



Special Commission of Inquiry into Healthcare Funding

Submission Number: 148
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[Submissions - Healthcare Funding Inquiry](#)

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Health Funding Inquiry submission form

Date:

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Name

Sarah Auld

Email

Message

Hello

I am a consumer advocate who is passionate about supporting better coordinated care in community to keep people healthy and well. There is room to improve the design and funding of integrated care programs in the community. It is important that learnings from many years of delivering chronic disease management and integrated care programs are captured and built upon to support people to improve their self-efficacy, self-management and understand who their support persons are.

I envisage a world where the consumer owns their care/ management plan. The care/ management plan is their "bible" to understand their conditions, medications, services/ programs and who to go to for help. The care plan (similar to the modernised digital Blue Book for babies) should identify who is involved in their care across the health, aged and mental health sectors with decision support tools about who they should contact for what problems e.g. Get Healthy, Lifeline, GP, Care Coordinator/ Navigator. It should also include a social prescribing component that lists the other community services and peers support they should link into to improve health and wellbeing. Their care/ management should be set up similar to an asthma management plan e.g. this is what I do to manage my health everyday, this is what I do when there's a non-acute/ non-emergency exacerbation, and this is what I do when there is an emergency.

Our funding model for integrated community based care should be informed by the learnings from the health, aged and NDIS sectors. I would expect the funding model should build on the AN-ACC model in aged care and include the following components:

- Base fee/ block funding that is specific in relation to paying for the "back office": governance and reporting, quality management, monitoring and evaluation, digital systems/ licences, education and training etc.
- Patient ABF based on complexity of care needs. All patients eligible for community integrated care programs would need to be assessed and grouped into a category/ classification that attracts a certain fee for activity (assessment and care planning, care coordination, health coaching/ self-management support, care reviews and case conferences, transfer of care)
- Outcomes based incentive payment for any patients that change from a higher classification/ higher complexity to a lower classification/ lower complexity over time. All patients would need to either be independently assessed or, alternatively, complete a combined PROM or PREM to demonstrate quality service provision that is improving

patient outcomes to obtain the incentive payment.

I would be happy to share more ideas and information on request.

Wishing you all the best as you conduct this important Inquiry that will help shape the future of health in NSW.

Kind regards

Sarah

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