



## Australian Health Care Reform Alliance

### **AHCRA'S ACHIEVEMENTS 2005-2008**

**Background:** In 2003, under the leadership of Professor John Dwyer AO, a number of organisations decided that significant health system reform must become an urgent priority for all governments and agreed to form the Australian Health Care Reform Alliance.

Since its beginning AHCRA has grown to become a politically independent Alliance of some 45 consumer, clinical, academic and health service organisations working towards the common aims of the Alliance. It is a unique combination of the various stakeholders in the system, all aiming to build a fairer, more equitable and efficient health system.

**Governance:** AHCRA has its own Constitution which outlines its governance structure and membership rules. This was developed in consultation with its membership and adopted in January 2007. The Executive Committee of AHCRA is elected by the membership for a two year period, and the AHCRA Chair elected by the Executive.

At present AHCRA is financially supported solely through its membership fees and contributions. Its work is carried out through its Executive Committee, its working parties, and membership, who voluntarily give their time and resources to further the Alliance's commitment to numerous projects, planning and action meetings.

The AHCRA Executive Committee relies on its members and its extensive networks to provide feedback and keep them informed on what is happening. The committee wishes to acknowledge and thank those who have taken the time over the years to assist the committee in this way and hopes this vital feedback will continue.

**Vision:** AHCRA's vision is a health system that assists individuals to be healthy and delivers compassionate and quality health care to all. Its main recommendations for health reform are:

- The establishment of primary health care centres where health professionals deliver care in a multidisciplinary team based environment.

- Further pooling of federal, state and territory health funding to facilitate the delivery of better integrated health care services and to minimise duplication, potentially saving more than \$2 billion annually.
- The allocation of substantial additional funded places for health professionals in the higher and vocational education sectors, and broader strategies for entry, retention, and re-entry to the health workforce.
- Additional funding to address the appalling health outcomes of Indigenous Australians.
- Ensuring our health system is equitable – and that it addresses the health needs of all Australians including, for example, people living in rural and remote areas, as well as those with special needs, and those affected by poverty.
- Health care system reform built on a partnership between the Australia community and consumers – with health policy grounded in and measured against community values.

### **What has AHCRA done and achieved during this period?**

**First Health Summit:** In August 2003 the Alliance staged a major National Health Summit in Canberra to examine a raft of reform issues. With some of the country's leading experts assisting a sophisticated audience of some 300 delegates from across the country, a set of reform principles and communiqué was developed and became the manifesto of what the Alliance stands for today.

**National meeting:** In 2005, a national meeting was held in South Australia with seventy delegates participating along with a number of invited experts. The Alliance had invited all Australian Health Ministers to attend on the second day and four of them, including the Federal Minister Tony Abbott, as well as senior advisors from some other states, heard the Alliance put its positions to them.

**Second Summit:** In July 2007 a second Summit was held at Old Parliament House in Canberra, bringing together AHCRA's membership, experts in health reform and some of the nation's key political leaders of the day, including the then Shadow Minister Nicola Roxon. The Communiqué from this Summit outlines AHCRA's priorities for long term reform.

**Meetings with government officials and stakeholders:** AHCRA continues to foster important relationships and work collaboratively with key stakeholders. These notably include: Health Ministers and Opposition spokespeople, e.g. Tony Abbott and his advisors; Nicola Roxon as both Shadow and now Federal Health Minister; and the National Health and Hospitals Reform Commission.

**Influencing policy:** AHCRA can take some credit for influencing the Labor Government's decision to establish the National Health and Hospitals Reform Commission (a key plank of AHCRA's advocacy since its inception); as well as creating a climate where prevention, multidisciplinary primary health care teams, and system reform is now being discussed.

**Position papers:** AHCRA has developed position papers on its five key priority areas. These were updated again in 2007. AHCRA also developed a submission to the PAC Public Hearing 28 July 2006, Review of Auditor General's Report No. 8 of 04. AHCRA has publicly supported the "Close the Gap" campaign and issued its own statement. In December 07 AHCRA developed a position paper on the proposed National Health and Hospitals Reform Commission which has been provided to the Health Minister and the Commission Chair.

