Value-Based Health Care Conference 2021

a patient-first approach
practical strategies for implementation

Value-Based Health Care Conference May 27-28th 2021

Outcomes Report

Continuous Improvement in Care *cancer*

ahha
australian healthcare & hospitals association

Contents

Executive Summary

In May 2021, the inaugural Value-Based Health Care (VBHC) Conference was held in Perth, Western Australia. The conference demonstrated how VBHC is transforming healthcare nationally and internationally, with a 'patient first' approach lying at the heart of all initiatives presented. This event was hosted by the Continuous Improvement in Care – Cancer (CIC Cancer) Project in partnership with the Australian Healthcare and Hospitals Association (AHHA). Sponsorship for the conference was provided by 14 organisations from State health departments and primary care agencies, the university and research funding sector, corporate sector, health insurance sector, and private hospital sector.

The conference program was developed with the aim of providing an opportunity for attendees to increase their understanding of all aspects of a patient-centred approach to VBHC and to encourage further innovation and capacity building. The program incorporated plenary sessions presented by six expert keynote speakers and 55 concurrent sessions across two days. Concurrent sessions were delineated into topic-related streams and had multiple speakers presenting, with special sessions included in this part of the program to facilitate greater discussion, sharing of ideas, and collaboration on key issues. This sought to provide delegates with an opportunity to hear from others, both across Australia and internationally, about the practical strategies they had used to progress VBHC across a broad range of areas within healthcare systems through innovation, project initiatives, implementation, research, and training.

With the changing landscape of coordinating an event during the COVID-19 pandemic, the VBHC Conference was organised using a 'Hybrid' approach, whereby those who wished to attend could do so either in person (face-to-face (F2F)) or virtually in real-time. Whilst this required significant additional logistical work, including the development of a virtual platform and complex registration management, it ensured that any risk to the conference not proceeding due to the impact of COVID-19 restrictions, could be mitigated as much as possible.

Both informal and formal feedback on the VBHC Conference has been extremely positive with the majority of attendees commenting on the high standard and value of the conference, and especially the calibre of the keynote speakers. Information gathered from the formal evaluation survey provided to attendees highlights that despite the challenges COVID-19 posed, the conference achieved its desired outcomes. It provided a high quality, valuable opportunity for attendees to build on their knowledge and understanding of not only of VBHC principles, but also the importance of capturing patient-reported outcomes in improving patient care. The key impacts of attendance at the event are the reporting, by evaluation respondents, of the impetus that attendance has given to implementation of changes to practice or future projects and identification of opportunities for potential collaboration on VBHC activities.

Introduction

Value-based health care is becoming a major movement in the health care sector, both in Australia and internationally. Health services and systems are exploring opportunities to move from a focus on the volume of services delivered to the value of outcomes achieved through a range of transformative projects and initiatives. In doing so, these organisations are seeking to invest in a range of new products, services, and skills to assist them meet their patient/consumer needs.

The inaugural Value-Based Healthcare (VBHC) Conference 2021 took place in Perth on May 27-28th 2021. This event was part of a 5-year research-driven program developed by CIC Cancer Project and was hosted in partnership with the AHHA.

The VBHC Conference aimed to showcase value-based healthcare (VBHC) innovation, initiatives, implementation, research, and training from all areas of the health care system. Additionally, it aimed to facilitate the sharing of research project findings and cement WA as a key player in this area. This report outlines the success of the event. A further report has been prepared by AHHA.

Background

The conference formed part of the CIC Cancer Project's funding requirements to host an international VBHC/health outcomes conference before 30/6/2022. Discussions with AHHA resulted in their agreement to partner with CIC Cancer in hosting this event.

Following consideration of funding requirements, potential commitments, public holidays and school holidays, local tourist conditions, and other events planned for early 2021 an initial decision was made to hold the event in March 2021. The COVID-19 pandemic and subsequent strict travel restrictions led to a review of this date and further consideration, with postponement of the event until May 2021. This decision took into account access to international speakers and delegates, maintaining momentum, venue availability, and border closures. It was hoped that, by this new date, restrictions would have eased and the event would be more accessible, however due to ongoing uncertainty a hybrid approach was agreed to so that any risks to the event going ahead as planned would be mitigated as much as possible. A hybrid approach to the event enabled those that were able to be present to attend a conference face-to-face (F2F) and for those unable to be present, they were able to attend virtually using live streaming e.g. interstate and international delegates. Whilst this was an expensive option because full costs were required for the two modalities to be undertaken simultaneously, the benefits of a virtual platform were realised with the success of the conference in the midst of unforeseeable events related to COVID-19.

Outcomes sought

The desired outcomes of the conference were to:

- enhance understanding of VBHC principles;
- build an understanding of the importance of measuring patient reported outcomes in identifying improvements in care provision and encourage participation;
- provide an opportunity to hear of similar work underway, national and internationally, and learn from their findings; and
- encourage opportunities for further research and build capacity amongst post graduate research students.

Conference Themes

Overarching theme

A patient-first approach, practical strategies for implementation

Sub-themes

Three sub-themes articulated aspects of this overarching theme, as listed below:

- **Innovation:** novel projects or approaches that have developed, or may be capable of developing, skills and strategies for improving outcomes and driving quality improvement.
- **Collaboration:** ways in which health care sectors, professions, and consumers can be engaged, integrated, and productively work together towards implementation of VBHC and the clinical benefits of such collaboration.
- **Enablers:** tools, techniques, governance, and strategies that support successful outcomes – such as technology/digital solutions, effective use of data, project techniques, funding and procurement opportunities, team structures, communication techniques – and how to overcome potential barriers.

Potential topics to be discussed under these themes were:

- Informatics/digital opportunities
- VBHC in procurement/contracting
- Funding options and potential funding/payment models
- VBHC in primary care and integration outside the hospital setting
- Consumer access to outcomes information
- IT infrastructure issues and concerns, and implementation possibilities
- Ways in which to engage the clinical workforce
- Australian State updates to allow for shared learning experiences

Methodology

Planning for this event was extensive and took place over two years with the establishment of a Working Group that consisted primarily of key staff from CIC Cancer and AHHA. WA Health personnel were also involved, given their important role in building on the outcomes within WA and intrastate promotional activities.

Program Development

Abstract selection

Authors who wished to present their paper at the conference were required to register and submit their abstracts online for peer review by 4 December 2020, using the abstract management software Currinda©. A template was developed and provided to all prospective authors to follow. The document outlined the requirements for qualified abstracts, specifically in regard to abstract title, alignment to conference topic, context, aims, impact, learning for others, and lastly, an indication of whether the paper has been previously presented.

A request to evaluate submitted abstracts was sent to potential reviewers – including research, medical and healthcare professionals with experience in critiquing health projects, of which, 20 accepted to undertake the abstract review process. A reviewer could submit an abstract for their own project or initiative; however, they were not able to review this submission.

Based on review criteria provided by the conference organiser, each abstract was independently assessed and marked by two reviewers, with a maximum score of 200 (100 points from each reviewer). Selected abstracts were those that obtained a score of 100 or above. See Appendix 1 for details of the abstract reviewers and review criteria.

A total of 55 abstracts were selected, of these, 53 discussed work being undertaken in Australia, 2 in the United Kingdom (UK), and 1 in New Zealand (NZ). A summary of accepted abstracts from within Australia is provided in Figure 1.

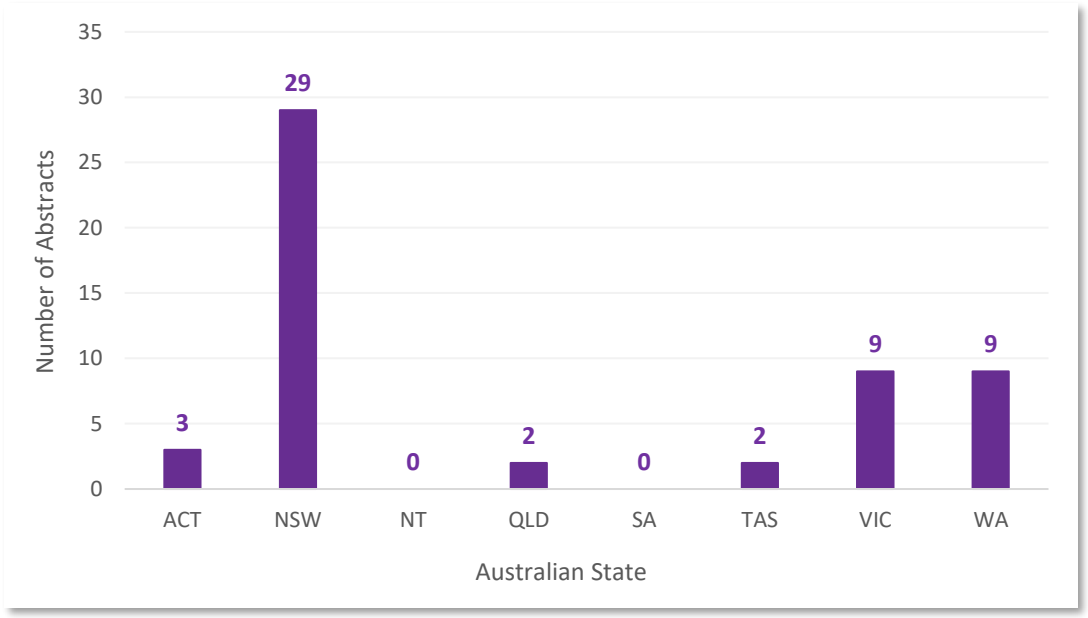


Figure 1. Accepted abstracts by state

Conference program

A detailed program was developed to incorporate the presentation of the selected abstracts, keynote speakers and special sessions planned for the event (Appendix 2). The program was built with the aim of delivering a variety of sessions, whilst allowing for topic-based presentation streams so that attendees had a choice of sessions to attend. Opportunities were intentionally provided to encourage the engagement of medical students, early career medical officers, and early career researchers to be involved in assisting to cement VBHC concepts with future generations of health managers and health service researchers.

Keynotes

Keynote speakers included eminent experts in VBHC and outcomes measurement. It was hoped that this would evoke interest and attract Australian delegates from other states and potential delegates from South-East Asia, particularly given the proximity of Perth to places such as Singapore, Malaysia, and

Thailand. It was also deemed important that at least one well recognised and engaging consumer was invited as a keynote speaker.

