AMA QUEENSLAND

2015-2016 BUDGET SUBMISSION

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EXECUTIVE SUMMARY

The 2014-15 Budget delivered a welcome increase in overall funding to the health portfolio however it contained very little of substance. It was a Budget borne of its time, reacting to the impact of austerity measures from the Federal Government while trying to implement some of the State Government's own.

As a pre-election Budget, it missed a great opportunity to set the stage for the future of the health sector in Queensland. It missed a prime opportunity for root and branch reform which would have prepared our health system for the funding and service delivery challenges of the future. In short, what it lacked was a vision.

This is where AMA Queensland comes in.

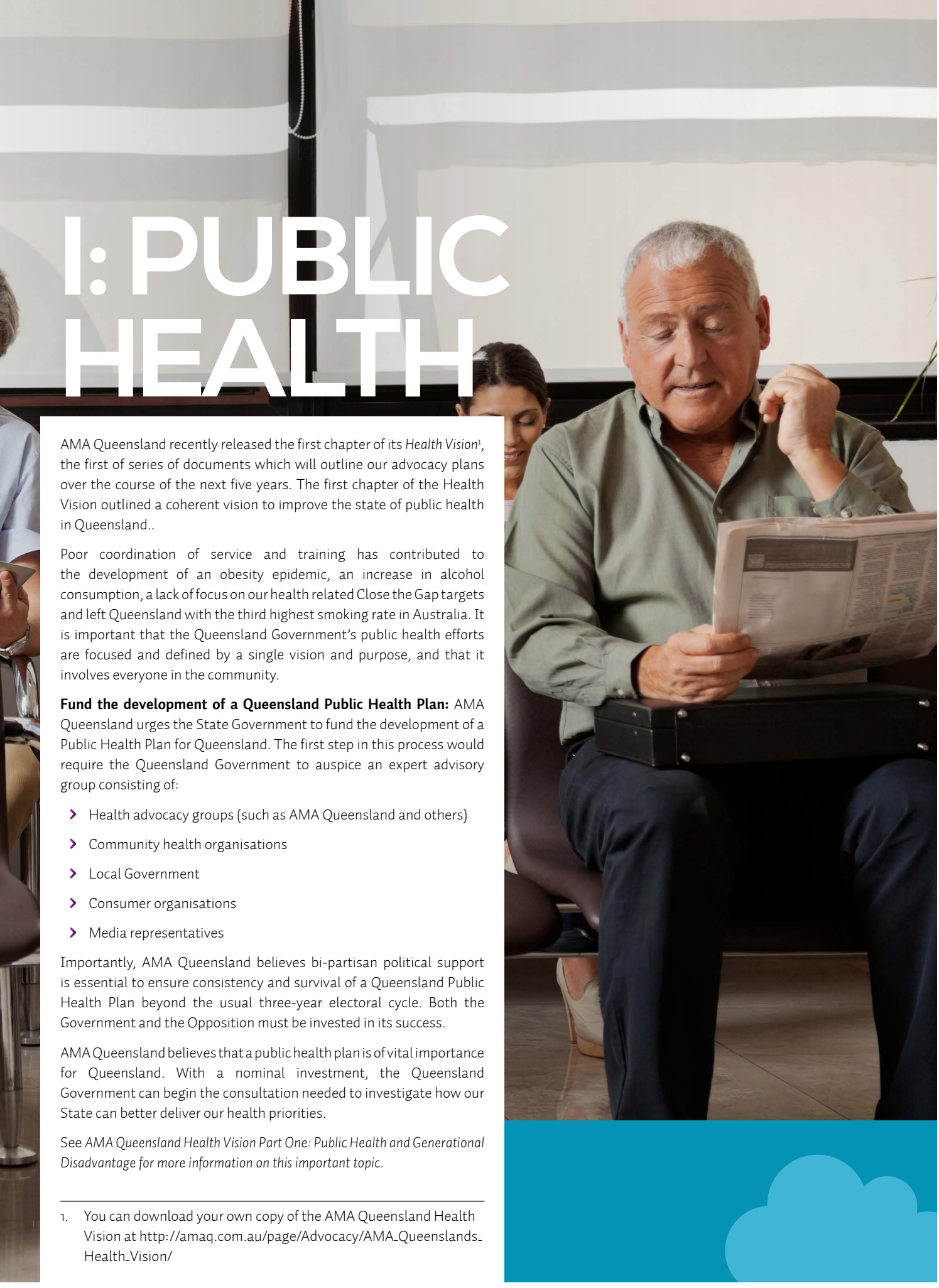
On 17 April 2015, we launched Part One of the AMA Queensland Health Vision which put forth a number of policy suggestions which, if implemented, could revolutionize public health in Queensland.

