



KEY HEALTH ISSUES

FOR THE 2010 FEDERAL ELECTION

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Foreword

AMA PRESIDENT, DR ANDREW PESCE

Health reform can't wait



Elections are about choices. The type of health system we want is one of those crucial decisions.

In an ideal world, something as important as health care would be above party politics. But it isn't.

In this election, all political parties cannot afford to give scant regard to the health care of the Australian population.

Labor has embarked on a reform agenda and the AMA has supported the current Government's intention to reform the health system. But we need much more detail before we can understand how the changes so far announced will result in much-needed changes in our hospitals and in our surgeries. The other parties have yet to reveal their health platforms.

In this document, the AMA has detailed wide-ranging policies that build on what works and attempts to fix what doesn't.

Doctors are at the coalface of the system and constantly see the impacts of government decisions. Doctors know how to make the system work best for patients. The AMA's policies give voice to what works best for patients.

It is crucial that all the political parties demonstrate that they are listening to the people – the voters at this election. Health policies that do not reflect consultation with the medical profession will not work.

The AMA will be analysing the policy announcements by the political parties and testing them against the policy directions set out in our Key Health Issues document. We will also examine how they comply with the principles of good health policy and criteria for successful health reform set out in the front of this document.

In the interests of open debate, the AMA will also be managing an AMA 2010 Federal Election website that will provide up-to-date health and political news during the campaign. Doctors will be encouraged to express their views about policy announcements - and the AMA will provide regular responses to action in the campaign.

Ultimately, the community decides which party will form the next Government.

The AMA urges all political parties to be open and honest with the community about how they plan to manage the future health care of the nation.

The system needs fixing. Health reform can't wait.

A handwritten signature in black ink, appearing to read 'A. Pesce'. The signature is fluid and cursive, with a large initial 'A'.

Dr Andrew Pesce
AMA President

The Principles of Good Health Policy

When examining and judging any health policy, the AMA will check that it is in line with what we consider the principles of good health policy.

Good health policy should be based on:

People-centred services

Supporting individual choice as to the quantity and location of health services.

Access to medical services

Support for a patient's right to be cared for by a doctor.

Protection of privacy

Patients' health information and personal circumstances should remain private and protected.

Justice in resource allocation

Ensuring that there is equitable access to health services for all.

Public-private balance

The balance between the public and private sector in the financing and delivery of health services should be retained because it works well for the Australian health system.

Devolution of decision-making

Clinical decisions impacting on individual patients should be made by patients and their doctors. Therefore, the health system should be structured so that decisions are made as close as possible to the people affected.

The pursuit of excellence in health services through investment in research

Support for research and innovation to ensure a strong evidence base for health policies and better use of resources.

Best practice medicine

Support for policies and programs that are evidence-based and outcomes-focused.

Criteria for Successful Health Reform

Health reform is a major contemporary issue in Australian politics.

The current Government has put on the agenda a series of structural reforms to the governance and funding of the health system. These reforms are in their early stages. There is still a great lack of detail available and implementation is far from settled. Successful reform requires the full engagement of the entire medical profession.

The AMA believes that any health system reform – whether agreed at the Council of Australian Governments (COAG) meeting in April 2010 or any reform proposal put forward during the election campaign – should satisfy the following criteria:

It must improve patient care above all else;

It must promote informed patient choice;

It must improve integration across all public and private health services;

It must result in best practice health service provision and health care;

It must significantly reduce levels of bureaucracy, waste and inefficiency in the health system;

It must not allow administration, performance reporting, and accountability to take precedence in terms of time or funding over delivery of patient care;

It must allow decision-making everywhere in the health system to involve input from medical practitioners, with decisions about local health services based on input from local medical practitioners;

It must allow transparent political accountability and responsibility for performance;

It must be affordable for individuals and for the nation;

It must support integrated team-based care led by doctors;

It must not facilitate or promote duplication and fragmentation of patient care;

It must promote continuing improvement of the health system based on evidence;

It must result in a single public funder for public hospitals that has total responsibility for fully funding the public hospital system; and

It must not disadvantage patients or doctors.

1. General Practice

Background

Australia has an excellent primary health care system, the key to which is the provision of comprehensive, continuous, and coordinated patient-centred care by general practitioners.

General practice is the backbone of the Australian health care system, with more than 113 million services provided by GPs each year under Medicare arrangements. It's a fact that high-quality general practice care in the community keeps people out of hospitals. We also know that a strong general practice-led primary care system improves equity of access for patients to health care services and that Australia's GP-led model of primary health care services delivers affordable high-quality health care outcomes.

The Australian community places a high value on care provided by GPs, with research commissioned by the AMA showing that 88 per cent of patients have their own family GP. The same research shows that patients trust their family GP and they want to be able to spend more time with that doctor when they or family members are ill or seeking advice about their health.

Key issues for patients

The evidence clearly shows that there is a positive impact on the quality of care provided, and there are better health care outcomes, when GPs can spend more time with their patients. A system that is designed to better support GPs would provide much-needed relief from the pressures of red tape and workforce shortages, help improve the management of chronic and complex disease, and give GPs more opportunity to talk to patients about their preventative care needs.

Patients also benefit through the involvement of other health professionals in their care as part of well-coordinated, GP-led primary care teams. This improves access to care, including allied health services. While there have been some reforms to improve access to practice nurse and GP-referred allied health services, the reality is that much more could be done to help patients.

Current Medicare arrangements also fail to recognise the important advances in technology that could help improve the care provided to patients through general practice. MRI is a well-established and valuable technology and the current Government's own review found that Point-of-Care Testing (PoCT)

in general practice is just as effective as more traditional pathology testing arrangements.

