Australian Health Care Reform Alliance

AHCRA Declaration

Communiqué following 2007 National Health Reform Summit

The 43 member organisations of the Australian Health Care Reform Alliance (AHCRA), representing a collaboration between health consumers and over 500,000 people working within the health sector delivering services to the nation, have voiced criticism and disappointment at the failure of Australian governments to cooperate to overcome the poor coordination of care, wasteful duplication of services, and lack of accountability in health care spending that sees billions of dollars wasted each year.

The communiqué was released following a two-day National Health Reform Summit held in Canberra.

Members expressed strong disappointment at the fact that the health system is currently not sustainable, integrated, equitable or safe. The communiqué declared:

- that access to health care services is declining according to socioeconomic circumstances and geographical location;
- that the health workforce is depleted and demoralised;
- that Indigenous Australians are suffering Third World health outcomes;
- that largely preventable chronic illnesses are creating a huge burden for the acute health system; and
- that people living in rural and remote Australia, or with a disability or mental illness, are experiencing poorer health outcomes than others.

AHCRA contends the health system is in fact not a system at all, but a series of disconnected programs. The cost of doing nothing to reform health care funding and service delivery may be catastrophic.

At present up to 40 per cent of people do not get the care they need; many people get care that is not needed or is harmful; 10 per cent of people admitted to hospital suffer harm directly related to their health care; up to 40 per cent of people are at risk of adverse events. Almost 200 people are dying every week as a direct result of the health care they receive.

Members of AHCRA call on the State, Territory and Australian Governments to stop the cost and blame shifting that has characterised the last decade of Australian politics and commit to a program of reform that acknowledges health care as a human right and will provide a sustainable, equitable health system to meet the needs of the Australian community into the future.

AHCRA members made 18 key recommendations about the essential changes required. The changes address the need:

1. to acknowledge that the person (health consumer) is central in the development of policies related to and the delivery of services in the health system. Services and policy should be based on the dictum 'nothing about us without us'.
2. to change the focus of the health system from an illness to a wellness model with focus on prevention.
3. to develop a national health policy – without which the development of coherent national health policies that plan for future needs cannot occur. AHCRA calls on major parties to declare now their national vision for health in the next 10 years.
4. for future funding to be equitable and efficient, there must be a national audit of current health expenditure and health needs – including the identification of barriers to equity.
5. to address inequitable and inefficient funding, AHCRA proposes pooling of federal and state public health funds, which would then be devolved to regions according to need. Such funds pooling would help address national standards, accountability and equity for patients and providers, and provide equity of access. It also has the capacity to be equitable between regions. The pooled health services system would include incentives and resources/infrastructure to attract health professionals to practise in areas of need (i.e. rural and remote, Indigenous, lower socioeconomic groups). A range of models is available for such funds pooling.
6. for a primary health care driven system – with devolved regional funding for the establishment of primary health organisations (where multidisciplinary health professionals would provide primary health care, care coordination, and facilitate integration with the acute sector).
7. for a national independent health commission to monitor policy and standards and outcomes for all aspects of health services, including workforce, and regularly report its findings publicly. This commission must be at arms length management from government to wrest control from vested interests. This national independent body would provide clarification of the current confusing systems in health and outline clearer responsibilities for all levels of government. The commission should allow for workforce innovation as recommended by the Productivity Commission.
8. for the commission to provide for a common national language, benchmarks, reporting of expenditure, and health outcomes, as well as outlining cost effectiveness by performing and regularly reporting a cost benefit analysis of all health services at both the provider and institutional level.

9. to address major problems in quality and safety, AHCRA calls for a comprehensive evaluation of outcomes of care, to be published and made available publicly (including all health services - including acute, primary health care, community, public, and private). There must be a national commitment to monitoring and mandatory reporting of adverse events through open disclosure.
10. for the evaluation of all health funding to include examination of private health funding and in particular to evaluate the policy of using public funds to subsidise private health insurance to assess its effectiveness. A report must be provided on these matters.
11. for funding to be directed at services/treatments that are proven to be effective. This should include incentives for institutions and/or providers to deliver cost effective evidence-based health care.
12. to improve information sharing to improve integration and care coordination such as through nationally consistent e-health records.
13. to implement research for innovation and evidence based practice.
14. for increased investment in health services research and the public dissemination of findings.
15. for leadership to address cultural change and break down professional silos to facilitate interdisciplinary learning and practice, with an emphasis on teamwork, with an increased focus on public health.
16. for reform strategies to support and build the capacity of consumers and communities to be involved in their own health care and in the development, planning and implementation of health services.
17. for additional funding to address the appalling health outcomes of Indigenous Australians.
18. for substantial investment to provide a sustainable health workforce that is sufficient in number as well as sufficiently geographically dispersed to provide safe, quality care to all people regardless of where they live.