



# Driving value-based healthcare through a new vision for Queensland's health system

Madeleine Wellington<sup>A</sup> (BSSc, Program Manager), Elizabeth Whiting<sup>A,B,C,\*</sup>  (FRACP, Program Lead – Reform Office, Senior Staff Specialist Internal Medicine, Professor of Medicine), Damien Searle<sup>A</sup> (BBus, Executive Director), Megan Kreis<sup>A</sup>  (Grad Dip OHS, Senior Director) and Emily Cross<sup>A</sup> (MBus (Research), Director)

For full list of author affiliations and declarations see end of paper

## \*Correspondence to:

Elizabeth Whiting  
 Reform Office, Strategy, Policy and Reform  
 Division, Queensland Health, 33 Charlotte  
 Street, Brisbane, Qld 4000, Australia  
 Email: [Elizabeth.whiting@health.qld.gov.au](mailto:Elizabeth.whiting@health.qld.gov.au)

## ABSTRACT

The purpose of this case study is to explain the development of Queensland's strategic approach to health system reform, which promotes partnership across the health system to better deliver integrated and value-based health care across the continuum of care. The new health system vision was informed by undertaking literature searches on national and international health system approaches to reform and supported by extensive consultation across Queensland with more than 1100 stakeholders. Thematic analysis was undertaken to identify key themes that were translated into a high-level vision document that communicated Queensland's renewed focus on wellness and delivering more care in the community. This was circulated to stakeholders for iterative and collaborative refinement before final approvals. Collaboratively and iteratively developing the new health system vision for Queensland with key stakeholders has contributed to a shared understanding and ownership of a vision that is committed to system reform, focused on delivering high-value care that reflects what is important to consumers and health system stakeholders.

**Keywords:** health policy, health system reform, Health Consumers Queensland, partnership, Queensland Health, sustainable, value, vision.

## Introduction

Queensland's health system, like many across Australia and around the world, is experiencing increasing demand and cost pressures. Queensland's health system is increasingly challenged to deliver timely, accessible, equitable, and person-centred care and there is an immediate need to slow the expected growth in demand over the next decade, which can be attributed to:

- Strong population growth in Queensland with an expectation of growth from 5.2 million to 6.2 million between 2021 and 2031.<sup>1</sup>
- Population ageing in Queensland that is faster than at any other time, with the population aged 70 and older growing from 11.4% to 14%.<sup>1</sup>
- Increasing prevalence of chronic disease and complex comorbidities with prevalence increasing by over 13% in the past decade.<sup>2</sup>
- Growth in the public hospital market share of health services up from 58.6% (2013–14) to 64.5% (2019–20), resulting in increased demand on Queensland Health public services.<sup>3</sup>
- Inability of traditional resourcing approaches to keep pace with increasing demand and workforce requirements in addition to changing service models and health worker roles, with the World Health Organization estimating a projected shortfall of 10 million health workers worldwide by 2030.<sup>4</sup>

**Received:** 4 January 2024

**Accepted:** 27 February 2024

**Published:** 18 March 2024

**Cite this:** Wellington M *et al.* (2024) Driving value-based healthcare through a new vision for Queensland's health system. *Australian Health Review* 48(2), 129–133. doi:10.1071/AH24002

© 2024 The Author(s) (or their employer(s)). Published by CSIRO Publishing on behalf of AHHA.

This is an open access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND)

OPEN ACCESS

Special Issue: Value-based Healthcare

These demand drivers will continue to put increased pressure on health systems to deliver high-value health care with a focus on better outcomes and experiences for consumers, and increased efficiency. Furthermore, the coronavirus disease 2019 (COVID-19) pandemic caused profound disruption and wide-reaching health, social and economic impacts on all Australians.<sup>5</sup> In response, the Australian and Queensland health systems made rapid changes to health-care delivery, and some of these changes were identified as having the potential to build a more integrated, responsive and sustainable health system.<sup>6</sup> These actions were pivotal in shaping the way forward for the health system reform agenda.

To ensure that lessons learned from the COVID-19 pandemic response were harnessed and used to work towards future health system sustainability, Queensland Health established a dedicated Reform Office consisting of multi-disciplinary staff. The Reform Office was tasked with the responsibility of leading the consultation and design of a new vision for the health system and implementing the health reform agenda to address current and future health system challenges across Queensland.

This case study outlines the approach undertaken to develop a 10 year vision for the health system in Queensland, building on existing strategic directions to influence more integrated and sustainable care across the continuum, to deliver value-based health care with improved outcomes and experiences for consumers. It aims to explain, at a high level, the development of Queensland's strategic policy approach to health system reform, the intent of the vision, and provide policymakers and other health stakeholders with an insight into Queensland's approach to gaining support for a shared vision across a group of complex and expert stakeholders.

