



Project reveals how the Queensland Health system can embed and support prevention



We engaged with more than 200 stakeholders to understand how the QH system supports or limits prevention

We identified 20 actions to prioritise, strengthen and embed prevention in the QH system



Core system factors must change to boost greater prevention practice and innovative models of care

Key messages

- Queenslanders are living longer, yet many people experience more years of poor health due to preventable chronic diseases.
- Effective chronic disease prevention in clinical settings improves quality of care and patient outcomes, increases the efficiency of the health system and improves health equity.
- There are many unseen and unknown opportunities to strengthen and integrate prevention as part of routine clinical care in the Queensland Health (QH) system.
- QH's Preventive Health Branch led a systems analysis to better understand how the QH system supports but also limits chronic disease prevention.
- The project, which focused on prevention in clinical settings, used a range of methods to engage with more than 200 stakeholders.
- It explored two case studies as entry points to better understand the QH system: what works in prevention and why, and how the dynamics and key drivers within the system could work better to strengthen prevention and embed sustainable system change.
- A key finding is that while many stakeholders are keen to prioritise prevention, they do not believe prevention is seen as part of QH's remit or an integral part of QH's quality clinical service delivery.
- It found there is a need to prioritise prevention and actively build a shared understanding and vision for prevention across QH.
- Other factors that can support sustainable prevention practices and programs are supportive governance, patient-centred care, systemic support for innovation, champions and connectors, and funding and finance systems.
- The project identified 20 intersecting actions across five domains to build the supportive systems, practices and culture to enhance prevention in the QH system. The actions will be considered as part of the QH reform process.

The project: Making prevention a health system priority – systems analysis project

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Project start: June 2021 **Project end:** August 2022

Why is this issue important?

Queenslanders are living longer, yet many people experience more years of poor health due to preventable chronic diseases.^{1,2} As the population ages, the high burden of chronic disease will continue to grow, reducing people’s quality of life and increasing pressure on the health system.

The evidence for the prevention of chronic disease is strong. In clinical services, effective chronic disease prevention improves quality of care and patient outcomes, increases the efficiency of the health system, and improves health equity.^{3,4}

While the case for prevention is clear, we need to know more about how to enhance support for chronic disease prevention and management in the health system, including integration across secondary and primary care.

Health systems are typically fragmented, with activity driven by acute episodes of medical treatment. Health services find it difficult to develop robust business cases for prevention activities, mainly because the acute care model is deeply embedded in the system’s culture, technologies and funding models. It can also be hard to quantify the health and economic impacts of prevention investment.

It is recognised that health systems must do things differently. Prioritising prevention and helping people manage their health throughout their lifetime is both a Queensland⁵ and national health reform priority.⁶

What did we do?

QH led a systems analysis to better understand how the state’s public health system supports but also limits chronic disease prevention.

The project was led by QH’s Preventive Health Branch, with the Prevention Centre providing expertise in system science and co-design to guide the analysis.

While the Queensland Department of Health and the Hospital and Health Services (HHSs) have a role across the prevention spectrum (see Figure 1), this project focused on secondary and tertiary prevention – that is, prevention within clinical settings.

