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# VALUE-BASED CANCER CARE CRE

## NEWSLETTER NOVEMBER 2020

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*Delivering new knowledge on payment systems to facilitate the delivery of more effective, efficient and equitable cancer care.*

Despite the challenges that 2020 has thrown up, the CRE has made considerable progress. To mark this progress, the CRE will begin hosting regular webinars in the upcoming weeks to discuss topics relevant to moving towards a value-based healthcare system within Australia.

### **Newsletter Highlights:**

- ✓ Registrations for our webinars are now open (see below)
- ✓ We are launching our website in 2021
- ✓ We are undertaking research to understand the implications of policy changes on patient outcomes and provider response
- ✓ The current research focus of AHHA's Value-Based Care Centre
- ✓ Australian Value-Base Healthcare conference 2021 registrations and abstract submissions are now open.

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## NEW AND UPCOMING

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### WEBINARS

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Starting from this month, we will be hosting interactive webinars that will focus on the implications of Value-Based Cancer Care and the process of implementing healthcare reform. You can register for the webinars by clicking on the links below. These webinars will allow researchers, policymakers, and providers of care to share their perspectives on value-based care and keep in touch with current developments in this area.

**Title: [Data for health care reform: an overview of Australia's data infrastructure in cancer care](#)**

Speaker: Professor Kees Van Gool, CHERE, UTS

Date: Wednesday 25<sup>th</sup> November; Time: 3pm-4pm

The core aim of the NHMRC Centre for Excellence (CRE) on Value-Based Payment in Cancer Care is to produce evidence to develop better payment mechanisms. Our working hypothesis is that if we can improve the alignment between the health system's financial incentives and optimum care pathways, we can improve patient outcomes, efficiency and equity.

To produce this evidence the CRE is reliant on data that can demonstrate how providers, institutions and patients may respond to payment reform. Our ability to do so is built on the enormous progress, over recent decades, of Australia's data infrastructure. From Western Australia's visionary research and development in data linkage, our investment in longitudinal community-based samples and, more recently, commencement of population-wide studies based around the diagnosis or treatment of specific diseases including cancer. This presentation will draw out the potential lessons for cancer care with specific regard to funding and financing issues. We examine the major obstacles in improving our capacity to deliver timely and policy relevant research to (i) improve health and economic outcomes for patients and their families; and (ii) measure health system performance including its responsiveness, efficiency and equity.

**Click [here](#) to register for this webinar.**

**Title: Improving the value of the Australian health care system: can we get there from here?**

Speaker: Professor Jane Hall, CHERE, UTS

Date: Thursday, 10<sup>th</sup> December; Time 10am-11am

Health care reform aim to improve the value delivered by the health care system. The introduction of Medicare established a national health insurance scheme but did not change the funding architecture of the Australian health care system, namely the Pharmaceutical Benefits Scheme, the Medicare Benefits Schedule, and hospital funding. These funding mechanisms have been successful in improving access and as a result increasing the volume and costs of health care. However, this has also led to significant problems including rising expenditure, poor co-ordination, fragmentation of care, lack of flexibility in care provision and low-value care. Addressing these problems may require addressing our basic funding architecture. We argue that changes in the funding architecture are necessary to move towards a value-based healthcare system.

**Click [here](#) to register for this webinar.**

**Title: The role of payments in supporting value-based healthcare: options for Australia**

Speaker: Dr. Sarah Wise, Senior Research Fellow, CHERE, UTS

Date: TBD

Value-based healthcare (VBHC) has gained increasing prominence among funders and providers in efforts to design services that improve outcomes important to patients, relative to the resources required. In Australia, the VBHC agenda has focussed on reducing the use of 'low-value' interventions, redesigning models of care to improve coordination between providers, and increasing the use of patient-reported measures to drive improvement. To date, the crucial role of provider payments in supporting VBHC has received limited attention. Yet the incentives within current payment models are known to drive behaviours that run counter to the creation of value. For example, fee-for-service (and to a lesser extent, activity-based funding) models incentivise service volume and disincentivise integration with other providers, while pay-for-performance models have tended to reward compliance with standards over performance in actual patient outcomes. In the absence of payment reform, new service designs are unlikely to

achieve the required shift from volume to value, from fragmented to integrated care, and the reorientation of services around the outcomes and costs for each patient. This webinar will analyse the options for payment reform in Australia and identifies those that will support a value-based healthcare system.