**Media and publications:** AHCRA Executive members have been interviewed on a wide range of occasions throughout the year on radio and TV (11 Oct. 2007 ABC Studio Debate "Difference of Opinion"). AHCRA has written many media releases, letters to the editor, and has had numerous opinion pieces published in the Australian Financial Review, the Weekend Australian, the Australian, the Age. These include:

- 20 December 2007 Media release "Commission must have broad scope: health reform group"
- 15 November 2007 Media release "AHCRA Scorecard reveals gaps in health policies"
- 2 October 2007 Media release "Health at the centre of the political agenda"
- 15 September 2007 The Weekend Australian, "Labor's health plans welcome, but more needed"
- 1 August 2007 Media release "National Health Reform Summit calls for national health policy"
- 31 July 2007 Media release "Need for health reform and new directions"
- 30 July 2007 Media release "Health reform must deliver universal access to health services"
- 30 June 2007 The Weekend Australian, "Can this Election Bring Affordable, Equitable, Quality Health Services?"
- 4 June 2007 Media release "Stop the blame game: national summit to push for health reform"
- 28 May 2007 Media release "Health costs forcing Australians to go without essential care"
- 13 Feb 2006 Editorial in Australian Financial Review
- 10 Feb 2006 Media Release in Response to COAG
- 5 Dec 2006 Media Release response to the House of Representative Committee on health funding (Blame Game Report)
- August 2004 Media release "Election Report Card"

**Newsletters:** November 2006

**Website:** AHCRA has a website at [www.healthreform.org.au](http://www.healthreform.org.au)

**Conference presentations:** “Advocating for change,” Presentation to Biennial Health Conference, University of NSW, 14 November 2006.

**Journal article:** Korczak, V. and McBride T. “Community consultation and engagement in health care” reform, Australian Health Review, 31:1, April 2007.

**Documentary short film:** Channel 31 made a short documentary film of AHCRA and its work towards health reform which was presented at AHCRA’s 2007 summit and is available on YouTube via AHCRA’s site.

**Correspondence:** Correspondence has included letters to former Prime Minister John Howard June 2005; parliamentary secretaries, Federal and State health ministers; with some successes for funding requests for the 2005 and 2007 summits; Budget policy division, Dept. of Treasury re: the AHCAs 2008; and regarding health reform to the National Health and Hospitals Reform Commission Chair.

**Community Engagement:** AHCRA ran a small national consultation in 2007 with citizens on the future of the health system to show the value of such community engagement and to input into the further positions of AHCRA. 180 people in four states, from Far North Queensland to Melbourne to Perth, participated. The participants identified some common themes, including the importance of good access, affordability, equity and a more preventive approach. A report will be published just after Easter 2008.

**Executive Meetings:** The Executive Committee meets on an ‘as needs’ basis by way of teleconferences funded and hosted alternately by the ANF, HIC, ACOSS, NRHA, and Audiology Australia.

**Funding:** One of the areas the executive has been continually frustrated with is the lack of funding and resources preventing AHCRA from undertaking more policy analysis and development work. Financially AHCRA’s current funds are extremely limited, stemming mainly from member fees. AHCRA must continue to pursue a sustainable funding model if it is to survive. A Research grant of \$5,000.00 from Toowoomba Hospital Foundation was received to ensure that the citizen consultation involved rural populations. An additional \$4,000 came from the Public Health Association (Victorian Branch).

**Working Parties:** There have been a number of groups established at relevant times including on Workforce Reform; Primary Health Care; Community Engagement; and Indigenous Health. AHCRA has been keen to reach and involve as many of our member organisations as possible and in 2008 is looking to increasing this involvement.

## Current and future work

To date, the Executive Committee has focussed on developing the following:

**Constitution:** to provide a framework for the roles and strategies of AHCRA's management committee necessary to ensure that AHCRA as an organisation can achieve its goals and conducts itself with probity.

**Membership:** to ensure a vibrant and strong membership base that is actively engaged and one that informs and supports the development of AHCRA's policies and projects.

**Advocacy for reform:** to create through lobbying political representatives, media, summits, and invited formal presentations, a high level of awareness about AHCRA's mission, principles and policies.

**Policy:** to ensure that AHCRA promotes policies that are relevant and supported by its membership, and to ensure that its policies are regionally and nationally effective in influencing health reform.

**Vision for Citizen Engagement:** through a pilot study to explore the challenges and opportunities faced in one type of citizen engagement technique and to discover what the elements of a strategic initiative might be to connect underlying values and beliefs held by diverse groups within our community to a national reform agenda.

**Workshop - Improving the Australian Health Care Agreements:** Held at the National Museum, Canberra March 18, 2008, to develop an AHCRA position to put to governments on the forthcoming AHCA's.

With increasing challenges confronting our health system, the newly elected Executive Committee, AHCRA members and other supporters have good reason to be proud that the Alliance has continued to develop and remains by far the largest and most cohesive organisation attempting to drive comprehensive health reform in Australia.

In such a large alliance, AHCRA cannot always respond in the way some would want but is trying its best to accommodate all views. All aspects of the committee's work including agenda setting; projects; presentations; and position and media statements are informed by AHCRA's mission and principles statement, and its 2003, 2005 and 2007 communiqués.

The Executive Committee would like to take the opportunity to thank all those people who support AHCRA in its work. Without this support the Australian Health Care Reform Alliance would not be able to continue.

[www.healthreform.org.au](http://www.healthreform.org.au)