WA Primary Health Alliance

Performance Management Framework

August 2021

Contents

Introduction

The primary health care system is integral to the health of individuals and families within the community. It provides a range of health promotion, prevention, and screening services as well as early intervention, treatment, and management for a range of chronic and complex health issues.

WA Primary Health Alliance (WAPHA) is funded by the Australian Government to operate the three Primary Health Networks (PHNs) in Western Australia (WA): Perth South, Perth North, and Country WA. We are responsible for planning, guiding, and directing investment towards primary health services. We commission services across a range of program areas for key cohorts in the metropolitan, regional and remote areas.

WAPHA's Performance Management Framework (the framework) sets out WAPHA's approach to measuring, monitoring, managing, and overseeing the performance of Commissioned Service Providers. The framework will support the achievement of WAPHA's strategic vision and commitment of building a strong and sustainable primary health care system, and delivering on our strategic priority of bringing a more structured and data driven approach to quality improvement.

WAPHA recognises that our performance management processes in the past have been ad hoc, inconsistent, and administratively burdensome on Commissioned Service Providers. Through this framework, we are seeking to create a more consistent and streamlined performance management approach, where Commissioned Service Providers have clarity on WAPHA's expectations in relation to how performance expectations will be set, measured, monitored, and managed. This framework will also be a key mechanism to support us to develop and mature collaborative partnerships with Commissioned Service Providers, and drive continuous improvement across the sector.

The framework has been developed in collaboration with the primary health care system and consumers to ensure it is fit-for-purpose and meets Commissioned Service Providers and consumers' needs. The framework is based on good practice and aligns to the Commonwealth's PHN Performance and Quality Framework (PQF) and Primary Health Insights (PHI), and existing state government reporting requirements to minimise the reporting burden on Commissioned Service Providers. Like our approach to commissioning and engaging with Commissioned Service Providers, this framework is framed by the objectives of the Quadruple Aim in health care and our strategic priority for improving equity for all Western Australians.

We anticipate this framework will evolve over time - as WAPHA and the sector gathers, and incorporates lessons learnt from using the framework - and as WAPHA and the sector continue to grow, mature, and evolve.

Purpose of this document

This document articulates WAPHA's performance management approach for Commissioned Service Providers. This document aims to give Commissioned Service Providers clarity on how we will set performance expectations, measure, monitor, and manage their performance and engage with them in relation to performance management.

The framework applies to all Commissioned Service Providers and will guide and underpin all WAPHA's performance management processes and activities (for Commissioned Service Providers).

Part A: The Performance Management Framework

This section has two chapters:

- Chapter 1 – an introduction to performance management
- Chapter 2 – an overview of WAPHA's Performance Management Framework, including:
    - the framework's purpose and principles
    - the strategic environment for the framework
    - the framework on a page.

1. Performance management

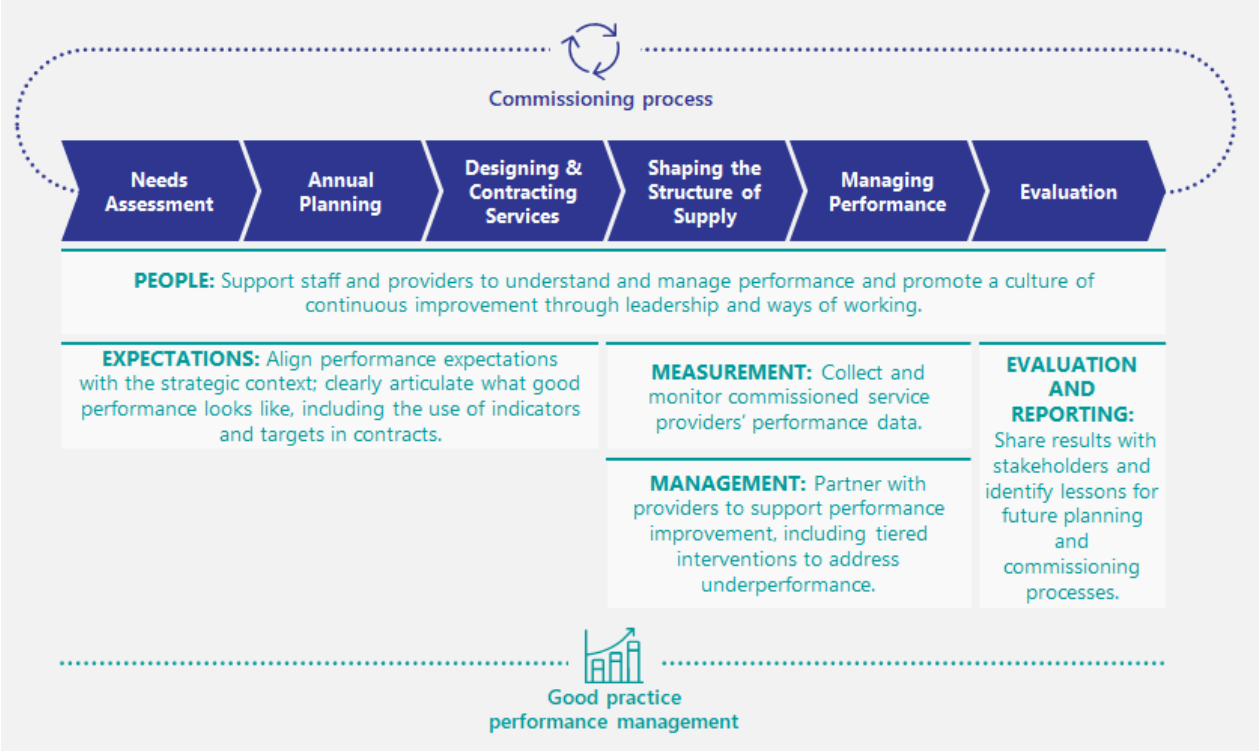
1.1 What is performance management?

Performance management is the continuous process of improving performance by setting expectations, and regularly monitoring, reviewing, and measuring progress against these expectations[1]. Performance management empowers commissioners and Commissioned Service Providers to develop their knowledge, skills, and abilities [2]. In WAPHA's context, this means developing the capabilities of us (as the commissioner) and of all of our Commissioned Service Providers.

How does performance management link to the PHN commissioning process?

Good practice suggests that there are five key aspects of good performance management in primary health care commissioning: expectations, measurement, management, evaluation and reporting, and people. The diagram below describes and links these dimensions to the PHN commissioning process.

Figure 1 | Linkages between the commissioning process and good practice performance management[345678]



1.2 Performance management will be most effective if there is genuine collaboration between WAPHA and Commissioned Service Providers

Effective performance management approaches in primary health care commissioning are those that provide clarity and transparency; and facilitate collaboration between commissioners and Commissioned Service Providers[9]. In addition, they drive continuous improvement, support capability development, and promote knowledge sharing across the sector.

WAPHA's approach to performance management, as aligned to this framework will give Commissioned Service Providers clarity on what performance levels are required and promote shared accountability for

performance improvement efforts. It will support us to develop and mature our partnerships with Commissioned Service Providers and build the sector's collective capacity and capabilities.

Central to the framework is the setting and monitoring of a small number of critical performance indicators. Performance management processes are most effective when they use a small number of targeted and highly salient performance indicators[10]. We do not want to burden the sector with onerous and irrelevant data gathering, so we will use performance indicators that are both relevant and impactful to measure Commissioned Service Provider performance. The data and reporting we gather from Commissioned Service Providers will be based around these and used to inform performance conversations and drive continuous improvement.

2. WAPHA's Performance Management Framework

Since WAPHA's formation in 2015, we have been committed to improving primary health care practice. WAPHA's Strategic Plan 2020–2023 sets out a bold, ambitious, yet achievable forward-looking vision for the organisation: *Better Health, Together*.

This framework is a key step to delivering on WAPHA's vision and commitment to building a strong and sustainable primary health care system. The framework was developed in collaboration with the sector and consumers; and informed by research from national and international jurisdictions (refer to Figure 2 below for an overview of the framework development process). The framework will enable WAPHA to bring a more structured and data driven approach to quality improvement; and share insights with Commissioned Service Providers to drive continuous improvement across the primary health care system. It will support WAPHA's commissioned services to deliver the greatest impact, as measured against the Quadruple Aim.

Figure 2 | Overview of the framework development process

An extensive literature review to develop this framework

WAPHA recognises the importance of developing a framework that is grounded in good practice. Therefore, we undertook extensive research into good practice performance management and examined other national and international jurisdictions' approaches to understand and leverage good practices in our framework.

To supplement the research, we spoke with other PHNs across the country to learn about their performance management approaches and how we could adopt and/or adapt their practices to suit the WA primary health care system's context.

Engagement with the sector to ensure the framework was robust, fit-for-purpose, and practical

The framework was designed with Commissioned Service Providers and consumer advisory councils and committees through a series of workshops. Expertise from peak bodies and other commissioning agencies was used to deepen WAPHA's understanding of good practice in performance management, and ensure the framework would help, not hinder Commissioned Service Providers.

Most importantly, WAPHA sought their perspectives on how the framework could improve health outcomes and the consumer experience, as well as how it could contribute to driving continuous improvement across the sector.

2.1 Framework's purpose and principles

2.1.1 Framework's purpose

The framework sets out WAPHA's approach to setting performance expectations and measuring, monitoring, and overseeing Commissioned Service Provider performance. It aims to create a consistent and well-structured approach to managing and improving Commissioned Service Provider performance and ensure there is a shared understanding of performance objectives between WAPHA and Commissioned Service Providers.

The framework is also intended to be a mechanism for WAPHA to identify good practice that can inform the ongoing continuous improvement of the sector as a whole.

2.1.2 Framework's principles

The framework has six principles, featured in Table 1 below. These principles were developed and tested with the sector to guide the framework's development and underpin WAPHA's ongoing performance management activities.

Table 1 | Framework principles

Principle	What does this look like in practice?
1. **Strategic alignment** - the framework aligns to WAPHA's strategic objectives, the Quadruple Aim and improving health equity.	Performance indicators are aligned to the Quadruple Aim and improving equity of access. We will work with Commissioned Service Providers to establish mechanisms to collect data against these indicators and to identify – through the data we collect – the opportunities for sector improvement in each of these aims.
2. **Consumer focused** – the framework focuses on ensuring that data collection and reporting, and all performance improvement efforts are centred on improving the consumer experience i.e., how services are delivered (and consumed) and health outcomes.	A combination of quantitative and qualitative measures are used to measure, evaluate, and help improve Commissioned Service Provider performance. This enables performance indicators to capture richer data and information, particularly around health outcomes and the consumer experience.
3. **Consistency** – the framework strikes the balance between consistency (across reporting, process, and system) and flexibility (to meet individual Commissioned Service Provider and local needs).	There is standardised approach to data collection and reporting to enable consistency. However, where required, performance indicators, measures and processes are adapted to a Commissioned Service Provider's context and/or local needs. Processes are also in place to review performance targets and how they are set to ensure they are achievable and suitable for the Commissioned Service Provider's context.
4. **Clarity** – the framework clearly and concisely sets performance expectations for Commissioned Service Providers.	WAPHA clearly defines and communicates its performance expectations to Commissioned Service Providers, so that they understand the expectations in relation to service delivery and there is no ambiguity in terms of what is required.
5. **Practicality** – the framework streamlines and leverages current data collection processes.	Existing data collection processes are used, helping to minimise duplication of effort and reduce the administrative burden reporting places on Commissioned Service Providers. In addition, there is a clear rationale as to why certain data is collected and this is clearly communicated to Commissioned Service Providers.
6. **Continuous improvement** – the framework focuses on continual improvement rather than compliance (or punitive measures).	Performance management mechanisms are put in place to help improve and strengthen Commissioned Service Provider performance and set them up for success. The focus is on building capacity and capability among Commissioned Service Providers, working collaboratively with Commissioned Service Providers, and providing opportunities for them to connect with each other and share lessons learnt.

2.2 The strategic environment for the framework

PHNs are required to commission health services that:

- meet local needs
- support health system improvements
- work with the sector to create better experiences for consumers
- play a role in providing support to General Practice, as a way to strengthen the primary health care system.

This framework will be a key mechanism to assist WAPHA in carrying out its main roles as a PHN, and contribute to the continuous improvement of the primary health care sector across WA.

2.2.1 The framework aligns with the national, state, and local contexts

The framework has been developed to align with the Commonwealth's PHN PQF [11] and PHI[12]. Ideally, and where applicable, it aligns to existing state government performance reporting mechanisms so that Commissioned Service Providers are not having to operate within many distinctly different performance regimes. For example, many Commissioned Service Providers funded by WAPHA also deliver services funded by the Mental Health Commission.

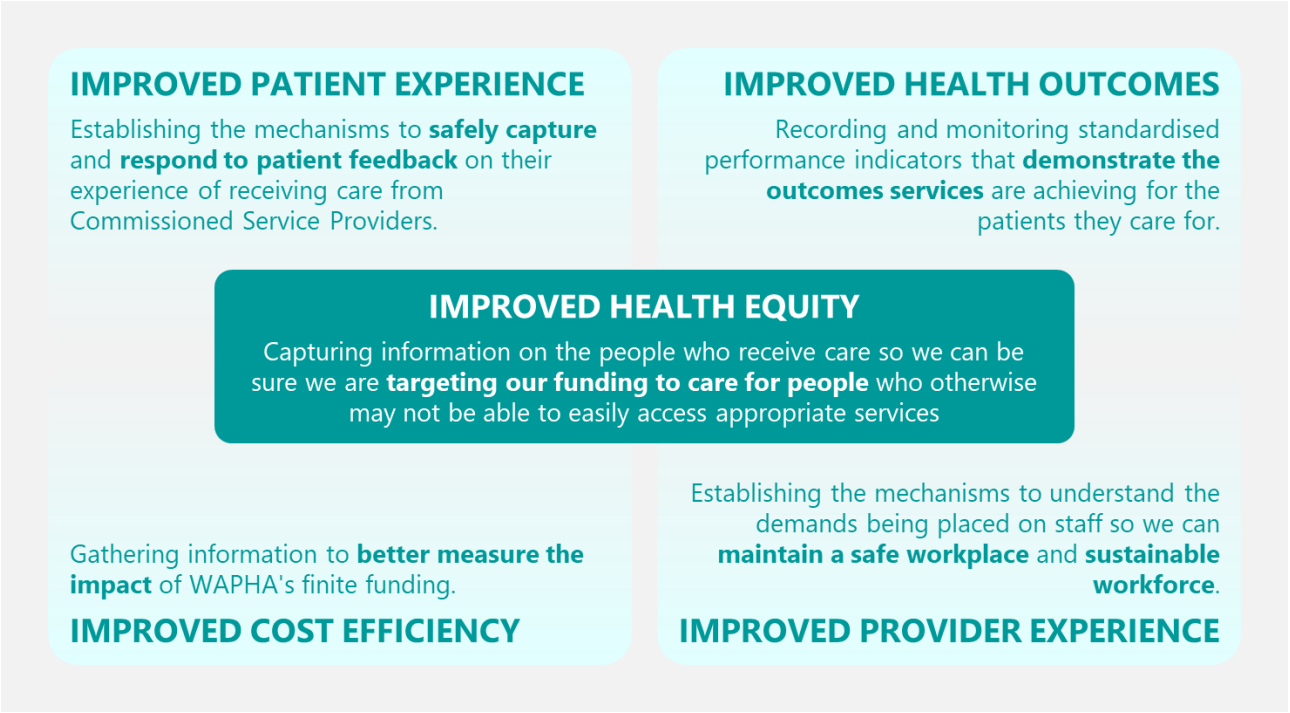
Aligning the framework to existing reporting requirements ensures we minimise duplication of effort and reduce the administrative burden that performance reporting places on Commissioned Service Providers. The framework also gives consideration to the local context; and recognises that there are unique differences between Commissioned Service Providers operating in metropolitan, regional, and remote areas. Where possible, this is taken into account.

2.2.2 The framework aligns to the Quadruple Aim in health care

Increasingly, the Quadruple Aim[13] for health care systems is being adopted across Australian health systems. The PHN PQF was developed to align with the Quadruple Aim, and in the *WA Sustainable Health Review (2019)* the Quadruple Aim was indicated as the primary framing for assessing the impact of reforms in the state funded public health system. Accordingly, WAPHA has adopted the Quadruple Aim as the framing for our latest strategic plan and the outcomes we are seeking through the targeted commissioning of services across WA. Aligning this framework to the Quadruple Aim ensures WAPHA and the sector are working towards the same, fundamental objectives and that there is a consistent thread across how WAPHA commissions, engages and manages Commissioned Service Providers.

In addition to the Quadruple Aim, WAPHA has had a primary strategic objective since our formation of seeking to improve health equity across WA. Collectively, progressing the primary health care system's performance against the Quadruple Aim **plus** improving health equity will be the primary focus of our approach to performance management. This is summarised in Figure 3.

Figure 3 | Improved health equity



2.3 An overview of the framework

The framework is summarised in Figure 4, and is based upon a continuous cycle; similar to, but not the same as the annual commissioning process. This is to reflect that performance management is an ongoing process, requiring constant two-way communication between WAPHA and Commissioned Service Providers.

The framework is based around four core elements; and underpinned by ensuring the right capabilities are in place in WAPHA's people and in the people working across Commissioned Service Providers.

Figure 4 | WAPHA's Performance Management Framework

EXPECTATIONS	The Expectations element outlines how WAPHA will set performance expectations with Commissioned Services Providers. It describes our Balance Scorecard approach and our three-step process to setting performance expectations.
MEASUREMENT	The Measurement element outlines WAPHA's approach to collecting and monitoring performance data to assess the outcomes and outputs of interest. It includes WAPHA's Performance Dataset and the three considerations for setting performance targets.
MANAGEMENT	The Management element outlines WAPHA's approach to reviewing, analysing and managing Commissioned Service Provider performance and addressing any performance concerns. It includes our performance management process and guidelines for effective performance management conversations.
EVALUATION AND REPORTING	The Evaluation and reporting element element outlines how WAPHA will communicate performance information and evaluate performance trends. It includes our indicative contents for performance reporting dashboards.
PEOPLE	The People element outlines the performance management culture, capabilities, and ways of working between WAPHA and Commissioned Service Providers. It describes how we will work with Commissioned Service Providers to build capabilities and drive continuous improvement.

