



Australian Health Policy Challenges - 2003

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Editor, MJA

POLICY:

A course or principle of action adopted or proposed by a government party, business or individual, etc.

HEALTH:

The state of being well in body and mind.

A person's mental and physical condition (*he has poor health*).

Soundness, *esp* financial and moral (*the health of a nation*).

AOED 2nd ed 1992

WHO: *A state of complete physical, mental and social wellbeing.*

Australians' Health

Ranking*

Life expectancy: female/male	82.1/76.6 yrs	3 rd /6 th
Healthy life expectancy	73.3/69.6 yrs	
Infant mortality rate	~5.2/1000	6 th
Perinatal mortality rate	~5.8/1000	3 rd
Potential YLL	~3,800 yrs/100,000	6 th
Potential YLL		
IHD	~290 yrs/100,000	2 nd
Respiratory disease	~120 yrs/100,000	6 th
Cancer	~90 yrs/100,000	5 th
CVD	~80 yrs/100,000	4 th

*Australia, Canada, France, Germany, Japan, Netherlands, Sweden, UK, USA

1998 data OECD 2002

Australia's Health System

		Ranking*
Overall performance		8 th
Total health expenditure (% GDP)	~8.2	4 th
Total public health expenditure (% GDP)	~6.1	4 th
Per capita total health expenditure (\$US)	~2200	3 rd
Per capita public health expenditure (\$US)	~1600	4 th

*Australia, Canada, France, Germany, Japan, Netherlands, Sweden, UK, USA

Australian Health Departments

- QLD *Helping people to better health* ✓
- NSW *Better Health, Good Health Care* ✓
- VIC *Access to quality services that protect and enhance the community's physical, mental and social wellbeing* ✓
- NT *Health is our business*
- WA *Promote, protect, maintain and restore the health of people*

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EQUITABLE

EFFECTIVE

*quality • equity
access • evidence-based practice
innovation • skilled, valued workforce
sustainability • integration • coordinated care
transparency • duplication • governance
efficiency • evaluation • consumers • choice
enhance • empower • control costs • preventive
health • population health • primary care
top down, bottom up reform
partnership
teamwork*

TIMELY

SAFE

**PATIENT-
CENTRED**

EFFICIENT

Australian Health

Policy and Priority Participants

Ministers of health / policy advisors

AHMAC

NHPAC

NPHP

NHMRC

ACSQH

ANCAHRD

NICS

PBAC

DOHs

AMA

Pharm Guild

ANC

CPMC

CHF

Special interest groups

Adhoc committees

Media

Australian Health Challenges

- Technology and pharmaceutical costs
- Healthcare workforce shortages
- Sustainability
- Hospital entry and exit blocks
- Ageing
- Indigenous health
- Rural and remote health
- Chronic diseases, comorbidity, continuity of care
- Community healthcare
- Public and private insurance

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Dysfunctional intergovernmental relationships

Decline in bulk billing

Quo vadis Medicare?

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Dysfunctional intergovernmental relationships

“The pointing of fingers at one another must come to an end; governments must find a way of working together or they risk what Canadians value most.”

Association of Canadian Academic Healthcare Organizations 2002

- Planning is **intermittent**
- Planning is **compartmentalised**
- No long term **national vision**
- No stable **long-term leadership**
- Planning is **political**
- **Corrosive** and **destructive** debates

Building on value. The future of healthcare in Canada 2002

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Dysfunctional intergovernmental relationships

AHCA

Planning is intermittent

April 2002 – “focus on provision of optimal care and health outcomes”
“work cooperatively”

Quick Fix

Nine Reference Groups

Report – Sept 2002

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Planning is compartmentalised

Reference groups: hospital funding and private health insurance;
aged and acute care; mental health; quality and safety;
preventative, primary and chronic care models of care;
Indigenous health; mental health; information technology;
workforce training and education

