



The most important challenges in Australian health policy for 2003

The Australian Health Policy Institute
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St Vincents & Mater Health Sydney

- ❖ A major public teaching hospital
- ❖ 2 leading private hospitals
- ❖ Sacred Heart Hospice (palliative care and rehab)
- ❖ Affiliated medical research institutes
- ❖ Community Health
- ❖ Mental Health (inpatient and community)
- ❖ Drug and Alcohol Services
- ❖ St Vincent's Clinic (private medicine)
- ❖ Outreach and Social Advocacy programs



SV&MHS Strategic Issues for 2003

- ❖ Maintaining our Mission: care of the whole person
- ❖ Securing sufficient public hospital funding
- ❖ Response to nursing crisis
- ❖ Development of research
- ❖ Private Health Insurance
- ❖ Response to possible changes in GP funding
- ❖ Clinical Governance
- ❖ Risk Management
- ❖ Public/Private opportunities
- ❖ Cancer Services



The Constitution of the Commonwealth of Australia 1946 Amendment

Part V - Powers of the Parliament

Section:51

The Parliament shall, subject to this Constitution, have power to make laws for the peace, order and good government of the Commonwealth with respect to: -

(xxiiiA)

The provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorise any form of civil conscription), benefits to students and family allowances.



The Constitution of the Commonwealth of Australia

Section 96:

During a period of ten years after the establishment of the Commonwealth and thereafter until the Parliament otherwise provides, the Parliament may grant financial assistance to any State on such terms and conditions as the Parliament thinks fit.



CANCER SERVICES	SOURCE OF FUNDS
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State Public Health
 Health Insurance
 Commonwealth MBS
 Commonwealth Pharmaceutical Benefits
 Copayments

	State Public Health	Health Insurance	Commonwealth MBS	Commonwealth Pharmaceutical Benefits	Copayments
Chemotherapy					
Public	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Private		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Radiotherapy					
Public	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Private			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Surgical Oncology					
Public	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Private		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Palliative Care	<input checked="" type="checkbox"/> Usually 3rd Schedule				<input checked="" type="checkbox"/> Not-for-profit poor coverage
Community Support	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Diagnostic Testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>



Fragmentation of patient care

“In Tineter’s case, she went first to a surgeon, who referred her onto a radiotherapist who in turn referred her to a medical oncologist who referred her to a plastic surgeon, and so on. Each professional gets involved just in his aspect of the case and signs off once that aspect is dealt with. Each has his own idea of how to attack the cancer. No-one takes ownership of the case.”

Sydney Lord Mayor Santor,

Sydney Morning Herald, 28 August 2001