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Workforce productivity pathways in health and social care

A discussion paper prepared by
Aspen Medical Advisory Services

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Contents

Executive summary

This paper offers innovative solutions for workforce productivity improvement in the health and care sectors, focussing on aged care, disability care and mental health. It notes the work of the Productivity Commission and the productivity related recommendations from royal commissions into aged care and mental health. The purpose of the paper is to promote consideration and dialogue with governments and healthcare stakeholders.

The paper has been developed by Aspen Medical Advisory Services in consultation with senior managers and clinicians of Aspen Medical and external subject matter experts.

Widespread health workforce shortages are affecting a range of operations and reform plans across the health and care sectors. Recent events, including COVID-19, the pause in immigration, and low unemployment, have converged to make the shortage acute, at the same time as accelerating new modalities of care through telehealth. While some innovations born from the pandemic are promising, a worrying underlying trend is the relatively low, and in some cases declining, productivity of labour in the health and care sector. A number of pathways to improve productivity have now been recommended by several government enquiries and reviews.

This paper showcases Aspen Medical's practical deployment of some of these pathways and suggests how they can be incorporated further into solution development. It also invites exchange of ideas and challenges industry to consider issues around productivity improvement through a set of questions posed at the end of the paper (page 21).

The causes of health workforce shortages

While workforce shortages vary with location and sector, it is a global concern that spans multiple industries. The care sector is particularly hard hit and if current trends continue, Australia's caring economy will face a shortage of over 200,000 workers by 2050.[1]

While workforce shortages are currently being addressed through better pay, skilled migration, training and education policy reform, the Productivity Commission has identified 'cost disease' due to low labour productivity in the caring sector as a pernicious cause of health workforce shortages. Consequently, productivity growth is considered an essential remedy.[2]

The last 20 years have seen a large slowdown in productivity growth in Australia from over 2 per cent per annum to around 1.2 per cent per annum. The Productivity Commission notes that "today, to be a high productivity, high income country it is necessary to have a high productivity services sector."[3] In no small part, the healthcare and social assistance industry needs to increase productivity as it is the largest employing industry in Australia.

The Strengthening Medicare Taskforce and several recent royal commissions into aged care, mental health, disability and veteran suicide all highlighted common major issues facing public health and care sector reform in Australia. These issues focused on:

- quality of life and care in the community
- supporting the workforce to provide care more effectively
- improving the productivity of the health and care sector.

Workforce productivity pathways

Our 'care system' has an overarching objective of delivering high-quality and efficient care. If it is to solve the labour productivity conundrum, it must pursue a transformation journey including:

- people-centred models of care
- flexible, multidisciplinary and integrated configurations of service delivery
- technology integration, digitalisation, data analytics and artificial intelligence
- remodelling of occupational contours and job design optimisation.

The COVID-19 pandemic showed that rapid transformative change is possible and highlighted the types of change that will be required to address productivity challenges in the care workforce. The Productivity Commission suggests the necessary transformation requires showcasing innovation and success stories, leading to the possibility of large-scale implementation.[2]

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[1] Care Workforce Labour Market Study (nationalskillscommission.gov.au)
[2] Australia's health workforce — a future looking perspective - Speech - Productivity Commission (pc.gov.au)
[3] Services Sector Productivity - Speech - Productivity Commission (pc.gov.au)

Aspen Medical's productivity improvement experience

Aspen Medical has several programs that demonstrate productivity improvement. Three of these are discussed in this paper:

- The Remote Area Health Corps (RAHC), which co-designs and delivers bespoke programs to address the persistent challenges that Northern Territory Indigenous communities face in accessing primary care. High levels of support for those new to remote work ensures these professionals are productive from the beginning of their placement.
- The rapid establishment of 150 GP-led respiratory clinics to augment the testing, and subsequent vaccination, effort during the COVID-19 pandemic. Collaboration with Telstra ensured the productivity gains from assured functionality of information and communication technology at commencement.
- Through a partnership with Hawaii Native Corporation, Aspen Medical is providing full case management 24/7, 365 days a year via telehealth services to United States defence personnel facing mental health challenges. Early access to full case management via telehealth aims to keep more of these personnel working productively.

Toward more productive services

This paper provides analysis and proven ideas for Aspen Medical's clients, partners and stakeholders including how:

- the public, private and community sectors might work better together to serve all their needs
- to support our workforce to become more productive in delivering services in these sectors
- how the elderly, disabled and people with mental health challenges and their carers can be empowered to improve their own care.

We then provide several concise potential offerings to show how the ideas in the paper can be used to create value propositions. These include:

- a virtual care offering to the aged care sector
- mental health offerings to the Victorian Government and the Australian Government Department of Veterans' Affairs
- offerings in disability and aged care to proactively manage health and wellbeing for consumers and carers.

The paper concludes with a series of discussion starter questions about productivity matters. The purpose is to inspire others with our ideas and experience in transforming healthcare in the most challenging environments and motivate the healthcare industry to work with us wherever we're needed.

1. Workforce shortages

Workforce shortages occur when there are not enough suitable workers participating in the labour market. Although the impact varies with location and sector, this is a global concern across multiple industries.[4] Further, the current Australian unemployment rate is low at 3.6 per cent, and the workforce Participation Rate is at a record high of 66.9 per cent.[5]

The healthcare and social assistance industry is the largest employing industry in Australia, employing one in seven people in the Australian workforce. This aligns with trends in the OECD. In 2020 in Australia, over 1.7 million people were employed in the sector, which is projected to increase to more than 1.9 million by 2024.[6] Given its size and growth, it is not surprising this sector faces perhaps the largest workforce shortage in the Australian economy. There are several causes for these shortages, including the COVID-19 pandemic, population ageing and structural labour force challenges:

- **COVID-19**, which has seen a significant movement of people out of certain sectors (e.g. airline and health) but also out of the broader workforce due to long term health challenges. The healthcare and social assistance industry accounted for the largest share of people who changed jobs in the year ending February 2022 (12.2 per cent)[7].
- **An ageing population** where those aged 55+ are expected to make up about 40 per cent of the adult Australian population by 2050.[8] This population is retiring or looking to rebalance work life commitments.
- **Low unemployment and low wages** are leading to a very mobile workforce. As the care sector has relatively low wages, its workforce is moving to better paid occupations.