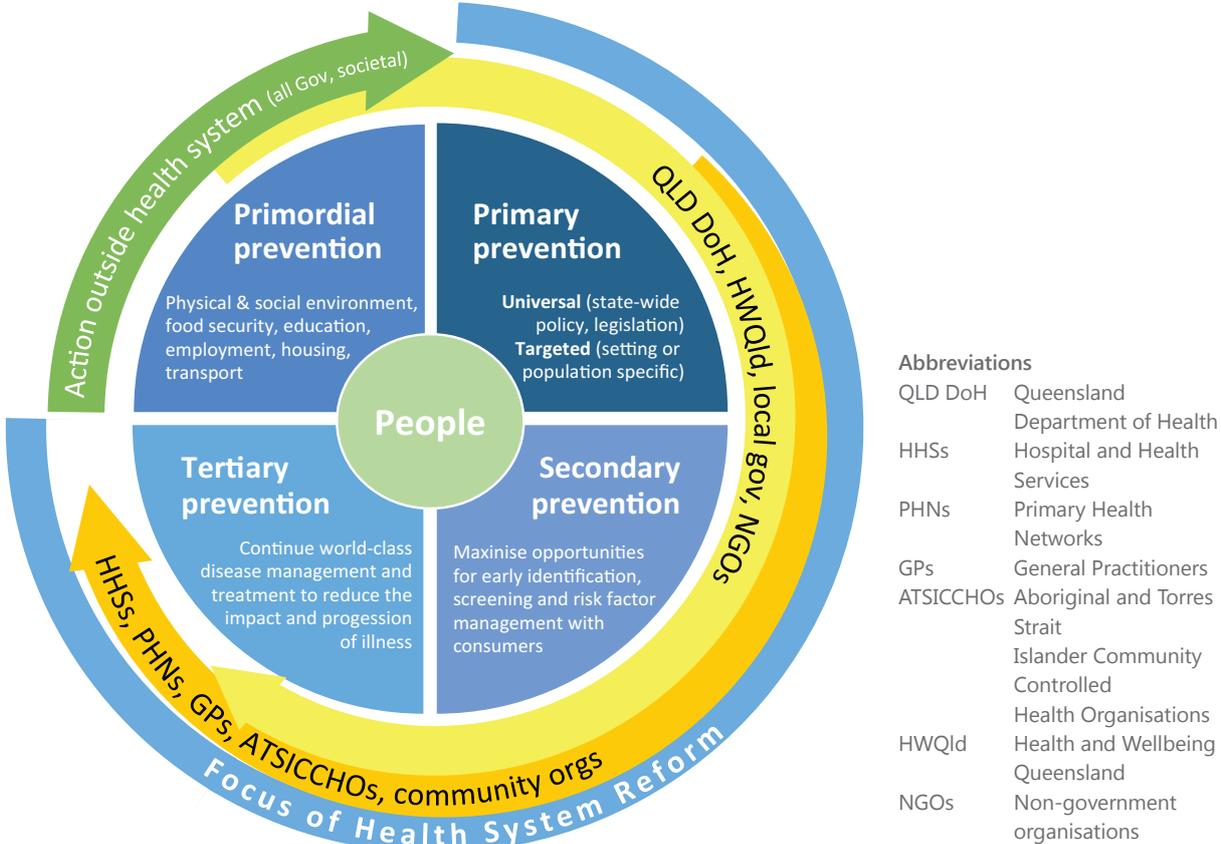


Figure 1: Spectrum of prevention interventions and key organisations in Queensland

The project used a systems approach to investigate chronic disease prevention within QH. It implemented a range of participatory and qualitative methods (see Figure 2) to deeply engage with a diverse range of more than 200 stakeholders from across QH to seek their knowledge and insights.

This approach helped the project team to better understand the complexity of the QH system, its underlying characteristics, the service delivery context and system inter-relationships, and how these relate to the complex challenge of chronic disease prevention in clinical settings.

The analysis took a case study approach (or exemplars) as it was recognised the project could not gain a 'full picture' of prevention within the system, but case studies could reveal insights to help start a positive system change process.

The exemplars, which were used as entry points to the system to highlight factors including barriers, enablers, interdependencies and opportunities for system change, were:

- Exemplar one: VOICeD (Virtual Outpatient Integration for Chronic Disease), an integrated virtual care initiative for the management of multiple chronic conditions.
- Exemplar two: type 2 diabetes, a national and state priority that has a significant impact on many Queenslanders and the health system, including equity impacts.

Through group model building processes, the team developed qualitative system diagrams that explored the relationships, dynamics and interactions between five subsystems that project participants identified as driving or hindering prevention in QH.

