



**DR ALEX
MARKWELL**
Queensland Clinical
Senate Chair

Disruption to health system a chance to redesign care

COVID-19 has disrupted our health system and society. This has given us an unexpected and once-in-a-lifetime opportunity to disrupt the way we provide care. In a very short space of time, we have been able to innovate and implement new models of care so that Queenslanders can access care at, or closer to home. We have also seen a real shift towards stopping low benefit care.

The enablers of this significant change can be attributed to having an overarching, clear and compelling goal, flexible funding, local permission to experiment and implement what was needed, effective communication and feedback, diverse engagement and collaboration in real time, intolerance of obstruction and establishment of networks across silos. The joint ownership of problems and solutions led to a flow of systems based on direct outcomes.

The feedback and data tell a compelling story – change can work. Patients can receive care sooner and closer to home. Importantly, for our First Nations people, this means care on or closer to country.

New collaborations and virtual care options have opened up access to some services which previously were essentially inaccessible. We have seen

what is possible when we are able to ‘just crack on and do it’.

Queensland has realised the benefit of an early and pro-active political, social and public health response to COVID-19. We are one of a handful of countries able to contain this virus, giving the health system time to prepare and respond as the next cases of the virus emerge. COVID-19 will affect how we deliver care indefinitely.

Redesigning what our “new normal” could look like is exciting, and clinicians, system leaders and consumers are all eager to be part of the process. No-one wants this true co-design opportunity to be missed. It is not feasible to return to the pre-COVID-19 normal.

To enable clinicians, system leaders and consumers across Queensland to contribute to this incredible reform, we held a virtual meeting of the Senate with around 200 people to discuss successful models of care during COVID-19 – which ones should continue and what barriers and enablers exist to make that happen.

Acknowledging the jump in maturity of our networked governance system, the outcome from the meeting is a list of recommendations on the system-level strategies that are needed to embed these changes. These include:

- ▶ Deliver care at or closer to home and centred around the patient
- ▶ Permanently discontinue low benefit care (LBC) that has been ceased during the pandemic
- ▶ Remove barriers to innovation and change to enable, not hinder, the delivery of efficient, modern healthcare
- ▶ Maintain the mature network governance, leadership and collaboration with health consumers and healthcare providers across sectors
- ▶ Ensure integrated and robust system-readiness from a supply perspective, including rapid scale up and distribution strategies.

You can read more about the meeting and recommendations, which have been endorsed by the Queensland Health Leadership Board, on our website.

The Senate will continue to focus on this important reform agenda and explore further opportunities for clinicians, consumers, health services and the system to work together to provide a better experience and outcomes for Queenslanders in ways that we always wanted but never thought possible.