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[4] https://www.afr.com/policy/economy/why-we-don-t-have-enough-workers-to-fill-jobs-in-4-graphs-20220621-p5avcc
[5] https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release
[6] A caring nation – 15 per cent of Australia's workforce in Health Care and Social Assistance industry | Australian Bureau of Statistics (abs.gov.au)
[7] https://www.abs.gov.au/statistics/labour/jobs/job-mobility/latest-release
[8] CEPAR Research Brief: Tapping into Australia's ageing workforce: Insights from recent research

These factors have recently been addressed by the Fair Work Commission's 15 per cent pay increase for over 250,000 aged care workers (from 1 July 2023), a return to pre-COVID-19 immigration numbers, and the return of international students. The expansion of the Pacific Labour Scheme, increasing the number of new arrivals and the time they stay, with some particular industry and regional targets, will also benefit the health and care sector.

Workforce demand

Nevertheless, workforce demand in the care sector will exceed workforce supply, creating a gap that will continue to grow. This gap is expected to be approximately 211,430 full-time equivalent (FTE) positions by 2049–50.[9] The key conclusion drawn from government modelling was that the care and support workforce may need to look different in the future, no matter the size of the gap. In particular, stronger labour productivity growth is required to redress the imbalance in the labour market by lowering future workforce demand and increasing the potential supply of workers for the care and support sector.[10] The pool of potential health and care workers is on average getting older, healthier and more educated. The over 55s will be an increasingly important part of the care workforce.[11]

A global study by the University of California and the OECD released in 2017 suggests that by 2030, global demand for health workers will rise to 80 million workers, double the current (2013) stock of health workers, while the supply of health workers will reach 65 million over the same period, implying a worldwide net shortage of 15 million health workers by 2030. Growth in demand will be highest in higher income countries.[12]

However, these health workforce projections assume no or limited changes in the technology or efficiency of the healthcare delivery system: that there will be no changes in the organisation of the health care delivery system, or in worker productivity. It is precisely these changes that are being called for both internationally and within Australia: improvements in health worker productivity through technology-driven efficiency gains, changing the skills mix and other cost-savings approaches which are required to provide equivalent levels of health care services with fewer staff.

Why is productivity important?

The last twenty years have seen a large slowdown in productivity growth in Australia, from more than 2 per cent per annum to around 1.2 per cent per annum. This has adversely affected growth in living standards and real wages. This has, in part, been a result of the expansion of the services sector (including health and

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[9] https://www.nationalskillscommission.gov.au/sites/default/files/2022-10/care_workforce_labour_market_study_-_report_summary.pdf
[10] https://www.nationalskillscommission.gov.au/sites/default/files/2022-10/care_workforce_labour_market_study_-_report_summary.pdf
[11] CEPAR Research Brief: Tapping into Australia's ageing workforce: Insights from recent research
[12] https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0187-2

care) as a proportion of the economy over this time, amplifying the lower labour productivity growth in this sector.[13]

Various inquiries have recommended similar ways to improve productivity in the health and care sector. These include reports of royal commissions into ageing and mental health (summarised in the appendix below), papers prepared for the review of the National Disability Insurance Scheme and the report of the Strengthening Medicare Taskforce.[14] They have been analysed in various Productivity Commission reports and summarised in Commissioner Brennan's 2022 Deeble Lecture. A consensus has emerged that the key ways to drive productivity increases in the health and care sector are:

- people-centred models of care
- flexible, multidisciplinary and integrated configurations of service delivery
- digitalisation, data analytics and artificial intelligence
- remodelling of occupational contours and job design optimisation.

Let's consider why productivity growth is important. In the broad economy, sectors where labour productivity has increased strongly need relatively less workers, whereas sectors such as health and care where labour productivity lags need relatively more workers as time goes by. In order to attract workers to these jobs, wages go up for the whole sector (not just new workers), meaning that paradoxically, wages go up for low productivity workers, increasing costs to the health sector *because* its productivity is low. Economists call this 'cost disease'.[15]

To control costs over the longer term, the health and care sector can provide fewer services and it can increase its productivity. Reducing ineffective or inefficient service provision is important because the industry overuses many services, and some are harmful. On the other hand, this will not on its own solve cost disease in the health and care sector: no other industry solved its cost problems by simply consuming less, they also improved productivity.[16]

Productivity growth increases the volume and quality of health services by improving the efficiency and productiveness with which inputs are used, including human labour. With growth in productivity, an economy can produce more or higher quality care services using the same amount of labour or budget.

[13] Australia's productivity slowdown – Parliament of Australia (aph.gov.au)
[14] Strengthening Medicare Taskforce Report (health.gov.au)
[15] Understanding Baumol's Cost Disease And Its Impact On Healthcare (forbes.com)
[16] Improving Hospital Productivity As A Means To Reducing Costs | Health Affairs

Productivity challenges by sector

Turning to specific examples, we outline below the productivity challenges by key care sectors that are currently subject to major reform.

Aged care

As the population ages, there will be a further shift in the services sector towards those that cater to an older population. These tend to be less capital intensive and have slower productivity growth.[17] The increased preference for care in the home has contributed to the people entering residential aged care being typically older, with higher levels of frailty and requiring increased levels of care.