## Consultation and development approach

### Literature review

A literature search was conducted, including a search of grey literature, to identify national and international approaches to health system reform. The search was focused on literature published after 2020, considering the significant impact on public health of the COVID-19 pandemic, and countries with similar health systems to Australia (New Zealand, United Kingdom, Japan, and European countries).<sup>7–11</sup> This review suggested that Queensland's health system is on the same burning platform as other public health systems around the world. Although Queensland has several key points of difference affecting its reform agenda, such as First Nations Health Equity and geographical spread, Queensland Health is largely responding to the same demand drivers as other countries and identifying a similar need for reform.

### Stakeholder engagement

Following a review of the literature, extensive stakeholder engagement was undertaken to obtain input from a wide range of health and other stakeholders across Queensland. The Reform Office consulted more than 1100 stakeholders in over 170 consultation forums around Queensland to identify what is currently working well in the system, barriers to improving care, opportunities for improvement, and innovations suitable for scale and spread. This included in-person visits to all Hospital and Health Services (HHSs) across the state. This was beneficial for strengthening relationships and building trust with front-line stakeholders and promotion of the newly established Reform Office.

Consultation sessions were held as open discussions with a range of staff levels and disciplines and provided stakeholders with a platform on which to share their individual experiences and perceptions about barriers, opportunities and innovations within their local contexts.

Consulted stakeholders represented Queensland Health clinical and non-clinical staff, HHS Chief Executives and Board Chairs and Members, Queensland Ambulance Service, Primary Health Networks, primary care providers, peak bodies such as the Australian Medical Association Queensland and Royal Australian College of General Practice, Queensland Police Service, Queensland Royal Flying Doctor Service, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, non-government organisations including local mayors, and other service providers and unions.

Health Consumers Queensland was engaged to facilitate consumer engagement. A total of 149 consumers, including older people, people with disability, younger people, people from culturally and linguistically diverse backgrounds, people in rural and remote areas, and LGBTIQ+ people, were engaged through 16 Kitchen Table Discussions and Yarning Circles across Queensland. A final report was delivered, which included feedback on how consumers would like to access health care in the future, and recommended priority areas for the system.

### Thematic analysis

The Reform Office conducted a thematic analysis on the input received from stakeholders during the discovery phase. The methodology for the thematic analysis aligns with the steps outlined by Braun and Clarke<sup>12</sup> and included an inductive approach to analyse the raw data and to generate initial codes. All verbal and written feedback was transcribed into a database to capture close to 3000 individual comments. Each individual comment was assigned up to three codes and grouped into 'threads' or sub-themes and then assigned a theme. Additionally, a dashboard was created from the database to enable an in-depth review and

