

The AMA statement in support of the "Close the Gap" Statement of Intent is at <http://www.ama.com.au/web.nsf/doc/WEEN-7CW7VG>

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ACROSS THE LIFESPAN: ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CHECKS AND LIFESCRIPTS

Satellite TV broadcast and complimentary DVD or VHS video
Produced by the Rural Health Education Foundation

Tuesday 8th April 2008 at 8.00pm AEST (Repeated Friday 11th April 12:30pm AEST)

Funded by the Australian Government Department of Health and Ageing Program

This program explores the suite of Aboriginal and Torres Strait Islander Medicare Health Checks (Child Health Check (item 708), Adult Health Check (item 710) and Older Person's Health Check (items 704 and 706)) and supporting Lifescripts tools. Discussion is supported by three cases studies illustrating their successful use and implementation into health services. The three case studies are filmed in two locations, Katungul Aboriginal Medical Service, Narooma NSW and Winnunga Nimmityjah Aboriginal Health Service, Canberra ACT, depicting a model of delivery of the suite of Aboriginal and Torres Strait Islander Medicare Health Checks.

Further program information, resources and detailed broadcast times can be found by clicking <http://www.rhef.com.au/programs/807/807.html> This program will also be available as a free DVD or VHS video. Contact the Rural Health Education Foundation via email rhef@rhef.com.au or telephone (02) 6232 5480

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RDAА STATEMENTS

Rural doctors welcome extra public hospital funding, and rural obligation recognition
27 March 2008

http://www.rdaa.com.au/uploaded_documents/Rural%20doctors%20welcome%20extra%20public%20hospital%20funding,%20and%20rural%20obligation%20recognition%20--%20March%202008.pdf

Extra health support workers welcome...but they aren't the whole solution
26 March 2008

http://www.rdaa.com.au/uploaded_documents/Extra%20health%20support%20workers%20welcome%20but%20they%20aren't%20the%20whole%20solution%20--%20March%202008.pdf

Plan retirement carefully - your rural or seaside lifestyle could be a health hazard
20 March 2008

http://www.rdaa.com.au/uploaded_documents/Plan%20retirement%20carefully%20-%20your%20rural%20or%20seaside%20lifestyle%20could%20be%20a%20health%20hazard%20--%20March%202008.pdf

Rural incentives -- 2008 RDAА and AMA joint position
17 March 2008

http://www.rdaa.com.au/uploaded_documents/AMA-RDAА%20RURAL%20WORKFORCE%20RESCUE%20PACKAGE.pdf

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have been involved, provide information on new initiatives and resources, and it is a vehicle for opinions on rural health issues and events.

PARTYline has a print circulation around Australia of 13,000 and is also available on-line below. PARTYline readily accepts contributions from readers - articles (up to 500 words) and photographs can be sent to partyline@ruralhealth.org.au

The electronic version of Partyline is also available in the 'Publications' section of our website at <http://nrha.ruralhealth.org.au/publications/?IntContId=57&IntCatId=6>

If you don't receive Partyline but would like to, send your contact details to nrha@ruralhealth.org.au and let us know if you'd prefer a hard copy in the mail or email notification of its availability on the webpage.

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HEALTH WORKFORCE: A CASE FOR PHYSICIAN ASSISTANTS?

The Parliamentary Library released a Research Paper examining the development of the physician assistant model in the United States, Britain and Canada and considers the possible application of the model to the Australian health system. The paper concludes there is potential to adapt this model to suit the Australian health system so that quality of care and safety in the delivery of services is not compromised. The publication is available at <http://www.aph.gov.au/library/pubs/RP/2007-08/08rp24.pdf>

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LIFELINE INFORMATION SERVICE - 1300 13 11 14

Your Rural Mental Health Information Service

Lifeline's Information Service is a rural mental health information service. Information provided includes: referral to services and web sites, printed material and a range of self help resources. The self-help resources focus on practical steps to help promote mental health in a range of areas. For information and copies of resources call or visit <http://www.lifeline.org.au/infoservice> and further information is available at infoservice@lifeline.org.au and <http://www.lifeline.org.au>

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ARTICLE IN "RURAL AND REMOTE HEALTH"

'Adolescent daily cigarette smoking: is rural residency a risk factor?'