Part B: Applying the framework

This section provides a detailed overview of each element of the framework in Chapters 3-7 - which are Expectations, Measurement, Management, Evaluation and Reporting, and People, respectively.

Each chapter outlines how the element should be applied in practice, including:

- a definition of each element, including the key activities and characteristics
- the processes and approaches WAPHA will adopt to measure, monitor, manage and communicate Commissioned Service Provider performance
- high-level guidance for WAPHA and Commissioned Service Providers on how to put the framework's elements into practice.

3. Expectations

This chapter outlines WAPHA's approach to setting expectations with Commissioned Service Providers – Element 1 of the framework

3.1 Overview

The 'Expectations' element relates to setting expectations with Commissioned Services Providers about their performance and about performance management.

This element includes:

- Rationale for using a Balanced Scorecard approach to set performance expectations.
- Three steps to set clear and effective performance expectations including:
  - frame the strategic context
  - determine performance expectations through a Balanced Scorecard
  - communicate performance expectations clearly and consistently across the commissioning cycle.

Why is this element important for WAPHA and Commissioned Service Providers?

Clear performance expectations help establish a shared vision and common understanding of the desired actions, outputs, and outcomes for WAPHA, our Commissioned Service Providers and the potential for continuous improvement across the primary health care sector. [14] [15] [16]

Direct and extensive communication about performance expectations with Commissioned Service Providers has been shown to achieve an uplift in performance of between five to 20 per cent in other jurisdictions.[17]

Why is this important to WAPHA?

- Setting clear expectations will enable WAPHA to consistently assess and monitor Commissioned Service Provider performance.

Why is this important to Commissioned Service Providers?

- Collaborating in setting those expectations will enable Commissioned Service Providers to better understand what the expectations of their performance are and how they can continuously improve their performance.

3.2 The 'Expectations' element in practice

3.2.1 WAPHA will utilise a Balanced Scorecard to assess performance

As described earlier (and illustrated in Figure 3), WAPHA has set five strategic objectives, based upon the Quadruple Aim for health care plus increasing health equity across WA. These five objectives will form the basis of a Balanced Scorecard for assessing the performance of all of WAPHA's activities, including the performance of services commissioned by WAPHA and delivered by Commissioned Service Providers.

A Balanced Scorecard is a well-established strategic performance measurement mechanism. In its simplest form, a Balanced Scorecard ensures that a range of performance indicators are used to inform a holistic

assessment of performance. It helps avoid focusing on one particular domain of performance (e.g. productivity, financial, outcomes) at the cost of performance in other domains.

There are four main benefits to WAPHA using a Balanced Scorecard approach:

- It recognises the importance of measuring **qualitative and quantitative** metrics when assessing a Commissioned Service Provider's performance under the Quadruple Aim. We care about the quality of the outcomes for patients and communities; but we also care about the quality of the experiences that staff deliver and patients receive.

- It provides a means in which we can **tangibly demonstrate progress** against the long-term aspirations we have for the primary health care system.

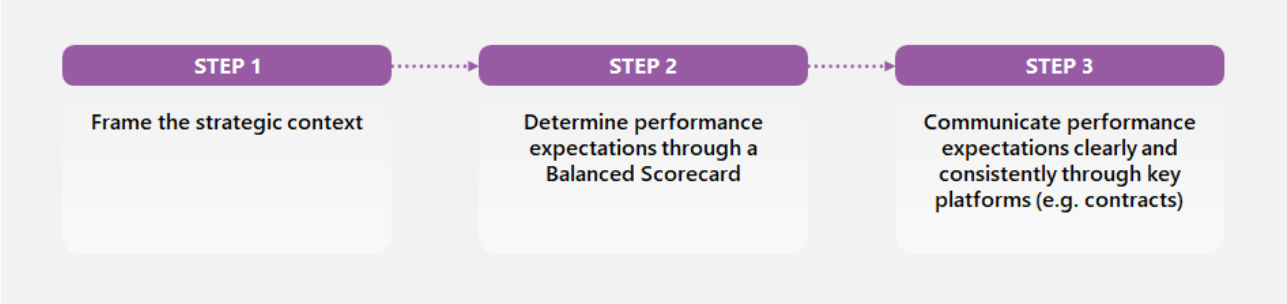
- It focuses on a **small set** of **the most important performance indicators** of which we need to understand, supporting effective and efficient reporting and the ability to easily communicate the impact WAPHA's commissioning activities are having on the communities we serve.

- It **promotes transparency** within how we measure and what we measure and can be used to support the benchmarking that will help drive continuous improvement across the primary health care system.

3.2.2 WAPHA will adopt a simple and pragmatic approach to setting performance expectations

WAPHA will follow the three steps, featured in Figure 5 below, to set clear performance expectations with Commissioned Service Providers.

Figure 5 | WAPHA's three-step process to setting performance expectations with Commissioned Service Providers



Each step is outlined in more detail below.

Step 1. Frame the strategic context

WAPHA will set performance expectations with Commissioned Service Providers in line with its strategic context. WAPHA's strategic context is influenced by internal and external strategic inputs which include WAPHA's Strategic Plan 2020–2023 *Better Health, Together*, the PHN PQF and the Commonwealth Government's funding and program requirements.

When setting expectations, WAPHA will consider the broad range of strategic inputs influencing WAPHA's strategic context (which are outlined in more detail at Appendix C). These strategic factors will be synthesised into a series of *WAPHA Pillar Strategies* for each of the sectors that the Commonwealth expects WAPHA to commission services in. These *Pillar Strategies* will be periodically updated by WAPHA and made available to Commissioned Service Providers as appropriate.

What WAPHA will do

- Periodically update their suite of *Pillar Strategies*
- Ensure staff who engage with Commissioned Service Providers understand the relevant *Pillar Strategies*

What Commissioned Service Providers should do

- Periodically review the *Pillar Strategies* that are relevant to the services you provide
- Engage with WAPHA to understand what the *Pillar Strategies* mean and the outcomes they are seeking to achieve

Step 2. Determine performance expectations through a Balanced Scorecard

WAPHA will determine performance expectations for each of our commissioned services using a Balanced Scorecard based on the Quadruple Aim plus equity. The Quadruple Aim will provide a consistent framing for performance expectations across sectors, and is central to WAPHA's Strategic Plan 2020-2023 *Better Health, Together* and the national PHN program.

WAPHA will apply consistent performance expectations across Commissioned Service Providers, sectors, and regions where possible to enable comparison and benchmarking of services. This aligns with broader trends in expectation setting across PHNs, which is moving towards more consistent and structured performance expectations (as highlighted by national frameworks and projects such as the National PHN Quality Improvement Framework, the PHN PQF and PHI).

While aiming for consistency, WAPHA recognises the importance of performance expectations being realistic and applicable to each Commissioned Service Provider, sector, and region. We will ensure the performance expectations that are established comply with the sector- and program-specific requirements issued by the Commonwealth Government.[18] We will work with Commissioned Service Providers to understand their unique context and tailor performance expectations appropriately. Overall, when setting performance expectations WAPHA will take into account:

- the strategic context for the service (see Step 1)
- the Commissioned Service Provider's historic performance
- accommodations based on size, sector, the patient cohort supported, geography and other local factors (as appropriate).

What WAPHA will do

- Set performance expectations based on the Quadruple Aim plus equity for all Commissioned Service Providers.
- Apply consistent performance expectations across Commissioned Service Providers, sectors, and regions where possible to enable comparison and benchmarking.
- Work with Commissioned Service Providers to ensure the expectations are realistic and applicable in the context of the service being provided and the location it is operating within.

What Commissioned Service Providers should do

- Work with WAPHA to develop a common understanding of your service and operating context.
- Engage with WAPHA to understand how your performance expectations align with broader sector and regional performance expectations.

Step 3. Communicate performance expectations clearly and consistently across the commissioning cycle

WAPHA will clearly and specifically articulate performance expectations to Commissioned Service Providers in their contracts with WAPHA, making it clear what activities, outcomes and actions are expected. This means that WAPHA will provide a clear articulation of what 'high performance' looks like that is relevant to the Commissioned Service Provider and their operating context.[19]

WAPHA will work with Commissioned Service Providers to gain a common understanding of the rationale, context, and justification for performance expectations. Understanding the 'why' can help garner buy in for Commissioned Service Providers to take action towards meeting and exceeding performance expectations.

WAPHA will regularly communicate performance expectations to ensure that WAPHA and Commissioned Service Providers have a common understanding of and shared drive to meet performance expectations. WAPHA will communicate performance expectations through its key platforms, including:

- approaches to market such as request for tenders and expression of interests
- contracts and funding agreements with Commissioned Service Providers
- informal and formal performance one-on-one discussions before and after contract is finalised *(there is more detail on performance management conversations in Chapter 5)*
- broader stakeholder communications (e.g. Provider Connect Newsletter)
- sector- or region-wide briefings on key performance issues
- forums where Commissioned Service Providers share lessons and good practice with a focus on continuous improvement
- establishing an overarching Commissioned Service Provider and consumer reference group, facilitated by WAPHA, with rotating sector and consumer membership to advise on expectation settings.

What WAPHA will do

- Clearly define what activities, actions and outcomes are expected of Commissioned Service Providers and the rationale for these expectations.
- Develop performance indicators and consider the use of targets where appropriate. These topics are considered in more detail in Chapter 4.
- Regularly communicate performance expectations across the commissioning cycle.

What Commissioned Service Providers should do

- Work with WAPHA to arrive at a common understanding of the expected activities, actions, and outcomes for the services you provide. Aim to resolve ambiguities about performance expectations early in the commissioning process.
- Engage with WAPHA regularly about performance expectations as you implement and deliver services. Keep an open dialogue about how your service and operating context is changing and how these changes may affect your performance expectations.
- Ensure all staff involved in the implementation and delivery of services understand and are motivated to meet performance expectations.

4. Measurement

This chapter outlines WAPHA's approach to collecting and monitoring performance data to assess the outcomes and outputs of interest – Element 2 of the framework

4.1 Overview

The 'Measurement' element refers to developing a limited number of performance indicators which enable the assessment of performance outcomes and outputs of interests. The data items and content in this element should be regularly reviewed with Commissioned Service Providers and consumers. A key feature of this section is the splitting out.

This element includes:

- The vision and structure for WAPHA's Performance Dataset.
- Core performance indicators for WAPHA's Commissioned Service Providers.
- Three considerations for setting performance targets.

Why is this element important for WAPHA and Commissioned Service Providers?

WAPHA will partner with Commissioned Service Providers to co-design and select targeted, salient, and impactful performance indicators, aligned with the Quadruple Aim plus equity.[20] [21] [22] [23] [24] WAPHA will collect consistent performance data to enable ongoing quality improvement while minimising the reporting burden.[25]

Commissioned Service Providers benefit from focussed data collection and performance indicators as it reduces administrative burden, and allows them to focus their efforts on the most important performance factors to improve service quality. [26] [27] [28] [29] [30]

Why is this important to WAPHA?

- Establishing targeted and consistent measurements allows WAPHA to understand the impact of commissioned services and to enable ongoing quality improvement.

Why is this important to Commissioned Service Providers?

- Making data collection more focussed reduces the administrative burden and ensures Commissioned Service Providers are collecting data for a consistent and meaningful purpose.

4.2 The 'Measurement' element in practice

4.2.1 WAPHA's Performance Dataset in the short-term and long-term visions

The framework includes the WAPHA Performance Dataset for collection across Commissioned Service Providers. In line with the framework's principles outlined in Chapter 2.1, the Performance Dataset aims to be:

- strategically aligned to the Quadruple Aim and increasing health equity
- practical, with a small set of high-impact indicators and data items
- consistent, across and within sectors
- consumer-focused, with a focus on patient experience and outcomes.

Short-term and long-term vision for WAPHA's Performance Dataset

This section captures the key features of WAPHA's short-term and long-term visions for the WAPHA Performance Dataset. The long-term vision is an ambitious ideal state that WAPHA will work towards over time. Whereas the short-term vision is a pragmatic improvement on the current state, that will be achievable in a shorter timeframe, and help move WAPHA towards its long-term vision. Table 2 summarises the differences in the short-term and long-term vision for the WAPHA Performance Dataset.

Table 2 | Overall parameters for the WAPHA Performance Dataset in the short-term and long-term visions

Parameter	Short-term vision (over the next year)	Long-term vision (ideal state)
Granularity of data collection	**Aggregate data** In the short term, WAPHA will collect data in aggregated form from Commissioned Service Providers. To prevent double counting of consumers, WAPHA will request Commissioned Service Providers report both new and active clients in the reporting period. These metrics will enable WAPHA to accurately assess current activity levels (by looking at active clients) and the overall reach of a service (by looking at the total new clients across multiple reporting periods). WAPHA will also track clinical activity by assessing the number of service contacts and episodes of care.	**Individual unit-record data** In the long term, WAPHA aims to collect individual unit record data to track the impact of commissioned services over time in a deidentified way. Moreover, this will improve the consistency of performance data analysis across Commissioned Service Providers. When aggregating data, Commissioned Service Providers are likely to use different methodologies. Having individual unit-record data will enable WAPHA to use a consistent methodology to analyse performance data and assess performance indicators across Commissioned Service Providers. The Australian Institute of Health and Welfare (AIHW) developed the Statistical Linkage Key 581 (SLK-581) method to generating unique consumer IDs in a deidentified way. The SLK-581 is widely used and is easily implemented at a Commissioned Service Provider level. For example, the SLK-581 is used in the Alcohol and Other Drug Treatment Services National Minimum Data Set[31] and by some services funded through the Department of Social Service.[32] See Appendix A1 for further detail on the SLK-581.

Parameter	Short-term vision (over the next year)	Long-term vision (ideal state)
Collection frequency	**At least every three months (or more frequently where required)** In the short term, WAPHA aims to collect WAPHA Performance Dataset consistently at least every three months (or more frequently where required). This aims to give Commissioned Service Providers time to improve their data collection systems, processes, and capability, ahead of more frequent data collection.	**Real time where possible** In the long term, WAPHA aims to collect data from Commissioned Service Providers in (or close to) real time. This would require automation of data collection and reporting processes as well as substantial upgrades to WAPHA and Commissioned Service Provider IT infrastructure and capability. If implemented, real time data collection may be applicable to activity data and patient experience data, which could be collected around each service contact. Clinical outcome measures could be collected more frequently as clinically indicated. For example, clinical outcome measures could be collected at the beginning and end of episodes as well as every three months. This would provide more granular information on the health impact of service provision over time.
Sector inclusions	**Mental Health** In the short term, WAPHA will focus on consistently implementing the WAPHA Performance Dataset in the Mental Health sector. This will enable WAPHA to test and refine the implementation of the WAPHA Performance Dataset in the Mental Health sector, which has developed its data capabilities through the roll out of the Primary Mental Health Care Minimum Dataset (PMHC MDS).	**Mental Health, Alcohol and Other Drugs, Chronic Disease, Integrated Team Care** In the long term, WAPHA aims to expand the WAPHA Performance Dataset to include Mental Health, Alcohol and Other Drugs, Chronic Disease, and Integrated Team Care. This will enable relatively consistent collection of activity, cost, patient experience and equity data across sectors, and an appropriate clinical outcome measure within each sector (e.g. K10, K5+ or SDQ for Mental Health).

4.2.2 The structure of WAPHA's Performance Dataset in the short-term and long-term visions

The short-term vision for the structure of WAPHA's Performance Dataset is provided in Figure 6 below and the long-term vision for the structure of WAPHA's Performance Dataset is provided in Figure 7. In both the short-term vision and the long-term vision, WAPHA's Performance Dataset includes:

- Core data items which apply to Commissioned Service Providers from all sectors. These are in the blue shaded boxes.
- Sector-specific items which are only relevant to Commissioned Service Providers in the relevant sector. These are in the purple shaded boxes. We have provided mental health data items as examples of sector-specific data items in the purple shaded boxes. Please note, the mental health specific data items that are included within WAPHA's Performance Dataset are also captured in the Primary Mental Health Care Minimum Data Set (PMHC MDS). As a result, WAPHA will not request Commissioned Service Providers to report data items that can be obtained from the PMHC MDS.

The distinct features of the short-term and long-term visions for the structure of WAPHA's Performance dataset are described below.

