

Social commissioning for health outcomes



Professor Des Gorman MD PhD
NZ Ministry of Social Development

International Health Workforce Collaborative
October 23, 2019 - Ottawa, Canada

Key funding Challenge

- Poor and sometimes perverse health outcomes often arise because of extant business models and funding approaches.
 - Consumer (patient) requirements and desirable outcomes are generally not the primary driver of purchasing.
-

Key funding Challenge

- The current situation leads to conventional suppliers wanting to deliver more of their conventional health services (with predictable results).
 - Most public health systems are technically insolvent.
-

Promising practice

Orangi Mahi

Orangi Mahi program at six sites for chronic health conditions (one stroke project and five mental health projects).

Promising practice

Based on:

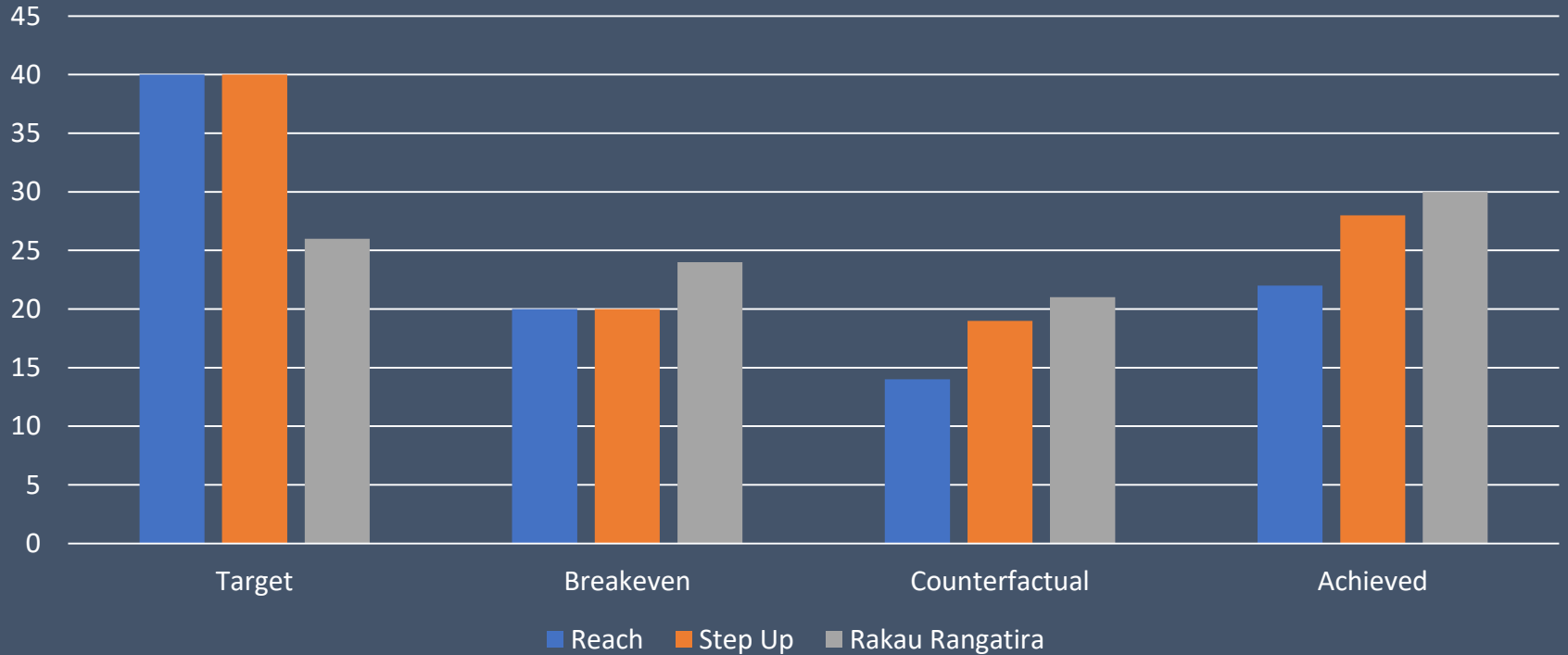
- actuarial assessment of business as usual counterfactual;
 - sizing an investment against return on investment;
-