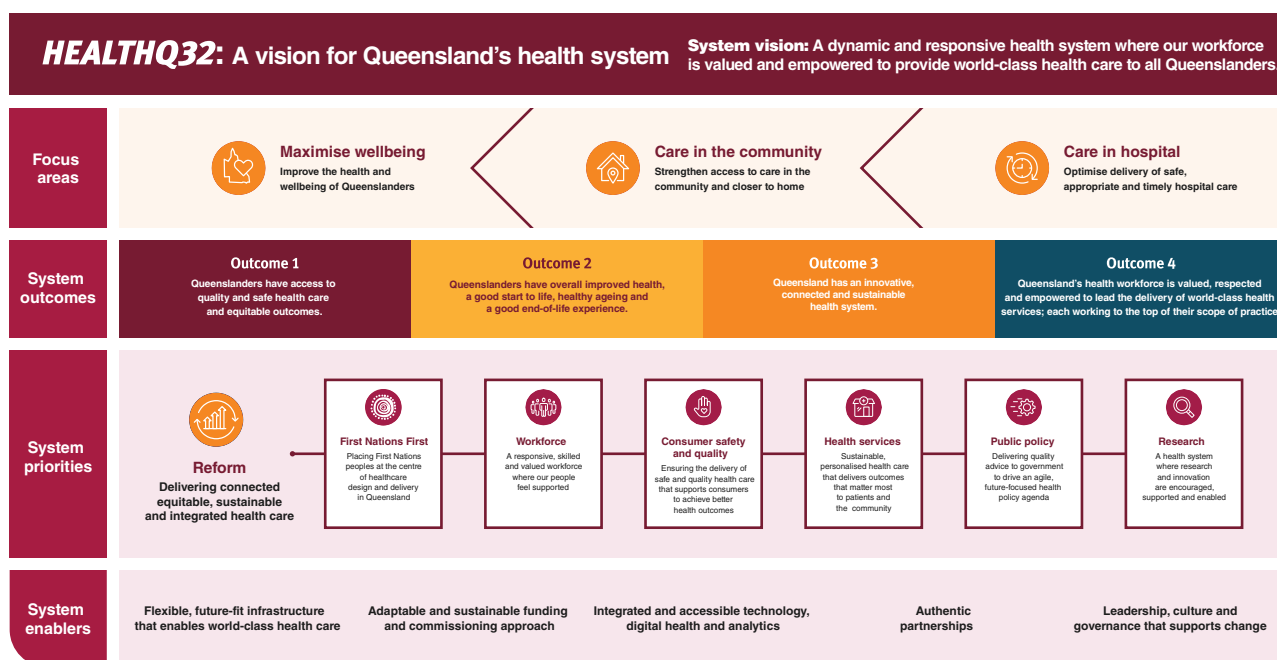


Fig. 1. HEALTHQ32: A vision for Queensland's health system.

analysis of the themes by being able to easily map a theme back down to the original comments.

Eight major themes were identified:

- Workforce: innovative workforce models, recruitment, and retention
- Funding: funding flexibility
- Patient flow: integrated care across the continuum
- Leadership and culture: supporting culture of leadership and change
- Early intervention, prevention, and promotion: prioritising and funding population health
- Partnerships: partnering across sectors
- Digital health and digital literacy: integrated health records
- Data: integration of data across systems

These eight themes largely reflect system 'foundations' or 'enablers' that stakeholders identified as needing to be reformed. For example, innovative workforce models and funding models to support new and better ways of working were frequently identified by stakeholders as foundations for system reform.

A Consultation Insights Report was prepared outlining the consultation methodology and outcomes and was circulated to all consulted stakeholders and published on the Queensland Health intranet.<sup>13</sup> This Report (and the raw data) has remained a key artefact and has been used across the organisation to inform local projects and to complement other consultations.

## Drafting the vision

Using these consultation insights, a 'plan on a page' was developed with a proposed vision statement and framework. The framework organised the vision around three focus areas: care in the hospital, care in the community, and maximising wellbeing. Included in the vision is the concept of shifting the health system's focus from illness to wellness and from hospital-based care to community-based care, recognising that a commitment to value-based health care will ensure that the health system can best respond to demand pressures and consumer expectations. It also outlined key enabling functions that support and underpin the health system's core functions to operate and adapt, which were based on the eight key themes identified through consultation.

Follow-up consultation was undertaken with key stakeholders to confirm the vision statement, focus areas, system outcomes, system priorities, and enablers. A Reform Collaborative with representation from across Queensland Health and the health sector was established as a reference group to co-design and provide expertise to support development of the new vision, HEALTHQ32. This group was consulted through virtual townhalls, focus groups, and workshops to provide feedback. Following completion of this extensive consultation, HEALTHQ32 (Fig. 1) was endorsed by government.

HEALTHQ32 will be underpinned by seven supporting strategies aligned to the system priority areas of Reform, First Nations First, Workforce, Consumer Safety and Quality, Health Services, Public Policy, and Research. Reform will be

a common thread throughout the supporting strategies and a separate Reform Strategy and action plan will be developed to drive system reform across the three focus areas of maximise wellbeing, care in the community, and care in the hospital.

## Discussion

HEALTHQ32 is a whole-of-system vision developed with system partners to coordinate action across the system toward common goals. The vision statement captured in HEALTHQ32 is: 'To be a dynamic and responsive health system where our workforce is valued and empowered to provide world-class health care to all Queenslanders'. HEALTHQ32 responds to the fundamental shifts in service delivery, demand, and consumer expectations following the pandemic response.

The health system is interconnected and, with the direction set through HEALTHQ32, it is recognised that care settings outside of Queensland Health will need to be supported to achieve a system-wide approach. For example, many communities are already experiencing general practice shortages, with public HHSs becoming the default provider of primary care. Given these pressures, it is imperative that there is continued support for primary care.

Through the feedback from stakeholders, Queensland Health identified that sustainable health service delivery is enabled by effective culture, leadership and governance, appropriate funding and commissioning approaches, an empowered and appropriately skilled workforce, technology that is integrated and accessible, infrastructure, and research and innovation. Activating these enablers will support the three focus areas. Diversified care delivery through an increased service offering outside of the hospital will ensure that Queenslanders receive the right care, in the right time, and in the right place, while simultaneously supporting future sustainability of the health system.

Developing a vision for a whole health system is a challenging process due to the number of stakeholders, partners, and varying service delivery contexts and challenges across Queensland. This required a larger investment in time and in the size and scale of the consultation process than anticipated. The initial timeframe to develop the vision was expected to be about 6 months, however, the timeframe was closer to 1 year.

