

KEY HEALTH ISSUES

FOR THE 2007 FEDERAL ELECTION



Contents

Investing in the health of our nation	2
AMA President, Dr Rosanna Capolingua	

Key Health Issues:

1.	Indigenous Health	3
2.	Public Hospitals Funding	4
3.	Training More Doctors – GPs and Specialists	5
4.	Aged Care - Funding and Access to GPs	6
5.	Dementia	8
6.	Primary Prevention	9
7.	Rural Health – Recruitment and Retention of GPs	10
8.	Nutrition and Obesity	12
9.	Global Warming and Human Health	13
10.	Alcohol	14
11.	Smoking	15
12.	Doctor Substitution	16
13.	A Simpler Medicare	17
14.	Medicare Safety Net	18
15.	Private Health	19
16.	Better Care for Veterans	20
17.	Medicare <i>Easyclaim</i>	21
18.	National Registration and Accreditation	22

Investing in the health of our nation

By AMA President, Dr Rosanna Capolingua



Australia has a good health system by world standards, but it is not providing equal access for all Australians to high quality health care and services.

It is failing to meet current demand and it is not sufficiently funded or resourced to meet the future needs of an ageing population.

Now is the time to invest – and invest substantially and strategically – in the future health of our nation and our people.

The Federal Government injected much-needed funding and new policies at the 2004 election, which improved the situation significantly at the time. But three years later the effects of those initiatives have eroded and many of the same problems have returned, while new ones are emerging.

Our public hospitals are dangerously under-funded and under-resourced. Waiting times are long. Emergency departments are overrun. Doctors are working long hours. Morale is low. Investment in infrastructure and clinicians needs to be real. A policy 'war' has begun, and it is time to focus on what is needed to fix the system.

The AMA supports the current system with Commonwealth/State parity of funding, and health reform based on incremental change through cooperative and systematic review. This reform must improve access and quality and reduce bureaucracy and must have strong clinician involvement and support.

The aged care sector is also in desperate need of new funding and ideas to cope with growing demand, and patients with growing demands. A major challenge is how to make medical care more accessible for aged care facility residents. Another is providing specialised care for the growing numbers of dementia sufferers.

Many rural, regional and remote areas are without doctors. The Government has more trainees in the system now, but there are insufficient incentives or programs to retain the current rural medical workforce, let alone attract a new one. Country Australians are missing out when it comes to health services.

Medical workforce issues remain critical. Greater support is needed for GPs, the gateway to health care for most Australians, and for country doctors. Clinical training capacity must be lifted to match increased student numbers. Australia should be producing its own doctors in sufficient numbers to serve the community. General practice must be made a more attractive career option for students.

Improving Indigenous health is a priority for the AMA. The Government's response to the 'national emergency' in Northern Territory Indigenous communities put the focus initially on child abuse. We must ensure this once-in-a-generation opportunity delivers the maximum benefit to Indigenous Australians in all parts of Australia, not just the Territory.

Our community faces public health threats – some old, some relatively new. Smoking and alcohol abuse are harming or killing too many Australians. Inactivity and poor nutrition are causing more and more Australians to become obese or overweight. Global warming brings with it new and dangerous health threats to our part of the world.

Key Health Issues for the 2007 Federal Election is a guide to just a few of the problem areas affecting the health of Australians and the system's capacity to care for them. I urge all political parties, and all candidates, to consult with the AMA and refer to this document before going to the people with their final health policies. Good health policy wins votes.

A handwritten signature in black ink that reads "Rosanna Capolingua". The signature is written in a cursive, flowing style.

Dr Rosanna Capolingua
AMA President
September 2007

1. Indigenous Health

Background

Aboriginal peoples and Torres Strait Islanders will not achieve equal health outcomes with non-Indigenous Australians until all governments properly fund and resource accessible health services and programs, and their economic, educational and social disadvantages have been eliminated.

Aboriginal peoples and Torres Strait Islanders have the poorest health of any group living in this country. Indigenous standardised mortality ratios are more than three times the expected rate and death rates between 25-54 years of age are 5-8 times that seen in non-Indigenous Australians. Indigenous infant mortality rates are three times higher than for non-Indigenous infants.

Lessons learned and programs implemented as part of the current Federal Government initiative to address child abuse in Northern Territory Indigenous communities could be applied nationally, where appropriate. Although this initiative does involve an immediate additional health expenditure commitment, in the long run, more is needed.

Key issues for patients

The 17-year gap in life expectancy between Aboriginal and Torres Strait Islander Australians and the rest of the Australian population must be closed. It is not acceptable in 2007 for any Australian to have a 1920s' life expectancy.

Indigenous Australians deserve access to quality medical services, whether they live in our cities, towns or remote communities. We need to see improved measurable health outcomes in the management of diabetes, eradication of rheumatic heart disease, a decrease in the number of low birthweight babies, and fewer sexually transmitted infections. The gap in life expectancy must be closed within 25 years.

Key issues for Government

Governments can make a difference by investing effectively to close the gap in life expectancy within 25 years and improve measurable health outcomes as listed above. Governments must treat the totality of Indigenous health as a 'national emergency'.

AMA Position

The AMA calls on the Government and the Opposition to adopt the following as policy:

- An additional \$460 million a year in targeted resources, particularly for primary care
- A minimum \$20 million a year plus some initial set up costs to provide all Aboriginal and Torres Strait Islander pregnant women with Mothers and Babies services based on the successful Townsville Mums and Bubs clinic
- Commitment to a target of 2.4 per cent of all health professionals being from Aboriginal and Torres Strait Islander backgrounds by 2012
- Mainstream services to focus current resources to improve health outcomes for Aboriginal and Torres Strait Islander peoples
- Investment in the other social determinants of health - in particular education, housing, physical infrastructure, and economic development
- Commitment from Government to the long-term sustainability of the NT Indigenous initiative.