Patients want their GP to have access to the best possible diagnostic tools to help manage their care needs. This can provide more timely access to care and support improved management of patient care needs.

At the same time, individual patients should be encouraged to take responsibility for their own health, based on the advice they receive from their GP.

Key issues for the Government

There is clear recognition of the central role played by GPs in high-quality patient care. The role of general practice will be critical to the next Government's hopes of reducing avoidable hospital admissions and ensuring that precious health dollars are spent wisely.

The goal for the next Government must be to improve patient access to GP services. The next Government must ensure that GPs are better supported in their role and relieved from the current burden of red tape. Patients must receive a Medicare rebate that reflects the value of the care provided by GPs.

Some estimates indicate that GPs must spend up to nine hours a week complying with red tape obligations. For every hour that a GP is tied up doing Government paperwork, about four patients cannot get to see that doctor.

AMA POSITION

The role of general practice as the cornerstone of a good primary care system must be strengthened, not substituted. GPs are under enormous pressure. The next Government must:

- Support patients' right to choose their GP;
- Support patients' right to see their GP as often as they need to;
- Support the central role of GPs in delivering health care and advice to patients and their families;
- Provide support that will enable patients to spend more time with their GP when they need to;
- Cut red tape to minimise the paperwork and processes that reduce the time that GPs can spend caring for patients.

In order to achieve this, the next Government must implement the following reforms.

MBS reform and simplification and indexation

The current Government's simplification of the MBS, which commenced on 1 May 2010, has not delivered the red tape reductions that GPs had been promised. While the number of items has been cut, the structure of items and associated red tape requirements do not support modern day general practice. At the same time, the real value of patient rebates continues to be eroded because MBS indexation has not kept pace with the increasing costs of running medical practices.

The next Government must urgently order a comprehensive review of the MBS to modernise the GP consultation items, cut red tape, and ensure that patient rebates for services provided by all medical practitioners reflect the value of the service provided.

Slash red tape

General practice is drowning in red tape.

In addition to delivering the MBS reforms and simplification required (as outlined above), the next Government must implement the previous recommendations of the Productivity Commission and other reviews to reduce red tape in areas such as authority prescriptions, practice incentive program requirements, provider number arrangements, chronic disease item numbers, and other Government programs.

GP infrastructure funding

Existing general practices need an immediate injection of funds for vital infrastructure such as teaching rooms and extra facilities that support the provision of multidisciplinary care in general practice. The current Government announced \$355 million for infrastructure funding in the 2010-11 Federal Budget, only about one-third of which is allocated to infrastructure grants to expand existing practices.

Rather than establish another 23 GP Super Clinics, the next Government must make these funds available so that more existing GP practices can expand their facilities and deliver benefits to more local communities.

Practice nurses

Practice nurses have been one of the success stories in improving access to GP services, with more than 8500 now employed in practices across the country. The current Government has said it will provide additional funding to increase practice nurse numbers. While we support this objective, feedback from GPs indicates that there is widespread concern about the design of the proposed new arrangements.

The next Government must rethink the proposed practice nurse subsidy arrangements and negotiate with the profession to ensure effective implementation that does not disadvantage GPs or practices.

Primary health care organisations – Medicare Locals/Divisions of General Practice

It is important that patients, under the guidance of their GP, can access appropriate services that support their health care needs.

The current Government has announced that it intends to replace the existing Divisions of General Practice with Medicare Locals to coordinate local primary health care services. The Opposition has announced that it will retain the Divisions of General Practice that provide specific support to local GPs.

The next Government must ensure that any arrangements to support local general practices and provide coordination for primary care services complement the work of GPs and work effectively with any governance arrangements that are introduced for hospitals.

The next Government must also ensure that bodies that provide coordination for primary care and assist general practice do not become 'managed care' organisations and do not increase the red tape load on general practice.

To be effective, they must have strong GP leadership, a local focus, and minimal bureaucracy. The services they support must be designed at the local level around the clinical needs of patients and be based on the advice of local GPs and be accountable to them.

GP-referred MRI

Modelling undertaken for the AMA has demonstrated that GP-referred MRI can save money and improve the timeliness of access to care.

The next Government must implement GP-referred MRI, based on best practice clinical protocols to govern its use.

The next Government must also commission the AMA, the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Radiologists to agree on appropriate guidance to promote the safe and cost effective implementation of GP-referred MRI.

Point-of-Care Testing (PoCT) in general practice

PoCT has been shown to yield significant benefits in the treatment of chronic and complex disease by providing timelier test results that enable GPs to better manage the care of their patients.

The next Government must fund PoCT in general practice through the introduction of relevant MBS rebates.

2. More Time with the Doctor: Chronic Disease Management

Background

The recent AIHW *Australia's Health 2010* report confirms that GPs are increasingly treating older patients with more complex care needs. The management of chronic and complex disease is a key part of general practice, with at least one chronic problem managed in 42 per cent of all visits to a GP.

The report also highlights that the chronic problems most managed by GPs are hypertension, depressive disorder, diabetes, cholesterol-related disorders, chronic arthritis, oesophageal disease, and asthma. We also know that many patients are suffering from multiple illnesses.

Australia needs a comprehensive approach to the management of chronic and complex illness, not just a focus on single diseases as in the current Government's proposed plan for diabetes.

The medical profession was not properly consulted on the current Government's proposed program to deliver GP care for patients with diabetes. This program relies on patient enrolment with the practice and, once enrolled, limits patient choice. It interferes with the doctor-patient relationship and requires patients to surrender their entitlement to Medicare rebates.