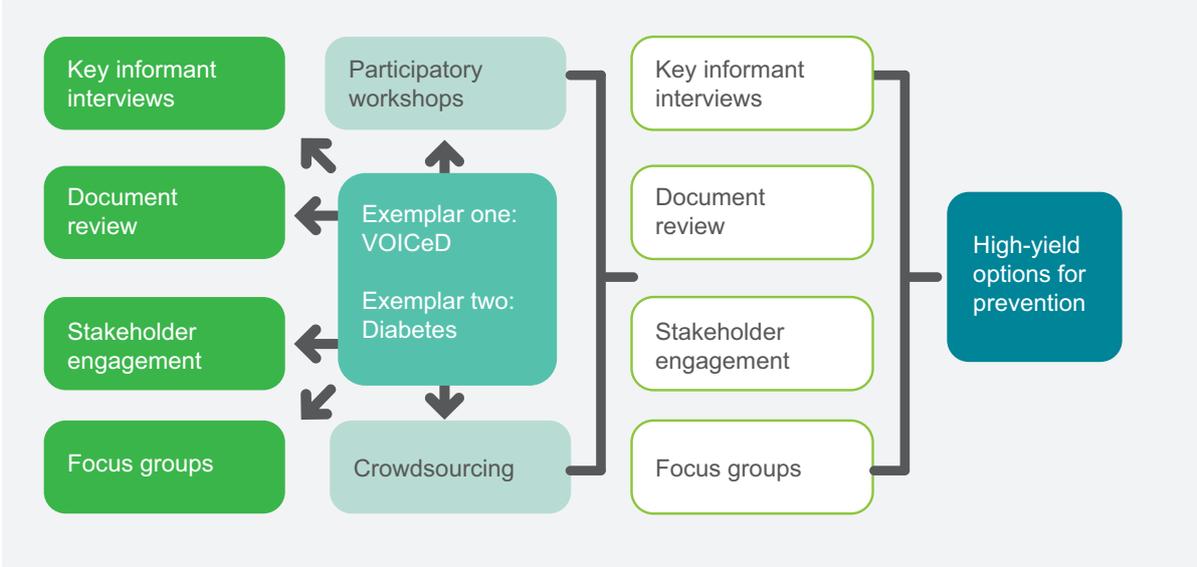


Figure 2: Methods overview

A key finding is that while stakeholders recognise the value of prevention and want to prioritise it, prevention is not seen to be within the remit of QH, or as an integral part of acute care or other clinical services delivered by QH.

The project found there is a need to actively build a shared understanding and vision for prevention across QH. It identified five key systemic areas driving or hindering prevention:

1. Patient-centred care
2. Innovation and agility
3. Funding and finance
4. Champions and connectors
5. Sustainability of prevention programs

“The true value of strengthening all forms of prevention is that every Queenslanders will encounter a healthcare system that is working alongside them to keep them healthier for longer. Not a system that stops and starts but one that is truly comprehensive.”

