

Community Conversation



26th May 2021

Value-Based Health Care: Pre-Conference EVENT

How do we move towards achieving health outcomes that matter to patients?

An opportunity for consumers and community members to provide input into how healthcare can be improved by focusing on what matters most to patients.



Event sponsored by



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Community Conversation

VALUE-BASED HEALTH CARE: PRE-CONFERENCE EVENT

Background

The Continuous Improvement in Care for Cancer (CIC Cancer) Program, together with the Australian Healthcare and Hospital Association (AHHA), hosted an inaugural conference on Value-Based Health Care (VBHC) in Perth, Western Australia 27 - 28 May 2021. The aim of the conference was to showcase and celebrate value-based healthcare (VBHC) innovation, initiatives, implementation, research, and training from all areas of the health care system, with discussion on topics as diverse as cancer, stroke, dental health, and more. A key focus was the practical application of value-based healthcare, rather than the theoretical approach, with innovative opportunities for involvement and discussions about how to put this into practice.

Aim & Scope

The 3-hour Community Conversation was the opening event for a series of discussion forums incorporated into the VBHC Conference Program. The event was organised with the aim of enabling consumers to provide valuable input, from the consumer perspective, about what is important and needs to be considered for the implementation of VBHC and recommend practical strategies within a WA Health services context. The feedback and recommendations arising from this event were then fed into two health-professional focused sessions centred on VBHC in primary care and the wider health care sector. Each of the three discussion forum sessions was facilitated by Alison Verhoeven, AHHA Chief Executive, to support consistency of process. The Community Conversation was kindly sponsored by private health insurer HBF, who were actively engaged and participated in both the planning process and through the provision of practical support at the Community Conversation.

Approach

To ensure the consumer voice was woven into and throughout the VBHC Conference, from the Community Conversation, a priority setting collaboration with consumer and community representatives was undertaken. This approach involved extensive consultation with the CIC Cancer Consumer Reference Group, the Western Australian Health Translation Network (WAHTN) Consumer and Community Involvement Group (CCIP), CIC Cancer Program Managers and the Chief Executive of the AHHA. This consultation resulted in the development, refinement and agreement on three key questions, aligned with the key principles of VBHC, to focus the Community Conversation so that a list of consumers priorities could be elicited. The three agreed questions are as listed below:

1. What are the factors you consider when making decisions about health care?
2. How can health providers improve the way they engage with you about outcomes and costs?
3. How can we help people better navigate the health system?

These questions were incorporated into a pre-reading document to provide consumers with information about VBHC and help them prepare for the event. The pre-reading documentation was included in this consultation process and contained an outline of the healthcare system's current approach, the VBHC vision and outcome measures (including Patient Reported Outcome Measures (PROMs)), examples of VBHC implementation nationally and internationally, links to key resources and the three Community Conversation questions. Pre-reading was finalised in late April 2021 and available for provision to registered attendees 2-weeks before the event (refer to Appendices 1.1).

Multiple avenues were utilised with consumers to promote the event and encourage attendance. For example, promotion through regular communication channels with members from current consumer groups and networks for CIC Cancer, WAHTN CCIP and WA Health via event flyers, newsletters, meetings and website postings. This was followed by a more targeted approach using individual and group emails to invite consumer representatives directly and provide information to those who interact with consumers on a regular basis e.g. HBF Manager Stand-up meetings with Branch Managers.

An online WA Regional Community Conversation event was also organised prior to the Pre-Conference event with the intention of gathering input from regional consumers and community members so that a wide cross-section of the community was consulted. Unfortunately, due to low registration numbers this event was rescheduled and then subsequently cancelled. Those consumer representatives that had registered were contacted and invited to the Pre-Conference event, two accepted – one from the Health Consumer Council WA (HCCWA) and the second an independent consumer from south-west WA.

The Community Conversation Event

Thirty-two (32) consumer representatives had registered to attend the Community Conversation as at the 24th May 2021, however only twenty-one of these attended on the day. Attendees included six members of the CCIP team, the Deputy Director of the HCCWA, one member of the CIC Cancer Consumer Reference Group and a Malaysian community representative. After the event some of the consumers explained that they had not attended due to issues encountered with trying to find parking around the venue. This was unfortunate given that information on parking and transport options had been provided to participants and venue parking arranged for one regional consumer representative with mobility issues. Although the number of participants was markedly lower than envisaged for this event, the smaller number provided a more intimate and interactive environment which sparked engagement, active participation, sharing of patient/consumer experiences and forward momentum in relation to creating ideas which could contribute to the effective implementation of value-based health care.

The venue for the Community Conversation was arranged as a roundtable-style workshop to foster communication, cooperation and discussion between participants. Each table was assigned a table-lead from CCIP who was experienced in effectively facilitating small group work and discussions, as well as a scribe to document the key points of discussion. Alison Verhoeven facilitated the session and opened the event with a presentation on VBHC and its key concepts, followed by an outline of the intention of the event i.e. to provide feedback/input from the consumer perspective into the subsequent two sessions held at the VBHC

Conference. Alison then facilitated the questions being posed to consumers and the resultant discussions, in collaboration with the table-leads and scribes. Due to the breadth of discussion and time constraints, only questions 1 and 2 were specifically asked, however it can be noted that given the topic of question 3, answers to this naturally came out of the discussions which occurred. Consumers then participated in voting on the top priorities from each question using a 'Dotmocracy' approach. Further discussion and a summary of the outcomes with the top priorities, based on participant voting, was provided to the audience before closure of the workshop. (refer to Appendices 1.2)

Top Issues shaping Consumer decision-making

The following is an overview of the key issues identified by consumers as shaping their decision-making regarding healthcare. They are presented in order of priority, as determined by the consumers and community representatives present.