The final team of keynote speakers represented a wide range of expertise across the health sector, including healthcare services, consumer advocacy, health system governance, population health and digitalisation in health. These included three international speakers from the United States and Singapore, and three speakers from New South Wales and Queensland who delivered themed presentations at the conference across three plenary sessions. Each of the keynote speakers and a short profile are listed below:

- Professor Elizabeth Teisberg, PhD, co-creator of the idea of value-based health care strategy and co-author of *Redefining Health Care: Creating Value- based Competition on Results*, with Prof. Michael E. Porter. Prof. Teisberg serves as Executive Director of the Value Institute for Health and Care at the Dell Medical School in Austin, Texas. The Value Institute creates curriculum for transforming strategy, culture and measurement in health care to improve health outcomes and reduce costs.
- Julie McCrossin, a freelance journalist and facilitator who presented the radio show *Life Matters* on ABC Radio National for 5 years, covering health, welfare and educational topics with a frequent rural focus. Julie is an Ambassador for Head & Neck Cancer Australia (formerly Beyond Five), Targeting Cancer and TROG Cancer Research. She also hosts the podcast series, *The Thing About Cancer* for Cancer Council NSW. In 2019, Julie was awarded a Member of the Order of Australia for significant service to the community through advocacy roles and to the broadcast media.
- Elizabeth Koff, Secretary of NSW Health, has held several Senior Executive roles within the NSW health system, across operational and policy portfolios. As Secretary, Elizabeth is responsible for the management of the NSW health system ($24 billion budget and 118,000 FTE) and setting strategic direction to ensure NSW continues to provide exceptional healthcare, research and education. Elizabeth is an Adjunct Professor at the University of Technology Sydney, a Member of the Australian Institute of Company Directors (AICD), NSW President of the Institute of Public Administration Australia (IPAA) and a member of Chief Executive Women.
- Dr. Daphne Khoo is Deputy Director of Medical Services (Healthcare Performance Group) and concurrently, Executive Director of the Agency of Care Effectiveness (ACE), Singapore Ministry of Health – the mission of which is to drive appropriate care in Singapore through the application of Health Technology Assessment. Daphne was previously Head of Endocrinology at Singapore General Hospital (SGH). From 2004 to 2011, she was the Director of Clinical Governance and Quality Management of the SingHealth cluster and also served as their Director of Enterprise Risk. She is a past-President of the Association of Women Doctors, Singapore, as well as the Association of South East Asian Nations Federation of Endocrine Societies. From 2011 to 2014, she worked in the private sector as a Chief Medical Officer managing healthcare facilities in 11 countries.
- Dr. Joseph Conte, PhD, is the Executive Director of the Staten Island Performing Provider System (SI PPS). The SI PPS implements the Medicaid redesign program known as DSRIP. Under Joe's leadership the PPS was recognized by the Medicaid Director as "leading the way" and the "most advanced" in New York. The PPS advanced technology platform links multiple sources of data: electronic health record, Medicaid claim and social determinant of health variables to create a "360 view" of population health and patient utilisation.

- Professor Ross Crawford, an orthopaedic surgeon, is an internationally recognised expert in the field of hip and knee replacement surgery. In concurrence with performing surgery, he lectures and teaches surgical techniques, both nationally and internationally. Ross is the chair of orthopaedic research and the professor of medical and health robotics at Queensland University of Technology (QUT). He is also an associate investigator in the Australian centre for robotic vision. In his QUT roles he collaborates closely with experts in the field of robotics, and mechatronics, mechanical and tissue engineering. He has published over 300 peer reviewed articles including work on health economics and big data, aiming to influence clinical practice. Much of this has been in collaboration with the Australian Orthopaedic Association Joint Replacement Registry (AOAJRR). As well as using these data to inform clinical outcomes, much of his work has investigated the health economic effects of change in clinical practice.

Special sessions

The conference program included a number of special sessions, including a pre-conference workshop, each of which were designed to provide opportunities for in-depth discussion, sharing of ideas and networking.

Community Conversations – 12th May & 26th May 2021

Two events were organised - one online with rural and remote-based attendees, and a second one in Perth providing a face-to-face (F2F) facilitated event. The events were open to consumers and community members who have used healthcare services and have an interest in improving the quality of care. Unfortunately, due to low registration numbers the rural event was rescheduled and then subsequently cancelled. Those consumer representatives that had registered were contacted and invited to the in-person event, two accepted – one from the Health Consumer Council WA (HCCWA) and the second an independent consumer from south-west WA.

The in-person 'round table' discussion event held in Perth provided an opportunity for consumers to come together to discuss key factors related to VBHC and the potential impact on healthcare provision. The events required separate registration from that of the conference, and these were not available to conference delegates. A separate report is available of the outcomes of the Community Conversation which occurred on the 26th May 2021.

World Café – 27th May 2021

There is widespread agreement across the health system that greater efforts are required to keep people well and out of hospital. Investment in prevention, a strong primary health system and effective coordination between primary and acute care are key to progressing these efforts. A World Café style session explored innovations to support better care for people with chronic conditions, including funding innovations, use of data for quality improvement, and models of care that reduce avoidable hospitalisations and improve transitions of care. This session featured an introduction from Richard Spencer, Commissioner (Social Policy) Productivity Commission, who discussed the recently released Productivity Commission a case study, Innovations in Care for Chronic Health Conditions (pc.gov.au) to demonstrate that there are practical ways to overcome long-standing barriers to health reform, and provide evidence of better health outcomes and greater efficiency.

Breakfast Seminar – 28th May 2021

'How cancer screening programs contribute in population health? Reflections from cervical, breast and bowel cancer screening.'

A breakfast seminar was hosted by Professor Dorota Gertig, Medical Director of Population Health Solutions and the National Cancer Screening Register at Telstra Health to share reflections on how cancer screening programs contribute to value based care. Presentations covered the role of the National Cancer Screening Register and cervical screening, breast cancer screening, and how bowel cancer screening contributes to value-based care. These short talks were rounded off by a panel discussion and opportunities for audience questions.

Think Tank – 28th May 2021

A VBHC Think Tank provided an opportunity for health service managers and policymakers to brainstorm practical strategies for implementation of VBHC within Western Australia. Drawing on the World Economic Forum's indicators for readiness to implement VBHC, participants had the opportunity to discuss key achievements and successes of current WA Health projects to identify what can be replicated in other projects, ways to maximise success, opportunities to work better with consumers on coordinated care and enablers/barriers to change.

Pre-conference workshop – Measuring outcomes that matter

A virtual intensive two-day workshop developed and facilitated by Professor Elizabeth Teisberg and her team of the Dell Medical School Value Institute for Health & Care at the University of Texas, Austin, provided participants with an in-depth look at a key element of value-based health care. The workshop consisted of four, half-day sessions developed to be interactive and build connections among participants.

This program was designed to build the skills and knowledge of health services leaders, managers, clinicians, and patients to successfully lead change and deliver high-value health care in Australia, with an interactive, virtual format that combined case discussions of successful high-value care models with overview presentations and implementation frameworks that participants can readily deploy.

The first two days explored why value-based health care is essential and how to begin creating and implementing high-value care. Participants learnt about organising care around medically-relevant patient segments, how to identify health outcomes that matter to these individuals and families, and why understanding the actual cost of care delivery is essential to strategic decision-making. These sessions concluded with a case study about public oral health care in Victoria and the importance of communication for mobilising culture change.

The last two days moved deeper into the skills required to measure health outcomes. These sessions stressed implementation of the principles of outcomes measurement, including where to start, what measures to use, and how to map a care pathway. Participants considered the Capability, Comfort, and Calm framework, which simplifies and streamlines outcome measurement and evaluation. They also discussed overcoming barriers to measurement, as well as how to support a learning culture that enables continuous care delivery improvement.

Promotional activities

In order to raise awareness and the profile of VBHC, including the measurement of patient-reported outcomes, promotion of the conference targeted a number of key groups:

- Clinicians, healthcare professionals and multidisciplinary teams
- Health service providers, and hospital personnel interested in driving quality improvement
- Policymakers, government, and commissioners of health services
- Consumers interested in VBHC
- Insurers and industry regulators
- Life sciences, biotechnology and health technology companies
- Researchers interested in PROMS and value-based health care
- Healthcare professionals who deal with patient outcomes as their primary role
- Academic organisations teaching VBHC

These promotional target groups were considered when planning for conference themes and presentation streams. Consumer-specific targeted content was limited to one ½ day session but the need to involve consumers in VBHC activities and the capture of patient outcomes was inherent throughout all activities.

A variety of communication methods and platforms (including social media) were employed to promote the VBHC Conference, so that reachability could be optimised. These communication methods included the use of promotional banners and information on websites, targeted emails and newsletters, digital and printed posters, and posts via LinkedIn and Twitter. Examples of these are listed below:

- The VBHC 2021 Conference web page was incorporated into the main website of the CIC Cancer project.
- The hashtag of #vbhcconf2021 was included in all marketing posts about the conference on CIC Cancer Twitter account
- AHHA media channels – Twitter, LinkedIn and e-newsletter
- A 'Program Highlights' segment posted by AHHA to showcase the accepted abstracts
- Social media accounts of individual team members & keynote speakers.

Sponsorship

A Sponsorship Prospectus was developed and subsequently revised once the hybrid approach was agreed to and adopted. The prospectus sought sponsorship for key aspects of the conference such as the VBHC Awards, Welcome reception, Exhibition space, the Special sessions, and the VBHC Conference App.

Sponsorship was provided by 14 organisations:

- Australian National University
- New South Wales Ministry of Health
- Cancer Research Trust
- Ernst & Young (EY)
- HBF
- Stryker
- Telstra Health
- The Clinician
- Western Australia Department of Health
- Western Australia Primary Health Alliance
- Queensland Department of Health
- St John of God Subiaco Hospital
- University of Western Australia
- Business Events Perth

An exhibition area was provided to allow sponsors an opportunity to showcase their involvement through posters, resources and expo-style displays.

