

# RE-IMAGINING THE HEALTH SYSTEM

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# RE-IMAGINING THE HEALTH SYSTEM

- For needed structural reform to ever occur there are **three essential requirements**
- Developing a **clear understandable vision** of the future big picture
- **Selling** that vision
- Developing **an instrument** that can deliver that vision

# Health Care Reform

- Our **goal**—
- *A system focused on the individual that **emphasises prevention** is demonstrably equitable, sustainable and provides quality care in a timely manner available on the basis of need not personal financial wellbeing.*

# The Instrument for the reform journey

- The **Australian Health Care Reform Commission** (AHRC)
- An instrument created by **COAG**
- An AHCR was **established in 1975**
- Accept a decade long **journey**
- **Single funder** reporting to the COAG Health Council

# Australian Health Care Reform Commission

- “Pie in the sky”?
- Labor continues to promise that it **will establish** an AHCR
- We need to suggest **terms of reference**

# The Reformed System

- AHCR establishes Regional Health Authorities using a Resource Allocation Formula based on area need (Geographical adhesiveness)
- Local Health (not Hospital) Networks
- Classic funder/provider split model
- Funds hospital care and providers of Integrated Primary Care (Medical Homes)

# INTEGRATED PRIMARY CARE

- World wide shift
- “Team medicine”; Practice team consists of doctors nurses and allied health professionals (including dentists) with team funded by extension of MBS
- Team learning to prepare for IPC practice.

# What do we need from contemporary Primary Care?

- Personalised medicine to prevent illness
- Early intervention strategies
- “Team Management” of C & C disease
- Care in the community for many currently sent to hospital.
- “Hub and Spoke” models for better clinical, business and quality outcomes



# “Hub and Spoke” Primary Care Model

- Each LHN has a **Primary Care Hub**
- Offers services to **affiliated Medical Homes**
- IT, CPD, Drug education, measurement of health outcomes, regulatory compliance, pay roll etc.
- Provide **secondary health services** (23 hour wards) to reduce ED visits

# Benefits of Structural reforms

- Significant **reductions** in hospital admissions
- 600,000+ **avoidable admissions** now
- Better **end of life** management
- Medical beds now **available for surgery**
- Can phase out taxpayer **support for PHI**
- Improved health literacy, less C&C disease

# Selling the Vision

- AHCRA can play a **major role**
- Continue to **broaden affiliations**
- “**Big Conversation**” idea
- **Influence politicians** before the next election

# Selling the Vision

- Emphasis:- **Concept of a “Journey”**, other OECD experiences, **cost effectiveness**, full range of reforms and still less than **11% of GDP** required
- Must have **healthier older Australians**
- Palpable **equity**

# Additional reforms

- Social **determinants** of health, tactics for addressing **indigenous and rural inequity**, health literacy and critical thinking skills provide in schools. Etc.
- Google “Pearls and Irritations” Dwyer, “**The curse of political mediocrity**” for more “re-imagining”