Promising practice

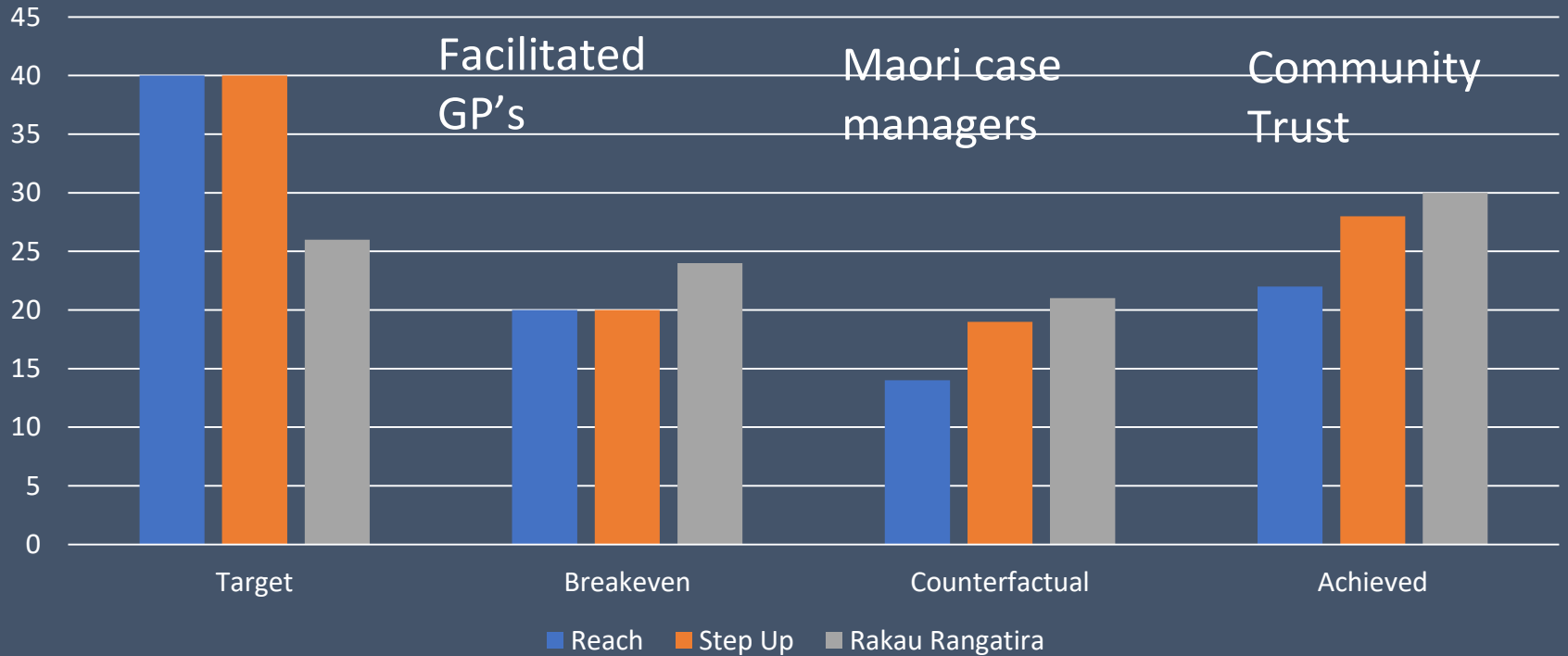
Based on:

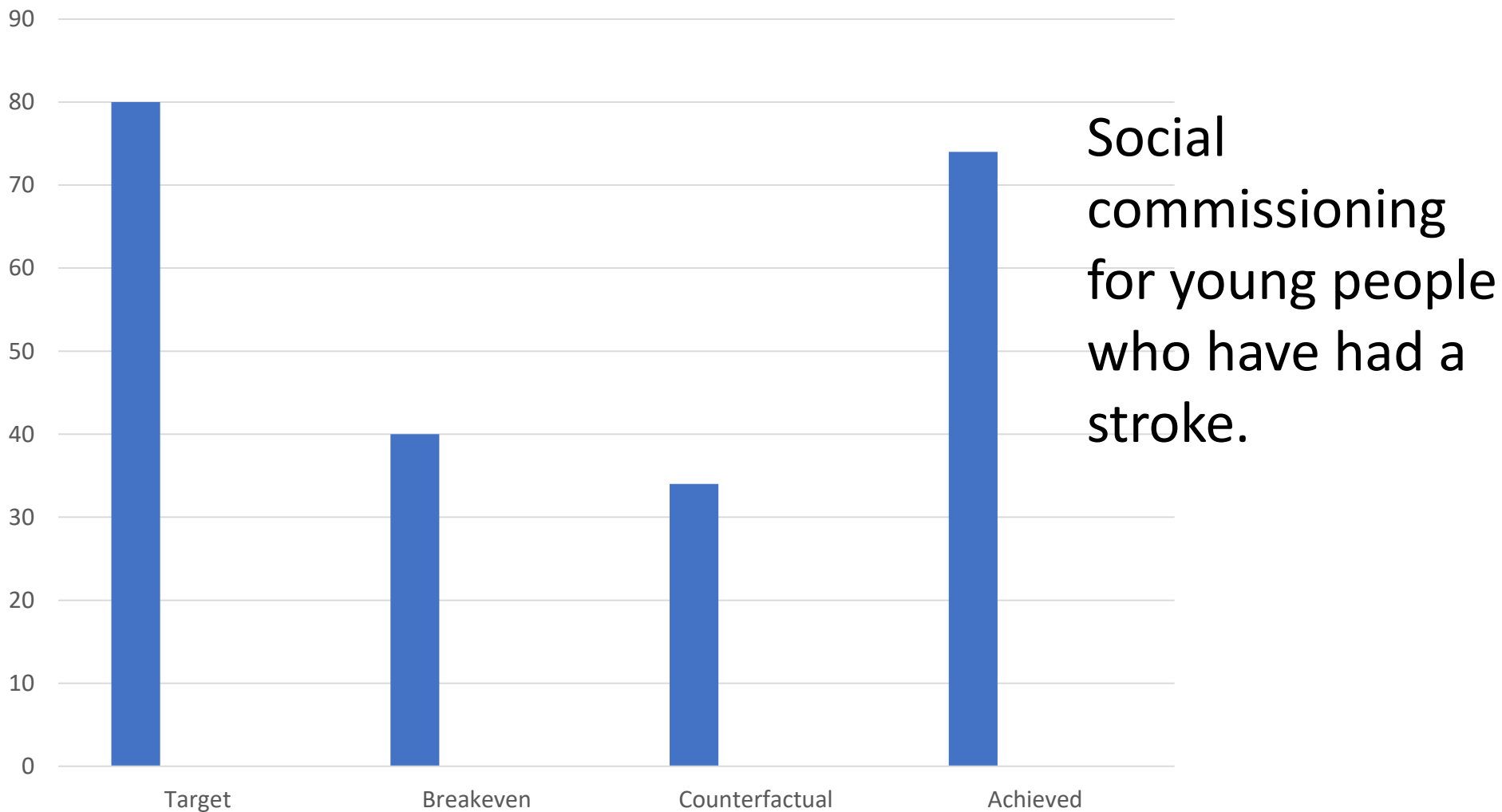
- determination of desirable outcomes with funders and consumers; and,
 - process agnostic development of models of care using a Tight-Loose-Tight approach.
-

