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Australian Healthcare Reform Alliance

ADVOCATING FOR CHANGE:
THE VISION OF THE AUSTRALIAN HEALTH CARE REFORM ALLIANCE

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Who we are

The Australian Health Care Reform Alliance (AHCRA) is an independent alliance of 46 consumer, clinical, health professional, health care provider, and academic organisations that have agreed on a program of reform for the Australian health care sector that will improve access, equity, efficiency and effectiveness.

What we see as the current problems with the Australian health care system

The quality and availability of health care in Australia is deteriorating – a situation which is totally unacceptable in a country as wealthy and prosperous as Australia. Our health workforce is overstretched, with severe skills shortages in many health professions. Australians are not always able to access necessary health care services when and where they need them. Jurisdictional inefficiencies plague our system of health funding, preventing accountability and transparency. There is an over emphasis on the provision of hospital based acute care services. Multiple funding streams means services are duplicated - and billions of dollars are wasted each year. Initiatives for health promotion and illness prevention are neglected and poorly supported, turning what should be a "health" system, where health is optimised and promoted, into an "illness" system. The views of consumers are overlooked. Out of pocket expenses are increasing. Aboriginal and Torres Strait Islander health is a national disgrace. And rural and remote Australians suffer poorer health outcomes than their urban counterparts.

It is the view of the members of AHCRA that reform is now essential.

AHCRA believes the following principles must underpin our Australian health system:
• **Universal access** – as a right, in a timely fashion, to an appropriate service, available equally to all on the basis of health needs, not ability to pay;
• **Equity of health outcomes** – irrespective of socio-economic status, race, cultural background, disability, mental illness, age, gender or location;
• Health care services must be focussed on the **needs of patients and their carers** and to help Australians avoid illness;
• Health promotion – **preventing disease and maintaining health** must be appropriately emphasised and balanced with our duty of care to those already unwell;
• Personal and corporate **tax contributions should fund our health care**. This is the way we wish to provide health insurance to each other;
• A **fair balance of public and private resources** is needed to ensure equitable health outcomes for all Australians;
• The health outcomes of **Aboriginal and Torres Strait Islander Australians** must be improved so that they match those of other Australians;
• Health services must be **appropriate**, **safe** and of **high quality;**

• **The community** – especially consumers and carers, must play an integral part in the development, planning and implementation of our health services;
•The **health workforce** must be **valued** and appropriately supported.

AHCRA's vision for health reform

Increasing inequity in the delivery of health care is undermining Australia as a nation and must be reversed. An equitable health care system must ensure that those with special needs, such as people with disability or those whose access to healthcare is restricted by cultural, linguistic or geographic factors, can enjoy health outcomes equivalent to that of the general community. It should address, as a matter of priority, the appalling health status of Australia's Aboriginal and Torres Strait Islander people.

Achieving an equitable health system requires the development of a national process to measure the success of health systems performance, and this is a current priority for AHCRA.

Access to safe and affordable health care requires a safe and sufficient workforce. There are insufficient numbers of nurses, doctors and allied health professionals. The average age of nurses in Australia is 47 years old, and many will retire in 10-15 years. We need to double the current annual intake of nurses in order to meet the nursing care demands of our ageing population – more than 2,000 eligible applicants are currently turned away from nursing education courses each year.

Without increased investment in the education of health professionals, Australians will continue to struggle to gain access, in a timely manner, to services that maintain and support health and offer quality health care to those in need. A whole-of-government approach is required to address the immediate demands on the health workforce. This requires the allocation of substantial additional funded places in the higher (both undergraduate and postgraduate) and vocational education sectors; sufficient funding for satisfactory clinical placements; improved strategies for entry, retention and re-entry to the health workforce; and an increased emphasis on teaching and research, so crucial to quality care.

As well as increased numbers we also need to restructure the health workforce and its inter-relationships. Achieving sustainability in the health workforce will be assisted by changes in the way health care is funded and administered. Currently there is a poor distribution of health professionals. Incentives to practice in 'hard to recruit' areas need to be extended to all professions. There is a need for additional scholarships to enable students from rural backgrounds to study medicine, nursing, pharmacy and allied health courses.

Increasing our workforce should not include the recruitment of health professionals from overseas, as many come from countries whose health systems and outcomes are poorer than ours. AHCRA supports the development of a national workforce policy for Australia that aims to train enough Australians to care for our health needs, as well as developing extra capacity over time to support other countries in our region.

This policy should be administered by a single agency, such as a National Health Reform Council, to ensure coordination between health workforce requirements and the funding of education of the health workforce.

Integration – one system working together

Better integration of workforce and education planning is urgently required, as is further integration of all health services, in order to improve the quality of services, and minimise duplication and cost shifting.

There is increasing recognition of the need to find solutions to jurisdictional inefficiencies, but we need action, not further rhetoric.

The formation of a National Health Reform Council (NHRC), answerable directly to the Council of Australian Governments (COAG), would ensure a "whole of government" approach, and facilitate a holistic approach to health in which, for example, adequate housing would be considered in the context of healthy communities.