2. Public Hospitals Funding

Background

The Commonwealth and State and Territory Governments have traditionally, leaving aside year on year variations, shared public hospital expenditure approximately 50/50.

Since the commencement of the most recent Australian Health Care Agreement (AHCA), the State and Territory share of total public hospital expenditure has risen to 48 per cent on average, while the Commonwealth contribution has dropped to 44 per cent, with the remaining seven per cent contributed by individuals.

The policy decision to match indexation has been responsible for changing the cyclical pattern of expenditure. The Commonwealth indexation has been approximately five per cent per annum over the life of the AHCA.

The States and Territories have contributed significantly more than this over the life of the agreement.

A five per cent indexation is barely sufficient to cover increases in wages and equipment costs, let alone activity and complexity increases.

The Government has announced a \$2.5 billion Health and Medical Investment Fund. The Opposition has released New Directions for Australian Health, involving \$2 billion over four years for a National Health and Hospitals Reform Plan. Neither offers a comprehensive strategic national solution.

Key issues for patients

Patients want access to good quality public hospital services in a timely manner.

There should not be significant variations in the level of access, the quality of the service, the outcomes from the service in the various States and Territories, or the services within a State or Territory.

There should be no delays in the most urgent categories for admission or for treatment in Emergency Departments.

Some public hospitals in Australia are operating at 120 per cent occupancy. Patients are treated in corridors. Patients want to be treated in appropriate settings.

Public hospitals should not operate at more than 85 per cent bed occupancy.

Patients know our public hospitals are failing because of inadequate bed numbers, including ICU beds, and inadequate resources to back up those beds, leaving patients to suffer long delays in admissions and in emergency departments.

Key issues for Government

The Federal Government needs to lift its effort on public hospital funding.

Negotiation of the AHCA's will commence in earnest immediately after the Federal election.

The Federal Government needs to bring the public into the negotiations by making clear its position on public hospitals in the election campaign.

This is a great chance to set the example and not engage in cost and blame shifting.

AMA Position

- The AMA supports matching indexation of funding to public hospitals by the Federal Government and the States and Territories. Five per cent per annum indexation is too low. The Commonwealth needs to provide indexation of 8-9 per cent per annum, with a matching contribution from the States and Territories. The Federal Government needs to front-load some funding to bring the funding effort back into balance. This would not need to be matched by the States and Territories
- There needs to be a greater focus on the expansion of current services and a greater focus on service delivery. Investment needs to be made into infrastructure and clinicians. Too much has been spent on plans and reviews and not enough on the provision of beds and services. The Federal Government needs to use the AHCA's to pressure the States and Territories to provide services. If the Government goes about this intelligently, the doctors will make themselves available to work more in the public hospital system
- The AMA supports the current system with Commonwealth/State parity of funding, and health reform based on incremental change through cooperative and systematic review. This reform must improve access and quality and reduce bureaucracy and must have strong clinician involvement and support
- All political parties need to bring the people into their confidence and put an end to blame shifting and cost shifting by making specific commitments in the election campaign to the level of funding they will support for the public hospitals
- Training and rural hospitals are dealt with specifically in other sections of this document.

3. Training More Doctors

Background

In response to workforce shortages, the Commonwealth Government has embarked on the most significant expansion of medical student places that Australia has ever seen.

Between 2006 and 2012, the number of graduates from medical schools will double.

This presents Australia with a unique opportunity to reduce its heavy reliance on overseas trained doctors.

Australia must generate a lot more training places in hospitals and take much greater advantage of opportunities to expand medical training into private and community clinical settings if the quality of our doctors is to be maintained.

By 2013, 3400 intern places per year will be required, compared to the 1622 that are currently available. Similar increases in vocational training places will also be needed.

There is now widespread consensus that the provision of sufficient clinical experience during undergraduate, prevocational and vocational training years will prove to be an enormous future challenge.

Key issues for patients

Our doctors are renowned for their skills throughout the world. Australians have access to treatment by dedicated doctors who have gone through a rigorous and comprehensive training program.

If doctors are not given enough experience in dealing with a wide range of medical conditions, then the quality of their training will suffer and the high quality of patient care people will be compromised.

Training of Australia's key medical workforce – doctors, nurses and allied health professionals – must not be compromised or have its quality threatened.

Key issues for Government

In July 2006, the Council of Australian Governments (COAG) recognised the need to ensure that more clinical places, intern and vocational training positions are available in the future.

If sufficient high quality training positions are not created, the Commonwealth's significant investment in new

medical school places will have been wasted and many future doctors will emerge with significant gaps in their knowledge and skills.

The Commonwealth and State/Territory Governments need to ensure that they put in place the plans and resources required to support the training of our future medical workforce.

Governments will undoubtedly look to general practice and private specialist practice to provide more training opportunities. Both of these areas are ready to answer this call, but need funding support to cover the significant costs of infrastructure and supervision.

AMA Position

The AMA believes that a comprehensive strategy must support the training of more doctors. From the day a student enters medical school we must be confident that they will get the best possible training at each stage in their future career. The proposed AMA strategy outlined below will build resources in hospitals, the private sector, community settings and general practice.

- AHCA negotiations must provide more funding to the States and Territories to support medical training in public hospitals. In return for this funding, specific, transparent performance benchmarks targeting the provision of high quality training positions should be built into future AHCA's. This will ensure that additional funding for training is not shifted into general State health department budgets
- The Commonwealth should provide an additional \$100 million over four years to support increased training places in general practice for medical students
- The Commonwealth should fund 1000 prevocational training places (of up to three months duration) per year in general practice. This would cost around \$80 million per year once sufficient numbers of graduates emerge from medical schools from 2011 onwards
- The Commonwealth must acknowledge and support the role of the Medical Colleges in training
- The provision by the Commonwealth of \$60 million over four years to support a limited roll out of specialist training in expanded clinical settings is a welcome start, but falls well short of what is needed in the longer term, which has previously been estimated at between \$125 million and \$250 million per year.