Residential aged care providers are having to change from offering predominantly low care over a longer period towards high care for a shorter period.[18] The challenge is to find pathways to improved productivity as the sector responds to these changes.

Mental health

The Productivity Commission 2020 Inquiry Report into Mental Health estimated that the direct cost to the Australian economy of mental illness and suicide is up to $70 billion per year. The productivity implications of mental ill-health include people requiring time off work to maintain their wellbeing and reduced productivity in the workplace due to psychological distress and other mental health challenges.[19]

Employers can do more to support their staff. Research points to increased scope for more investment around tackling stigma, increasing awareness of mental health issues and providing adequate training for employees. SMEs in particular have emerged as a lower visibility, but higher risk, category where employees may benefit from greater formalised support.[20]

With regard to improving productivity in mental health services themselves, the King's Fund identified four levels for potential productivity improvement in:

- back-office costs
- workforce
- clinical practice
- commissioning and redesigning care pathways.

A key finding was that altering clinical practice—and specifically reducing the widespread variation that exists in clinical practice—holds the greatest hope for improving productivity.[21] More coordinated care through better designed care pathways will be a major part of this.

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[17] 2021 Intergenerational Report (treasury.gov.au)
[18] 2021 Intergenerational Report (treasury.gov.au)
[19] Inquiry report - Mental Health - Productivity Commission (pc.gov.au)
[20] Mental health and employers: Refreshing the case for investment | Deloitte UK
[21] Mental health and the productivity challenge: improving quality and value for money, Chris Naylor and Andy Bell, The King's Fund, 2 December 2010 (kingsfund.org.uk)

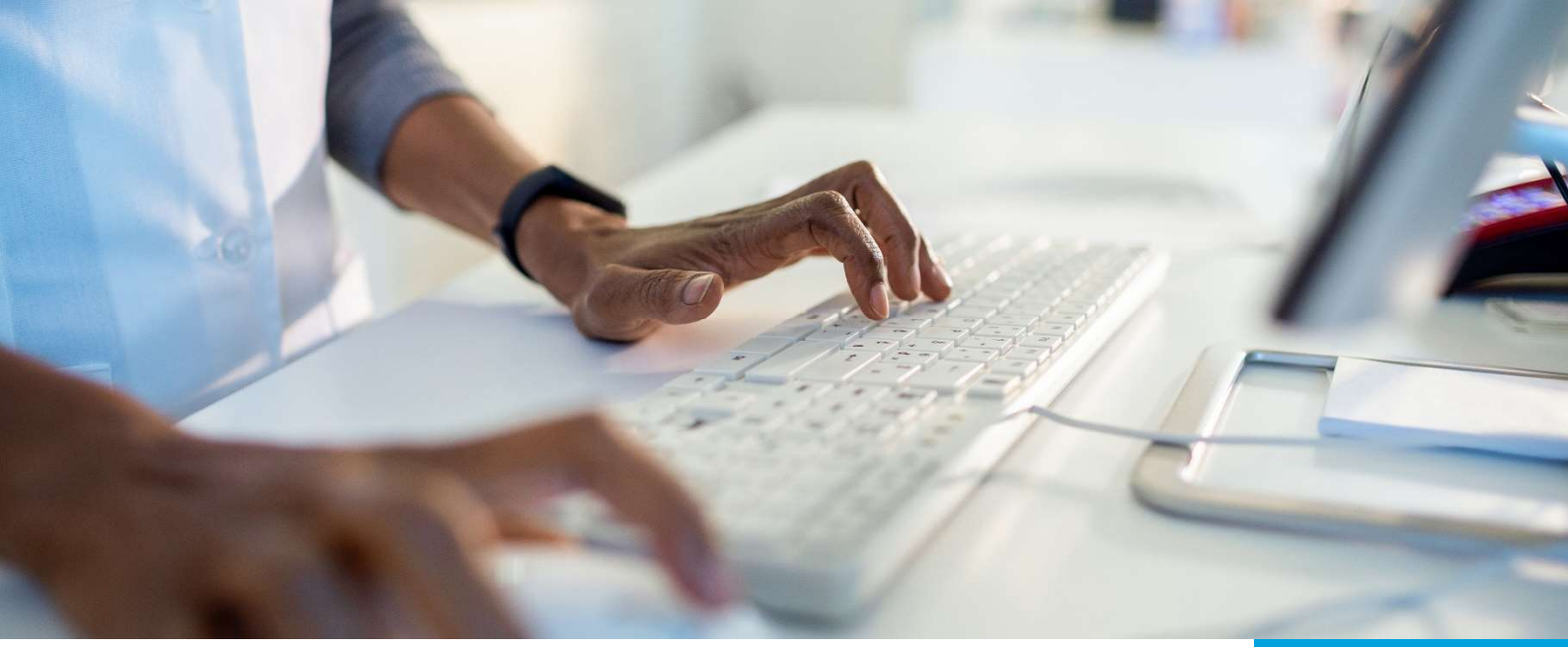
Disability

Uncertainty remains around the full cost of the National Disability Insurance Scheme (NDIS), as participant numbers continue to grow at a higher-than-expected rate. Another cause of higher-than-expected participant growth is participants not exiting the scheme due to lower improvements in their level of function than expected.

The drivers of NDIS spending are the average cost per participant and the number of participants in the scheme. Average annualised payments per participant have increased by 12.5 per cent per year between 2018 and 2021. This is well above wage increases in the sector, which ranged between 1.4 and 2.3 per cent per year.[22]

The government response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (final report due September 2023) is expected to place additional pressure on the NDIS, and raises the stakes on the NDIS Review currently being led by Minister Shorten. Population ageing and reforms to aged care will likely increase demand on the care workforce. Coupled with increasing demand across the broader care sector, this will place upwards pressure on disability sector staffing costs and, therefore, NDIS costs. Again, pathways to increase productivity will need to be found.

