

My health, Queensland's future: Advancing health 2026



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Message from the Minister

On many key measures, Queensland's health system ranks among the best in the world. However, like healthcare systems everywhere, it is facing significant challenges.

Our population is ageing. A growing number of Queenslanders live with chronic disease. Better clinical interventions and new technologies offer the prospect of improved health outcomes. But health costs are rising and we need to be smarter about how we deliver healthcare into the future.

While I acknowledge these challenges, I have confidence they can be tackled through technological advances as well as harnessing the skill of the entire health system.

Vital to this effort is the knowledge, skill and enthusiasm of the entire health workforce. Success in achieving the vision relies on the health workforce having the freedom to be innovative in a supportive environment.

Today's healthcare is being transformed by innovation. By 2026, healthcare will look very different than it does today. *My health, Queensland's future: Advancing health 2026* will further drive investment in new ideas, research and technology.

We will capitalise on the potential of health technology and models of care which will improve service access and aid our workforce. New communication technologies will help put people in control of their decisions, benefiting consumers, families and communities.

Making Queenslanders among the healthiest people in the world is an aspirational vision. It can only be achieved by inspiring individuals, and making space for us to work collaboratively to achieve our common goals.

The Hon. Cameron Dick MP
Minister for Health and
Minister for Ambulance Services

Introduction

Australia's health system ranks among the best in the world. In a recent comparison of Organisation for Economic Co-operation and Development (OECD) countries, Australia was found to have one of the best performing health systems - achieving above average life expectancy with lower than average health expenditure.

The health system relies on highly skilled staff to make clinical and management decisions. Every day, these decisions not only affect the health outcomes of individuals, but also impact the health of the community and the sustainability of the entire health system.

Like all contemporary health systems, Queensland is facing significant challenges. For us, challenges include our ageing population, increasing chronic disease rates, changing consumer expectations, and finite resources. Better clinical interventions and new technologies will also present challenges, but offer the potential to improve health outcomes and transform healthcare as we know it.

Good health outcomes, however, are not shared equally across population groups. People who are socio-economically disadvantaged have poorer health and wellbeing outcomes and lower health status than the rest of the population. Such health inequality is also the lived

experience of many Aboriginal people and Torres Strait Islander people, as it is for many people who live in rural and remote areas.

Australia's health system is complex. It is funded and administered by several levels of government and complemented by private health arrangements. Its reach is universal and its delivery mechanisms include both government and non-government organisations and the private sector.

Advancing health 2026 was developed to guide Queensland government investment into health over the longer term and to reorient our system to be flexible and innovative in taking advantage of new technologies, while improving health outcomes for the population at large.

This plan will make real the vision statement which emerged from the consultation process —‘*By 2026 Queenslanders will be among the healthiest people in the world*’.

In 2016, we have a sense of the challenges facing the healthcare system, but with rapid changes in technology and treatment options it is difficult to clearly predict the nature of those challenges in 10 years time. We need a roadmap to this future. *Advancing health 2026* gives both a focus and a process to identify and harness the advances which are critical to the future wellbeing of the population of this state.



Diagram 1 illustrates Queensland's system of health and wellbeing. It highlights the shared approach to public health across jurisdictions and the multiple roles and overlapping responsibilities of funders and providers. Consumers' use of health services is shaped by current funding models which provide subsidised access to general practice, hospital care and medications.

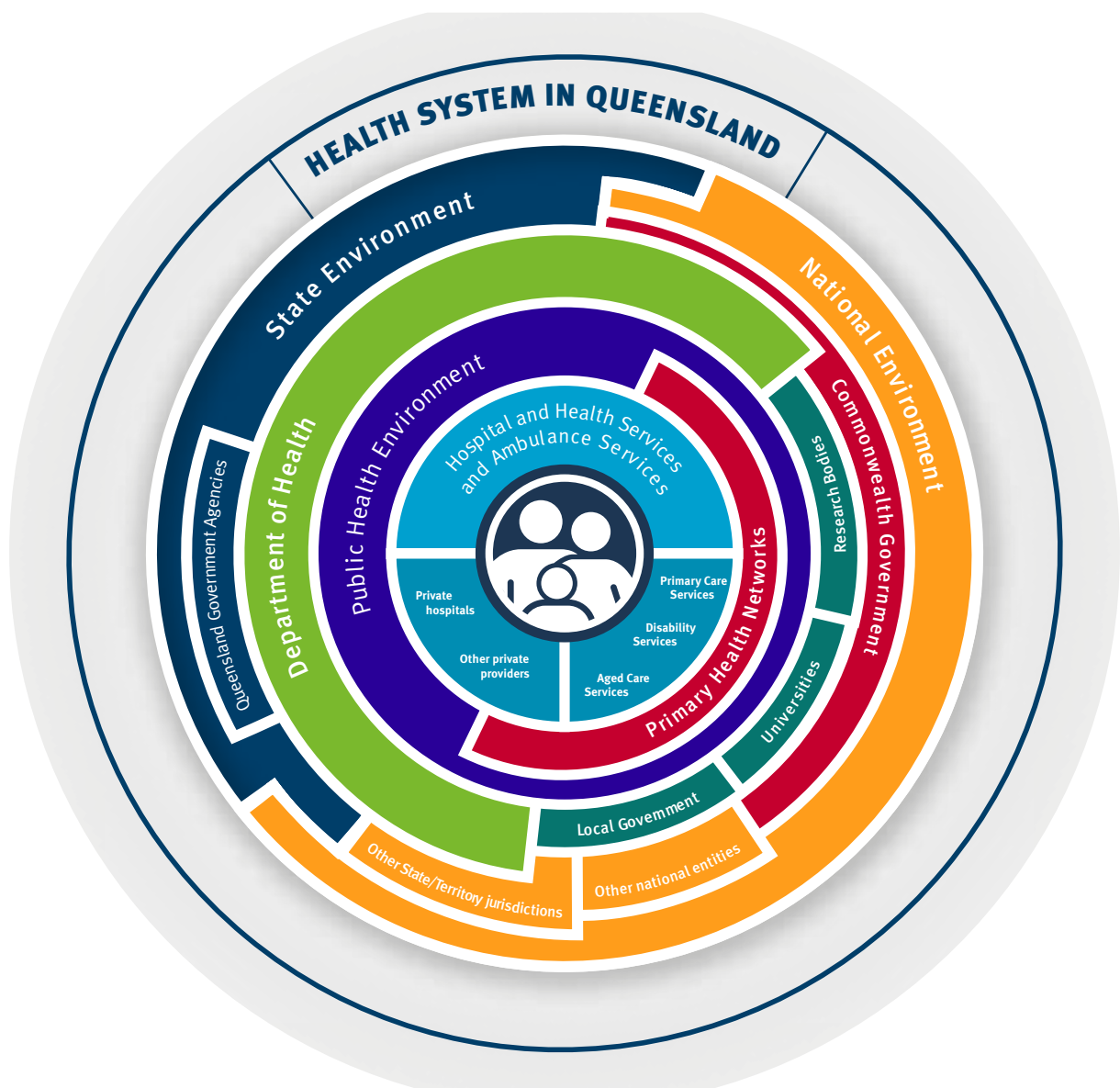
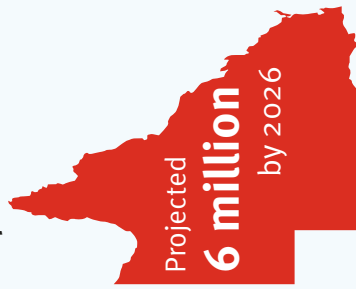