4. Aged Care

Background

Demand for aged care services is growing rapidly. In the past 30 years—between 1975 and 2005—the number of people aged 65 and over increased by 1.5 million to 2.7 million (from 8.7 per cent of the population to 13.1 per cent).

In the next 30 years—between 2005 and 2035—the number of people aged 65 and over is projected to increase by 3.5 million to 6.2 million (from 13.1 per cent of the population to 23.0 per cent).

For the very old (those aged 85 years and over) the projected increases are much more dramatic. In 2005, there were 312,000 very old people in Australia (1.5 per cent of the population). By 2035, the projected number of very old people is projected to almost quadruple to 1.1 million (4.0 per cent of the population).

Key issues for patients

Future generations of older people are likely to have more complex health needs and demand a higher quality and level of service than is currently available.

The AMA expects there will be an increasing user preference for care in the community where possible (and for as long as possible), and an increasing need to provide quality dementia care in all settings.

People will expect more choice and better value for money. Older Australians must have access to a range of quality aged care and health services (acute, sub-acute, home care, residential and community care) to meet their changing needs, and must be able to access them in the most appropriate setting for their circumstances.

A shortage of adequately skilled staff, disincentives for GPs to provide services in both the residential and community aged care settings, and difficulty accessing medical specialists continue to affect the quality of care provided to older people.

Transport options that improve access to health services for older Australians are essential. The present lack of transport options to take older people to health care services is a significant barrier to good health.

Key issues for Government

The Federal Government needs to evaluate the effectiveness of current aged care policy and programs and must respond in innovative ways to the increasing and changing demand for aged care services.

The level of funding made available to address the gaps in aged care health service delivery reflects the value the Government places on the delivery of aged care. Merely tinkering around the edges of the problem places the health outcomes of a significant number of older Australians at risk.

The Government provided a substantial boost to aged care funding in the 2004-05 budget, but has tended to rest on its laurels since. Despite the much needed increase in capital spending in the 2007-08 Budget, there has been insufficient attention to aged care needs overall.

There must be a significant Government investment in capital funding to ensure that sufficient infrastructure is in place to meet future demands for residential aged care and community care. Further consideration will need to be given to ways of mobilising private capital (including the capital of the aged who are asset rich/income poor).

The Government must increase both capital and recurrent funding to the residential and community aged care sectors to provide sufficient places and develop adequate infrastructure for quality aged care and health services to older Australians, including measures to encourage a further shift to community care (further increases in the number of places per 1000 aged population).

Alongside this, the Government must adopt strategies that lead to wage parity between the acute care and aged care sector (for nurses, for example), develop the human resource capacity to deliver quality aged care services, and achieve a sustainable, valued and skilled aged care workforce.

AMA Position

- The Government must commit to higher levels of recurrent funding for Residential Aged Care and community care to keep pace with the ageing of the population and to lift the standards of care available. The provision of transitional beds to enable the elderly to be accommodated in appropriate facilities is a key aspect of this
- The Government must introduce MBS item numbers that improve access to GPs, physicians, geriatricians and psycho-geriatricians in both residential and community care. A minimum of \$100 million should be allocated each year over the next five years for the provision of increased GP and GP supervised services in residential and community aged care
- Transport options that provide older people living in the community and in RACFs with access to medical services need to be developed and factored into all decisions related to medical services in residential aged care facilities (Races) and the community and, through the AHCA, into State and Territory planning as well. These transport services would enable patients from RACFs to attend general practice for care
- The Government should review the aged care accreditation standards to improve access to medical services within the residential aged care sector. There are no guidelines in the current accreditation framework to assess whether or not residents receive an appropriate level of medical care. Appropriate nurse to patient ratios need to be part of RACF accreditation
- Neither private health insurance products nor private hospital services cater for the complex needs of older Australians. Older Australians support private health insurance but it does not support them. All private health insurance products are directed to acute care, particularly acute surgical care. These products and services need to support the sub-acute needs of older Australians through the provision of specialist geriatric medicine services, rehabilitation and palliative care. The Federal Government should use its powers over private health insurance (PHI) products and PHI rebates to bring this about
- There are similar issues in the public system where the sub acute needs of older Australians are not catered for. The Federal Government should use its powers under the AHCA to ensure the more extensive provision of sub acute services in the public sector, greater community integration into these services, and greater GP integration
- The Government needs to fund programs that will put computers in aged care facilities for the use of attending doctors for patient records and prescribing
- Ultimately these computer systems need to be connected to the GPs' rooms and GP clinical software systems for patient records and also to pharmacies for prescribing and medication management. A further \$116 million over three years should be allocated for the introduction of improved clinical management and prescribing systems in residential aged care and to support the training and maintenance of such systems. There needs to be a strong involvement of the medical profession in the rollout of this program.

5. Dementia

Background

In 2007, an estimated 220,000 people were diagnosed as having dementia. Unless there is a medical breakthrough, this is projected to rise by 141 per cent to 536,000 in 2035, and by 232 per cent to more than 730,000 people with a diagnosis of dementia in 2050. By 2050, the proportion of Australians aged over 65 years with dementia will have risen to 11 per cent.

Key issues for patients

Dementia is one of the leading causes of disability for older Australians and impacts on the lives of almost one million Australians.

