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SPEECH – SENATOR RICHARD DI NATALE

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Leader of the Australian Greens Senator Richard Di Natale

*****Check against delivery**

Acknowledgements and Introduction

Acknowledge the traditional owners of the land - Ngunnawal people – and pay respects to their elders past, present and future.

I also acknowledge outgoing AMA President Prof Brian Owler, and I congratulate you Brian on your relentless commitment to health advocacy while filling this important role

I also acknowledge Shadow Health Minister the Hon Catherine King.

Thank you very much for inviting me to address you this morning.

I want to open today with a proposition. It's a simple one, but one that sums up the way I, and the Australian Greens, approach health policy and the health system in this country.

Health is an investment, not a cost.

Access to the best care for all Australians, at the time they need it, is not just a nice thing to say before you swing the axe and talk about tough choices.

Access to healthcare is a right and an *expectation* of the Australian public.

As a wealthy, developed nation we do have the luxury of choices. We can choose to adequately fund our health system, or we can choose not to.

But we should never be fooled, by those who see health as a cost more than an investment, into believing that cuts to the heart of our health system are a necessity

Or that being 'responsible' means pulling crucial dollars out of our already struggling health system.

Today I want to talk to you about the Greens vision for the future of the Australian health system.

It's a plan that invests in health and one that goes beyond just the dollars to a vision for the health of your patients, and the health of the system.

Health Spending

But first, let's talk about spending in health.

Since the introduction of Medicare in the 1970s, it is a fact that Australian spending on health has risen considerably, both in dollar terms and as a fraction of our GDP.

As a result, the government has argued that our health spending is "unsustainable".

They look down the years and highlight our ageing population, fretting that healthcare will be more expensive, and conclude that spending in health must be 'reined in'.

And they've started already –with savage cuts to Medicare through the misguided and damaging freeze on indexation, and slashing Commonwealth funding to hospitals.

The Greens hold a different view.

Of course health care should be delivered efficiently, and we should ensure we get good value for money.

Indeed, I have been a strong supporter of the move toward eliminating low-value care – so long as clinicians lead this charge in identifying outdated, low-value or possibly even harmful treatments and removing them from practice.

But as exciting *new* treatments become available and our country's demographics change, we will need to spend more on healthcare to enjoy a better quality of life.

And that, we believe, is a clear and legitimate choice for a wealthy nation to make.

The federal government currently spends approximately \$70 billion a year on health care.

In the last 25 years, overall spending on health as a percentage of GDP has slowly grown – from 6.5% in 1990, to 9.7% today.

And it is projected to keep growing – by another 1% of GDP in the coming decade.

These are large sums, and there are always competing priorities for taxpayer dollars. But our health spending is not unusual by comparable global standards.

Average spending on health in the OECD is about 9% of GDP - not much different from where Australia sits now.

In contrast, the European average is greater than 11%, and the United States spends 17.1% of GDP on health – and in a system that is famous for delivering worse outcomes and greater inequality.

We have the ability and means to ensure we invest in our health.

And what is more, Australians agree with us – with research continually showing that the public values our universal health care system, and think increased spending on health care is appropriate.

A 2014 ANU poll found that 81% of people thought we should spend more on health, and only 6% thought we should spend less.

The Australian people are right.

Because there is still *so much* to do when it comes to securing universal healthcare across the country.

Aboriginal and Torres Strait Islander Australians' health outcomes continue to lag behind, as do health outcomes in the bush, for older Australians and for lower income people.

The Greens don't just talk about equality in the system, we are committed to it. And it's where *we* choose to invest.

So let me just say upfront, that it is my view, the view of my party, and let's not forget the view of the Australian people, that spending more on health care is not unsustainable or irresponsible - it is a key priority and an investment we are lucky to make.

Investing in health

Investing in health is about valuing the system which keeps us and our families healthy and ensures that it meets the needs of every Australian – no matter who they are, where they live, or what they earn.

So investment should be focused on:

- (a) Making sure the system meets the modern needs of patients all over Australia - both in terms of having the resources needed and making sure they are directed in the most appropriate ways;
- (b) Addressing areas of particular inequity like closing the gap and making sure your postcode doesn't determine your health; and
- (c) Moving towards a healthier society, in which Australians live healthier happier lives.

This election, and always, the Greens are focused on all three. I'll outline some of our work on each.

Systems reform

Australia's public health system is something we should all be proud of and grateful for.

As those working within it, you know more than most how this system enables care on a daily basis for those who otherwise would not have the means to access it.

Medicare is a wonderful asset and something that the Greens will always defend and protect.

