



Special Commission of Inquiry into Healthcare Funding

Submission Number: 120
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By email submissions.hfi@specialcommission.nsw.gov.au

Dear Commissioner

RE: HONEYSUCKLE HEALTH SUBMISSION TO SPECIAL INQUIRY

Honeysuckle Health is making this submission to the Special Commission of Inquiry into healthcare funding that was established on 24 August 2023.

About Honeysuckle Health

Honeysuckle Health is a health services and data science company formed with the business purpose of “creating better pathways to better health”. Since its formation in January 2020, Honeysuckle Health has built capability in three core areas – (1) Health data science; (2) Delivery of digital and virtual health management programs; and (3) Health services contracting. Honeysuckle Health’s existing clients include private health insurers and personal injury insurers. The company is a joint venture between two private health insurers – nib and Cigna.

Honeysuckle Health delivers a range of digital and telephonic health management programs that focus on secondary and tertiary prevention. Currently these programs are provided to patients of private health insurance and personal injury insurance populations. Some examples of our programs include:

1. Hospital Support Program – Telephonic program delivered by registered nurses, which provides support to patients following a hospital admission. The purpose of the program is to ensure the patient has a smooth recovery and specifically does not need to be readmitted to hospital. Our results show a significant reduction in hospital readmissions for participants of the program.
2. Healthy Weight For Life – Digital and telephonic program that provides support to patients that are overweight (BMI > 28) and have one or more chronic diseases including but not limited to osteoarthritis, heart disease and diabetes. Our results show 97% of participants achieve weight loss and 84% see a clinically significant improvement in their hip or knee OA symptoms.
3. Injury Support Program – Telephonic program delivered by registered nurses, which provides support from a registered nurse to patients that have suffered a significant workplace or traffic accident injury. Our results show that patients who complete the program return to work up to 5 weeks’ earlier than those who do not.
4. SilverCloud – Provides digital and telephonic support to patients with mild to moderate mental health conditions. Our results show 60% of participants with moderate to severe anxiety saw clinically significant improvement in their anxiety.

We utilise our data science capability across all of our programs to ensure they are: (1) Effectively evaluated and delivering good clinical and commercial outcomes as well as a return on investment for the funder; and (2) Effectively targeted and that patients most likely to benefit from the program are offered the program.

In addition to health management programs, we also contract with private hospitals, private medical specialists and allied health providers (e.g. dentists, optometrists and physiotherapists) on behalf of insurer clients. In July 2022 we were authorised by the ACCC to form and operate a health services buying group. This authorisation allows us to represent multiple payers in negotiations with providers and share quality and





cost data across those payers. The buying group operates on value-based healthcare principles utilising our data science capability to inform decision making.

Recommendations for consideration by the Special Inquiry

Honeysuckle Health respectfully submit four recommendations for the Special Inquiry's consideration.

Recommendation 1 - Better use of data (terms of reference A The funding of health services provided in NSW and how the funding can most effectively support the safe delivery ..., strategy D Strategies available to NSW Health to address escalating costs, limit wastage)

Although NSW Health has made good progress in the use of data, health data in NSW remains fragmented and under-utilised.

Concerns around privacy and security of sensitive health information are legitimate. However, techniques and capability to deidentify data and preserve the privacy of individuals are now mature and reliable. Privacy and security risks are manageable and should not be used as a reason to not progress initiatives that make better use of the significant amount of data available to NSW Health.

We see three primary opportunities for better use of existing data within NSW Health, specifically:

1. Facilitating a transition to more value-based care that utilises more frequent and larger scale evaluation of health interventions against the quintuple aim of healthcare, using modern data-science enabled techniques that produce reliable and actionable results quickly.
2. Personalised healthcare, where targeting of patients based on their individual characteristics allow more cost-effective interventions e.g., one patient may be well suited for digital support whilst a similar patient may need "traditional" face-to-face support.
3. Reduce delays and gaps in care by supporting clinicians in identifying appropriate care pathways and models of care for their patients. Modern data science is being used in other jurisdictions to support clinicians identify appropriate care pathways for their patients. Referral to services and care pathways is at the discretion and knowledge of the treating clinician. The robust evaluation of models of care along with the clinical data available to NSW Health offers a ripe opportunity to aid clinicians in finding the right care pathways and services for their patients faster and more appropriately.

Recommendation 2 - Greater investment in prevention (terms of reference A The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality...)

The current funding of public health services is predominantly focussed on hospital based inpatient and outpatient medical care. Despite overwhelming clinical evidence about the ability of nursing and allied health conservative models of care to achieve clinical outcomes consistent with or superior to medical interventions, these remain largely unfunded.

Greater investment should be made in secondary and tertiary prevention programs. A prime example of this is weight loss and exercise management for hip and knee arthritis. Patients languish for extended periods of time on orthopaedic wait lists for consideration of surgical intervention, when evidence-based conservative care offer equivalent clinical outcomes yet are rarely if ever offered.





The reasons for the existing under investment are multi-faceted but include:

- Responsibility for funding of secondary and tertiary prevention programs falling between the cracks of State and Federal governments.
- Lack of “proof” that programs are effective (see Recommendation 1). When funding gets tight, “optional” prevention programs are ceased in favour of higher profile goals, e.g. reducing elective surgery waiting lists.
- Limited targeting of programs to patients most likely to benefit. Typically prevention programs have been offered without sufficient targeting which then results in the efficacy of the program being undermined (see Recommendation 1).

Recommendation 3 – Increased partnering with the private sector (terms of reference D Strategies available to NSW Health to address escalating costs... ,E Opportunities to improve NSW Health procurement process and practice, and F The current capacity and capability of the NSW Health workforce to meet the current needs)

NSW Local Health Districts have had a strong historical practice to insource the provision of alternative models of care. This increases the risk of duplication, lack of scale and lack of translation of learning from co existing services outside the public health system.

The private health sector has been increasingly adopting digital, virtual, out-of-hospital and hybrid models of care and has now gained significant experience and capability along with strong evidence as to the effectiveness of these new models. High quality private providers are now well established, keen to scale their services, and positioned to provide a level of ICT and clinical expertise to the NSW Health system that has not yet matured internally.

We see an opportunity for NSW Health to increase their level of commissioning of clinical care delivery from the private sector, particularly with respect to digital, virtual, out-of-hospital and hybrid models of care. The direct benefit of this would be reducing the clinical and technical gap between NSW Health and the private sector in delivering these models of care, reducing timelines to implementation and scaling of these models by years.

Recommendation 4 – Faster adoption of alternative models of care (terms of reference H new models of care and technical and clinical innovations to improve health outcomes for the people of NSW...)

The size of an organisation such as NSW Health and its supporting local health districts makes implementation of innovative models hard and slow. An example of this is the implementation of a virtual exercise prescription model of care by the Agency of Clinical Innovation in 2020. This implementation took over 2 years to scale to only a handful of local health districts, when the original plan was to scale across all local health districts in under 6 months.

The private sector has the willingness and capability to translate successful solutions in the private health space to the public health system. This can support greater use of digital, virtual, out-of-hospital and hybrid models of care, provide high value care and help maintain a sustainable level of clinical services.





Digital and virtual models of care are not location-specific and can be delivered using a centralized, state-wide model across both the private and public health domains. Digital and virtual models of care also help to ensure equitable access to health services for rural and regional residents.

Conclusion

A consistent theme across all of these recommendations is that any change will need extensive consultation and ultimately leadership from the clinical community.

We would appreciate the opportunity to meet with the commissioner to discuss all or any part of our submission.

Yours sincerely

Rhod McKenney

CEO

