

# Australian Health Care Summit 2003

## COMMUNIQUE FOR HEALTH REFORM

*A bipartisan and independent group of more than 250 leading consumers, doctors, nurses, allied health and other health professionals representing the entire health sector have met in Canberra to discuss ways in which to improve Australia's health system. Clinicians, health managers, economists, politicians and consumers contributed to the development of these conclusions, which represent a consensus.*

### THE AUSTRALIAN HEALTH SYSTEM

The quality of our health system reflects the regard we have for each other.

Australians no longer have confidence they can get services when and where they need them.

In a country as wealthy and prosperous as Australia it is totally unacceptable that consumers, clinicians and providers believe the quality and availability of health care available to Australians are rapidly deteriorating.

Urgent reform is possible, affordable and essential

### STATEMENT OF PRINCIPLES

We believe the following principles must underpin the Australian health system:

- **Universal access** underpinned by a strong primary care system in a timely fashion based on health need, not ability to pay
- **Equity of health outcomes** irrespective of socio-economic status, race, cultural background, disability, mental illness, age, gender or location
- **Consumers and patients** must come first in health care services.
- **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** -- our health insurance for each other.
- **A fair balance of public and private resources** and investment is needed 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 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.

## CALL TO GOVERNMENTS

Accordingly, we call on all governments:

- To discuss, *as a matter of urgency*, the health reform agenda at the forthcoming Council of Australian Governments meeting.
- To sign an interim Australian Health Care Agreement for one year.
- To develop an intergovernmental mechanism for reform that includes consumers, clinicians and other health professionals.
- To develop with consumers, clinicians and other health professionals, the reform implementation agenda as the basis for the new mechanism using the outcomes of the reform agenda working groups and the outcomes of the Summit discussions.

The Australian Health Reform Alliance will reconvene in twelve months time to review progress.

## STATEMENTS OF RECOGNITION AND CONCERN

We recognise that:

### Aboriginal Health

- the health of Aboriginal and Torres Strait Islander Australians is the nation's top health priority and needs urgent improvement.

### Structures

- jurisdictional inefficiencies associated with Federal and State Governments having different responsibilities are the major barriers to quality and cost effectiveness in our health system.
- structural inefficiencies inhibit the development of balance across the continuum of health and care services.
- there is an outstanding community need for a national primary health care policy that recognises and integrates the key role of primary health care and General Practice within the health care system, and the key role of primary health care in improving health outcomes.

#### Workforce

- a consumer-centred health care system at the beginning of the 21<sup>st</sup> century requires teamwork and the integration of all our health care services and planning for these services around consumer and carer needs.
- our health system does not adequately reward teaching and research to ensure sustainability.
- there are significant pressures on the health workforce, including an inadequate mix and skills and capacity, and a shortage in many disciplines.
- we need a fair system of compensation for consumers who are injured in adverse events in a system that does not inhibit safe and quality focused clinical care.

#### Safety and Quality

- there are unacceptable levels of adverse events, documented in various studies, that have led to death and injury in hospital care.
- despite the efforts of all Governments to promote quality and safety in health care, the risks associated with health care are unacceptably high and lacks quality risk-assessment and management.
- safety and quality are compromised by inadequacies in information for consumers including the lack of a patient held record.

#### Finance

- the cost effectiveness of health promotion and the prevention of disease and disability is inhibited by limited and fragmented services, and the failure to understand the central impact of health promotion and prevention on health outcomes.
- health systems and governments are not accountable to the community for outcomes of health funding through transparent processes and open reporting.
- the private health insurance rebate which was intended to reduce pressure on the public hospital system but any impact has not been sustained.
- co-payments are significant and growing threat to the fundamental principle of universal access on the basis of health need rather ability to pay.

#### Performance Measurement

- the current system lacks robust indicators of effectiveness and or the impact of policy decisions or service implementation on equitable health outcomes.

#### Mental Health

- most people with mental health problems still struggle to get acknowledgement for their needs or the necessary care and given the high economic and social costs they and their families face, do not receive a fair share of health resources.