Outcomes

A number of information sources were utilised to assess the outcomes of the conference, with a conference registrant survey being the primary method to evaluate whether the desired outcomes of the conference were achieved. Whilst anecdotal feedback was extremely positive, the formal collection of post-conference feedback from attendees enabled the sharing of more meaningful information regarding the conference in terms of attendee experience, usefulness, and applicability to implement change. Additionally, it provided information on areas for improvement and opportunities to grow the effectiveness of future events.

Review of Registration & Attendance

Conference Registration & Attendance

In total, 386 professionals and consumers registered to attend the VBHC Conference. Figure 2 provides a detailed break-down of Australian registrants by state and indicates that the majority of registrants were from NSW.

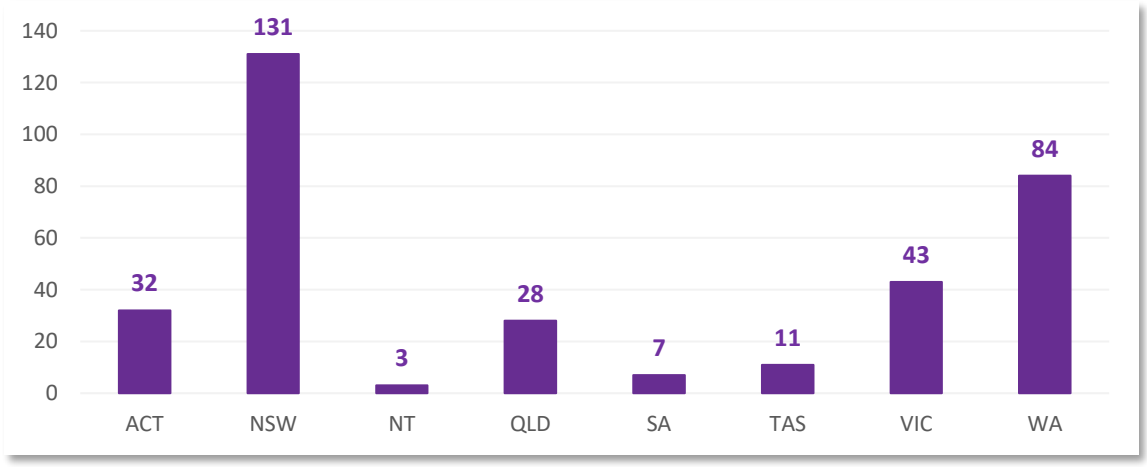


Figure 2. Total registrants per Australian State

Of the registrants, 353 attended the event. Most program attendees participated either through face-to-face (F2F) (n=165) or via the event's virtual platform (n=187). Only one attendee took part via both formats (in-person on day 1 and virtually on day 2).

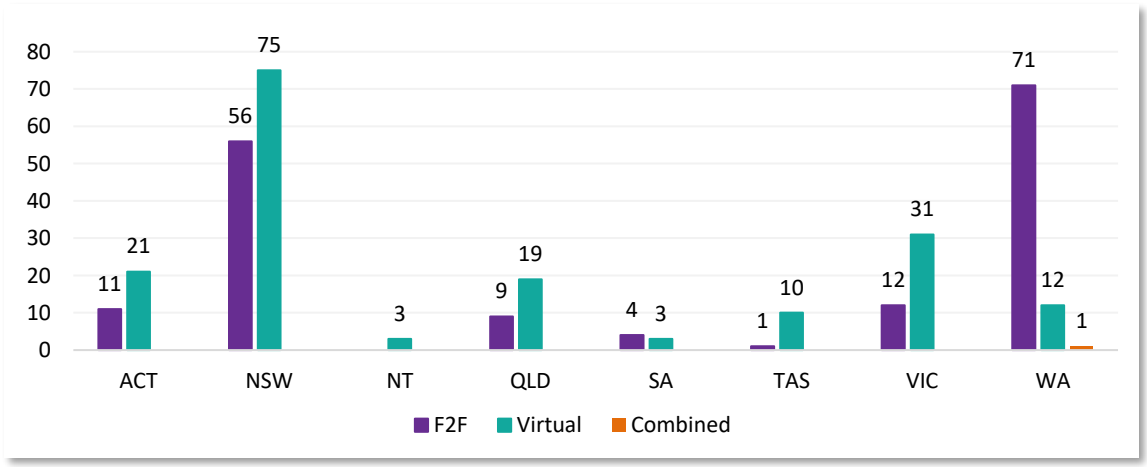


Figure 3. Attendance format per Australian State

The conference was impacted by COVID-19, such that it affected the way in which Australian registrants participated in the conference. A COVID-19 outbreak occurred in central Melbourne just two-days prior to the event, which resulted in registrants from Victoria opting to either amend their registration to virtual attendance or cancel. Five days prior to the conference the breakdown of F2F and virtual registrations was equal (n=187/n=187), however attendance data indicated that the effect of the outbreak shifted this proportion to 44% F2F attendance and 56% virtual attendance.

Attendees were predominantly from Australia (n=339), while the remaining were from Singapore (n=6), New Zealand (n=5) and the United Kingdom (n=3).

Of the attendees, the majority were from Health Services (35.4%) or Departments of Health (21.8%), as indicated by Table 1 below. Seven students attended the conference from the fields of Medicine, Health and Applied Science, and Health Economics, these included a number of PhD candidates. One medical student also presented at a concurrent session regarding a patient-reported outcomes study.

Table 1. Employment sector documented on registration by VBHC Conference attendees

Industry/Sector	N	%
Academia	34	9.6%
Consumer	5	1.4%
Department of Health	77	21.8%
Health & Human Resource Consulting	13	3.7%
Health Insurance	5	1.4%
Health Service	125	35.4%
Hospital	35	9.9%
Industry Association	14	4.0%
Not-for-profit	15	4.2%
Pharmaceutical & Medical Technologies	15	4.2%
Student	7	2.0%
Other	8	2.3%
Total	**353**	**100%**

Evaluation Survey Results

The link to an evaluation survey using SurveyMonkey© was provided to each attendee seeking feedback on their experience of the event (Appendix 3). An email reminder was sent 1-week later, and the survey was available to access from 15 – 28th June 2021, before being closed for data collation, analysis and reporting.

Response Rate

A total of 80 conference attendees completed the evaluation survey (22.7% of those who attended).

Demographics

The majority of survey respondents were from within Australia, as shown by Figure 3; namely NSW (n=31), WA (n=19) and Victoria (n=10), which closely matched the proportion of attendees from these Australian States (38.6%, 24.8%, and 12.5% respectively).

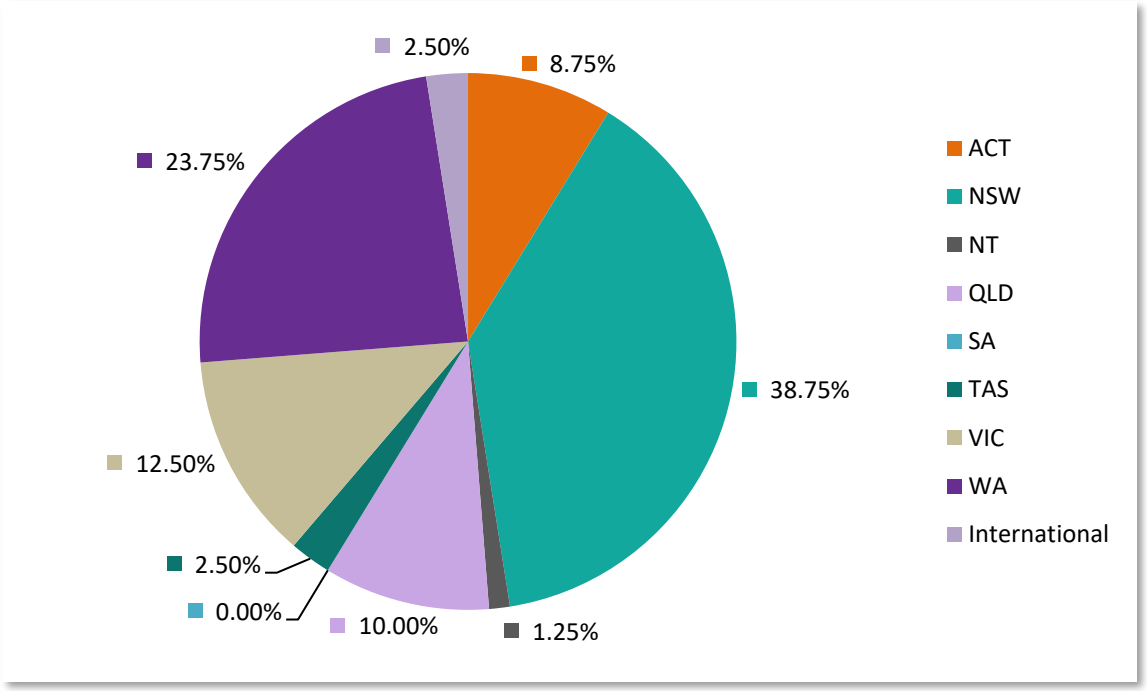


Figure 3. Percentage of survey respondents per Australian State and Internationally

Respondents were predominantly from healthcare provision services (n=23), hospitals (n=17) or departments of health (n=16). Once again, this pattern of data shares a similarity with the distribution of conference attendees employed by these sectors, as reported in Table 2.

Table 2. Employment sector of survey respondents

Industry/Sector	N	%
Academia	5	6.3%
Consumer	5	6.3%
Department of Health	16	20%
Health & Human Resource Consulting	2	2.5%
Health Insurance	2	2.5%
Health Service	23	28.8%
Hospital	17	21.3%
Industry Association	1	1.3%
Not-for-profit	7	8.8%
Pharmaceutical & Medical Technologies	2	2.5%
Total	**80**	**100%**

Approximately half (51%) of the evaluation survey respondents attended the program virtually, while the remainder attended either in-person (44%), or via a combination of both (face-to-face and online) (5%). This is similar to the breakdown of attendance mode seen for all attendees.

