Australian Medical Association

Federal Budget Submission 2009-10

AMA

Health – the best investment

Index

Health – the best investment

There is no better investment than health.

The health of the population of a nation underpins its productivity.

The AMA believes this principle should inform the 2009-10 Federal Budget process. As government looks to stimulate the economy in the face of a global economic crisis, health should top the agenda as a practical investment that will return substantial dividends.

With predictions for contraction of the economy and increasing unemployment rates, the Government's responsibility and support for the access of high quality health services for the Australian people become even more significant. Maintaining high standards of clinical care through public hospitals and Medicare and maintaining incentives to support access to private health care services are essential.

Doctors are engaged with the very human side of health: caring for the individual, preventing disease and disability, and helping patients live longer, stronger, happier, healthier lives. Doctors are also conscious of the economic impact of quality health care at a national level.

Health underpins the individual, families, communities and the workforce. Health is the foundation of productivity and the social conditions of communities and is basic to closing the gap between the fortunate and those not so fortunate.

Accessible high-quality health care is fundamentally important for business efficiency and profitability. The Business Council of Australia estimates that poor health costs the community $7 billion a year in absenteeism alone, while employees coming to work sick and unproductive cost a further $25.7 billion a year.

Australia's ageing population adds another imperative where high quality health care can extend the working life of individuals who might otherwise retire due to ill health.

Keeping older Australians well and able in retirement helps to maintain their independence.

Refreshingly, there is evidence that government has embraced the benefits of investing in health. The AMA welcomed the commitment of Australian governments to supporting our world-class health care system, as demonstrated in the December 2008 Council of Australian Governments' decisions.

Particularly pleasing was the Federal Government's recognition of the AMA's urgent call for funding of 3,750 more public hospital beds, including a more realistic indexation regime in the Specific Purpose Payments area. The response to the AMA's request for funding of extra training places for doctors is also most welcome.

The AMA will be watching closely and working with State and Territory Governments to ensure they keep their end of the health cost-sharing bargain.

The COAG announcements focus on the practical issues that support the health system, and the goal is for all Australians to have access to our high standard of world-class medical care. With further investment these decisions will deliver substantial long-term results.

This AMA Budget submission takes account of the positive pre-Budget spending decisions that have been announced to date and encourages further practical investments.

The following measures can be broadly categorised around the theme of supporting Australia's high quality health system and focusing on the areas where access to this system needs to be improved. The AMA Budget submission covers realistic investments in crucial health issues, from supporting access to medical services for Indigenous and rural communities to helping ensure affordability of medical services for Australians with proper indexation of the MBS.

The measures also include ways to improve the functioning of our public hospitals, the MBS and the PBS, and further improve outcomes from chronic disease management and prevention and early intervention. Importantly, the submission also includes a range of workforce measures, beyond those addressed by COAG, which will give Australia the capacity to meet future challenges and to fill current unmet needs.

As well as being fiscally attractive, practical and responsible, an investment in health is also a sound political investment. Health is a priority for each of us as individuals. No government has ever been criticised for investing in health.

The AMA urges the Federal Government to give serious consideration to these proposals.

Dr Rosanna Capolingua
AMA Federal President

Aboriginal and Torres Strait Islander health

The need:

The continuation of the 17-year life expectancy gap and the poor health outcomes experienced by Indigenous people are completely unacceptable in a modern and wealthy nation such as Australia. Indigenous Australians continue to have significantly lower access to primary and secondary health care services than non-Indigenous people. This situation cannot continue to be tolerated in an Australian health system designed to provide universal access to health care.

The opportunity:

Through COAG, the Federal Government is acting on its commitment to close the health gap between Indigenous and non-Indigenous Australians, with initiatives in primary health care, chronic disease management and risk reduction. The access of Indigenous people to fundamental elements of Australia's health system, such as Medicare, the PBS, mainstream health services and an appropriate medical workforce are central to making sustained improvements in these areas.

How?

Measures to close the gap should include the following important access and workforce initiatives:

- Follow up successful local programs, continue to fund and support these, and work with Indigenous communities and leaders to identify new areas in which they might be established appropriately.
- Attract more doctors to work in Aboriginal Medical Services by:
    - providing Federal Government funding to guarantee that doctors working in Aboriginal Medical Services receive salaries that are at least comparable to doctors in the State public service system. Currently Aboriginal Medical Services cannot compete with the salaries paid to State salaried doctors and attraction and retention of doctors in these services is therefore significantly compromised, and
    - improving the portability of entitlements for those working in, or wishing to work in, Aboriginal Medical Services.
- Establish Teaching Centres of Excellence in Indigenous Health located in areas of need in each State and Territory to attract mainstream medical professionals seeking high quality practical experience and accreditation in Indigenous health.

It is important that there is ongoing monitoring of the Government's Close the Gap commitments, and that appropriate processes of accountability and responsibility are established.

The cost:

$440m a year to improve primary health care for Indigenous Australians. To the extent that the December 2008 COAG Aboriginal health package ($806m over 4 years) is spent on primary health care for Indigenous people, that expenditure would count against this target. It remains to be seen whether the State and Territory share of the COAG Aboriginal health package ($772m over four years) is genuinely additive and, in addition, whether it results in any net addition to primary health care spending for Indigenous people.

More details?

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More public hospital beds and lower occupancy levels

The need:

The evidence clearly shows that public hospitals are struggling to meet the existing demand for their services. We are facing an increasing need for public hospital services, with more Australians expected to drop their private health insurance as a result of the higher Medicare Levy Surcharge income thresholds, slowing of the economy and increasing unemployment rates. For some years overall hospital capacity has been unable to meet demand. The safety and quality of care provided to patients in public hospitals are at serious risk when bed occupancy exceeds 85%. Providing more services without more resources in the face of increasing demand is not possible.

Public hospitals need more beds and the staff and infrastructure to service them in order to lower the currently unacceptable bed occupancy rates, to cope with demand and to improve the conditions in the public hospitals.

The opportunity:

The Prime Minister has recognised the need for more beds, and now it is essential that the States and Territories increase bed numbers in order to deliver real improvements and safe, quality care in the public hospital system.

How?

The Federal Government has provided funding through COAG. Now there must also be transparent reporting on total bed numbers and a requirement for each public hospital to maintain an average bed occupancy rate of 85%.

Further, there should be adequate funding compensation for State and Territory Governments for each half a percentage point decrease in private health insurance participation rates to ensure that public hospitals are funded to provide care for these additional public patients.

The cost:

The funding included in the National Healthcare Agreements and National Partnership Payments can fund the additional 3,750 beds required across the country to achieve safe bed occupancy levels if it is allocated for this purpose.

More details?

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Rural hospitals

The need:

People in rural and remote Australia have less access to health services of all kinds than people in urban areas. Rural communities and their doctors need greatly improved health infrastructure support.

The closure and downgrading of rural hospitals are seriously affecting the current and future delivery of health care in rural areas. These decisions often ignore the significant consequences for local communities and the sustainability of the rural medical workforce.

The opportunity:

Rural hospitals must be given a fair share of ongoing funding to help improve the delivery of health care services in rural Australia. Investing in local infrastructure that supports service provision enables rural doctors to provide a broader range of care to rural Australians. Doctors in rural Australia need better hospital infrastructure in order to sustain obstetric services locally, and provide procedural work and anaesthetics. This is true for the rurally located GP or specialist and for visiting doctors or specialists providing care in an area. Rural doctors on occasion also need access to specialist advice from metropolitan areas that can be facilitated through the tertiary hospitals. This needs to be streamlined and easy to access. A focus on providing improved locum relief for doctors in rural Australia and coordinating this relief is also essential.

How?

The Federal and State and Territory Governments have agreed on shared accountability and better performance reporting for public hospitals. A key objective of this accountability framework is to ensure that all Australians receive high-quality hospital and hospital-related care. For rural Australians, this can only be achieved if the accountability framework provides specific information in relation to rural hospital funding and service delivery, and support for patient transport and access to services that cannot be delivered in a rural or remote area.

This means that there must be proper accountability and monitoring of expenditure on rural public hospitals to ensure that they receive an equitable share of overall hospital funding. In addition an evaluation of, and investment in, service access and support for rural doctors and rural Australians must be established and maintained.

The cost:

The Federal and State and Territory Governments have reached agreement on increased public hospital funding through the National Healthcare Agreements and National Partnership Payments. This measure will impact on the distribution of funds, not the overall amount of funding.

More details?

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Supporting rural patients with travel

The need:

Properly funded, expanded and nationally consistent Patient Assisted Travel (PATS) arrangements are required to provide cost-effective access to health care services for country people.

The opportunity:

The Federal Government should work with State and Territory Governments to expand PATS to cover treatments available under the MBS, including travel to access allied health professionals where a doctor coordinates the overall care.

How?

PATS services should be harmonised across jurisdictions and receive a funding boost so that patients are not disadvantaged when they must travel for treatment. Eligibility criteria must be flexible enough to recognise particular groups with special needs, such as Indigenous Australians.

The cost:

$36m a year, with a matching commitment from State and Territory Governments.

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Improve patient rebates under the MBS

The need:

Patients are being short-changed on government assistance with their medical costs because of inadequate indexation of the Medicare Benefits Schedule. Indexation of the MBS has not kept pace with health inflation and the increasing cost of running a medical practice. When MBS rebate increases do not match inflation, patients experience increased out-of-pocket costs for their medical care.

Eighty-eight percent of Australians see a GP at least once a year, and GPs provide all the care needed for 90% of the problems they encounter. MBS rebates for patients when they see a doctor are cost-effective and efficient for patients, the taxpayer and government.

Proposals to extend open access to the MBS to other health professions will inevitably increase overall government expenditure without evidence of cost effectiveness. Government must be mindful to use MBS funding where it delivers the best health outcomes, and not jeopardise patient access to clinically effective care from doctors by redistributing Medicare dollars away from patient rebates for medical services. Higher out-of-pocket costs will mean some patients may not be able to access the medical services they need.

The opportunity:

More realistic indexation of the MBS for medical services will help ensure that out-of-pocket expenses for patients do not grow over time and that all Australians continue to have affordable access to medical care.

How?

Adopt a Medicare indexation formula that reflects the actual increases in the costs of delivering medical care.

The cost:

$350m a year.

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Retain the Medicare Safety Net

The need:

The extended Medicare Safety Net helps to alleviate the financial pressures faced by many Australians in accessing medical services outside the hospital setting, particularly those with chronic conditions that require ongoing care and treatment or those who face a period of illness that requires intensive and extensive medical care for a period of time.

The extended Medicare Safety Net is also now providing financial support to those Australians who would otherwise have relied on public outpatient services that State and Territory Governments have stopped providing.

The opportunity:

Medicare data have until recently demonstrated sustained levels of bulk-billing for services outside the hospital setting, and a very low average out-of-pocket cost of $12 across all services. The Safety Net protects those people who are unfortunate enough to require more medical care than most. It is a "lifeline" for those who need it and Australia can afford to provide this extra financial support.

How?

A firm commitment by government to retaining the extended Medicare Safety Net to protect all Australians in the event their health costs are higher than average.

The cost:

Cost neutral.

More details?

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Maintaining private health

The need:

The private hospital sector performs 38% of all admissions and more than 56% of surgery in Australia. The high quality of care provided in our public hospitals could not be achieved without the complementary private health system.

The Federal Government currently supports participation in private health insurance through the private health insurance rebate, the Medicare Levy Surcharge and Lifetime Health Cover.

For many Australians who do not enjoy good health, participation in private health insurance is essential. Affordable private health insurance, through government support, provides relief to household budgets.

With the predicted downturn in the economy and increasing rates of unemployment, the Government's continued support for Australians with private health cover will become even more significant as financial pressures on Australians increase and the Government's recent changes to the Medicare Levy Surcharge encourage some Australians to drop their private health cover.

The opportunity:

Australia's health system is a delicate balance between the public and private sectors. The effectiveness and efficiency of the public system relies on a strong private sector. In this time of economic pressure, it is more important than ever that the Federal Government uphold its ongoing commitment to supporting Australians to maintain their private health insurance, thereby keeping pressure off our public hospitals.

A high rate of private health insurance membership is a key part of the private sector.

How?

Government should continue to support Australians who wish to take up and keep their private health cover by maintaining the private health insurance rebates, the Medicare Levy Surcharge and Lifetime Health Cover arrangements.

The cost:

Cost neutral.

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MBS rebates for services provided in residential aged care

The need:

Residents of aged care facilities are usually frail and require complex medical care. They often have multiple chronic diseases. Further, GPs must coordinate and manage their care and treatment with the aged care facility and residents' families. This means that GPs can spend much of their time responding to the care needs of the patient over and above the direct clinical time spent with the patient.

The existing MBS items for medical services provided to residents of aged care facilities do not reflect the overall care needs of the patient and clinical practice.

The opportunity:

Reforming GP consultation items in the MBS will ensure that residents of aged care facilities receive the medical care they need.

How?

Develop new MBS items for residents of aged care facilities that reflect the complexities of treating the aged with multiple co-morbidities and the significant amount of clinically relevant non face-to-face time involved in providing this care.

The cost:

$100m a year.

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Aged care medical service agreements

The need:

Residents of aged care facilities often have limited access to medical care because they can't get to their GP's surgery. GPs are often unable to provide the appropriate medical care in the residential aged care setting because of the lack of available facilities. Most residential aged care facilities do not have separate treatment areas that afford patient privacy or have available appropriate stocks of medical supplies. The ability to have good and well-managed patient records is also often not available.

We have seen too many reports of the poor health of residents of aged care facilities. We cannot neglect the most vulnerable of our senior citizens any longer.

The opportunity:

Approved aged care providers and government (as the funding provider) have an inherent responsibility to ensure that older Australians living in residential aged care facilities have access to medical care that is equal to the standard enjoyed by the rest of the population. Medical care must be integral to aged care.

Aged Care Accreditation Standards tie Federal Government funding to the provision of high standards of aged care. These standards should require that approved aged care providers have appropriate, dedicated settings for delivery of medical care and formal arrangements to recruit and retain medical practitioners to provide ongoing medical care and supervision to residents. Government funding should support aged care providers in meeting these standards.

How?

The Aged Care Accreditation Standards should require, and Government should provide specific financial support to secure, appropriate medical care and supervision on an ongoing basis for their residents.

The cost:

$67m a year.

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Training places for interns and specialist trainees

The need:

Australia is renowned for its high standards of medical education and the qualifications and standards of Australian-trained doctors. Public hospitals provide many of the training places needed to ensure that doctors achieve a complete medical education and gain appropriate experience at each stage (during medical school, as interns and when they enter a specialist training program).

The opportunity

In coming years medical student numbers will double and, by 2012, the number of domestic medical graduates will approach 3,000 a year. This means that the number of training places in public hospitals will need to be lifted significantly.

How?

COAG recently announced a significant funding package targeting clinical training for medical students. As part of the overall funding of public hospitals, the States and Territories will also be required to provide training places for interns and specialist trainees.

A transparent process needs to be established to ensure that the taxpayers' precious investment and expansion in university medical school places are not wasted and that sufficient future training positions are created. This will ensure that our current and future medical school graduates are able to complete high quality medical training and can then be employed to provide care and service to patients. Australians are looking forward to the realisation of this investment, with more doctors in the workforce across general practice and other specialities and across the public and private sectors, to look after the health needs of the population.

The Medical Training Review Panel should be required to provide an independent report to the Minister for Health and Ageing annually outlining the progress of the States and Territories in providing sufficient training places for all graduates of Australian medical schools.

The cost:

The MTRP is an existing body. This will not add significantly to present running costs.

More details?

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Training more GPs

The need:

International studies prove what general practitioners have known for generations – a strong GP-led primary health care system keeps people well and saves lives. The studies also show that a strong GP-based system not only improves the health of patients, but is also a very efficient means of utilising scarce health dollars. It delivers substantial bang for the health buck, with GPs providing all the care needed for 90% of the problems that they encounter.

The opportunity:

The Federal Government has committed to improve the delivery of primary care services and has outlined a plan to increase the number of GP training places to more than 800 a year by 2011. To fill these places, the Government must ensure that medical students and recent medical graduates have an opportunity to experience general practice before they make a final decision about their career specialty.

This requires the creation of new training places for medical students and prevocational doctors, measures to encourage more GPs to become involved in teaching and training and long-term investment to develop better links between medical schools and general practice.

How?

GP PREVOCATIONAL TRAINING PLACES: Further to the additional prevocational general practice placement places announced by the Government in 2008, the number of prevocational general practice training places should be progressively increased to 820 a year by 2012.

GP REGISTRAR FUNDING: GP registrars must not be compromised with a cut in salary at the point of entering into a general practice training program. There must be support to guarantee that GP trainees would earn no less than they otherwise would if they continued to work in a hospital setting. Funding should be provided to the training practice to support this outcome. GP registrars, just like their hospital counterparts, face the same costs of living. Making general practice the "poorer" choice financially is a disincentive to choosing general practice training.

GPS TEACHING AND TRAINING STUDENTS: To expand opportunities for medical students to gain clinical experience in general practice settings, the existing teaching payment should be increased from $100 to $200 a session.

COMMUNITY CLINICAL SCHOOLS: Based on the successful rural clinical school model that is being expanded through the COAG announcement, 10 new community clinical schools should be established. These would focus on creating stronger linkages between medical schools and local general practices and providing medical students with structured rotations into general practice and other community settings.

The cost?

$32m a year.

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Getting more doctors into rural and remote areas

The need:

There are significant concerns with the long-term sustainability of the regional, rural and remote medical workforce with obvious adverse implications for the health of people living in these areas.

The opportunity:

After years of Band-Aid solutions, an urgent and meaningful intervention is required to attract Australian-trained doctors to regional, rural and remote Australia. It must give a clear signal that doctors currently working in regional, rural and remote areas are valued and that moving to these areas is an attractive option. Anything less will simply fail.

How?

RURAL ISOLATION PAYMENT AND RURAL PROCEDURAL AND EMERGENCY/ON-CALL LOADING: Implement a two-tier incentive package to encourage more doctors to live and work in rural Australia and to recognise essential obstetrics, surgical, anaesthetic or emergency skills.

LOCUM SUPPORT: Provide funding for two to three weeks of locum relief to between 1,000 and 1,500 regional, rural and remote doctors a year. This will allow these doctors to take leave and help prevent burnout.

ENCOURAGING MEDICAL STUDENTS TO TAKE UP A CAREER IN REGIONAL, RURAL AND REMOTE AREAS: Develop and implement a voluntary return-of-service scheme that offers incentives such as HECS relief and scholarship payments linked to remote locality. This scheme should be available to new and existing medical students as well as junior doctors, substantially increasing the pool of potential applicants.

The cost?

$385m a year.

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Improved support for GP practice nurses

The need:

Working as part of a GP-led team, practice nurses can help improve overall access to care for patients. Sixty five percent of general practices employ a practice nurse, but increasing this number will deliver greater benefits to patients. Only general practices in rural, regional and outer metropolitan areas are eligible for general practice nurse grants and even these are currently insufficient to cover costs related to employing a practice nurse.

In addition, while GPs already delegate a range of work to GP practice nurses, there is no patient Medicare rebate for most of these services.

The opportunity:

Improve access and affordability to care and services for patients by recruiting more general practice nurses and expanding 'for and on behalf of' MBS items.

How?

PRACTICE NURSE GRANTS: Remove existing geographic restrictions on practice nurse grants. Increase grants for rural and remote practices and introduce grants to all other general practices to encourage employment of general practice nurses.

EXPAND PRACTICE NURSE 'FOR AND ON BEHALF OF' MBS ITEMS: The scope of 'for and on behalf of' practice nurse items should be expanded to support the utilisation of GP practice nurses in a broader range of areas such as management of obesity, blood pressure and diabetes as well as complex and chronic disease and screening.

The cost?

$50m a year.

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Chronic disease prevention and early intervention

The need:

Potentially preventable chronic disease is an ever-increasing problem in Australia. The impacts of chronic disease for individual sufferers are significant. The social and economic costs are unsustainable.

The opportunity:

Managing the escalation of chronic diseases requires a concerted effort at prevention and early intervention around the major modifiable risk factors such as tobacco use, alcohol consumption, diet and physical activity. COAG agreed to Preventive Health Partnership funding to address some of these issues, including funding to support healthy children and healthy workers initiatives. It is important that preventative health is also tackled through regulatory measures and by taking greater advantage of the doctors' existing role in prevention and early intervention strategies with their patients.

How?

MAJOR RISK FACTORS FOR CHRONIC DISEASE CAN BE TACKLED THROUGH REGULATORY MEASURES INCLUDING:

- uniform application of volumetric taxation on alcoholic beverages, and enhanced collection of alcohol sales data to monitor behavioural change,
- increasing the taxation on tobacco products by 5% a year, and
- prohibiting the sale of duty-free tobacco products in accordance with the WHO Framework Convention on Tobacco Control.

While not impacting on government outlays or revenue, other regulatory measures that would significantly improve the health of Australians include:

- prohibiting the broadcast advertising of energy-dense and nutrient-poor food products and beverages to children, particularly in children's television viewing times,
- mandating simple and informative nutritional labelling on food products,
- prohibiting the targeted marketing of alcohol products to adolescents and young people,
- prohibiting the sponsorship of sporting events by alcohol manufacturers,
- banning all forms of promotion of tobacco products, and
- mandating the plain/generic packaging of all tobacco products.

DOCTORS ROUTINELY ENGAGE IN PREVENTION WITH THEIR PATIENTS. THE PREVENTATIVE ROLE OF DOCTORS CAN BE MAXIMISED THROUGH:

- increased development and availability of best-practice training, resources, therapeutic and counselling techniques, and information for GPs nation-wide on prevention strategies and referral options for patients at risk from the effects of smoking, excess alcohol consumption and excess weight, and

Chronic disease prevention and early intervention (continued)

- appropriately focus-tested, well-developed and targeted government public health campaigns that raise the awareness and knowledge base of the community and prompt individuals, families and society into healthy action. This will bring people to the doctor with increased motivation and commitment to preventative health.

It is important that accountability processes and associated performance indicators are put in place to monitor the impact of the National Preventative Health Partnership initiatives, and other preventative health measures.

The cost:

Cost neutral. Revenue raised from the first two measures would be used to fund further prevention initiatives.

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Medical research

The need:

Federal Government funding of medical research needs to continue to increase. In addition, there is insufficient funding provided for research into health service delivery.

The opportunity:

Significant efficiencies and improved health outcomes can be achieved through appropriate levels of funding for medical research, including on best-practice delivery of health services.

How?

The Federal Government funding commitment to the NHMRC should be increased for medical research projects. A proportion of the additional funding should be provided specifically for research into health service delivery, particularly in best-practice primary health care, strategies to manage patients through complex care pathways and chronic disease management and prevention strategies.

The cost:

NHMRC funding for health and medical research projects to be increased to $1.4 billion a year by 2014-15, including a proportion of the additional funding quarantined for more health services research.

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Streamlined authority medicines

The need:

The streamlined authority initiative was introduced on 1 July 2007 and was applied to 200 of the 450 'authority required' items listed on the Pharmaceutical Benefits Scheme (PBS).

The initiative has been very successful in reducing red tape for doctors, with no adverse financial consequences for the Government or risk to PBS expenditure.

The current phone-based authority prescription system continues to impose excessive red tape on doctors at the expense of patient care and increased administrative cost to the Government.

The opportunity:

The evidence supports changes to lessen the red tape and bureaucratic hurdles imposed by authority prescription approvals. An extension of the streamlined authority initiative to include most items listed on the PBS currently requiring an authority would generate significant cost savings to government and allow doctors to spend more time providing direct patient care.

How?

The Federal Government should extend the streamlined authority medicines to a broader range of medicines and remove the requirement for a phone authority on subsequent prescriptions for most medicines after the initial authority is approved.

The cost:

This would generate administrative cost savings for the Federal Government.

More details?

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Health infrastructure priorities

The needs:

While health infrastructure improvements continue to be needed right across the health sector, there are three critical areas that warrant urgent allocation of Federal health infrastructure funding.

Firstly, the state of facilities and equipment in rural hospitals lags significantly behind their metropolitan counterparts and, in the worst cases, are in a state of disrepair. Outdated equipment, leaking roofs and inadequate facilities are just some of the issues raised by the AMA over many years. AIHW statistics show that accreditation rates for hospitals in regional, rural and remote areas are much lower than in major cities.

Secondly, there is broad support for general practice to take on an even bigger role in training Australia's future medical workforce. While this is a very positive development, most general practices do not have adequate facilities to teach students and trainees. Building and setting up additional treatment and training rooms represent a significant financial commitment for general practices.

Thirdly, further investment in e-health infrastructure, particularly in hospitals, medical practices, aged care, pharmacy and other allied health practices, is needed to fully enable the sharing of patient information electronically in Australia.

The opportunity:

Improved hospital infrastructure in rural Australia will allow more patients to be treated locally and will also help attract more doctors to rural areas.

Providing support for investment in teaching facilities in general practice will encourage more GPs to become involved in teaching and training. State of the art facilities will also attract more doctors to a career in general practice.

Australia has made significant investment in the development of specifications and requirements for a national approach to e-health applications. We now need infrastructure to bring e-health to fruition and to connect rural and remote communities through major government investment in broadband.

How?

Funding is available through the $10 billion Federal Government Health and Hospitals Fund and should be targeted to give high priority to the following areas of health infrastructure spending:

RURAL HOSPITAL INFRASTRUCTURE GRANTS: to address past funding shortfalls and provide rural Australians with access to decent hospital services, the Health and Hospitals Fund should quarantine at least $750m in funding for rural specific hospital infrastructure proposals,

EXPANDING GENERAL PRACTICE TEACHING INFRASTRUCTURE: the Health and Hospitals Fund should be used to enhance the available teaching infrastructure in general practice. One thousand grants of up to $75,000 each should be made available from the Fund over the next four years, and

E-HEALTH INFRASTRUCTURE: the Health and Hospitals Fund should be used to further strengthen the e-health investment to date by funding e-health infrastructure, particularly in hospitals, medical practices, aged care, pharmacy and other allied health practices.

The cost:

These measures draw on the Health and Hospitals Fund and therefore should have no impact on the Federal Budget.

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