**Title: Intended and unintended consequences of changes to Medicare**

Speaker: Dr. Olukorede Abiona, Research Fellow, CHERE, UTS

Date: TBD

**WEBSITE**

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We will be launching the CRE website early next year. It will store a wealth of information on Value-based cancer care including research notes on our current work, repository of literature on value-based healthcare, commentaries on policy changes as well as the webinars listed above.

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**CURRENT WORK**

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a. Policy Observatory:

The Policy Observatory team is currently focussing on clarifying the concept of value-based care. The concept of value-based care is used in multiple ways by policy makers and commentators in different health systems. We are evaluating this through the lens of agent-principal relationships. In particular, the role of payment systems to incentivise providers (agents) to pursue patients' and funders' (principals) values.

To achieve this, we need to understand the different perspectives of "value" to align the meaning of 'value-based care' in the complex patient-funder-provider relationships of Australia's hybrid public-private system.

b. Oncology bundled payments:

**Bundled-payment or episode-based payment models** have shown promise within cancer care. We are reviewing previous research to analyse the various bundled payment models developed globally. This is allowing us to develop a checklist to inform optimal reporting to assist in transferability of such payment reforms to the Australian setting.

We have also built a repository of information on national and international **payment reforms** within oncology. We believe that this will become an important public resource for all of us working in this field.

c. Empirical projects:

a. Identifying cancer care funding sources and variation:

The Australian health care system is a hybrid public-private system, this leads to variations in costs of cancer care across Australia. We are evaluating the variations in costs of care across Australia by type and stage of cancers.

**b. Intended and unintended consequences of changes to Medicare:**

We evaluate the outcomes for patients and providers due to changes in the policy and the unintended consequences of such changes on patients. We are currently investigating the impact of the **withdrawal** of public financing on provider behaviour and patient outcomes. Our first project will focus on the removal of joint-injection items from Medical Benefits Schedule (MBS) in January 2010. Our team is building on our existing research on the impact of policy change on provider behaviour.

This body of research will also provide real-world evidence for policy makers to make informed and evidence-based decisions about the impact of removing subsidies.

**c. Provider incentives in cancer care: the case of oral chemotherapy and subcutaneous anticancer treatment:**

In this project, we examine provider behaviour following the **introduction** of oral and subcutaneous cancer therapies. With the new therapies requiring less direct provider supervision, we investigate prescribing behaviour through changes in service volumes and fee revenues.

**d. Palliative care:**

This study will investigate patterns of health care utilisation and expenditure at the end of life for older people dying from cancer and other life limiting illnesses. The focus will be an examination of variation in access to specialist palliative care services by cause of death and the implications of this for costs of care.

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## CRE COLLABORATIONS

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The [Australian Centre for Value-Based Health Care](#) was founded in 2019 by the Australian Healthcare and Hospitals Association (AHHA) to act as a catalyst for the growing value-based health care movement.

Since its inception the Centre has focused on three activities:

- highlighting the work being undertaken in value-based health care in Australia
- exploring issues around implementing value-based health care in Australia; and
- providing training and educational opportunities.

The Centre has produced a number of research briefs on key policy issues. They also hold monthly webinars to showcase ongoing projects and have an educational program for interested health services leaders, alongside [secondment opportunities](#). For more information, visit the Centre's [website](#).

## VALUE-BASED HEALTHCARE CONFERENCE 2021

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A conference focussed on value-based healthcare (VBHC) is to be held in Perth May 2021. This will showcase and celebrate VBHC innovation, initiatives, implementation, research, and training from all areas of the health care system, with discussion on topics as diverse as cancer, stroke, dental health, primary care, and more. During the event, focus will be given to practical applications of VBHC with innovative opportunities for involvement and discussions about how to put VBHC into practice.

*Are you active in value-based healthcare?* Consider submitting an abstract to the VBHC Conference.

Abstracts are invited from health sector professionals, leaders, policymakers, researchers and consumers to share their work and/or research and the progress made in implementation of value-based healthcare. Presentations can be provided orally or as a poster.

### **Important dates:**

Open for Abstract Submission: 1 October 2020

Submission deadline: 4 December 2020 (23:50 AWST(UTC+8))

Notification of accepted abstracts: 8 February 2021

Early bird registration closes: 26 February 2021

Visit the Continuous Improvement in Care – Cancer [website](#) for more information or to register to attend.