Short-term vision for the structure of WAPHA's Performance Dataset

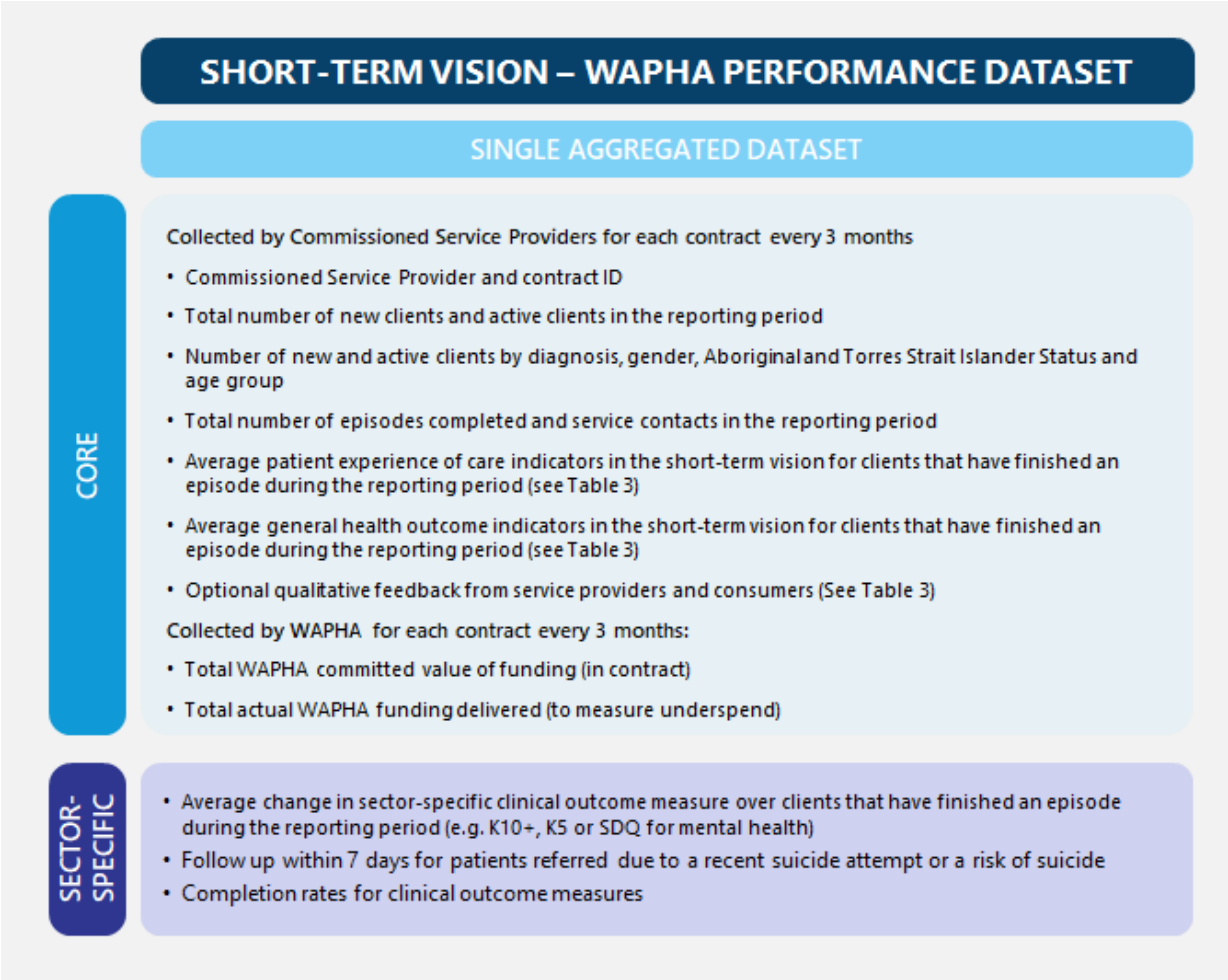
In the short-term vision, WAPHA's Performance Dataset will be a single dataset which focuses on collecting aggregated data from Commissioned Service Providers. The data items in the short-term dataset will enable WAPHA to track the short-term vision performance indicators which are outlined in Section 4.2.2.

The key features of the short-term vision for WAPHA's Performance Dataset structure are:

- The short-term vision for the structure of WAPHA's Performance Dataset is designed to streamline existing outcomes data collection into a consistent format, aligned to the Quadruple Aim.
- The short-term vision for the structure of WAPHA's Performance Dataset includes the collection of a single aggregated dataset from Commissioned Service Providers for each contract. As noted above, to prevent double counting of consumers, WAPHA will request Commissioned Service Providers report both new and active clients in the reporting period.
- The short-term vision for the structure of WAPHA's Performance Dataset has fewer data items than the long-term vision for the structure of WAPHA's Performance Dataset. As discussed above, this aims to be a pragmatic improvement on the current state, that will be achievable in a shorter timeframe.

The short-term vision for the structure of WAPHA's Performance dataset is shown in Figure 6. A detailed overview of the data items for collection under the short-term vision for the structure of WAPHA's Performance Dataset can be found in Appendix D. The short-term vision indicators can be found in Table 3 under the column labelled 'Indicators – short-term vision' (see Section 4.2.2).

Figure 6 | Short-term vision – WAPHA Performance Dataset structure and subsets



Long-term vision for the structure of WAPHA's Performance Dataset

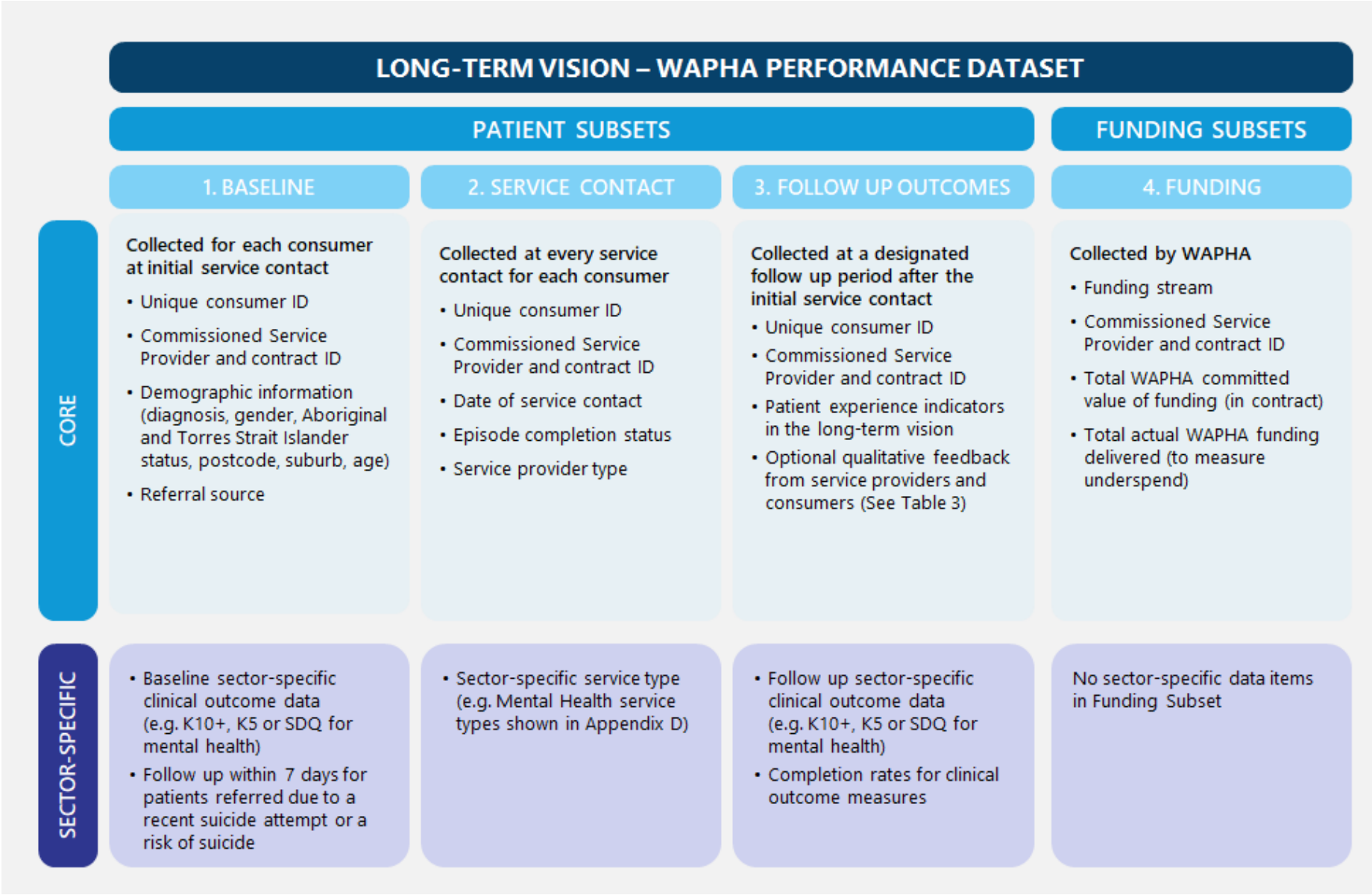
In the long-term vision, WAPHA's Performance Dataset will be made up of four subsets, which collectively include the data needed to track the long-term vision performance indicators (which will be outlined in Section 4.2.2).

Key features of the long-term vision for the structure of WAPHA's Performance Dataset are:

- The long-term vision for the structure of WAPHA's Performance Dataset includes the collection of de-identified individual level data to track the impact of Commissioned Service Providers over time. To enable collection of individual level data, there are four subsets which have distinct content and structure. These need to be collected at different times and frequency.
- In some instances, the exact performance indicators and the data items for inclusion in the long-term vision for the structure of WAPHA's Performance Dataset have not been concretely defined as they are contingent on further stakeholder consultation, changes in the national data collection environment over time and the results of data-related pilots WAPHA is conducting (e.g. the expansion of YES survey to all sectors).
- The long-term vision for the structure of WAPHA's Performance Dataset includes more data items than the short-term vision for the structure of WAPHA's Performance Dataset. This reflects WAPHA's intention to increase the sophistication of performance analytics over time and collect more detailed information using individual level data (as compared to aggregated data).

The long-term vision for WAPHA's Performance dataset is shown in Figure 7. A detailed overview of the data items for collection under the long-term vision for the structure of WAPHA's Performance Dataset can be found in Appendix E. The long-term vision indicators can be found in Table 3 under the column labelled 'Indicators – long-term vision' (see Section 4.2.2).

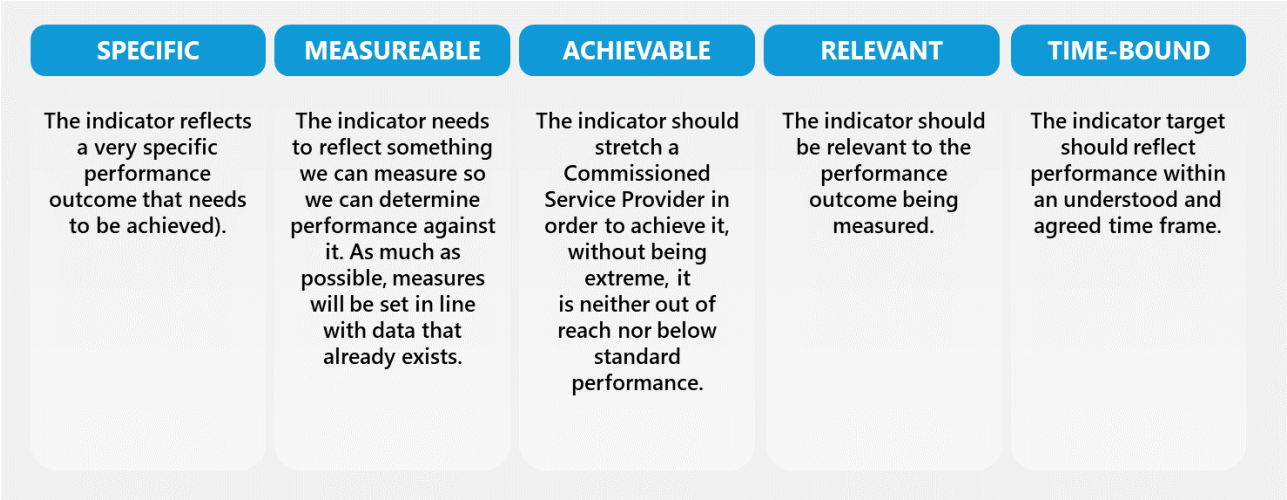
Figure 7 | Long-term vision – WAPHA Performance Dataset structure and subsets



4.2.2 Core performance indicators for Commissioned Service Providers in the short- and long- terms

A key aim of the framework is to establish a consistent set of performance indicators for Commissioned Service Providers within and across sectors. WAPHA will set Specific, Measurable, Achievable, Relevant and Time-bound (SMART) performance indicators as described in Figure 8 | SMART indicators.

Figure 8 | SMART indicators



A set of performance indicators for the short- and long-term visions are outlined in Table 3, overleaf, which align to the Quadruple Aim plus equity. Table 3 also includes comparators to provide context for the indicator and to provide methods of meaningfully measuring progress against the indicators. The underlying data required for the performance indicators is outlined in WAPHA's Performance Dataset (see Section 4.2.1).

WAPHA will track performance indicators for Commissioned Service Providers across all sectors. Most performance indicators are consistent across sectors, with the exception of sector-specific performance indicators (which marked in purple text in Table 3). WAPHA will select appropriate sector-specific clinical outcome measures and sector-specific service types aligned to its priority pillars. WAPHA has included Figure 9 which shows how the sector-specific indicators will be operationalised in the mental health sector in the short and long-term visions as an example. Please note, the technical specifications for the PQF are provided in this link which explains how to calculate them. The data items required to measure these are listed in Appendix D and Appendix E.

Table 3 | Performance indicators in the short-term vision and in the long-term vision

Legend:
Text in italics = Indicators in the long-term vision that are new or modified items from short-term vision
Text in purple = sector-specific indicators

Quadruple aim	Indicators – short-term vision	Indicators – long-term vision	Comparators
Improved patient experience of care	**Optional qualitative feedback from consumers on their experience of care** • WAPHA will aim to seek feedback from a targeted per cent of consumers across programs (this percentage will vary depending on program size). **Quantitative patient experience of care indicators for clients that have finished an episode during the reporting period:** • Percentage (%) of clients indicating that staff showed respect for how they were feeling • Percentage (%) of clients that had opportunities to discuss their support or care needs with staff • Percentage (%) of clients had their culture, beliefs and values respected.	**Optional qualitative feedback from consumers on their experience of care** • WAPHA will aim to seek feedback from a targeted per cent of consumers across programs (this percentage will vary depending on program size). ***Quantitative patient experience of care indicators:*** *In the longer term, WAPHA is considering adopting all or part of the YES survey as its primary instrument to measure patient experience. Once the parameters of this is agreed, the indicators for improved patient experience of care will be updated accordingly.*	• Commissioned Service Provider previous performance • State-wide averages • Sector-wide averages • Regional averages
Improved health outcomes	**General health outcome indicators for clients that have finished an episode during the reporting period:** • Percentage (%) of clients indicating that care received will help them manage their condition better • Percentage (%) of clients feeling that their health will improve after receiving care.	***Sector-specific outcomes for clients from all sectors that finished an episode during the reporting period:*** • Average change in sector-specific clinical outcomes over episode **PQF mental health indicators:** • MH5 Proportion of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral	• Commissioned Service Provider previous performance • State-wide averages • Sector-wide averages • Regional averages

Quadruple aim	Indicators – short-term vision	Indicators – long-term vision	Comparators
	Sector-specific outcomes for mental health clients that have finished an episode during the reporting period: • Average change in sector-specific clinical outcomes over episode **PQF mental health indicators:** • MH5 Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral • MH6 Percentage (%) of people who have matched initial and follow up scores for clinical outcome measures (target is 70%).	• MH6 Percentage (%) of people who have matched starting and ending completion rates for clinical outcome measures (target is 70%).	
Improved health equity	**Demographics characteristics to be captured include:** • Gender • Aboriginal and Torres Strait Islander status • Age group • Suburb • Concession card **Rates of access to services by demographic characteristics** **PQF mental health indicators:**	**Demographics characteristics to be captured include:** • Gender • Aboriginal and Torres Strait Islander status • Suburb • *Postcode (proxy for remoteness)* • *Age* • Concession card **Rates of access to services by demographic characteristics**	• Within-sample comparisons of demographic sub-groups (e.g. rates of male vs. female uptake) • Comparison with level of need in the postcode (Access Relative to Need benchmarks) • State-wide averages • Sector-wide averages • Regional averages

Quadruple aim	Indicators – short-term vision	Indicators – long-term vision	Comparators
	• MH1 Proportion (%) of regional population receiving PHN commissioned low intensity psychological interventions • MH2 Proportion (%) of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals • MH3 Proportion (%) of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness.	**PQF mental health indicators:** • MH1 Rate of regional population receiving PHN commissioned low intensity psychological interventions • MH2 Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals • MH3 Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness ***Change in sector-specific clinical outcomes over episode by demographic characteristics and by sector-specific service types:*** • *Average change in sector-specific clinical outcomes over episode*	
Improved cost efficiency and sustainability in health care	**Proportion of committed contract value delivered:** Total actual WAPHA funding delivered to date / total WAPHA committed value funding for the service (from contract)	**Proportion of committed contract value delivered:** Total actual WAPHA funding delivered to date/total WAPHA committed value funding for the service (from contract) **Use the SPOT across all sectors:** • Cost per episode • Cost per service contact • *Cost per sector-specific provider type* • *Cost per change in sector-specific clinical outcome*	• Commissioned Service Provider previous performance • Sector-wide averages • Regional averages

Quadruple aim	Indicators – short-term vision	Indicators – long-term vision	Comparators
Improved health care provider experience	**Optional qualitative feedback from Commissioned Service Providers** **Quantitative: WAPHA will not collect quantitative data for this domain in the short term.** • See Appendix B for the rationale for not collecting quantitative data in this domain in the short-term.	**Optional qualitative feedback from Commissioned Service Providers** ***Quantitative: in the longer-term, WAPHA will investigate the merits of measuring health care provider experience*** • *This decision will be subject to Commissioned Service Provider consultation* • *See Appendix B for early thinking on the pros and cons of collecting quantitative data and for some example measures.*	N/A

Figure 9 | Mental health sector-specific performance indicators in the short- and long-term visions

Please note, the mental health specific data items that are included within WAPHA's Performance Dataset are also captured in the PMHC MDS. As a result, WAPHA will not request Commissioned Service Providers to report data items that can be obtained from the PMHC MDS.