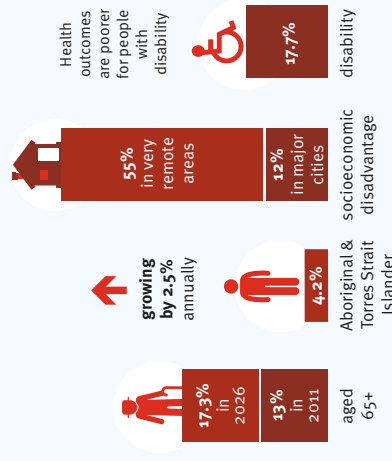
Diagram 1: The Queensland health system

Health in Queensland: A snapshot

Population

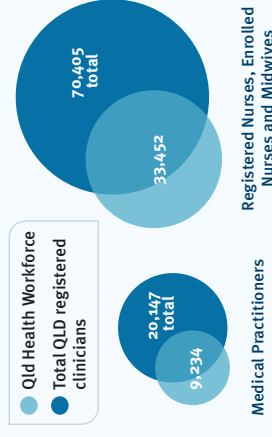


% of QLD population



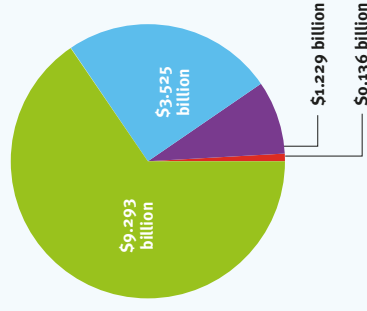
Workforce as of 2015

The health workforce in Queensland is large and diverse and includes a wide range of other professional groups such as Allied Health and Dentistry.



Budget in 2015–16

At **\$14.18 billion**, Queensland Health has the largest budget of any Queensland government department



- Queensland Government funding
- Commonwealth Government funding
- user charges and fees
- other revenue

Disease

Queensland has the highest rate of adult obesity in Australia and the incidence of diabetes is projected to double

3 million

Queenslanders will be overweight or obese by 2020.

2/3

of the burden of type 2 diabetes is due to excess weight and physical inactivity.

Chronic diseases are the primary cause of death in Queensland and worldwide, with impact increasing

The majority of chronic disease deaths are due to



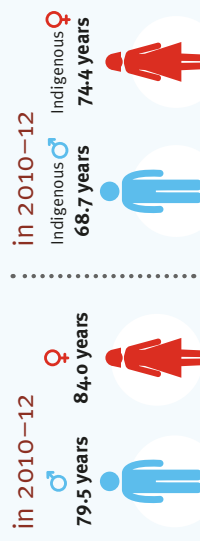
cardiovascular disease

Survival of acute coronary heart disease is increasing, however rates of coronary heart disease and stroke are **8–9% higher** in Queensland than in Australia.

cancer

Survival of common cancers have shown improvement, however lung cancer prognosis remains poor, with **less than 20%** alive 5 years after diagnosis.

Life expectancy



representing a gap of **10.8 years for males** and **9.6 years for females** respectively in comparison to non-Indigenous Queenslanders.

rates of risky drinking are about **16% higher** in Queensland than national rates.

Smoking rates in teens and younger male adults are **decreasing faster** than other age groups.

Development of *Advancing health 2026*

Advancing health 2026 was developed to respond to the challenges and opportunities we face in Queensland. The solutions lie in working together across our national health system, within our own state, our own communities and with individuals and families.

Advancing health 2026 came together with participation from health consumers and clinical and non-clinical representatives of the public health system, private and non-profit health providers, universities, professional organisations, unions and other key stakeholder groups, as well as several Queensland government departments. All of these groups attended a workshop held in February 2016.

The ‘aspirations for 2026’ throughout this document summarise key themes from the workshop. To prepare for the workshop, participants were given detailed information about the current health system context, summarised in the diagram titled ‘Health in Queensland: A snapshot’.

Diagrams 2, 3 and 4 illustrate the key themes discussed during the workshop.



Three health consumers set the scene for the workshop by detailing their experiences of the health system and their personal visions for how they would like the system to serve consumers in 2026. As well, a presentation on 'global megatrends' that are shaping

our society now and into the future gave an insight into life in 2026. The megatrends were: demographic shifts; digitisation; globalisation of the marketplace; environmental issues; urbanisation and individual empowerment.

Opening

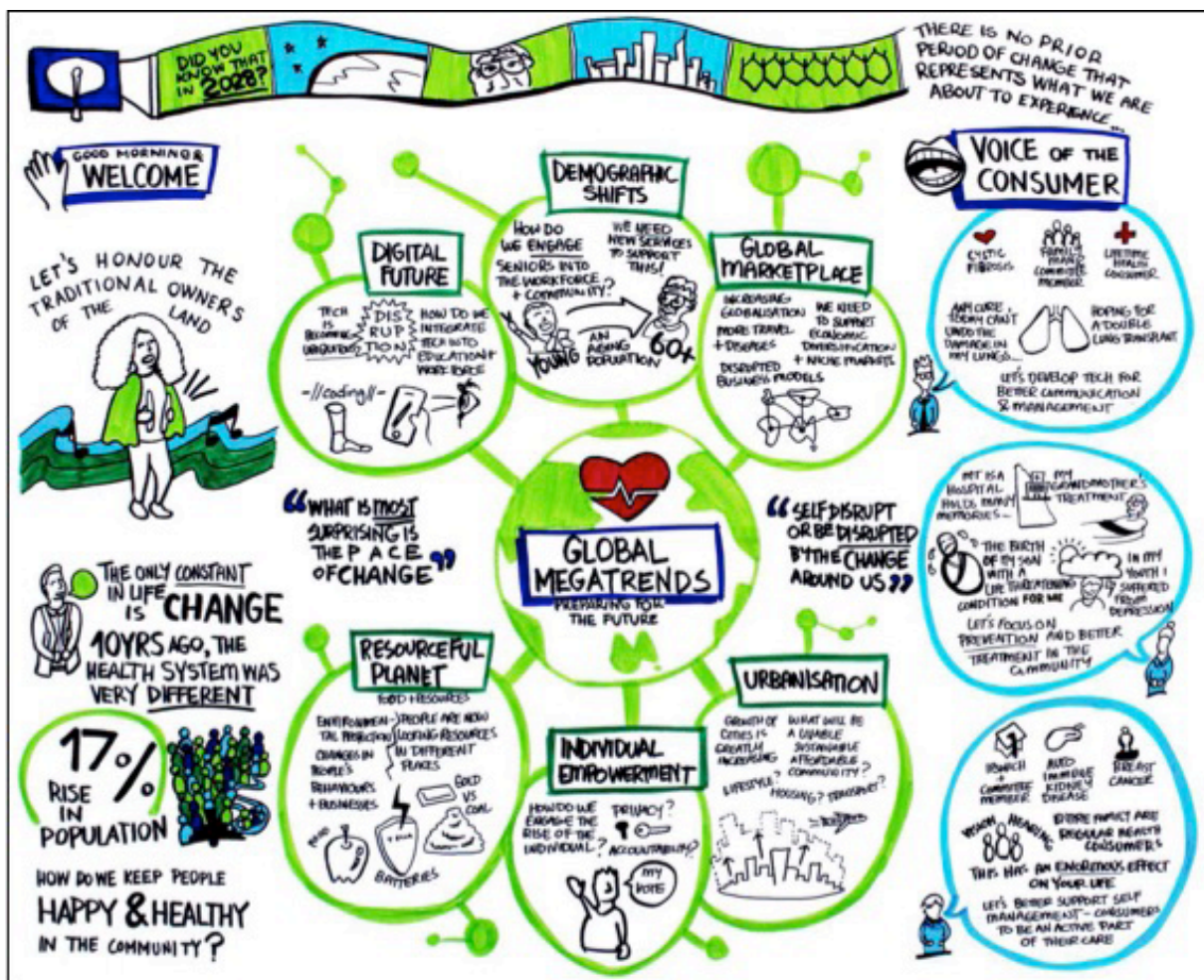


Diagram 2: Workshop scene setting – global megatrends and consumer perspectives

Next, participants worked in small groups to produce example visions for the Queensland health system to 2026. The vision statements were voted on, and the statement that gained

