



Australian Health Care Reform Alliance

PAC Public Hearing 28 July 2006 Review of Auditor-General's Report No 8 of 04

The Australian Health Care Reform Alliance (AHCRA) is an independent alliance of 46 consumer, clinician and academic organisations that are working together to help introduce urgently needed reforms to improve Australia's health system so that it better meets the needs of all people of Australia. The Alliance is the largest organisation committed to health reform in Australia.

The Alliance welcomes this opportunity to contribute to this hearing. In this introductory statement I will be responding on behalf of the members of the Alliance. This response is based on the position statements developed by the members of the Alliance at our national forum held last November and submitted to the Council of Australian Governments. The full papers are available on our website at www.healthreform.org.au

The vision of the Alliance is:

A health system that assists individuals to be healthy and delivers compassionate and quality care to all, when and where required.

The Alliance's agreed principles are grouped under six headings: access, primary health care, community engagement, equitable outcomes, workforce and efficiency.

Alliance members believe we need reform to ensure integration of health care.

The Alliance also has a special focus on rural, remote and indigenous health issues.

The Alliance believes the following features must underpin Australia's health system:

- Universal access by all people in Australia, in a timely fashion, to an appropriate service, available because of health needs, not on one's 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 the needs of Australians wishing to avoid illness;

- Health promotion, including both 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 and investment 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;
- This nation's health workforce must be valued and appropriately supported;
- Finally, our health system should be one that assists individuals to stay healthy and delivers compassionate and quality health care to all, when and where required.

We present four key strategies for reducing hospital waiting lists:

1. Hospital avoidance: free up surgeons' time

Better primary care in the community reduces the burden on acute services, freeing up surgeon's time.

Targeted investment in primary care will lead to improved health of all people in Australia and long term reductions in health care costs.

The main features of primary care services include:

- First-contact access for each new need
- Long-term person-focused (not disease-focused) care
- Comprehensive care for most health needs
- Coordinated care when care must be sought elsewhere.

Primary care is the only way we will effectively contain rising health care costs, especially through support for preventive care, health promotion and improvements in chronic disease management and the management of co-morbidities. Investment in primary care services will reduce the burden on acute services and reduce or delay the need for surgical intervention. Non-invasive interventions should be offered to patients in the community, with elective surgery reserved as a last resort.

We need to ensure that our primary care services have a focus on meeting the needs of those who belong to specific populations which may be at higher risk or which may encounter barriers to access.



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2. Conversation with the community

Engage informed citizens in a dialogue about service provision/priorities.

Experience overseas and more recently in Western Australia shows that when asked to take a community focus, presented with balanced evidence and given time to discuss and deliberate, citizens' juries are able to identify and debate issues of broad principle, such as equity. They make sensible decisions that allow politicians to change service proprieties with the support of the community.

Citizens' juries in Western Australia have supported a move from acute services to primary care, which in the medium term will have a positive impact on waiting times.

3. Better cooperation between ACT and NSW services

Fuse into a single entity providing seamless care across the jurisdictions.

Although an autonomous territory, the ACT is entirely contained within NSW and its citizens do not have vastly different health needs to NSW citizens. There are cost efficiencies and service improvements to be gained by integrating health service delivery. Planning by demographic need is more efficacious than by jurisdiction,

Equity of access and equity of health outcomes is essential. The Alliance firmly believes the jurisdictional inefficiencies associated with the Australian and State governments being responsible for different segments of our health care system has produced a major problem. Solutions for this problem have been sought for at least the last 20 years. The current arrangements are now widely recognised as a serious impediment to the delivery of quality, equitable and cost-effective health care. They represent a major historical mistake, and were we to design a health care system from scratch we should not make the same mistake again.

The inefficiencies under discussion are responsible for poorer health outcomes than would otherwise be the case. Many problems are related to the provision of health care across state borders and difficulty in promoting the essential partnership required in Australia between public and private sector providers of health care. The current arrangements have fuelled a disturbing culture of antagonism between state and federal authorities rather than the collaboration, partnership and mutual trust needed to continuously improve the health of Australians.

Integration of state and federal programs is urgently required, and could be assisted with the development of agreements between Australian governments around specific programs. As a first step toward integration, ACT Health should integrate with NSW Health.

4. Reduce waiting time to first appointment

Reduced waiting time to first appointment leads to an overall reduction in the time the patient waits for surgery. Changes to referral arrangements will reduce waiting time to first appointment and new triage arrangements will reduce the number of consultations with surgeons that do not convert to surgery.

Allow GP referral direct to AHPs

At present GPs referring patients to public hospitals refer them to medical specialists – even if the GP thinks they need another health professional service. This is the only way the GP can get a patient to see an allied health professional, such as a speech pathologist, but the system increases patient waiting time and uses medical resources unnecessarily. The solution is to change the system to permit allied health departments to accept referrals directly from GPs.

Referral for diagnostics and wait listing for surgery

There are many possible ways of reforming this part of the health system. For example is it always clinically indicated that surgeons need to wait list all patients for surgery? This current system places an unnecessary burden on surgeons.

It is possible that hospitals could permit allied health professionals to order diagnostic tests appropriate to their discipline, as they currently do in the private sector. For example podiatrists could be able to order foot x-rays and occupational therapists could be able to order limb x-rays. Formal protocols and guidelines would need to be developed in consultation with all involved health professional groups. Further, when a health professional determines that a patient requires surgical management, there could be an arrangement where they could wait list the patient for surgery.

Triage by AHPs in appropriate clinics

Significant efficiencies are to be gained by health professionals such as physiotherapists triaging referred patients. The model is being trialled in many hospitals throughout Australia. Most trials involve physiotherapists in orthopaedic clinics or emergency departments. A typical model is outlined below.

In orthopaedic clinics referrals coming into the hospital are reviewed by physiotherapists. Physiotherapists refer patients to physiotherapy (typically about 70%) or surgical consultation. Waiting time to first appointment with the surgeon is thus dramatically reduced. Two thirds of the patients the surgeon sees typically require surgery. Therefore the surgeon is seeing a higher proportion of patients who require surgery. All patients get to their first appointment more quickly and those requiring surgery are also seen more quickly.

Thank you for the opportunity to make this statement to the inquiry. We are happy to respond to your questions but ask that you note that we represent only three of the 46 member organisations which make up the Alliance. Some of our responses will reflect our own backgrounds and we may need to take some questions on notice if we are to reflect the view of all members of the Alliance on any specific issue.