Mental health indicators – short-term vision	Mental health indicators – long-term vision
Improved health outcomes • Average change in K10, K5+ or SDQ for mental health clients that have finished an episode during the reporting period • MH5 Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral • MH6 Percentage (%) of people who have matched starting and ending completion rates for clinical outcome measures (target is 70%).	**Improved health outcomes** • Average change in K10, K5+ or SDQ for mental health clients that have finished an episode during the reporting period • MH5 Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral • MH6 Percentage (%) of people who have matched starting and ending completion rates for clinical outcome measures (target is 70%).
Improved health equity • MH1 Proportion (%) of regional population receiving PHN commissioned low intensity psychological interventions • MH2 Proportion (%) of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals • MH3 Proportion (%) of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness.	**Improved health equity** • MH1 Proportion (%) of regional population receiving PHN commissioned low intensity psychological interventions • MH2 Proportion (%) of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals • MH3 Proportion (%) of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness • Average change in K10, K5+ or SDQ for mental health clients that have finished an episode during the reporting period by demographic characteristics (gender, Aboriginal and Torres Strait Islander Status, remoteness and age) • Average change in K10, K5+ or SDQ for mental health clients that have finished an episode during the reporting period by mental health service types (e.g. structured psychological intervention, psychosocial supports, clinical nursing services and suicide prevention specific assistance – see Appendix E for full list).
Improved cost efficiency and sustainability in health care • NA	**Improved cost efficiency and sustainability in health care** • Use the Spend and Outcomes Tool (SPOT) to measure the cost per change in K10, K5+, or SDQ and by mental health-specific Commissioned Service Provider type.

4.2.3 WAPHA will factor in three key considerations for setting performance targets

In some cases, WAPHA will use performance targets to translate performance expectations into clear quantitative goals. When targets are used in the right context, targets can benefit WAPHA and Commissioned Service Providers by:

- strengthening two-way accountability and communication between WAPHA and Commissioned Service Providers
- encouraging learning and raising the profile of performance improvement within WAPHA and Commissioned Service Providers.

WAPHA will factor in three considerations when setting performance targets for Commissioned Service Providers in order to maximise effectiveness and minimise associated risks, as follows:

- **Consideration 1:** Begin with highly attainable targets and increase targets over time until the optimal threshold has been reached.
- **Consideration 2:** Use stepped targets which include multiple performance thresholds to balance attainability and continuous improvement.
- **Consideration 3:** Monitor and address potential risks and unintended adverse consequences of targets.

Consideration 1. Begin with highly attainable targets and increase targets over time until the optimal threshold has been reached

WAPHA will initially set targets that are attainable for individual Commissioned Service Providers. A highly attainable initial target allows Commissioned Service Providers to mobilise for a quick win, which creates buy-in, motivation and momentum for continuous improvement. [33] Initially, WAPHA will set different targets across Commissioned Service Providers, so that targets are attainable given current levels of performance and operating context. Over time, WAPHA will increase thresholds for targets until optimal thresholds have been reached to support quality improvement over time.[34] [35]

What WAPHA will do

- Initially, work with Commissioned Service Providers to set highly attainable initial targets, considering their current level of performance and operating context.
- Over time, increase performance thresholds for Commissioned Service Providers to drive quality improvement.
- Conduct evidence reviews to understand clinically optimal thresholds for targets.

What Commissioned Service Providers should do

- Engage with WAPHA to provide advice on your current performance operating context so that initial targets are highly attainable.
- Work across your organisation to lift performance and meet targets.

Consideration 2. Use stepped targets which include multiple performance thresholds to balance attainability and continuous improvement

WAPHA will use stepped targets, which means that targets will include multiple performance thresholds that Commissioned Service Providers can work towards (as opposed to a single performance threshold). Stepped targets will enable Commissioned Service Providers to continuously improve by including both highly attainable and stretch thresholds within targets.[36] [37]

What WAPHA will do

- Set stepped targets which include multiple performance thresholds for Commissioned Service Providers.

What Commissioned Service Providers should do

- Consider how you could focus organisational efforts to work towards and meet both highly attainable and stretch performance thresholds within targets.

Consideration 3. Monitor and address potential risks and unintended adverse consequences of targets

WAPHA will work with Commissioned Service Providers to monitor and address potential risks and unintended adverse consequences of targets, including:

- de-prioritisation of important but difficult to measure actions
- creation of perverse incentives – WAPHA will avoid setting overly rigid, unrealistic, or high-stakes targets which can generate perverse incentives for Commissioned Service Providers to maximise performance (such as gaming performance data, selective treatment of patients and substitution of effort away from areas of care without targets). [38] [39] [40] [41] [42]

What WAPHA will do

- Design targets in a way that minimises the likely perverse incentives generated.
- Monitor the potential risks and unintended consequences of targets through engagement with Commissioned Service Providers and data analysis.
- Work with Commissioned Service Providers to prevent and address risks and unintended consequence of targets, by maintaining an open dialogue and ensuring the intent behind targets are clear.

What Commissioned Service Providers should do

- Ensure staff in your organisation are aware of the intent behind the targets as well as the potential risks and unintended adverse consequences associated with targets.
- Maintain an open dialogue with WAPHA about risks and unintended consequence of target, raising any potential issues early to seek a solution.

5. Management

This chapter outlines WAPHA's approach to reviewing, analysing, managing, and improving Commissioned Service Provider performance – Element 3 of the framework

5.1 Overview

'Management' refers to the actions, processes, and systems in place to improve Commissioned Service Provider performance and address any performance concerns. Key activities include:

- Assessing and evaluating Commissioned Service Provider performance to determine if a Commissioned Service Provider is meeting their required targets and to identify good practice.
- Identifying, managing, and minimising performance issues and risks that may impact Commissioned Service Provider performance.
- Putting in place mechanisms to address and rectify underperformance.
- Engaging in performance management conversations, including providing constructive feedback to Commissioned Service Providers on how they can improve, sustain, or strengthen their performance.

This element includes:

- WAPHA's performance management process (including how WAPHA will review, assess, and manage Commissioned Service Provider performance).
- Guidelines for effective performance management conversations between WAPHA and Commissioned Service Providers.

Why is this element important for WAPHA and Commissioned Service Providers?

A predictable process to manage Commissioned Service Provider performance ensures that WAPHA can consistently manage performance, and fairly address underperformance.[43] It enables WAPHA to have sufficient oversight and provide the appropriate level of support to Commissioned Service Providers to address any performance risks or issues. [44]

A performance management process can also support greater collaboration and ongoing dialogue between WAPHA and Commissioned Service Providers, as it includes multiple touchpoints for interaction.[45]

Why is this important to WAPHA?

- Developing a process to manage performance enables WAPHA to fairly and consistently assess performance, identify where support may be required, and identify and share good practice.
- Having performance management conversations with Commissioned Service Providers helps build and mature WAPHA's relationships with Commissioned Service Providers, and provides a mechanism for WAPHA to provide and receive feedback.

Why is this important to Commissioned Service Providers?

- Having a clear and consistent process ensures there are 'no surprises' and provides a mechanism for Commissioned Service Providers to identify any support they may require.
- Engaging in performance management conversations provides an opportunity for Commissioned Service Providers to receive feedback about their performance, and provide feedback to WAPHA.

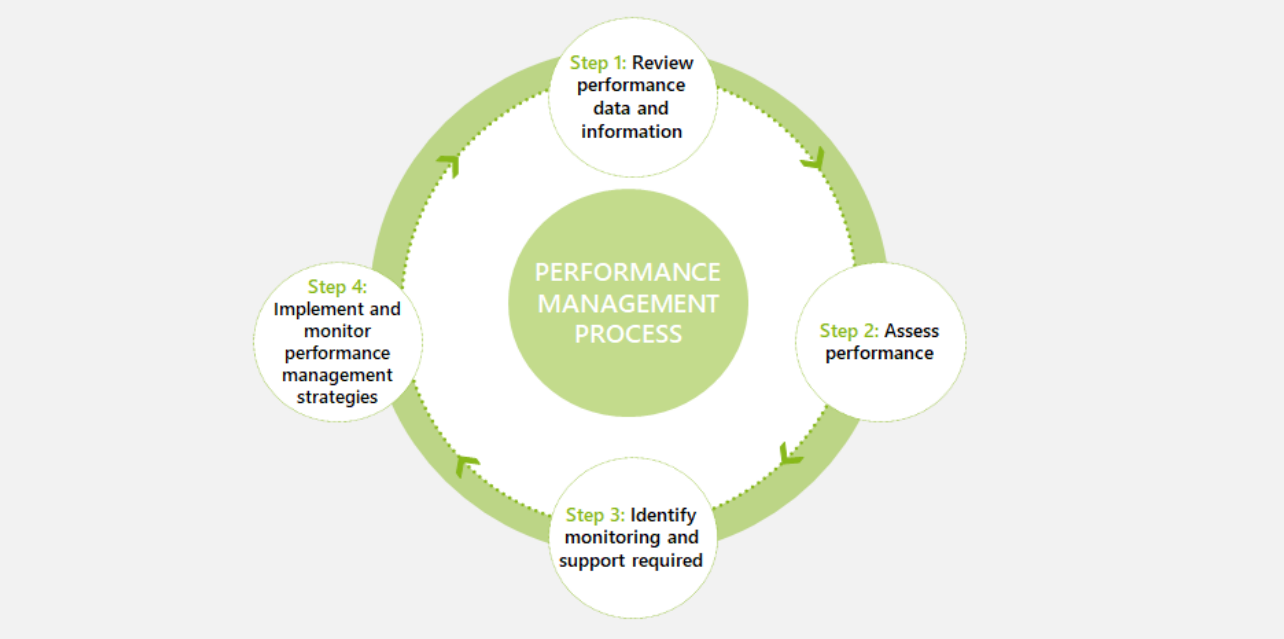
5.2 The 'Management' element in practice

5.2.1 Performance management process

WAPHA follows a four-step performance management process to review, analyse and manage performance. The four-step process, featured in Figure 10 is a cyclical and ongoing process.

The performance management process is repeated in line with the Commissioned Service Provider's set reporting frequency (determined in Step 3). This ensures that performance is consistently monitored and ensures there is a mechanism in place to identify and detect any new, emerging performance issues and risks.

Figure 10 | Four step performance management process



The following provides a detailed overview of each step.

Step 1: Review performance data and information

1.1 Gather and review quantitative and qualitative data that will be used to assess Commissioned Service Provider performance

In this step, WAPHA reviews quantitative and qualitative data, including performance indicator data, and contextual data (e.g. sector data, or information specific to the Commissioned Service Provider, the environment, or the community the Commissioned Service Provider operates in). This data may be gathered through WAPHA's reporting processes, performance review meetings, and/or through informal meetings and conversations between contract managers and Commissioned Service Providers.

Using a range of sources enables WAPHA to develop a more holistic and robust understanding of the Commissioned Service Provider's performance, including the performance risks, issues, concerns, and improvement opportunities.

1.2 Identify performance targets that are not being met and flag when performance has deteriorated

WAPHA analyses the Commissioned Service Provider's performance indicators and determines which performance targets *exceed, meet*, or *fall* below WAPHA's expectations. WAPHA will also note any indicators that have deteriorated from the previous review period. It is acknowledged that in some instances these

indicators may still be meeting their targets, however it is important for WAPHA and the Commissioned Service Provider to determine if the deterioration is likely to continue, so support can be provided early.

1.3 Identify performance factors, risks, and emerging concerns and issues

WAPHA uses the qualitative and quantitative data we have gathered, and the assessment of performance indicators to explore why the targets have not been met, and to identify any performance factors, risks, issues, or concerns.

Performance factors

Performance factors are those internal or external factors that are likely to impact the Commissioned Service Provider's performance, and are not within the Commissioned Service Provider's control. These factors generally cannot be easily mitigated or resolved. WAPHA will take these factors into account when setting expectations and assessing performance. Examples of performance factors include:

- organisation size and maturity
- geographical location
- catchment population
- workforce availability and sustainability (e.g. local recruitment pool of clinical staff).

Figure 11 | Example of a performance factor - geographical location[46]

Commissioned Service Providers in rural and remote areas in WA face significant challenges. There are major shortages in the primary health care workforce throughout country areas of WA and it is very difficult to attract and recruit health practitioners to work in rural and remote locations. Staff turnover rates also continue to be high.

Due to these workforce shortages, Commissioned Service Providers in these rural and remote areas often experience issues, such as rostering challenges, an increased reliance on staff being on-call and services being vulnerable if a staff member is away sick or on leave. In addition, health professionals in these rural and remote areas are often servicing vast catchments and are geographically isolated from their peers.

These challenges can make it difficult for Commissioned Service Providers to achieve their performance targets. Therefore, recognising these challenges as part of the performance management process ensures that WAPHA has an appreciation and understanding of the contextual environment the Commissioned Service Providers operate within and the impact this can have on service delivery.

Performance issues, risks, and concerns

Performance issues, risks and concerns are specific to the Commissioned Service Provider and potentially could be worked through and resolved with support from WAPHA. Examples of performance issues, risks or concerns include:

- workforce capacity and capability
- leadership
- culture
- staff/clinician engagement
- financial performance.

Figure 12 | Example of a performance issue – staff and clinician engagement[47]

Staff/clinician engagement issues can have an impact on a Commissioned Service Provider's performance. When staff/clinician engagement is low, this can increase turnover rates, absenteeism, and the average rate of sick leave and decrease consumer satisfaction. These can contribute to a deterioration in performance and can make it challenging for Commissioned Service Providers to drive improvements in practices and quality.

Discussing these challenges as part of the performance management process enables WAPHA to understand the pressures and challenges Commissioned Service Providers are experiencing, and to identify where we may be able to provide support.

What WAPHA will do

- Gather and review quantitative and qualitative data through WAPHA's reporting processes, performance review meetings, and/or through informal meetings and conversations between contract managers and Commissioned Service Providers.
- Research and remain informed about challenges that may be impacting the Commissioned Service Provider, the sector or sub-sectors (e.g. mental health).

What Commissioned Service Providers should do

- Communicate performance issues, risks, challenges, or factors that may impact provider performance to WAPHA early.
- Where relevant, provide explanations as to why performance has deteriorated and any supporting evidence/data (where applicable).

Step 2: Assess performance

2.1 Assess the Commissioned Service Provider's performance using a performance rubric

In this step, WAPHA will assess the Commissioned Service provider's performance using a performance rubric, featured in Table 4. Commissioned Service Provider performance will be assessed in three categories:

- **Performance indicators:** WAPHA will determine the proportion of performance indicators that are not meeting their targets.
- **Performance issues, risks, and concerns:** WAPHA will determine the significance of the performance issues, risks, and concerns (i.e., the issues, risks and concerns that are unique to the Commissioned Service Provider and are not necessarily being experienced by other Commissioned Service Providers).
- **Sector factors:** WAPHA will determine the significance of the sector factors (i.e., the changes or issues that are affecting the sector as a whole and are not unique to a particular Commissioned Service Provider). Sector factors include the primary health care sector, as well as sub-sectors, such as mental health, and alcohol and other drugs.

Table 4 | Performance rubric

Category	Risk rating			Score
	1	2	3	
Performance indicators	<10% of indicators are not met and have deteriorated	10-30% of indicators are not met and have deteriorated	>30% of indicators are not met and have deteriorated	
Performance issues, risks, and concerns	No issues, concerns, or risks	Some performance issues, concerns, and risks. These are considered to be relatively easy to rectify and unlikely to worsen if no changes are made. The overall impact to operations is likely to be low to moderate.	Significant performance issues, risks, and concerns. These are considered to be challenging to rectify and likely to worsen if no changes are made. The overall impact to operations is likely to be high.	
Sector factors	No changes or issues	Some changes within the sector that may impact Commissioned Service Provider performance. The overall impact to operations is likely to be low to moderate.	Significant changes within the sector that may impact Commissioned Service Provider performance. The overall impact to operations is likely to be high.	
			Total score:	

An example of a completed performance rubric can be found in Appendix E.

2.2 Assign a performance level based on the Commissioned Service Provider's score

Based on the Commissioned Service Provider's score, WAPHA will assign a performance level. Below provides the tool that WAPHA will use to assign performance levels. This assessment is then used to determine the monitoring and support Commissioned Service Providers require (in Step 3).

Table 5 | Tool used to assign performance levels

Level	Score
1. Performing	3
2. Minor performance concerns	4
3. Moderate performance concerns	5-6
4. Significant performance concerns	7-9

What WAPHA will do

- Assess Commissioned Service Provider performance using the performance rubric.
- Assign a performance level to Commissioned Service Providers based on their score.

What Commissioned Service Providers should do

- There are no specific actions required for Commissioned Service Providers in this step, except for working with WAPHA to understand the significance and impact of certain performance issues, risks, concerns and/or sector factors (where relevant).

Step 3: Identify monitoring and support required

In this step, WAPHA will use the performance level (determined in Step 2) to establish the following for each Commissioned Service Provider:

- reporting frequency
- formal performance review meeting frequency
- monitoring and support strategies.

The table below (refer to Table 6) outlines the different performance levels and their respective reporting frequency, formal performance review meeting frequency and monitoring and support strategies.

The monitoring and support strategies adopted will depend on the Commissioned Service Provider's context, and the significance and nature of the performance issue/s. Each strategy will be discussed and confirmed with Commissioned Service Providers before enacting.

Strategies will be documented in an action plan (refer to Appendix G), which will be regularly monitored by WAPHA and updated or adjusted as required. Action plans will outline the specific actions and outcomes required by Commissioned Service Providers and the timeframes to rectify performance.

Table 6 | Monitoring, support, and intervention strategies for each performance level

Level	Reporting frequency[i]	Formal performance review meeting frequency	Monitoring and support strategies *(Note: WAPHA may deploy one or more strategies)*
1. Performing	Three-monthly reporting	Quarterly performance review meetings	Recognition of achievement and sharing of good practice
			Progress update on action plans, where relevant
2. Minor performance concerns	Three-monthly reporting	Bi-monthly performance review meetings	Engage and alert performance concerns Commissioned Service Provider's senior management team (if not already aware)
			Develop action plans with specific actions and timeframes to rectify underperformance and address performance concerns, or update an existing action plan if changes are required
			Receive support/advice from WAPHA or peer support (i.e., from other Commissioned Service Provider/s)
3. Moderate performance concerns	Three-monthly reporting	Six weekly performance review meetings	Engage and alert performance concerns Commissioned Service Provider's senior management team (if not already aware)
			Develop action plans with specific actions and timeframes to rectify underperformance and address performance concerns, or update an existing action plan if changes are required
			Receive support/advice from WAPHA or peer support (i.e., from other Commissioned Service Provider/s)
			Provide short, targeted support (either by WAPHA or a third party)
4. Significant performance concerns	Monthly reporting	Monthly performance review meetings	Commission a third-party to conduct a review to assess the challenges/issues, and determine the support or changes required
			Develop and implement an action plan with specific actions and timeframes to rectify underperformance and address performance concerns, or update an existing action plan if changes are required
			Provide short, targeted support (either by WAPHA or a third party)

[i] Please note, WAPHA recognises that it may not be possible to increase the frequency of all data items from three-monthly to monthly reporting (if providers move to *level 4 - significant performance concerns).* In these instances, WAPHA will outline which data items need to be reported on a monthly basis and which items can continue to be reported on a three-monthly basis.