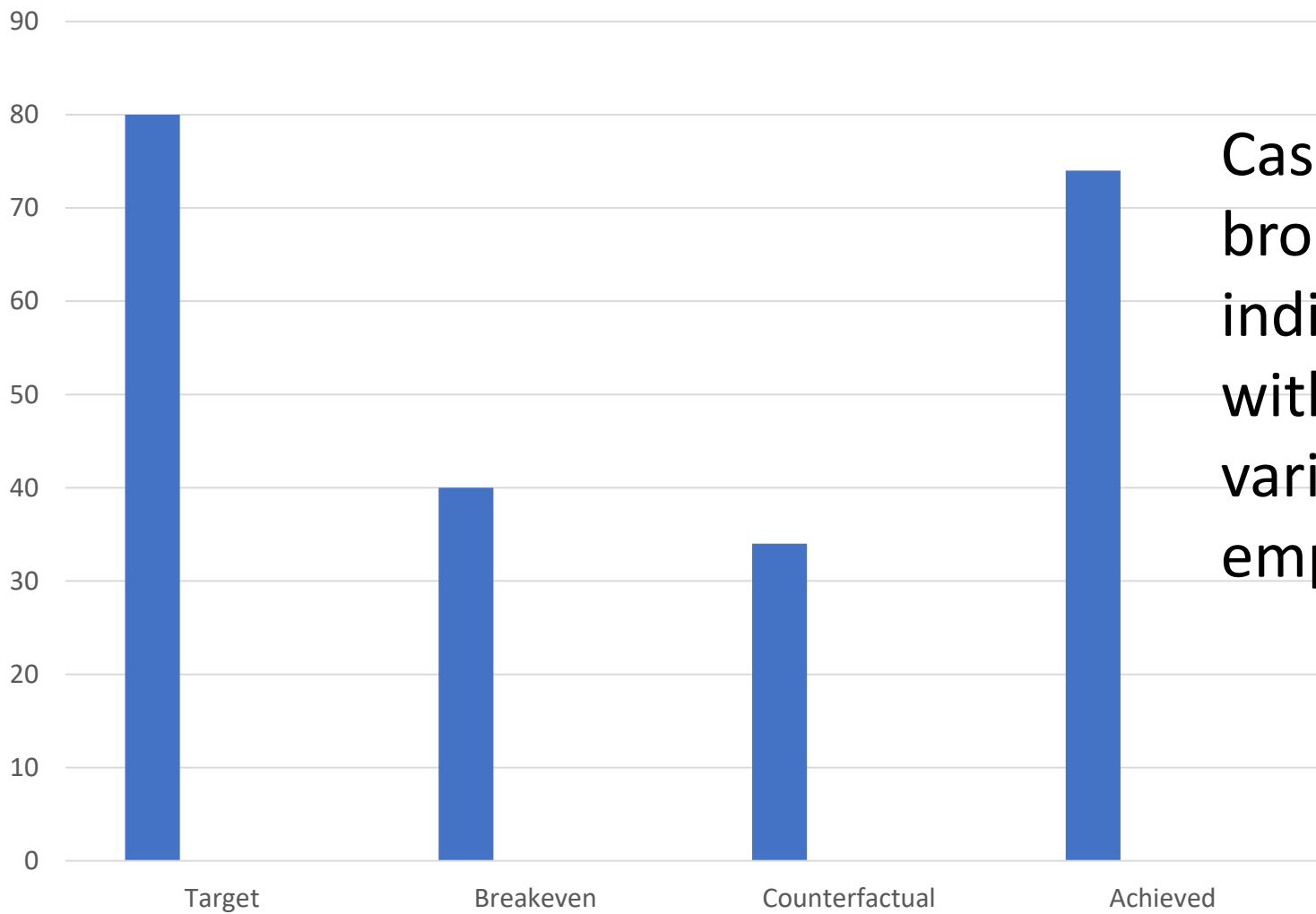
Mental Health Projects



Diverse workforce outcomes







Case managed
brokered care
individual care
with many and
various workers
employed.

Barriers to Implementation

1. Difficulty in generating counterfactuals and estimating actuarially based estimates of interventions because of siloed data (e.g., separate Justice, Education, Social Welfare, Health etc., databases) and limited expertise and appetite in Health funding agencies for such a complicated approach.

Barriers to Implementation

2. Conventional workforce supply
(i.e., provider and provider guild)
threatened.

Enablers for Implementation

Actuarial and TLT approach had social agency (Ministry of Social Development), community (especially Maori) and (perhaps consequential) political support.

Next Steps

Scaling and transplantation.

Key Messages

1

Social commissioning and Tight-Loose-Tight approaches to health services can be made to work and can be effective.

2

Tight-Loose-Tight approaches to healthcare result in diverse models of care and widely different health workforces.