1. Communication

Effective communication was a recurring theme throughout the workshop. Notably consumers were disappointed that information provided to them was often limited. Despite asking questions they frequently had to source information themselves and they were acutely aware that this created risk given the misinformation easily available e.g. "Dr Google". Whilst consumers acknowledged the significant time constraints on clinicians, they were eager to be provided with information in a clear and understandable way. Information was seen by consumers as providing knowledge and knowledge as an enabler of decision-making. Consumers felt that understanding their condition, medication/s or treatment options would enable them able to make more informed choices regarding their own care. For example, some consumers observed that if "how a medication works" had been briefly explained to them they would be more compliant with the medication. This was felt to be particularly important for consumers who openly acknowledged they were reluctant to take medications.

Consumers agreed that a lack of listening by clinicians, two-way interactions and limited awareness of cultural needs often inhibited communication. Active listening, clear, transparent and two-way communication would not only create an environment where patients felt able to express their needs and concerns to clinicians but would also facilitate shared decision-making. For example, avoiding the use of medical jargon and asking consumers/patients to reflect back their understanding of what has been discussed can help develop patient-centric relationships. Consumers also felt strongly that care has become "transactional" rather than interactional, in that encounters with healthcare professionals are often focused



on getting the job or tasks done to achieve the required outcome, rather than an engaged dialogue where both are actively participating. Transactional communication was seen as contributing to feelings of disempowerment, as consumers don't always know what choices or decisions they can make and need to be provided with information and support so they can give due consideration to health care decisions. It was also acknowledged by consumers that transactional care eroded trust and created fear of treatment and advice given, despite the need for individualised care and stability if their condition or care was changing.

2. Trust & Respect

Additionally, consumers revealed that good communication was critical to building trust and respect with those caring for them. Both these qualities were identified as being fundamental for consumers to be able to make decisions with confidence and feel safe. At the same time, however, consumers also recognised that their experiences with healthcare continued to illustrate that the system was not designed to support authentic engagement and mutual respect - i.e. valuing the time of both the clinician and the consumer – and because of this it often contributed to a disconnect between healthcare providers and patients. This disconnect was found to be so significant that often consumers felt that, in order to ensure their care was integrated, they had to coordinate linking various clinicians and healthcare providers together. This disconnect was captured in a quote from one of the consumers with complex care needs during our discussions, as follows:

“The most important thing in your life & the health system is not equipped to deal with it...as the patient I have to form the team & my care suffers from this...these silos”.

3. Choices

Consumers all agreed that those involved in their care need to be aware that the information they provide, especially regarding choices available, significantly influences consumer decision-making. Providing the right information, support and guidance to patients and consumers is critical to ensure they are correctly informed. Furthermore, consumers also concurred that if clinicians got 'the balance right' in being able to assist them to understand the options available regarding their condition and recommended treatment/care (including short-term & long-term outcomes), then they as consumers would be in a position to also 'strike a balance' in making the best decision for themselves or someone they care for. The following ingredients were listed as essential to 'striking a balance':

- i. **Quality** – according to consumers the quality of the care provided far outweighed other issues, including costs, when making decisions regarding their care. Additionally, the quality of the relationship between a clinician and a consumer was felt to be a key factor in the effectiveness of care.
- ii. **Reputation** – consumers were aware of the need for a balance between time expectation and specialist's reputation, they also noted that many consumers look for further information on specialists and seek recommendations from others (trusted family, friends & other healthcare providers) to inform their decision-making – i.e. the perceived quality of care provided by one clinician compared to another.

- iii. **Humanity** – consumers outlined how human connection and being treated as “not just as a number” dramatically reduced their anxiety and increased feelings of safety. Many consumers choose their GP based on the sense of humanity evoked when interacting with them – i.e. the healthcare provider’s ability to develop a relationship with a consumer, especially those who were “present and focused on me” during their appointment and then followed through.
- iv. **Speed** – attendees noted the importance of referral and the ability to see a specialist within a timely manner. A key component to this is being provided with well-timed information in the planning phase of treatment and throughout their care, regarding specific services/resources available if needed, rather than finding out afterwards.
- v. **Access** – access to appropriate care, including access to the required level of care or expertise to ensure the best possible outcomes are achieved.

“In a system that is meant to care for you, it doesn’t welcome you...I’m not just a number”.

4. Resources

Resources were viewed as having a substantial influence on decisioning-making by consumers, however consumers also felt that a lack of awareness by clinicians on this issue continues to inhibit effective communication and care provision. Information ranked highly as a resource, specifically transparency of information provided regarding tests, procedures, medications and outcomes, along with health literacy and support. Consumers are cognisant of the knowledge differential between themselves and healthcare providers, so often find it difficult to raise the issue of resources with clinicians, especially financial resources.

Recommended Actions for Improvement

The group made a series of recommendations in relation to the three key questions posed.

1. Introduction and implementation of a ‘Structured Engagement Framework’ for use by clinicians when communicating with a consumer/patient (from Atul Gawande “Being Mortal”), as listed below:
 - What is your understanding of your illness?
 - What are your fears or worries for the future?
 - What are your goals and priorities?
 - What outcomes are unacceptable to you?
 - What are you willing to sacrifice and not sacrifice?
 - What would a good day look like for you?
2. Time and funding allocation for clinicians to implement the Structured Engagement Framework in all interactions/consultations i.e. similar to the MBS items General Practitioners (GPs) used for chronic disease management and mental health plans so that there is time for open and transparent discussion on all aspects of care, including outcomes and care costs.