Older Australians concerned about memory loss and cognitive change want access to GPs who can identify cognitive change and early dementia, they want access to specialist services for early diagnosis when symptoms are subtle. They want GPs to diagnose dementia and provide ongoing assessment, treatment, management, and referral as necessary.

People with dementia, and those who care for them, want health care in aged care settings with the environment and personnel skill set that meets their health care needs.

Key issues for Government

The Government must retain its commitment to dementia as a national health priority and must ensure that sufficient funding is available to continue this program beyond 2009.

AMA Position

- The Government must renew its commitment to fund dementia as a national health priority for a further five years from 2009, and ensure that appropriate dementia care is delivered across all settings in all jurisdictions
- The time spent by GPs, physicians and geriatricians in diagnosing and managing people with dementia should be recognised through better remuneration. Cognitive function testing items for geriatric medicine specialists and GPs should be introduced
- Clear, nationally consistent advance care planning legislation is needed across all jurisdictions in Australia, along with the development of clear, nationally consistent guidance for the preparation, notification and storage of advance directives.

6. Primary Prevention

Background

Prevention can occur at different stages - from preventing the onset of disease and in preventing complications in advancing disease. Prevention can also relate to communicable diseases or 'lifestyle diseases'. While not all diseases are amenable to prevention, many are or may be modified by preventive measures.

Examples of prevention are immunisation, healthy diet and exercise, and quit smoking programs.

The social determinants of health are the social and environmental conditions in which people live and work and include such factors as education, income, housing and employment. Ensuring positive outcomes for individuals and communities in these areas is also an aspect of primary prevention, as they are as important as individual choices in determining health outcomes.

The Australian health system has developed a primary emphasis on curative services (including inpatient hospitals), but there must also be a greater focus on preventive services, with matching investment.

Key issues for patients

The old adage of 'prevention is better than cure' remains the same today. Australia, like many other countries, is facing increasing levels of preventable chronic diseases.

Patients deserve a health system that not only provides treatment when they are sick but helps them avoid getting ill in the first place. A greater understanding and better funding of preventive services is required in order to avoid chronic and unnecessary diseases. The other side of this social contract with government is that individuals and families take as much personal responsibility for their health as their circumstances allow. This includes making the best choices in relation to alcohol, food, and exercise.

Key issues for Government

Governments need to strike a working balance between provision of curative services for those already unwell, and preventive services for those at risk of disease and those for whom further complications can be minimised or avoided. With the rise of chronic disease and its associated cost, there needs to be a greater focus on prevention than there has been in the past.

AMA Position

The AMA's *Position Statement on Public Health* calls for a health system (preventive and curative) that has the resources, capacity, infrastructure and workforce to place an emphasis on the prevention of disease as well as its treatment. Preventive care services need to be systematic and engaging of individuals and communities.

7. Rural Health

Background

Rural and remote Australia is undergoing a period of massive change. Once thriving rural communities are being hit hard by economic rationalism. They have lost their bank, post office and other day-to-day services that urban areas take for granted. Yet these same rural areas put food on Australia's tables and earn Australia valuable export dollars.

Rural and remote areas deserve a fair go when it comes to health care. However, they face the prospect of the closure or downgrading of their local hospitals, and are finding it more and more difficult to recruit and retain doctors. Over time, this will destroy the fabric of health care in rural and remote Australia.

In recent years, the Government has turned to conscription by offering 500 unfunded bonded medical school places each year. Students taking up the positions are bonded to work for up to six years in workforce shortage areas. Unlike students in other professions such as teaching, medical students who take up these positions are offered no incentives and must repay their Higher Education Contribution Scheme charges in full.

Key issues for patients

The lack of access to quality facilities, services and doctors is a key barrier to improving the health and wellbeing of rural communities. Health care in rural areas is dependent on a strong primary health care workforce and a viable public hospital system. Country patients miss out if they don't have both.

Without access to quality public hospital facilities, doctors cannot maintain their procedural skill levels, and the opportunity to train new doctors in rural areas is greatly diminished, leaving many communities with no doctors or too few doctors. Where local services are unable to sustain specialised services, outreach services should be available and/or effective Patient Assisted Travel Schemes (PATS).

Key issues for Government

Modern facilities and equipment are essential to a viable health care environment. Without the latest technology, rural patients cannot benefit from improved surgical techniques or improved methods of care. They may face longer recovery periods or may not have the same quality of outcome as they would have if they lived in the city.

Innovative programs such as the Medical Specialist Outreach Program (MSOAP) and the Rural Retention Program are working well, but are hampered by a serious lack of funding. There should be investment in telemedicine technology and services. PATS are poorly funded, too restrictive, and vary from State to State.

Overseas studies have demonstrated that bonding medical students has led to serious morale and job satisfaction issues. Many students choose to buy out their bond, and long-term retention rates are poor.

The Commonwealth and the State and Territory Governments must work together to ensure that rural areas have modern facilities and equipment, along with the required funding and strategies to attract a sustainable and highly skilled health workforce.

AMA Position

The AMA believes that delivery of health care in rural and remote Australia can be improved through policy prescriptions that focus on:

Fixing rural and remote hospitals

The next round of AHCA's must include significant and consistent real funding increases for rural and remote hospitals – above and beyond the general indexation formula. Accountability mechanisms should be built into the AHCA's to ensure that the extra money gets to where it is needed.

The estimated additional cost to the Commonwealth of this commitment would be \$2 billion over the five-year life of the AHCA's, with a matching contribution from State and Territory Governments.

Rural Retention Program

The Rural Retention Program requires a significant overhaul. The Government should immediately lift funding for the program to ensure that payments reflect the costs of practice and are properly indexed. The program should also be expanded to cover specialists.

The estimated additional cost to the Commonwealth of this commitment would be \$80 million over four years.