Tobacco is a rural contribution to the world, but the health impacts of tobacco have not been considered for certain rural populations such as adolescents. This article reviews important steps to addiction, the prevalence of the tobacco problem, and the characteristics of those at risk. The article has great relevance for those who hope to improve health care in teens and adults in rural areas or beyond. <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=875>

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BUSH CRISIS LINE - 1800 805 391

Bush Crisis Line is a twenty-four hour confidential telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. It is staffed by qualified psychologists with remote and cross-cultural experience, is toll free and available from anywhere in Australia. For more information <http://www.bushcrisisline.org.au>

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SENATE COMMITTEE ON REGIONAL AND REMOTE INDIGENOUS COMMUNITIES

The Senate has established a Select Committee on Regional and Remote Indigenous Communities to inquire and report on:

- * the effectiveness of Australian Government policies following the Northern Territory Emergency Response, specifically on the state of health, welfare, education and law and order in regional and remote Indigenous communities;
 - * the impact of state and territory government policies on the wellbeing of regional and remote Indigenous communities;
 - * the health, welfare, education and security of children in regional and remote Indigenous communities;
- and
- * the employment and enterprise opportunities in regional and remote Indigenous communities.

Further information is at http://www.aph.gov.au/Senate/committee/indig_ctte/index.htm

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RURAL HEALTH ON THE ABC

(From ABC Health Updates, <http://abcmail.net.au/t/73489/614869/1366/0/>)

ROXON COMMITS COMMONWEALTH TO INDIGENOUS HEALTH (AM: 20/03/2008)

<http://abcmail.net.au/t/111460/614869/2365/0/>

CONCERNS RAISED OVER CERVICAL CANCER RISK FOR INDIGENOUS GIRLS (PM: 18/03/2008)

<http://abcmail.net.au/t/111460/614869/2370/0/>

LATE BLOOMER AS A RURAL DOCTOR

Keva Gocher (Bega, NSW)

The next generation of rural doctors is being created now through a targeted medical course specialising in non-metropolitan health training. The Australian National University's medical course only takes students who already have a university degree, and a commitment to rural health. Keva Gocher spoke with Madeline Hanson, who's left environmental science field to work as a trainee rural doctor.

INDIGENOUS PNEUMONIA RATE THE HIGHEST IN WORLD (The World Today: 25/03/2008)

<http://abcmail.net.au/t/115849/614869/2476/0/>

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AN INTRODUCTION TO SOCIO-ECONOMIC INDEXES FOR AREAS (SEIFA), 2006

(ABS 2039.0 <http://www.abs.gov.au/ausstats/abs@.nsf/mf/2039.0?OpenDocument>)

SEIFA is a suite of four summary measures that have been created from 2006 Census information. The indexes can be used to explore different aspects of socio-economic conditions by geographic areas. For each index, every geographic area in Australia is given a SEIFA number which shows how disadvantaged that area is compared with other areas in Australia.

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CURRENT ISSUE OF eMJA, 17 March 2008

(Available at <http://www.mja.com.au/>)

Selecting medical students

Obstructive sleep apnoea - getting to the heart of the matter?

Booster seat use by children aged 4-11 years: evidence of the need to revise current Australasian standards to accommodate overweight children

Comparing risk-prediction methods using administrative or clinical data in assessing excess in-hospital mortality in patients with acute myocardial infarction

Prescribing of psychostimulant medications for attention deficit hyperactivity disorder in children:
differences between clinical specialties
Outcomes for general medical inpatients with diabetes mellitus and new hyperglycaemia
Community-based asylum seekers' use of primary health care services in Melbourne
Medical school selection criteria and the prediction of academic performance
Effectiveness of complementary and self-help treatments for anxiety in children and adolescents
Consent in paediatric research: an evaluation of the guidance provided in the 2007 NHMRC National
statement on ethical conduct in human research
Preventing primary liver cancer: how well are we faring towards a national hepatitis B strategy?
Safe year-long use of a very-low-calorie diet for the treatment of severe obesity
Acute unilateral anterior uveitis and scleritis following a single infusion of zoledronate for metastatic breast
cancer
Health services under siege: the case for clinical process redesign

