



AMA Queensland Election Platform 2015





“This document is a clarion call to all political parties and for Queenslanders themselves to help future-proof our health system and the health of our state. Together, we can ensure that patients receive the best care and the doctors who treat them are valued, respected and have the resources they need.”

“We believe that what’s good for our members is good for their patients and the community...”



THE CRISIS WE FACE

AMA Queensland is the peak representative body for Queensland’s doctors. We advocate on behalf of Doctors, their patients and more broadly, for the health of Queenslanders.

At this election, as ever, health will be a key battleground. This is how it should be; ensuring the health of Queenslanders is one of the most important roles the State Government has.

As we enter 2015, we believe Queensland is in a state of emergency. We are a state that is no stranger to flood or fire and we rise to deal with them and whatever nature throws at us.

This time, we are in the grip of an ‘unnatural disaster’. The rising obesity and overweight pandemic in Queensland, which wears the unflattering crown of the ‘Fat State’ of Australia, will cripple our health system if radical change doesn’t happen.

AMA Queensland sees 2015 as being a critical turning point. If strong actions are not taken by the next Government – and future Governments – the Queensland health system we see today will be at breaking point in 20 years’ time.

Our election platform focuses on four key areas – obesity, alcohol-related harm, end-of-life care and ensuring our doctors have the technology to provide first-class health care.

We’ve focused on these areas because they are critical to the future health of Queenslanders and our health system. If we don’t get them right, we risk crippling our health system and a vast increase in preventable deaths through obesity and alcohol-related violence and illnesses.

Our ageing population and longer life spans mean that how the health system deals with patients in their final days will only become a more pressing issue for many Queenslanders and their families.

Successive Governments, health professionals and other groups have taken significant strides to date in a bid to tackle the growing obesity and overweight crisis. We aren’t here to denigrate the effort so far, but it is time to take things up a notch.

We have created this policy platform and urge that it is adopted in the spirit of partnership and collaboration by not just Government, but all sectors which are concerned with these critical policy issues.

This document is a clarion call to all political parties and for Queenslanders themselves to help future-proof our health system and the health of our state. Together, we can ensure that patients receive the best care and the doctors who treat them are valued, respected and have the resources they need.

THE WORK SO FAR

During this last term of Government, we have seen some good progress on health. Waiting lists are down and health spending is up. These are great achievements and we commend the Queensland Government for its hard work.

The new surgery wait-time guarantee is a very positive step, if properly resourced, to give much-needed certainty to Queenslanders waiting for an operation. The *Safe Night Out Strategy* has brought extra resources to tackle alcohol-fuelled violence in entertainment precincts.

However, we have also seen the Government attack the working conditions of doctors by trying to forcibly change their contracts.

At the same time, the Government is pursuing a model of extending the scope of practice of allied health practitioners, which has the potential to impact on the quality of care patients receive and the standard of training our future medical workforce will need.

Austerity measures adopted by some Health and Hospital Boards have seen doctors and nurses spending time on paperwork and other non-specialist tasks due to a lack of administrative staff. This time could be better spent treating patients and is having a detrimental impact on patient waiting times and their health outcomes.

AMA Queensland accepts the need to find efficiencies wherever possible, but we strongly urge the next Government – no matter what its politics – to be open and consultative about any decisions which impact on the health system.



“The obesity ‘unnatural disaster’ is sinister in its creeping approach and risks crippling our health system...”

ADVOCACY FOR COMMUNITY: TACKLING OBESITY & ALCOHOL HARM

WORK WITH THE COMMUNITY TO COMBAT OBESITY CRISIS

Queensland’s obesity and overweight pandemic is the equivalent of a natural disaster. Like a flood or bushfire, it is a state emergency and should be treated as such. The obesity ‘unnatural disaster’ is sinister in its creeping approach and risks crippling our health system in the future. Queensland Health estimates that three million Queenslanders are expected to be overweight or obese¹.

While this is a condition that can affect anyone, research shows where you live can put you at greater risk of becoming overweight or obese. AMA Queensland recently highlighted the problem in rural areas through the *Lighten Your Load* campaign.

Successive Governments and many dedicated health and community professionals are working to tackle this issue – we recognise that effort. But we believe 2015 must be the year when the Government steps things up a notch and puts itself on crisis footing, using every lever it has to fight for the health of Queenslanders. At this election, AMA Queensland urges all parties to commit to the following obesity busting initiatives.

- ▶ **A ban on fast-food outlets opening within 1km of schools.** Ideally this should be done in cooperation with local government and the food industry. This won’t stem the tide of existing fast-food outlets close to schools, but will be an important line in the sand for new schools and future planning.
- ▶ **A pilot program to subsidise fruit and vegetables for ‘at-risk’ communities,** especially in remote areas. The pilot would run in communities where obesity is the biggest problem and target those on low incomes who have difficulty affording fresh fruit and vegetables for their families.
- ▶ **Take the obesity fight to COAG.** The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia and its role is to promote reforms of national significance. The obesity epidemic has previously been noted by COAG’s Reform Council in its final report on healthcare reform in 2014. Because of the obesity epidemic’s national significance, and the increased impact it is having on the health of Queenslanders, AMA

Queensland believes the Queensland Government should develop a suite of proposals aimed at tackling the obesity crisis and take these to COAG for consideration. Such proposals could include;

- ▶ Allow employees to salary sacrifice items, without attracting Fringe Benefit Tax, that contribute to their health, such as gym memberships or bicycles.
- ▶ A ban on junk food advertising to children
- ▶ Push for the voluntary ‘star rating’ on food packaging to be brought in earlier and be mandatory.
- ▶ Work with local councils to ensure urban **planning regulations for new housing developments make provision for local shops** which can be reached on foot and sell healthy foods .
- ▶ **Funding for the development of an interactive online learning program** integrated into the national schools curriculum. AMA Queensland would provide health expertise to drive content for the program which would evolve as the child moves through the education system and would allow for parental involvement.
- ▶ **Greater investment in new public transport links and further decreasing the cost of public transport.** By making transport more readily accessible and affordable, it makes it a more viable alternative to driving. This encourages greater everyday activity by walking to and from transport links on the way to work and leisure activities.
- ▶ The next **Premier to take personal responsibility** for oversight of the Government’s approach on tackling obesity, with each Department reporting annually on its efforts to tackle obesity, to ensure the issue is considered in policy-making across the piece.

AMA Queensland also recommends the Queensland Government establish an online resource, available to health groups, lobbyists, and the public, where knowledge and evidence-based data on what programs have worked to tackle obesity is shared. This would be similar in scope to the Closing the Gap Clearinghouse website², which has been an effective resource in helping to close the gap in Aboriginal and Torres Strait Islander disadvantage.

¹ Queensland Chief Health Officers Report 2014: <http://www.health.qld.gov.au/cho-report/>

² Close the Gap Clearinghouse: <http://www.aihw.gov.au/closingthegap/>

A UNITED FRONT TO REDUCE ALCOHOL HARM

AMA Queensland calls upon the next state government to do its part to tackle alcohol-related violence and the harms which stem from excessive drinking.

AMA Queensland commends the Government's *Safe Night Out Strategy* and supports appropriate penalties for irresponsible, alcohol-fuelled behaviour, but it should be noted that tougher penalties have little or no influence on crime rates.

The *Safe Night Out Strategy* only focuses on violence in entertainment precincts and does not take into account the wide-ranging harms caused by alcohol. Nor is it based on the evidence proven to reduce alcohol harms. There are no clear targets on how much it intends to reduce alcohol-related violence.

This is why we are calling for the next Queensland Government to put a greater focus on prevention, using evidence-based policy to mitigate the risk of harms.

The Australian Capital Territory, Tasmania, Victoria, West Australia and South Australian Governments all have strategies or frameworks in place which outline goals for Governments in reducing harms from alcohol³. It is time Queensland did the same.

We need to change the culture of drinking to help stop alcohol fuelled violence. This builds on leadership from the AMA nationally, spearheaded by Brian Owler, including the highly successful national summit to tackle alcohol-related violence late last year.

To do this in Queensland, we believe the next Government should commit to the following measures.

- **Implement health education diversion programs for minor alcohol related offences**, particularly with teenage and under-age drinkers, so that problems with alcohol can be dealt with before they escalate.
- **Prohibit the sale of alcohol mixed with energy drinks in bars and clubs after 10pm**. Further a ban should be placed on any marketing that promotes the use of energy drinks in conjunction with alcoholic beverages, including the promotion of alcoholic energy drinks at licensed venues.
- **Prohibit the sponsorship of sporting events**, youth music events and junior sports teams, clubs and programs by alcohol companies or brands. These organisations should be encouraged and assisted to source alternative funding.
- **Prohibit alcohol advertising and promotion** in locations, publications, and at times that are likely to influence teenagers and children.
- Implement the QLD Coalition for Action on Alcohol's (QCAA) Five Point Plan to reduce alcohol related harms in Queensland **in full**. The QCAA, of which AMA Queensland is a leading member, has developed a comprehensive plan with evidence-based solutions to reduce alcohol harms across Queensland. The plan acknowledges that no single approach will be effective in reducing alcohol harms and that a range of evidence-based strategies are needed to achieve the best possible outcomes. For a copy of the plan, visit www.qcaa.org.au/

³ Queensland Coalition for Action on Alcohol, <http://www.qcaa.org.au/wp-content/uploads/QCAA-2015-Queensland-Election-Platform-FINAL.pdf>



QUEENSLAND COALITION ON ALCOHOL FIVE POINT PLAN:

- 1. STOP the violence on our streets**
 - Reduce trading hours for on-licence premises to no later than 3am and introduce 1am lockouts to stamp out pre-loading
 - Re-introduce the moratorium on all late night trading beyond midnight across Queensland
 - Prohibit the harmful discounting and promotion of alcohol products at both on-and-off licence premises
- 2. GIVE children and families the best start in life**
 - Provide \$2 million over four years to support domestic violence services and alcohol and other drug services to develop shared models of care
 - Provide \$1 million over four years to develop and implement a state-wide Queensland Fetal Alcohol Spectrum Disorders (FASD) Action Plan
 - Reinstate liquor permits for sale of alcohol on school premises to ensure that appropriate risk management procedures are in place
 - Ban the redemption of alcohol 'shopper docket' promotions, which promote discounted alcohol on supermarket receipts
 - Ban alcohol promotions on state property, including public transport
 - Control the density of licenses premises through the introduction of saturation zones and cluster control policies in areas where there are too many liquor licenses
- 3. PUT communities first**
 - Ban donations to Queensland political parties from the alcohol industry and their representatives
 - Introduce a policy that excludes alcohol industry involvement in policy development, in line with the World Health Organisation's (WHO) recommendation
- 4. REDUCE the burden on our health system**
 - Provide \$2 million over four years to fund a brief intervention program in primary care and emergency department settings to support health professionals to talk to consumers about their alcohol consumption
 - Provide \$4 million over four years to develop and fund an ongoing public education campaign on the negative health impacts from alcohol consumption and ways to avoid these risks
- 5. ESTABLISH a framework for action**
 - Develop a state-wide alcohol reduction plan that includes prevention, early intervention, treatment, monitoring and evaluation
 - Work with and support non-government organisations to provide alcohol and other drug services to reduce alcohol harm
 - Collect and routinely report on alcohol harms and compliance data, to inform the development of alcohol policy and the evaluation of programs and services
 - Undertake a comprehensive, independent evaluation of the *Safe Night Out Strategy*, with adequate consultation with people with expertise in public health

ADVOCACY FOR PATIENTS: END OF LIFE CARE

AMA Queensland is calling for the next Government to fund a large-scale campaign to boost the number of Queenslanders who have an Advance Care Plan which sets out the care they want in their final days. The plans must be able to be accessed by Doctors and health professionals quickly and easily. In addition, we urge more funding for nurses to provide care for those who wish to die in their own home.

Our society is ageing and this means more Queensland families face heartbreaking choices about how their loved ones spend their dying days.

People want to honour the wishes of the dying person, but the low numbers of people who have a formal 'advance care plan' mean Doctors often face frustration and confusion about the level of care to provide.

AMA Queensland wants to see Queensland become a world leader in end-of-life care. This will only be more important as the population of over 65s reaches almost 900,000 by 2020⁴.

A recent Palliative Care Australia survey showed that while 74 per cent of Australians wanted to die at home, the number of people who do so has decreased.

Only about 16% of people die at home, 20% die in hospices and 10% in nursing homes. The rest die in hospitals⁵.

Allowing more patients to die at home will mean they can be more comfortable in familiar surroundings with loved ones and, if managed correctly, can save valuable medical resources⁶.

We believe a substantial increase in funding for palliative care should be used for on-the-ground nursing staff to care for people at home when they are dying.


Almost a quarter of intensive care beds are occupied by patients receiving potentially inappropriate care, while up to a quarter of total health budgets are spent on inpatient care during the last 18 months of life without extending overall survival or impacting on quality of life.

This situation results in patients receiving care which does not benefit them and in some cases is harmful. This treatment is given often at great cost to the health system and may add to the stress of the patient and their families.

⁴ Towards Q2: Tomorrows Queensland; <http://bit.ly/1uoYtsj>

⁵ Palliative Care Australia: We Need To Talk About Dying – survey: <http://bit.ly/1CoCILm>

⁶ Hillman KM. End-of-life care in acute hospitals. *Aust Health Rev.* 2011 May;35(2):176-7. doi: 10.1071/AH10963. PubMed PMID: 21612730



“Almost a quarter of intensive care beds are occupied by patients receiving potentially inappropriate care...”

COMMITMENT #1:

THE GOVERNMENT MUST COMMIT FUNDS TO INCREASE END OF LIFE CARE PLANNING

Our ageing population and increased life expectancy means end-of-life care is an increasing priority. But this isn't just an issue for older people because any of us could be struck by accident or disease that reduces our decision-making capacity at any age.

Rates of take-up of legal instruments like advance care directives and enduring powers of attorney, and informal mechanisms like advance care planning are low. A 2011 Palliative Care Australia survey has found that only 32 per cent of respondents had discussed their preferences for end-of-life care and the quality of life that is acceptable to them with their families.

Greater education and awareness of the importance of planning for end-of-life care is needed, especially amongst high risk groups. By providing funding to ensure that all doctors are "conversation ready", they will be able to recognise when palliative care is appropriate and start the conversation with patients and their families about whether they wish to receive it⁷. This should be supported by appropriate outreach and training within hospitals.

Funding should be provided to ensure that all people residing in Queensland nursing homes or receiving palliation should have an Advance Care Plan (ACP) which can be readily accessed by their treating physician.

Funding should also be allocated to a state-wide awareness campaign to educate Queenslanders about the benefits of advance care planning and how to start your advance care plan.

COMMITMENT #2:

MAKE IT EASIER FOR DOCTORS TO ACCESS PATIENT'S ADVANCE CARE PLANS

AMA Queensland calls for a scoping study to establish a registry of advance care plans, advance care directives and powers of attorney. Plans should be easy to upload by clinicians inside and outside Queensland Health, especially GPs. These plans should be flagged on the patient record and should be easily retrieved by the treating clinician.

⁷ Ian A Scott, Geoffrey K Mitchell, Elizabeth J Reymond and Michael P Daly. Difficult but necessary conversations — the case for advance care planning. *Med J Aust* 2013; 199 (10): 662-666

“ Greater education and awareness of the importance of planning for end-of-life care is needed, especially amongst high risk groups.”





“AMA Queensland believes that ICT should enable better healthcare, not impede it...”

ADVOCACY FOR MEMBERS: FIRST RATE ICT FOR FIRST RATE DOCTORS

Our doctors are struggling to provide a first-class health system using a cattle-class ICT system. Queensland Health’s ICT system is rated as less effective than countries in the Middle East and many Asia Pacific countries⁸.

The SAP Payroll System cost Queensland \$1.2 billion. The Lady Cilento Children’s Hospital and the Gold Coast University experienced ICT blow-outs, combined, in the order of \$113 million. Highly trained clinicians are forced to use multiple outdated and clunky systems, which take up time they could be using to treat patients. While Queensland Health has commissioned a new ICT strategy, and listened to clinicians in turning the system around, it doesn’t change the reality that Queensland is lagging behind international best practice in the adoption of ICT that improves the healthcare experience for both clinicians and patients.

AMA Queensland believes that ICT should enable better healthcare, not impede it. We are calling on the next Queensland Government to bring Queensland Health into line with international best practice in ICT and give our members the tools they need.

⁸ Judy Van Norman (2013). *Current State of Global EMR Adoption*. <http://bit.ly/1AcGgIh>.

COMMITMENT #1: THE QUEENSLAND GOVERNMENT MUST ESTABLISH AN INTEGRATED ELECTRONIC MEDICAL RECORD

The Queensland Health sector is segmented and disjointed. AMA Queensland believes that the next Queensland Government must make the integration of the primary and secondary healthcare sectors a top priority. The first step in doing this is the creation of an integrated electronic health record, across the entire Queensland health sector, which allows General Practitioners and Specialists to provide the continuity of care that Queensland patients deserve.

COMMITMENT #2: THE QUEENSLAND GOVERNMENT MUST ENSURE THAT QUEENSLAND DOCTORS CAN ACCESS CLINICAL INFORMATION QUICKLY AND SEAMLESSLY

Doctors need to use up to 10 different passwords to access the data they need to do their jobs. Every minute is vital time in a busy hospital or surgery. AMA Queensland wants the next Queensland Government to commit to streamlining this process across the entire Queensland Health system so more patients can be treated.



COMMITMENT #3: THE QUEENSLAND GOVERNMENT MUST PROVIDE QUEENSLAND DOCTORS WITH A WORLD CLASS ICT SYSTEM BY 2019

Patient registrations in Queensland hospitals are currently run on a system that was originally developed in the floppy-disk era. Despite being patched and updated countless times, with mounting costs, it can't change the fact that the basic architecture was developed when the internet was a novelty, not a way of life. Where clinical data sits across a variety of software systems and the risk of error and patient harm increases exponentially. AMA Queensland wants the next Queensland Government to listen to clinicians and commit to bring Queensland Health ICT into the modern era.

The EMRAM (Electronic Medical Record Adoption Model) is the 'gold standard' in healthcare ICT. EMRAM assesses the ICT maturity of a given hospital and provides a score, on a scale from 0-7, based on their capacity. The EMRAM is internationally administered by the (not-for-profit) *Healthcare Information and Management Systems Society* (HIMSS) and can be achieved with a variety of software and hardware providers.

At present, Australia has the lowest percentage of hospitals at Stage 3 or above (5.1%) globally. We are behind the Asia Pacific Region (10.3%), Canada (36.9%) and the Middle East (49.1%). Queensland Health has some of the best doctors in the world but they are being failed by an ICT system that lags behind all other regions.

It's no coincidence that, in the USA, hospitals at stage 3 or above are overrepresented in the *Thomson Reuter 100 Top Hospital Program*. 92 of the Top 100 are above stage 3. The *Thomson Reuter Program* ranks hospitals on factors such as mortality, medical complications, patient safety and adherence to clinical standards of care. Trials conducted at the Alfred (Victoria) found that, after the implementation of Stage 6 solutions, 100% of clinicians felt that it was more efficient and a clear majority of clinicians felt that their decision making was enhanced.

Modern ICT would invigorate the culture at Queensland Health. In the Alfred trial respondents felt that they could spend more time with patients, experienced a reduction in stress and felt empowered to do a better job. The implementation of an electronic medicine system in England resulted in clinicians feeling more integrated as a treatment team, and most importantly, reducing the amount of overtime discharges from 31% down to 3%. These benefits can be best realised at Stage 6 ICT.

AMA Queensland wants the next Queensland Government to commit to lifting this standard across Queensland Health and the Hospital and Health Services. Stage 6 will bring Queensland into line with the rest of the world in the delivery of health ICT and enable it to return to best practice in the field.

The future of healthcare can only be realised through the development of better ICT. AMA Queensland wants the Queensland Government to establish a test site to allow evaluate the benefits of integrated ICT and to prepare for the future of healthcare in Queensland.



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