the most support formed the basis of the vision in this document, which is: 'By 2026 Queenslanders will be among the healthiest people in the world'.

Visions

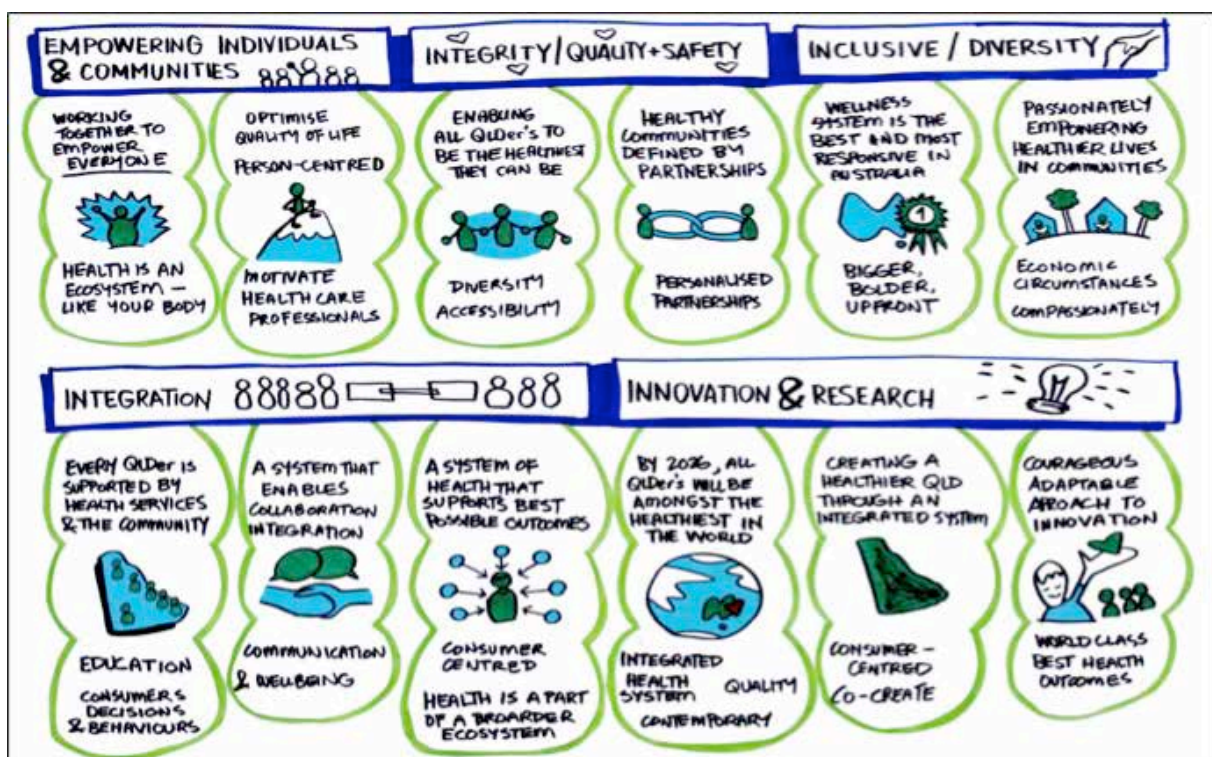


Diagram 3: Vision options developed during the workshop

Finally, participants worked in groups to develop descriptions of what success in achieving the vision would look like in 2026. This was applied to the categories of: empowering individuals

and communities; integrity, quality and safety; inclusiveness; integration; and innovation and research.

How will we know when we get there?

