

"Delivering Quality Care More Efficiently"

—Interim Report

Why this Should Have
Every Healthcare
Leader Leaning
Forward



OUR ANALYSIS

The Productivity Commission has just dropped its *Delivering Quality Care More Efficiently interim report*. The good news is that it's not another academic tome. It's a roadmap for something we all already know in our bones —that better care doesn't have to cost more, and efficiency doesn't have to mean cutting corners.

We've always asked clinicians to deliver more with less for a decade. This report says: stop squeezing the frontline; re-design the system. At AIHE, we think this is a rare moment where quality and efficiency has the chance to finally rise together.



This offers a pivotal opportunity to redesign our system so that quality and efficiency rise together, and not one at the expense of the other. So if you're a healthcare leader in aged care, disability, veterans' care, primary health, or early childhood, this isn't academic — it's urgent business.

Here are the three draft recommendations:

Recommendation 1:

Align quality & safety regulation across care sectors

Right now, if you're a nurse who wants to move from aged care to disability, or a physio shifting between veterans' services and community health, you often have to redo the same worker screening, re-enter the same information, and wait all over again.

The Commission is proposing to move to a single, nationally consistent worker screening system, plus unified digital portals and aligned quality standards across sectors.



Why it matters:

- It would make it harder for unsafe workers to slip through cracks.
- It will let good staff move quickly to where they're most needed.
- It would reduce the paperwork, freeing up money and time for actual care.

What leaders should do:

Audit your current screening and onboarding process. How much time and cost could you save if it was done once and accepted everywhere?

Start designing “portable onboarding” packs that assume a national clearance will come.

Use this interim phase to share real-world examples of how fragmentation limits surge capacity or staff flexibility.

Because if this recommendation lands, you'll want to move fast.



Recommendation 2: Commission together, not apart

The report calls out one of our sector's biggest inefficiencies: fragmented commissioning.

We know there are different funders, different contracts, different priorities—even when we're serving the same people.

The fix? Collaborative commissioning.

PHNs, LHNs, community services and NGOs pooling funds, agreeing on outcomes, and designing services together.

Why it matters:

- Many of our avoidable ED admissions, readmissions, and long hospital stays happen because of the gaps between services.
- Shared goals, pooled budgets, and joint accountability can turn those gaps into seamless care pathways.



What leaders should do:

Find one high-impact pathway in your region —maybe it's COPD, frailty, or frequent ED attenders, and start the conversation with other providers and funders.

Start co-designing metrics, funding models, and risk-sharing arrangements.

Agree on the outcomes you'd all celebrate, and work backwards from there.

Recommendation 3: Treat prevention like infrastructure

This one is bold. The Commission wants a National Prevention Investment Framework. This is a way to properly fund prevention without being restricted by the usual four-year budget estimate process that undervalue long-term gains.

By creating a national framework to guide and fund prevention, this would remove the short-term biases of the federal budget, and could position a meaningful share of health spend going to prevention .



Why it matters:

- Without prevention, demand will just keep growing faster than capacity.
- Prevention can save money and improve quality of life, but only if we can invest at scale and measure the returns over time.

What leaders should do:

Commission 10-year cost–benefit modeling for a prevention initiative (e.g., chronic disease management, mental health early intervention).

Prepare a “prevention value pack” —and quantify the avoidable costs, improved outcomes, productivity gains etc. Get that data ready for treasury, boards, and co-investors.

Start aligning philanthropy & private investors with co-funding models that pay for outcomes, not activities.



What this means for your board strategy

Investing in safety and workforce mobility:
Streamlining regulation and empowering staff to
move where they're needed.

Commissioning across silos, not within them:
Seeing real savings and quality improvements in
integrated responses, not isolated pilots.

Championing prevention like infrastructure:
Preparing to advocate for long-term, high-impact, and
cost-saving policies.

Summary

The Commission isn't just calling for "efficiency" here. It's tying quality, safety and workforce mobility to simpler regulation, tying improved patient journeys to joint commissioning, and tying a sustainable budget to prevention. It's a package, not a pick-and-choose. And this is only the interim plan with the final yet to come, so your evidence can still reshape it.



If we want a healthcare system where quality care and efficiency work hand in hand, we have to speak up now —not once the ink is dry.





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