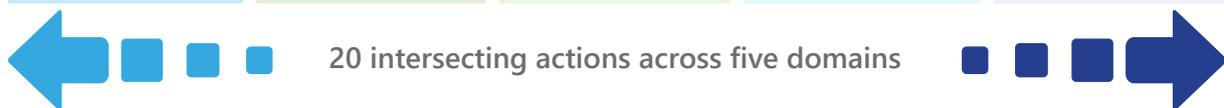
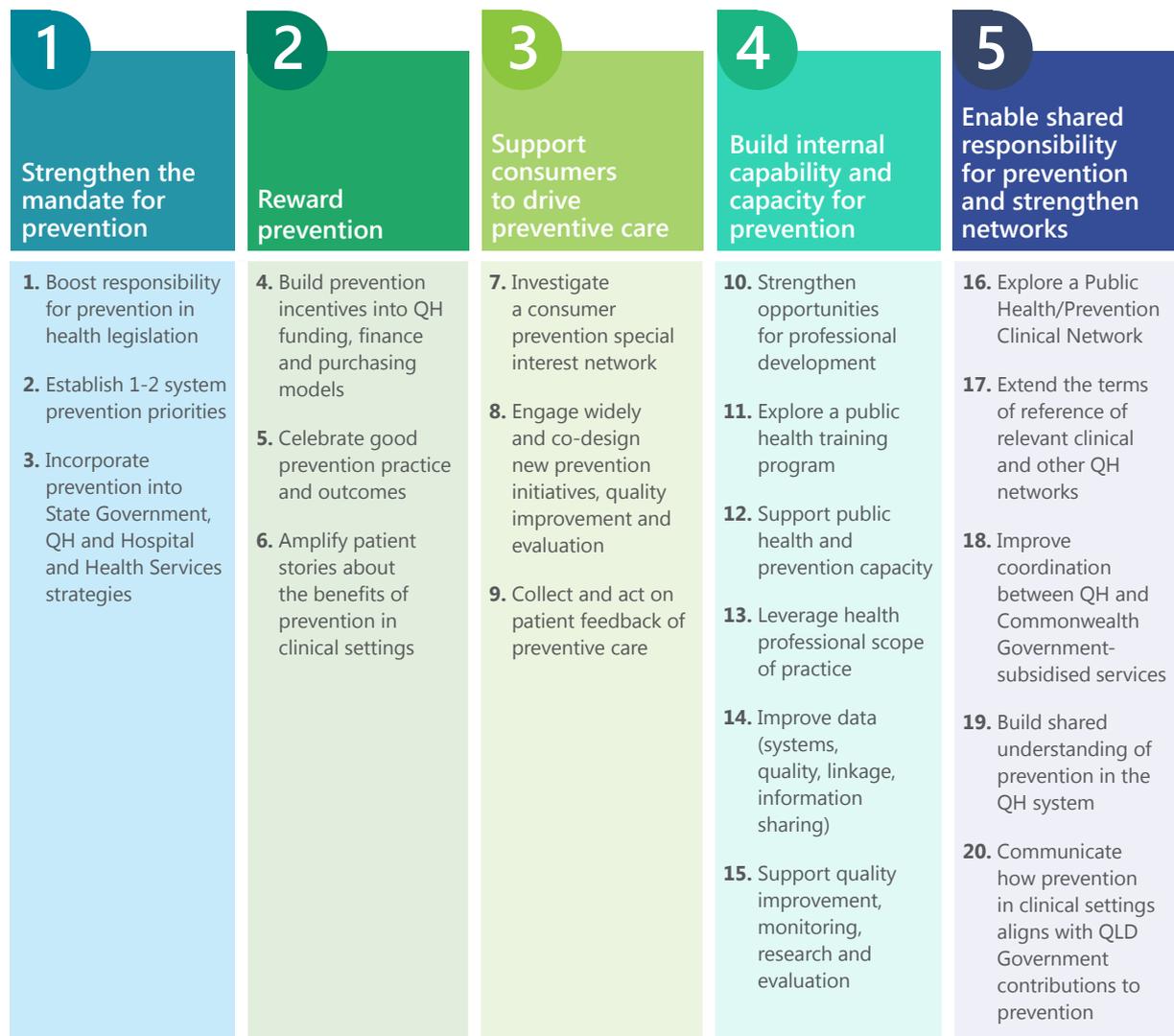
A member of the project Expert Advisory Committee

How to turn prevention innovation into sustained practice

People within QH recognise the inherent innovation of prevention initiatives and there are pockets of great prevention practice and innovative models of care incorporating prevention across the state. However, to be scalable or shift innovative practice to become sustained and routine, the systems around these prevention efforts need to change. These system factors include funding models and clinical/executive support and evaluation restrictions that limit the ability to measure change, such as limited formal evaluation, short-term evaluation focus and narrowed measures.