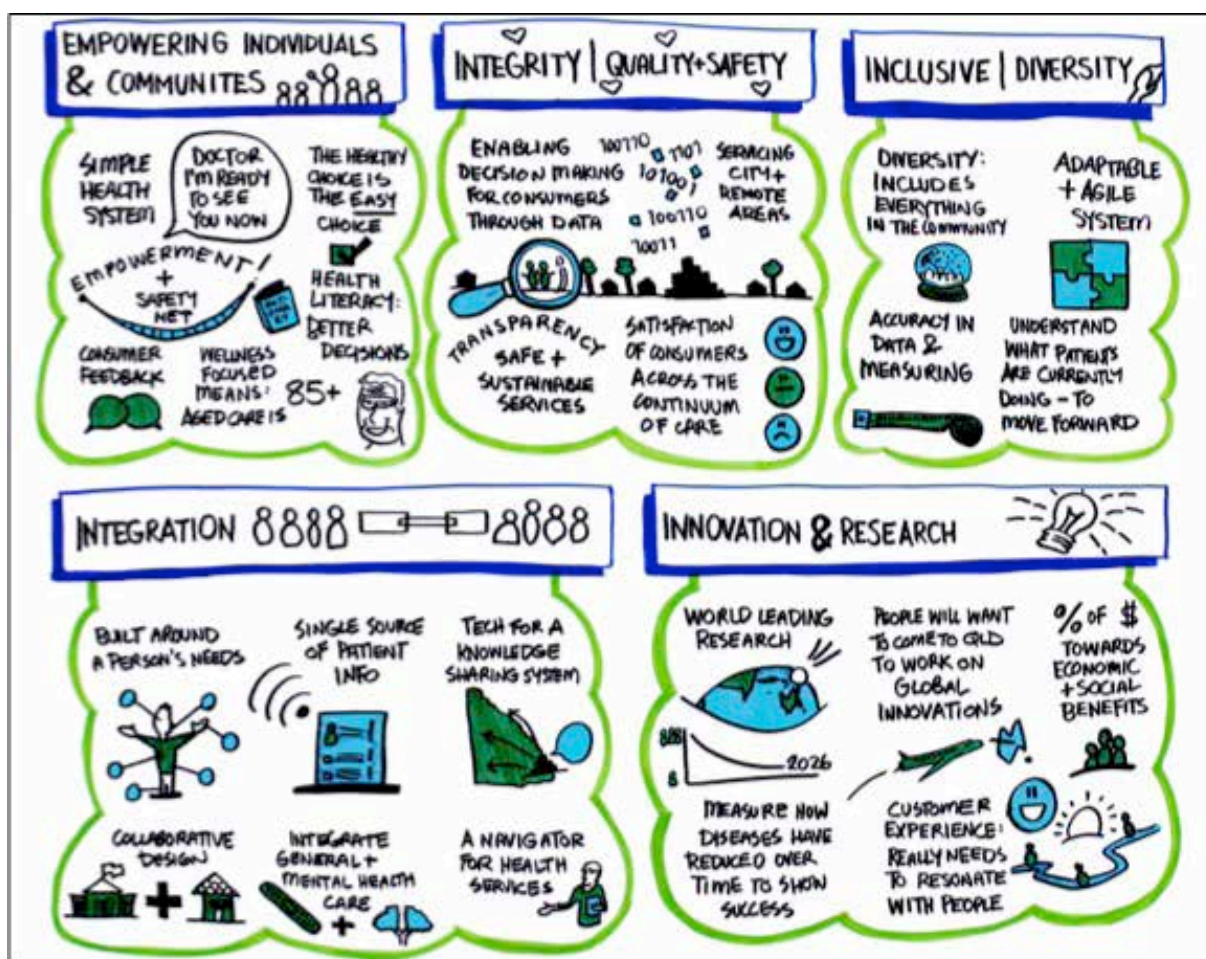


Diagram 4: What will healthcare in 2026 in Queensland look like?

The Vision—My health, Queensland's future: Advancing health 2026

The following diagram sets out the 2026 vision for Queensland's health system, as well as directions, strategic agenda and foundation principles, in response to the challenges Queensland's health system faces, and the opportunities the system can embrace.

The strategic agenda in the diagram comprises 12 focus areas supported by 16 headline measures of success, to be monitored to track progress over time.

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

Principles

Sustainability

Compassion

Inclusion

Excellence

Empowerment

Directions

1

Promoting wellbeing

Improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health

Consumer comment

"Health is everyone's business."

- Harry Pitt

Health as everyone's business

Healthy communities

Healthy choices

Strategic Agenda

Headline measures of success

- By 2026 we will:
- » 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 benefit by 20%

2

Delivering healthcare

The core business of the health system, improving access to quality and safe healthcare in its different forms and settings

"People think we can't influence the health system. But we can."

- Wynn Te Kani

Consumer voice

Empowering our workforce

Continuous improvement culture and clinical practice

Headline measures of success

- By 2026 we will:
- » 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 an appropriate time regardless of location

3

Connecting healthcare

Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers

"I dream of a seamless interface for consumers, where there is no wrong door."

- Helen Mees

Simplifying and connecting

Funding reform

Being a good partner

Headline measures of success

- By 2026 we will:
- » 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

4

Pursuing innovation

Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care

"Why do I need to go to a hospital to talk to someone; I already connect with people on the other side of the world and use mobile apps to manage my health."

- Jessica Elise

Smart technology and infrastructure

Research and new ideas into practice

Personalised health

Headline measures of success

- By 2026 we will:
- » 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 NHMRC Advanced Health Research and Translation Centres
 - » Increase the proportion of outpatient care delivered by Queensland Health via Telehealth models of care
 - » Have a strong innovation and research culture across the health system

Principles— our foundations

The five principles underpin this vision, directions and strategic agenda. They state the values that should guide decision making and how health system partners work together. These principles will guide service delivery in the public health system, and we encourage our health system partners to consider the principles in their work also.

1. **Sustainability** - we will ensure available resources are used efficiently and effectively for current and future generations.
2. **Compassion** - we will apply the highest ethical standards, recognising the worth and dignity of the whole person and respecting and valuing our patients, consumers, families, carers and health workers.
3. **Inclusion** - we will respond to the needs of all Queenslanders and ensure that, regardless of circumstances, we deliver the most appropriate care and service with the aim of achieving better health for all.
4. **Excellence** - we will deliver appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve outcomes.
5. **Empowerment** - we recognise that our healthcare system is stronger when consumers are at the heart of everything we do, and they can make informed decisions.



DIRECTION 1




PROMOTING WELLBEING

Improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health.

“Health is everyone’s business.”

Harry Pitt – a representative of the Torres Strait Islander community

Wellbeing is a complex combination of a person’s physical, mental and emotional health and their social and economic circumstances. It is how you feel about yourself and your life and is strongly linked to happiness and life satisfaction.

Many factors can improve a person’s wellbeing, including regular exercise, a nutritious diet, sufficient sleep, healthy self-esteem, an optimistic outlook, realistic and achievable goals, a sense of purpose and meaning, a sense of belonging, and a network of close friends.

Improving our health and wellbeing not only improves our quality of life, it can have societal benefits such as better productivity, happier families, reduced health inequalities, and reduced demand on health and social services.

Queensland has made progress, such as increases in life expectancy and physical activity; an overall decline in smoking rates; and immunisation rates above the national average. However, there are still a number of challenges that we must address, including the impact of the increasing proportion of people who are overweight or obese, the challenges regarding mental health, and the health inequalities that exist in many communities in Queensland.

Promoting wellbeing: Aspirations for 2026

- A healthy choice is an easy choice.
- A wellness model for healthcare, rather than an illness focus.
- We need to incentivise a healthy lifestyle.

In order to drive change and promote wellbeing of Queenslanders, three areas of focus have been identified: Health as everyone's business, Healthy communities and Healthy choices.

Focus area 1.1

Health as everyone's business

Beyond individual characteristics and behaviours, health and wellbeing is determined by social and economic factors that can favour health or be harmful to it. These include education, employment and working conditions, housing and access to and use of health services. For example, urban design influences health and wellbeing by encouraging safe and active lifestyles, better connections, and a sense of belonging. Access to affordable, healthy food helps the community to make good food choices.

Employers can benefit from investing in health promotion policies and activities for their workforce, with research showing a \$2.30 return on investment for every \$1 invested in creating a healthy workforce¹. For instance, although federal, state and local governments have a role to play in immunisations, as does the primary health sector, employers can also increase immunisation rates through clinics as part of a wellness program.

Every level of government, every government agency, every employer, every community and every individual has an important role in contributing to our health and wellbeing.

¹ Source: Journal of Occupational and Environmental Medicine, 2002; 44:776-80.

Focus area 1.2

Healthy communities

Good health in communities is an indication of a fair and just society. Poor health within communities, or among specific population groups, requires many, long term strategies to reduce social and economic disadvantage. As well as action within the health system, other portfolios such as education, employment, housing and transport have key roles to play to improve people's daily living conditions and the distribution of resources in the community. Community development approaches and building community ownership are also essential to overcoming health inequities.

Data shows that adults in disadvantaged areas are nearly 80 per cent more likely to report poor health. Obesity, smoking and physical inactivity all contribute to poorer health and are more prevalent in lower socio-economic areas of Queensland. Reducing these risk factors can result in better quality of life, increased wellbeing and satisfaction with health in these communities.

Health and wellbeing outcomes are poorer for Aboriginal and Torres Strait Islander people, those who live in rural communities, people from culturally and linguistically diverse communities and people who are economically and socially disadvantaged. Life expectancy for Indigenous people is around 10 years less than that of the general population. Residents of higher-income areas have on average, four additional years of healthy life than those living in disadvantaged parts of Queensland.

Giving all Queenslanders equal opportunities to experience good health and wellbeing demands strategies that cross sectors and governments, engage communities and businesses, and empower individuals and families.