What WAPHA will do

- Use the Commissioned Service Provider's performance level to determine their reporting frequency, performance review meeting frequency and possible monitoring and support strategies.
- Test and confirm monitoring and support strategies with the Commissioned Service Provider before developing an action plan to document these strategies.
- Develop action plan with the specific actions and timeframes to rectify underperformance.

What Commissioned Service Providers should do

- Provide feedback on the monitoring and support strategies (where relevant).
- Provide input to the action plan (where relevant).

Step 4: Implement and monitor performance management strategies

WAPHA will use the action plan (refer to Appendix G for the action plan template) as the primary tool to document, monitor and track the monitoring and support strategies put in place for Commissioned Service Providers. The action plan and progress made towards the action plan will be reviewed at performance review meetings and adjusted if required.

WAPHA will focus on identifying and capturing lessons learnt throughout the process to help drive continuous improvement. Where appropriate, these lessons will be shared more broadly with the sector.

What WAPHA will do

- Collect and review data and reporting at the required timeframes.
- Conduct performance review meetings at the required timeframes.
- Monitor action plan, track progress, and provide feedback.

What Commissioned Service Providers should do

- Attend and actively participate in performance review meetings.
- Provide data and reporting at the required timeframes.
- Provide updates on the action plan's progress and any general feedback.

When will the performance management process be repeated?

The performance management process is **repeated in line with the Commissioned Service Provider's set reporting frequency**.

Going through the performance management process regularly ensures that WAPHA consistently monitors performance. It also enables WAPHA to identify and detect any new, emerging performance risks that may impact Commissioned Service Provider performance.

How will a Commissioned Service Provider's performance level be changed?

At the time WAPHA receives reporting from a Commissioned Service Provider, we will repeat the performance management process, including conducting a performance assessment using the performance rubric in Step 2. At this time, a Commissioned Service Provider's performance level **could remain the same or it could be changed** depending on the outcomes of the performance assessment.

If a Commissioned Service Provider's performance level changes, this will have implications on their reporting frequency, performance review meeting frequency and monitoring and support strategies. It may also trigger changes to an existing action plan.

What if a Commissioned Service Provider already has an action plan in place, but their performance level is upgraded to 'performing' when re-assessed?

The existing action plan will remain in place until the end date stipulated on the action plan. However, WAPHA may make changes to the action plan if it is no longer suitable or relevant.

5.2.2 Guidelines for effective performance management conversations

Performance review meetings

Performance review meetings provide a mechanism for two-way discussion between WAPHA and Commissioned Service Providers. These meetings are a way for WAPHA and Commissioned Service Providers to discuss a Commissioned Service Provider's performance and the factors (including any potential and emerging risks or issues) that may be impacting performance, identify improvement opportunities, and provide feedback. Key points from these discussions, especially the actions and requirements of WAPHA and Commissioned Service Providers will be recorded for future reference.

The frequency of performance review meetings will depend on the Commissioned Service Provider's performance level (determined in Step 3 above) and the monitoring strategy assigned (referred to Step 3 above). Other informal meetings between WAPHA and Commissioned Service Providers are encouraged to support constant two-way communication and feedback.

Examples of topics that may be discussed at performance review meetings or informal meetings are listed in Figure 13 below.

Figure 13 | Examples of topics discussed at performance review meetings

Examples of topics discussed at performance review meetings with Commissioned Service Providers include, but are not limited to:

- Acknowledgement of high performance and performance improvement
- Current performance, including how the Commissioned Service Provider is tracking against performance targets or action plans
- Factors impacting performance, including contextual factors that may be specific to the Commissioned Service Provider, local environment/context, or sub-sector (e.g. mental health)
- Potential or emerging issues, risks or concerns that may affect current or future performance
- Outcomes of previously agreed action items and next steps (if required)
- Feedback on how the Commissioned Service Provider could improve or strengthen performance, as well as feedback on how WAPHA can improve as the commissioner
- Discussion on how WAPHA can better support and or collaborate with the Commissioned Service Provider
- Discussion on potential improvement opportunities and how these could be designed, tested, and implemented

How WAPHA will conduct performance management conversations with Commissioned Service Providers

Commissioned Service Provider performance management will be more effective if a collaborative approach is taken between WAPHA and Commissioned Service Providers. WAPHA will adopt the following 'ground rules' to guide how we conduct performance management conversations:

- WAPHA will focus on the main objectives and managing the big issues, rather than focusing on details that may not be critical to the contract or challenge at hand.
- WAPHA adopt a solution focused mindset and seek to build mutual commitment to address underperformance.

- WAPHA will document and share agreed decisions to ensure there is transparency and clarity.
- WAPHA will provide constructive and specific feedback that is delivered in an appropriate and respectful manner.
- WAPHA will encourage and promote a culture of continuous improvement.

What WAPHA will do

- Hold formal and informal meetings with Commissioned Service Providers and record key discussion points for future reference.
- Prepare an agenda for meetings with Commissioned Service Providers that may cover off on one or more topics.
- Conduct performance management conversations in accordance with the 'ground rules'.

What Commissioned Service Providers should do

- Identify topics for discussions or raise issues that need to be discussed.
- Align with the 'ground rules' for performance management conversations and raise concerns with WAPHA if these are not being met.
- Initiate a meeting with WAPHA if an issue or concern has emerged.

6. Evaluation & reporting

This chapter outlines WAPHA's approach to evaluation and reporting – element 4 of the framework

6.1 Overview

Evaluation refers to the process of assessing broader performance trends across programs, sectors or regions.

Performance reporting refers to WAPHA communicating performance information to key stakeholders such as Commissioned Service Providers, the Commonwealth, and the public.

This element includes:

- Indicative contents for performance reporting dashboards.
- Evaluating performance trends across programs, sectors and regions.

Why is this element important for WAPHA and Commissioned Service Providers?

Performance reporting and evaluation enables WAPHA and Commissioned Service Providers to understand the efficiency and effectiveness of commissioned services. WAPHA and Commissioned Service Providers can use this information to drive decision making about continuous improvement.[48] This in turn can support reporting performance information to other stakeholders (such as the Commonwealth Government and the public).

Why is this important to WAPHA?

- WAPHA can use performance reporting and evaluation to track and help continuously improve the efficiency and effectiveness of commissioned services.

Why is this important to Commissioned Service Providers?

- Performance reporting and evaluation gives Commissioned Service Providers objective feedback and data about the effectiveness and efficiency of commissioned services.

6.2 The 'Evaluation & Reporting' element in practice

6.2.1 Indicative contents for performance reporting dashboards

WAPHA will ensure performance reporting dashboards are tailored to the audiences they are intended for. The audiences for WAPHA's performance reports fall into two main categories: those who will require high-level information and those that need detailed information.

Table 7 summarises the key stakeholders within those two groups, the purpose of reporting and example inclusions in performance reports. While the Commonwealth Government is a key audience for performance data, they have not been included in Table 7 due to their specific and changing reporting requirements. Commonwealth reporting requirements vary across programs and are included in Program Funding Schedules.

In all performance reports, WAPHA will include comparators in performance reports to make meaningful statements on progress towards outcomes. In performance reporting, a comparator is a reference point used

to assess and contextualise the performance of a service or organisation. **Figure 14** summarises the different types of comparators WAPHA will use in performance reports.[49 50 51 52 53 54 55]

The use of comparators will help Commissioned Service Providers to better understand their performance in context, enabling them to identify their strengths and opportunities for improvement.

Figure 14 | Overview of comparators

1. INTERNAL TREND	2. EQUITY BENCHMARK	3. EXTERNAL BENCHMARKS	4. TARGETS
Comparing current performance to previous performance, tracking relative improvement or decline	Comparing the performance of across demographic variables	Comparing performance on metrics with comparable organisations or jurisdictions	Comparing current performance to a well-defined goal or milestone to achieve
Pros: simple way to assess performance and high measurement validity if measures remain unchanged over time	**Pros:** gives a clear sense of equity of outcomes achieved	**Pros:** prompts sharing learnings, gives a new perspective of what shifts in outcomes are possible	**Pros:** may drive accountability if the target appropriately balances ambition with realism
Cons: requires collecting baseline longitudinal data; measures need to remain consistent over time; and performance may reach a plateau or ceiling level	**Cons:** may contribute to deficit discourse around people from disadvantaged backgrounds and funding	**Cons:** validity of findings is contingent on the chosen external jurisdiction being a comparable peer	**Cons:** drives providers to focus on hitting targets and not on whole of service
Example: Compared to the last reporting period, Commissioned Service Provider X improved on A, B, and C measures, but performance declined on D, E and F measures.	***Example:*** X% of clients lived in low SES postcodes and X% of clients identified Aboriginal and Torres Strait Islander.	***Example:*** Across all mental health Commissioned Service Providers in Perth North, Commissioned Service Provider X is in the lowest 10% in terms of overall costs per patient, but in the top 10% for clinical outcomes improvement.	***Example:*** All Commissioned Service Providers in the Country WA region met the statewide target of 95% satisfaction ratings from patients.

Table 7 | Key audiences and indicative inclusions for performance reporting dashboards

Legend:
Text in purple = sector-specific indicators

	Audiences needing high-level data	Audiences needing detailed data
Key stakeholders	• Senior executives and boards of WAPHA and Commissioned Service Providers • Consumer and Commissioned Service Provider advisory groups • The public	• Program managers and clinicians in Commissioned Service Providers • Contract managers, performance improvement staff and data analytics staff at WAPHA
Purpose of reporting	Audiences in this stakeholder group need high level data about performance to provide oversight and accountability to WAPHA and Commissioned Service Providers.	Audiences in this stakeholder group need detailed and granular data about performance to support quality improvement and performance management activities.
Example inclusions for performance reports	High level summary statistics and key quantitative performance indicators for all Commissioned Service Providers in WA, by sector and by PHN. Some examples inclusions of high-level performance reports are: • Overall activity e.g. total service contacts and episodes • Overall spending e.g. total actual WAPHA funding committed • Patient experience of care e.g. Percentage (%) of clients indicating that staff showed respect for how they were feeling • Improved cost efficiency e.g. cost per episode and cost per service contact • Improved health equity e.g. rates of access to services by demographic characteristics • Improved health outcomes e.g. change in sector-specific clinical outcomes over episode (e.g. K10, K5+ or SDQ for mental health)	Detailed data on all qualitative and quantitative performance indicators relating to each Commissioned Service Provider and aggregated benchmark information about comparable Commissioned Service Providers in the relevant sectors and regions. Some example inclusions for detailed performance reports include: • longitudinal data for all qualitative and quantitative core performance indicators at the Commissioned Service Provider level (see Table 3 for full list of core performance indicators) • access to the raw data in the WAPHA Performance Dataset related to the Commissioned Service Provider (see Appendix D for detailed overview of the WAPHA Performance Dataset).

6.2.2 Evaluating performance trends across programs, sectors and regions

When aligned with strategic priorities, WAPHA will conduct or commission evaluations to **assess broader performance trends across programs, sectors or regions**. WAPHA will use broader evaluations to understand and share best practice across Commissioned Service Providers and to identify lessons for WAPHA's future planning and commissioning processes.[56 57 58 59 60]

WAPHA will conduct evaluations collaboratively with Commissioned Service Providers so that the insights are relevant and drive continuous improvement across WA's primary care system. In conducting evaluations, WAPHA will review qualitative and quantitative data collected through WAPHA's Performance Management Dataset, Commissioned Service Providers, consumers and publicly available data and literature.

WAPHA will conduct or commission evaluations relevant to performance management in line with WAPHA's Evaluation Framework, which:

- defines the principles and conceptual frameworks underpinning WAPHA's evaluation practices
- outlines overarching key evaluation questions and schema guiding evaluations
- outlines a tiered and considered approach for prioritisation and governance of evaluations.

Please refer to WAPHA's Evaluation Framework for further detail on these points.

What WAPHA will do

- Strategically conduct evaluations in line with WAPHA's Evaluation Framework.
- Collaborate with Commissioned Service Providers to ensure evaluations are relevant and drive continuous improvement.

What Commissioned Service Providers should do

- Collaborate with WAPHA to ensure evaluations are relevant and drive continuous improvement.

7. People

This chapter provides an overview of the culture and capabilities required by WAPHA and Commissioned Service Providers for effective performance management and the approaches WAPHA will adopt to work with Commissioned Service Providers to drive continuous improvement – Element 5 of the framework.

7.1 Overview

The 'People' element refers to the performance management culture, capabilities, leadership, and ways of working between WAPHA and Commissioned Service Providers. This element cuts across all the other framework elements, and is central to creating and maintaining an effective performance management approach.

This element includes:

- The culture required to support continuous improvement and enable effective performance management.
- The performance management capabilities required by WAPHA as the commissioner and by Commissioned Service Providers.
- How WAPHA and Commissioned Service Providers will work together to build collective capabilities.

Why is this element important for WAPHA and Commissioned Service Providers?

A culture of continuous improvement between WAPHA and Commissioned Service Providers can lead to better outcomes and support the identification, design, and implementation of performance improvement activities. To build this culture, WAPHA and Commissioned Service Providers need to work together.

To ensure performance management can be effective, WAPHA and Commissioned Service Providers need certain skills and capabilities. For WAPHA staff, it will be critical that they are equipped with the skills to appropriately analyse, understand, and manage Commissioned Service Provider performance management. For Commissioned Service Providers, it will be important for them to be able to undertake data collection and reporting activities to ensure transparency and accountability.

Why is this important to WAPHA?

- Collaborating with Commissioned Service Providers will help drive continuous improvement across the sector and ensure that improvement initiatives meet Commissioned Service Provider and consumers' needs.
- Developing performance management capabilities ensures that WAPHA can effectively manage Commissioned Service Provider performance and have appropriate oversight over their performance.

Why is this important to Commissioned Service Providers?

- Working in partnership with WAPHA ensures that performance improvement initiatives help, not hinder Commissioned Service Providers, and target and solve for the right issues for both Commissioned Service Providers and consumers.
- Undertaking data collection and reporting ensures that WAPHA can make data informed decisions about Commissioned Service Provider performance.

7.2 The 'People' element in practice

7.2.1 A culture of continuous improvement

WAPHA's performance management activities are focused on supporting improvements in the primary health care sector. WAPHA's approach is not intended to be punitive, rather it is intended to support Commissioned Service Providers to improve how they deliver services individually and collectively across the sector. To achieve this, there needs to be a culture of continuous improvement across the sector, where WAPHA and Commissioned Service Providers:

- recognise and understand the value of performance management and how it can contribute to continuous improvement
- collaborate and work together towards a common goal/s
- provide specific and actionable feedback in a candid and considerate manner
- ensure they act in a way that is transparent, flexible, and respectful to one another.

Developing a culture of continuous improvement requires WAPHA and Commissioned Service Providers to regularly work together to determine how well we are performing as a commissioner, Commissioned Service Provider, and sector. Figure 15 outlines key discussion questions WAPHA will use to guide continuous improvement conversations with Commissioned Service Providers.

Figure 15 | Questions to guide continuous improvement discussions

The following questions guide how WAPHA approaches continuous improvement discussions with Commissioned Service Providers:

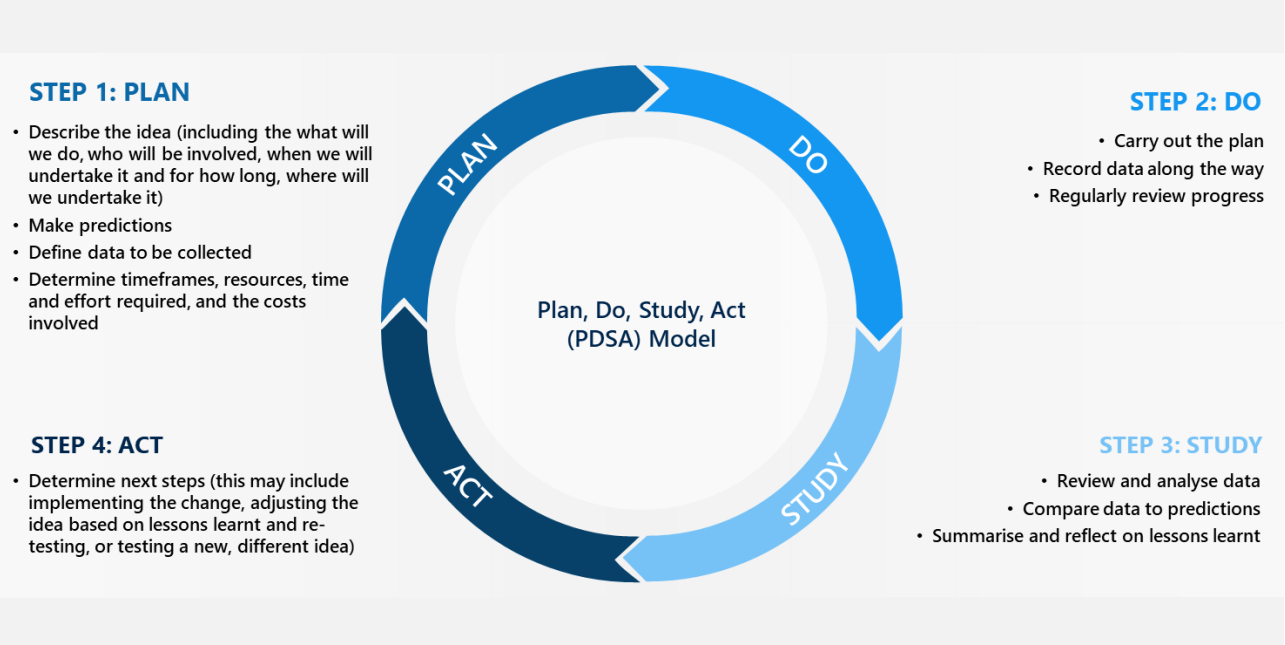
- How are we doing as a commissioner, Commissioned Service Provider, and sector?
- What can we do better at as a commissioner, Commissioned Service Provider, and sector?
- What can we do differently as a commissioner, Commissioned Service Provider, and sector?
- What can we change to improve outcomes, increase the consumer and clinician/staff experiences, and increase efficiency?
- What does good practice tell us? How can we as the commissioner, Commissioned Service Provider and sector embed this?
- What is working well and could be good practice that would benefit the rest of the sector?