3. Implementation of multidisciplinary case conferencing to support patients who due to their condition/s are seeing multiple specialists/care providers (with appropriate funding allocation to ensure implementation).
4. Introduction of a Care Navigator/Coordinator for patients with complex care needs, e.g. patients with cancer, rare diseases, with appropriate funding allocation in place to ensure this occurs. This role would guide and support patients to effectively navigate the system and empower them to gain any information they need to make choices regarding their care.
5. Improved communication training and education for both healthcare providers and consumers, including a focus on active listening skills. For example, provision of a toolkit for GPs to enable support and empowerment of patients.

“I’ve given you a problem & I need you to tell me how we can fix it”

Other issues raised

Several other issues were raised outside the key questions that are worthy of note, as outlined below:

- Peer workers (as mentors) – encouraging consumers to link-in with a relevant lived experience community can help them to connect with others, validate their experience/s, support navigation and learn ways to help manage the complexity of their condition, treatment and care.
- Consistent application of regulatory and disciplinary processes when poor practice or issues are reported by consumers, e.g. patients not being provided with adequate information to support them to provide a fully informed consent.

Outcomes

The key issues and actions distilled from the feedback provided by consumers at the Community Conversation were used by the facilitator, Alison Verhoeven, in the successive discussion forum sessions: VBHC Conference World Café and Think Tank – WA Implementation. This feedback was included in the introductory presentations and then utilised to pose questions and solutions as proposed by consumers during these sessions, noting that whilst some consumer representatives were present these sessions were predominantly attended by healthcare providers.

Consumer Conversation Evaluations

The CCIP also facilitated feedback on the Community Conversation by providing evaluation forms at the event, collating this information and summarising the feedback provided (refer to Appendices 1.3). With the exception of the CCIP members, fifteen (15) consumer and community representatives completed an evaluation form. Overall feedback on the event was positive and demonstrated that the majority of consumers found it informative (73%), useful (80%), and participative (73%). Further review of the feedback provided by consumer and community representatives revealed the following:

Community Conversation

- 87% noted that the event met their expectations and the presentation provided enough information.
- 80% thought the event covered areas important to them and their questions were answered well.
- 93% felt they had the opportunity to put forward their ideas.

Additional information provided throughout the comments sections in the evaluation form indicated that some consumer and community representatives would have appreciated more time for pre-reading, an opportunity to speak to all the topics or questions posed, and a greater focus on personal responsibility for healthcare not just the system.

Many consumer and community representatives acknowledged in their feedback that they felt able to express their ideas and be heard at the event, valued the opportunity for open discussion and the variety of input, including being able to hear the concerns and experiences of others. It was also acknowledged that more time to fully unpack questions, responses, ideas and proposed solutions would have been beneficial. This was further reinforced in the question specifically asking consumer and community representatives for suggestions on how to improve future Community Conversations, where 52% of suggestions for improvement were longer sessions and more time on questions. The comments included in this feedback also indicated that consumer and community representatives were keen to be involved in forums of this type on a regular basis so they, and others, could contribute to further conversations on this topic. They were also eager to see the outcomes/outputs of the event and share these with other consumer and community members.

Summary

The Value-Based Health Care: Pre-Conference EVENT Community Conversation provided valuable input and feedback into the subsequent forums at the VBHC Conference, including the World Café and WA Health Think Tank. Undertaking this event with consumers equipped the facilitator of all the sessions, and other attendees, with information on what is important to consumers and practical strategies proposed by consumers to address these issues as a part of the planning and implementation of VBHC within WA. This in turn, enabled the consumer perspective to be shared during presentations and discussions, and questions posed to audiences, regarding how consumer needs and their recommended practical strategies could be incorporated into VBHC for implementation within WA.

Despite the challenges of limited registrants to the regional online event and its subsequent cancellation, as well as reduced registrant attendance on the day of the pre-conference event, the insights gleaned from this 3-hour event were extremely beneficial to the VBHC Conference, and for future work with consumers as a part of the CIC Cancer Program. Additionally, it was noted by the AHHA that this information would be used to inform discussions that were scheduled to occur in the coming months with national jurisdictions and the Commonwealth Government. Interestingly the themes from the Community Conversation of communication, choice, trust, respect and resources/services were strongly reflected back in many of the improvement initiatives presented at the VBHC Conference from across Australia and internationally.

Feedback received through the evaluations from the Community Conversation was extremely positive overall with many consumers feeling it was a useful and valuable opportunity. The open and active engagement of those consumers present was heartening to observe, and this was echoed in the evaluation feedback, where 93% felt able to put forward their ideas and be heard, as well as hear the experiences and opinions of others at the event. Although attendee numbers dropped on the day of the event, many consumers were eager to be involved in a forum of this type in the future and have more time to unpack the concepts, issues and possible solutions. Furthermore, many consumers and other attendees were keen to be provided with the outcomes of the event, such as this report, and have the chance to share it with others, especially those within their consumer networks.

Appendices

- 1.1 Community Conversation Event Pre-reading - *Value-based Health Care: How do we move towards health care solutions that matter to patients?*
- 1.2 VBHC Pre-Conference Community Conversation Event Runsheet
- 1.3 VBHC Pre-Conference Community Conversation Evaluation Summary

Value-based Health Care: How do we move towards health care solutions that matter to patients?

Our system: the current approach

Although care within the Australian healthcare system is among the best in the world, there is a need to change the approach currently being used to measure outcomes and allocate resources. Under this system, patients' health outcomes have traditionally not assessed against the cost of the treatments they receive. Healthcare services are often driven by a model of care based on professional values and its emphasis on clinical outcomes.

