



AMA

Dr Steve Hambleton
Immediate Past President

Medical Politics

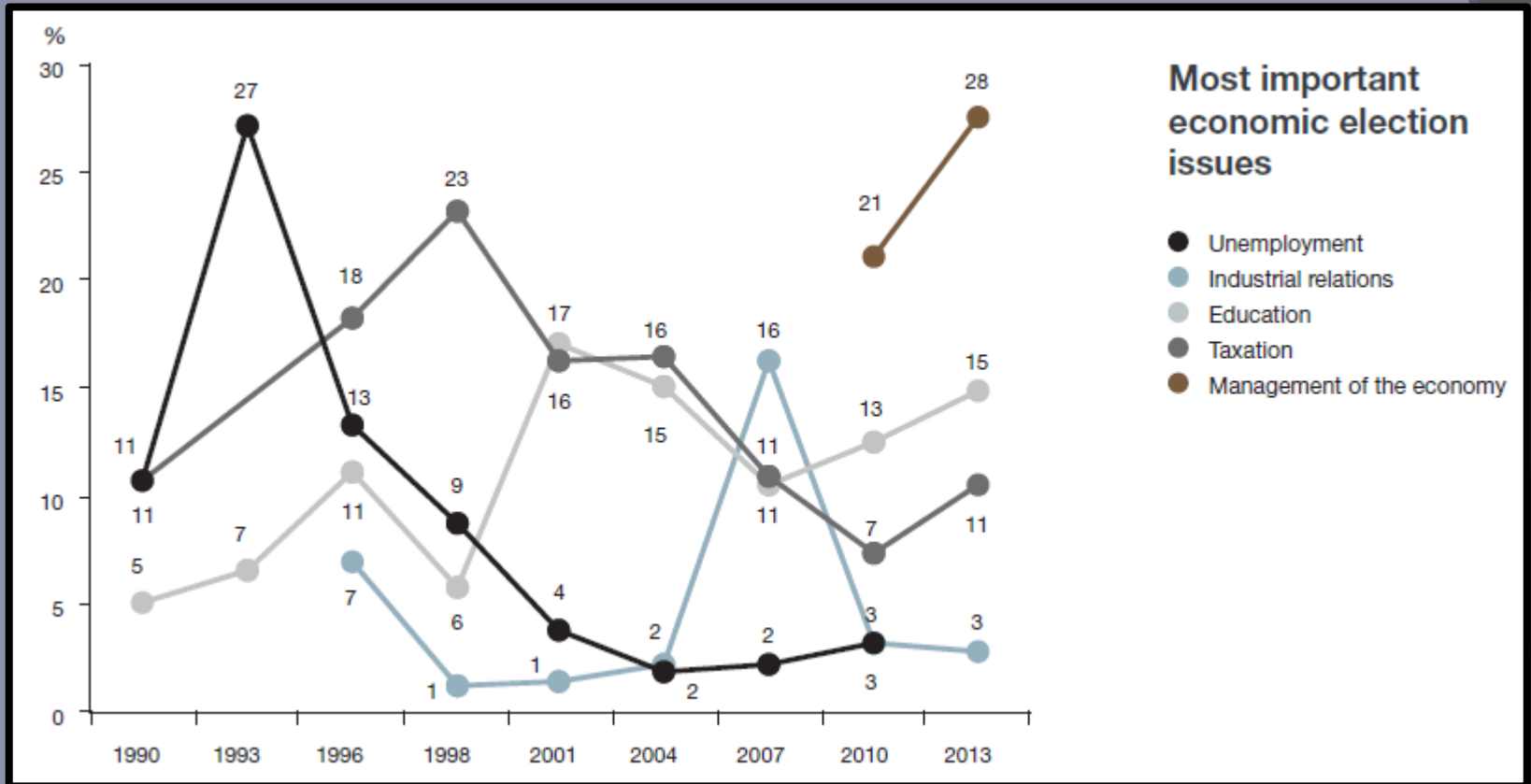


Is health on the agenda?