The project identified 20 actions, across five intersecting domains, to address the key findings of the system analysis (see below). Acting together, the actions aim to help embed and amplify chronic disease prevention within QH.

Actions to strengthen chronic disease prevention in the QH system



“An ambition for the system is to build prevention into the QH DNA, so that at every contact with the QH system, every clinician looks after the current illness but also supports and empowers consumers to prevent a future illness.”

Mark West, Executive Director of the Preventive Health Branch, QH

Why does it matter?

The project has identified a mix of high-impact opportunities to prioritise, strengthen and embed chronic disease prevention in and across the QH system.

Together, the suite of actions can enhance the power and value of prevention within and by QH. This will enable Queenslanders, both patients and those working within the system, to realise the full benefits of their healthcare system and its potential to manage and prevent the growing burden of chronic disease.

“Preventing widespread chronic health conditions like heart disease and type 2 diabetes will lead to a happier community and fewer costly hospital admissions. The systems analysis approach used in this project has identified pathways towards improving health for many Queenslanders.”

Expert Advisory Committee: Consumer member

What does this mean for policy and practice?

The systems approach has raised the profile of prevention and enhanced relationships. This will continue to foster and harness engagement, reflection and goodwill for wider change across the QH system.

While the project has provided valuable insights for QH, there are also lessons for other jurisdictions. The National Preventive Health Strategy 2021–2030 and the National Health Reform Agreement 2020–2025 (Schedule C) have both identified prevention in the health system as key areas for action.

“Currently many benefits of prevention are not recognised or are under-recorded within health. The project’s rigorous approach to identifying all of the elements within existing successful prevention programs, and testing those with broader expert and stakeholder groups has resulted in recognising the critical elements that do work so we can build programs that succeed.”

Expert Advisory Committee: HHS member

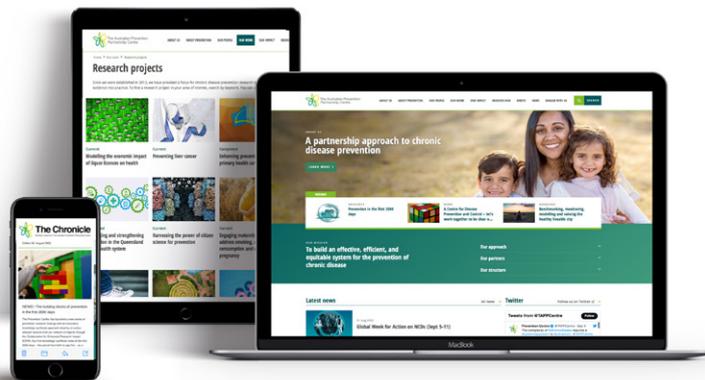
Next steps

The Preventive Health Branch is working to ensure that the package of actions is integrated with the QH Reform Office’s broader approach and strategy.

Implementation planning is underway, including identifying opportunities, gaps, integration and lead areas and building in co-design and collaboration with system stakeholders and consumers.

References

1. Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW; 2019.
2. Productivity Commission. Impacts of Health Recommendations, Shifting the Dial: 5 year Productivity Review, Supporting Paper No. 6. Canberra, 2017.
3. Musich S, Wang S, Hawkins K, Klemes A. The impact of personalized preventive care of health care quality, utilization and expenditures. *Popul Health Manag*, 2016; 19(6) 389-397. doi: 10.1089/pop.2015.0171.
4. Centers for Disease Control and Prevention. How we prevent chronic diseases and promote health. 2021 [cdc.gov/chronicdisease/center/nccdphp/how.htm](https://www.cdc.gov/chronicdisease/center/nccdphp/how.htm)
5. Queensland Health. Unleashing the Potential: an open and equitable health system. 2020. QH. Brisbane.
6. Australian Health Ministers. National Health Reform Agreement (NHRA) – Long-term health reforms – roadmap. 2021



For more resources and publications related to this project, visit our website, preventioncentre.org.au



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