Clinical outcomes only recognise the expected effects of specific interventions in the short-term, without taking into account their overall outcomes in the context of the lives and circumstances of patients in the long-term. Evidence shows there is a need to develop a better way to measure the value of health care services and the health outcomes they produce.

Our Vision: Value-based healthcare for everyone

"Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes."

① NEJM Catalyst (2017) What is value-based healthcare?

Under a value-based healthcare (VBHC) system, value is considered not just "on a single healthcare encounter, but in terms of the outcomes of a full pathway of care and the resources involved along the way. VBHC also takes a system view: instead of asking an individual clinician to work harder or do better to improve care, it looks at how all aspects of a health system can enable better value in care delivery.

In a value-based healthcare system:

- patients have their needs addressed in an integrated way
- clinicians have the data they need to continuously improve care
- organisations have incentives that are aligned with value for patients. "

① Victorian agency for Health Information. Local and international perspectives on value-based health care.

The goal of value-based health care (VBHC) is to improve patients' health outcomes while reducing the overall cost of healthcare.

Health Outcomes that matter

The purpose of healthcare treatment is to improve a person's health and wellbeing. To assess how much a treatment has helped a patient, we talk about health outcomes. Health outcomes are defined as "...a change in the health of an individual, or a group of people or population, which is wholly or partially attributable to an intervention or series of interventions."

① Sansoni J (2016) Health Outcomes: An Overview from an Australian Perspective.



What outcomes do patients care about?

Based on feedback from patients/consumers experiences of healthcare, the most important health outcome is often simple...to get back to a normal life. In practice, this means reducing the side effects and complications that can follow treatment and improving quality of life.

① <https://www.ichom.org/standard-sets/>

For example, in NSW value-based healthcare means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care

Key ingredients for a successful VBHC system

Healthcare systems around the world have been exploring how to move the focus of their activities to delivering value rather than volume. They are trying to re-orient health service delivery towards evidence-based procedures and practices that maximise patient outcomes relative to resources and costs over the full cycle of care. In aiming for outcomes that matter most to the patient, a value-based approach to health care must be patient-centric rather than provider-centric, and therefore health systems and healthcare management must be redesigned to fit.

① [Open forum.com.au](http://Openforum.com.au), Value-based health care: how and why it can work in Australia

According to a Strategic Advisory Committee, composed of 13 expert members from across the Australian healthcare sector, and based on their first-hand experience, implementation of a VBHC model requires three key ingredients:

- Inclusion of the patient voice throughout the model, to ensure care is meeting patient expectations and needs.
- Being able to access linked patient data – including primary care data held by the Commonwealth and data from private hospitals – to enable the measurement of health outcomes across the entire healthcare system.
- Investing in effective preventive and population health strategies – with the result that fewer people develop and need care for multiple chronic conditions.

“Value based healthcare requires engagement from patients, the community, clinicians and organisations. A collaborative approach is needed to ensure that we are delivering the best outcomes for patients and the best value for the system. “



<https://www.health.nsw.gov.au/Value/Pages/about.aspx>

① - Denotes further information available

Benefits of value-based healthcare



Patient –reported outcomes

Patient-reported outcomes can be measured using a patient-reported outcome measure or PROM. In a nutshell, a PROM is 'any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else'

PROMs are used to understand how well a treatment helped a patient. When thinking about ways to implement a Value Based Healthcare system, any information included in PROMs will guide healthcare providers and policy makers towards the best way forward.

① Australian Commission on Safety and Quality in Health Care website.

Examples of Value Based Health Care in Action

Australia:

- NSW Health are accelerating the move towards value-based healthcare by piloting, scaling, and embedding state-wide priority programs such as:
 - identifying and scaling evidence-based initiatives state-wide for specific conditions
 - strategies to coordinate care and processes within the health system and with other service providers
 - shifting focus on non-clinical and clinical support projects from outputs to outcomes
 - whole-of-system approach to incentivise local autonomy and accountability for delivering patient-centred and outcome-focused care in the community.
- In Victoria:
 - the Department of Health & Human Services, Safer Care Victoria and the Victorian Agency for Health Information work is underway to better align system levers with value. This includes a focus on workforce capability and culture, development of integrated data collections and information systems, care integration, flexible funding, and value-based performance accountabilities, with a focus on social determinants embedded throughout all of the above.
 - VBHC work is currently being explored by clinician groups (e.g. the Victorian Stroke Clinical Network) and health services (e.g. Peninsula Health, for musculoskeletal care), with the aim of further improving outcomes and resource use for reinvestment in improving patient care.

- In Western Australia, pilot projects are underway to implement value-based healthcare in cancer care (www.ciccancer.com), examples include:
 - Capturing and analysing patient reported outcomes and patient reported experiences to inform care and support shared decision-making.
 - Developing & testing the validity and outcomes of a bundle of care/payment model for early-stage breast cancer patients.

Overseas:

- In the United States:
 - the Centres for Medicare and Medicaid Services (CMS) have initiated a series of large programs that use incentive payments to reward healthcare providers that deliver higher quality care.
 - some pharmaceutical companies have agreed to provide rebates on the cost of certain medications if pre-agreed health outcomes, such as reductions in hospitalisations for heart failure, are not achieved.
- Swedish healthcare providers have developed a model that tracks and compares patient care and outcomes for a wide range of conditions in detail. In some cases, bundled payments make providers financially responsible for the full cycle of care for procedures, such as hip and knee replacements, and cataract surgery. This includes care related to the operation itself, as well as post-procedure services.
- In Canada, a system of outcome-linked funding has been implemented, where the amount of money that a health service provider receives depends on the extent to which predefined outcomes are achieved.
- In France, as part of a set of initiatives to foster value-based healthcare, doctors are financially rewarded for sharing data on patient outcomes with a 'transparency fee'. The fee was set at €30 for health outcomes data shared, regardless of the actual outcome achieved. This created a healthy incentive for data transparency on health outcomes.