The majority of survey respondents reported learning about the VBHC conference through referral by a colleague or friend (39%), and one-third (34%) read about the program on the CIC Cancer and AHHA websites or AHHA e-newsletter. Some respondents were contacted directly by the co-hosts or received information about the event based on previous expressions of interest in AHHA activities, or heard about the program through external channels – including UWA, Healthcare Transformation Course, COSA

newsletter, Transformational course conducted by University of Texas, ACT Health Care Consumers Association (HCCA), and the WA Health Clinical Senate (all 7%). Survey results also indicated that the use of social media (LinkedIn and Twitter) made a small contribution to participation (4% of survey respondents).

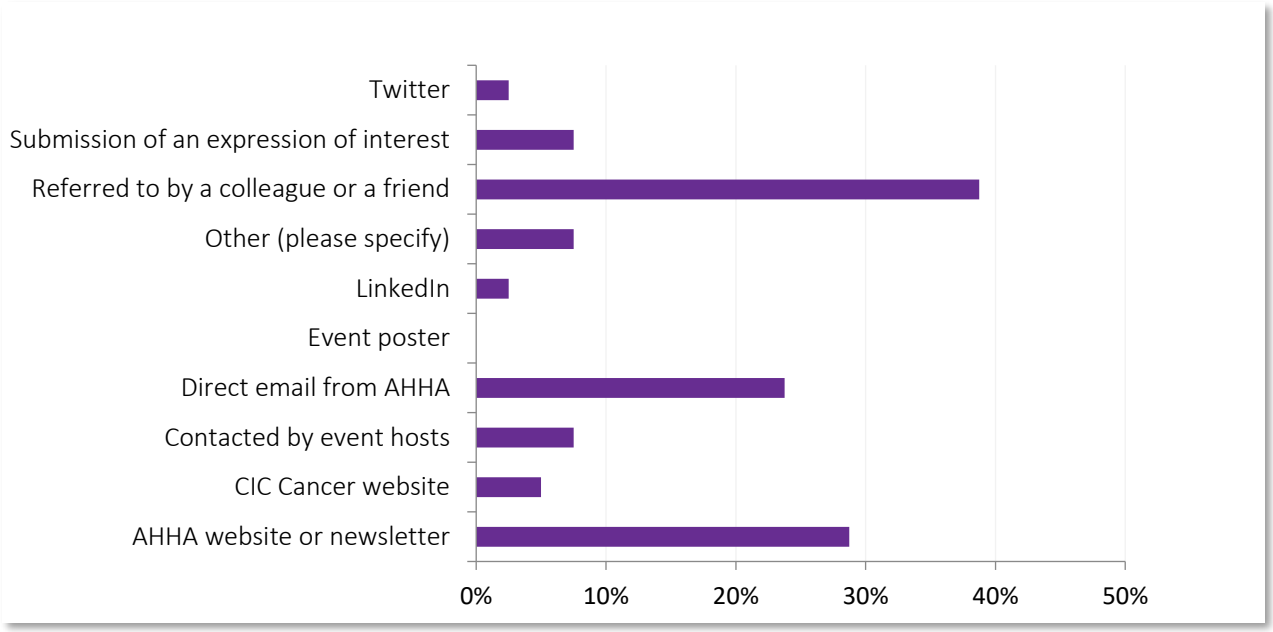


Figure 4: Avenue by which participants became aware of the VBHC Conference

Conference Program

Plenary sessions

Keynote presentations were widely commended by survey participants, with 85% rating these presentations and their content as 'Very useful' and 'Useful' as demonstrated in Table 3. i.e. 62% 'Very useful' and 23% 'Useful'.

Table 3. Usefulness of the content of plenary sessions

Keynote speaker	Not at all	Somewhat useful	Useful	Very useful	Did not attend	Total
Elizabeth Teisberg	0	5	18	53	4	80
Julie McCrossin	0	6	15	54	5	80
Elizabeth Koff	0	2	14	61	3	80
Daphne Khoo	0	13	24	33	10	80
Joe Conte	0	4	18	50	7	79
Ross Crawford	1	4	23	45	7	80
Total	**1**	**34**	**112**	**296**	**36**	**479**
Percentage	1%	7%	23%	62%	8%	100%

This excellent result was also reflected through a significant amount of positive written feedback from open-ended questions, among which three major themes emerged as outlined below.

Firstly, there was a consensus that the conference offered an exemplary selection of keynote speakers, whose expertise and experience represented the building blocks of VBHC implementation in the healthcare sector – *"Was impressed with the calibre of keynote speakers", "All the speakers were great champions of*

VBHC" and *"…advancing my knowledge of contemporary aspects of VBHC*". Terms such as 'informative' and 'knowledgeable' were also commonly used to describe the six key presenters.

Secondly, survey respondents commented that the layout of plenary sessions provided a logical flow of information that made the materials easier to process while enhancing session engagement. Respondents enjoyed Professor Elizabeth Teisberg's start to the program by delivering an overall picture of VBHC - *"…just set the scene for the whole conference", "…great summary and key points of perspective*". Followed by the discussion on the consumer perspective by Julie McCrossin – "…she *took some of the conversation away from the technical space and provided a more 'real-life' aspect….the Lego figures was a nice change of pace"*. Responses conveyed appreciation of the transition from developing an understanding of value-based practices and services in health care, to acknowledging the constructs to support their application, i.e. government endorsement – Elizabeth Koff - "*…a journey that was required to move a large state department from volume to value-based approach"* and Daphne Khoo, as well as "*using meaningful data to assist in improving value of care"* – Joe Conte and Professor Ross Crawford.

Thirdly, survey participants expressed how much they valued the depth and breadth of information of presentations incorporating both the principles of VBHC and examples of real-life cases. Evaluation survey respondents also praised the strong sense of practicality and relevancy, particularly the realistic, tangible challenges confronted by healthcare professionals – *"Clear examples of how data and putting patients first can improve care, and that those two elements are fundamental to achieving a VBHC system", "Joe Conte - …real world implementation,…a whole-of-system approach that saves money and gets results*".

Concurrent sessions

Concurrent sessions were predominantly rated positively by survey participants, with 70.5% of responses rating the content as 'Useful' or 'Very useful'. A small number of participants acknowledged that whilst some subjects were not relevant to their specific field, all the information remained interesting. Several survey respondents remarked that some presentations were heavy on theory or particular research and lacked real-life examples or take-away lessons, hence diminishing participant interest and their engagement in the sessions.

Table 4. Usefulness of the content of concurrent sessions

Session	Not at all	Somewhat useful	Useful	Very useful	Did not attend	Total
1.1 - Digital Engagement	0	2	22	17	34	75
1.2 - Changing Culture	0	8	21	24	20	73
1.3 - World Cafe, VBHC in Primary Care	1	3	1	5	60	70
2.1 - Measuring What Matters to Patients	0	4	21	27	21	73
2.2 - Cost Models	0	5	13	14	39	71
2.3 - Learning Together	0	4	12	9	43	68
Breakfast Seminar	0	0	7	3	54	64
3.1 - Transformation for Care	0	4	15	24	29	72
3.2 - Patient Communication	0	8	12	17	30	67
3.3 - Think Tank: WA Implementation	0	3	8	4	54	69
4.1 - Implementation Approaches	0	4	17	13	35	69
4.2 - Digital Innovation	0	2	18	15	35	70
4.3 - System Level VBHC Enablers	0	2	19	24	27	72
AHHA Awards	1	8	12	5	45	71
Total	**2**	**57**	**198**	**201**	**526**	**984**
Percentage	0.2%	5.8%	20.1%	50.4%	53.5%	100%

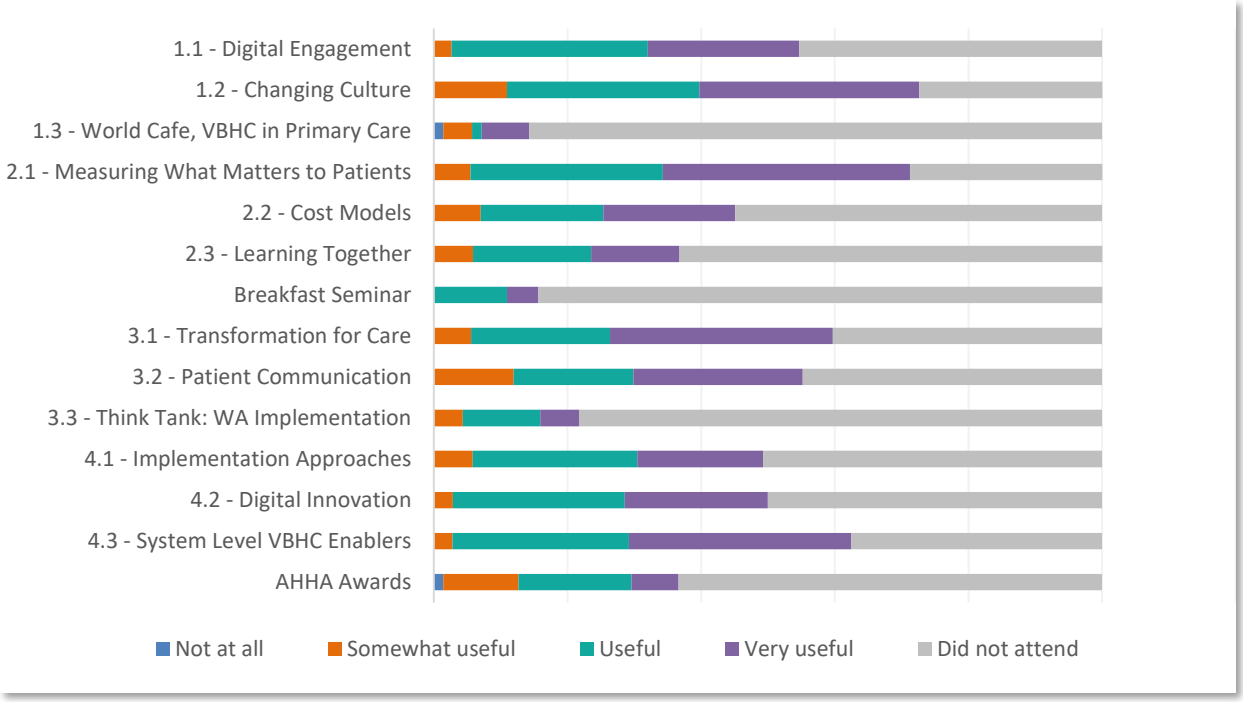


Figure 5: Perceived usefulness of concurrent session content by survey participants