MSOAP

MSOAP is an effective and innovative program that has the strong support of rural communities as well as the backing of specialists throughout the country. Specialists are ready, willing and able to deliver care under the program and extra funding will open up new opportunities for them to do so.

The AMA believes that funding for MSOAP should be lifted by at least 25 per cent, which is approximately an additional \$15 million to \$20 million over four years.

PATS

The AMA believes that the Commonwealth should work with the States and Territories to expand PATS to cover other treatments available under the Medical Benefits Schedule - including access to allied health professionals where a doctor coordinates the patient's overall care.

PATS arrangements should be harmonised and funding boosted so that patients are no longer disadvantaged when they must travel for treatment. The estimated additional cost to the Commonwealth of this commitment would be \$144 million over four years, with a matching commitment from State and Territory Governments.

Replacing bonding with Incentives

The AMA proposes an alternative scholarship based scheme. This involves selection into medical school not conditional on accepting a contract. We propose that a scholarship should be paid to the student and that there should be an exemption from HECS fees in return for a service period.

The AMA estimates that this will cost around \$25 million over four years.

Telemedicine

There must be investment in telemedicine technology and services.

8. Nutrition and Obesity

Background

Obesity in Australia is a serious public health concern. The prevalence of childhood obesity has jumped markedly in all age groups for both boys and girls over the last few decades.

We know that overweight children are 50 per cent more likely to become overweight adults. The prevention of childhood obesity is a key element of any approach that seeks to address Australia's current obesity epidemic.

The problem is simple - if energy consumed is greater than energy expended, the imbalance can lead to weight gain and obesity. The solution is complex, and involves a combination of better nutrition and more exercise.

Key issues for patients

Obese people face serious health problems throughout life, both physical and mental.

Individuals and families have a key role and responsibility to identify and address issues that may be contributing to increasing body weight.

Key issues for Government

Access Economics estimated the total economic cost of obesity was \$3.76 billion in 2005. This figure included productivity costs, health systems costs, and carer costs. If the prevalence of obesity in Australia continues to increase, so will the costs.

All levels of government need to act to reduce rates of obesity, specifically targeting children, through increasing nutrition education that raises awareness of 'healthy' choices, creating opportunity and incentives for physical activity, and limiting exposure to fast food messages.

AMA Position

The AMA has specific recommendations to combat the obesity crisis in Australia, including:

- An immediate ban on junk food advertising to children in children's television time
- Government to actively support public health programs that inform, educate and support people around evidence-based good nutrition and exercise, including the role of personal responsibility, especially programs that focus on the problem from early childhood learning
- Government to facilitate the participation of all segments of society in formal and informal physical activity
- A National Nutrition and Obesity Centre should be created as a focus for research and information. The Centre should also be responsible for the development and monitoring of a National Strategy to combat obesity
- A regular national nutrition and physical activity survey must include a representative sample of the total Australian population. This will allow monitoring of the progress of the epidemic, including the success of any interventions
- Protection of children from the 'aggressive' advertising and marketing techniques that sustain the pressure to adopt unhealthy patterns of consumption and activity (and undermines education provided by GPs, teachers and parents)
- Immediate mandatory labelling of 'added' trans fats content in packaged foods, so that consumers can make an informed choice about their trans fats consumption. This should be followed by a concerted effort (from Government and the food industry) to remove 'added' trans fats from all packaged foods consumed in Australia
- Government to seek a commitment from the food and retail industry to develop new ways to present and market healthy, low processed, nutritious foods
- Government to subsidise the cost of basic nutritious foods in those parts of Australia where costs are consistently above the national average.

9. Global Warming and Human Health

Background

Increases in levels of greenhouse gases in the Earth's atmosphere will raise the temperature and cause significant changes in the climate and the environment. Science is unequivocal that human activity is affecting, and will continue to affect, the increase in greenhouse gases. Only recently has this issue gained any currency with the mainstream political parties.

CSIRO has suggested that to avoid more than 2°C warming, developed countries such as Australia would need to reduce their greenhouse gas emissions by between 60-90 per cent by 2050.

Effects of climate change are across all sectors including health. The likely health impacts include a significant increase in heat related deaths and vector borne diseases such as dengue fever. Climate change is also likely to impact on the quantity and quality of water and agricultural land. This will in turn impact on human health through water and food supplies. Other impacts relating to the physical and emotional health of people will come from extreme weather events such as floods and storms.

Key issues for patients

The health impacts of climate change have not been a key issue in the global warming debate and discussion. As a result, patients and the general public are not really aware of the health issues and their significance. As always, there are equity issues with those who are most vulnerable in the community - such as the elderly, Aboriginal peoples and Torres Strait Islanders, and those from lower socio-economic backgrounds – also being the most vulnerable to the heat impacts of climate change.

Key issues for Government

Governments need to take appropriate steps to minimise the public's risks from the health impacts of future climate change. This includes preventive activities to reduce the production of further greenhouse gases through effective emission programs. Also required is sentinel monitoring and other ongoing measures of the health impacts of climate change. Health systems may need to respond to the changes in disease burden and more severe weather events due to climate change. These actions are best done soon, as evidence from the Stern Review on the Economics of Climate Change (by Sir Nicholas Stern, Head of the UK Government Economic Service) and others identifies that delay will have increasingly greater impact on GDP and the economy.

AMA Position

The AMA believes that human health is ultimately dependent on the health of the planet and its ecosystem. In its *Climate Change and Human Health* Position Statement, the AMA calls for:

- an appropriate Mandatory Renewable Energy Target of at least 20 per cent by 2015
- an effective emissions control program
- evidence based programs to increase energy efficiency, including strong new mandatory efficiency laws for appliances, equipment, buildings, and urban design
- better quantification of the risks to health of all energy sources and for Governments to rapidly pursue the development of 'renewable' energy as the preferred alternative to fossil fuel burning for Australia's future energy needs, and to promote this stance in the international arena
- ongoing monitoring of the health effects of global warming.

