



## MEDIA RELEASE

12 May 2015

Good health and wellbeing in rural and remote Australia.

### Health Budget: new words for a new period

This year's Budget has succeeded in doing what many a Prime Minister in the past has wanted: to take health off the front page of the newspapers and blogs.

In what can only be described as a muted affair, those concerned with detailed but big picture changes to Australia's health system will be disappointed.

Those who, on the other hand, would like to see the Coalition deliver on its pre-election promise to have the Commonwealth minimise its role in health might see some reason to be encouraged.

Driven by the federal government's fiscal circumstance, much of the content of this year's health budget is about 'greater efficiency', 'cost saving' and 'rationalisation'. Whether this is driven by the Commonwealth's need for savings or by a redefining of its role in health remains to be seen.

Searching through the limited material available in the health budget lock-up, those who work in and for remote rural health were able to find just a few things to celebrate. The electronic health record is to be resuscitated with trials of an opt-out approach – one of which will hopefully be in a rural area.

The biggest game in town for rural and remote health consumers as for others is the review of the Medicare Benefits Schedule. It is to be hoped that it will not be an exercise in minimising cost but, instead, a means of providing better access to care for people in rural and remote areas. For instance new items with demonstrated effectiveness would include item numbers for a range of health clinicians on either end of a telehealth consultation.

The Royal Flying Doctor Service, one of the NRHA's 37 member bodies, seems to have been spared penury for a little while longer, although its longer term future – like that of so many other services and agencies, will be in the hands of a 'review process'.

Following the report from the Mental Health Commission, services for mental health played a leading role - without any firm commitments on how matters will be improved. Aboriginal and Torres Strait Islander health was an extra with very few speaking lines and the Modified Monash Model made a welcome guest appearance.

And there is some welcome new funding for concessional loans for farmers in drought affected areas and, especially welcome, for small businesses in towns affected badly by the drought. (Given the siloed nature of Westminster governance systems, this was not mentioned in the health budget.)

Nine workforce programs including scholarship schemes are to be 'rationalised', contributing to \$1.7 billion in savings over the next four years. Also contributing to these savings is a further reduction in the funding available to peak bodies in the sector and a range of services currently funded through the flexible funds. Just for now it seems likely that the 'flexibility' of these funds is one way only.

Interestingly, the words and phrases not mentioned at all in tonight's formal budget proceedings include 'continuity of care', 'patient-centred care', and reform.

Media Enquiries: Gordon Gregory (Chief Executive)  
02 6285 4660

Tim Kelly (Chairperson)  
0438 011 383

*The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health. Its vision is good health and wellbeing in rural and remote Australia.*