Finding: System no longer suitable for the 21st century

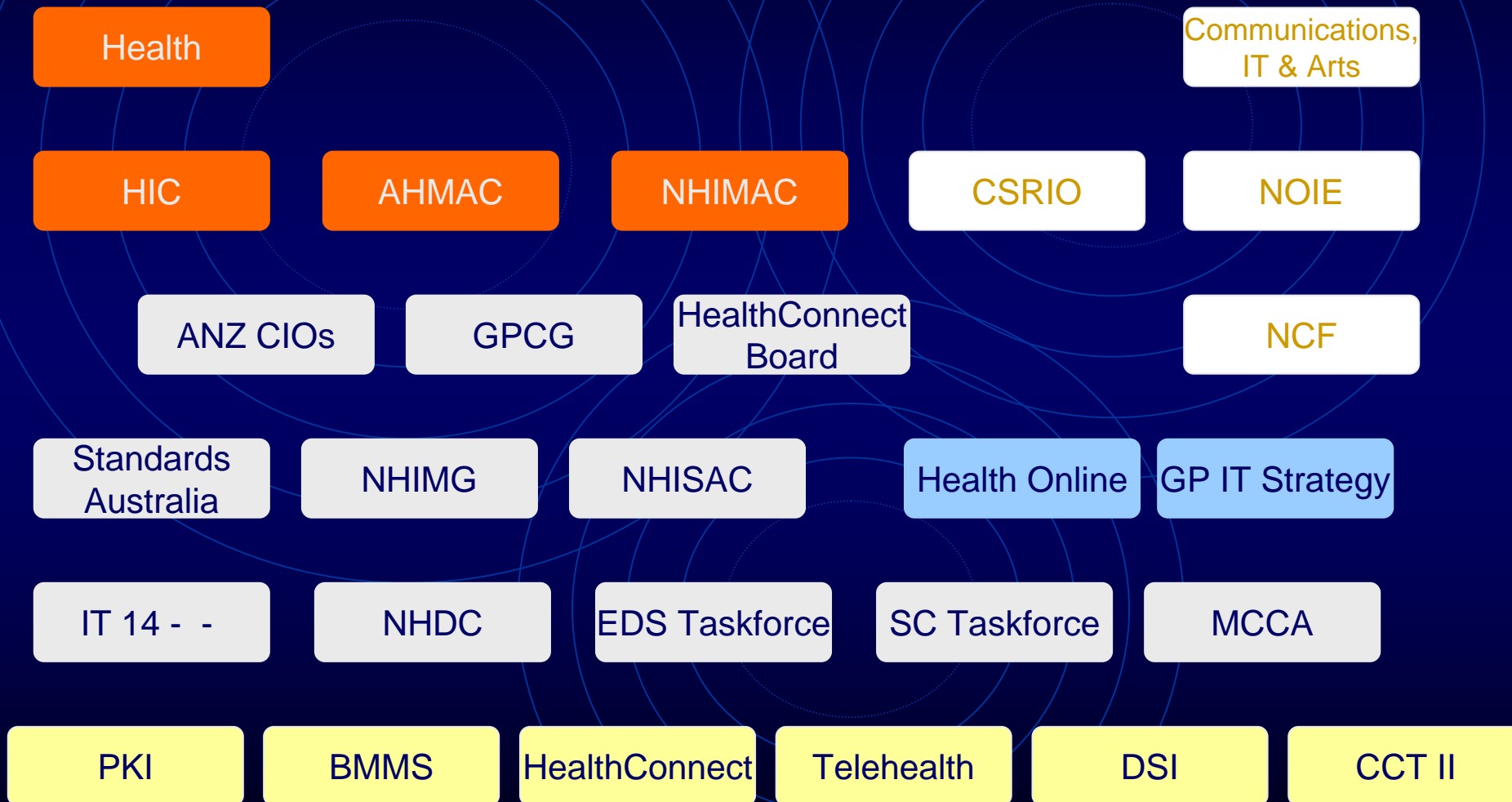
Fragmented service delivery, funding, care planning,
social policies, accountability, information flow