This followed the launch of AMA Queensland's election platform in January, which advocated for funding to help solve some of the most critical issues facing Queensland's health system.

This Budget Submission draws and builds upon the work set out in the Health Vision and our election platform. It sets out a series of affordable policy suggestions which will deliver reforms that improve patient outcomes whilst simultaneously improving the working conditions of our health care professionals and delivering long term savings to the health system. This includes;

- **Public Health:** Deliver a whole-of-government public health plan for Queensland that uses every lever the Government has at its disposal to combat the most serious public health problems we currently face such as obesity, alcohol abuse, smoking, Aboriginal and Torres Strait Islander health, immunisation and mental health funding.
- **Workforce and Training:** Commit money to a scoping study with the aim of establishing a body similar to New South Wales Health Education and Training Institute (HETI) to ensure Queensland has the health workforce it deserves
- **Reprioritising Care in Response to Need:** Commit $8 million over two years to funding a trial of a medical home in Queensland, and a public education campaign to help people understand the importance of having your own GP.
- **Unifying the Health System:** Examine a single integrated electronic medical record, refined with clinician input, across the entire Queensland health sector. Develop the capacity for the primary and secondary health sectors to interface to reduce duplication and increase efficiency.
- **End of Life Care:** Provide extra resources and funding to palliative care services in Queensland to help them meet the increasing demand for their services.

These forward thinking measures have been identified by our members, and AMA Queensland strongly urges the Queensland Government to implement them as a means toward delivering a more efficient and effective health care system for Queensland. These reforms are necessary and AMA Queensland, as a significant stakeholder, seeks to work in partnership with the Queensland Government to achieve this shared aim.



I: PUBLIC HEALTH

AMA Queensland recently released the first chapter of its *Health Vision*[1], the first of series of documents which will outline our advocacy plans over the course of the next five years. The first chapter of the Health Vision outlined a coherent vision to improve the state of public health in Queensland..

Poor coordination of service and training has contributed to the development of an obesity epidemic, an increase in alcohol consumption, a lack of focus on our health related Close the Gap targets and left Queensland with the third highest smoking rate in Australia. It is important that the Queensland Government's public health efforts are focused and defined by a single vision and purpose, and that it involves everyone in the community.

Fund the development of a Queensland Public Health Plan: AMA Queensland urges the State Government to fund the development of a Public Health Plan for Queensland. The first step in this process would require the Queensland Government to auspice an expert advisory group consisting of:

- Health advocacy groups (such as AMA Queensland and others)
- Community health organisations
- Local Government
- Consumer organisations
- Media representatives

Importantly, AMA Queensland believes bi-partisan political support is essential to ensure consistency and survival of a Queensland Public Health Plan beyond the usual three-year electoral cycle. Both the Government and the Opposition must be invested in its success.

AMA Queensland believes that a public health plan is of vital importance for Queensland. With a nominal investment, the Queensland Government can begin the consultation needed to investigate how our State can better deliver our health priorities.

See *AMA Queensland Health Vision Part One: Public Health and Generational Disadvantage* for more information on this important topic.

1. You can download your own copy of the AMA Queensland Health Vision at http://amaq.com.au/page/Advocacy/AMA_Queenslands_Health_Vision/

II: MEDICAL WORKFORCE AND TRAINING

AMA Queensland and its members know that an engaged, well-trained and appropriately planned medical workforce is vital to the success, efficiency and effectiveness of Queensland's health system into the future. Without change, however, these essential foundations of an effective workforce face significant headwinds as a result of systematic training pressures as a result of bottlenecks, inefficiency and insufficient capacity in the training system.

A significant increase in medical student graduates over the past decade means that training programs, both vocational and pre-vocational, are under-resourced to meet the ever increasing training needs that, in turn, meet the needs of our diverse communities. The way Queensland trains and recruits doctors must adapt by establishing new and innovative ways of maximizing training capacity while ensuring that the learning experience of trainees meets a consistent standard. Proactive consideration of how the educational needs of the individual trainees can be better aligned with the workforce requirements of the health service is needed.