10. Alcohol

Background

Alcohol is one of the most commonly used drugs in Australia, and one of the most harmful to health. Excess alcohol consumption is an issue of public health significance because it leads to an unacceptably high level of sickness and social disruption. It is associated with diseases of the nervous system, heart, liver and other organs and contributes to many common medical problems, accidents, family breakdowns, unemployment, violence, and other alcohol related offences.

Key issues for patients

Most of the ill effects related to alcohol are due to consumption of hazardous, but socially acceptable, amounts of alcohol. This pattern of consumption is often considered normal and has become part of Australian culture.

An August 2007 study by Alcohol Related Brain Injury Australian Services (Arbias) suggests that more than 200,000 Australians suffer undiagnosed alcohol related brain damage, and two million others are at risk due to the volume of alcohol that they consume.

Acceptance or even celebration of drinking in Australia is a national pastime that can impact negatively on individuals as well the wider community. Alcohol is the most common drug for which people seek drug treatment (AIHW 2007).

Key issues for Government

The Federal Government must show leadership with national education and community awareness campaigns about the dangers of excess alcohol consumption and must look at ways to make it harder for alcohol products to be cleverly or deceptively marketed at risk groups, especially young people.

Alcohol education campaigns often focus on the number of standard drinks an individual consumes while the general public often refer to their level of intoxication. This inconsistency in language may undermine initiatives that aim to raise awareness about alcohol related harm. There are also community concerns around the link between sport and alcohol.

AMA Position

- The AMA is committed to achieving a reduction in the incidence of hazardous and harmful levels of alcohol consumption. The Government needs to work with industry and community representatives to mobilise public opinion to recognise that hazardous alcohol consumption is socially unacceptable
- Taxes should directly reflect the total volume of alcohol in products to encourage a shift to consumption of products containing less alcohol
- Standard alcohol drink labelling should include information on the health and social risk associated with excess consumption. This information should be displayed in a prominent position on all alcohol containers and should be easily understood by the consumer
- Advertisements for alcoholic beverages should aim to encourage no more than the NHMRC- recommended levels of alcohol consumption, and should raise awareness about hazardous levels of consumption
- Stricter controls must be introduced to curb the marketing of products like 'alcopops' (sweetened ready-to-drink alcoholic beverages) to teenagers
- A wide reaching public education campaign highlighting the risks associated with binge drinking is needed. Effective public education campaigns must be based on appropriate consultation and engagement with the key target audience groups.

11. Smoking

Background

Smoking is the biggest preventable cause of death and disease in Australia.

Smoking is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other risk factors.

Nicotine is known to be more addictive than heroin, with eight out of ten smokers admitting that they have tried to quit unsuccessfully.

Key issues for patients

The addictive quality of nicotine can make it difficult to quit smoking.

The killer habit is made more attractive through images of attractive people smoking in movies, or by role models like rock stars and actors smoking at public appearances.

Smokers should be encouraged and supported to quit smoking at every opportunity. Evidence based interventions that assist individuals to quit smoking should be affordable (and not more expensive than cigarettes).

The best protection against smoking-related illness is not to start smoking in the first place.

Strategies that reduce the desire of children and adolescents to smoke or reduce the ease of access to tobacco products will have an effect on the likelihood of them becoming regular smokers.

Key issues for Government

The Federal Government has been missing from the smoking debate for some time. It is time for another major national anti-smoking blitz, led by Government.

There is legislation banning sporting and other healthy pursuits being sponsored by tobacco companies. However, there are some exemptions given to international events. These exemptions may undermine public messages about smoking and therefore should not be renewed.

Tax increases - and, in turn, the cost increases for cigarettes - are the single most effective intervention to reduce demand for tobacco.

All levels of Government should make real increases in the rate of tobacco taxation, setting aside the additional revenue for health promotion activities.

All levels of Government should actively support all anti-smoking and 'Quit' programs.

Political parties should not accept funds from tobacco companies.

AMA Position

- The AMA believes that smoking in cars carrying children should be outlawed nationally immediately
- Federal legislation banning the importation of fruit and chocolate flavoured cigarettes should be introduced as soon as possible
- Evidence based interventions that assist individuals to quit smoking should be affordable, and cost less than cigarettes
- All levels of Government should make real increases in the rate of tobacco taxation, as tax (and the related price effect) is a powerful deterrent for smoking. Current duty free exemption for tobacco products is an unacceptable tax break and should be ceased immediately
- The AMA believes it is inappropriate for political parties to accept sponsorship from tobacco companies and calls on all political parties to refuse these donations.

12. Doctor Substitution

Background

A highly trained, skilled and motivated workforce is the backbone of a high quality health system. The improvements in treatment options available and health outcomes achieved come from the investment we make in our health workforce. There has been a lot of pressure in recent times to aim for mediocrity in health care in the pursuit of lower costs.

This is an agenda that is being driven by narrow sectional professional interests, not by patient demands. It manifests itself as task substitution, whereby lesser-trained health professionals with limited ability are seeking the authority to act in a particular aspect of health care. This will lead to poorer health outcomes in the long run.

Key issues for patients

When patients get sick, they want to see the doctor. The general practitioner (GP) is the highest trained general health professional and is the key point of entry into the health system. If the GP needs further expert medical advice, there is specialist referral. These are the basic elements in the health system. GPs and specialists will use support staff where appropriate and safe, and the medical profession will develop training programs for these 'assistants'.

