

Victorian Allied Health Ministerial Advisory Committee

Towards Strategic Certainty

Allied Health thought leaders met on Friday 12 June 2015 to determine what would be the next key Victorian objectives for AH to maximise strategic certainty in the changing Australian health environment.

There was resounding agreement from these leaders that the 'time is right for Allied Health'; Allied Health now needs to emphasise strategic action over tactical opportunities, and critical to this is unity, one voice, and a collective purpose.

They shaped **five key tenets** to frame the vision of how Allied Health will collectively meet the health needs of consumers and actively contribute to the political and policy agenda around increasing effectiveness whilst containing costs, managing growing demand and matching the workforce to need.

Allied Health will act to create a visible identity, using the power of a collective voice to present its impact and accessibility

The Allied Health way of working is responsive to and shaped by the health needs of the community and consumers

Our strategic engagement beyond Allied Health is necessary to actively inform political and policy discourse

Allied Health must work together with others in health care to achieve authoritative participation in systems level thinking and action

The timing is right now for Allied Health action to deliver this vision

The group's discussion was characterised by strong engagement as a collective, clearly articulated directions and a high level of agreement and commitment to:

- ➡ Strengthening allied health visibility; allied health needs a coherent story around its identity – its impacts, size, presence, legitimacy, flexibility and agility, and influence. Allied health value is in creating cost effective care and a healthier community, achieving more for the money it spends
- ➡ The time is now for collective action. Continued fragmentation inhibits us from achieving best outcomes for patients.
- ➡ Our 'burning platform' is the illness, medical model, which no longer adequately functions or meets the needs of those with chronic conditions, ageing and need for early prevention of deterioration. Politicians and policy makers need a solution now.
- ➡ Our key opportunity is to decisively focus on health, wealth (enabling social and economic participation) and well-being, rather than the illness paradigm.
- ➡ Define our policy space by highlighting allied health services and approaches that are highly attractive to politicians, policy makers and CEOs, using health, wealth and well-being as our anchor points to the health system.
- ➡ Our narratives will feature combined effort of science and therapy allied health, but it is not feasible or effective to cover all 27 disciplines at once.
- ➡ Package allied health evidence of both clinical practice and contribution to increasing system performance and economic and social participation, improving workforce shortages, and managing demand. Business language should be used: **"This is what we do to improve care"** – not 'we should, will, or could'.
- ➡ Provide easy ways of identifying allied health collectiveness, outputs and outcomes, and access, an example being for consumers as budget holders.
- ➡ Raise allied health political awareness and skills in influencing political and policy processes. Make greater investment in those coming into workforce as future change agents to answer - 'is what we do valued?' and 'how to access this thing called allied health'.
- ➡ Move from jurisdictional level influence to influencing whole of health needs. Accept the long term challenges - influence change in funding models via reviews (MBS) and PHCNs.
- ➡ Allied Health is a confident leader in the health system if it finds the unifying 'core issues', is relevant, and fixes 'permission-based' thinking
- ➡ Use opportunities to influence the CW Chief Allied Health Officer; use the NAHAC / Chief AH Advisors to influence and sell the story; learn from outside the industry
- ➡ As well as achieving internal coherence, allied health need to use the power of partnerships and collaboration to be part of the whole-of-workforce reform for productivity and best client care.
- ➡ Allied health must use multi-modal approaches to reform (considering skills–mix and workforce models not just scopes of practice) to reflect health priorities; and avoid repeating the consequences of deconstruction (fragmentation and specialisation) as the current response to complexity.

NEXT STEPS

Our shared purpose is to collectively contribute to Victoria's health, wealth (enabling social and economic participation) and well-being.

A second paper will be commissioned to spearhead allied health action towards strategic certainty, to influence the policy and political discourse¹. The paper will outline a medium term strategy to answer the questions of who allied health are, how we contribute to health, wealth and well-being, how we can maximise that contribution and play a larger role than currently recognised.

1. Our vision of what is possible

The allied health contribution is highly visible and recognised by all stakeholders, where currently:

- their involvement is under-recognised
- population demographics make it even more pressing that allied health is better harnessed around what they do now and can do more of; and can do differently and more effectively given the right conditions
- allied health have solutions to some of the pressing and large problems of demand

2. Evidence of what is done and how it will be packaged

- Analysis of Australian evidence : may be incomplete and variable for different disciplines
 - identify international evidence that will fill this gap for a best case scenario, future return on investment if harnessed and adequately invested in
 - Allied health have more than context specific clinical results – there is compelling evidence of their contribution to reform for quality, safe services at an affordable price in the right setting
- Distil the key principles of how allied health work as a collective to deliver best outcomes

3. A case for change around value for money, if allied health capability and capacity is used optimally

Select 3-4 key strategic objectives for the next 2-3 years, consistent with the directions developed in the workshop;

- with the anchor points probably centred around the health, wealth and well-being of the population as productive and participative consumers
- use patient journey maps (across ageing, chronic conditions, lifecycle) to locate
 - a. the responding allied health models and contributions
 - b. integrate medical and nursing models, to ensure consumer needs drive the care and whole-of-workforce reform
- use case studies for narratives of impact
- synthesise information for contemporary health care funding models to deliver targeted information to reviews and other audiences.

A further workshop will occur.

In the interim the Ministerial Advisory Committee and other allied health participants will be asked:

- to populate the building blocks of this strategy with compelling narratives of client care models
- that integrate both the scientific and therapy allied health contributions

¹ This will be a companion piece to the White Paper: A review of allied health workforce models and structures. A report to the Victorian Ministerial Advisory Committee for Allied Health, February 2015