[22] 2021 Intergenerational Report (treasury.gov.au)



2. Productivity solutions

Many of the recommendations of the Royal Commission into Aged Care Quality and Safety, the Royal Commission into Defence and Veteran Suicide and the Royal Commission in Victoria's Mental Health System Review are about improving productivity. These recommendations are summarised in the appendix below. The royal commissions examined some of the major issues facing health and care sector reform in Australia, focusing on the quality of life and care in the community for the elderly, the disabled and those with serious mental health challenges.

It is not enough to say more needs to be spent, we must also find ways to support our workforce to provide care more effectively and to improve the productivity of the health and care sector. If we are to solve the labour productivity conundrum we must pursue a transformation journey that might include:

- standardisation of care processes and new business models
- implementation of population health programs
- integration of care across multiple venues
- workforce redesign and optimisation
- creation of digital front-door capabilities
- implementation of telehealth
- development of analytics to measure care costs and quality
- implementation of an electronic health record accessible by the consumer and across care settings.

This list could of course be longer. Under the next four headings, we consider four of the main broad reform directions that have clear supporting evidence that they can contribute to improving productivity.

People-centred models of care

In people-centred care, an individual's specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements. Health care providers, informal carers and patients are partners, and providers treat patients not only from a clinical perspective, but also from emotional, mental, spiritual, social and financial perspectives.[23]

The evidence is clear that putting people's outcomes and experience at the centre of care decision-making supports safe, high quality and high value care. Policy makers (including the recommendations from the Productivity Commission and various royal commissions) all recommend an integrated care system, centred on the people it serves, that provides seamless care within the health system and at points of connection with social and aged care. An example is the NSW Health Strategic Framework for Integrating Care.[24]

People-centred care has a vital role in making our caring services more effective and solving otherwise intractable issues. It is built around co-production and creating a double prize of maintaining wellbeing and saving money. One of the methods of achieving this dual cost saving and productivity gain is by bringing in extra resources via the help of clients, their families and neighbours.[25]

Flexible, multidisciplinary and integrated configurations of service delivery

People with complex needs and long-term conditions benefit most from integrated care provided by multidisciplinary teams.[26] Multidisciplinary teams (e.g. care professionals under guidance of a care coordinator, depending on the specific delivery model) are a mechanism for organising and coordinating health and care services to meet the needs of individuals with complex care needs.

Redesigning care systems is essential to creating productivity pathways. The highly regarded case study of Southcentral in Alaska[27] provides an illustration of this in a primary and community care setting. It demonstrates the development of close partnerships between primary care teams and hospital specialists within a clearly defined, place-based system of care. They are supported by common governance and simple arrangements to pool budgets to share cost savings.

The recommendations from the various royal commissions in the appendix below illustrate the redesign requirements that are emerging in Australia.

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[23] What Is Patient-Centered Care? (nejm.org)
[24] strategic-framework-for-integrating-care.PDF (nsw.gov.au)
[25] The Challenge of Co-production Discussion Paper (neweconomics.org)
[26] Multidisciplinary teams working for integrated care | SCIE
[27] Intentional whole health system redesign (kingsfund.org.uk)

Digitalisation, data analytics and artificial intelligence

Digitalisation made massive progress in Australia during the COVID-19 pandemic. In aged care, long term care needs assessment became virtual, while online interpreting services ensured that services could be accessed by many cultural minorities. Home-based recipients received comprehensive support to use tablets (involving the distribution of tablets with pre-installed apps, help to connect to Wi-Fi at home, training, etc.). The take-up by the elderly was rapid. In parallel, Australia supported providers (e.g. meal providers) to develop online services so that older people could perform their daily activities online as much as possible (groceries, meals, social activities etc.). Additional support was provided for those living in remote areas (e.g. online monitoring of health conditions, personal alarms in the event of a fall).[28]

The COVID-19 pandemic necessitated rapid adoption of digital tools and new flexible working arrangements, forcing the healthcare industry to become more agile. The near-overnight switch to telehealth services and working from home has proven a gamechanger for the patient, practitioner and employee experience.

This rapid adoption of new ways of working created by the pandemic shows that changes needed to address productivity challenges in the care workforce can be achieved quickly. Before COVID-19, only 3 per cent of Australians had participated in a telehealth consultation. By June 2020, a further 34 per cent had[29] and the change stuck: in 2021–22, 31 per cent of Australians had a telehealth consult for their own health.[30] Digital workflows have streamlined the prescribing process for maximum efficiency; prescriptions are now managed electronically, so patients can go from diagnosis to collection in minutes.

The previously slow digital transformation of the care sector was partially due to high costs and the poor connectivity in some parts of the country, but also because of the heavily regulated nature of the sector. This resulted in an effective innovation straitjacket that among other things limited the ability of start-ups to harness their flexibility and transform established business models.[31]

The Intergovernmental Agreement on data sharing came into effect in July 2021—right in the middle of the pandemic emergency—committing all Australian jurisdictions to share public sector data as a default position (where it can be done securely, safely, lawfully and ethically).[32] It is now recognised that data is a shared national asset that needs to be shared to maximise value and deliver outstanding policies and services. This will remove some of the barriers to productivity improvements.