Focus area 1.3

Healthy choices

While our health is somewhat determined by our own actions, various environmental and social factors can help us to enjoy better health and wellbeing throughout our lives. Smoke-free public places across Queensland help to reduce exposure to harmful tobacco smoke and reduce the social acceptability of smoking, helping to encourage smokers to quit. Queensland state schools are among the leaders in the promotion of healthy eating through their implementation of Smart Choices, the Healthy Food and Drink Supply Strategy for Queensland Schools. Similar strategies have been shown to reduce the amount of sugar consumed at a population level.

Currently, 2.5 million Queenslanders are overweight or obese. Obesity is fuelling the prevalence of chronic conditions such as stroke, hypertension and type 2 diabetes. Reducing childhood obesity is essential to prevent the onset of many chronic conditions.

Mental health conditions are also a leading cause of disability in Queensland. In 2007, approximately one in two Queenslanders aged 18–65 years reported a mental health disorder at some time in their life. Improving our mental wellbeing is something that we all can do by finding the right work-life balance,

getting enough rest, eating a good diet, regular exercise, maintaining a close network of friends and making time for the things you enjoy.

The health system has a role in supporting Queenslanders to make healthy lifestyle choices. This is not only good for individual wellbeing, but is also a key foundation to Queensland's social fabric and economic prosperity.

Headline Measures of Success

The Queensland government will measure progress in promoting wellbeing through several success measures that the health system will work towards. These success measures, listed below, will be monitored over time.

By 2026 we will:

- Reduce childhood obesity by 10 per cent.
- Reduce the rate of suicide deaths in Queensland by 50 per cent.
- Increase life expectancy for Indigenous males by 4.8 years and females by 5.1 years.
- Increase levels of physical activity for health benefit by 20 per cent.

In the future I think we can utilise technology better. Technology improvements could include making the internet available for patient use via WiFi hotspots within hospitals. Having internet access will help the younger people I see with Cystic Fibrosis who spend years of their lives in and out of hospital to communicate with each other through cyber support programs as they are forbidden to do this face to face due to current cross infection protocols. The mental state of patients when they feel isolated is utmost to a successful recovery and we all know from personal experience that support groups lead to improved health outcomes for most patients.

Douglas Porter – health consumer, Sunshine Coast

DIRECTION 2



DELIVERING HEALTHCARE

The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings.

“People think we can’t influence the health system. But we can.”

Wynn Te Kani – health consumer, Brisbane

Healthcare service delivery in 2026 will be very different from today. New diseases will emerge, new treatments and ways of delivering healthcare will be developed, new technologies will change care delivery systems and consumers will have greater access to information about their health and treatment options. The continuing quality and safety of healthcare delivery must underpin any change to the system.

Changes to healthcare delivery will be driven by the health workforce. Clinicians are in the best position to see how to improve direct

patient care, through better systems, processes and teamwork. Changes will also come with a younger workforce. By 2026 it is estimated that nearly half of the Queensland Health nursing workforce and three quarters of our medical staff will be Generation Y and Z. Generation Z will be the first generation never to have experienced the pre-internet world.

A strong consumer voice means better healthcare and better health outcomes. As consumers become more health literate their relationship with health professionals is stronger. Consumers should consistently be influential at all levels of the health system – contributing ideas about practice, providing feedback on quality, and participating in design of new care models, monitoring and evaluation.

Delivering healthcare: Aspirations for 2026

- Consumers as partners, not passengers.
- Patients increasingly treated in their own homes instead of hospital.
- Data is routinely used to benefit both consumers and providers and improve health outcomes.

In order to continue to deliver care effectively, three areas of focus have been identified: Consumer voice, Empowering our workforce and Continuous improvement culture and clinical practice.

Focus area 2.1 Consumer voice

Consumers' thirst for knowledge will mean that they will be more a driver of their healthcare, than a passenger. Today 1 in 20 Google searches involve a quest for health information. New communication technologies bring health information into the home, raising health literacy levels and driving personal responsibility for health and greater degrees of self-management. Information and knowledge are power. Evidence shows that when information and performance data are presented in a user-friendly format, this increases consumer literacy and empowers people to make more informed care choices.

The active involvement of consumers individually and collectively through networks and peak bodies is now standard in Queensland's health system. Consumer perspectives on all aspects of the health system offer a different and invaluable view. This is formally recognised in Standard 2 of the *National Safety and Quality Health Service Standards*, which involves consumers in the organisational and strategic processes that guide the planning, design and evaluation of health services.

Queensland's 16 Hospital and Health Services (HHS) are pursuing consumer engagement strategies, sharing good practice and continuously improving their approaches. These efforts are mirrored in other parts of the health system – Primary Health Networks, general practice and private hospitals, as well as the many community-based organisations. Health Consumers Queensland plays an important role across the state showcasing how to build a culture of consumer and health service partnership that delivers tangible benefits.

Focus area 2.2 Empowering our workforce

Our capacity to provide quality care and ensure patient safety into the future is dependent upon the availability of a skilled workforce, working in a culture that values safety, ethical conduct, autonomy and accountability. Workplaces that empower staff have higher productivity and morale.

The management of workforce shortages, and the distribution of the health workforce to areas of need, remains a key challenge and requires Queensland's health system to explore new and innovative ways of delivering services. For example, using different kinds of workers or new technologies can improve Queenslanders' access to the services they need.

The shift to preventative and primary care also means changes in roles, skill requirements, and workplaces for the health workforce. New technology is driving consumer expectations and enabling different service models, while also affecting workforce capability and skill requirements. Many of these changes demand greater interdisciplinary collaboration and team work, and more emphasis on workforce innovation, flexibility and responsiveness. Staff need modern, adaptable technology to support them to make the right decisions, to reduce duplication and waste and to interact with consumers in ways that are responsive to their needs.

The focus of all workforce reform efforts across the health system should be on improving access and outcomes for consumers. To this end, Queensland Health is developing a 10-year Health Workforce Strategy which will be available later in 2016.

Focus area 2.3

Continuous improvement culture and clinical practice

Queensland's health system provides the full spectrum of services for both public and private patients. Hospitals provide non-admitted patient services such as emergency department and outpatient clinics, and services for inpatients such as maternity, mental health, medical and surgical services. Essential services such as pathology, pharmacy and allied health support both admitted and non-admitted care services.

In the community, care, advice and treatment occurs in many settings including at home. General practice, pharmacies, child health, aged care, and allied health services such as physiotherapy, and others all form the primary health system. Complementing this is the Queensland Ambulance Service (QAS), providing emergency and non-emergency pre-hospital care and transport services.

Research shows that the biggest single driver of quality in healthcare is culture – where everyone working in the health system is striving to do their very best for patients. That means team work and collaboration within services and across settings; it means investment in leadership and training in a range of areas; and it means focussing on the holistic needs of each health consumer. Fostering such a culture is likely to increase employee satisfaction as staff members see the improved health outcomes and patient safety that result from a focus on collaboration and continuous improvement.

Part of continuous improvement is communicating system performance to the public. Evidence shows the publication of comparative reporting of clinical performance data at hospital and service level influences clinical practice and improves overall performance of the health system.