Recommendation 153

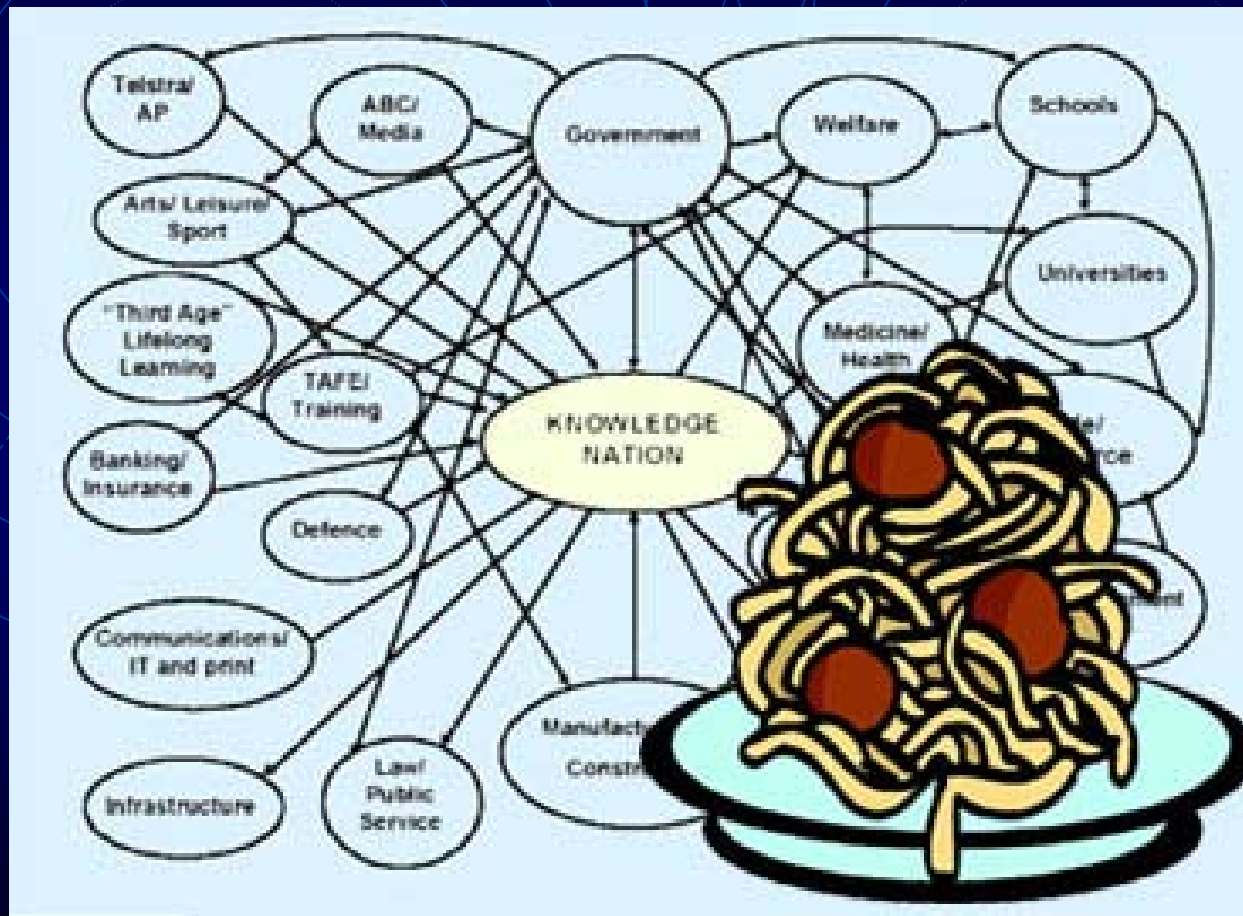
Planning is political

Corrosive and destructive debates since February 2003

National eHealth Structures



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Reduced bulk billing: *Quo vadis Medicare?*

Medicare: An individual's financial resources should not determine access to services

Bulk billing: Decline from 80.1% in 12/96 to 69.7% in 12/02

Post relative value study

Quick fix: ? co-payment ? incentives
? community health centres

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Reduced bulk billing: *Quo vadis* Medicare?

Opportunity for reform

“More funding must not go simply to shore up the status quo – it must buy change”

Community-based care

- Shift focus from hospitals and community care
 - Prevent illness, injury and promote health
 - Comprehensive primary care available 24/7
- Multidisciplinary team with enhanced roles for nurses, pharmacists and other providers
- Increased home care – mental health, post acute care and palliative care

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Streamline Policy Processes

Australian health policy institute

MJA 2002; 177: 586

Australian Health Covenant

Responsibilities and entitlements of:

Australians Healthcare providers Governments

BMJ 2001; 322:1073-1024

Building value. The future of healthcare in Canada 2002

Commission on the future of healthcare in Australia

Building value. The future of healthcare in Canada 2002

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“The language of priorities is
the religion of Socialism”

Aneurin Bevan,

Labour Conference, Blackpool, UK, 1949