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[28] OECD-COVID-19-in-long-term-care.pdf (fondazionecerm.it)
[29] gp-insights-2020.pdf (commbank.com.au)
[30] Patient Experiences, 2021-22 financial year | Australian Bureau of Statistics (abs.gov.au)
[31] Digital Transformation and Disruption of the Health Care Sector: Internet-Based Observational Study - PMC (nih.gov)
[32] Intergovernmental Agreement on data sharing between Commonwealth and State and Territory governments | Federation

Remodelling of occupational contours and job design optimisation

For OECD Member countries to keep the current ratio of caregivers to the elderly population will demand, on average, that they more than double the current number of long-term care (LTC) workers[33]. The projected need for LTC workers could be lower in a context of healthy ageing and productivity increases, but would be substantially higher if countries wish to increase current carer to client ratios to enhance quality or because of higher care needs among the future population.[33]

Remodelling of occupational contours can include increasing task delegation and the associated additional training for nurses, personal care workers who would need to be better equipped with skills to manage chronic diseases and complex needs, such as dementia. Task delegation within interdisciplinary team management programmes is associated with a higher quality of care and enhanced productivity.

Greater consideration and inclusion of informal carers in workforce strategies, including an enhanced role within the care team, can also lead to productivity improvements. Simple digital apps can help service providers build comprehensive care systems in which informal carers are better included, facilitating the work of all carers through collaboration between formal and informal cares across the aged, disability, health sectors.

Australia will need the care sector to develop systems to maintain, or potentially increase, the contribution of informal (family) carers. However, this will also require alleviating the burden felt by informal carers and reducing the economic costs associated with caring responsibilities. The Australian Government's Carer Payment provides compensation and recognition, but also important is a proper care plan, including basic training for the informal carers, work reconciliation measures (such as flexible work arrangements), telehealth and access to respite care.

Longer-term productivity requires reducing reliance on jobs for low-skilled, minimum-wage care workers, and towards more productive and skilled team members. Jobs should be designed so as to attract and retain more engaged and knowledgeable workers, providing patient-centric services and with reduced turnover. A key but counterintuitive element is to build in slack so that employees have time to serve patients and carers in unanticipated, but valuable, ways.[34]

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[33] Providing long-term care: Options for a better workforce - Llena-Nozal - 2022 - International Social Security Review - Wiley Online Library. See also https://www.oecd.org/els/health-systems/long-term-care-workforce.htm.
[34] Our Obsession with Efficiency Is Destroying Our Resilience (hbr.org)

3. Aspen Medical productivity enhancements

Aspen Medical has several programs that take an innovative approach to productivity in the care sector.

The Remote Area Health Corps (RAHC)

RAHC was established in 2008 and is funded by the Australian Government Department of Health under the Indigenous Australians' Health Programme: Stronger Futures Northern Territory to "address persistent challenges to accessing primary healthcare services for Aboriginal and Torres Strait people in the Northern Territory".

It recruits, culturally orientates and deploys health professionals to provide increased primary health care services. This helps address the shortfall in health service delivery in remote Indigenous NT communities, with a focus on recruiting urban-based health professionals. The key points that have driven the success of the program include:

- strong relationships in the Northern Territory
- rigorous credentialing of health professionals
- high levels of service and support for health professionals, including a Remote Educator for those who are 'new to remote', to ensure they start productively and enhance their effectiveness
- reduced administrative burden for health services to deliver the timely payment of wages to health professionals

- ongoing professional development for our health professionals.

Respiratory clinics established for COVID-19

In March 2020, Aspen Medical was asked by the Australian Government to manage the setup of GP-led respiratory clinics. These clinics were strategically placed around the country to augment the national testing effort required for the initial stages of COVID-19. From setting up five clinics in the first two weeks, the task quickly escalated to setting up 150 within three months.

Aspen Medical was required to equip each of these clinics with reliable connectivity and IT functionality. A key productivity pathway was setting up remote clinics with full and immediate connectivity without an onsite IT team. We needed to connect several printers, tablets, mobile phones and PCs back to their corporate network and government partners. Simplicity and scalability were at the heart of this deployment.

While the clinics were initially only tasked with providing COVID-19 testing, they quickly adapted and scaled to also deliver COVID-19 vaccinations. Telstra and Star21 provided continuous support to ensure the clinics had the right equipment and connectivity to run the extended services so they could offer much-needed healthcare and support to customers across hundreds of regional communities.[35] These secure network hubs meant that the teams had connectivity, phones, computers and printers, even while travelling in mobile vans.

Teams were deployed faster to get them working without delays. We were able to run online applications where it was previously not possible. This enabled real-time access to important information like sending vaccination data to the national immunisation register. Another simple advance in the patient experience was online booking portals: an innovation that pales in comparison to the transformation other industries have undergone to survive.

A key learning was that a strong project management capability and technology backbone is crucial in delivering with agility and confidence.[36]

Mental telehealth services for United States defence personnel

Aspen Medical is partnering with Hawaii Native Corporation, Dawson, to provide telehealth services to defence personnel facing mental health challenges across the United States.

In the United States, 17 veterans take their own lives every day through suicide. This tragic fact highlights the critical need to address this issue with a major shift in strategy. The new 24/7/365 service employs psychiatrists, psychologists and specialised counsellors to provide a confidential, on-demand support system to assist service personnel through their mental health challenges. Addressing this means