The NHRC would devise and implement policy, in consultation with clinicians and consumers. It could effectively address the integration of current and future programs, both locally and across the nation, across all health services, from community to hospital to primary care, and in doing so improve quality, cost-effectiveness, and achieve better health outcomes.

Primary health care – a shift in focus

AHCRA believes health care systems should be designed to maximise health promotion and preventive strategies, to allow early diagnosis and treatment to minimise the development of chronic disease, and provide support to allow individuals to maximise their own health.

In order to be effective, primary health care must be readily available to all people in Australia. This includes many Aboriginal and Torres Strait Islander people, many people living in rural and remote Australia, people with disability, people from culturally and linguistically diverse backgrounds, those on low incomes or with mental health problems, the homeless, refugees, and people seeking asylum.

To achieve this necessary focus on "wellness" and to improve health outcomes, Australia needs a National Primary Health Care Policy, developed in consultation with both consumers and health professionals, with oversight by the National Health Reform Council.

Addressing the social determinants of health – issues like housing, education and transport – should be addressed in the National Primary Health Care Policy.

AHCRA believes the management of ever more common chronic illnesses should be undertaken by multidisciplinary teams who can offer health promotion and preventive health care.

Around 80% of illnesses among the elderly are potentially preventable through lifestyle interventions.[1] But opportunities to prevent these illnesses are not being supported by our current system.

Effective primary health care would reduce hospital utilisation through early intervention. For example, providing comprehensive health education to a person aged 30 who smokes and is overweight via a multidisciplinary approach based on smoking cessation, healthy nutrition, and physical activity, is a sound primary health care approach.

Why wait until a patient is grossly obese, has diabetes and depression, and is unable to undertake even minimal levels of physical activity before we act?

The delivery of primary health care services through multidisciplinary teams will require trialling and evaluation of new multidisciplinary models of care and new models of health care funding. Many such models do exist, and those that are shown to be most effective should be expanded throughout the country.

Achieving these changes will require political will, as well as a funding system that rewards primary health care teams when their patients are well.

Community engagement

The involvement of consumers in health care decision-making is crucial in developing sound public policy, and is vital for validation of the principles that underpin our national health system.

Our increasingly fragmented health system, with multiple funding sources, is subject to ever increasing pressures and rising consumer demand and expectations. Increasingly, clinicians and health managers are being forced to make decisions about the allocation of scarce resources. Who should receive the next hip replacement? How many premature babies should one unit support? Decisions like these are being made every day, and AHCRA believes Australian citizens (all of whom will require health interventions at some point) need to be involved in such decisions.

A national dialogue with citizens and consumers could create a common set of values, principles and priorities, and provide the first national vision and framework for health care to inform all governments in Australia. Such a process is not unique, and has provided sound guidance for public policy decisions in Canada, the UK, Sweden, France and New Zealand.

Involving consumers in a collaborative process of health reform allows consumers to engage with the difficult choices involved in health care decision-making in a cost-constrained environment; build consensus and community trust; and allow consumers to convey important information to policy-makers about their values and principles.

AHCRA is currently involved in developing a proposal that would see such a process take place.

This would inevitably lead our health system towards a more efficient and more equitable system.

In summary, AHCRA recommends:

- 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 minimise duplication, potentially saving more than $2 billion annually.[2]
- The allocation of substantial additional funded places in the higher and vocational education sectors, and broader strategies for entry, retention, and re-entry to the health workforce.

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- Additional funding to address the appalling health outcomes of Indigenous Australians.

- We must ensure our health system is equitable – and addresses the health needs of all Australians, including for example, those with special needs, those affected by poverty, or those who are geographically isolated.

- Health care system reform be built on a partnership between the Australia community and consumers – with health policy grounded in and measured against community values.

The reforms proposed by AHCRA would see the Australian population receive health care based on the best available evidence, delivered by the most appropriate skilled professional, with greater economic efficiencies and better health outcomes.

With billions of taxpayer's dollars currently being wasted and sections of the population dying prematurely from avoidable disease, **not** undertaking reform is not an option.

The time for courageous policy making is now. There is a substantial national budget surplus. The community wants health to be a national priority.

We have the means, and the opportunity, to bring about significant change.

All that is needed is governments who are willing to accept responsibility for bold decisions, and the courage to act.

AHCRA is keen to assist with this critical national challenge.

Reference

1 Andrews, K. *Ageing in Australian Society,* Department of Health and Ageing, Canberra, 2002
2 Drummond, M. *Estimates of savings possible if Commonwealth, State and Territory health systems were rationalised into a single national system*, Presentation to the Australian Health Summit, Canberra, 2003.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA)
Audiological Society of Australia, Australian College of Midwives, Australian Consumers' Association, Australian Council on Intellectual Disability Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research, Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctors' Reform Society, Effective Healthcare Australia, Health Consumers' Association, Health Issues Centre, Health Consumers' Network, Health Professions Council of Australia, Maternity Coalition, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, Services for Australian Rural and Remote Allied Health, NSW Council on Intellectual Disability, NSW Nurses' Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australian College of General Practitioners, Royal Australasian College of Physicians, Rural Doctors Association of Australia, South Australian Salaried Medical Officers Association, Victorian Medicare Action Group