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RURAL HEALTH ON THE WEB
(FROM Google Alert at <http://www.googlealert.com>)

Rural Health Care - USAC
This is the basic introduction page to the two audiences served by the rural health care program.
<http://www.rhc.universalservice.org/>

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Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2006
(ABS 4713.0)
Available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4713.0?OpenDocument>
Contents:
Understanding Indigenous population data
Population distribution and structure
Mobility
Household and family composition
Language and religion
Education
Work
Income
Housing and transport
Need for assistance
Torres Strait Islanders

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RURAL HEART OF THE NATION SUFFERING
(Extract from "The Weekend Australian", 29 March 2008. The full article is at
<http://www.theaustralian.news.com.au/story/0,25197,23442135-23289,00.html>)

HEART attacks are often linked in the public's imagination to moments of intense stress or exertion, but this is misleading. They often strike at quiet, unexpected moments, as Frank Hampson, relaxing at his Queensland home, recently found out. The Hampsons say that far from being a one-off hard luck story, it illustrates wider problems with rural health care -- lessons relevant not just in their fast-growing corner of south-east Queensland, but nationally.

Immediately after the attack on March 11, Frank was taken initially from his home in Kalbar to Boonah Hospital. Soon after that, he was transferred to the cardiac care unit at Ipswich Hospital. He describes what

happened there as "alarming and distressing", and evidence of a "second-class system of health care in which metropolitan residents appear to be given priority over those in outlying provincial and rural areas".

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From: Gregor Macfie <Gregor@acoss.org.au>
Subject: Promoting health within the ACOSS National Conference on Social Inclusion

The agenda for social inclusion being advanced by the Rudd government and at the upcoming 2020 summit will provide an important opportunity to consider the role of health and health care in ensuring everyone is included in their communities and in society.

ACOSS is holding its National Annual Conference in April, which will provide an opportunity for people interested in health and health care to contribute to that social inclusion agenda. Participants will be asked to share their insights into who is being excluded from good health and health care in Australia and to help develop ideas on how to achieve optimum health for the whole population.

The ACOSS National Conference, Taking Steps for a Fair Go for All - Social Inclusion Policies and Processes, will be held in Melbourne at the Sebel Albert Park on Wednesday 9th and Thursday 10th April 2008.

The Conference will examine the roles of the community services, health and welfare sectors, governments, business and philanthropic organisations in the emerging social inclusion agenda of Australia. The Conference will also look at the meaning and scope of social inclusion and poverty.

The second day of the Conference will be a series of concurrent practical workshops in a number of specific areas, including Housing, Homelessness, Welfare/Participation, Education, Health, Disability, Early Childhood Development, Youth Transitions, Safe and Healthy Communities, and Indigenous Communities.

One of the outcomes of the workshops will be to identify medium and longer term targets in each specific area which would, if met, reduce social exclusion across a number of specific areas. The workshops will also identify who is excluded in each of these areas, the effects of this exclusion and the broad strategies which would help achieve social inclusion targets.

People can register for both days of the conference or for either one of the two days. Please email conference@acoss.org.au for further information.