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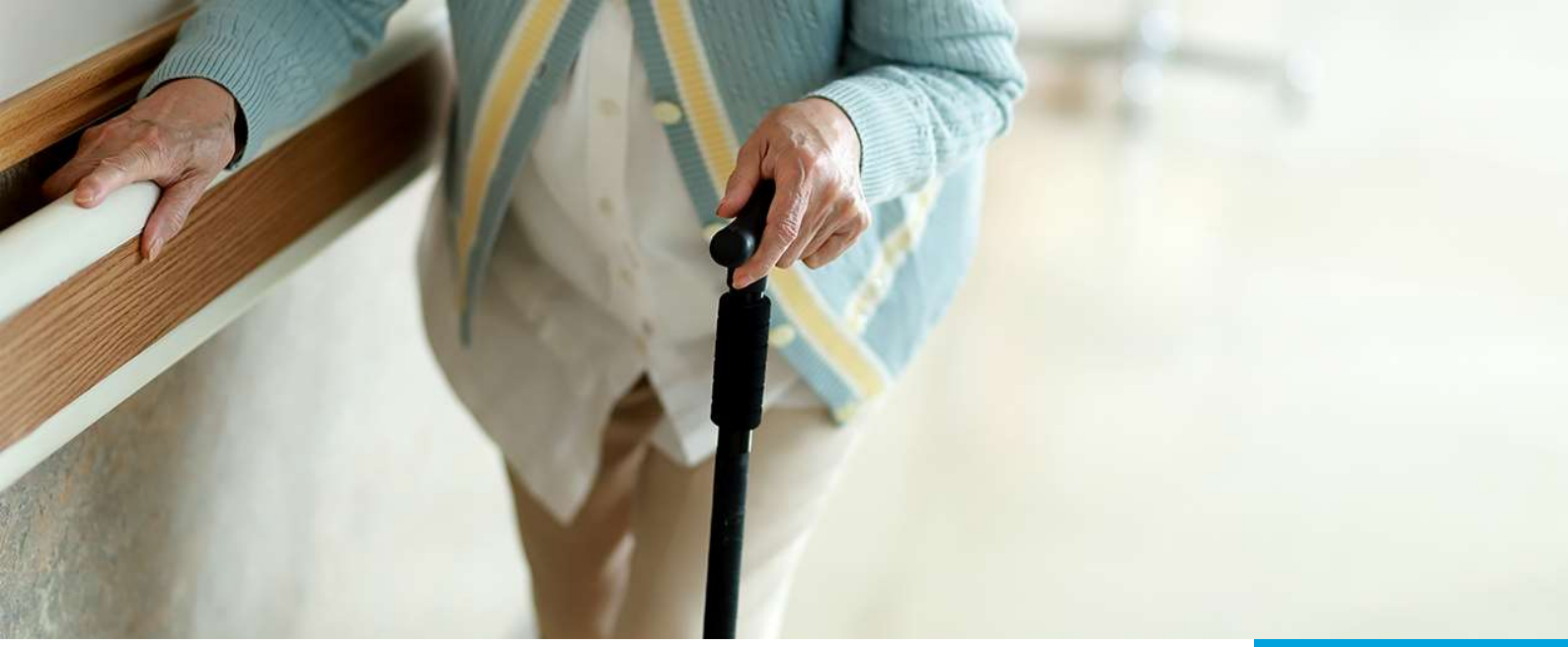
[35] Remote connectivity helps Aspen Medical support communities and save lives through COVID-19 (telstra.com.au)
[36] Emerging stronger (hospitalhealth.com.au)

overcoming the many challenges, ranging from perceived stigma from friends and colleagues to a lack of access to timely professional help and bureaucratic hurdles in getting support.

Whilst there has always been a hotline for those experiencing suicidal thoughts, this new service aims to provide full case management. To keep personnel facing mental health difficulties working productively, Aspen medical can work with Defence personnel before they get to a crisis stage and help them through any mental health challenges, at any time of the day or night, 365 days a year.



4. Making productivity pathways work

Workforce shortages are increasingly the biggest challenging facing countries and organisations. While migration and better pay are important, it is arguably the issue of low productivity growth that in the longer term is the most significant for Australian governments and organisations in the care sector. The policy challenges are well documented across several reviews and commissions, including those of developing people-centred models of care, flexible service delivery configurations, greater digitalisation and use of artificial intelligence, and remodelling of workforce and job designs.

As an innovative provider of health care solutions, Aspen Medical seeks to help by addressing challenges in the care sector through sharing experiences and inspiring, challenging and supporting others with ideas. We are also inviting the sector to continue to explore further innovations to meet these challenges. A sample of offerings is provided below.

Mental health support for state government or Department of Veterans' Affairs clients

Aspen Medical can assist with implementing the recommendations of the royal commissions into Victoria's mental health system and into veteran suicide.

We can:

- **sponsor industry-based trials** that demonstrate how to adapt and implement comprehensive mentally healthy workplace approaches
- **support responses from emergency services to mental health crises**. We can offer mental health clinical assistance to ambulance and police officers responding to mental health crises. This includes 24/7/365 telehealth and diversion secondary triage, and referral for 000 callers not needing emergency services.

Our unique experience providing mental health service to veterans across the United States has enabled us to develop a virtual health capacity and experience in a 24/7/365 service, including full case management from a multidisciplinary team. We also provide a range of mental health and wellbeing services to our corporate clients, including those in remote areas such as oil and gas workers.

Aged care virtual care offering

Aspen Medical can provide technology solutions to improve connection between aged care users and their community, carers and aged care spaces. This includes video-calling tools, telehealth services, digital record keeping, digital clinical administration and digital workforce management solutions.

We can assist with developing digital and virtual health strategies for aged care providers and assist with operationalising the strategies. Aspen Medical can work with providers to develop a mix of care models best suited to the organisation's vision and capabilities including:

- **telemedicine.** This model of care involves a provider delivering healthcare services to patients remotely through video, phone, or other electronic forms of communication.
- **remote patient monitoring.** This model involves technology such as wearables and sensors to monitor a patient's health from afar to provide early intervention and preventative care.
- **self-care apps and tools.** These models involve the use of mobile applications or online tools that allow patients to self-manage their own conditions by tracking symptoms, accessing educational resources, etc.
- **digital therapeutics.** This model entails the use of digital platforms for diagnosis and treatment that are based on evidence-based protocols and algorithms.

Proactively managing health and wellbeing in disability and aged care

Aspen Medical recognises the increasing need for technology to assist in not only improving the quality of care, but also the lived experience of patients and clients.