WAPHA will use the Plan, Do, Study, Act model to design and implement changes with Commissioned Service Providers that enable continuous improvement

WAPHA uses the Plan, Do, Study, Act (PDSA) model to support WAPHA and Commissioned Service Providers to design and implement changes that enable continuous improvement[61]. The PDSA model, featured in Figure 16, overleaf, is a proven approach for developing, testing, and implementing changes in service delivery.

The benefits of the PDSA model is that it helps break down change into smaller, manageable pieces and reduces risk by testing small changes before broader implementation. It also minimises wasted effort and is an efficient and simple way to test improvement initiatives multiple times.

Figure 16 | Plan, Do, Study, Act (PSDA) Model



WAPHA will use the PDSA model to design, test and implement improvement initiatives (*see* Figure 17 *below for examples of improvement initiatives*) for a program, or the sector with Commissioned Service Providers. These initiatives may be identified through feedback from Commissioned Service Providers, consumers, WAPHA staff or external stakeholders (e.g. peak bodies), or through performance data reports, audits, or periodic reviews.

Figure 17 | Examples of improvement initiatives that could use the PDSA model

Examples of improvement initiatives that could use the PDSA model

- Improve the collection of patient satisfaction data, or improve the completion of patient satisfaction surveys
- Reduce patient waiting times
- Redesign a data collection and reporting process to reduce errors and make the process more efficient
- Build WAPHA and/or Commissioned Service Provider capability
- Improve work processes and procedures for WAPHA and Commissioned Service Providers to minimise the administrative burden and the need for repetitive work

The PDSA approach is a continuous cycle. That is, it can be and should be repeated multiple times for the same initiative. Therefore, where required, WAPHA and Commissioned Service Providers may perform multiple cycles for an improvement initiative. Each new cycle will incorporate the lessons learnt from the previous one.

For the model to work best, WAPHA and Commissioned Service Providers need to:

- define the problem to solve and identify and agree on the boundaries
- use a whole team approach (this includes involving Commissioned Service Providers, consumers, and other external stakeholders)
- share successes and lessons learnt
- repeat the cycle incorporating the lessons learnt (note: this may not always be required if the first cycle was a success).

Different areas of WAPHA may lead the improvement initiative (e.g. contract management and program improvement teams). The team leading the improvement initiative will be determined by the type of initiative and the expertise required. Across each step of the model, WAPHA will collate feedback from stakeholders, or in some cases WAPHA may be working side by side Commissioned Service Providers for each step.

What WAPHA will do

- Identify and test improvement initiatives with Commissioned Service Providers to determine if they are worth pursuing.
- Oversee the improvement initiative and provide support where required. This includes providing guidance to Commissioned Service Providers to help them implement the PDSA model and ensure each step is undertaken.
- Seek feedback from Commissioned Service Providers, consumers, WAPHA staff or external stakeholders (e.g. peak bodies) throughout the process.

What Commissioned Service Providers should do

- Identify and share improvement initiative ideas with WAPHA.
- Provide feedback on improvement initiative ideas to WAPHA, as well as during the design, test and implementation phases of an improvement initiative.
- Participate in the design, testing and implementation of an improvement initiative (e.g. participate in some or all four steps of the PDSA model).

7.2.2 Performance management capabilities

WAPHA and Commissioned Service Providers require certain capabilities for performance management to be at its most effective. However, WAPHA recognises that capability development is an ongoing process that takes a considerable amount of time, resources, and effort from Commissioned Service Providers. WAPHA also acknowledges that some Commissioned Service Providers are further along in their journeys and may already have a strong level of capability within their organisations, whereas, for others this may not be the case.

For this reason, the performance management capabilities listed in Table 8, are considered to be a list of capabilities for 'best in class' performance management. This means that these are the capabilities WAPHA will aspire to, and actively work towards achieving, over an appropriate period of time. **Please note, these are not an exhaustive list of capabilities required for WAPHA and Commissioned Service Providers, rather the key capabilities needed to implement and embed the framework.**

Table 8 | Capabilities for 'best in class' performance management

Capabilities for WAPHA as the commissioner	Capabilities for Commissioned Service Providers
Demonstrate an understanding or awareness of the program, service, and context WAPHA staff need to have an understanding or general awareness of the program, the service, and the current environment the Commissioned Service Provider is operating in, including the contextual factors and challenges that may be impacting performance.	**Undertake data collection and reporting activities** Commissioned Service Providers need to be able to collect and report data that is consistent with their contractual requirements. Data collection and analysis is an essential activity to support improvement in performance, quality, and safety, and is important in ensuring transparency and accountability.

Capabilities for WAPHA as the commissioner	Capabilities for Commissioned Service Providers
Set performance targets that are appropriate for the Commissioned Service Provider's context WAPHA needs to be able to set performance targets that take into account the Commissioned Service Provider's context and environment to ensure they are at a level that is both appropriate and achievable for Commissioned Service Providers.	**Review data and identify the key insights, implications, or issues** Commissioned Service Providers need to understand how to review and make sense of the data – for example, be able to identify any key issues or errors in reporting. This ensures that reporting accurately reflects the Commissioned Service Provider's current performance, and enables Commissioned Service Providers to raise issues or challenges early.
Review and analyse data, and clearly communicate the key insights to Commissioned Service Providers WAPHA needs to be able to analyse the key insights emerging from the data and provide this back to Commissioned Service Providers in a meaningful, simple, and useful way (e.g. benchmarking reports, time series data and rich insights).	**Recognise constraints and limitations to achieving performance targets and communicate these early** Commissioned Service Providers should aim to identify any constraints or issues that will impact their ability to meet their performance targets, and communicate these early with WAPHA to ensure appropriate support and/or interventions can be provided.
Lead and facilitate structured performance conversations with an inquiry mindset WAPHA staff need to be able to have well-structured performance conversations where they promote two-way communication, create a safe space for Commissioned Service Providers to give feedback, and adopt inquiry mindset where they ask questions, rather than make assumptions. These conversations should be informed by performance and contextual data.	**Contribute to the identification, design, and implementation of continuous improvement initiatives** Commissioned Service Providers, where they can, should look to identify continuous improvement opportunities or contribute to the design and/or implementation of improvement initiatives. This helps to support continuous improvement in performance, safety, and quality.
Provide constructive feedback to Commissioned Service Providers in a candid and considerate manner WAPHA staff need to be able to provide ongoing feedback to Commissioned Service Providers in a way that is respectful, open, and honest. Feedback should be given continuously to ensure 'no surprises' and it should be specific, actionable and relevant.	
Build and mature collaborative partnerships with Commissioned Service Providers WAPHA staff need to have strong relationship management and communication skills to develop strong partnerships with Commissioned Service Providers. This requires WAPHA to regularly communicate and collaborate with Commissioned Service Providers. This also involves being able to identify opportunities to connect Commissioned Service Providers together and facilitating these connections.	

Capabilities for WAPHA as the commissioner	Capabilities for Commissioned Service Providers
Leverage good practice and translate quantitative and qualitative data into meaningful insights that support decision making WAPHA staff need to be able to understand and translate data into meaningful insights and use this to inform decision making. This ensures performance management decisions are evidenced based and reflect good practice.	
Be able to identify, design and support Commissioned Service Providers to implement continuous improvement initiatives WAPHA staff are equipped with the skills, processes, and resources to identify and design improvement initiatives with Commissioned Service Providers and support Commissioned Service Providers to implement these initiatives. This includes having an ability to review and evaluate improvements.	

What WAPHA will do

- Internally develop WAPHA staff's performance management capabilities to ensure we can effectively manage Commissioned Service Provider performance.
- Support and work with Commissioned Service Providers to develop and/or strengthen their capabilities.

What Commissioned Service Providers should do

- Identify and act on opportunities to develop, enhance or strengthen the capabilities required for effective performance management.
- Work with WAPHA to identify and implement opportunities to develop capability.

7.2.3 How WAPHA and Commissioned Service Providers will work together to build collective capabilities

Performance management involves providing opportunities for WAPHA to collaborate and engage with Commissioned Service Providers, and for Commissioned Service Providers to collaborate with one another. There are many benefits to collaboration and engagement, including:

- it allows WAPHA to **understand the challenges and issues** faced at the service and sector levels
- it ensures **performance management** is a **two-way process** to understand what is working, what isn't working and what needs to change
- it provides a way for WAPHA and Commissioned Service Providers to **work together** to **resolve** challenges or issues, and/or **co-design** improvement initiatives
- it enables the sharing of **knowledge**, **information**, **and good practices** between and among Commissioned Service Providers.

How will WAPHA support and collaborate with Commissioned Service Providers?

WAPHA recognises it has a role in facilitating and directly contributing to continuous improvement and building capability and capacity within the sector. The strategies WAPHA will employ to support and collaborate with Commissioned Service Providers to drive continuous improvement include:

Collaboration and engagement activities:

- Engaging with Commissioned Service Providers individually and as a collective through **workshops** and **focus groups** to understand challenges at the Commissioned Service Provider level and sector wide level and co-design solutions.
- Developing **communities of practice** and bringing Commissioned Service Providers together to discuss new approaches, share learnings, knowledge and experience, and problem solve.
- **Connecting** Commissioned Service Providers with each other, particularly where there is mutual benefit or where knowledge sharing will support an uplift in capability. This may take the form of coaching or mentoring.
- **Holding regular meetings** between Commissioned Service Providers and WAPHA representatives to discuss data, information or explore any questions or concerns Commissioned Service Providers may have.

Support and resources:

- Providing **short, targeted support** provided by WAPHA or a third party where required.
- Producing **benchmarked reports** across like services for Commissioned Service Providers to see where they sit in relation to other Commissioned Service Providers and determine where they need to direct their improvement efforts.
- Establishing and making available **resources, templates, and how-to-guides** for Commissioned Service Providers to use (e.g. templates and guides to support Commissioned Service Providers with data collection and reporting).

WAPHA recognises consumers have a role to play in performance management and driving continuous improvement. As such, WAPHA will engage with consumer reference groups, committees, and councils, where required, to ensure the voice of the consumer is heard and reflected in WAPHA's performance management approaches, practices, and activities.

What WAPHA will do

- Collaborate with Commissioned Service Providers to drive continuous improvement through a range of platforms, including workshops, focus groups, communities of practices and meetings.
- Support Commissioned Service Providers to build their capacity and capability and provide resources and support, such as benchmarked reports, templates, how-to-guides, and short, targeted support (where required).
- Engage with consumer reference groups, committees, and councils, where required, to ensure the voice of the consumer is heard and reflected in WAPHA's practices and activities.

What Commissioned Service Providers should do

- Work with WAPHA on continuous improvement initiatives, including actively participating in workshops, meetings, and other engagement forums.
- Share feedback, knowledge, and information with WAPHA, including potential opportunities for improvement.

Appendices

This section provides supporting materials, and the sources used to develop the framework.

Appendix A Collecting individual unit record data using Statistical Linkage Key 581

The Statistical Linkage Key 581 is one way that WAPHA could implement its long-term vision of collecting deidentified individual unit record data from Commissioned Service Providers.

In the long term, WAPHA aims to collect individual unit record data to track the impact of commissioned services over time in a deidentified way. WAPHA could implement the Statistical Linkage Key 581 (SLK-581), which is a method developed by the AIHW to generate unique consumer IDs at the service provider level in a deidentified way. The SLK is a widely used and is easily implemented at a service provider level. For example, service providers use the SLK-581 to submit deidentified individual unit record data to the Alcohol and Other Drug Treatment Services National Minimum Data Set[62] and to the Department of Social Service's Data Exchange (which collects data for a range of services funded under Carer Gateway, Commonwealth Home Support Programme, and the National Disability Advocacy Program).[63]

The SLK-581 is a consumer identifier that is based on information that is likely to be:

- Unique to each consumer
- Relatively stable across a consumer's lifetime
- Reliably reported by consumers across multiple treatment setting.

The structure of the complete SLK-581 element is: XXXXXDDMMYYYYN. The SLK-581 is made up of four elements:

- The second, third and fifth letters of the consumer's family name (total 3 letters)
- The second and third letters of the consumers given name (total 2 letters)
- Date of birth (in format [DDMMYYYY)
- Sex (1= Male; 2 = Female; 9 = Unknown)

For short names: place a '2' in the place of the missing character(s).

Appendix B An option for measuring health care provider experience - clinical engagement measures

WAPHA is investigating the merits of measuring health care provider experience. The argument against measuring health care provider experience is that Commissioned Service Providers are responsible for the experience of clinicians within their service. WAPHA does not have significant influence in this space, and so it may not be useful to capture Commissioned Service Provider experience.

However, there are specific aspects of provider experience that are relevant to Commissioned Service Provider performance and WAPHA may be able to influence. For example, poor clinical engagement is a key risk factor in providing poor quality, unsafe care and a pre-requisite to continuous performance improvement.

In the event that WAPHA decides to measure clinical engagement, WAPHA would only include the most relevant measures for performance management and quality improvement. It is noted that for Commissioned Service Providers with a small number of clinicians, it may not be possible to provide anonymity of respondents. Where possible, WAPHA will take steps to mitigate this risk.

Domains of clinical engagement

There are three domains of clinical engagement: involvement in organisational activities, advocacy and trust in their organisation, and psychological engagement.[64] Examples from each of these domains are listed below[ii].

Involvement

- Percentage (%) agreement that clinicians are able to make improvements happen in their area of work
- Percentage (%) agreement that clinicians have the time and skills to collect and record data about their patients

Advocacy

- Percentage (%) of clinicians that would recommend their organisation as a place to work
- Percentage (%) agreement that if a friend or relative needed treatment, the clinician would be happy with the standard of care provided by their organisation

Psychological engagement

- Percentage (%) of clinicians that are enthusiastic about their job
- Percentage (%) of clinicians look forward to going to work

[ii] These are recommended questions and do not represent a psychometrically validated instrument.

Appendix C Overview of strategic inputs for expectation setting

When setting expectations, WAPHA will consider the broad range of strategic inputs influencing WAPHA's strategic context, as outlined in Table 9 below.

Table 9 | Strategic inputs for expectation setting

Strategic input	Key points
WAPHA Strategic Plan 2020- 2023	**Continuously improving primary health care is one of the four strategic priorities from WAPHA's Strategic Plan.** • Under this strategic priority, WAPHA will bring a more structured and data driven approach to quality improvement and share insights to support continuous improvement across the primary health care system. **WAPHA's Strategic Plan highlights five key strategic objectives including progress towards the Quadruple Aim and closing the equity gap.**
WAPHA Outcomes Framework	**WAPHA's Outcomes Framework contains a set of consistent outcome indicators developed to demonstrate change in the health outcomes of clients** • The consistent set of outcomes indicators align with the Quadruple Aim • The outcomes indicators do not set targets for Commissioned Service Providers. It is intended to be used as a tool for services to identify priorities for quality improvement and to demonstrate the progress they are making on improved health and wellbeing outcomes for their client • The Outcomes Framework applies to most services commissioned by WAPHA. The following Service types are exempt from the Outcomes Map in its entirety: a) General Practitioner Services; b) Comprehensive Primary Care; c) Health Care Home; d) Headspace; e) Integrated Team Care Programs; f) Suicide Trial Site Activities. Other services may have partial or full exemption contingent on an application process.
WAPHA Evaluation Framework	**WAPHA's Evaluation Framework provides guidance for consistent, robust and transparent evaluation against WAPHA Strategic Priorities for 2020-2023 and the Quadruple Aim** • Performance information is critical to effective evaluations. When setting expectations, staff should ensure that the likely evaluative questions and the likely types of evaluation (i.e., formative, developmental or summative) for the service to ensure that the relevant information is captured.
WAPHA Commissioning for Better Health Framework	**WAPHA's Commissioning for Better Health Framework defines WAPHA's commissioning activities. The framework aims to enable WAPHA to have a consistent approach to needs assessment, service planning, service specification, contracting, performance management and evaluation activities.** • As part of our commissioning activities, we will focus on the relationship management of Commissioned Service Provider contracts and managing and addressing performance issues. This includes implementing a partnership-based approach to monitoring and

Strategic input	Key points
	evaluating services, undertaking benchmarking, and sharing data to support continuous improvement • Performance management of commissioned services will be strongly aligned to the dimensions of the Quadruple Aim in health care.
WAPHA Mental Health Strategy	**WAPHA's Mental Health Commissioning Strategy provides an overview of WAPHA's strategy for mental health, in line with the Australian government guidance and our strategic plan.** • This strategy outlines WAPHA's commitment to partnering with others to improve mental health outcomes, establishing a minimum set of measures for mental health, and developing a performance management framework.
PHN Performance and Quality Framework	**The PHN Performance and Quality Framework aims to consider how the broad range of functions delivered through PHNs contribute towards their objectives of improving health outcomes** • PHNs may wish to consider the indicators in this Framework while setting expectations. The indicators sit across the themes of addressing need, quality care, improving access, coordinated care and capable organisations.
National PHN Quality Improvement Framework	**The National PHN Quality Improvement Framework provides a high-level framework for increasing the efficiency and effectiveness of primary care.** It provides some high-level QI indicators aligned with the Quadruple Aim: • **Better health outcomes**: a) streamlined care and improved timeliness and quality of patient journey; b) safer prescribing and reduced harms through adverse drug events; c) reduced unwarranted clinical variation (e.g. adherence to clinical guidelines such as HealthPathways). • **Lower costs:** a) decreased preventable presentations and hospitalisations; b) reduced duplication of care episodes and events • **Improved patient experience:** a) increased patient empowerment; b) improved timeliness of referral and review by appropriate clinician and service; c) improved coordination, integration, and continuity of care; d) the use of patient reported experience and outcome measures to drive improvement activity • **Improved clinical experience**: a) improved communication between health care providers; b) improved information sharing between primary and tertiary care; c) improved experience of multi-disciplinary teamwork.
Primary Health Insights (national project)	**Primary Health Insights was developed to simplify and standardise governance, systems and processes associated with data storage and analysis for PHNs.** • WAPHA should enable the outcomes, analysis, and reporting under the Performance Management Framework to the outcomes of the Primary Health Insights project to enable benchmarking and comparison across PHNs.
Funding stream specific requirements (Commonwealth Government)	**The Commonwealth Government sets out a range of specific requirements funding stream specific requirements. These may be included in program documents such as:** • PHN Program Guidelines and Policies[65] • Program Funding Schedules (which include performance indicators and reporting requirements).