Suggestions for improvement put forward by respondents:

Wider range of presentations from services sitting outside health services

- "More on economics. Perhaps a 'costing for beginners' workshop for the clinicians in the room"
- "Possibly a speaker from a private health fund? CEO? or an economist (not in healthcare) to look at that lens regarding health tech etc."
- "Presentations from the Chief Procurement Officers and/or ministerial level procurement officials from each state and territory at each and every event. Transparency in policy, systems and processes is lacking.
- "More about implementation of VBHC into health sector and specifically insurance sector"
- "Value based care in a workers compensation scheme"
- "Broader discipline engagement"

Increased consumer voice

- "Would like to hear the consumer voice more" and "Conjoint presentations between organisations and their consumers" and "The program structure was good and great line of speakers. For the future, it would be good to hear from consumer perspectives"

Type of content

- "More emphasis on tangible take-aways and roadmaps to replicate success"
- "More primary care, integrated care, chronic disease examples"
- "More examples of services that have put the valued-based care lens over their operation and implemented change"
- "Presenters should also bring specific concepts back to more broad ideas that are relevant to more people, and clear actionable steps so we can all improve our work from their session"

Further events

- "Different states are at varying phases of journey and programs will have matured by the time of next conference - would be great to hear from a range of states about the work they have progressed or planned"

Conference Management

Acceptance of attendance format

The overall quality of the attendance format, through which survey participants attended the conference, was rated as 'High' to 'Very high' by 91.1% of respondents, with many attendees expressing that they benefitted from the flexibility of being able to choose how they attended sessions.

Table 5. Attendance format – overall quality

Attendance format	Very low	Low	High	Very high	Total
Face-to-face	0	0	12	22	34
Virtual	1	7	25	13	46
Combined	0	0	5	5	10
Total	**1**	**7**	**42**	**40**	**90**
Percentage	1.1%	7.8%	46.7%	44.4%	

Results suggest those who attended the conference in-person were more likely to be satisfied with the quality of their attendance format, compared to those who attended virtually. Many respondents expressed their preference to participate face-to-face at the VBHC conference, since it fosters interactivity and networking opportunities. A small number of survey respondents, who had to change to online participation as a result of the COVID lockdown, appear to have encountered issues with attending virtually and felt disconnected.

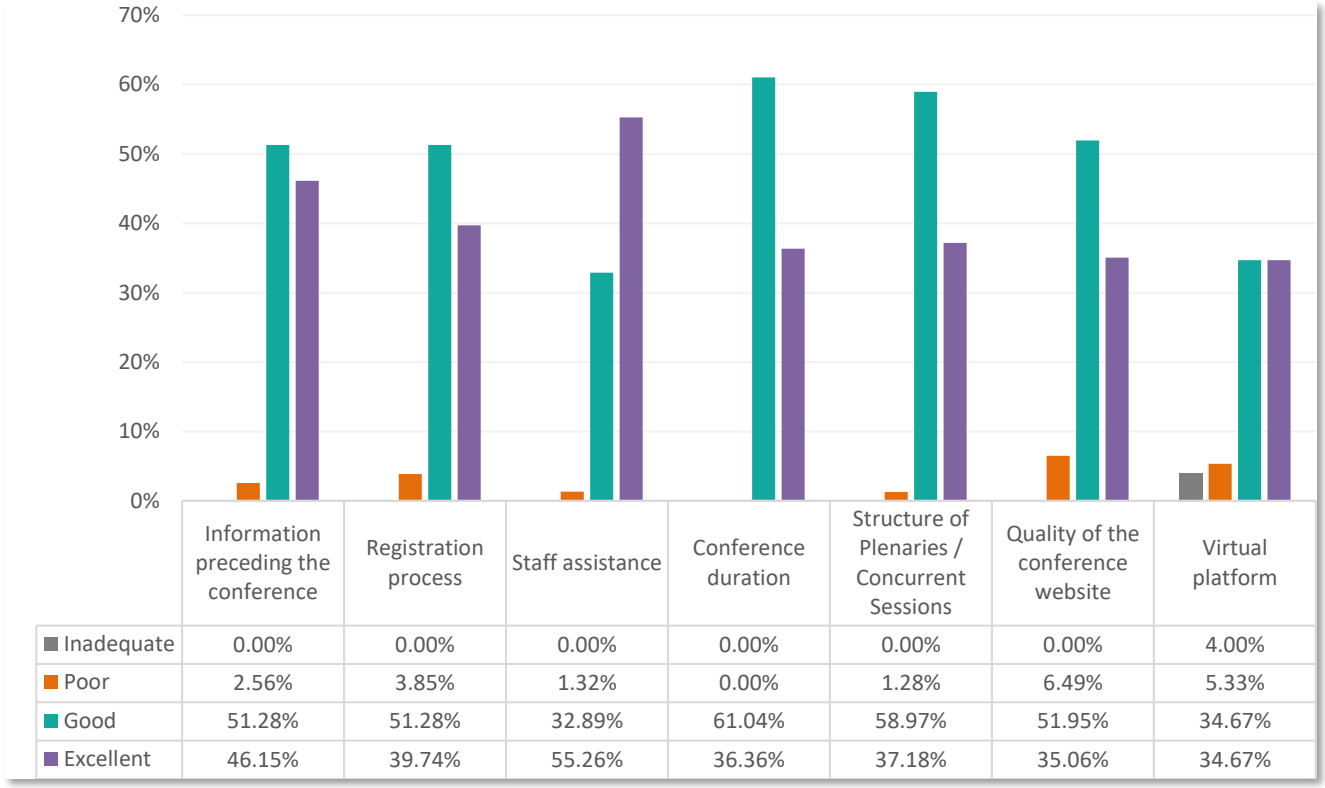
Due to the size of the smaller breakout rooms, combined with COVID related limits on the number of people permitted per square metre, a decision was made not to broadcast video from all concurrent rooms. This allowed maximum space for delegates rather than losing floor space to audio-visual technology and cameras/crew, however it resulted in these sessions being streamed live with audio and slide presentations only. This was a cause of concern for some virtual respondents who indicated that they would have felt more involved in the proceedings if they could see the speaker/audience – *"Not being able to see the presenters and audience in the breakout rooms. This certainly detracted from the value of the conference and didn't showcase the presenters work to the full.", "No way to see the speaker. It was like watching a power point presentation with a narrator" and "...online networking is like moving around an airport – random encounters with strangers"*. A number of comments were also made by virtual respondents to indicate that presentations of shorter duration with more breaks would have been preferable in order to allow them to maintain concentration.

Furthermore, participant unfamiliarity with attending a conference online and interacting with an online community, as well as some technological issues during live broadcasts may explain the lower rating of the program virtual format. Several individuals reported having difficulties in finding the sessions they would want to join and experiencing frequent 'dropouts' with their local network which required reconnection.

Conference logistics

Across all logistical areas of the conference, 'Conference duration' and 'Structure of plenaries and concurrent sessions' received the highest ratings of 'Good' and ''Excellent', whilst the 'Virtual platform' and the 'Quality of the conference website' rated well they were the ranked the lowest in this category. It's important to note that there were mixed comments on the conference's virtual platform – i.e. a number of survey respondents outlined that the instructions on how to submit questions during a session needed

more clarity, whereas others commented at how pleased they were with the virtual platforms – *"Exceptional. There were no glitches..."*.



	Information preceding the conference	Registration process	Staff assistance	Conference duration	Structure of Plenaries / Concurrent Sessions	Quality of the conference website	Virtual platform
Inadequate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.00%
Poor	2.56%	3.85%	1.32%	0.00%	1.28%	6.49%	5.33%
Good	51.28%	51.28%	32.89%	61.04%	58.97%	51.95%	34.67%
Excellent	46.15%	39.74%	55.26%	36.36%	37.18%	35.06%	34.67%

Figure 6: Rating of logistical activities

Suggestions for improvement put forward by respondents:

- "… from an audio-visual perspective and having all breakout rooms able to show all speakers. Keep the virtual option, but make improvements in broadcasting, …" and "Would have been great to see some of the people from the online platform and engage with them better"
- "More time & structure to helping to connect & network with community"
- "A panel session to explore different leadership styles for successful implementation of value-based healthcare initiatives, interactive sessions for those attending virtually to break-up the day of heavy content (using different platforms such as Mentimeter, Jamboard, break-out rooms etc), more quick breaks throughout the day"

Impact

When asked if attendance at the conference had proved valuable to current work undertaken, 81.5% of respondents rated attendance as 'Valuable' or 'Very valuable' (Figure 7) and almost all (93.75%) indicated that attendance at the VBHC conference had met or greatly exceeded their expectations (Figure 8).

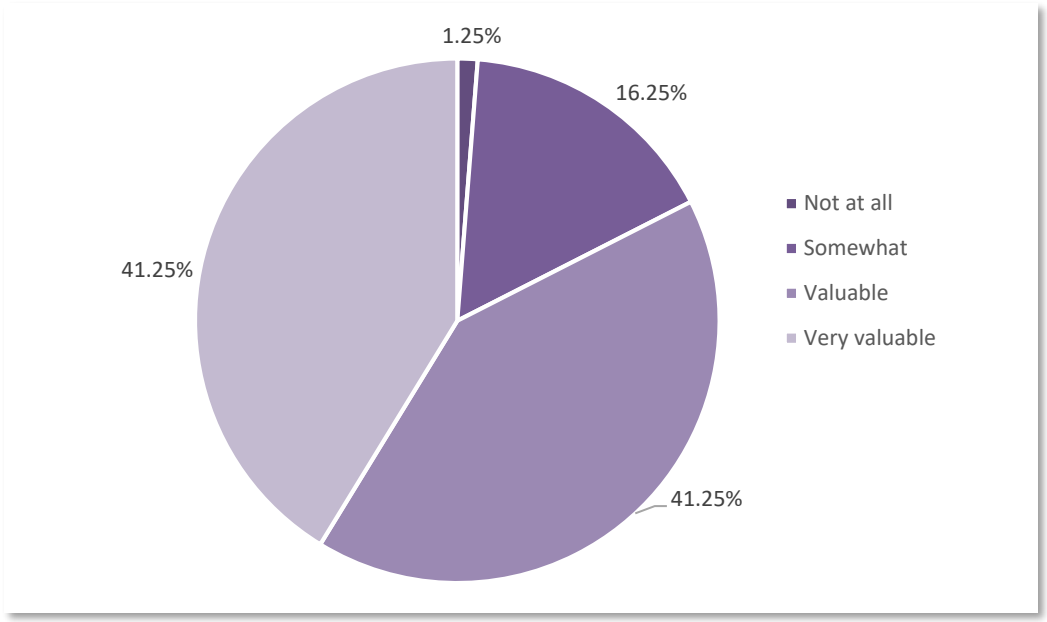


Figure 7: Value of conference attendance to respondents' current work

Apart from the value of the plenary sessions noted above, the key areas of value to the respondents focused on access to ideas, learning about how others are integrating patient-reported outcomes into their work, and discussions about practical examples of VBHC implementation. *"Hearing from International, National and local speakers who are experts in their field. Great examples given for how to make change in organisations/workplaces. The focus on person-centred, and value that comes from setting and achieving outcomes that are person focused. Also, that evaluation and Data are the key"*. The ability to network and interact with a wide diversity of stakeholders in the VBHC field was also strongly noted as an area of great value.

