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Submission on the NHHRC's Interim Report

A Healthier Future For All Australians

MARCH 2009

This Submission is based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.

General

Many of the directions outlined in the Interim Report have the potential to be of substantial benefit in rural and remote Australia. We particularly welcome the strong focus on the social determinants of health, on addressing health inequities, on building healthier communities, on building a more integrated and comprehensive patient-centred primary health care system, and on better management of and outcomes for people with chronic illness.

Governance

The Alliance supports a single level of government to raise and distribute health funds, and to set policies, standards and benchmarks. In order to provide genuine universal access and improved equality in health outcomes, there should be a regional approach to the distribution of health resources and the delivery of health services. Option B in the Interim Report appears to offer the best way forward for such an approach, recognising that it will require the States and Territories to agree to have quite different responsibilities for health than is currently the case.

Broad goals and principles for a national health system would be set through the adoption of a National Health Plan. Vitally, it should include a Rural Health Plan for achieving and maintaining equivalent health for people who live in rural and remote areas.

While the roles of the States and Territories would diminish in terms of health services narrowly defined, they would increase through proper recognition (potentially through broadened health funding agreements) of the contribution to health outcomes made through their provision of education, transport, local government, community development, housing and disability services.

Given the critical nature of the social determinants of health, in moving forward on Option B high priority should be placed on the linkage of what would become 'Commonwealth health services' to these State/Territory services that influence health outcomes so heavily.

Key Priorities

It will be critical to the credibility of the health reform process that early gains are made in improving health services and outcomes, especially for people in rural and remote areas where access and outcomes are demonstrably poorer.

The Alliance has identified six priorities for immediate action that should be addressed in the final report.

1. Implement existing proposals

Fast track increases in the proportion of the health dollar spent on health promotion and illness prevention through:

- rapid expenditure on the work agreed by COAG to meet targets in Indigenous early childhood education;
- immediate investment and re-investment in maternity services, early childhood development, and mental health services for rural areas; and

- additional investment in public oral health services. School screening and basic oral health care are critical but would rely on augmented public oral health services and incorporate private providers.

2. **Seek equity in health outcomes**
   Addressing the particular needs of Aboriginal and Torres Strait Islander peoples is a top priority. In our view Aboriginal peoples must 'own' the governance, implementation and operation of the mechanism to purchase appropriate services.

   The Alliance strongly supports the provision to under-served areas of 'equivalence funding' up to national average medical benefits and primary health care funding, adjusted for remoteness, health status and the higher costs of attracting doctors and other health workers and of providing services in rural and remote areas. This principle will be a key element in improving access and equity in rural and remote areas. Early options for allocation of such resources should include actions suggested in (3) below on improving continuity of care for rural and remote patients, and a range of other measures proposed to enhance or supplement primary care services in rural Australia, including a substantially better-funded Patient Assisted Travel Scheme (PATS).

3. **Improve continuity of care for patients – including in rural and remote areas**.

   Early actions should include:

- Initiation of the range of approaches proposed for improving multi-disciplinary continuity of care including the establishment of comprehensive primary health care centres, extension of rural multi-purpose service models ,networks of primary care services and enabling GPs to bill for services provided by nurses and other health professionals in particular circumstances.
- Such initiatives are also crucial to making best use of all health professionals, and enabling them to work to scope of practice. They should begin in areas of greatest workforce shortage and offer the work/life balance, career development and remuneration to attract and retain suitable staff. Any comprehensive primary care centres or equivalent models should also have strong outreach or hub-and-spoke structures to recognise and support existing primary care services in outlying communities and minimise the risks of attracting scarce health professional resources away from those outlying areas;
- investment in rural and remote areas for developing within the primary care system, the capacity for the maternity, sub-acute, aged care, end-of-life and palliative care, mental and dental health care proposals raised by the Interim Report; it is crucial also that particular attention be given to ensuring that required specialist services are available in rural areas and are provided in ways that link them effectively with the primary care system;
- rapid extension of a client-controlled system for an electronic health record;
- work to improve systems and infrastructure (eg ICT) for communication between practitioners; and
- the extension of Medicare access to Nurse Practitioners working in rural and remote areas and Remote Area Nurses.

4. **Provide essential dental health services**

Affordable and timely access to dental health care is an essential part of primary care and should be ensured for those who do not currently have it. Strategies need to be implemented systematically to address the significant disadvantages that rural and remote Australians experience, due mainly to the high costs of dental care and the serious maldistribution of dental and oral health professionals, both private and public.

The Alliance supports the idea of a minimum 12-month internship, following graduation, for dentists and oral health therapists.

The Alliance's proposal for a Rural Australia Dental Undergraduate Scholarship has been provided to the NHHRC under separate cover.

5. **Improve supply and distribution of the rural and remote health workforce**

The under-supply and maldistribution of heath professionals have for a long time been limiting factors on the provision of health services in rural and remote areas. Having an adequate number of well-skilled health professionals, working in teams of suitable composition, and with scopes of practice and pay and conditions to meet the needs of rural Australia, is a key to all aspects of health service provision.

The proposal for a greater share of clinical places to be in rural Australia, across all health professions, warrants immediate attention. Clinical placements need to be high quality and both vertically (through time) and horizontally (across professions and settings) integrated. This will be a necessary but not a sufficient means of achieving greater recruitment to rural and remote areas. It needs to be part of a suite of policies on the matter, including further consideration of proposals relating to the structure of Medicare and the way it operates, other remuneration incentives, improved support for international health graduates, scopes of professional practice and models of health service delivery.

More work is needed to determine the precise numbers of health professionals required (very little is known about the distribution and numbers of allied health workers, for example), and at what skill levels, and in what sorts of health care teams.

6. **Improve performance assessment and public reporting**

Another early milestone on the road to health reform should be the development and public release of well-designed key performance indicators, available by remoteness category. It has already been agreed that such indicators should be available for open comparative reporting on Indigenous/non-Indigenous outcomes, and there is a clear case for the availability of major city/regional/rural/remote comparisons as well.