When patients need to see a doctor they do not want to be directed elsewhere to get care. Inequities will arise where the rich will enjoy one standard while the poor get inferior treatment. All Australians should have equal access to the highest quality medical care, no matter their means or where they live.

Key issues for Government

In the long run, task substitution will increase costs and lower standards. If for no other reason, enlightened self-interest should tell governments that it is not sensible to encourage substitution because it will compromise patient care.

Given the very substantial increases in medical undergraduate training over the last few years, we must ensure that there will be adequate training opportunities for the medical profession itself. It would be negligent of the Government to undermine this principle by creating and training new categories of 'health workers' for economic reasons.

They will compete for training experience, and cannot fulfil the holistic role of the doctor. 'Health workers' substituting for doctors or for other specific allied health professions will compromise patient care. A prosperous nation should have a prosperous health system with high quality medical care provided by highly trained doctors.

AMA Position

- The AMA supports the idea of health care teams with the doctor as the leader of the team. The AMA opposes the substitution of doctors with lesser-trained 'health workers'
- Doctors can and will determine when tasks and responsibilities can be delegated to another on the grounds that there will be no diminution of the quality and safety of patient care
- Governments should commit to higher standards, better training and better health outcomes.

13. A Simpler Medicare

Background

In the context of an ageing population and an associated increase in chronic disease, patients want Medicare to support their GPs to continue to provide the highest quality of care necessary to meet their health needs.

The community demands and deserves a Medicare system that is strong, stable, sustainable and able to meet the needs of Australians into the future.

Key issues for patients

The evidence is clear that longer consultations are linked to quality care and produce better health outcomes. The structure of Medicare must reflect and value the quality of care that GPs provide their patients.

An ageing community with increased chronic illness requires Government to take a hard look at the current Medicare structure to ensure that it meets the needs of Australians into the future.

Key issues for Government

The Government has put a review of Medicare into the too hard basket. It has, however, through the introduction of ad hoc items, programs and measures, openly acknowledged that the current structure of Medicare is inconsistent with the quality of care provided by the profession and required by their patients.

Regardless of the disjointed Medicare that the profession now operates within, the Government continues to reject outright any reconsideration of proposals for a simpler Medicare.

The Government is wedded to a fragmented, complex Medicare system under the illusion that it can measure health outcomes from a billing system. It cannot. Other better sources can and should be used to deliver high quality data on health outcomes.

AMA Position

The AMA calls on the Government to deliver a Medicare for the 21st Century.

The Government should revisit the proposal of a 2003 joint technical working group for a restructuring of GP consultation items aimed at creating a simpler Medicare that is focussed on ensuring that the delivery of high quality care to patients and improvement in health outcomes continues.

14. Medicare Safety Net

Background

Australian Governments of both persuasions have made impressive promises about their commitment to Medicare but have been shy in allocating the appropriate funding to match these promises. The introduction of the enhanced Medicare Safety Net in early 2004 was a concrete example of a commitment to Medicare by the present Government.

The enhanced Medicare safety net thresholds for the 2007 calendar year are \$519 (Commonwealth concession card holders) and \$1,039 (all others), after which the safety net covers 80 per cent of the difference between the rebate and the doctor's charge. While these thresholds have risen sharply, they still afford a good deal of protection for Australians seeking access to health services.

Key issues for patients

The safety net helps to alleviate the financial pressures faced by many Australians in accessing medical services. We are a wealthy country and people should not be denied access to health services because they cannot afford them. Australians have shown they value the enhanced safety net.

The safety net has been a very positive initiative for patient access to medical services and has been warmly embraced by the population.

Patients want Government to maintain the effort on rebates for services accessed before the safety net is reached. The safety net should not be an excuse to drop the ball on indexation across the board.

Key issues for Government

The best solution is for increases in the Medicare Benefits Schedule across the board to keep pace with the increased costs of providing a medical service. All political parties should make it clear what their position is in relation to the maintenance of the Medicare Benefits Schedule as a relevant Schedule of benefits.

Given there has been no stomach for realistic MBS increases in rebates in the past, a commitment to the enhanced Medicare Safety Net is the next best alternative. This is the only other way to make real promises about access to health services.

The main Opposition parties have criticised the Safety Net and have not promised to maintain it.

AMA Position

- All the parties need to be up front and clear about the method of indexation of the Medicare Benefits Schedule to ensure access to medical services
- All the parties need to make strong commitments to the Australian public for the retention of the enhanced Medicare Safety Net with the current thresholds (appropriately indexed) and existing benefit levels (80 per cent of the gap between fees charged and MBS rebate).

15. Private Health

Background

The private hospital sector now performs 40 per cent of all admissions and more than 50 per cent of surgery in Australia.

It is a key part of Medicare and the public hospital system could not survive without it.

Through measures such as lifetime health cover, the Medicare levy surcharge, and the private health insurance rebate, the Government has supported private health participation that is stable at 43 per cent of the population.

The private health insurance rebate is 30 per cent of health fund premiums for the general population, 35 per cent for members over 65 years, and 40 per cent for members over 70 years.

Key issues for patients

Patients want affordable access to private hospital services, especially for elective hospital care.

The private hospital system has emerged as the preferred option for elective procedures and also encompasses a variety of casemix, including complex procedures that may not be available in the public sector in some areas.

Patients want a strong and viable private sector so the public hospital system can be there for those who really need it.

Key issues for Government

Australia has always enjoyed a mixed public/private hospital system.

This situation was unstable in the 1990s, but has been stable in recent years.

It is a good investment for the Federal Government to support private health insurance because high membership brings private dollars into the health system and this, in turn, means the Government funding effort is less than it would otherwise be.