Appendix D Data items in the short-term vision for WAPHA's Performance Dataset

The data items in Table 10 below provides further explanation and rationale for each data item in the short-term vision for WAPHA's Performance Dataset (as summarised in Figure 6) as well an overview of the current collection status and proposed collection in the short-term vision for WAPHA's Performance Dataset. The short-term vision for WAPHA Performance Dataset includes:

- 11 core items which are relevant to Commissioned Service Providers in all sectors. Core items are marked in blue and are the first items listed in Table 10.
- 1 sector-specific item which is only relevant to Commissioned Service Providers in the relevant sector. Sector-specific items are marked in purple and are the last items listed in Table 10. The short-term vision for WAPHA's Performance Framework will only include sector-specific items for mental health. WAPHA has included Table 11 which shows how the sector-specific items will be operationalised in mental health services.

Table 10 | Data items in the short-term vision for WAPHA's Performance Dataset

Data item	Explanation and rationale	Collection information
Core items	**All sectors**	
Commissioned Service Provider	WAPHA will ensure activity, health outcomes and funding data are able to be linked backed to particular Commissioned Service Providers for the purposes of Performance Management.	*Current Collection Status* WAPHA currently collects Commissioned Service Providers data across all sectors. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.
Contract ID	WAPHA will collect a contract ID to differentiate between contracts within the same Commissioned Service Provider.	*Current Collection Status* WAPHA currently collects contract IDs across all sectors. *Proposed collection in in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.
Total number of new and active clients during the reporting period	In the short-term vision for WAPHA's Performance Dataset, WAPHA will collect the total number of new clients and the total number of active clients during the reporting period as a measure of overall activity and reach.	*Current Collection Status* WAPHA's collection of new and active clients during a reporting period varies across sectors. *Proposed collection in in the short-term vision for WAPHA's Performance Dataset*

Data item	Explanation and rationale	Collection information
	To prevent double counting of consumers, WAPHA will request Commissioned Service Providers report both new and active clients in the reporting period. These metrics will enable WAPHA to accurately assess current activity levels (by looking at active clients) and the overall reach of a service (by looking at the total new clients across multiple reporting periods).	To be collected in the single aggregated dataset by Commissioned Service Providers.
Number of new and active clients during the reporting period by demographics: • Diagnosis • Gender • Aboriginal and Torres Strait Islander status • Age group • Suburb • Concession card	WAPHA will collect aggregated demographic information on clients throughout the reporting period in the short-term vision for WAPHA's Performance Dataset. Demographic data enables WAPHA to analyse equity of access to healthcare across subpopulations by analysing variation in access to services and health outcomes across these demographic factors.[66] The items proposed demographic information to be collected are key social determinants of health.[67] This means these demographic information have a meaningful impact health outcomes outside, independent to Commissioned Service Provider performance. WAPHA will use this demographic information to risk adjust analyses of Commissioned Service Provider performance.[68] [69]	*Current collection status* WAPHA currently receives demographic data consistently from Commissioned Service Providers in the mental health sector through the Primary Mental Health Care Minimum Data Set (PMHC-MDS)[70]. In other sectors, WAPHA does not consistently receive demographic information. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.
Total number of episodes completed during the reporting period	WAPHA will collect the aggregated total number of episodes completed during the reporting period in the short-term vision for WAPHA's Performance Dataset. Episodes refer to a period of time during which a consumer receives assistance from a Commissioned Service Provider. A consumer's service episode begins at their first service contact with the service, and it ends when they are discharged from the service.[71]	*Current Collection Status* WAPHA currently collects episode data for each consumer from mental health Commissioned Service Providers through the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[72] *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.

Data item	Explanation and rationale	Collection information
Total number of service contacts completed during the reporting period	WAPHA will collect the aggregated total number of service episodes during the reporting period in the short-term vision for WAPHA's Performance Dataset. WAPHA will use 'service contacts' as the most granular unit of activity across sectors. Collecting data on each consumer service contact will enable WAPHA to better understand care pathways for consumers and calculate the intensity of service provision. This can be used to assess the relationship between service provision, health outcomes and cost efficiency across different cohorts. Service contacts are defined as the provision of a service by a PHN Commissioned Service Provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client. Service provision is only regarded as a service contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).[73]	*Current collection status* WAPHA currently collects service contacts for each consumer from mental health Commissioned Service Providers through the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[74] Service providers from other sectors usually collect service contact information in clinical records. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.
Patient experience • Percentage (%) of clients indicating that staff showed respect for how they were feeling • Percentage (%) of clients that had opportunities to discuss their support or care needs with staff • Percentage (%) of clients had their culture, beliefs and values respected	In the short-term vision for WAPHA's Performance Dataset, Commissioned Service Providers only need to report the percentage of clients that responded Usually or Always to the questions described below (i.e. aggregated results). In the short-term vision for WAPHA's Performance Dataset, Commissioned Service Providers will ask consumers at the end of an episode: "Thinking about the care you have received from this service, what was your experience in the following areas: • Staff showed respect for how you were feeling • You had opportunities to discuss your support or care needs with staff	*Current Collection Status* Currently all providers are required to collect these measures every 6 months through the WAPHA Outcomes Data Set. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers

Data item	Explanation and rationale	Collection information
	• Your culture, beliefs and values were respected" The response options are a 5 point Likert scale (Never, Rarely, Sometimes, Usually, Always). These three questions are commonly included as priority measures for a range of patient reported experience surveys, including the Your Experience of Service (YES) survey.	
General health outcomes • Percentage (%) of clients indicating that care received will help them manage their condition better • Percentage (%) of clients feeling that their health will improve after receiving care	A general health outcome indicator will enable comparison of health outcomes across WAPHA's disparate funding streams. In the short-term vision for WAPHA's Performance Dataset, Commissioned Service Providers only need to report the percentage of clients that Agreed or Strongly Agreed with the statements described below (i.e. aggregated results). In the short-term vision for WAPHA's Performance Dataset, Commissioned Service Providers will ask consumers at the end of an episode: "Thinking about the care you have received from this service, how did it impact you in the following areas: • The care that I received will help me manage my condition better • I feel that my health will improve after the care I received" The response options are a 5 point Likert scale (Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree).	*Current collection status* These general health outcome data questions are currently collected by all Commissioned Service Providers under WAPHA's Outcomes Framework (July 2019). *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.
Optional qualitative feedback from Commissioned Service Providers and consumers	WAPHA will allow consumers and service Commissioned Service Providers to provide optional qualitative feedback about their experience of care and their experience providing health care respectively.	*Current Collection Status* Commissioned Service Providers are able to submit qualitative information and case studies about consumers experience of care and clinical staff's experience of providing care. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be optionally collected in the single aggregated dataset by Commissioned Service Providers.

Data item	Explanation and rationale	Collection information
Total WAPHA committed value of funding (in contract)	The total WAPHA committed value of funding is the total funding WAPHA has committed to spend with a Commissioned Service Provider in a contract over a specified period. WAPHA will use this as the denominator when tracking underspend on contracts.	*Current collection status* The total WAPHA committed funding value for services (and associated information e.g. sector-specific service type, funding stream, Commissioned Service Provider and designated time period) are currently collected for all Commissioned Service Providers. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by WAPHA.
Total actual WAPHA funding (to measure underspend)	The total actual WAPHA funding delivered to Commissioned Service Providers refers to the amount WAPHA has paid a Commissioned Service Provider under a contract to date. WAPHA will use this as the numerator when tracking underspend on contracts. Actual spend on contracts will also act as the financial input to calculations on cost efficiency of services.	*Current collection status* While WAPHA reports underspend to the Commonwealth periodically, WAPHA does not regularly and systematically monitor the total actual funding delivered under the contract to date. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by WAPHA.
Referral source	Whether the patient was referred by a GP or another source.	*Current collection status* Referral source is not consistently reported to WAPHA. *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by WAPHA.
Sector-specific items		
Sector-specific clinical outcome data • WAPHA will select sector-specific clinical outcome measures for Mental Health in the short-term vision for WAPHA's Performance Dataset. See Table 11for a mental health example.	Where possible sector-specific clinical outcomes measures should be aligned to existing outcome measures. See Table 11for a mental health example.	*Current collection status* WAPHA collects a range of sector-specific outcomes measures under the WAPHA Outcomes Framework (July 2019). *Proposed collection in the short-term vision for WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers See Table 11 for a mental health example.

Data item	Explanation and rationale	Collection information
Sector-specific service type • WAPHA will collect sector-specific service types for mental health services See Table 11 for a mental health example.	In the short-term vision for WAPHA's Performance Dataset, WAPHA will capture sector-specific service contact type for all service contacts in the Service Contact Subset. Sector-specific service type data items should be collected in line with national service type taxonomies where possible. See Table 13 for a mental health example.	*Current collection status* WAPHA currently receives data relating to sector-specific service types consistently from Commissioned Service Providers in the mental health sector through the Primary Mental Health Care Minimum Data Set (PMHC-MDS)[75]. In other sectors, WAPHA does not consistently receive data relating to sector-specific service types. *Proposed collection in the long-term vision WAPHA's Performance Dataset* To be collected in the Service Contact Subset. See Table 11 for a mental health example.
Sector-specific practitioner category • WAPHA will collect sector-specific practitioner category for mental health services See Table 11 for a mental health example.	In the short-term vision for WAPHA's Performance Dataset, WAPHA will capture sector-specific practitioner category for all mental health service contacts in the Service Contact Subset. Sector-specific practitioner category data items should be collected in line with national service type taxonomies where possible. See Table 11 for a mental health example.	*Current collection status* Mental health practitioner type are listed as required for collection in the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[76] It is not consistently collected in other sectors. *Proposed collection in the short-term vision of WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers See Table 11 for a mental health example.

Table 11 | Mental health example of sector-specific data item for the short-term vision of WAPHA's Performance Dataset[iii]

Mental Health Data item	Explanation and rationale	Collection information
Mental health clinical outcome data • Average change in K10, K5+ and SDQ for mental health clients that have finished an episode during the reporting period • Percentage (%) of people who have matched initial and follow up scores for clinical outcome	In the short-term vision for WAPHA's Performance Dataset, WAPHA will collect aggregated data on the average change in K10, K5+ or SDQ for mental health clients that have finished an episode during the reporting period. This will also be used to calculate the following PQF indicator: • MH6 Percentage (%) of people who have matched initial and follow up scores for clinical outcome measures (target is 70%)	*Current collection status* The K10, K5+ and SDQ are listed as a required for collection in WAPHA's Outcomes Framework (July 2019) and the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[78] *Proposed collection in the short-term vision of WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.

[iii] Please note, the mental health specific data items that are included within WAPHA's Performance Dataset are also captured in the PMHC MDS. As a result, WAPHA will not request Commissioned Service Providers to report data items that can be obtained from the PMHC MDS.

measures (target is 70%)	The K10 and K5+ are measures of non-specific psychological distress based on questions about the level of nervousness, agitation, psychological fatigue, and depression. [77] • The K10 includes additional items to assess functioning and related factors. • The K5+ is a subset of 5 questions from the K10 and is adapted for Torres Strait Islander consumers. The K10 and K5+ are currently collected and are validated tools to measure mental health outcomes. • For the K10, scores range from 10 to 50, with a lower score meaning lower levels of distress. • For the K5, scores range from 5-25 with a lower score meaning lower levels of distress. The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. Higher scores indicate the child/adolescent is having a more difficulties. • For the SDQ, scores range from 0 to 40, with a lower score indicating a lower level of behavioural difficulty for the child/adolescent.	
Mental health service type • Service Contact – Type from The PMHC MDS	In the short-term vision for WAPHA's Performance Dataset, WAPHA will capture service contact type for all mental health service contacts in the Service Contact Subset. This will help measure the following PQF indicators: • MH1 Rate of regional population receiving PHN commissioned low intensity psychological interventions. • MH3 Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness.	*Current collection status* 'Service Contact – Type' is listed as a required for collection in the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[80] *Proposed collection in the short-term vision WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.

	The PMHC MDS includes a field for Service Contact – Type which is the main type of service provided in the service contact, as represented by the service type that accounted for most provider time.[79] The options for service types are: • No contact took place • Assessment • Structured psychological intervention • Other psychological intervention • Clinical care coordination/liaison • Clinical nursing services • Child or youth specific assistance (not elsewhere classified) • Suicide prevention specific assistance (not elsewhere classified) • Cultural specific assistance (not elsewhere classified) • Psychosocial support.	
Mental Health practitioner category	In the short-term vision for WAPHA's Performance Dataset, WAPHA will collect mental health specific practitioner category. This will form part of the SPOT analyses and will help assess the following PQF indicator: • MH2 Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals. Practitioner category refers to the labour classification of the service provider delivering the Service Contact. Practitioners should be assigned to the code that best describes their role for which they are engaged to deliver services to clients. Practitioners are registered in the PMHC MDS by Provider Organisations, with each practitioner assigned a code that is unique within the organisation. The options for practitioner category are: • Clinical Psychologist • General Psychologist • Social Worker	*Current collection status* Mental Health Practitioner category is required to be collected through the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[81] *Proposed collection in the short-term vision of WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.

	• Occupational Therapist • Mental Health Nurse • Aboriginal and Torres Strait Islander Health/Mental Health Worker • Low Intensity Mental Health Worker • General Practitioner • Psychiatrist • Other Medical • Other • Psychosocial Support Worker • Peer Support Worker • Not stated	
Suicide follow up: • Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral	In the short-term vision for WAPHA's Performance Dataset, WAPHA will capture timeliness of follow up for suicide-related referrals. This will help calculate the following PQF indicator: • MH5 Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral This will be calculated using PMHC-MDS data items with the following numerator and denominator: Numerator: Number of episodes that commenced in the reporting period where the Suicide Referral Flag was recorded as 'Yes' and where the first Service Contact was recorded as occurring within 7 days or less of the Referral Date Denominator: Number of episodes that commenced in the reporting period where the Suicide Referral Flag was recorded as 'Yes'	*Current collection status* Service Contact Date, Referral Date and Suicide Referral Flag are listed as required for collection in the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[82] *Proposed collection in the short-term vision WAPHA's Performance Dataset* To be collected in the single aggregated dataset by Commissioned Service Providers.

Appendix E Data items in the long-term vision for WAPHA's Performance Dataset

The data items in Table 12 below provides further explanation and rationale for each data item in WAPHA's Performance Dataset (as shown in Figure 7) as well an overview of the current collection status and proposed collection in WAPHA's Performance Dataset. The WAPHA Performance Dataset includes:

- 12 core items which are relevant to commissioned services in all sectors. Core items are marked in blue and are the first items listed in Table 12.
- 2 sector-specific items which are only relevant to commissioned services in the relevant sector. Sector-specific items are marked in purple and are the last items listed in Table 12. WAPHA has included Table 13 which shows how the how sector-specific items will be operationalised in mental health services.

Table 12 | Data items in the long-term vision for WAPHA's Performance Dataset

Data item	Explanation and rationale	Collection information
Core items	**All sectors**	
Unique consumer ID • WAPHA is considering using a tool such as the SLK-581 to generate unique consumer IDs.	The long-term vision for WAPHA's Performance Data will include a unique consumer ID to enable WAPHA to analyse patient outcomes in a more granular way, showing the links between the patient's demographic profile, their service use and their health outcomes. Overall this will enable WAPHA to better understand its impact and will inform more accurate performance data (by improving the quality of risk adjustment).[16] WAPHA is considering using the SLK-581 as a tool to generate unique consumer IDs in a deidentified way at the service provider level. See Appendix A for further detail on the SLK-581.	*Current collection status* WAPHA does not currently collect individual unit-record data is part of WAPHA's long-term vision for the WAPHA Performance Dataset. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in all Patient Subsets including the Baseline subset, Service Contact subset and Follow Up Outcomes subset.
Demographic information • Gender • Aboriginal and Torres Strait Islander status • Suburb • Postcode • Age • Concession card	The long-term vision for WAPHA's Performance Data will include individual-level demographic data. Demographic data enables WAPHA to analyse equity of access to healthcare and outcomes of healthcare across subpopulations by analysing variation in access to services and health outcomes across these demographic factors.[83] The proposed demographic information to be collected are key social determinants of health.[84]	*Current collection status* WAPHA currently receives demographic data consistently from Commissioned Service Providers in the mental health sector through the Primary Mental Health Care Minimum Data Set (PMHC-MDS)[87]. In other sectors, WAPHA does not consistently receive demographic information. *Proposed collection in the long-term vision for WAPHA's Performance Dataset*

Data item	Explanation and rationale	Collection information
	WAPHA will use this demographic information to risk adjust analyses of Commissioned Service Provider performance.[85] [86]	To be collected in the Baseline Subset.
Date of service contact	The long-term vision for WAPHA's Performance Data will include a record of each service contact including the date in the Service Contact Subset. WAPHA will use 'service contacts' as the most granular unit of activity across sectors. Collecting data on each consumer service contact will enable WAPHA to better understand care pathways for consumers and calculate the intensity of service provision. This can be used to assess the relationship between service provision, health outcomes and cost efficiency across different cohorts. Service contacts are defined as the provision of a service by a PHN Commissioned Service Provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client. Service provision is only regarded as a service contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).[88]	*Current collection status* WAPHA currently collects service contacts for each consumer from mental health Commissioned Service Providers through the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[89] Service providers from other sectors usually collect service contact information in clinical records but do not currently report this to WAPHA at a consumer level. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Service Contact Subset.
Episode completion status	In the long-term vision for WAPHA's Performance Dataset, WAPHA will collect the data in the Baseline Subset and Follow Up Outcomes Subset at episodes at the start and the end of an episode respectively for each consumer. WAPHA will collect Episode completion status within its Service Contact Subset to indicate whether the current service interaction marks: • the start of a new episode • the continuation of an episode • the end of an episode. Episodes refer to a period of time during which a consumer receives assistance from a Commissioned Service Provider. A consumer's service episode begins at their first service contact with the service, and it ends when they are discharged from the service.[90]	*Current Collection Status* WAPHA currently collects episode data for each consumer from mental health Commissioned Service Providers through the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[91] *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Service Contact Subset.