Visual Resources

Below are a few short videos available on VBHC:

- Elizabeth Koff, Secretary of NSW Health explains value-based healthcare: <https://youtu.be/uC5hqj9C0Ys> (3-minute watch)
- An animation was developed in 2018, by Metro North Hospital and Health Service in Queensland, to illustrate 'Value Based Healthcare - Delivering What Matters': <https://vimeo.com/269104345> (2-minute watch)
- Professor Christobel Saunders explains how a research project is being undertaken in WA to test implementation of value-based healthcare in cancer care within WA: https://youtu.be/mwtbnq_v-4A (2-minute watch)

Where can I get more information?

- Australian Centre for Value-Based Healthcare — <https://valuebasedcareaustralia.com.au/>

VBHC Community Conversation

Key Questions to think about before we meet...

- Value-based healthcare, by definition, includes cost as a variable. Patients/consumers encounter out-of-pocket expenses for many healthcare treatments. For example, patients with chronic kidney disease, pay on average AU\$4,000/year for their treatment and many cancer medications are not covered by government benefit schemes which can cost patients up to AU\$5,000/month.

When cost enters the conversation about care decisions, how are consumers to know if their interests are best represented?

- Access to information about the price and quality of healthcare services can help patients/consumers make better decisions about their care. When people are sick it can be hard for them to talk about anything else, but it is important for doctors and other healthcare professionals to provide patients with clear, accurate information about their proposed treatments, expected health outcomes and costs, as well as potential treatment alternatives.

How can clarity and transparency about health outcomes & costs be better introduced by health professionals into conversations with consumers?

- Providing patients with information about their condition/s and treatments in a way that they can understand, and support to access relevant services, facilitates engagement with the healthcare system. For many patients, navigating through the healthcare system and understanding all the details of their medical condition can be challenging. Connecting patients with appropriate sources of information is an integral part of a value-based health care system.

How do we better support people with different levels of health understanding and agency to navigate the healthcare system successfully?

VBHC Pre-Conference Community Conversation

Wednesday 26th May 2021

Team Briefing – 9.30am

Parmelia Hilton – Karri Function Room

Community Conversation: Value-Based Health Care: How do we move towards healthcare outcomes based on what matters to patients?

Wednesday 26th May 2021 10am – 1pm

10am	HBF representative: Opens workshop
10.05am	Alison: invite workshop participants to briefly introduce themselves.
10.15am	Alison: Introduces Value-Based Health Care concepts, including central role of patients and healthcare outcomes; and discusses how feedback from this session and from the 12 May session will be used to inform discussions at the conference. Any questions from participants?
10.30	Table discussion: What are the deciding factors for you in making decisions about healthcare?
10.45	One speaker from each table reports back to whole group session; Alison collates main points on flip chart
11am	10 minute break
11.10	Table discussion: How can providers engage better in discussions about costs and outcomes?
11.25	One speaker from each table reports back to whole group session; Alison collates main points on flip chart
11.40	Table discussion: How do we help people to understand how best to navigate the system?
11.55	One speaker from each table reports back to whole group session; Alison collates main points on flip chart
12.10	10 minute break
12.20	Dotmocracy exercise: What are your top 5 priorities for each of the 3 questions (participants to add dots to flip chart)
12.35	Alison to summarise outcomes of the dotmocracy exercise. Time for additional comments and feedback from group.
12.50	Alison to close session.
1pm	Close

Value-Based Healthcare Community Conversation
Parmelia Hilton, Perth
26th May 2021 – 10am to 1pm
Evaluation Summary

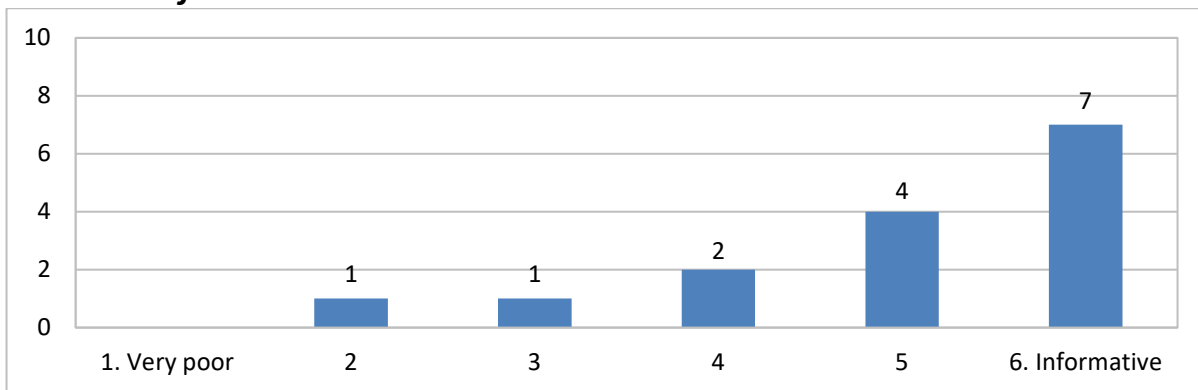
15 Forms completed / 15 attendees

Please tick the responses which best match your view:

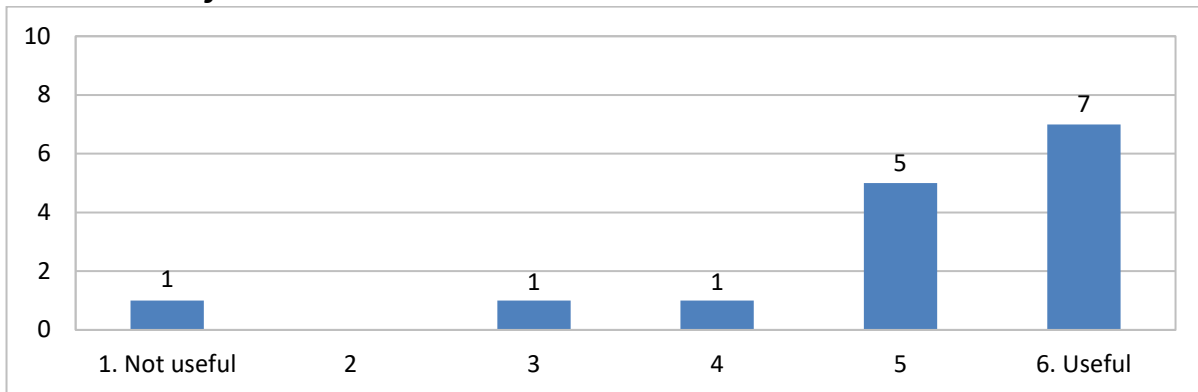
1. The Community Conversation was:



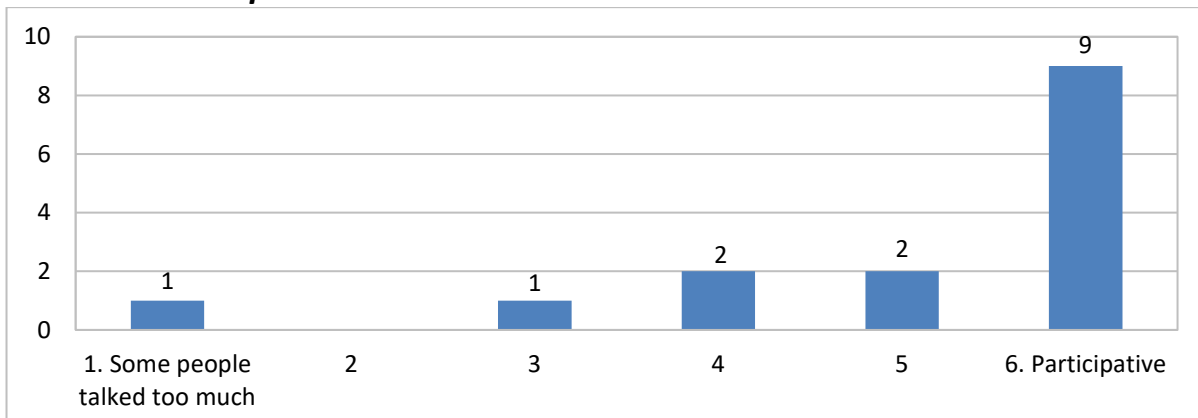
1.1 Informative



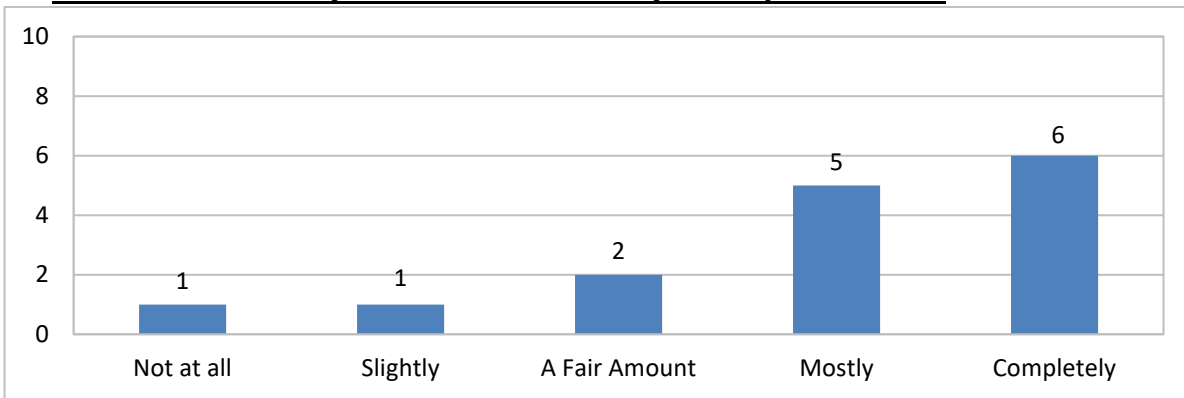
1.2 Useful



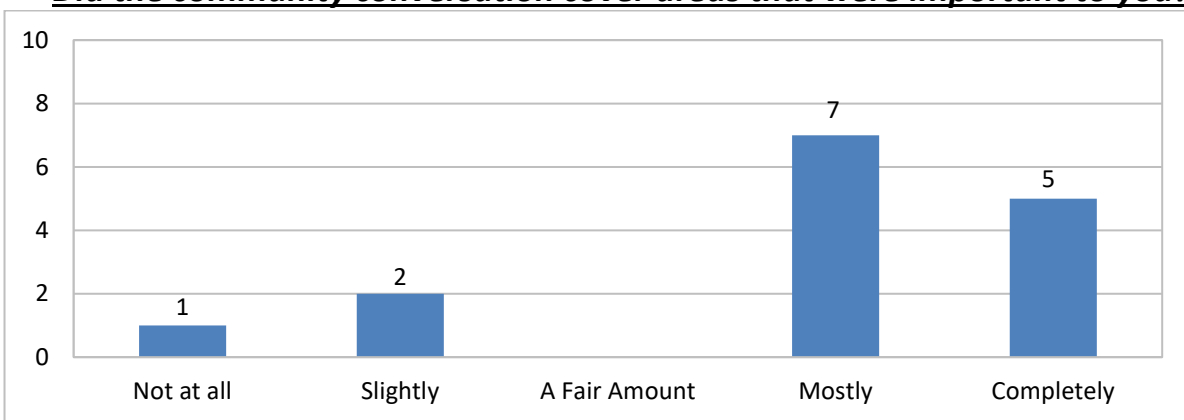
1.3 Participative



2. Did the community conversation meet your expectations?



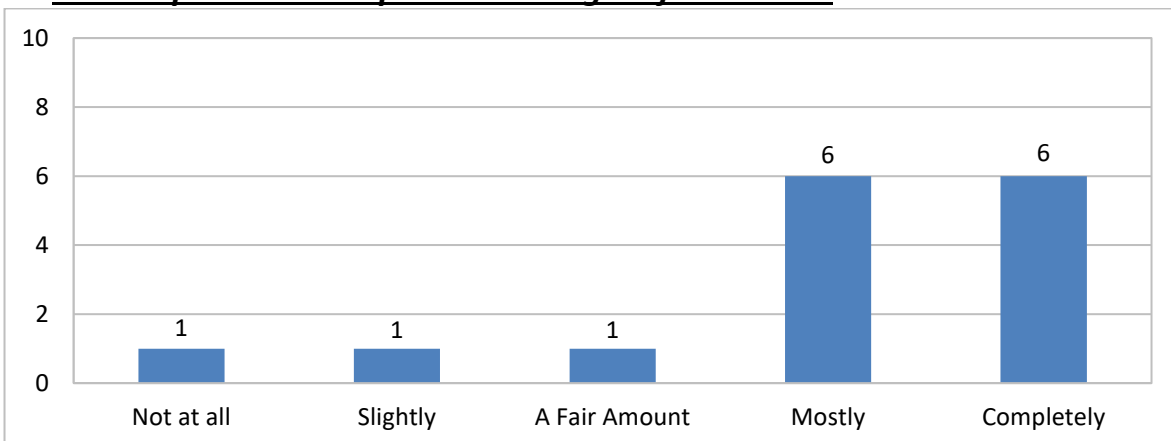
3. Did the community conversation cover areas that were important to you?



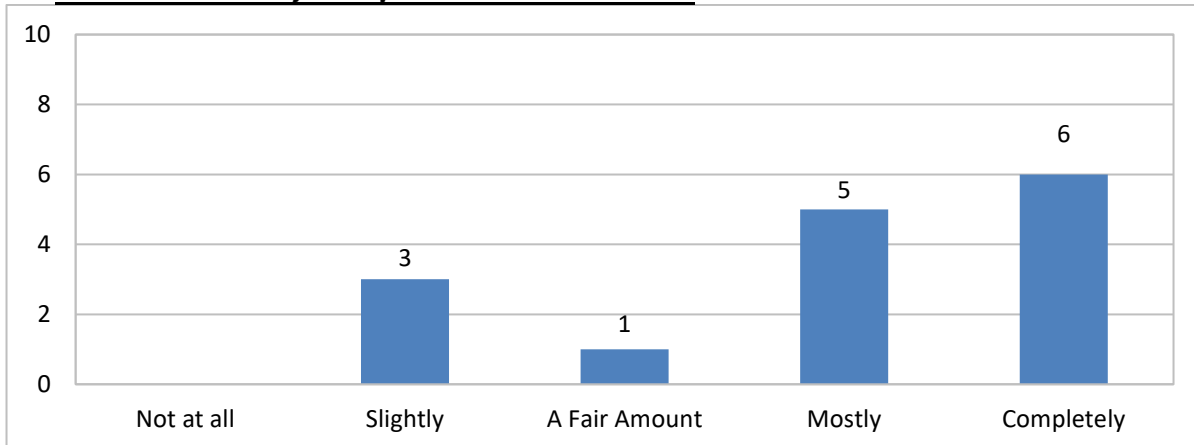
If "not at all" please specify what additional information could have been included:

- This wasn't about Value-Based Healthcare. It was about the current healthcare system. I expected more about what is proposed
- What is the definition of 'Patient reported outcomes'?
- More time for pre-reading
- Would have liked the agenda to be followed
- I didn't feel I had the opportunity to speak to all topics – one question was cut out