Another challenge was how to better involve the group of stakeholders in the Reform Collaborative. Membership of this group was open to all Queensland Health staff and was formed through an expression of interest process. While the Reform Collaborative stakeholders contributed through a number of different forums, it was acknowledged that the expertise in this stakeholder group could have been better utilised to further strengthen the analysis of the eight themes identified through the broad consultation process.

Achieving agreement for a whole health system vision can be attributed to the time and effort invested in the extensive consultation process. This process sought to understand key issues and drivers for reform to achieve more efficient care, improved experiences, and outcomes that matter most to consumers. Acknowledging at the outset that success was more likely with a partnership approach to developing a whole system vision, probably also contributed to the success of the process. Furthermore, being transparent about how documents were progressing and what was incorporated, and providing rationale for what was not reflected, also probably facilitated the successful development of HEALTHQ32.

## Conclusion

This case study outlines Queensland Health's approach to developing a new 10 year vision for the health system. Reflections on the development process suggest that a vision that is developed collaboratively and iteratively with all stakeholders contributes to shared understanding and ownership of health system reform and commitment to value-based health care. In the case of HEALTHQ32, this is shared ownership of a vision to deliver more care in the community and closer to home, with a renewed focus on maximising wellbeing. It is important to note that gaining support across a range of health stakeholders takes time, negotiation and the building of trust, therefore appropriate timeframes should be scheduled to support this stakeholder engagement.

## References

- 1 Queensland Government. Population projections, 2023 edn. Australian Bureau of Statistics, National, State and Territory Population; 2022. Available at <https://www.qgso.qld.gov.au/statistics/theme/population/population-projections/state>
- 2 Australian Bureau of Statistics. 2017–18 National Health Survey Queensland Summary. December 2018. Available at <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/2017-18>
- 3 Queensland Government. Market Share – Resident Demand and Supply Patterns, 2014/2015 to 2020/2021. Queensland Health Planning Portal. [accessed December 2023].
- 4 World Health Organization. Global Strategy on Human Resources for Health: Workforce 2030: Reporting at Seventy-fifth World Health Assembly. 2022. Available at <https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health-workforce-2030>
- 5 The Commonwealth of Australia. Economic Recovery Plan for Australia, COVID-19 Response – Supporting Australians through the crisis. 2020. Available at [https://archive.budget.gov.au/2020-21/download/glossy\\_covid\\_19.pdf](https://archive.budget.gov.au/2020-21/download/glossy_covid_19.pdf)
- 6 State of Queensland (Queensland Health). Unleashing the Potential: An open and equitable health system. Published by the State of Queensland (Queensland Health); 2020. Available at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/1143479/Unleashing-the-Potential-an-open-and-equitable-health-system.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0029/1143479/Unleashing-the-Potential-an-open-and-equitable-health-system.pdf)
- 7 UK Government. Build Back Better: Our Plan for Health and Social Care. Policy Paper. 2022. Available at <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

- 8 Digital Agency Japan. Global site. Available at <https://www.digital.go.jp/en/> [accessed July 2022].
- 9 Ministry of Health. Health system reforms. 2022. Available at <https://www.health.govt.nz/new-zealand-health-system/health-system-reforms>
- 10 Hunter DJ, Bengoa R. Meeting the challenge of health system transformation in European countries. *Policy Society* 2022; 42: 14–27. doi:10.1093/polsoc/puac022
- 11 Zimlichman E, Nicklin W, Aggarwal R, Bates DW. Health Care 2030: The Coming Transformation. *NEJM Catalyst* 2021; (March). doi:10.1056/CAT.20.0569
- 12 Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3(2): 77–101. doi:10.1191/1478088706qp0630a
- 13 State of Queensland (Queensland Health). Queensland Health Reform Agenda: Discovery Phase. Consultation Insights Report. Published on Queensland Health Intranet; 2022.

**Data availability.** The data that support this study will be shared upon reasonable request to the corresponding author.

**Conflicts of interest.** The authors declare that they have no conflicts of interest.

**Declaration of funding.** This research did not receive any specific funding external to Queensland Health.

**Ethics.** Ethics approval not required.

**Acknowledgements.** The authors would like to acknowledge the contribution of all staff in the Reform Office during the writing of this vision.

#### Author affiliations

<sup>A</sup>Reform Office, Strategy, Policy and Reform Division, Queensland Health, 33 Charlotte Street, Brisbane, Qld 4000, Australia.

<sup>B</sup>Department of Medicine, The Prince Charles Hospital, Rode Road, Chermside, Brisbane, Qld 4032, Australia.

<sup>C</sup>Faculty of Medicine, University of Queensland, St Lucia, Brisbane, Qld 4067, Australia.