Areas considered to be of least value included the specific detailed nature of some of the concurrent presentations and a difficulty transferring the findings from these more broadly.

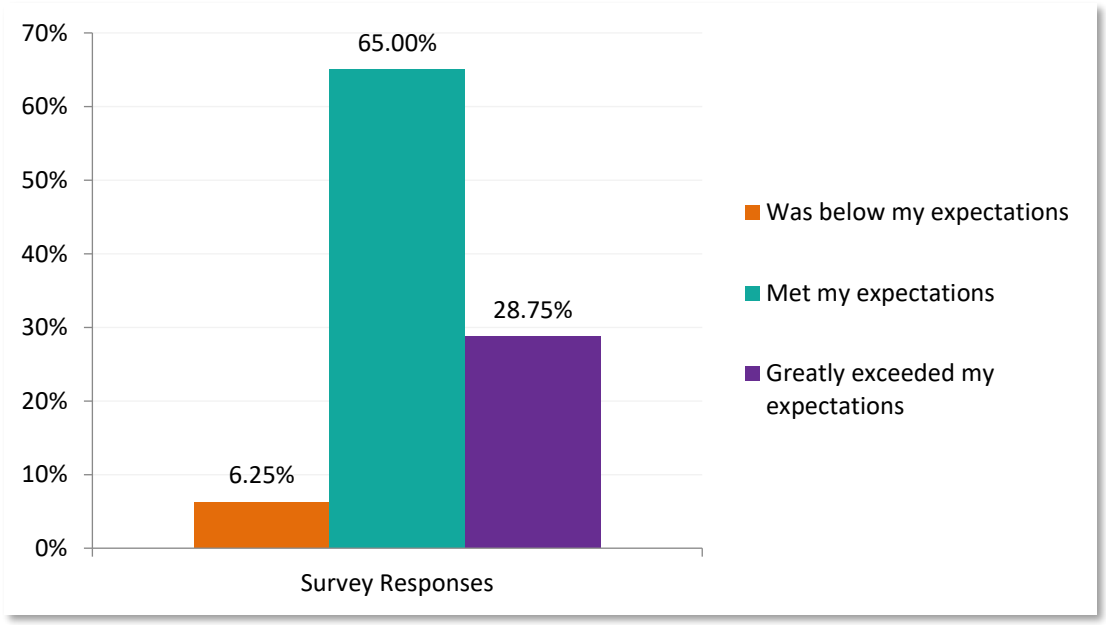


Figure 8: Perceived ability of the event in meeting delegates' expectations

Of greater importance, three quarters of respondents (76%) indicated that they would anticipate implementing changes to their practice or future projects, and almost 65% indicated that potential collaboration opportunities had been identified as a result of attending the VBHC Conference. Almost 9 in 10 respondents (88.16%) indicated that they would be interested in hearing about any future events related to VBHC.

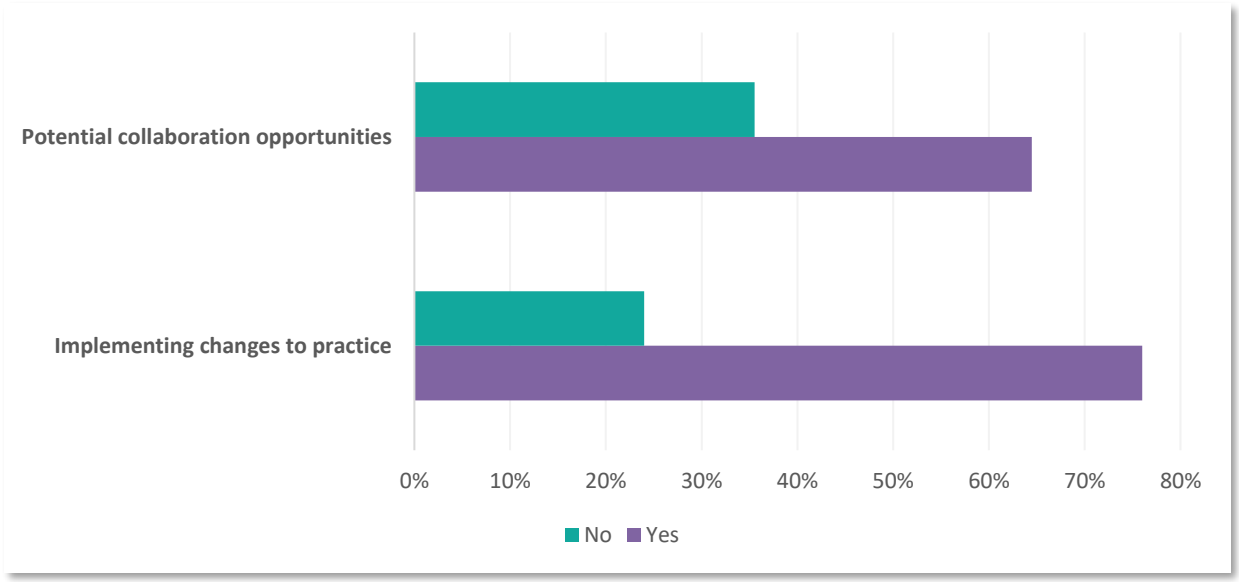


Figure 9: Perceived likelihood of change to practice and collaboration opportunities arising from attendance

Summary

Assessment of the results of the VBHC Conference, particularly the information gleaned from the evaluation survey results, demonstrates that the conference achieved its desired outcomes and provided a high quality, valuable opportunity for attendees to:

- enhance their understanding of VBHC principles;
- build an understanding of the importance of measuring patient reported outcomes in identifying improvements in care provision and encourage participation;
- provide an opportunity to hear of similar work underway, national and internationally, and learn from their findings; and
- encourage opportunities for further research and build capacity amongst postgraduate research students.

Appendices

Appendix 1. Abstract review process

Abstract reviewers

Name	Position	Organisation
Paresh Dawda	Director and Principal	Prestantia Health and Next Practice Deakin
Deborah Cole	(Immediate Past) Advisory Group Chair	Australian Centre for Value-Based Health Care
Christobel Saunders	Professor of Surgical Oncology	The University of Western Australia
Nick Steele	Deputy Director General	Queensland Department of Health
Danielle Romanes	Director, Health Service Policy	Department of Health and Human Resources, Victoria
Matthew Hickey	CEO	The Health value Alliance (CEO), AXA Health, and Intacare
Jennifer Garden	Director of Nursing – Clinical Quality, CMO	CQRA – Clinical Governance Clinical Quality, Regulation and Accreditation, Tasmania Health
Suzanne Robinson	Director, Health Systems and Health Economics	Curtin University
Rebecca Trowman	Senior Program Manager	Telethon Kids Institute and Health Technology Assessment International
Sarah Sweeney	Manager, Value Based Care and Innovation	St Vincent's Health Network Sydney
Jim Codde	Director, Institute for Health Research	University of Notre Dame
Jeannie Yoo	Clinical Director	Remedy Healthcare
Chris Reid	Research Professor	Curtin University
Audrey Koay	Executive Director, Patient Safety and Clinical Quality	Western Australia Department of Health
Grainne O'Loughlin	CEO	Karitane
Caroline Bulsara	Academic Researcher	University of Notre Dame
Cassandra Bennett	Consumer Representative	Australian Centre for Value-Based Health Care
Matt Bellgard	Director, eResearch	Queensland University of Technology
Kees Van Gool	Deputy Director, Centre for Health Economics Research and Evaluation (CHERE)	University of Technology Sydney
David Preen	Chair in Public Health, School of Global and Population Health	University of Western Australia

Abstract Review Criteria

Criteria	
Meets overall conference theme	The abstract describes a patient first, practical approach to the implementation of value-based healthcare.
Innovative, collaborative, or enabling	The described project or initiative: • is novel and capable of developing, skills and strategies for improving outcomes and driving quality improvement; or • demonstrates collaboration or productive integration between health care sectors; or • demonstrates tools, techniques, governance, and strategies that support successful outcomes and ways to overcome barriers.
Value to the conference	The described project or initiative: • delivers or will deliver a more effective, efficient and/or appropriate health service; • has, or shows the potential to have, a positive impact on the service, workplace and/or health outcomes; and places focus on both cost and outcomes.
Project adoption	The project demonstrates: • significant progression with organisational backing that will fully support its uptake; or • the process of being adopted by one or more organisations working together; or • adoption by the organisation and integration into standard operating procedure.
Ability to scale-up	The project has potential to be integrated into the broader organisation and/or other organisations.
Implications for practice and the consumer	Demonstrates recognition of consumer's needs and preferences and has been designed with patient outcomes in mind.
Learnings	The abstract provides learnings that can be applied by others.
Implementation review	The abstract provides recognition of what could have been done differently.
Clarity and readability	The abstract clearly and effectively communicates the key merits of the project.
Sufficiency	The abstract demonstrates thoughtful consideration of the criteria.

