

# WAPHA Outcomes Framework

## A three-phase approach to developing measures

A three phase co-design process is proposed for WAPHA to implement its Outcomes Framework



1. The initial phase **developed the outcomes framework and tools** to support its implementation. The tools have been developed to have the flexibility to apply to any service, enabling providers to report their outcomes as they see them. The tools will enable providers to improve on the way they describe and report on their outcomes as they go, reflecting their increasing measurement capabilities.
2. The second phase is the **co-design phase**, as service providers begin to use the tools and define their outcomes. The initial reporting to the Outcomes Framework may be as simple as the number of people receiving services and details of their progress. From these real details, outcomes can be developed that faithfully reflect the range of contracted services. This is integral to the success of the Framework, as it develops shared ownership of the measures. It is acknowledged that some providers have advanced systems of outcomes measurement in place already, and can use these to report. The co-design process ensures that the outcome measures reported back to WAPHA have meaning for those delivering and receiving services.
3. The third phase involves analysis and **aggregation** of the outcomes reported back from the range of services contracted by WAPHA. As the common measures are developed, the co-design approach will continue, with two way feedback between WAPHA and service providers on aggregated outcomes and proposed measures.

### Key to the success of the Outcomes Framework, is that:

- Outcome definition is driven by local, grass root activity and networks
- The reporting system is co-designed by WAPHA, providers and consumers
- It is non -bureaucratic and flexible – involving minimal red tape and paperwork
- It meets people where they are at and helps people articulate and work towards achieving their goals



**WAPHA**  
WA Primary Health Alliance

**phn**  
PERTH NORTH, PERTH SOUTH,  
COUNTRY WA  
An Australian Government Initiative

# Outcomes Framework

## What is WA Primary Health Alliance (WAPHA) trying to achieve?

Our objective – Improve health outcomes through the commissioning of appropriate services where they are most needed.

### The five outcome domains

- **Building capacity within the place** – place-based, flexible design that works for local providers and meets local needs
- **Increasing accessibility and reducing inequity** – increase access for vulnerable, under-served and hard to reach groups
- **Care coordination** – simplify access and navigation; coordinate across the continuum; bring together health and social care stakeholders
- **A person-centred approach** – holistic care involving GPs and support services in partnership with the people they care for
- **Locally sustainable health systems** – increase use of early and low intensity interventions and stepped care community based approaches for better individual and population health

WAPHA's Commissioning Approach



### Informing the journey

WAPHA is encouraging providers to design and deliver services together with the people intended to access them. As this journey progresses, we want to understand how it's going and be part of the process. To begin with, each service will define measures that best reflect its intended outcomes, and over time we will bring these together into common measures.

# Completing the Outcomes Map

## What do providers need to do?

Services should use the Outcomes Map tool and begin with the question ‘What is it we are trying to do?’ Draft an outcome or two under each aim, and then identify a couple of indicators that would show how the service is progressing against each outcome. These maps should be shared and further developed with WAPHA.

Below is guidance for providers in completing the Outcomes Map.

Once the Outcomes Map has been completed services will then use the Outcome Evaluation tool to report progress.

### WAPHA’S VISION

Improved health equity in Western Australia

### WAPHA’S MISSION

To build a robust and responsive patient centred primary health care system through innovative and meaningful partnerships at the local and state-wide level

#### Outcome Domains

- 1. Building capacity within the place
- 2. Increasing accessibility and reducing inequity
- 3. Providing care coordination: people receive the right care, in the right place at the right time
- 4. Delivery of services with a person-centred approach
- 5. Creation of locally sustainable health systems

#### AIM

##### PERSON

How are we improving people’s experience of their care?

##### CLINICAL

How are we reducing the burden of disease for individual patients and the prevalence of disease across our community?

##### SYSTEM

How are we getting better at working together?

##### PROVIDER

How are we improving the experience of organisations and staff providing healthcare services?

#### Example Outcome/Activity Indicators

- Distance travelled to receive services
  - Proportion of information available in first language of patients
  - Patient experience of service
  - Number of providers seen
  - Proportion of treatments in the home/community
  - Ability of patient to describe their health needs
  - Family members/community attending appointments/ education sessions
- Early identification of risk factors and appropriate action
  - Prevalence of chronic condition multimorbidities
  - Burden of disease by via clinical assessment
  - Delay in onset of additional conditions, complications and/or disabilities
  - Number of preventable ED/hospital admissions/re-admissions
  - Lifestyle risk factors at program entry and exit
  - Self measured health status at entry and exit
- Development of treatment/care pathways
  - Proportion of funding into primary v acute care
  - Diversity of funding sources
  - Reduction in duplication of activities
  - Take-up of shared health records
  - Cost per patient analysis
  - Number and frequency of appointments
  - Development of appropriate services for marginalised groups
  - Development of multi-agency and multidisciplinary alliances/collaboratives
- Staff satisfaction
  - Workforce capability to manage complex conditions
  - Proportion of local staff employed
  - Proportion of organisational objectives tracked with data
  - Increased communication between staff across different services
  - Number of multidisciplinary shared care plans
  - Use of case conferencing between clinical staff