Because not only does it provide care to those who need it, when they need it, where they need it, but it also ensures conditions which might otherwise develop and threaten a patients' life, are caught early, and dealt with efficiently.

That's why we have consistently opposed the freezing of indexation of MBS payments.

We know that this measure is hurting doctors around the country and threatens to substantially undermine patient access.

From across the country, I have heard from doctors who are faced with the appalling choice to either impose a fee on the patients they know can not afford it, or close their doors altogether.

Either outcome is disastrous for patient access, and will see patients failing to get the care they need.

We welcome, of course, the Labor party's recent commitment to reinstate indexation – a policy they first introduced.

And we implore the government to listen to the AMA, the RACGP and patient groups like the Consumers Health Forum, and reverse this terrible policy.

Because not only does it attack our universal system – it's also just a shameless exercise in cost shifting - with patients turning up at our hospitals.

Expensive hospital admissions that could have been avoided had a patient seen their GP when they needed to.

The Greens are also the only party that has committed to reinstating the funding to hospitals that was torn out after the last election.

We know that in order to protect patients from the shameless cost-shifting of this government, and to secure equitable access to hospital services wherever you are in Australia – the Commonwealth needs to have skin in the game.

So we will not only commit the Commonwealth to 50 per cent of funding of growth in hospitals, and recommit to Activity Based Funding – a commitment of more than \$4 billion of the forward estimates.–

We will also legislate to lock in this commitment, to protect patients from the Tony Abbott's of the future.

What this means is that the Commonwealth will have an incentive, set in law, to ensure that we do all that we can to reduce growth in costs and demand for hospital services through primary care reforms and health promotion strategies.

The Greens are proud of these commitments, and of our record in defending our public health system from ruthless cuts.

But we need to go further, to analyse and reform the system to make sure that it is best aligned to meet patient needs and has the resources available to do that into the future.

Primary Care

Today, one in five Australians is living with multiple chronic diseases.

I don't need to tell this gathering that around the developed world we have seen a dramatic rise in chronic disease.

The challenge, then, is making sure that our system meets the needs of the growing number of our patients who are living with these conditions and not only services their immediate symptoms, but works with them to improve their lives and their prognoses.

Today we are seeing a level of consensus across the sector and policy makers that now is the time for reform of the primary care sector.

While fee-for-service works very well in other contexts, it has been shown to fall short for those struggling with chronic issues.

The recent report of the Primary Health Care Advisory Group, ably Chaired by former AMA President Steve Hambleton, highlighted the need for some real reform to ensure our primary care system meets the modern needs of Australians.

This was echoed by the recent Grattan Report 'Chronic failure in Primary Care', which also highlighted the need for meaningful change in this field.

As a former GP myself, I know the pressure that doctors are under to focus on responding to the immediate ailments of their patients.

But chronic illnesses are complex, and effective management requires long-term treatment and monitoring of symptoms by a range of health practitioners, working together.

And despite \$1 billion in various programs to try to retrofit Medicare to meet the challenge of chronic disease, there is still much more to do to ensure our system is geared towards providing the care and management these patients really need.

Stretched GPs need a system which is set up to really support them in working with a team to better plan and organise care, and to improve health outcomes for chronic disease patients over time.

So rather than tinkering around the edges of reform, today I announce the Greens would invest \$4.3 billion of new money over four years, on top of the existing money currently spent on chronic disease management, into a dramatic refocusing of our primary care sector to effectively respond to chronic disease.

To ensure the system meets our needs we will introduce a 'blended' payment system to complement fee-for-service.

Voluntarily enrolled patients with chronic diseases will each attract a \$1000 payment for their chosen general practice, to incentivise and reward GPs for the time they spend on chronic disease management.

This new system will focus on consistent and effective patient care over time, and on better coordinated care.

Crucially, the Greens recognise that despite their expertise and the essential role they can play in effective management of chronic diseases like diabetes and heart disease, allied health professionals like dieticians and podiatrists are largely excluded from Medicare.

We want to change this, to give patients access to their services and give them the best chance of making the health and lifestyle changes they need to have a long and happy life.

We are committing to \$2.8 billion in new funding to bring allied health into the public system and we'll bolster the Primary Health Networks to coordinate the team-based care these patients so badly need.

And finally, we'll commit \$11.9 million for the development of a national standards framework for the treatment of chronic disease, to help doctors by providing guidance on care pathways and best practice outcomes.

Our plan is contrasted with the government's Health Care Home trial.

While I welcome the government focusing its attention on this area of need in our system, we remain concerned that the trial is inadequately resourced and lacks any real detail.

Our plan is detailed, commits the funding necessary to be a success, and indeed in the long term will lead to savings as we better manage chronic disease and avoid hospital admissions.