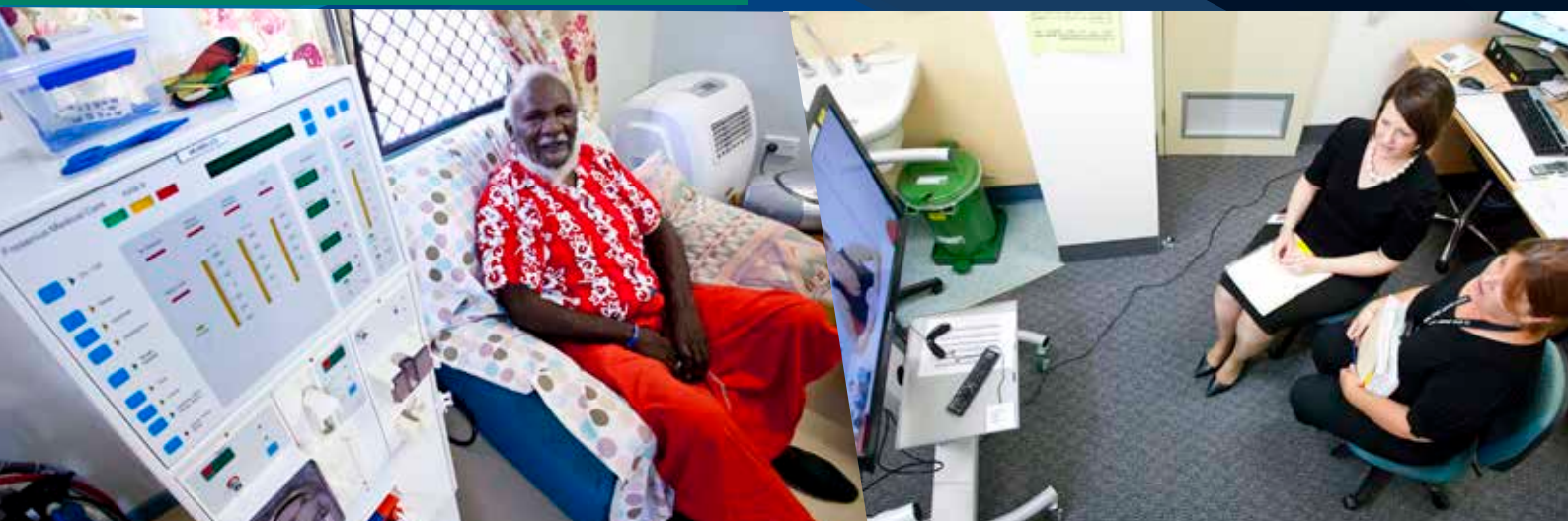
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- Ensure Queenslanders receive clinical care within an appropriate time regardless of location.

DIRECTION 3




CONNECTING HEALTHCARE

Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers.

“I dream of a seamless interface for consumers, where there is no wrong door.”

Helen Mees – health consumer, Ipswich

Because Queensland’s health system is funded from multiple sources and delivered through different providers, it is geared more towards episodes of care, not continuity of care. For many consumers this works well, but for people with complex and chronic conditions, it could work better. Consumers talk about fragmented care, providers talk about silos, and funders talk about duplication. Poorly coordinated care

occurs within health services and across health settings, especially between primary and acute care. These arrangements create inefficiencies and can compromise good healthcare.

Collaborations between parts of the health system such as Hospital and Health Services and Primary Health Networks are an important building block, and many initiatives are in train. There is no shortage of ideas from consumers and providers – both in the public and private health system – about what would work better at the frontline. However, large scale changes will hinge on national reform, requiring the Australian Government to work with States and Territories, and also with the private health insurance and healthcare sector.

Connecting healthcare: Aspirations for 2026

- A system where we have a single source patient record.
- A sustainable funding model involving federal, state and local governments' contributions.
- A whole of government approach to health where each Department's/agency's decisions reinforce the achievement of better health outcomes.

In order to effectively connect care, particularly for consumers with chronic conditions, three focus areas have been identified: Simplifying and connecting, Funding reform and Being a good partner.

Focus area 3.1 Simplifying and connecting

The Australian Government notes that patients with complex and chronic disease account for 10 per cent of the population but for 45 per cent of Medicare expenditure. There are no easy solutions, but being able to share information and data electronically between the consumer and provider, and between providers, is one of the requirements for connecting healthcare.

eHealth reforms will drive connections through sharing of patient information across healthcare boundaries. This will change the way consumers and health professionals interact. It could mean that patients with complex and chronic conditions won't have to remember details in their medical record, nor carry diagnostic test results with them. Electronic health records, and easy access to full information will enable consumers and providers to be more confident about clinical care decisions.

At the state public health system level, the Queensland eHealth Investment Strategy establishes the foundations of a digital health system that will secure access and sharing of medical records for every public patient, and which complements a national eHealth system.

At the regional level, Primary Health Networks, Hospital and Health Services and other partners are working together to better plan, deliver and connect health services, with a focus on reducing potentially preventable hospitalisations through connected programs. North Queensland, Western Queensland and Darling Downs and West Moreton Primary Health Networks, all auspiced by local Hospital and Health Services, are leading the development of more connected and coordinated care in these rural and remote areas.

At the frontline, an additional 400 Nurse Navigators across the public health system will deliver real benefits for consumers and staff by helping to coordinate admission to hospital and discharge from acute care, with the community care back up that is needed.

Staff and networks have ideas that they know can work. A new \$35 million Integrated Care Innovation Fund is designed to help fuel better practices at all levels of the health system, with whoever and whatever it takes to better prevent and detect health issues; to share care between hospitals and GPs, between generalists and specialists; and to tackle the funding and organisational structures that get in the way.

Nurse navigators

Nurse navigators work with patients with complex health conditions. They will:

- monitor high needs patients, identify actions required to manage their healthcare and direct patients to the right service, at the right time and in the right place.
- provide an end-to-end care coordination service along a patient's entire healthcare journey.
- educate and help patients to better understand their health conditions and enable them to self-manage or participate in decisions about their healthcare. In some cases, this may even reduce the need for hospital admission.

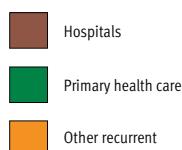
The Princess Alexandra Hospital Digital Hospital Program

- The Princess Alexandra Hospital Digital Hospital Program has transformed paper medical records and forms to an integrated digital systems to support patient care, to become a Digital Hospital. A Digital Hospital has an electronic medical record, integrated digital systems, and a paper-light environment; for example, reduced use of paper charts and forms.
- The Princess Alexandra Hospital Digital Hospital Program is a program of transformative changes that will be delivered in phases to provide technology, tools and real-time information to empower and encourage the best people in healthcare into new opportunities for innovation.
- With 100 per cent of inpatient records now digital, the Princess Alexandra Hospital is recognised as Australia's first large scale digital hospital, thanks to the hard work of staff and the digital hospital project team.
- While historic patient information will remain in closed paper charts, all new information on patients and their treatment will be documented electronically and available on health professional screens across the hospital and at the bedside.
- This will allow clinicians to implement more efficient, effective treatment. It will free up more time for staff to spend with patients. It will reduce inefficiencies and wastage, and will support world class clinical care and research.

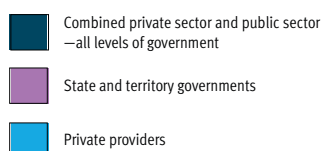
Focus area 3.2 Funding reform

Diagram 5 illustrates the complexity of our funding and delivery arrangements, with the Australian Government, States and Territories, private health insurance, private providers and individuals all contributing to our healthcare.