Gregor Macfie
ACOSS
tel: 02 9310 6200
fax: 02 9310 4822
web: <http://www.acoss.org.au>

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Well Women's & Men's Sexual Health Workshop
28th April - 2nd May 2008
Liebig Building
Alice Springs Hospital

3 Days Theory and 2 Days Practical

Topics to be covered:
STI Management
Cultural Issues

Contraception
Cervical Screening
HIV Update
Hep's ABC
Chronic Disease Screening

Contact: Sandy McElligot sandra.mcelligot@nt.gov.au

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CRIAH Aboriginal Health Research Conference 2008
Strong Foundations...Strong Future

The second CRIAH Aboriginal Health Research Conference will be held on April 29 and 30 at Dockside at Cockle Bay Wharf, Sydney. Information at <http://www.saxinstitute.org.au/newsevents/EventItem.cfm?objid=754>

Enquiries:
The Sax Institute
PO Box 123
BROADWAY NSW 2007
Ph (02) 9514 5950
aboriginal.health@saxinstitute.org.au

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10th INTERNATIONAL PAEDIATRIC AND CHILD HEALTH NURSING CONFERENCE

The 10th International Paediatric and Child Health Nursing Conference is to be held at the Holiday Inn Esplanade and Darwin Entertainment Centre, Northern Territory, from Wednesday, 30 April to Friday, 2 May 2008. The conference is being hosted by the Australian Confederation of Paediatric and Child Health Nurses. The conference is expected to attract between 200 and 400 delegates from across Australia and abroad.

Through the implementation of the theme "Crossing barriers", this conference aims to illustrate that barriers can and must be crossed to improve health outcomes for children and young people. The conference aims are: to advance paediatric and child health nursing's contribution to health care and facilitate the dissemination of evidence highlighting effective nursing interventions to arise the profile of the benefits of interdisciplinary collaboration to identify future directions for paediatric and child health nursing to provide a forum that stimulates debate and collegiality.

For more information please visit the conference website at <http://www.ipchnconference.com.au> or by contacting the conference secretariat via email at info@ipchnconference.com.au or by telephone +61 7 3858 5503.

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HEALTH PROFESSIONALS CONFERENCE, PORT FAIRY

Port Fairy is a historic seaside village located on the southwest coast of Victoria, known for music festivals and fine restaurants. With many pleasant cafes, art galleries and day spas, it is a charming and relaxing destination.

The conference is focused on mental health services and professional development workshops. It is an opportunity to meet mental health academics, practitioners, and colleagues working in rural health.

If you would like to conduct a half-day workshop at this conference, please contact Professor Prasuna Reddy, phone 03 5563 3501 or email director.hsr@greaterhealth.org

Registration details for the conference are on the website: <http://www.greaterhealth.org/education-training/>

Enquiries: Ms Amanda Gaudion, phone 03 5563 3501, email: Amanda.Gaudion@greaterhealth.org

DATE: Monday 5 May - Wednesday 7 May 2008

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From: Anita Cromb <<mailto:Anita.Cromb@heartfoundation.org.au>>
Subject: Challenges in Cardiology VIII conference 9 & 10 May 2008

Challenges in cardiology VIII 'Prevention and management of cardiovascular disease'
9 - 10 May 2008

A joint conference of the Heart Foundation, Cardiac Society of Australia and New Zealand (CSANZ), and the Queensland Cardiac Rehabilitation Association.

The 8th Challenges in Cardiology conference will be a significant date on the calendar in 2008. The one and a half day conference will provide an exciting and unique opportunity for health and medical professionals, nurses and students, medical researchers, industry and government to receive the latest information in various formats, including practical sessions, on the challenges and solutions to the prevention, assessment, and management of risks associated with heart disease, both acutely and for secondary prevention.

Venue: Royal Brisbane and Women's Hospital Education Centre, Herston, Queensland 4029

Topics will include:

Absolute risk - tools and implementation, updated hypertension guidelines, management of CVD (including biomedical and psychosocial risk factors), secondary prevention, Quality Use of Medicines, various workshops, and a panel discussion: CVD - are we losing the battle?

Day registration (Friday or Saturday) \$77 (earlybird \$55 before 11 April 2008)

Friday and Saturday (inc. cocktail function) \$132 (earlybird \$99 before 11 April 2008)

Cocktail function \$33 (earlybird \$22 before 11 April 2008)

The Heart Foundation has applied to the RACGP QA&CPD Program for Category 1 points (40 points) for this Activity.

For more information log onto our website <http://www.heartfoundation.org.au> and click on Queensland in the map of Australia.