- mental health is the leading cause of disability, which is not recognised in funding strategies within the health system.

#### Children and Young People

- there is inadequate targeted investment in the early years to support the development of children and adolescents.

#### Service Inadequacies

- there is a lack of concerted strategies for other groups with poor health outcomes such as people with intellectual disabilities.
- there remain considerable problems in the coordination and delivery of services to people with chronic illnesses or conditions especially in access to coordinated multi-disciplinary services.
- we need a special focus on supporting general practitioners working with communities of need and/or in areas of workforce shortage.
- there is a lack of integration of community and residential services for the aged and of dementia care services.
- there are significant service gaps in areas such as comprehensive health and community care, long term care and allied health services.
- there are significant problems from the marginalisation of oral health and the subsequent segmentation of medical and dental service provision.
- the lack of coordinated appropriate community services leads to blockage in other parts of the system such as Emergency Departments and other acute care areas.
- the lack of investment in Health Information Technology in Australia is missing a substantial opportunity to improve the quality of patient centred health care and cost outcomes.

#### Rural and remote health

- people living in rural and remote areas of Australia are significantly disadvantaged in relation to access to health services and health care, something that exacerbates their exposure to major risk factors and is reflected in their poorer health status.

### **THE WAY FORWARD**

There are many issues that have been identified by the reform agenda working groups established by all Health Ministers and further developed or identified by Summit workshops. Some of these include:

#### Aboriginal and Torres Strait Islander Health

- all Governments must implement the new *National Strategic Framework for Aboriginal and Torres Strait Islander Health* to ensure that appropriate resources are directed to Aboriginal and Torres Strait Islander focused and/or community controlled health services.
- requires national leadership, engagement with communities, investment in infrastructure (jobs, housing, education, water) and additional resources for health services and health workforce, in particular its Aboriginal and Torres Strait Islander component.

#### Financing proposals

- a greater financial investment must be made to improve our health system leading to an increase proportion of GDP expenditure.
- short and long term strategies are required to strengthen the capacity of Medicare to meet the needs of all Australians to access health services
- the private health rebate should only be maintained if it can be demonstrated to strengthen the broader public hospital system.
- the health of people who live in rural and remote Australia and the wellbeing of their communities needs the support of funding systems and integrated health workforce initiatives that ensure equitable access to quality health care.
- equity and access can only be sustained if General Practice funding is set at a level that supports the provision of high quality care.
- an effective, equitable health care system depends on a Pharmaceutical Benefits Scheme that is universally accessible, comprehensive and sustainable.
- listing of drugs based on evidence of cost effectiveness is the key to the sustainability of the PBS. Commercial and utilisation pressures that result in the continuing decline in cost effectiveness of subsidised medicines represent a profound threat.

#### **THE HEALTH AND CLINICAL WORKFORCE**

- we need an urgent and concerted national workforce program of action, including a well prepared, adequately remunerated health workforce as a key foundation for quality health care.
- An immediate increase in undergraduate and postgraduate training places across the health professions with a concomitant increase in funding for clinical teaching
- the health system must attract and retain clinicians who are to excellence in public sector service delivery, teaching, research and training in clinical skills.

- our health system must support and reward teaching and research if it is to be evidence-based and sustainable.
- access to education, training and continued professional development must be facilitated.
- all governments need to review their policies that impact on general practitioner morale, and the attractiveness and flexibility of General Practice.
- we need a substantial increase in university funding to meet future requirements for a well educated nursing and midwifery workforce.
- we need to promote a culture of open disclosure to medical error in an quality focussed environment, the establishment of a nationally funded long term care plan and a national no-fault insurance scheme is needed to ensure that consumers are appropriately compensated for medical error and adverse events.