Share of expenditure



Responsibility for services



Funding

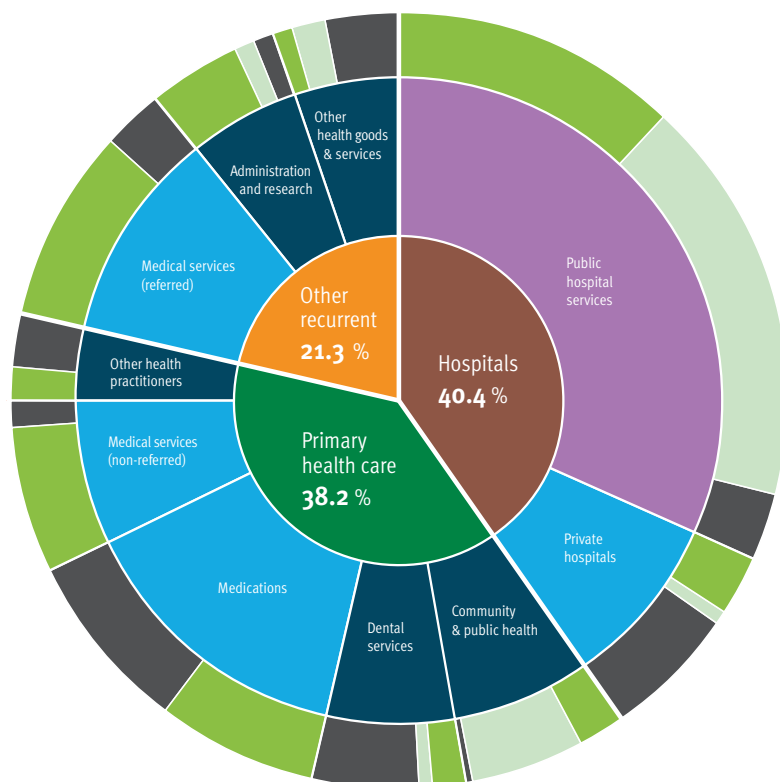


Diagram 5: Health services—funding and responsibility
(Source: AIHW Australia's Health 2014)

Note: The inner segments indicate the relative size of expenditure in each of the 3 main sectors of the health system ('hospitals', 'primary healthcare', and 'other recurrent'). The middle ring indicates the relative expenditure on each service in the sector (shown by the size of each segment) and who is responsible for delivering the service (shown by the colour code). The outer ring indicates the relative size of the funding (shown by the size of each segment) and the funding source for the difference services (shown by the colour code).

If Queensland is to have a sustainable, quality health system in 2026 then funding levels need to reflect population growth, the age structure of the population, and changes in the rate of disease and costs of technology. Funding also needs to take account of higher healthcare costs incurred by rural and remote Queensland communities, and the inequality of health outcomes experienced by Indigenous Queenslanders, people from culturally and linguistically diverse communities and people who are economically and socially disadvantaged.

As part of this, health services need to be flexible and adopt better business systems and clinical models to reduce costs and increase patient throughput and service access. However, efficiencies will only go so far; funding levels at least need to be maintained.

It is important that all levels of government honour their commitments to funding the healthcare system over the long term. This will provide more certainty in the planning and delivery of healthcare.

Over and above funding levels, new funding models that are sustainable and provide aligned incentives are needed. For example, the treatment of chronic disease is an area that warrants active and joint consideration. There are opportunities for Queensland to work with the Australian Government to agree on better ways to deliver care. Initiatives such as jointly funded care plans, coordinated planning and commissioning of services between primary and acute care organisations have merit.

Funding and financing reform is integral to a sustainable health system in Queensland and the Queensland government is committed to achieving this.

Focus area 3.3 Being a good partner

Delivering effective healthcare requires formal and informal partnerships between the public hospital system, governments, non-government organisations, the private sector and the newly established Primary Health Networks. New connected care and chronic disease programs

will accelerate over the next few years, driven not only by evidence and technology, but also by the need to work together and work smarter in the interests of better health outcomes.

Queensland's health system is well placed to support many whole-of-government strategies where frontline health services and specialist programs add weight to these important initiatives.

- Child health nurses help identify and support vulnerable children and families at risk of abuse and neglect; and mental health professionals provide therapeutic services to young people in out-of-home care. School-based youth health nurses work across the State.
- Queensland Health's commitments under the Queensland Government's Domestic Violence Strategy, *Not Now, Not Ever; Putting an end to Domestic and Family Violence in Queensland* include equipping health professionals to identify domestic and family violence early. New resources and training will be developed by the Department of Health and distributed to private and public health professionals, as well as specialist nursing and medical colleges.
- The National Disability Insurance Scheme (NDIS), due to commence from July 2016, but with an early launch site in North Queensland, provides the opportunity to drive stronger partnerships between the health and disability sectors.
- A new refugee health policy and framework will respond to the expected increase in refugees in Queensland and ensure frontline staff can respond to this group's particular health needs.
- The Department of Health in consultation with community partners has developed the draft *Queensland Sexual Health Strategy 2016–2021* that encompasses sexual and reproductive health. Once finalised, the Strategy will be complemented by a HIV Action Plan, a Viral Hepatitis Action Plan and a North Queensland Aboriginal and Torres Strait Islander Sexually Transmissible Infections (STI) Action Plan, providing a comprehensive package to improve the sexual health of Queenslanders.

Partnerships for an innovative healthcare future

The Queensland Government Advance Queensland program aims to create the knowledge-based jobs and industries of the future here in Queensland. Part of the program is a commitment to partnering with innovative companies and research institutions to accelerate healthcare innovation. For example:

- The Advance Queensland Innovation Partnerships program enables universities and research institutions to partner with industry to apply for Government funding of up to \$1.5 million to accelerate translational research.
- The Queensland Government is collaborating with Johnson & Johnson Innovation to run the Johnson & Johnson Innovation Quick Fire Challenge, which will award prize money to help fund healthcare research with high potential for commercialisation.
- The University of Queensland has partnered with US-based Emory University's Institute for Drug Development. The Queensland Emory Drug Discovery Initiative (QEDDI) will capitalise on both universities' success in translational research to jointly develop new drugs for conditions such as cancer, diabetes, infectious disease and inflammatory conditions such as arthritis.

Headline Measures of Success

The Queensland government will measure progress in connecting healthcare through several success measures that the health system will work towards. These success measures, listed below, will be monitored over time.

By 2026 we will:

- Increase availability of electronic health data to consumers.
- Reduce the rate of potentially preventable hospital admissions e.g. for chronic disease patients.
- Implement new funding models for better connected healthcare and improved health outcomes.

What do I hope for in the next 10 years? I hope to see an open, transparent process for moving easily between primary care and specialist care, between public hospitals and private hospitals, between health and other government departments as well as non-government organisations. Where the focus is on what's best for the consumer, rather than whose cost centre is this coming from.

Helen Mees – health consumer, Ipswich

DIRECTION 4



PURSUING INNOVATION

Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

“Why do I need to go to a hospital to talk to someone; I already connect with people on the other side of the world and use mobile apps to manage my health.”

Jessica Elise – health consumer, Brisbane

Our world is being positively disrupted by new research, technologies and digital innovations that have transformed large parts of the economy and society. Over the next five years it is expected that digital innovations will be responsible for creating five new jobs for every two that disappear.

Queensland’s health system is not immune to this disruption. Today’s healthcare is being transformed by innovations which will accelerate over the next decade. New approaches to prevention and clinical care are essential if we are to meet our health challenges and grasp the opportunities presented by new technologies.