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ETHICAL RESPONSIVENESS - 2008 NATIONAL CONFERENCE
Stamford Grand, Adelaide, 23-25 May 2008

You are invited to attend the third national conference for the Australian College for Child and Family Protection Practitioners in Adelaide.

The conference theme "Ethical Responsiveness" reflects the broad contexts of Australian child and family practice. Workers in the child and family welfare sectors are generally ethical and responsive. This conference celebrates the work done by both statutory and non-government agencies alike in supporting vulnerable children, young people and their families. As debates continue within the child and family

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INAUGURAL RURAL AND REMOTE HEALTH SCIENTIFIC SYMPOSIUM
6-8 July 2008, Brisbane

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POPULATION HEALTH CONGRESS 2008
A Global World - Practical action for health and Well-being

The Population Health Congress 2008 will be held on July 6-9 in the Brisbane Convention and exhibition Centre. Regular updates on Congress 2008 will be available at <http://www.populationhealthcongress.org.au> - log on to register your interest.

The Population Health Congress 2008 is for everyone working in Population Health in Australia and New Zealand - abstracts will be accepted over the full range of public health, health promotion and epidemiological topics.

Conference Coordinators
PO Box 139
Calwe Il ACt 2905
Ph (02) 6292 9000
congress2008@confco.com.au

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Continenence Awareness Week 3 to 9 August 2008
Website <http://www.continenence.org.au>

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9th INTERNATIONAL MENTAL HEALTH CONFERENCE

14-16 August 2008, Holiday Inn, Gold Coast.
The revised link for access to the conference website and for abstract submissions is Conference website: <http://www.gcimh.com.au/conference/>
Abstract Submission http://astmanagement.com.au/gcimhforms/MH_Abstract.asp

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2008 SARRAH CONFERENCE

27-30 August 2008, Yepoon. Details can be found on SARRAH's website at <http://www.sarrah.org.au>

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2008 AIDA Symposium - Our Culture, Our Kids, Our Future
Saturday 4 October, 2008
Darwin
Information at <http://www.aida.org.au/news.asp?id=30>

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17th National Conference on Incontinence - 5 to 8 November 2008 - Grand Chancellor Hotel, Hobart
Website <http://www.continenence.org.au>

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10th NATIONAL RURAL HEALTH CONFERENCE

The 10th National Rural Health Conference will be held in Cairns in May 2009. Keep an eye on our website at <http://nrha.ruralhealth.org.au/conferences/docs/10thNRHC/10thNRHC.htm> for up-to-date information about the Conference. The first announcement will be the Call for Abstracts in early 2008.

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is published fortnightly. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au (do not "reply" to this email - send contributions to grovesc@winshop.com.au). Contributions received by the Friday of publication will be included in the e-forum.

The NRHA e-forum is edited by a third party moderator, Jim Groves. As such, the Alliance does not control postings and the contents do not necessarily reflect the opinions of the Alliance. Nor do postings necessarily reflect the view of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au

Please forward a copy to any colleague you think may be interested.

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Media Release

21 March 2008

NRHA offers support for new national partnership on Indigenous health

The National Rural Health Alliance is pleased to add its voice to the chorus of support for the bipartisan commitment to Indigenous health announced yesterday.

Professor John Wakerman, Chairperson of the Alliance who attended the Indigenous Health Equality Summit in Canberra, today recommitted his organisation to do everything in its power to help achieve equality in health status and life expectancy for Indigenous people within a generation.

"The Alliance is led in these endeavours by two of its member bodies, NACCHO and the Australian Indigenous Doctors Association, and it has been a member of the Close the Gap campaign since its launch in Sydney," Professor Wakerman said.

"We are particularly pleased to note the strong leadership of Prime Minister Rudd, on behalf of his government, and the support of the Opposition Leader, Dr Brendan Nelson. This bipartisan spirit will be critical to meet the long term goals agreed.

"The PM announced funding for a new National Indigenous Health Workforce Training Plan which we hope will add to the number of Indigenous health professionals in rural and remote areas. The role of Aboriginal Health Workers is particularly important out bush and we are delighted to see extra support for their profession, as well as for Indigenous doctors and nurses," he said.

