Public Submission Form

Please complete this form and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
This information will be retained and used only for contacting you in relation to this application.	
Title	Mr ☒ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐
Organisation	Me Squared
First Names	Luke
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Publication of Submissions	*Please note that all Public Submissions will be published unless otherwise stated*
Please advise your preferred option	☒ I consent to my submission being published ☐ I do not want my submission published ☐ I would like my submission to remain anonymous

Submission Instructions

Please address the Question provided in relation to the Sustainable Health Review Terms of Reference (listed below). Any attachments must be summarised within the submission.
(Suggested maximum 5 pages)

Terms of Reference

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;

- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;

- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;

- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;

- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;

- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;

- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

GOVERNMENT OF
WESTERN AUSTRALIA

Public Submissions Question

In the context of the Sustainable Health Review Terms of Reference (listed above) what is needed to develop a more sustainable, patient centred health system in WA?

Australians spend $28.6 billion a year on their health, yet, the weight, obesity, diabetes and chronic disease related to poor diet and inactivity are increasing. More spend does not equal better results in this case.

2/3 people in Western Australia are either overweight or obese and not sufficiently active, yet 9/10 people are motivated to do something about it. There is not a motivation issue; there is a volition and adherence issue - people aren't starting or sticking to the solutions that are being offered to them. The solutions offered by the 43,000 GPs, 10,000 dieticians available in Australia, or 30,000 exercise professionals are failing, as is the commercialised service offering (weight watchers and the like).

Furthermore, the consumer default behaviour is changing; people expect to be able to access their solutions when they need it, wherever they are.

Within these facts lies both the problem and the solution.

In full disclosure, I speak representing Me Squared (www.me2.xyz) our focus is on preventative health, wellness and allied health (specifically related to diet and exercise)

Health practitioners are not accessible, they work in silos and are using outdated models to solve a problem that has yet to be solved and is changing by how the consumer now wants it solved.

To drive adherence rates in interventions, you require a structured intervention and accountability (this increases adherence by 200%). However, if you for example, as someone who is at risk or has diabetes and is obese, see a dietitian once a month and then perhaps an exercise physiologist or personal trainer once per week - you will likely be another failed statistic. As of now, your dietitian can't keep you accountable from their chair in a clinic (they can't see what you're eating or doing while you're not physically there), your dietitian can't support you if you have a question or need support, and the information between your diet and exercise professional isn't getting shared so there is no collaboration to drive a unified outcome on your behalf. No access or convenience, no collaboration on structure, no support or accountability = failure.

Over our platform, Me Squared (Me2) we're mobilising the health practitioner workforce and changing the very model for how HPs work with clients. Through Me2 health professionals can work individually or collaboratively with clients on their health outcomes (diet, exercise and behaviour change) - and a client can access their health professionals, their programs and a

support channel from anywhere, anytime.

This is why through our product trials we see adherence rates over 80% (double that of national averages) with people aged from 65 to 25, who want to lose a few kgs to those with obesity and type 2 diabetes. We're seeing improvements in blood glucose readings with out diabetic patients, and better-informed food choices by every user - all this is being managed by a platform where clients and coaches have never met face to face (although, they can as the product is location agnostic).

I encourage Western Australia to focus on putting the individual first - and building solutions around their behaviours, their needs, and frustrations. Convenience, access, support, and accountability are required if we actually want to see results - the fundamental business model (i.e., 100% clinic based, and face to face and siloed) must shift to allow for hybrid location-agnostic management, and collaboration between disciplines.

Me2 is validating the model works; it's validating it's scalable and financially feasible for all participants - this needs to be adopted on a statewide then nationwide level.

Regards,

Fabian Di Marco

Founder of Me Squared