Key issues for patients

As highlighted earlier, research commissioned by the AMA shows that patients want to spend more time with their GP. The current structure of the MBS does not support more time with the doctor, with patients on average spending about 15 minutes with their GP each time they visit.

Improved access to GP-referred allied health and other support services can improve the management of chronic and complex disease and enhance people's quality of life.

At the same time, the health system must also encourage individual patients to take some responsibility for their own health and wellbeing, based on the advice they receive from their GP, including on secondary prevention measures.

Key issues for the Government

GPs could keep more patients with chronic and complex disease out of hospital if they could access better support for their patients. This would save the health system money and relieve some pressure on the hospital system.

In addition, Governments should have a strong health prevention focus as part of their health care policy. Providing patients with an MBS rebate structure that supports longer consultations would ensure that patients with chronic and complex conditions get the time that they need with their doctor.

AMA POSITION

The AMA has a comprehensive plan to manage chronic and complex disease by improving GP-coordinated access to multidisciplinary care and other important support services. It can be found on the AMA website at www.ama.com.au/node/5519

The AMA plan builds on what works and has the overwhelming support of GPs. Under this plan, existing fee-for-service Medicare arrangements would be enhanced so that patients would have streamlined access to GP-referred allied health services and a range of other support services, such as mobility aids. The plan focuses on patients' clinical needs and ensures that more support is available to those patients who need it. Unlike the Government's proposed program, the AMA's plan does not require patients to surrender their right to Medicare rebates.

The next Government must:

- Negotiate with the medical profession and then implement the AMA plan to manage chronic and complex disease; and
- Increase the Medicare patient rebate for level C and D consultation items in the MBS to support improved care for patients with chronic and complex conditions. This will improve patient access to longer consultations. Funding allocated to the current Government's diabetes plan should be redirected and used for this purpose.

3. Indigenous Health

Background

The gap in life expectancy between Indigenous and non-Indigenous Australians is one of the most significant health problems confronting Australia today. There is a much higher prevalence among Indigenous Australians of a range of chronic and communicable diseases, including cardiovascular conditions, kidney disease, cancer, respiratory disorders, eye and ear diseases, and social and emotional health problems. Most of these conditions are preventable and in many cases start in childhood. These conditions contribute to Indigenous Australians dying at a much earlier age on average than non-Indigenous Australians.

There is limited availability of a health and medical workforce for culturally appropriate primary care services in both urban and remote contexts, which means Indigenous Australians have a low level of access to appropriate primary health care.

This is compounded by a range of social, environmental and economic factors, which act to entrench health-related problems among Indigenous people.

Key issues for patients

Indigenous Australians must have ready access to appropriate health and medical care to address their increased level of need. How health and medical services are provided is important to whether, and how frequently, Indigenous people can access health care. Cultural appropriateness of health and medical services is a critical access factor. The availability of culturally appropriate services is limited. This is true for Aboriginal Community Controlled Health Services, which are limited in number and distribution. It is also true for the mainstream health service system, where there is generally a low level of cultural awareness.

With the right support and access to appropriate health care, Indigenous people have the capacity to develop practical solutions and preventative approaches to the health-related problems in their communities. It is essential to engage Indigenous people in their own health care solutions.

Key issues for the Government

The unacceptable health outcomes experienced by Indigenous people and their low access to appropriate health services are entrenched problems that require a long-term commitment and a comprehensive strategic plan from the next Government.

The next Government also needs to urgently work in partnership with Indigenous people and their representative organisations.

Its actions must build the capacity of Aboriginal Community Controlled Health Services, which deliver culturally appropriate services. There must also be a focus on enhancing the effectiveness of the mainstream health system in providing culturally appropriate services.

It is often more effective for Government bureaucracies to stand aside and allow non-government organisations and community groups to work at ground level to help build the capacity of Indigenous people and communities to develop and implement local solutions to local problems.

AMA POSITION

The next Government must develop and implement in partnership with Indigenous people a long-term national strategic plan with tangible intermediate goals. That plan should include:

- Additional grants to enhance infrastructure and services to allow Aboriginal Medical Services to:
 - Offer mentoring and training in Indigenous health in Indigenous communities to Indigenous and non-Indigenous medical students and vocational trainees, and
 - Offer salary and conditions for doctors working in Aboriginal Medical Services that are comparable to those of State salaried doctors;
- Measures to enhance access to secondary and tertiary health services, especially specialist medical services;
- An investment in a network of Centres of Excellence in Indigenous Health across Australia (such as the Inala Community Health Centre in Brisbane) to act as training and research hubs in Indigenous health, and to build and spread best practice in Indigenous health care;
- New funding over 10 years in grants to NGOs and community groups for health-related capacity building in Indigenous communities throughout Australia; and
- Measures to urgently address all of the social determinants of health.

4. Public Hospitals

Background

The capacity of the public hospital system is one of the fundamental foundations for delivering high-quality, safe, and accessible health services. A key issue in the last Federal election was who was best placed to fund and run our public hospitals.

Doctors working in public hospitals can contribute essential expertise to the management and operation of the hospitals. Local knowledge from local doctors is essential to improve clinical care and decisions about strategic planning, budgeting and resource allocation.

There is insufficient funding and capacity in our public hospital system now – not enough beds – to ensure that patients are treated either in the emergency department or admitted into hospital in safe and clinically appropriate timeframes. Public hospital funding needs to be increased to provide sufficient beds and the staff required to treat the patients in them. Otherwise, patient care in hospital is delayed and the safety of patients is put at risk.