"Given its contribution to avoidable deaths and disease, the program to tackle high rates of smoking in Indigenous communities is also a positive initiative."

Professor Wakerman said people in rural and remote areas would welcome and support the determination of the Government, the Opposition and the Indigenous community to work for equal health and life expectancy for the nation's Aboriginal and Torres Strait Islander Peoples.

The joint signing of the nine-point declaration of intent is an important milestone to mark this commitment.

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Media Release
28 March 2008
'Ambitious' COAG health plan wins peak group approval

The National Rural Health Alliance has today described the COAG Communiqué as a groundbreaking document and a turning point in the way Australian governments do business.

"It's as though we've just woken up to the fact that Governments are able to put their differences aside and allow common sense to prevail," said the Executive Director of the National Rural Health Alliance, Gordon Gregory.

"The Communiqué gives hope that a wide range of collaborative reform is possible."

The proposal for Community Service Obligations for the maintenance of small and regional hospital services is an intriguing and potentially critical commitment.

"The Alliance would like to know how these CSOs will operate in order to assess their capacity to improve access to health services for people in rural and remote areas, and whether they could be a key part of the promised national rural health plan," Mr Gregory said.

"Although there are areas that require clarification, the Alliance is very pleased to see another step taken towards closing the gap in Indigenous health with the COAG commitments to halving the gap in Indigenous employment and providing increased dental services."

At least 48,000 dental services are to be provided to Indigenous people over four years under the new Commonwealth dental health program.

Under the COAG agreement the health workforce will gain up to 50,000 additional vocational education and training (VET) places over three years from 2008-09 for such occupations as enrolled nurses, allied health assistants, dental assistants, and Aboriginal Health Workers.

"We hope these proposed positions will target both professions and geographical areas where evidence is very clear that workforce needs are greatest, and that they will create opportunity for entry into the workforce by people often bypassed, including Indigenous people and people with a disability," he said.

The Communiqué also proposes a nationally consistent approach to hospital funding, national registration for health professionals, and harmonisation of occupational health and safety laws.

"At last it looks as though we're serious about living in one nation," he said.

A major reform will be the rationalisation of agreements under which payments are made to the States and Territories into five or six core delivery areas. Under the new National Partnerships agreements the current Australian Health Care Agreements will be incorporated into a broadbanded National Healthcare Agreement, which will include incentives for reform and a change in the evaluation requirements for increased accountability.

"The plan to move from measuring inputs to measuring outputs and, where possible, outcomes is so obviously desirable it must make us wonder whether it is indeed possible and why it hasn't been done before," he said.

agreements in order to implement any recommendations for long term reform that may alter the funding of public hospital services.

Short term reform

The federal government contribution to the Australian Health Care Agreements has declined in recent years. Given the larger revenue raising capacity of the federal government, AHCRA recommends the progressive re-introduction of a 50:50 ratio in federal:state/territory contributions. This increase should go towards reform of the system.

In the short term, AHCRA recommends that the eroded Commonwealth contributions arising from indexation shortfalls be applied to reform initiatives seeking to integrate health services better across the care continuum, especially for those suffering from complex chronic conditions. AHCRA is also calling for improvements in the accountability and transparency associated with expenditure and delivery of services under these agreements.

Reporting should also include evaluations of cost effectiveness by performing and regularly reporting a cost benefit analysis of all health services at both the provider and institutional level.

AHCRA recommends the development and implementation of the following additional performance indicators for the evaluation (and subsequent reporting) of the performance of hospital and health care services funded through the agreements.