Appendix 2. Program

Value-Based Health Care Conference 2021

a patient-first approach
practical strategies for implementation

PROGRAM

PROGRAM OUTLINE

	Wednesday 26 May 2021 **Pre-conference**	Thursday 27 May 2021	Friday 28 May 2021
7.30am – 8.30am		**Early Coffee / Registration**	**Breakfast seminar: How cancer screening programs contribute value in population health? Reflections from cervical, breast and bowel cancer screening (Karri room)** Session Chair: Dorota Gertig Speakers: Dorota Gertig, Christobel Saunders, Hooi-Ee Sponsor: Telstra Health
8:30am – 9:00am		**Opening (Argyle room)** • Welcome to Country, Richard Walley • Ministers for Health, Hon. Greg Hunt, Hon. Roger Cook • Co-convenors, Christobel Saunders, Alison Verhoeven	**Plenary 3: Transforming systems for value (Argyle room)** Keynote 5: Joe Conte Keynote 6: Ross Crawford Session Chair: Christobel Saunders Sponsor: Stryker
9:00am – 9:30am		**Plenary 1: Patients First – what does this mean and what is needed to achieve it? (Argyle room)** Keynote 1: Elizabeth Teisberg Keynote 2: Julie McCrossin Session Chair: Alison Verhoeven Session Sponsors: ANU, Cancer Research Trust	
9:30am – 10:00am			
10:00am – 10:30am	**Community Conversation – Value-based healthcare: How do we move towards healthcare outcomes based on what matters to patients? (Karri room)** Facilitator: Alison Verhoeven Sponsor: HBF *This is an event aimed at consumers and is not open to all conference delegates*		**Morning Tea (Foyer)**
10:30am – 11:00am		**Morning Tea (Foyer)**	
11:00am – 11:30am		**Plenary 2: Transforming culture for value (Argyle room)** Keynote 3: Elizabeth Koff Keynote 4: Daphne Khoo Session Chair: Christobel Saunders Session Sponsor: NSW Health	**Concurrent Sessions 3** **3.1 – Transformation of Care (Argyle room),** **3.2 – Patient Communication (Stirling room),** **3.3 – Think Tank: WA Implementation (Karri room)** (Sponsor WA Health) 120 minutes
11:30am – 12:00pm			
12:00pm – 12:30pm			
12:30pm – 1:00pm		**Lunch (Foyer)**	**Lunch (Foyer)**
1:00pm – 1:15pm			
1:15pm – 2:00pm		**Concurrent Sessions 1** **1.1 – Digital Consumer Engagement (Argyle room),** **1.2 – Changing Culture (Stirling room),** **1.3 – World Café, VBHC in Primary Care (Karri room)** (Sponsor WAPHA) 90 minutes	**Concurrent Sessions 4** **4.1 – Implementation Approaches (Argyle room),** **4.2 – Digital Innovation (Karri room),** **4.3– System Level VBHC Enablers (Stirling room)** 90 minutes
2:00pm – 2:45pm			
2:45pm – 3:00pm		**Afternoon Tea (Foyer)**	**Afternoon tea (Foyer)**
3.00pm – 3.15pm			
3:15pm – 3:30pm		**Concurrent Sessions 2** **2.1 – Measuring What Matters to Patients (Stirling room),** **2.2 – Cost Models (Argyle room),** **2.3 – Learning Together (Karri room)** 90 minutes	**Announcement and presentation of Awards (Argyle room)** Sponsors: NSW Health, Queensland Health, St John of God Subiaco 3.15 – 4.15
3:30pm – 4:00pm			
4:00pm – 4:30pm			**Close** Co-convenors, Christobel Saunders, Alison Verhoeven
4.30pm – 4.45pm			
5:00pm – 5:30pm		**Networking and Social Function (Swan room)**	

PROGRAM DETAIL - Wednesday 26 May 2021

7.15am – 7.30am			
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10.00am – 10.15am			**Community Conversation – Value-based healthcare: How do we move towards healthcare outcomes based on what matters to patients? (Karri Room)** Facilitator: Alison Verhoeven Sponsor: HBF *This is an event aimed at consumers and is not open to all conference delegates*
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PROGRAM DETAIL - Thursday 27 May 2021

	Stream 1	Stream 2	Stream 3
7.15am – 7.30am			
7.30am – 7.45am	**Early Coffee / Registration**		
7.45am – 8.00am			
8:00am – 8:15am			
8:15am – 8.30am			
8.30am – 8.45am	**Opening**		
8.45am – 9.00am	• Welcome to Country – Dr Richard Walley AOM • Ministers for Health – The Hon. Greg Hunt, Minister for Health and Aged Care, The Hon. Roger Cook, Deputy Premier, Minister for Health, State Development, Jobs and Trade, Science Co-convenors, Christobel Saunders, Alison Verhoeven		
9.00am – 9.15am	**Plenary 1: Patients First – what does this mean and what is needed to achieve it?**		
9.15am – 9.30am	Keynote 1: Elizabeth Teisberg		
9.30am – 9.45am	Keynote 2: Julie McCrossin		
9.45am – 10.00am	Session Chair: Alison Verhoeven		
10.00am – 10.15am	Session Sponsors: ANU, Cancer Research Trust		
10.15am – 10.30am			
10.30am – 10.45am	**Morning Tea / Networking**		
10.45am – 11.00am			
11.00am – 11.15am	**Plenary 2: Transforming culture for value**		
11.15am – 11.30am	Keynote 3: Elizabeth Koff		
11.30am – 11.45am	Keynote 4: Daphne Khoo		
11.45am – 12.00pm	Session Chair: Christobel Saunders		
12.00pm – 12.15pm	Session Sponsor: NSW Health		
12.15pm – 12.30pm			
12.30pm – 12.45pm	**Lunch**		
12.45pm – 1.00pm			
1.00pm – 1.15pm			
1.15pm – 1.30pm	**Concurrent 1.1 – Digital Consumer Engagement** Session Chair: Ron Tenenbaum 1.1A: Internet Parent-Child Interaction Therapy: Innovating to address geographical disparities, Jane Kohlhoff, UNSW/Karitane	**Concurrent 1.2 – Changing Culture** Session Chair: Tracey Johnson 1.2A: Using communications, insights and experiences to enable change in NSW, Michelle Maxwell, NSW Health	
1.30pm – 1.45pm	1.1B: Implementing electronic-PRO measures in clinics: meta-review of barriers and enablers, Claudia Rutherford, University of Sydney	1.2B: Value-Based Research in Healthcare, Bruce Shadbolt, ACT Health/Nidhi Menon, ANU	**Concurrent 1.3 – World Café, VBHC in Primary Care** Facilitator: Alison Verhoeven Session Chair: Learne Durrington Sponsor: WAPHA
1.45pm – 2.00pm	1.1C: First steps in patient-reported outcomes data visualisation for breast cancer, Angela Ives, UWA	1.2C: Leading Value Based Health Care Transformation in Public Dental Sector, Sue McKee, Dental Health Services Victoria	
2.00pm – 2.15pm	1.1D: THISWAYUP: Evidence-based online programs for mental health and wellbeing, Mike Millard, St Vincent's Health Network	1.2D: Transforming a System to Deliver Value-Based Care: What have we Learned?, Lea Kirkwood/Margaret Kelly, NSW Agency for Clinical Innovation	
2.15pm – 2.30pm	Q&A	Q&A	
2.30pm – 2.45pm			
2.45pm – 3.00pm	**Afternoon Tea / Networking**		
3.00pm – 3.15pm			
3.15pm – 3.30pm	**Concurrent 2.1 – Measuring What Matters to Patients** Session Chair: Sue McKee 2.1A: Measuring what matters to patients: co-designing and driving system transformation, Melissa Tinsley, NSW Agency for Clinical Innovation	**Concurrent 2.2 – Cost Models** Session Chair: Deb Cole 2.2A: Unintended Impacts of Insurance Benefit Removal on Physician Behaviour, Olukorede Abiona, UTS	**Concurrent 2.3 – Learning Together** Session Chair: Lesley Dwyer 2.3A: Learning together: Engaging healthcare providers and students in quality improvement, Donna Mak, University of Notre Dame
3.30pm – 3.45pm	2.1B: Parenting in a Pandemic - Karitane's new Virtual Residential Unit, Grainne O'Loughlin, Karitane	2.2B: Reducing out-of-pocket expenses and optimising cancer care through bundled packages, Antonia Dalton, GenesisCare	2.3B: COVID-19 Recovery: Implications for retaining high-value changes to cancer care, Carolyn Der Vartanian, Cancer Australia
3.45pm – 4.00pm	2.1C: Application of value-based principles in Orthopaedic Surgery, Sidney Chandrasiri, Epworth Healthcare	2.2C: VBHC and digitisation of healthcare: Dealing with outdated accounting models, Gillian Vesty, RMIT	2.3C: Collaborative Commissioning: Delivering 'One Western Sydney Health System', Ray Messom, Wentwest
4.00pm – 4.15pm	2.1D: Quality Mental Healthcare for everyone … everywhere … every time, Sue Murray, Zero Suicide Institute of Australasia	2.2D: Multi-perspective considerations when choosing an optimal VBHC cost/benefit model, Matt Hickey, Health Value Alliance	2.3D: Understanding clinical variation: your roadmap to improving care, Helen Francombe, Australian Commission on Safety and Quality in Health Care
4.15pm – 4.30pm	Q&A	Q&A	Q&A
4.30pm – 4.45pm			
4.45pm – 5.00pm			
5.00pm – 7.00pm	**Networking and Social Function**		