Pursuing innovation: Aspirations for 2026

- Enabling decision making by health professionals and health consumers through better and more available data and information.
- Innovation and research will be demand driven by the consumer, workforce and external industries to the health system.
- Innovation will translate seamlessly into health service delivery and operations.

In order to ensure that Queensland's health system is innovative in its pursuit of improving health outcomes, three focus areas have been identified: Smart technology and infrastructure, Research and new ideas into practice and Personalised health.

Focus area 4.1 Smart technology and infrastructure

There continues to be significant capital investment in built infrastructure and information and communications technology (ICT) across the health system. As the use of technology to enable service delivery increases, infrastructure needs will change. We have entered the age of the digital consumer, characterised by a strong shift in control over product and service information. The consumer, together with consumer technology, is now the major disruptor in determining how services are delivered.

Future service models must empower patients and their families to take greater responsibility for their healthcare, through access to new technologies such as apps, at home or portable diagnostics, smart or implantable drug delivery mechanisms, digital therapeutics and genome sequencing. This transformation will drive investment decisions in smart ICT and smart infrastructure.

The hospitals and the health facilities of the future will look very different. Digital hospitals are at the cutting edge and are changing the delivery of healthcare. They can improve patient safety and quality of care, as well as free up frontline staff to provide more direct patient care.

Future hospitals and community health facilities will also need to be more flexible in design and less capital intensive. New health facilities will be modular, multi-purpose and adaptable to changing clinical practice and community need. Information technology will also drive new types of 'smart infrastructure' such as expanded community health centres that operate as a one stop shop for healthcare; new mobile services (both diagnostic and treatment); and new ways of delivering rehabilitation and sub-acute care. A status quo approach to infrastructure design and delivery is not an option.

Digital disruption such as "The Internet of Healthy Things" is offering consumers and clinicians new ways to connect wearable devices, wearable sensors and smartphones to electronic health records, to deliver "anywhere healthcare" that can be personalised to the patient. This form of healthcare will revolutionise the way services are accessed and delivered, fundamentally transforming the relationships between clinicians, patients, their families and the broader community.

Focus area 4.2 Research and new ideas into practice

Queensland recognises the importance of research to improve health and wellbeing. In order to continue to improve health outcomes, overcome existing health challenges and deal with emerging challenges, we need new treatments, drugs, methods, equipment and models of care.

Clinicians and researchers working in our health system are vital to our efforts to find new and different ways to deliver services. They need to be given the tools and skills to identify and embed new evidence-based practices into day to day care, leading to better outcomes for patients and the health system.

We have a tremendous opportunity with our partners in universities, the research sector and across the health and care sectors to use 'big data' and predictive analytics to shift our approach to healthcare from “break-fix” to “predict-prevent”. We also have the opportunity to embrace patient-led research and care via online communities. For example, in the United Kingdom, PatientsLikeMe is an online community where patients are “data donors”, a simple way for patients to share their data with researchers.

Finding new and innovative ways of delivering healthcare will ensure that our health system meets the needs of Queenslanders and is sustainable. We can continue to work smarter by using the results of practice based research to develop new models of care. Such improvements must be embedded as clinical policy and practice across the health system.

Investing in the future

The health system in Queensland continues to invest in innovation and skills development. Examples include:

- Attracting co-investment in developing innovations – the research partnership between Brisbane’s Critical Care Research Group (CCRG) based at The Prince Charles Hospital (TPCH) and the Centre for Translational Research in Biomedical Sciences in Taiwan to develop advanced treatments for heart and lung disease.
- Providing leading teaching, education and training through world-class facilities such as the Clinical Skills Development Service at the Royal Brisbane and Women’s Hospital.
- Supporting clinicians to undertake research, and to commercialise research outcomes.
- Use of innovative hospital and health facility building design – such as Lady Cilento Children’s Hospital and modular building design of Moura Hospital.

Queensland’s health system is built on the back of world class people. We have access to the world class clinical leaders, hospital managers, health planners, designers and builders and research and biotechnology developers. There is a need throughout Asia and the rest of the world for these skills. The export of services will be the next frontier in the development of Queensland.

As our economy transitions at the end of the mining boom our health industries are uniquely placed to capitalise on the export of services to Asian markets. As a system we need to develop the next generation of entrepreneurs who can take what they have learned in Queensland to the rest of the world. We also need to nurture the big ideas by creating an environment where they can be developed and trialled right here in Queensland. This can’t be done by government alone. It will require collaborative leadership and a dedication to constant innovation.

Focus area 4.3 Personalised health

Personalised healthcare involves tailoring treatments to take into account the individual differences in people’s genes, environments and lifestyles.

Within standardised pathways, personalised treatment options will be vital for some medical conditions, such as cancer. Consistently curing cancer will only be possible by tailoring treatment strategies to the genetic makeup of each individual’s tumour, and getting this right, first time, every time. Development of such targeted treatments will take time, but Queensland can contribute through undertaking basic and applied research and by working to implement improved approaches developed elsewhere.

Headline Measures of Success

The Queensland government will measure progress in pursuing innovation through several success measures that the health system will work towards. These success measures, listed below, will be monitored over time.

By 2026 we will:

- Have the majority of clinical activities supported by a digital platform.
- Have 20 per cent of National Health and Medical Research Council (NHMRC) grants awarded to Queensland researchers and the State will have NHMRC Advanced Health Research and Translation Centres.
- Increase the proportion of outpatient care delivered by Queensland Health via Telehealth models of care.
- Have a strong innovation and research culture across the health system.

MAKING OUR VISION A REALITY

Advancing health 2026 serves as a framework for current plans and future priorities for health in Queensland. These involve all partners working collaboratively to improve the broader health system. Implementing the directions and strategic agenda will involve reshaping investment over time to ensure we are on track to achieving our vision.

Making this vision a reality requires methodical planning, sustained effort, regular review, and a willingness to adopt different and even bold approaches.

The directions, strategic agenda and headline measures of success will be reflected in the service agreements that the Department of Health has with each of the 16 Hospital and Health Services in Queensland. The headline measures of success will also be incorporated in the Department of Health's performance management framework, to ensure that the public health system realises the vision.

The Minister for Health and Minister for Ambulance Services will establish and chair a committee to provide oversight of *Advancing health 2026* and our progress. This committee will identify future opportunities for collaborative action, monitor performance and publicly report on progress against the headline measures of success.

We will work with our partners in the health system and other sectors to align our efforts, monitor progress and improve performance. We will empower the health workforce to enable them to contribute to realising our vision. We will also continue to work with consumers and consumer organisations such as Health Consumers Queensland to develop and refine initiatives as part of *Advancing health 2026*. Collectively we can help all Queenslanders to be among the healthiest people in the world.

My vision for the health system is a system that is adaptive and responsive to local community needs. That the system is respectful of all cultures, values diversity and strives for equality. For this to happen, I believe that there's a need to build on the relationships we have with each other, with consumers and particularly with our most vulnerable groups (such as Indigenous people with disabilities), and build partnerships with primary healthcare providers, Aboriginal health service providers as well as community, social and education service providers. That Aboriginal and Torres Strait Islander people are encouraged to influence decision making and be a part of governance across all levels of the health service.

Stephanie King – health consumer, Mt Isa



sustainability • compassion • inclusion • excellence • empowerment