These nationally reported measures should include:

- * cost effectiveness of services;
- * access to services (beyond the crude measure of waiting times);
- * delays in referrals;
- * access according to geography (to demonstrate variability between metropolitan, regional and remote);
- * specific indicators for evaluating health outcomes of Indigenous people;
- * the provision of culturally appropriate care;
- * workforce factors (staffing, workload, skill mix, turnover, staff satisfaction, workplace injuries);
- * safety and quality indicators e.g. mortality rate by health provider, adverse events e.g. hospital acquired infection;
- * compliance with clinical guidelines;
- * emergency readmission rates;
- * avoidable admissions;
- * specific indicators for access to mental health services;
- * specific indicators for access to dental and oral health services;
- * access to primary health care services for Indigenous populations;
- * patient satisfaction/consumer experiences of care;
- * implementation of a nationally consistent electronic health record;
- * the development of nationally consistent data (to assist comparison);
- * provision for patient assisted travel schemes;
- * waste audits; and
- * energy audits to assess greenhouse gas emissions.

AHCRA also recommends that additional funding be provided to assist in the development, implementation and evaluation of these indicators.

The next agreements should include a preamble which specifies the centrality of the patient and of primary health care. To ensure the agreements are patient-centred, consumers must be involved actively in the negotiation process. Consideration should be given to making consumers party to the negotiations between the federal and the state and territory governments.

Long term reform

AHCRA welcomes the establishment of the National Health and Hospitals Reform Commission (NHHRC) to develop a long term health reform plan.

Fundamental health reform is required to ensure a sustainable system to meet the needs of the Australian community. One of the fundamental principles of this system must be the provision of universal publicly funded services available to people on the basis of need, not their ability to pay.

Rigorous community engagement will be essential to achieving real health reform. The process to develop options for reform, to be undertaken by the NHHRC, must not start by considering the funding mechanisms, but with an understanding of what health services are needed. Only then can the process begin of determining what services will best meet those needs; which must in turn inform the design of the mechanisms for funding, delivering and evaluating those services.

This must start with:

- * a process of community engagement through a dialogue and consultation with the Australian people about the kind of health system they need and want; and
- * a national audit of health expenditure and health needs.

And be followed by:

- * the development of a National Health Policy to outline the principles on which the health system is to be based and the broad strategies to achieve them (the national health policy should clearly articulate the responsibilities of all levels of government);
- * the development of other national policies within this national health policy - for primary health care; rural health; mental health; child and infant health; Indigenous health etc.

A series of options papers should be produced by the NHHRC to enable broad public debate about the proposals for reform.

The role of private hospitals and private health insurance needs to be considered in any reform of hospitals and the health system. This must include an evaluation by the NHHRC of the rationale for and effectiveness of using public funds to subsidise private health insurance, with the NHHRC publicly reporting its findings.

Essential criteria for reform

A long term health reform plan for Australia must contain the following elements - it must:

- * centre on the needs of health consumers;
- * change the focus from an illness to a wellness model, with associated shifts in resource allocation;
- * support a primary health care driven system, with care delivered by equitably funded multidisciplinary teams;
- * ensure equitable access to services based on need, regardless of geographic location or socioeconomic circumstance;
- * have a common national language for data collection, setting of benchmarks, monitoring health expenditure and reporting of outcomes;
- * be administered in a transparent and accountable way, with an ongoing role for a national health commission to monitor policy, standards, and outcomes of all health services, with regular public reporting of findings;
- * require health services to demonstrate the delivery of evidence based, cost effective care;
- * support and build the capacity of consumers to be involved in their own health care and in the development, planning and implementation of health services;
- * involve structural review of all existing funding mechanisms including the AHCA's e.g. Medical Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), Public Health Outcomes Funding Agreements (PHOFAs), aged care etc;
- * include funding for the implementation of strategies to address the appalling health outcomes of Indigenous people;

- * be characterised by multidisciplinary leadership to facilitate interdisciplinary learning and practice;
- * contain mechanisms to ensure an equitable distribution of funds to all communities;
- * include strategies to ensure a sustainable health workforce; and
- * apply relevant performance indicators to all health services regardless of setting (i.e. public, private, and primary health care etc) for evaluation and public reporting of performance.

Click on the link below to be removed from the mailing list

<http://nrha.ruralhealth.org.au/cms/admin/emaillist//remove.asp?ID=webmaster0001>