## **GOVERNANCE STRUCTURES**

- consumers must be active partners in the governance of health care organisations and in establishing standards and targets for action.
- a National Charter of Patient Rights should be developed and legislated through which consumers and patients should be encouraged to play a strong role in their own care.
- members of the health workforce (doctors, nurses, midwives, allied health and other health professionals) should be included in health service delivery policy development and planning.
- a comprehensive review of hospital governance legislation should be undertaken to assess accountability, especially in the area of safety and quality. Such a review should recommend action regarding hospital accreditation, the maintenance of minimum staffing levels and other quality focused standards.
- incentives should be developed that promote national standards of care, best practice treatments and the reduction of preventable health inequalities.

## **RESTRUCTURING THE BUREAUCRACY OF HEALTH CARE**

There are a number of options that were presented to the Summit that would promote collaboration between Governments, health care professionals and consumers including:

As the first step, this Summit calls on COAG to establish a national vehicle such as a health reform council that will achieve national answers to the following key issues about how our health system should look within five years.

This process will include engagement with the Australian community, governments and those who work in the health system to achieve the following:

- How much Australia will need to spend on health care to achieve the goals we want.
- How we achieve the right balance in health resource allocation across the spectrum from prevention to palliative care.
- The structure and financing arrangements we need to achieve a national approach to health care grounded in the principles articulated in this communiqué.
- The transitional arrangements Australia will need to go through to achieve the health system we want.
- How we can achieve a system that is transparent and accountable for health outcomes.

The key organizations and individuals attending this Summit will meet again in twelve months time to consider COAG's response and how the 250 attendees at this Summit can make a continuing contribution to the debate about how best to shape Australia's health care into the future.

The option of a National Health Reform Council would be a way to provide Australia with the high-level independent health policy capacity.

The Council would:

- be responsible for setting targets and benchmarks for overall health system performance against the principles and goals enunciated above;
- be responsible for monitoring and reporting on health system reforms against outcomes and targets and communicating these in a form that is clear and meaningful to the Australian public;
- develop an index of fair health financing;
- develop an index of health care access;
- develop a resource distribution formula to guide total health system investment according to population health needs, taking into account factors such as socio-economic status, location, age profile and housing status;
- guide the rebalancing of the health care system towards primary and community care;
- guide the development of a more coherent health system which incorporates dental and allied health care services;
- advise governments;
- be supported by a secretariat with high level policy and technical expertise to enable it to contribute independently and intelligently to health policy reform;
- commission work from Australia's research institutions to mobilise and capture the best thinking Australia has to offer;
- be jointly funded by Commonwealth, State and Territory Governments;

The structure of the Council would be developed from wide community consultation. It would be constituted as a partnership of Federal and State senior policy personnel, clinicians and other health and community care service providers, technical experts and consumers. A representative elected by the Council would chair the Council.

## **SERVICE DEVELOPMENT AND IMPROVEMENT**

### **Mental Health**

- increased investment to target across innovative prevention, early intervention and ongoing care strategies to 12 percent of the health budget in five years.

### **Chronic Illness**

- new models and funding mechanisms that facilitate coordination of care are required for people with chronic illnesses.

### **Children and Young People**

- the special needs of children, adolescents and their families must be considered in any reform agenda.

#### Oral Health

- oral health funding and services must be integrated with the rest of the health services.

#### Information Technology

- national progress on Information Technology foundations (including Patient Identification and Privacy) is required to support coordinated care across multiple settings as a matter of urgency.
- the National Health Information Council should develop a cooperative national health Information Technology investment strategy as a matter of urgency.

### **TOWARDS A NEW ERA IN AUSTRALIAN HEALTH CARE**

Accordingly, we call on the Australian community and the governments that represent them to support a way forward. Together they can usher in a new era of collaboration and partnership between all levels of government, health care providers and consumers.

The Australian Health Care Agreements should be signed for a period of one year and during this period we need to plan a carefully designed structure for the Council, including objectives, a process of ensuring due independence, genuine community engagement and a sustainable level of resources to complete its tasks.

The Summit calls for a commitment by the Prime Minister and the Premiers and to fund the necessary preparation work to be undertaken in one year of planning and lead-in negotiations.

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The Australian Health Reform Alliance will reconvene in twelve months time to review progress.

Our proposals for modernising our national health system will be published on our website <http://www.healthsummit.org.au>.