Performance indicators, national standards, and benchmarks are all essential tools in monitoring, evaluating, and improving the quality, safety, efficiency and accessibility of the health care system – but we need to ensure that they do not interfere with decisions about best care for patients.

Most public hospitals also undertake research and training as part of their normal functions. Ensuring that ‘on the ground’ research and training is ongoing in our public hospitals means that we can continue to improve the care of future patients and to train future generations of doctors.

Key issues for patients

Insufficiently funded hospitals reduce the number of services they provide to their communities, or reduce the range of services, to come in on budget. This compromises patient access to services and the type of care they receive.

Insufficient numbers of public hospital beds mean that people in emergency departments who need to be admitted into the hospital instead wait on

trolleys in corridors. Insufficient public hospital capacity means that public patients wait longer than they should for elective surgery and other specialist medical services.

This isn’t just a matter of inconvenience. It has been estimated that there is a 20-30 per cent excess mortality rate every year that is attributable to access block and emergency department overcrowding in Australia.¹ Not enough funding means that hospitals can’t meet national standards and targets that aim to ensure that patients can expect the same reasonable level of service and quality of health care, wherever they receive treatment across Australia.

Key issues for the Government

Unless hospitals are properly funded they cannot deliver the acute care services that communities need, nor can they meet expected national standards for quality and timely access to hospital care.

There is a shortfall in funding for public hospitals that needs to be urgently addressed, and future growth in demand must be met.

Hospitals need to be supported to deliver a range of services and perform a range of functions to high standards. Performance standards and monitoring are important but must not introduce perverse incentives that compromise good patient care.

The management of health care services works best when local doctors are engaged in their clinical and corporate governance, including in service planning and decisions about the allocation of such things as resources, budgets, staffing, equipment and capital expenditure.

In the context of best care for patients, doctors can identify potential efficiencies in one area that can safely free up resources for other patient needs.

AMA POSITION

More beds

Every public hospital must have sufficient capacity to operate at an average bed occupancy rate of 85 per

¹ Forero R and Hillman K. *Access block and overcrowding: a literature review* – prepared for the Australasian College for Emergency Medicine. University of NSW and The Simpson Centre for Health Services Research, 2008.

cent. Expanding the capacity of the public hospital system will result in more timely access into hospital for patients, and safe occupancy rates once patients are in the hospital.

The next Government must introduce a transparent mechanism for tracking whether any new funding commitments actually result in the opening of new beds by:

- Commissioning a monitoring system called *Bedwatch* to publicly report on the number of new and existing beds available in public hospitals;
- Ensuring that *Bedwatch* also monitors important factors related to hospital occupancy such as access block in emergency departments; and
- Requiring the State and Territory Governments to report the number of available beds for each public hospital, and their average occupancy rates, on an ongoing basis as part of their obligations to report against performance benchmarks.

Doctor engagement in decision-making

Doctors must be genuinely involved in decision-making at the local level. The next Government must ensure that:

- Local doctors are represented on any local hospital governance body;
- Members of such a body are selected transparently and free from political influence;
- Such a body has the power to hire and fire the CEO of the hospital; and
- Decisions made by local hospital governance bodies are transparent and publicly available.

Secure funding for research and training in public hospitals

Research and training are integral parts of the role of public hospitals in improving patient care and in training junior doctors. The next Government must ensure that:

- There is sufficient funding allocated for research and training undertaken in public hospitals;
- Doctors are involved in decisions about how this funding is distributed and used at a local level; and
- Funding for research and training in public hospitals is linked to transparently-reported and independently-audited performance indicators.

Performance indicators

The next Government must ensure that:

- Public hospital performance indicators are sensible, evidence-based, achievable, and sufficiently resourced so that they can be used to improve the quality, safety and accessibility of health care;
- There is flexibility in the development and implementation of performance indicators so that they don't introduce perverse incentives in the way that patient care is managed, or compromise patient care in any way;
- Doctors are involved in the development and implementation of all national performance indicators and targets;
- There are no penalties for failing to achieve national targets and, instead, information about performance is used to identify areas for improvement and additional investment; and
- Waiting lists are transparent so that patients and doctors can make decisions about care options.

Effective funding of public hospital services

The goal of hospital funding systems should be to support effective health care services, rather than the cheapest services. A nationally 'efficient' price risks underestimating and oversimplifying the complexity of hospital services across different hospitals and different geographical areas and, therefore, their capacity to meet demand.

The next Government must ensure that:

- Hospitals are paid on the basis of the 'effective' cost of care, which will require more funding for public hospitals, not less, rather than on the basis of 'efficient pricing';
- The 'effective' price is indexed annually at an appropriate rate that recognises real increases in operating costs, such as wages and equipment;
- The 'effective' price allows variation for local flexibility and incorporates sufficient loadings and adjustments to reflect the variable geographic and other circumstances of individual hospitals;
- The 'effective price' does not compromise or limit clinical decisions that doctors make for their patients; and
- 'Effective pricing' is available to cover the real cost of care.

5. Health Financing

Background

The Australian health system is a balance between the public and private sectors.

The private hospital sector now performs 40 per cent of all admissions and 65 per cent of elective surgery in Australia. It is a key part of Medicare and the public hospital system could not survive without it.

Previous Governments have supported private health insurance participation through measures such as Lifetime Health Cover, the Medicare levy surcharge, and the private health insurance rebates.

Most out-of-hospital medical services are provided by private medical practitioners and Medicare rebates assist patients with the cost of these services. Over time, failure to properly index Medicare rebates has meant that they have not kept pace with the cost of providing medical care in the community, and this has led to increasing out-of-pocket costs for patients.

Instead of increasing Medicare rebates, the Extended Medicare Safety Net (EMSN) was introduced to assist patients with high out-of-pocket costs for medical services provided out of hospital. The EMSN structure helps share these costs between patients and the Government. In 2009, the Government shifted more of the burden of these costs onto patients by introducing a cap on the total EMSN benefits paid for some medical services.

Key issues for patients

Patients want the choice of affordable access to private hospital services, especially for elective surgery. They want a strong viable private sector so that the public hospital sector can be there for those who really need it.

Under Medicare, the Government subsidises medical services to ensure they remain affordable for patients.

Government subsidies for private health premiums and the EMSN alleviate the financial pressure faced by many Australians in accessing private hospital treatment and private medical services in the community.

Key issues for the Government

The private hospital system is now the dominant provider of elective surgery. Private health insurance also provides financial support for various preventative health services.

It is a good investment for the Federal Government to support private health insurance because high membership maintains the balance of the hospital sector. High private health insurance membership brings private dollars into the health system and, in turn, means that the Government funding required is less than it would otherwise be.

Similarly, access to private out-of-hospital medical services in the community must remain affordable so that patients can seek early medical attention. Delayed diagnosis and treatment, as well as being detrimental to patients' health, will simply add to the cost of other parts of the health system. Further, there must be Government programs that provide access to clinically appropriate dental services, giving priority to people who are financially disadvantaged.

There is a good argument that the Government should increase the Medicare rebates for patients. But, in the absence of this, an ongoing commitment to retain the EMSN is the next best alternative.

AMA POSITION

Support for private health insurance

The next Government must ensure that there are effective measures to encourage private health insurance participation and ensure that membership remains at levels whereby there is no shift of the burden from the private to the public hospital sector.

Medicare Safety Net

The next Government must also commit to retain the current EMSN with appropriate indexation of the safety net benefits payable.

6. Workforce and Training

Background

Governments have expanded medical school places dramatically. Medical training does not stop when young doctors graduate from medical school.

To capitalise on this investment, we need to ensure that junior doctors who have finished medical school can then access high-quality training positions and go on to graduate as fully-trained specialists in general practice and other areas of medical specialty.

In the past few years, the Federal Government has increased training places in general practice and other community settings.

However, most medical training is carried out in public hospitals and, in this regard, the States and Territories are lagging in their efforts to provide enough training places in public hospitals to match the output from medical schools and satisfy future community needs.

Two bodies will play a key role in supporting the provision of medical training in coming years. The Medical Training Review Panel (MTRP) provides high-quality advice to the Government on medical training numbers, while Health Workforce Australia has been established and commissioned to undertake workforce planning and provide funding support for clinical training.

New classes of health professionals, such as physician assistants, are also being considered as part of strategies to address health workforce shortages. A number of pilot programs are currently underway to assess their impact.

Training programs for doctors, nurses, and other health professionals rely on providing them with a strong clinical experience, which is now under significant pressure due to policies put in place to increase the health workforce in Australia.

Key issues for patients

Australia has renowned standards of medical training, with doctors undertaking rigorous and comprehensive training programs.

We need to maintain these standards in order to ensure the high-quality patient care that the Australian community deserves.

Patients need to know that increases in medical student numbers will translate into more doctors on the ground with the right skills, and that access to care will be improved over time.

Key issues for the Government

The next Government must ensure that the States and Territories follow through on their commitment to provide sufficient quality training places in public hospitals to meet future workforce requirements.

New funding arrangements for training are being introduced as part of the National Health and Hospitals Agreement. The next Government must use this opportunity to make the States and Territories accountable in this regard.

The next Government also needs to ensure that we do not put more pressure on the resources available for clinical training. Diluting the clinical experience available to doctors has the potential to undermine the quality of medical training. Australia must capitalise on the significant investment it has made in extra medical school places and not divert resources to establish new classes of health professionals that are unproven in the Australian context.

AMA POSITION

The next Government must:

- Agree to retain funding for, and implement, recently announced training places for pre-vocational and vocational medical education;
- Direct Health Workforce Australia to undertake rigorous workforce planning to help the States and Territories calculate the requirements for training places in individual medical specialty areas;
- Link all Federal Government funding for teaching and training to performance indicators that incorporate a concrete guarantee of training positions for all domestic medical school graduates;
- Establish a biennial review of clinical training places to be undertaken by the Medical Training Review Panel, utilising the support and resources of Health Workforce Australia, in order to ensure that shortfalls in the number of pre-vocational and vocational training places are quickly identified and addressed;
- Ensure that Health Workforce Australia supplements the effort of the States and Territories by funding specific programs that will boost training capacity and help maintain standards, including programs that fund protected teaching time, support for innovative training models, and professional support programs for junior doctors; and
- Implement a moratorium on Federal Government funding for undergraduate training places for new categories of health workers, such as physician assistants, pending robust modelling by Health Workforce Australia that demonstrates both the need for these training places and the capacity to provide adequate clinical experience without impacting on the training of other health professionals.

7. Mental Health

Background

Many Australians experience a mental illness at some time in their lives. Young people in particular, and others such as Indigenous people, the elderly and those living in rural areas are vulnerable to mental illness.

Several Federal Parliamentary Senate Inquiries have identified significant deficits in mental health funding and, along with the National Health and Hospitals Reform Commission, have pointed to the need for reform of mental health service delivery arrangements.

The current Government's response has been inadequate. In particular, there continues to be problems with community-based mental health services. These have not been appropriately structured or funded since the Burdekin reforms that moved much of the care and treatment of people with a mental illness out of institutions and into the community. For people with serious mental illness living in the community, there is also a particular difficulty in accessing care by psychiatrists in community-based settings.

Key issues for patients

All Australians with a mental illness deserve to have ready access to quality mental health care based on their particular needs. This includes early identification, community-based outpatient care, and inpatient acute care. For those with serious mental illness, the road to recovery can be long, and can require intensive care and further community-based specialist medical treatment, as well as social support such as supported accommodation.

People are still frequently unable to access the mental health care they need, when they need it. In particular, follow-up care in the community after hospitalisation for an acute episode is often lacking.

Key issues for the Government

Some opportunities for early identification and intervention for youth have been established. But there continues to be significant unmet need in mental health care and major gaps in service provision that the next Government must address as a matter of urgency.

This must include addressing the deficit of specialist community-based care. Currently, people with serious mental illness will often have to be admitted and re-admitted to the public hospital system at short notice, notwithstanding the shortage of acute care beds. This is not sustainable.

AMA POSITION

Mental health must be included as a central component in the next Government's health agenda. The next Government must:

- Provide greater investment for, and progress the reform of, comprehensive mental health services;
- Increase capital and recurrent funding for psychiatric beds based on an analysis of the number of new psychiatric acute and sub-acute care beds required in the public hospital system as part of the AMA's proposed stocktake of public hospital bed capacity – *Bedwatch*;
- Provide greater support and funding for community-based clinical and support services for people living in the community who have mental illness. This should include:
 - improved access to care from specialist psychiatrists in community-based settings such as private specialist rooms and community-based mental health facilities; and
 - an increased number of community-based sub-acute outreach services for GPs to refer patients with a mental illness to, where appropriate.

8. Aged Care

Background

Demand for health care services to meet the needs of older Australians is growing rapidly. Between 2010 and 2050, the number of older people (65-84 years) will more than double, from 2.6 million to 6.3 million, and the number of very old (85 and over) will more than quadruple, from 0.4 million to 1.8 million.

Key issues for patients

Future generations of older people are likely to have more complex health needs and expect a higher quality and level of service. There will be an increasing preference by older Australians to live and be cared for in the community wherever possible and for as long as possible. The demand for quality dementia care in all settings will increase.

Many older Australians are transferred into residential aged care facilities from hospital after a long and complex hospital admission, and have multiple and complex health care needs that require ongoing medical care. This trend will continue.

Older Australians living in residential aged care deserve quality medical and palliative care.

Key issues for the Government

The next Government's investment in the residential aged care sector must ensure that the sector can provide the level and quality of infrastructure and services to meet the needs of an ageing population. Properly funded care in the appropriate setting will help provide older Australians with quality care as they reach the end of their lives.

One of the critical requirements for quality care for older Australians is timely access to a doctor. With the number of aged care places set to double by 2030, the next Government must put policies in place that guarantee access to an appropriate level of medical services for those being cared for in aged care facilities.

Adequate resourcing of the aged care sector and sub-acute and rehabilitation services for older people

will also improve care of older Australians and have the added bonus of freeing up acute care beds.

Nursing care in the residential aged care sector will remain inadequate while there is a significant difference in nursing wages between the acute and aged care sectors.

AMA POSITION

The next Government must:

- Develop a specific aged care accreditation standard for medical care to ensure that access to medical care is monitored and scrutinised under aged care accreditation arrangements like other important quality, service and care arrangements;
- Provide funding to encourage arrangements between aged care providers and doctors to ensure ongoing access to medical care in residential aged care;
- Increase MBS rebates for services provided by doctors and practice nurses to reflect the time and complexity of providing ongoing medical care to older people in aged care facilities and in the community;
- Ensure that aged care providers make appropriate facilities available – including adequately-equipped clinical treatment areas that afford patient privacy, and information technology to enable access to medical records and improve medication management;
- Ensure that aged care facilities provide sufficient numbers of registered nurses to monitor, assess, and care for residents, and support the medical care provided by doctors; and
- Introduce sub-acute beds for rehabilitation and convalescence so that there are appropriate services for people who leave hospital but need further care.

9. Rural Health

Background

People in rural areas have poorer access to health care and lower life expectancy.

Rural areas are becoming increasingly reliant on international medical graduates, with up to 50 per cent of doctors in rural areas having been recruited from other countries. This is not a sustainable strategy for our health system.

The next Government must ensure that strategies are employed to recruit and retain doctors with the right skills in rural areas; otherwise, access to medical care for patients in rural Australia will continue to deteriorate.

Key issues for patients

Quality health care in rural areas depends on a well-distributed and well-trained medical workforce that works in effective collaborative arrangements with other health care professionals.

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 depends on a strong GP workforce and a viable public hospital system. 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.

Rural patients deserve a health system that provides them with access to a doctor – a system that does not seek to substitute doctors with other health care workers.

Not all rural communities can sustain more specialised health services. In these situations, patients need to know that the system has well-funded, patient assisted travel schemes to support them to travel to where treatment can be provided.

Key issues for the Government

To address rural workforce shortages, Governments have tried a number of initiatives, including bonded medical school places.

These schemes seek to conscript doctors rather than build a workforce that wants to be part of the rural community for the long term.

The 2009-10 Federal Budget also included modest additional funding to support rural workforce incentives. However, the extra funding falls well short of what is needed to address current workforce shortages in a meaningful way.

A 2007 Senate Inquiry into existing patient assisted travel schemes highlighted the inadequacy of current arrangements to support the health-related travel of rural patients and recommended several reforms, including increased government funding.

AMA POSITION

To attract and retain a medical workforce with the right skill set for rural practice, the next Government must:

- Implement the AMA/RDAA Rural Workforce Package, which would provide further enhancements to rural isolation payments and rural procedural and emergency/on-call loadings;
- Develop and implement, in consultation with the AMA and specialist colleges, a new funding program to support and encourage more 'generalist' training so that we have more doctors with the right skills for rural practice; and
- Discontinue the bonded medical places scheme and expand existing incentive schemes that offer HECS relief and scholarships.

To help patients access more specialised care, the next Government also needs to ensure that there is a significant improvement in patient assisted travel schemes so that they provide reasonable assistance for travel and accommodation costs. These arrangements should be nationally consistent and their administration and funding must be transparent and accountable.

There must also be investment in telemedicine technology and services.

10. E-health

Background

An e-health system that connects patient information across health care settings, and which can be accessed and contributed to by treating doctors and other health professionals, will improve the safety and quality of medical care in Australia.

The benefits of e-health in making the best use of existing health care services and avoiding errors, duplication and waste are well known. To treating doctors, e-health means being able to access all of the clinically relevant medical information about a patient at the time of diagnosis or treatment.

Australia has made significant progress in developing technical specifications and standards for e-health systems. The time has come to build the overarching infrastructure to make e-health a reality.

Key issues for patients

Health care of the patient is best served when the medical practitioner has access to the full health record.

Personally controlled electronic health records empower and encourage individuals to take responsibility for their own health, but their use may be severely limited for medical practitioners in terms of their content, accuracy, and the comprehensiveness of information.

Therefore, a shared secure electronic medical record, in addition to any personally controlled health record, is needed to improve the safety of patient care.

Key issues for the Government

A commercial approach that relies solely on private investment and private engagement has not served the e-health agenda well. The next Government, with the State and Territory Governments, must drive and fully fund the development and implementation of a shared electronic medical record.

AMA POSITION

To make e-health a reality, the next Government must fund and build the overarching infrastructure to connect patient information and facilitate access by medical practitioners across the public and private health care sectors so that a summary electronic medical record can finally become a reality.

The medical profession must be a key driver of the design and implementation of the infrastructure to ensure that it works on the ground in medical practices.

A shared electronic medical record that links reliable and relevant medical information across health care settings will help provide treating doctors with the information required to inform clinical decisions.

The next Government must fund and implement a shared electronic medical record that:

- Contains reliable and relevant medical information about individuals;
- Aligns with clinical workflows and integrates with existing medical practice software;
- Is governed by a single national entity; and
- Is fully funded by Governments and supported by appropriate incentives, education and training.

11. Priorities for Prevention

Background

A growing number of Australians are at high risk of serious diseases and premature death due to excess weight, alcohol use, and smoking. These conditions account for almost one-third of all illness in Australia, and they reduce people's life expectancy by five years on average. Rates of overweight and obese children are also high in Australia.

These outcomes are a matter of great concern.

Preventative health measures can be effective in addressing these risks, and should be an integral part of Australia's health care system.

There has been progress in Government policy responses to tackle smoking rates. However, there are gaps in the community level measures needed to address overweight and obesity, as well as excess alcohol use. These continue to be major health risks for Australians, particularly young Australians.

Key issues for patients

It must be made easier for individuals of all ages to choose healthy lifestyles and behaviours. This requires the public to have access to a greater range of healthy choices and options in the community, and to be exposed to less promotion of unhealthy options and behaviours.

Almost 90 per cent of Australians visit a GP at least once a year. Surveys show that Australians trust the advice provided by their GP, and there is strong evidence that the preventative health advice that doctors provide is effective.

Australians need to be assured that their GPs will have the ongoing support that they need from the next Government to continue providing sound preventative health care.

Key issues for the Government

The next Government needs to better support doctors in their preventative roles.

The next Government must take advantage of the opportunities that doctors have to provide preventative advice to patients and promote good health and remove any barriers to doctors doing this.

Strategic, long-term and properly resourced population-based approaches to prevention can be effective.

There is increasing evidence to support various educational, fiscal, regulatory, and individual measures that can be taken at a society-wide level to ensure that healthy choices are the easier ones for people when it comes to eating, physical activity, smoking, and alcohol use.

AMA POSITION

The next Government must appropriately support doctors to further strengthen their contribution to prevention by introducing policies that:

- Provide patients with an MBS rebate for brief preventative interventions or follow-up provided by practice nurses, for and on behalf of the patient's doctor;
- Provide patients with an MBS rebate for group preventative health and education sessions provided by medical practices;
- Improve indexation of MBS patient rebates to properly recognise the time that doctors spend on preventative health care during existing standard and long consultation MBS items; and
- Establish grant programs to support the development and implementation of 'whole of practice' prevention measures and programs suited to the practice population.

The next Government must continue to advance policies to reduce tobacco consumption. It must also promote immunisation programs, including educating families about the benefits of immunisation, and promote the benefits of physical activity.

The next Government must also support the following community level measures, which can be readily implemented, and will be especially effective in tackling harmful alcohol use and obesity in the community:

- Restrict alcohol advertising and promotion to locations, publications and times that minimise their influence on people under the age of 18;
- Phase out alcohol sponsorship of sporting events and youth music events, and prohibit alcohol sponsorship of junior sports teams, clubs or programs;
- Apply taxation to alcohol beverages in proportion to the volume of alcohol contained in the beverage;
- Prohibit the broadcast advertising of energy-dense and nutrient-poor food products and beverages (i.e. junk food) to children, particularly in children's television viewing times;
- Mandate simple and informative nutritional labelling on food products; and
- Ensure that healthy food choices are affordable.

12. Climate Change and Health

Background

The world's climate is changing due to greenhouse gas emissions and global warming. These changes are likely to pose significant challenges to the health and wellbeing of Australians. Extreme weather events such as storms, floods, heatwaves and fires, as well as longer-term changes such as drought and changes to the food and water supply, will all have serious long-term health implications for Australians.

Climate change is happening, and an appropriate health response is needed.

Key issues for patients

Because of climate change, more people will be at increased risk of various diseases and health conditions.

These include nutritional disorders from changes in food production, mental health problems from geographical dislocation, food and water borne diseases, increased vector borne diseases, possible chemical exposures, and fatalities and injuries from extreme weather events including heatwaves.

These health impacts will place increasing demand on the health system over time.

Australians of all ages need to be confident that they can continue to receive good quality timely access to their doctor, and other health and medical professionals. This will be especially important in emergency situations, where good communication and organisation in the health sector is paramount.

Key issues for the Government

Failure on the part of Governments and the private sector to achieve significant reductions in greenhouse gas emissions is likely to result in significant public health problems.

There needs to be greater awareness, at all levels of Government, of the direct and indirect impacts of policies, regulations and programs on energy use and greenhouse gas emissions.

Governments and the broader community need to plan for increased demands on infrastructure from extreme events and emerging health conditions due to climate change.

AMA POSITION

The next Government must take the lead in developing and coordinating a National Strategy for Climate Change and Health so that Australia can respond effectively to the health impacts of climate change, extreme events, and to people's medium- to long-term recovery needs.

A National Strategy for Climate Change and Health must incorporate:

- Strong communication links between hospitals, major medical centres, and emergency response agencies to maximise the efficient use of health resources in extreme weather events;
- Localised disaster management plans for specific geographical locations that model potential adverse health outcomes in those areas;
- Nationally coordinated surveillance measures to prevent exotic disease vectors from becoming established in Australia; and
- Development of effective interventions to address mental health issues arising from extreme events, including those involving mass casualties, and from longer-term changes, including drought.

13. Research

Background

Health and medical research, including research funded through the National Health and Medical Research Council (NHMRC), is crucial to continually improving the high quality of health and medical care in Australia. An investment in health and medical research also generates social and economic benefits to the community.

Total Federal Government funding for health and medical research since 2002 has increased only marginally as a percentage of GDP, and has in fact declined as a percentage of the total Federal health budget in that time.

Key issues for patients

Patients rely on their doctors to provide them with the best medical techniques and care. This means that doctors should have access to the best, evidence-based therapies and treatments informed by well-funded, world-class research.

Key issues for the Government

The health system needs to be efficient, and a central part of this is having best-practice knowledge and techniques available to medical practitioners and their patients. An efficient health system also needs to be effective in health service delivery. This is not only the case for cutting-edge hospital procedures, but also in primary care services and in managing patients through complex care pathways.

Australia has a proud record of achievement in health and medical research, and this must be maintained. The next Government also needs to counter the rising international competition for our excellent researchers.

AMA POSITION

The next Government must increase funding for health and medical research including for:

- Further research on health systems, policy, evaluation and effectiveness to support ongoing health system improvement and reform. This should encompass research on ways to improve the evidence base for complex care clinical pathways, preventative medicine, and chronic disease management;
- A new strategic approach by the NHMRC to focus research efforts on emerging community health priorities and prevention of illness, and to build multidisciplinary research capacity to address these challenges; and
- Stronger Government support to improve the relationship between research and clinical practice, health systems and policy, and commercialisation pathways.

14. Long-term care

Background

The disability care system in Australia does not support the goals of enhanced social and economic participation that underpin the National Disability Strategy. There are high levels of unmet demand for disability services, as well as an expected decline in the number of people who are willing or able to provide long-term care for family members with a disability. There are increasing numbers of people with disability living longer because of improvements in medical care.

Disability services across Australia are poorly resourced and not sufficiently coordinated to meet the long-term health care and support needs of individuals with a serious disability. There is little consistency in the level of access that people with a disability have to appropriate levels of care and aids across Australia. The historical reliance on informal carers has also substantially shifted costs on to families.

Key issues for patients

Individuals with a disability, and their families, are entitled to have consistent access to long-term essential care and support, based on their level of need.

This care and support should be comprehensive, and include a coordinated package of services such as accommodation support, employment support, rehabilitative care, aids and appliances, and respite care, as required to meet the needs of each individual.

Long-term care and support should be provided to individuals with a disability to a level that ensures that their health and medical welfare does not deteriorate as a result of inadequate care. Further, access to specific services and assistance should be based on individual decision-making and choice to reflect individual circumstances.

Key issues for the Government

Reform to the funding and financing of the disability service system should be a priority to ensure that essential long-term care and support is reliably available to those who need it, on an equitable basis.

The next Government must reform the current system of disability support services across Australia to better meet the needs of people with a disability.

AMA POSITION

The next Government must:

- Implement a national disability insurance scheme to provide long-term care and support to all Australians with a serious or profound disability who need it;
- Agree on, and establish, appropriate models for sustainable financing arrangements that can reliably meet demand into the future; and
- Significantly expand the capacity of the disability service delivery sector so that Australia is ready to effectively meet the increased demand for disability services that will result from the introduction of a national disability insurance scheme.

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