

Achieving person-centred primary health care through value co-creation

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Value co-creation supports the delivery of optimal person-centred care in an efficient way



Primary health care is the backbone of a high performing and efficient health system and is most people's first contact with the health care system.^{1,2} The supplement accompanying this issue of the *MJA* reports on initiatives and approaches that strive to build high performing person-centred primary health care that is critical to achieving the Quadruple Aim, a well regarded framework for optimising the health care system by simultaneously focusing on improving patient experience, improving population health, reducing costs, and improving the health care team experience.³

The supplement offers insights into a journey towards achieving the Quadruple Aim by:

- understanding person-centred models of care;
- understanding and using value co-creation, which focuses on creating value with and for all stakeholders at all levels of the system through purposeful engagement, facilitated processes and enriched experiences, to co-design new products and services;⁴ and
- transforming towards value-based health care.



These themes are intertwined across seven articles, to provide perspectives, lessons and examples of how they might be translated into practice and policy. The common thread is value-based care — a health system delivering optimal person-centred outcomes in an efficient way.^{5,6} The numerator in the value-based care equation is outcomes and experiences of care that matter to patients, including quality and safety of care — as such, person-centred care is a central tenet.

In the supplement, Dawda and colleagues⁷ define person-centred care as individualised, enabling, coordinated care that is respectful and compassionate, and they identify the gaps and opportunities to enhance person-centred care.⁸ Janamian and colleagues⁹ focus on the enabling dimension and describe



patient activation (a behavioural concept) defined as an individual's knowledge, skill and confidence for managing their health.¹⁰ The authors argue that the role of patient activation requires further serious consideration if we are to improve the long term health and wellbeing of all Australians. Armed with the patient's activation level from the Patient Activation Measure survey, the provider can tailor their care and help the patient achieve better self-care, which can improve outcomes of care and reduce unnecessary health care utilisation.¹¹

Effectively implementing person-centred models of care requires workforce and organisational capability building. Janamian and colleagues¹² describe how value co-creation⁴ and user-centred design¹³ can be used to co-design education and training programs that build workforce capacity to help implement integrated health care initiatives. They describe the process using two case studies. The authors argue that as we strive to strengthen the role of consumers as active partners in care and improve service delivery, patient outcomes and experience in Australia, the use of value co-creation and user-centred design at all levels of the system becomes more important in jointly creating better value for all stakeholders.

In another article, Janamian and colleagues¹⁴ explore how, by co-designing resources that are culturally safe, flexible and responsive to a diverse and far-reaching audience, the Gwandalan National Palliative Care Project is co-creating value for all frontline workers delivering palliative and end-of-life care (and others working with Aboriginal and Torres Strait Islander peoples in a range of settings). The goal is that as relationships are strengthened and capacity is continually built, Indigenous palliative care patients and their families and communities, as well as frontline staff and their own networks, will gain greater knowledge, experience, benefits and co-created outcomes as part of the process, and that these will be further spread across their respective networks and communities.

True and colleagues¹⁵ outline lessons from the Health Care Homes trial, which tested a new model of person-centred care for people with chronic and complex health conditions. This value-based primary health care initiative bundled elements of person-centred care, organisational development and funding reform for a risk-stratified population. Despite limitations, the Health Care Homes model demonstrated that change can be achieved with dedicated transformational support, and highlighted the importance of the enablers and reforms embedded in the Primary Care Reform Steering Group¹⁶ report underpinning Australia's Primary Health Care 10 Year Plan.¹⁷

As we move towards person-centred models of care and a value-based health system, keeping the Quadruple Aim in focus, we must understand what value means to those in the transformation process. McColl-Kennedy and colleagues¹⁸ strengthen the co-creation perspective, suggesting that value is a multidimensional construct that requires a better understanding of what patients, their family and carers, practitioners, practice managers, nurses, allied health workers, receptionists and owners value, and how different actors in the ecosystem can co-create value. The authors argue that all actors are responsible for co-creating value, not just with patients but with everyone in the primary care clinic's service ecosystem. They also underscore the need to promote interaction among actor groups to enhance experiences and outcomes for all.

Finally, Dawda and colleagues¹⁹ bring it all together by focusing on the value-based health care concept, which is not new but has had limited implementation, particularly in primary care.⁵ The authors identify a lack of published Australian literature on value-based health care and describe its four domains:⁶ enabling context, policies and institutions; measuring outcomes and costs; integrated and patient-focused care; and outcome-based payment approaches. The authors map existing initiatives to these domains and note that Australia's Primary Health Care 10 Year Plan contains elements of value-based health care.

Australia's National Health Reform agenda²⁰ explicitly states the need for a stronger primary care system. Accompanying this is the Primary Health Care 10 Year Plan, which is a strong foundation and framework for strategic reform over the next decade. The medical profession²¹ and consumer bodies²² collectively support a vision for a stronger primary health care system. There is broad stakeholder alignment for a stronger primary health care system striving towards the Quadruple Aim and a person-centred care system. Achieving this requires an equal contribution from all stakeholders and aligned resources to co-create a future delivering value-based health care.

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