There is also a need to examine the training capacity of regional centers to ensure that vocational training can occur in these regions. There is little utility in encouraging the movement of junior doctors to regional areas when they simply have to return to Brisbane to undertake their specialist training.

Establish the Queensland Health Education and Training Institute: AMA Queensland recommends the Queensland Government commit to the establishment of a centralised health education and training institute that would coordinate medical education for every junior doctor across Queensland.

At present, medical education responsibilities are fragmented across the various hospital and health services. While this decentralised model has produced pockets of excellence, Queenslanders would benefit from a coordinated and standardized level of medical training. A successful model to establish innovative training networks and programs that respond to the educational needs of junior doctors may be based on the Health Education and Training Institute (HETI) currently operating in NSW.

While the establishment of the Queensland Health Education and Training Institute (QHETI) would be a gradual process AMA Queensland recommend an initial investment by the Queensland Government to:

- Allocate funds to establish a resourced Queensland Health working party, in collaboration with peak stakeholders such as AMA Queensland, the medical colleges, the universities and consumer representatives, to establish a 'roadmap' to the creation of QHETI.
- This 'roadmap' should outline the proposed functions and responsibilities of QHETI, funding options, and lessons learnt from HETI

III: RE-PRIORITISING CARE

It is often said that our health system is excellent at making you feel better once you're sick, but it largely fails to prevent people getting sick in the first place. This is best evidenced by the large prevalence of chronic lifestyle related diseases such as diabetes running rampant through our community. Our health system needs to prioritise funding to embed prevention and early intervention to a far greater degree than is already occurring. To do this, AMA Queensland believes Queenslanders need a medical home.

The final report of the National Health and Hospital Reform Commission (NHHRC) argued that patients at risk of chronic disease should voluntarily enroll with a primary health care provider as their "health care home" which would help coordinate, guide and navigate access to the right range of multidisciplinary health service providers.[2] AMA Queensland believed so strongly in this concept that we advocated for it as part of our 2014 Queensland Budget Submission, with the added recommendation that a targeted media campaign be created to educate Queenslanders on the benefits of having a regular GP.[3]

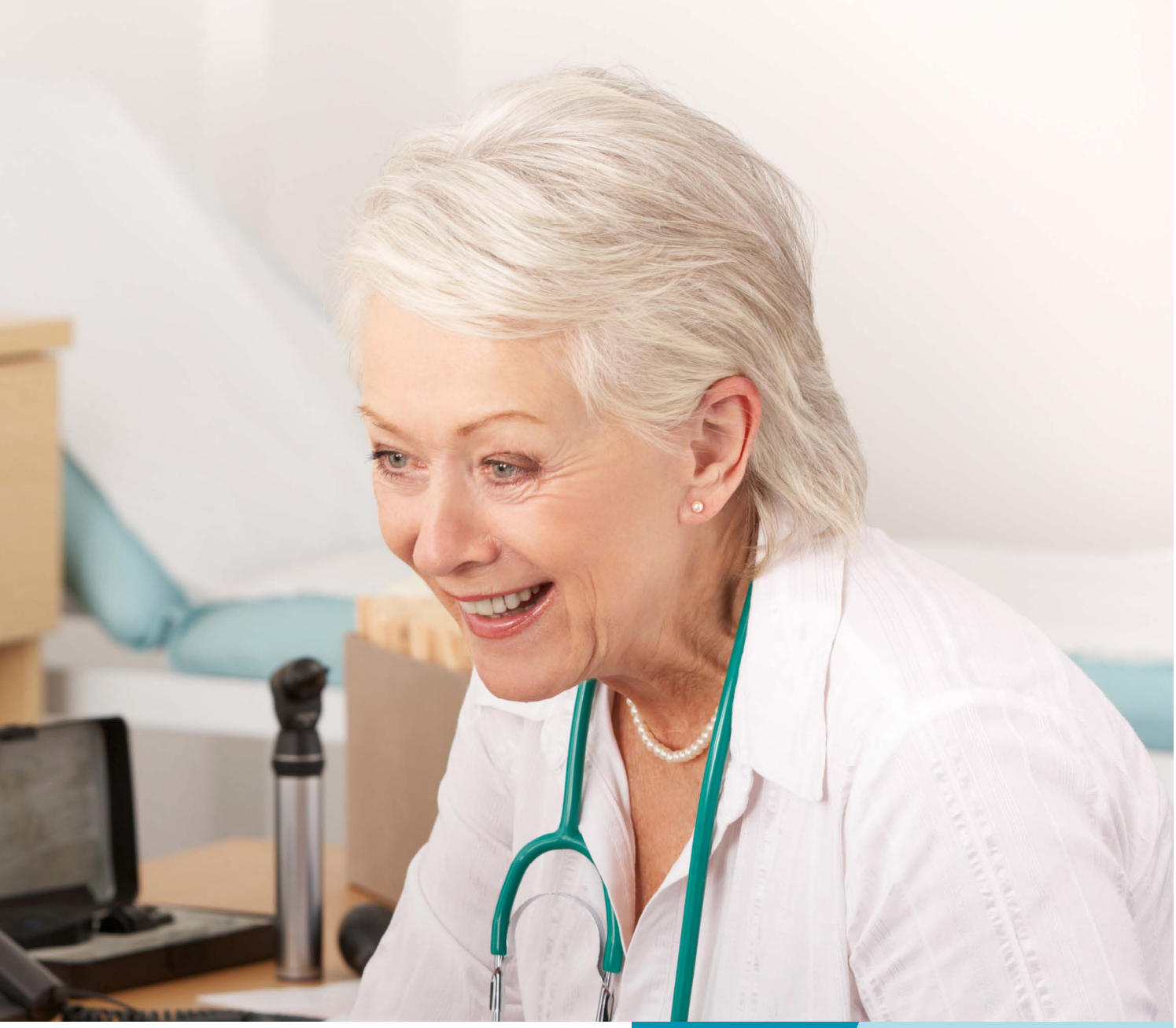
We still believe very strongly in the benefits of the medical home, which is why in 2015, we are advocating for the concept once more.

Create a Medical Home Trial: AMA Queensland strongly urges the Queensland Government to provide funding to establish a trial of the formalised medical home to road test the potential benefits of a medical home, using the Victorian CarePoint trial as a basis for a Queensland model.

The CarePoint model is a partnership between the Victorian Government and Medibank Private which aims to place the GP at the centre of coordinated care with additional resources to help them facilitate the increased workload. This model includes an offsite phone-based Care Navigator, to help manage patient journeys between service, a Hospital Liaison Officer, to help manage post discharge administration, and a designated nurse working within the practice to help actively manage involved patients.[4]

The trial site was carefully considered and chosen based on a high level of chronic diseases and a high concentration of GPs located in the area.

The CarePoint trial cost approximately $8 million over two years to implement in Victoria. The cost of this funding was shared 50/50 between the Victorian Government and Medibank Private. AMA Queensland believes that this model of integrated care has great potential to reform the health system in Queensland, and we strongly recommended the Queensland Government follow suit.



Fund an education campaign on the importance of having your own GP: AMA Queensland has developed a comprehensive strategy on how to broaden community understanding around the importance of having your own General Practitioner. For a relatively modest amount of funding, AMA Queensland in partnership with the Queensland Government can help the public understand the importance of the primary care system and the potential lifelong benefits such a relationship can bring to both the patient and the health system.

We would welcome the opportunity to discuss the campaign with the Queensland Government and how we can work together to achieve the health benefits of this important education campaign.

2. A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009, http://bit.ly/1EZBXXx
3. Download a copy of the 2014-15 AMA Queensland Budget Submission at http://amaq.com.au/icms_docs/183696_2014_AMA_Queensland_Budget_Submission.pdf
4. AMAVIC Report on Medibank Carepoint

IV: UNIFYING THE HEALTH SYSTEM

Queensland's health system is currently fractured by the current health arrangements between the State and Federal governments. The distribution of responsibilities and accountability are blurred and unclear, resulting in duplication, cost-shifting and blame-shifting to the detriment of patient care. These gaps are readily visible in the divide between the primary and secondary care, private specialists and hospital care, and public and private providers.

AMA Queensland welcomes the significant improvements to these areas brought about by the National Healthcare Reform Agreement and the extension and expansion of the General Practice Liaison Officer Program. AMA Queensland also welcomes the increased accountability and corporate governance of the reform hospital and health services. However, there remain significant gaps in Queensland's health sector that patients can fall though.

As the health system faces the challenges of a changing demographic – an ageing population, increasing rates of chronic disease and greater demand for health care- it must take full advantage of any and all synergies that exist. All parts of the health system should operate together, like a coordinated team aiming for the same goal, rather than a football match where the patient is the football.

As our President, general practitioner Dr Shaun Rudd put it, when referring to a patient indicating that she had attended an emergency room two weeks prior: "She tried to explain what tests they had run, but I had no paperwork from the hospital whatsoever. It's really hard to care for her as her GP when I'm not sure what they are following up on – what am I supposed to do for her now?" [5]

We have the capacity, knowledge and will to make such experiences, which are currently commonplace a thing of the past. To provide sustainable high-quality care there must be greater integration between the primary and secondary health sectors. AMA Queensland believes that the following measure would help bridge the divide between the sectors for the good of all Queenslanders.

Commit Funding to Establish an Integrated Electronic Medical Record (iEMR): AMA Queensland believes an enhanced electronic medical record that both general practitioners and specialists can access would help to improve linkages between the different sectors of the health system and would improve the patient journey. This would involve;

- Commit to the roll out of the iEMR and ensure that it is 'fit for purpose' for clinicians.
- Conduct a feasibility study on whether private specialist and GP access to the iEMR is possible

Improve the standard of Queensland Health ICT: As AMA Queensland strongly advocated for in our 2015 State Election Platform, Queensland Health's ICT is in urgent need of overhaul and replacement. Queensland doctors are currently using a system that is rated as less effective than many countries in the Middle East and the Asia Pacific. AMA Queensland wants to see our health system reach an ICT system that is rated at Electronic Medical Record Adoption Model (EMRAM) Stage 6 or above to fully appreciate the benefits of interconnected health infrastructure. We believe that the following measures would assist this process:

- Fund the upgrade of a small (50-bed) public hospital to EMRAM Stage 6 to trial the benefits of the system
- Commit funds to the upgrade of all Queensland Health facilities to EMRAM Stage 4 by 2020
- Establish a working party of all health sector representatives with a view to producing a common set of data standards to ensure information can smoothly move between the sectors and provide better data analytics for policy and decision makers

5. Doctor Q March 2015 p38

V: END OF LIFE CARE

Our society is ageing with many facing heartbreaking choices about end of life decisions.

Families and health care practitioners want to honour the wishes of the dying person. They can be supported in this by increasing the numbers of people who put a formal 'advance care plan' in place. The lack of such a plan can create confusion and distress and may ultimately prevent the dying person from having a good death.

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 2020. [6]

One 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 hospitals. [7]

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 resources. [8]

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 who wish to die at home.

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.

Increase Funding to Increase End of Life Care Planning: The evidence tells us that there are significant deficiencies in the way the Australian health system discusses, records and implements the wishes of patients who die in our hospitals. Studies suggest that up to 50% of patients may be "denied adequate opportunity to discuss end-of-life care wishes or have them fully enacted." [9]

While our ageing population and increased life expectancy means end-of-life care is an increasing priority for the elderly, in reality, this is a concern for all as accident or disease that reduces our decision-making capacity can strike 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 just 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. [10]

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

Better Fund Palliative Care Services: The palliative care sector has identified that the rate of referrals to their services far outpace their ability to meet demand. This is especially the case in rural and remote

areas, where palliative care services are either oversubscribed or simply non-existent. AMA Queensland believes that the Queensland Government should dramatically increase its share of funding to palliative care services, and lobby the Commonwealth Government to do the same for those services which it contributes funding to.

Education and Awareness: AMA Queensland believes 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. Palliative Care Queensland recently placed the cost of such a campaign at $2 million[11], a relatively modest commitment with potentially significant cost savings for such an important issue.

6. Towards Q2: Tomorrows Queensland; http://bit.ly/1uoYt9J
7. Palliative Care Australia: We Need To Talk About Dying – survey: http://bit.ly/1CoCILm
8. 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
9. 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.
10. Palliative Care Australia Media Release: We need to talk about dying – survey. Palliative Care Australia May 2011. <http://bit.ly/1DTyIvnhttp://www.palliativecare.org.au/Portals/46/National%20Palliative%20Care%20Week%20Media%20release.pdf> Accessed 20 March 2014.
11. Palliative Care Queensland Media Release: Palliative Care still a key issue for Queensland, http://bit.ly/1EbAo6ghttp://palliativecareqld.org.au/images/documents/media-releases/PCQ_MR_election_23_Jan_2015.pdf, Accessed 30 April 2015

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