We have partnered with WearOptimo to operationalise a wearable sensor that detects and alerts an individual, carer or family member to dehydration risk. Microwearable technologies can also help older people with balance disorders to significantly improve their balance, ability to perform everyday tasks and their social wellbeing compared with a standard home exercise programme.

Aspen Medical can develop a system for use at home as well as in a facility. It can include a personalised programme of exercises, cognitive tests, gamified training and physical activity planning. The system would provide detailed movement and physiological data for the remote assessment of task performance.

5. Let’s get the discussion started

This paper seeks to offer innovative solutions for workforce productivity improvement in the health and care sector, particularly in aged care, disability care and mental health, in order to promote consideration and dialogue with governments.

Several reports, royal commissions and other investigations have identified the key challenges facing primary care and its integration with hospitals, aged care, disability and mental health:[37]

- people-centred models of care
- flexible, multidisciplinary and integrated configurations of service delivery
- digitalisation, data analytics and artificial intelligence
- remodelling of occupational contours and job design optimisation.

As recommended by the Productivity Commission “we will need to showcase innovation and success stories where we find them” and provide a framework for piloting and adopting innovation.

The examples in this paper showcase some of Aspen Medical’s deployment of the strategies that are necessary to increase productivity in the health and care sectors. We have also shown how they can be incorporated further into our business solutions.

The following questions are offered as thought starters that could assist with mobilising the ideas in this paper:

- Can we afford to wait for the next pandemic to continue to transform healthcare productivity?

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[37] Strengthening Medicare Taskforce Report (health.gov.au)

- What is the next catalyst in healthcare transformation post COVID-19?
- What role can the private sector play in accelerating healthcare transformation?
- Addressing heath transformation on multiple fronts through pilot programs might provide the answers?
- Which elements will make the difference in the health transformation journey?
- How will health service demand be met with an already stretched workforce?
- How can we lift quality care in accordance with royal commission recommendations when access to services is so challenging?
- If boosting primary care is the answer to reduced acute care what practical things need to change?
- Health system reform is easier said than done. How can we increase productivity to support the change?
- Are telehealth and virtual care synonymous with access to quality care?
- Everyone is talking about AI as the answer to health transformation but what does that mean in practical terms today?

The purpose of these questions, and this discussion paper, is to inspire health and care sector leaders to think about improving workforce productivity, drawing on their own and Aspen Medical's ideas and experience in transforming healthcare in the most challenging environments, and to motivate the health care industry to work with us, wherever you need us.

6. Appendix: Selected royal commission recommendations

People-centred models of care

Field	Recommendations	Description
Aged Care Quality and Safety	56: A new primary care model to improve access	Accredited Aged Care GP practises providing telehealth consults and after-hours services capitation payment based on meeting GP needs including medication review etc.
Royal Commission into Defence and Veteran Suicide	3: Improve the administration of the claims system	
Royal Commission into Victoria's Mental Health System	14: Supporting mental health consultation liaison services	1. work with the Independent Hospital Pricing Authority and the Commonwealth Government to:

		a) ensure mental health consultation liaison services for consumers admitted for physical health reasons are formally recognised and adequately funded as part of routine care; and b) ensure mental health consultation liaison services are incorporated, costed and priced in the relevant classifications and standards. 2. ensure public health services and public hospitals: c) receive adequate temporary funding to embed and deliver in-hospital mental health consultation liaison services as part of routine care until joint funding arrangements between the Commonwealth and Victorian Governments are established;
Royal Commission into Victoria's Mental Health System by the end of 2022	15: Supporting good mental health and wellbeing in local communities	establish one social prescribing trial per region
Royal Commission into Victoria's Mental Health System	16: Establishing mentally healthy workplaces	sponsor industry-based trials to demonstrate how to adapt and implement comprehensive mentally healthy workplace approaches in an industry context.
Royal Commission into Victoria's Mental Health System	28: Developing system-wide roles for the full and effective participation of people with lived experience of mental illness or psychological distress	
Royal Commission into Victoria's Mental Health System	48: Selecting providers and resourcing services	3. develop new ways of funding providers that encourage the provision of mental health and wellbeing services that consumers, families, carers and supporters value and result in an equitable allocation of resources through: a) trialling then implementing an activity-based funding model for both bed-based and community-based mental health and wellbeing services;

		b) working with the Collaborative Centre for Mental Health and Wellbeing to develop and implement an approach to bundling funding into one price for an evidence-informed pathway that is linked to improving outcomes; and c) developing and trialling a capitation funding model that provides a tailored package for consumers, families, carers and supporters.
Royal Commission into Victoria's Mental Health System	51: Commissioning for integration	
Royal Commission into Victoria's Mental Health System	7: Identifying needs and providing initial support in mental health and wellbeing services	• ensure mental health and wellbeing services provide three 'needs identification and initial support' functions: a) access and navigation support; b) initial support discussions; and c) comprehensive needs assessment and planning discussions. • ensure these functions are delivered based on a philosophy of 'how can we help?' to enable people to be supported from their first to their last contact with mental health and wellbeing services.
Royal Commission into Victoria's Mental Health System	39: Supporting the mental health and wellbeing of people in rural and regional Victoria	
Royal Commission into Aged Care Quality and Safety	39: Meeting preferences to age in place	The Australian Government should clear the Home Care Package waiting list, otherwise known as the National Prioritisation System, by:

Flexible, multidisciplinary and integrated service delivery

Field	Recommendations	Description
Royal Commission into Victoria's Mental Health System	Recommendation 5: Core functions of community mental health and wellbeing services	work in collaboration to deliver multidisciplinary, holistic and integrated treatment, care and support through a range of delivery modes including: a) site-based care (such as centres or clinics); b) telehealth; c) digital technologies; and d) visits to people's homes and other places (including targeted assertive outreach).
Royal Commission into Victoria's Mental Health System	Recommendation 11: New models of care for bed-based services	1. review, reform and implement new models of multidisciplinary care for bed-based services that are delivered in a range of settings, including in a person's home and in fit-for-purpose community and hospital environments. 2. deliver a broad range of bed-based services, including as a matter of immediate priority: a) expanding Hospital in the Home services as an alternative to acute hospital-based treatment, care and support where appropriate; b) investing in a wide range of time-limited and flexible residential respite services informed by local priorities, including establishing a peer-led residential respite service at a demonstration site; and c) developing new bed-based rehabilitation services (refer to recommendation 12).
Royal Commission into Victoria's Mental Health System	Recommendation 10: Supporting responses from emergency services to mental health crises	…ensure that mental health clinical assistance is available to ambulance and police via: d) 24-hours-a-day telehealth consultation systems for officers responding to mental health crises; e) in-person co-responders in high-volume areas and time periods; and f) diversion secondary triage and referral services for Triple Zero (000) callers who do not require a police or ambulance dispatch.

Royal Commission into Victoria's Mental Health System	Recommendation 19: Supporting infant, child and family mental health and wellbeing	3. by the end of 2022, and in partnership with the Commonwealth, establish three infant, child and family health and wellbeing multidisciplinary community-based hubs. 4. 4. deliver evidence-informed online parenting programs and group-based parenting sessions.
Royal Commission into Victoria's Mental Health System	Recommendation 21: Redesigning bed-based services for young people	5. review, reform and implement new models of multidisciplinary care for bed-based services for young people that are delivered in a range of settings, including in young people's homes and in fit-for-purpose community and hospital environments.
Royal Commission into Victoria's Mental Health System	Recommendation 23: Establishing a new Statewide Trauma Service	fund the Statewide Trauma Service to bring together mental health practitioners, trauma experts, peer workers and consumers with lived experience of trauma to: a) conduct multidisciplinary and translational trauma research; b) develop and deliver education and training that supports Victoria's mental health and wellbeing workforce to deliver trauma-informed care; c) develop and oversee digital peer-led support platforms offering consumers access to peer support networks; and d) d. coordinate and facilitate access to specialist trauma expertise, including secondary consultation for mental health practitioners and peer workers across Victoria's mental health and wellbeing system.

Digitalisation, data analytics and artificial intelligence

Field	Recommendations	Description
Royal Commission into Defence and Veteran Suicide	Recommendation 9: Improve administrative release of information	
Royal Commission into Victoria's Mental Health System	Recommendation 6: Helping people find and access treatment, care and support	Promote, and co-produce with people with lived experience, a website that provides clear, up-to-date information about Victoria's mental health and wellbeing system that helps users to: a) understand their mental health needs; b) identify services and supports across all relevant provider types; and c) access online self-help resources. Collaborate with its funded non-government helpline services to improve helplines' connections with mental health and wellbeing services and to assist people to find and access treatment, care and support.
Royal Commission into Victoria's Mental Health System	Recommendation 17: Supporting social and emotional wellbeing in schools	The Royal Commission recommends that the Victorian Government: 6. fund evidence-informed initiatives, including anti-stigma and anti-bullying programs, to assist schools in supporting students' mental health and wellbeing. 7. develop a digital platform that contains a validated list of these initiatives.
Royal Commission into Victoria's Mental Health System	Recommendation 61: Sharing mental health and wellbeing information	
Royal Commission into Victoria's Mental Health System	Recommendation 60: Building a contemporary system through digital technology	Support mental health and wellbeing service providers to adopt digital technologies, where safe and appropriate to do so, through; a) developing regulatory arrangements; b) providing funding; and c) c. building the ability of mental health and wellbeing service providers to integrate digital technologies

Royal Commission into Victoria's Mental Health System	Recommendation 62: Contemporary information architecture	The Royal Commission recommends that the Victorian Government:1. develop, fund and implement modern infrastructure for Information and Communications Technology (ICT) systems

Remodelling of occupational contours and job design optimisation

Field	Recommendations	Description
Royal Commission into Defence and Veteran Suicide	11: Embed trauma-informed practices for information access	
Royal Commission into Victoria's Mental Health System	57: Workforce strategy, planning and structural reform	The Royal Commission recommends that the Victorian Government: 1. ensure that the range of expanded mental health and wellbeing services is delivered by a diverse, multidisciplinary mental health and wellbeing workforce of the necessary size and composition across Victoria. 2. by the end of 2023, implement and support structural workforce reforms to: a) attract, train and transition staff to deliver the core functions of services across Local, Area and Statewide Mental Health and Wellbeing Services (refer to recommendation 5); and b) develop new and enhanced workforce roles as described by the Royal Commission in its final report.
Royal Commission into Victoria's Mental Health System	30: Developing system-wide involvement of family members and carers	
Royal Commission into Aged Care Quality and Safety	42: Support for informal carers	The Australian Government should improve services and support for informal carers
Royal Commission into Aged Care Quality and Safety	75: Aged care workforce planning	The Australian Government should establish an Aged Care Workforce Planning Division within the Australian Department of Health by 1 January 2022. If an Australian Aged Care Commission is established, the Aged Care Workforce Planning

		Division should be transferred into that Commission upon its establishment. The Division should be responsible for developing workforce strategies for the aged care sector
Royal Commission into Aged Care Quality and Safety	77: National registration scheme	
Royal Commission into Aged Care Quality and Safety	78: Mandatory minimum qualification for personal care workers	
Royal Commission into Aged Care Quality and Safety	81: Ongoing professional development of the aged care workforce	
Royal Commission into Aged Care Quality and Safety	85: Improved remuneration for aged care workers	
Royal Commission into Aged Care Quality and Safety	86: Minimum staff time standard for residential care	

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