PROGRAM DETAIL - Friday 28 May 2021

7.30am – 7.45am	**Early Coffee**		**Breakfast seminar: How cancer screening programs contribute value in population health? Reflections from cervical, breast and bowel cancer screening** Session Chair: Dorota Gertig Speakers: Dorota Gertig, Christobel Saunders, Hooi-Ee Sponsor: Telstra Health
7.45am – 8.00am			
8:00am – 8:15am			
8:15am – 8.30am			
8.30am – 8.45am	**Plenary 3: Transforming systems for value** Keynote 5: Joe Conte Keynote 6: Ross Crawford Session Chair: Christobel Saunders Sponsor: Stryker		
8.45am – 9.00am			
9.00am – 9.15am			
9.15am – 9.30am			
9.30am – 9.45am			
9.45am – 10.00am			
10.00am – 10.15am	**Morning Tea**		
10.15am – 10.30am			
10.30am – 10.45am	**Concurrent 3.1 – Transformation of Care** Session Chair: John Zalcberg 3.1A: Value in action: case-studies from Victoria's largest community-health service, Matthew Teran, Em Taylor, Firdos Saleh, cohealth	**Concurrent 3.2 – Patient Communication** Session Chair: Grainne O'Loughlin 3.2A: Transforming VBHS through Choice: Consumers, Clinicians, Collaboration, Communication and Choice, Jamal Hakim, Marie Stopes Australia	**Concurrent 3.3 - Think Tank: WA Implementation** Facilitator: Alison Verhoeven Session Chair: Audrey Koay Sponsor: WA Health
10.45am – 11.00am	3.1B: Measuring value in maternity care: Feasibility of a Standard Set, Valerie Slavin, Queensland Health	3.2B: Health literacy responsive waiting areas: barriers, enablers, and consumer ideas, Cassie McDonald, University of Melbourne	
11.00am – 11.15am	3.1C: High Risk Foot Services from pilot to NSW systemwide scale, Gary Disher/Liz Hay, NSW Health	3.2C: Value in Orthopaedics: Patient Choice Based on Clinical Performance, George Faithfull, George Faithfull Advisory	
11.15am – 11.30am	Q&A	Q&A	
11.30am – 11.45am	3.1D: Mental Health Shared Care for Sydney Local Health District Consumers, Laura Garcelon, Sydney Local Health District	3.2D: How patients feel about the collection of PROs, Emma Gardiner, UWA	
11.45am – 12.00pm	3.1E: Minimally Invasive Dentistry improves the oral health of young children, Peter Arrow, WA Health	3.2E: VBHC will not work effectively without real-time patient voice, Blaik Wilson, Cemplicity, NZ	
12.00pm – 12.15pm	3.1F: Evaluation of an audiology-led retrocochlear clinic across 6 years, Caitlin Brandenburg, Queensland Health	3.2F: Simulated Patient Care Conversations: A Goals of Patient Care Workshop, David White, WA Health	
12.15pm – 12.30pm	Q&A	Q&A	
12.30pm – 1.15pm	**Lunch**		
1.15pm – 1.27pm	**Concurrent 4.1 – Implementation Approaches** Session Chair: Jillian Skinner 4.1A: Sustainable Chronic Condition Services in Country WA, Lindsay Adams, WA Country Health Service	**Concurrent 4.2 – Digital Innovation** Session Chair: John Gregg 4.2A: Advancing Value-Based Care Through Digital Innovation, Deepak Biswal, CareMonitor	**Concurrent 4.3 – System Level VBHC Enablers** Session Chair: Chris O'Hehir 4.3A: Health equity as an outcome in value-based health care, Rebecca Haddock, Deeble Institute
1.27pm – 1.39pm	4.1B: KAHAS- A joint approach to implementing VBC in arthroplasty, Chris Hanna, Northern NSW Local Health District	4.2B: Digital collection of lung cancer outcome data: First steps, Neli Slavova-Azmanova, UWA	4.3B: Payment reform for value-based health care: challenges for Australia, Sarah Wise, UTS
1.39pm – 1.51pm	4.1C: Implementing a value-based model in robotic colorectal surgery, Sidney Chandrasiri, Epworth Health	4.2C: Adapting to COVID-19: value-based approach to Virtual Care, Glen Maberly, Western Sydney Local Health District	4.3C: Maps to better care: The Australian Atlas of Healthcare Variation, Gillian Giles/Meredith Page, Australian Comm. on Safety & Quality in Health Care
1.51pm – 2.06pm	Q&A	Q&A	Q&A
2.06pm – 2.18pm	4.1D: Evaluation of Program Improving Health of People with Mental Illness, Andrew Simpson, Sydney Local Health District	4.2D: Integrated research skills training via a novel, adaptable platform, Kenneth Lee, UWA	4.3D: Applying Economics to improve patient outcomes and generate benefits, Liz Hay, NSW Health
2.18pm – 2.30pm	4.1 E: Implementing Value Based Healthcare within a Mental Health Pathway, Rumina Taylor, King's Health Partners, UK	4.2E: Integrating health data to enable better health, James Linden, NSW Health	4.3E: Patient complexity and policy - a conceptual framework, Peter Maree, Dept. of Health Tasmania
2.30pm – 2.45pm	Q&A	Q&A	Q&A
2.45pm – 3.15pm	**Afternoon Tea**		
3.15pm – 3.30pm	**Australian Value-Based Health Care Awards -** Short pitches by the finalists for the awards Session Chair: Alison Verhoeven Sponsors: NSW Health, Queensland Health, St John of God Subiaco Hospital		
3.30pm – 3.45pm			
3.45pm – 4.00pm			
4.00pm – 4.15pm			
4.15pm – 4.30pm	**Close:** Co-convenors, Christobel Saunders, Alison Verhoeven		

POSTERS

Poster Title	Presenter/s	Organisation
M-CHooSe Pilot: Embedded Healthcare Coordinator for Multicultural General Practice Patients	Michelle Smith/Tracey Johnson	Mater Refugee Health Service
Common Grounds Wellness Clinic	Petrina Rimmer	Sydney Local Health District
The perceptions of specialist nurses in delivering value-based integrated care	Karen Hutchinson	Australian Institute of Health Innovation
Complex patients - a unified model	Peter Maree	Dept. of Health Tasmania
Sustainable and efficient chronic disease management in General Practice	Karli Brkljacic	Central General Practice Mansfield
Integrating Care into NSW	Shireen Martin	NSW Health
Is cancer care funding keeping up with the costs?	Maryam Naghsh Nejad	UTS
Managing shifts to VBHC as a dynamic capability development process	Olga Kokshagina	RMIT
VBHC approach to NSW Diabetes Management The Case for Change	Liz Hay	NSW Health
Disclosing "value" in a new technology era	Gillian Vesty	RMIT
The Value Based Health Care Landscape	Lachlan Viali	ACT Health

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Continuous Improvement in Care *cancer*

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Australian National University

NSW GOVERNMENT

CRT CANCER RESEARCH TRUST

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Health

The Clinician

Government of **Western Australia** Department of **Health**

WA Primary Health Alliance

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA

Queensland Government

ST JOHN OF GOD
Subiaco Hospital

THE UNIVERSITY OF WESTERN AUSTRALIA

BUSINESS EVENTS PERTH

Appendix 3. Evaluation survey template

Value-Based Healthcare Conference 2021 Survey via SurveyMonkey

Thank you for taking the time to participate in this anonymous survey about the Value-Based Healthcare Conference. We appreciate your feedback. The survey should take you approximately 5 to complete.

Q1. Please indicate your state:

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA
- International

Q2. Which industry/sector are you from?

- Academia
- Consumer
- Department of Health
- Health Insurance
- Health Service
- Hospital
- Industry Association
- Not for Profit
- Pharmaceutical & Medical Technologies
- Other (please specify)

Q3. Via which format did you participate in the VBHC Conference 2021?

- Face-to-face
- Virtual
- Combined

Q4. How did you hear or learn about the VBHC Conference 2021? (Choose all that apply)

- Submission of an expression of interest
- Direct email from AHHA
- LinkedIn
- Twitter
- CIC Cancer Website
- AHHA website or newsletter
- Contacted by event hosts
- Event poster
- Referred to by a colleague or a friend
- Other (please specify)

Q5. How useful was the content provided by keynote speakers?

	Not at all	Somewhat useful	Useful	Very useful	Did not attend
Elizabeth Tiesberg	○	○	○	○	○
Julie McCrossin	○	○	○	○	○
Elizabeth Koff	○	○	○	○	○
Daphne Khoo	○	○	○	○	○
Joe Conte	○	○	○	○	○
Ross Crawford	○	○	○	○	○

Comment:

Q6. How useful was the content of the concurrent sessions?

	Not at all	Somewhat useful	Useful	Very useful	Did not attend
1.1. Digital Engagement	○	○	○	○	○
1.2. Changing Culture	○	○	○	○	○
1.3. World Café, VBHC in Primary Care	○	○	○	○	○
2.1. Measuring What Matters to Patients	○	○	○	○	○
2.2 Cost Models	○	○	○	○	○
2.3 Learning Together	○	○	○	○	○
3.1. Transformation of Care	○	○	○	○	○
3.2. Patient Communication	○	○	○	○	○
3.3. Think Tank: WA Implementation	○	○	○	○	○
4.1. Implementation Approaches	○	○	○	○	○
4.2. Digital Innovation	○	○	○	○	○
4.3. System Level VBHC Enablers	○	○	○	○	○
AHHA Awards	○	○	○	○	○

Comment:

Q7. What session/speaker did you find most beneficial and why?

Q8. What session/speaker did you find least beneficial and why?

Q9. Thinking of your attendance format, how would you evaluate the overall quality?

Q10. How would you rate the VBHC Conference 2021 logistics? (Please elaborate your rating in the provided space below)

	Inadequate	Poor	Good	Excellent	N/A
Information preceding the conference	○	○	○	○	○
Registration process	○	○	○	○	○
Staff assistance	○	○	○	○	○
Conference duration	○	○	○	○	○
Structure of Plenaries/Concurrent Sessions	○	○	○	○	○
Quality of the conference website	○	○	○	○	○
Virtual platform	○	○	○	○	○

Comment:

Q11. Overall, how valuable was attendance to your current work?

- ○ Not at all
- ○ Somewhat
- ○ Valuable
- ○ Very valuable

Comment:

Q12. What did you find most valuable?

Q13. What did you find least valuable?

Q14. Overall, the VBHC Conference 2021

- ○ Was below my expectations
- ○ Met my expectations
- ○ Greatly exceeded my expectations

Comment:

Q15. What changes – speakers, topics, structures, etc. would you suggest for future events?

Q16. As a result of attending the VBHC Conference, do you anticipate implementing any changes to your practice or future projects?

- Yes
- No

Comment:

Q17. As a result of attending the VBHC Conference, have you identified any potential collaboration opportunities in this area?

- Yes
- No

Comment:

Q18. Would you be interested in hearing about future events related to value-based health care?

- Yes
- No

Email address: