for HSENWG as many are logical consequences of projects that are already operational and affiliated with the Working Group. For example, the embedded Economist (eE) program funded by the MRFF via NSW RHP, will contribute to capacity building via applied courses and upskilling health services staff. However, to achieve scale in the eE (i.e. to deliver outside the footprint of the existing eE program) is not realistic. The impacts also include aspirational medium- to long-term impacts. While these impacts are logical consequences from the body of work overseen by HSENWG, their realisation is beyond the current life of the Working Group.

High-level HSEWNG Strategic Plan

Stakeholders/End user: HSEWNG; AHRTCs; CIRHs; local, state, territory and Commonwealth health services (staff and decision makers); patients & community; industry (insurance & health services); local, state & Commonwealth Govts (funders); Researchers in health services & industry); Universities, research funders (MRFF, NHMRC, CRC etc.)



NEED

Sub optimal returns from investments into AU healthcare

- ❖ Guidance on what local level evaluation looks like
- ❖ Better access to needed evaluation & implementation skills
- ❖ Better means to address low value care
- ❖ Inclusion of end users in healthcare evaluations
- ❖ Raised community awareness about healthcare evaluation & its association with decision making
- ❖ Expansion of capacity building in health services
- ❖ Stable funding for evaluation & implementation
- ❖ Better sharing of evaluation outcomes amongst health
- ❖ Evaluations that are understood by decision makers



AIMS

Improved infrastructure & guidance focused on the needs of local health services

1. High level guidance on a **national** approach to **local level evaluation & implementation**
2. Through education, training & professional development, build an evaluation & implementation capable health workforce
3. Grow the health workforce of skilled evaluation / implementation staff at the local level
4. Facilitate **national, state & territory** resources for evaluation & implementation **at the local level**



ACTIVITY

Strategic initiatives that are achievable by end 2021
* Denotes underway

- Draft guidelines for the national panel on local level evaluation
Develop a strategy for case studies on waste – publish*
- On-line courses in: applied evaluation, applied implementation*
Design affiliated courses with on-line delivery
Tools(?) in community engagement
- Embedded economist in PHNs, LHDs & equivalents, Ministries of Health.
Coordinate with courses (as above)*
Develop pragmatic tools (BIA, Business cases); leverage national resources*
- Advocacy by HSEWNG to govt, funders etc.
Funding applications (MRFF, NHMRC, CRC, direct approaches to all Govts)*



OUTPUTS

Products from initiatives
* Denotes underway

- Business case detailing the need to address HSEWNG aims – audience = Govt
- Published evidence of waste in health*
- Courses designed (with quality control & QI) & implemented across AU
- Applied tools for community engagement made available across AU
- Placements of embedded evaluation & other skills in health services (evaluated & suitable QI)*
- Applied tools for health services e.g. BIA template, business case template*
- Applied tools to address technical, allocative and dynamic efficiency (& affordability)
- Meetings with Govt & funders – deliver & argue for HSEWNG business case*
- Multidisciplinary expert groups formed for specific HSEWNG related funding applications



END USERS

- Governments, health services, patients & community, health services researchers, Industry researchers, Universities, HSEWNG
- Health services staff incl. decision makers, health services researchers, industry; patients & community; government, HSEWNG
- Health services, industry, Govt, researchers; patients & community; HSEWNG
- Govt, HSEWNG, Health services staff incl. decision makers, health services researchers, industry; patients & community; government

IMPACT

Short Term

- ❖ **Plan** to address the local level evaluation problem from a national perspective (guidelines, benchmarks, data sharing etc). Includes bottom-up implementation
- ❖ Convert high level **waste** estimates into **real-world examples**
- ❖ **New applied courses** # trained participants
- ❖ **Upskilled health services staff** in evaluation & implement.
- ❖ Better **evidence-based decision making in healthcare** / associated productivity & affordability impacts
- ❖ **Funding applications aligned with HSEWNG aims**
- ❖ Improved **community engagement in evaluation**
- ❖ **Employment in evaluation & implementation** – across AU, i.e. in urban, regional, rural and remote locations
- ❖ Ensure consideration of **equity** is included in evaluation

Medium to Long Term (aspirational)

- ❖ Reduced unexplainable variation in health outcomes between local areas
- ❖ Reduced waste in healthcare
- ❖ Evaluation becomes 'business as usual' in healthcare
- ❖ Health research course content and delivery to health services
- ❖ Data sharing on evaluation and implementation – what works and under what circumstances
- ❖ More affordable healthcare (because of reduced spending on low value care)
- ❖ More investment in prevention (because of ability to demonstrate value in these investments)
- ❖ Better health outcomes for patients & the community
- ❖ Assist economic growth in regional / rural AU

Examples of metrics (if we are evaluating HSENGWG, then we can select metrics based on the above logic model)

Process

Initiate guidelines for case studies on waste

Initiate guidelines for a national panel on local level evaluation (i.e. governance, scope, responsibilities etc.)

On-line course in production

eE operational

Instances of advocacy

Outputs

Distributed guidelines for case studies on waste

Guidelines for a national panel on local level evaluation (i.e. governance, scope, responsibilities etc.) presented to Commonwealth government (and state / territories)

On-line course available for health service staff

eE placements complete

Advocacy engagements where further information / more re-engagement is requested

Short term impacts

Plan to address the local level evaluation problem from a national perspective (guidelines, benchmarks, data sharing etc) being considered by government

Convert high level waste estimates into real-world examples: papers / grants

New applied courses # trained participants

Upskilled health services staff in evaluation & implement # staff / health services where capacity building occurred

Better evidence-based decision making in healthcare / associated productivity & affordability impacts: papers

Funding applications aligned with HSENGWG aims: grants

Improved community engagement in evaluation: employed specialised in community consultation / instances of engagement / type of community engagement

Employment in evaluation & implementation – across AU, i.e. in urban, regional, rural and remote locations

Assist economic growth in regional / rural AU: Census data on employment

Ensure consideration of equity is included in evaluation: instances of equity inclusion in evaluations

References

1. Searles A, Gleeson M, Reeves P, et al. The Local Level Evaluation of Healthcare in Australia. Newcastle, NSW: NSW Regional Health Partners, 2019.