Data item	Explanation and rationale	Collection information
Commissioned Service Provider	WAPHA will ensure activity, health outcomes and funding data are able to be linked backed to particular Commissioned Service Providers for the purposes of Performance Management.	*Current Collection Status* WAPHA currently collects Commissioned Service Providers data across all sectors. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Baseline Subset, Service Contact Subset, Follow Up Outcomes Subset and the Funding Subset.
Contract ID	WAPHA will collect a contract ID to differentiate between contracts within the same Commissioned Service Providers.	*Current Collection Status* WAPHA currently collects contract IDs across all sectors. *Proposed collection in in the long-term vision for WAPHA's Performance Dataset* To be collected in the Baseline Subset, Service Contact Subset, Follow Up Outcomes Subset and the Funding Subset.
Patient experience • WAPHA is considering adopting all or part of the Your Experience of Service (YES) survey as its primary instrument to measure patient experience. Once the parameters of this is agreed, the indicators for improved patient experience of care will be updated accordingly.	WAPHA is currently piloting the use of the YES survey across sectors. The YES survey is a national standardised measure of consumer experience of outcomes. It has been designed for mental health consumers, but all 26 questions are broadly applicable to consumers of services from all sectors.[92]	*Current Collection Status* Currently all Commissioned Service Providers are required to collect these measures every six months through the WAPHA Outcomes Data Set. *Proposed collection in in the long-term vision for WAPHA's Performance Dataset* To be collected in the Follow Up Outcomes Subset.
Optional qualitative feedback from Commissioned Service Providers and consumers	WAPHA will allow consumers and service Commissioned Service Providers to provide optional qualitative feedback about their experience of care and their experience providing health care respectively.	*Current Collection Status* Commissioned Service Providers are able to submit qualitative information and case studies about consumers experience of care and clinical staff's experience of providing care. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be optionally collected in the Follow Up Outcomes Subset.

Data item	Explanation and rationale	Collection information
Funding stream	The Commonwealth provides PHNs Program Funding Schedules which specify the scope and purpose of funding streams. WAPHA will capture these within its funding data to facilitate reporting to the Commonwealth on these funding streams.	*Current collection status* WAPHA currently collects funding stream data for all Commissioned Service Providers. *Proposed collection in WAPHA's Performance Dataset* To be collected in the Funding Subset.
Total WAPHA committed value of funding (in contract)	The total WAPHA committed value of funding is the total funding WAPHA has committed to spend with a Commissioned Service Provider in a contract over a specified period. WAPHA will use this as the denominator when tracking underspend on contracts.	*Current collection status* The total WAPHA committed funding value for services (and associated information e.g. sector-specific service type, funding stream, Commissioned Service Provider and designated time period) are currently collected for all Commissioned Service Providers. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Funding Subset.
Total actual WAPHA funding (to measure underspend)	The total actual WAPHA funding delivered to Commissioned Service Providers refers to the amount WAPHA has paid a Commissioned Service Provider under a contract to date. WAPHA will use this as the numerator when tracking underspend on contracts. Actual spend on contracts will also act as the financial input to calculations on cost efficiency of services.	*Current collection status* While WAPHA reports underspend to the Commonwealth periodically, WAPHA does not regularly and systematically monitor the total actual funding delivered under the contract to date. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Funding Subset.
Referral source	Whether the patient was referred by a GP or another source.	*Current collection status* Referral source is not consistently reported to WAPHA. *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Baseline Subset
Service contact modality	This will measure how the service contact was delivered e.g. face to face, telephone, video, internet-based (i.e. web chat and other online communication not covered by telephone/video).	*Current collection status* The Primary Mental Health Care Minimum Data Set (PMHC-MDS) *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Service Contact Subset

Data item	Explanation and rationale	Collection information
Sector-specific items		
Sector-specific clinical outcome data • WAPHA will select sector-specific clinical outcome measures for each of its priority pillars • Percentage (%) of people who have matched initial and follow up scores for clinical outcome measures (target is 70%) • See Table 13 for mental health examples	In the long-term vision for WAPHA's Performance Dataset, WAPHA will collect individual level data on a consumer's baseline and follow-up sector-specific clinical outcome measure. Where possible sector-specific clinical outcomes measures should be aligned to existing outcome measures. See Table 13 for mental health examples.	*Current collection status* WAPHA collects a range of sector-specific outcomes measures under the WAPHA Outcomes Framework (July 2019). See Table 13 for mental health examples *Proposed collection in the long-term vision for WAPHA's Performance Dataset* To be collected in the Baseline and Follow Up Outcomes subsets. See Table 13 for mental health examples.
Sector-specific service type • WAPHA will select sector-specific service types for each of its priority pillars • See Table 13 for mental health examples	In the long-term vision for WAPHA's Performance Dataset, WAPHA will capture sector-specific service contact type for all service contacts in the Service Contact Subset. Sector-specific service type data items should be collected in line with national service type taxonomies where possible. See Table 13 for mental health examples.	*Current collection status* WAPHA currently receives data relating to sector-specific service types consistently from Commissioned Service Providers in the mental health sector through the Primary Mental Health Care Minimum Data Set (PMHC-MDS)[93]. In other sectors, WAPHA does not consistently receive data relating to sector-specific service types. *Proposed collection in the long-term vision WAPHA's Performance Dataset* To be collected in the Service Contact Subset. See Table 13 for mental health examples.
Sector-specific practitioner category	In the long-term vision for WAPHA's Performance Dataset, WAPHA will capture sector-specific practitioner category for all service contacts in the Service Contact Subset. Sector-specific practitioner category data items should be collected in line with national service type taxonomies where possible. See Table 13 for mental health examples.	*Current collection status* Mental health practitioner type are listed as required for collection in the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[94] It is not consistently collected in other sectors. *Proposed collection in the long-term vision of WAPHA's Performance Dataset* To be collected in the Baseline and Follow Up Outcomes subsets.

Table 13 | Mental health examples of sector-specific data items for the long-term vision of WAPHA's Performance Dataset[iv]

Mental Health Data item	Explanation and rationale	Collection information
Mental health clinical outcome data • Average change in K10, K5+ and SDQ for mental health clients that have finished an episode during the reporting period • Percentage (%) of people who have matched initial and follow up scores for clinical outcome measures (target is 70%)	In the long-term vision for WAPHA's Performance Dataset, WAPHA will collect aggregated data on the average change in K10, K5+ or SDQ for mental health clients that have finished an episode during the reporting period. This will also be used to calculate the following PQF indicator: • MH6 Percentage (%) of people who have matched initial and follow up scores for clinical outcome measures (target is 70%) The K10 and K5+ are measures of non-specific psychological distress based on questions about the level of nervousness, agitation, psychological fatigue and depression. [95] • The K10 includes additional items to assess functioning and related factors. • The K5+ is a subset of five questions from the K10 and is adapted for Torres Strait Islander consumers. The K10 and K5+ are currently collected and are validated tools to measure mental health outcomes. • For the K10, scores range from 10 to 50, with a lower score meaning lower levels of distress. • For the K5, scores range from 5-25 with a lower score meaning lower levels of distress. The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. Higher scores indicate the child/adolescent is having a more difficulties.	*Current collection status* The K10, K5+ and SDQ are listed as a required for collection in WAPHA's Outcomes Framework (July 2019) and the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[96] *Proposed collection in the long-term vision of WAPHA's Performance Dataset* To be collected in the Baseline and Follow Up Outcomes subsets.

[iv] Please note, the mental health specific data items that are included within WAPHA's Performance Dataset are also captured in the PMHC MDS. As a result, WAPHA will not request Commissioned Service Providers to report data items that can be obtained from the PMHC MDS.

	• For the SDQ, scores range from 0 to 40, with a lower score indicating a lower level of behavioural difficulty for the child/adolescent.	
Mental health service type • Service Contact – Type from The PMHC MDS	In the long-term vision for WAPHA's Performance Dataset, WAPHA will capture service contact type for all mental health service contacts in the Service Contact Subset. This will help measure the following PQF indicators: • MH1 Rate of regional population receiving PHN commissioned low intensity psychological interventions. • MH3 Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness. The PMHC MDS includes a field for Service Contact – Type which is the main type of service provided in the service contact, as represented by the service type that accounted for most provider time.[97] The options for service types are: • No contact took place • Assessment • Structured psychological intervention • Other psychological intervention • Clinical care coordination/liaison • Clinical nursing services • Child or youth specific assistance (not elsewhere classified) • Suicide prevention specific assistance (not elsewhere classified) • Cultural specific assistance (not elsewhere classified) • Psychosocial support.	*Current collection status* 'Service Contact – Type' is listed as required for collection in the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[98] *Proposed collection in the long-term vision WAPHA's Performance Dataset* To be collected in the Service Contact Subset.
Mental Health practitioner category	In the long-term vision for WAPHA's Performance Dataset, WAPHA will collect mental health specific practitioner category. This will form	*Current collection status* Mental Health Practitioner category is required to be collected through the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[99]

	part of the SPOT analyses and will help assess the following PQF indicator: • MH2 Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals. Practitioner category refers to the labour classification of the service provider delivering the Service Contact. Practitioners should be assigned to the code that best describes their role for which they are engaged to deliver services to clients. Practitioners are registered in the PMHC MDS by Provider Organisations, with each practitioner assigned a code that is unique within the organisation. The options for practitioner category are: • Clinical Psychologist • General Psychologist • Social Worker • Occupational Therapist • Mental Health Nurse • Aboriginal and Torres Strait Islander Health/Mental Health Worker • Low Intensity Mental Health Worker • General Practitioner • Psychiatrist • Other Medical • Other • Psychosocial Support Worker • Peer Support Worker • Not stated	*Proposed collection in the long-term vision of WAPHA's Performance Dataset* To be collected in the Service Contacts Subset.
Suicide follow up: • Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral	In the long-term vision for WAPHA's Performance Dataset, WAPHA will capture timeliness of follow up for suicide-related referrals. This will help calculate the following PQF indicator: • MH5 Percentage (%) of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral.	*Current collection status* Service Contact Date, Referral Date and Suicide Referral Flag are listed as a required for collection in the Primary Mental Health Care Minimum Data Set (PMHC-MDS).[100] *Proposed collection in the long-term vision WAPHA's Performance Dataset* To be collected in the Service Contact Subset.

	This will be calculated using PMHC-MDS data items with the following numerator and denominator: Numerator: Number of episodes that commenced in the reporting period where the Suicide Referral Flag was recorded as 'Yes' and where the first Service Contact was recorded as occurring within 7 days or less of the Referral Date . Denominator: Number of episodes that commenced in the reporting period where the Suicide Referral Flag was recorded as 'Yes'.	

Appendix F Performance rubric example

As part of the performance management process (refer to Chapter 5 – Management above), WAPHA uses a performance rubric to assess Commissioned Service Provider performance. Below provides an illustrative example of a completed performance rubric.

Table 14 | Performance rubric - completed example

Category	Risk rating			Score
	1	2	3	
Performance indicators	<10% of indicators are not met and have deteriorated	10-30% of indicators are not met and have deteriorated	>30% of indicators are not met and have deteriorated	1
Performance factors	No concerns or risks	Some performance concerns and risks. These are considered to be relatively easy to rectify and unlikely to worsen if no changes are made. The overall impact to operations is likely to be low to moderate.	Significant performance risks and concerns. These are considered to be challenging to rectify and likely to worsen if no changes are made. The overall impact to operations is likely to be high.	2
Sector factors	No changes or issues	Some changes within the sector that may impact Commissioned Service Provider performance. The overall impact to operations is likely to be low to moderate.	Significant changes within the sector that may impact Commissioned Service Provider performance. The overall impact to operations is likely to be high.	1
			Total score:	**4**

Appendix G Action plan template

The following provides the action plan template referred to in Chapter 5 – Management. WAPHA will use the action plan to document, monitor and track the monitoring and support strategies put in place to address underperformance. The action plan and progress made towards the action plan will be reviewed with Commissioned Service Providers at the performance review meetings and adjusted if required.

Figure 18 | Action plan template

Current State *Where are we now?*	Actions *How are we going to get there?*	Desired Future State *Where we want to be?*
Service Model & Operation	**Service Model & Operation**	**Service Model & Operation**
Skills, Capacity and Experience	**Skills, Capacity and Experience**	**Skills, Capacity and Experience**
Organisational Capacity and Governance	**Organisational Capacity and Governance**	**Organisational Capacity and Governance**
Other	**Other**	**Other**
	Detail in attached detailed Action Plans	

Actions + Detail	Person Responsible	Target Completion Date	Status	Completion Date
PRIORITY 1: SERVICE MODEL & OPERATION				
PRIORITY 2: SKILLS CAPACITY AND EXPERIENCE				
PRIORITY 3: ORGANISATIONAL CAPACITY AND GOVERNANCE				

Measures of Success

How do we know we are progressing towards our 'Desired Future State'?

Service Model & Operation	Skills, Capacity and Experience	Organisational Capacity and Governance
•	•	•

Arrangements to monitor progress/implementation of action plan

Measure of Success	Frequency
Teleconference/Meeting	
Update of Action Plan	
Service Delivery Data Reports	
Annual Outcome Report	
Financial Statements	
Service Review/Document Process	

Appendix H Glossary

Below provides a list of the key terms used within the framework.

Table 15 | Glossary

Term	Description
Commissioned Service Providers	**Commissioned Service Providers** are all organisations WAPHA commissions to deliver a service or program to the community.
Commonwealth's PHN Performance and Quality Framework (PQF)	The **Commonwealth's PHN Performance and Quality Framework (PQF)** helps measure how the activities and functions delivered by Primary Health Networks (PHNs) contribute towards achieving the PHN Program's objectives. The framework has three purposes: to identify areas for improvement for individual PHNs and the PHN Program; supporting individual PHNs in measuring their performance and quality against tangible outcomes; and measuring the PHN Program's progress towards achieving its objectives.
Expectations	The '**Expectations'** element of the framework relates to setting expectations with Commissioned Service Providers about their performance and about performance management.
Health equity	**Health equity** is the notion that all individuals should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.
Management	The '**Management'** element refers to the actions, processes, and systems in place to improve Commissioned Service Provider performance and address any performance concerns.
Measurement	The '**Measurement'** element refers to developing a limited number of performance indicators which enable the assessment of performance outcomes and outputs of interests.
Plan, Do, Study, Act (PDSA) model	The **Plan, Do, Study, Act (PDSA) model** is a proven approach for developing, testing, and implementing changes in service delivery. It will be used to support WAPHA and Commissioned Service providers to design and implement changes that enable continuous improvement.
People	The '**People'** element refers to the performance management culture, capabilities, leadership, and ways of working between WAPHA and Commissioned Service Providers. This element cuts across all the other framework elements and is central to creating and maintaining an effective performance management approach.
Evaluation	**Evaluation** refers to the process of assessing broader performance trends across programs, sectors or regions.
Performance management	**Performance management** is the continuous process of improving performance by setting expectations, and regularly monitoring, reviewing, and measuring their progress. Performance management also focuses on developing the knowledge, skills and abilities of organisations. In WAPHA's context, this means developing the capabilities of us (as the commissioner) and of Commissioned Service Providers.

Term	Description
Performance reporting	**Performance reporting** refers to WAPHA communicating performance information to key stakeholders such as Commissioned Service Providers, the Commonwealth, and the public.
Primary Health Insights	**Primary Health Insights** is a national data storage and analytics system designed to host the deidentified primary care data of Primary Health Networks (PHNs).
Primary Health Network (PHN)	A **Primary Health Network (PHN)** is an independent organisation funded by the Australian government. PHN were established to deliver access to primary care services for patients. PHNs work with GPs, other primary health care providers, hospitals, and the broader community to improve outcomes for patients.
Quadruple Aim	The **Quadruple Aim** used within this framework consists of four quadrants: improved patient experience; improved provider experience; improved health outcomes; and improved cost efficiency.
The framework	**The framework** means this WAPHA Performance Management Framework, which sets out WAPHA's approach to measuring, monitoring, managing, and overseeing Commissioned Service Provider performance.
Sector	The **sector** refers to the primary health care system.
Sub-sector	**Sub-sector** refers to the different areas, programs, and services within the primary health care system, such as mental health, alcohol and other drugs, Aboriginal health, and aged care.
WAPHA's Performance Dataset	**WAPHA's Performance Dataset** is the key data for collection across Commissioned Service Providers, including the data needed to track performance indicators. This is detailed in Appendix D.

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