I am proud to lead a team which has the courage and the commitment to invest in real reform to ensure our health system is best meeting patient needs.

Addressing inequity

The Greens are also committed to directly addressing inequitable health outcomes.

For too long, we have seen poorer health outcomes for people in rural areas, for Aboriginal and Torres Strait Islander Communities and for those on lower incomes.

These are all areas that deserve specific attention, and are too often denied it.

- **Rural**

Despite the fact that about one third of Australia's population live in rural, regional and remote areas, key health indicators like death rates and life expectancy are higher in these areas than in our major cities.

Why should your post code determine your health?

On Wednesday, I announced the Greens Rural Health Policy, which is focused on ensuring our health settings are geared to addressing these shortfalls in our system.

We are calling for a National Rural Health Plan to examine and address the inequity in rural health and have announced a range of measures to begin to right the balance, including \$280m for rural mental health.

- **Lower incomes**

We know that people on lower incomes are much more likely to experience chronic disease than those better off.

Those in the bottom 20 per cent of incomes in this country are approximately five times more likely to have cardiovascular disease or diabetes than those in the highest 20 per cent.

Our primary care reforms will focus on easing this burden on those who can least afford it, as will our commitment to reverse the MBS indexation freeze to give more patients access to bulk billing.

- **ATSI**

Aboriginal and Torres Strait Islander people barely got a mention in this year's budget, and not a single extra dollar has been committed so far to the successful implementation of the National Aboriginal and Torres Strait Islander Health Plan.

We'll have more to say on ATSI health in the campaign, but you can be assured we as disappointed as you are that the government's commitment to closing the gap seems to be mostly rhetorical.

- Drugs

Those in our community with drug dependency issues are another key example of a population group all but neglected by our system.

I have worked as drug and alcohol clinician and I know up close the mess that drug dependence can create in a patient's life.

But our system stubbornly refuses to even see them as patients in the first place.

The Greens hold strongly that drug dependence is a health problem, not a criminal one, and are deeply frustrated that the politics of this issue has meant delays in even trialling harm reduction approaches that have shown promising results overseas.

Last week I announced our Harm Reduction Minimisation Fund policy, \$10m a year to fund trials of harm minimisation approaches and build the evidentiary base to expand their use.

There is currently a 20 year lag between the onset of an alcohol problem and a patient accessing treatment. 20 years.

Drug and alcohol treatment services are drastically underfunded, and we'll have more to say later in the campaign about our commitment to ensuring people have access to the treatment they need.

End of Life care/Euthanasia

I am also focused on ensuring our system is responsive and respectful of the needs and wishes of those at the end of their life.

Too many families are unaware of the end of life wishes of their loved ones, leading to so many scenarios in which as doctors, you are unaware of, and therefore unable to meet a patient's final wishes.

I know a lot of work is going on around the country on better end of life care, and it is imperative that clinicians have the training and the support to better meet these needs.

The Greens believe that a significant element of meeting those needs is access to voluntary euthanasia and physician care for dying with dignity.

We recognise that this issue is a contentious and emotion one, and more than that, we recognise the role of doctors in developing a framework that is ethical, appropriate and respectful.

I know the AMA is in a process of review on this subject and I understand almost 4000 members have taken part in your consultation.

It is absolutely appropriate that your profession consider this in detail, and I look forward to discussing the outcome with you in due course.

All these areas, and others, are of key concern to the Greens in our long standing commitment to a health system which is truly universal.

Prevention

Finally, we know that the best way to be healthy, is to avoid getting sick in the first place.

That's why, over laid on all these measures, is our commitment to work towards a society which values and promotes good health, and which provides consumers with the information, the tools and the incentives, to live a healthy lifestyle and model one for our children.

We know that the rise of chronic diseases like heart disease and diabetes is in large part thanks to high calorie low nutritional food and drink which fills our supermarkets and our advertisements.

And the Greens are fed up with the influence of vested interest and big junk food in stymieing real focus on preventive health.

The Greens know people want to do the best by their families but struggle in an environment where clear, impartial information about what they buy and consume is so hard to come by.

Preventive health has gone out of style for policy makers.

And that's hard to understand because we know it is much better value for money if we invest in health education and measures to ensure people can make informed choices, than in hospital beds.

The Greens are focused on a preventive approach to health and you'll hear more from me on this through this marathon campaign as well.

Conclusion

I started with a proposition – that health is an investment, not a cost.

Health is an investment in our economy and in people. Good healthcare means happier, healthier people living more enjoyable lives.

The Greens are committed to the protection and enhancement of Australia's already enviable public health system. An equitable, universal health system is affordable, because it is an investment we can afford to prioritise.

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