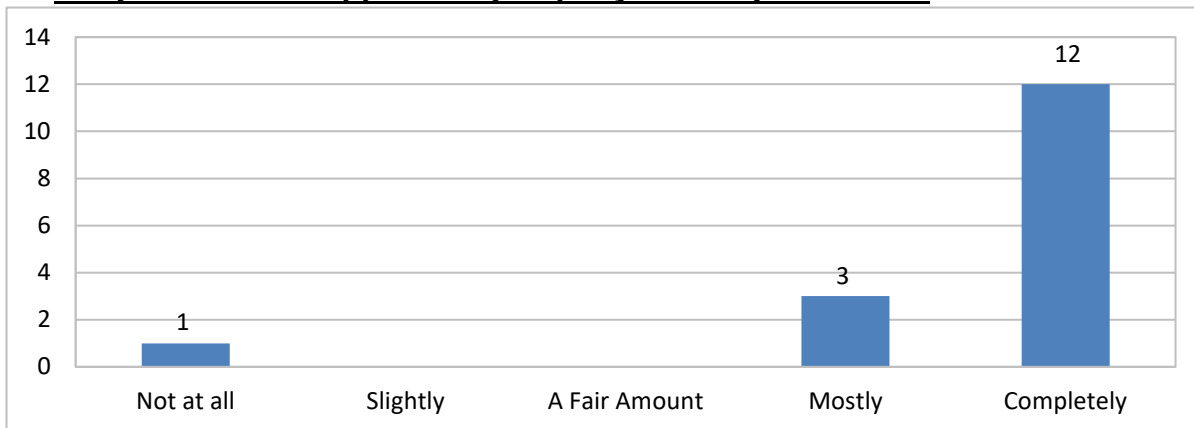
4. Did the presentation provide enough information?



5. ***How well were your questions answered?***



6. ***Did you have the opportunity to put forward your ideas?***



7. ***Is there anything else you would like to add?***

- Younger demographics not present
- How to translate outcomes of this into reality/practice
- I appreciate the opportunity to share my views/experience
- The questions were limited
- Focus on personal responsibility for healthcare – strong focus on ‘what the system must do for me’
- I would like to have a written report on the day’s work
- A key influence on healthcare choices is the current media focus of healthcare, health insurance, services available and the need to be a provider of choice
- Providing more ongoing engagement with us. Pre-reading earlier and produce output (ideally with co-design or at least allow us to comment) and then share output with other consumers
- Facilitator at the table was very good and listened. The presenter (Alison?) spoke over me and did not listen well to what others were saying.

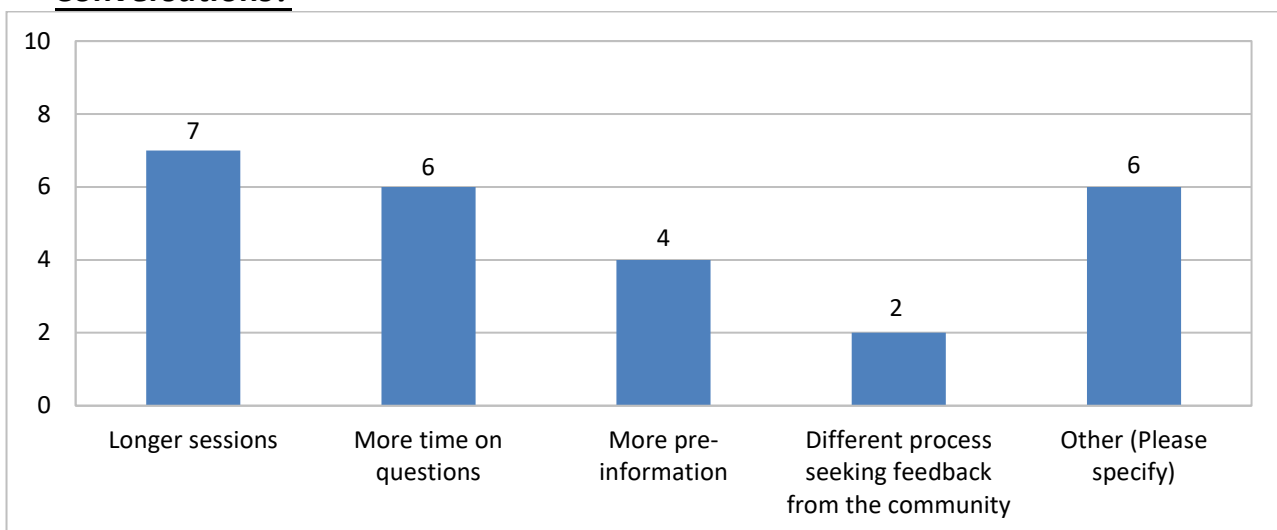
8. The best thing about the community conversation was:

- Learning the current experiences/concerns of the audience – consumers
- Felt at ease to put my ideas forward & felt that I was heard
- Well-structured and managed with a pleasant atmosphere
- Open discussion with a variety of input
- Like minds coming together
- The grapes & muffins
- The fact that it happened at all
- Practical solutions proposed
- Alison (CIC) facilitator was great
- More time pre-reading – no ongoing process to produce shared output or at least share output document so we can share
- Being able to speak and be heard
- Being able to express opinions and ideas
- The table facilitator

9. The worst thing about the community conversation was:

- Lack of cultural, social diversity of the participants
- Rushed, limited
- Not enough time to unpack responses fully, more time needed
- Lack of diversity in participants, small numbers of consumers and community members
- Agenda being cut short
- The presenter cut out an entire question! This was not like a normal community conversation where we are listened to and not spoken over. I don't think our ideas were considered – they were summarised into other points

10. Do you have any suggestions about how we might improve future Community Conversations?



Other (Please specify):

- Continue to present these forums on a regular basis. Thank you
- Suggestions for ways to further contribute to this conversation (and others)
- “Acknowledgement of Country” not present

- More time for pre-reading
- Letting the people choose their own number of 'dots' completely takes away from the value of the 'voting' process
- Do a 1 day workshop
- More consumers in the room
- Would like to see a follow on quantitative survey of general population on issues raised and recommendations
- The Dotmocracy was not done right – it was a waste of time as you could vote as many times as you liked
- I don't think the presenter should be asked to do this again. The normal process is so much better and we feel valued and listened to