AMA Position

The AMA seeks a continuation of the bipartisan support for the various measures to encourage private health insurance participation, namely the lifetime health cover arrangements and the private health insurance rebate as presently structured.

16. Better Care for Veterans

Background

Our veteran population is getting older and sicker. They suffer from more complex and/or chronic conditions that make it increasingly difficult for them to travel to see their local GP. Government policies encourage veterans to live at home for as long as possible before moving into aged care facilities – so the effective delivery of health care in the home becomes increasingly important as veterans get older.

With an increasing patient workload, GPs are struggling to find the time to undertake home visits, particularly for less urgent care such as routine monitoring or medication reviews. Since 2002 the number of home visits to veterans has dropped by 30m per cent.

Key issues for patients

Veteran patients who are suffering from complex and/or chronic conditions would prefer, wherever possible, to have their care delivered in the home. Being forced to travel can be an exhausting experience for veterans, while having to wait for a home visit from their GP can also place unnecessary stress on them.

Australian forces are involved in conflicts throughout the world such as Iraq and Afghanistan. Many of these servicemen and women can expect to return with a range of complex conditions including post-traumatic stress disorder.

Key issues for Government

The Government must provide for GPs to utilise practice nurses in Residential Aged Care Facilities or in home or community care as described in the earlier part of this document.

The Government must provide for GPs to utilise practice nurses in caring for veteran patients in the home – particularly those who suffer from complex and/or chronic conditions. Many of these veterans are eligible for free transport to visit their GP under the DVA 'booked car with driver' service. However, take-up of this service is relatively low. It is administratively cumbersome for both the veteran and the GP.

AMA Position

The Government needs to create a new 'for and on behalf of' general practice item number(s) within the Local Medical Officer scheme to fund home visits by GP practice nurses to assist in the management of veteran patients who are suffering from complex and/or chronic conditions.

17. Medicare *Easyclaim*

Background

Of the 247 million medical services per year, 177 million are direct billed, and the remaining 70 million are patient billed. Until recently, the Government has been happy to provide more efficient electronic claiming and payment systems where services have been direct billed but has not been prepared to make patient billed services more efficient. This has meant Australians have languished in queues in Medicare Offices when better arrangements were possible.

Recently, the Government has announced its intention to introduce a system called Medicare Easyclaim, which would enable, when fully operational, Medicare claims to be processed at the doctor's surgery.

Key issues for patients

There are considerable benefits for patients being able to make Medicare claims from the doctor's surgery. This means they no longer have to travel across town and stand in queues to make claims.

Given that the Government is effectively transferring functions currently performed by Medicare Australia to a doctor's rooms, patients would not want to see doctors out of pocket for providing such services and passing those costs onto patients. The Government would be making a considerable saving, but individual medical practices would have a business and time burden placed upon them that would impact on patients.

Key issues for Government

The Government is to be commended for tackling this issue. It is entirely appropriate for Government to seek to make its processes more efficient for the public.

At the present time, *Easyclaim* has not reached a desirable level of efficiency. Processing times are much too slow and there is a need for better integration of the system into medical software. Arrangements need to be made for DVA claims to be made under *Easyclaim*.

When *Easyclaim* is more efficient, the Government needs to acknowledge it is transferring work from Medicare Australia to doctors, and doctors should be reimbursed for that to stop patients having to pay through increased charges.

AMA Position

The Government needs to commit to working with the medical profession to make the *Easyclaim* system reach the maximum level of efficiency so it is quick, reliable and integrated.

The Government needs to acknowledge it will make considerable savings by transferring this work to doctors, and that doctors should be reimbursed a transaction fee for each claim processed under *Easyclaim*.

18. National Registration and Accreditation

Background

There has been mutual recognition of registration of medical practitioners between the jurisdictions for many years. The AMA has supported previous attempts by the jurisdictions to harmonise standards to allow portability of registration across borders with a minimum of red tape.

The last attempt to achieve portability for medical registration in 2003/4 failed because not all the States and Territories could agree on harmonising legislation.

The most recent COAG attempt to achieve portability of medical registration includes proposals to create a Ministerial Council that, on advice from a non-medical advisory council, would set policy direction, appoint a National Medical Board, and approve medical registration, practice competency and accreditation standards. COAG's proposed National Medical Board would have the functions of managing the development of standards of registration for approval by Health Ministers and approving a list of accredited courses.

Key issues for patients

Under the COAG model, the safety and quality of medical care in Australia would be threatened.

Accreditation of all medical courses and undergraduate and specialist training would be controlled by Government for political expediency and would not be in the hands of an independent agency, currently the Australian Medical Council (AMC). This is a significant issue because, in some places, lesser-trained health professionals may replace highly trained doctors. This is not in the best interests of patients. When patients are ill they want and deserve a doctor.

The COAG proposals have not been costed. However, as the proposals include many layers of bureaucracy, registration fees paid by doctors will go up and these increased costs will be passed on to patients through higher fees.

Key issues for Government

If the COAG proposal goes ahead, the international stature of Australian doctors will decline because of the lack of an independent accreditor of standards of medical education. The guidelines of the World Health Organisation (WHO) and the World Federation for Medical Education state that '... the accreditation system must operate within a legal framework ... the legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from Government ...'. If the Government adopts the COAG plan, Australian patients may receive lower quality health care through lower standards or inappropriate task substitution.

AMA Position

The AMA supports undergraduate and postgraduate education and training being accredited by a medical council that is independent of Government. The guiding principle for a medical council should be to ensure a well-trained workforce that can provide the highest standards of practice and medical care. Medical registration needs to be portable, cheap, non-bureaucratic and accountable.



42 Macquarie Street Barton ACT 2600
Telephone: 02 6270 5400 Facsimile: 02 6270 5499
www.ama.com.au