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## CONFERENCE ABSTRACT

# Outcomes based commissioning, evaluation and the challenge of decommissioning

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HNECC is a commissioner of primary care services in rural and regional NSW. Its remit is to deliver improved integration of primary care services, and it has used the Quadruple Aim framework to plan and measure outcomes.

With the establishment of Primary Health Networks and the advent of commissioning into the Australian Primary Care setting, there have been challenges to the worth of these activities. The implementation of service contracts with measurable outputs has been a challenge for service providers but has enabled effective contract management.

HNECCs commissioned services program use the Quadruple Aim framework to assess impact.

The means of developing outcomes and outputs is contained within the HNECC Outcomes Framework.

HNECC works with more than 40 service partners to deliver \$42M of deliver services across Mental Health, Drug and Alcohol, Aboriginal Health, Allied Health and After-Hours services among others.

Since 2015, each of the contracts and programs have been reviewed and measurable outputs have been developed with service partners to enable effective measurement of performance.

Outputs such as service contacts, improved descriptions of service delivery models and agreed units of measurement of performance have been developed and implemented in relevant service contracts. This has resulted in a number of challenging conversations and the revision of contract values and in some cases, termination of contracts. At times, this has been at the instigation of the contracted provider, when the scrutiny of the effectiveness of the program has highlighted difficulties with the service model, the eligibility of clients or the appropriateness of delivery method.

HNECC has also been able to implement an innovative payment structure based on Patient Reported Outcomes with some of its programs, which has demonstrated improved patient outcomes and improvements to service delivery models based on real time patient feedback.

The model of measurement of effectiveness of contracted services has increased the funding available for new services and has enhanced the sustainability of many of the programs. Where services have been decommissioned, the funds have been reinvested in services based on the identified needs across the region. This has enabled funds to be used more effectively.

As new funding streams have been provided by the Commonwealth, HNECC has worked to include measurable outputs in all service contracts. Including these in the procurement process has increased our ability to evaluate tenders, especially when measuring value for money.

Specific examples of outcomes will be described across all domains of the Quadruple Aim.

HNECC's experience with decommissioning services will be outlined, from the decision making process, to the transition of clients to new services.

Effective contract management is only possible when agreed measurable outputs are included in service contracts.

Service partners need support in transitioning from block funding to outcomes based commissioning.

Decommissioning is a reality of the commissioning process and is an opportunity for more effective investment in services for the community.

**References:**

1- Bodenheimer, T. & Sinsky, C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014;12:573-576. Available from: doi: 10.1370/afm.1713