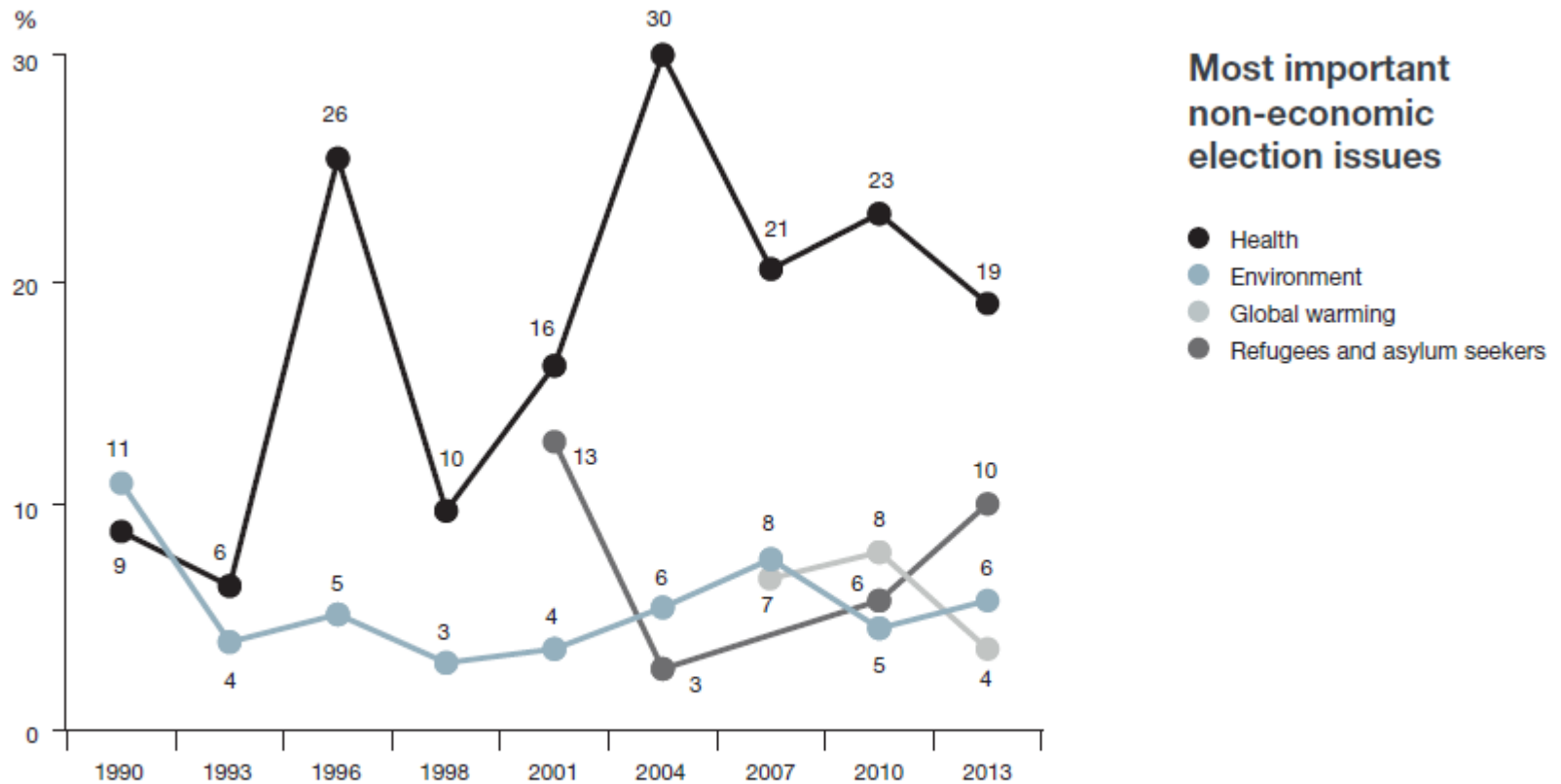
Australia 2013 Federal election top 5 issues

1. **Economy**
2. **Asylum Seekers**
3. **Health and Hospitals**
4. **Climate Change**
5. **Education**

Election issues Australia



Election issues Australia

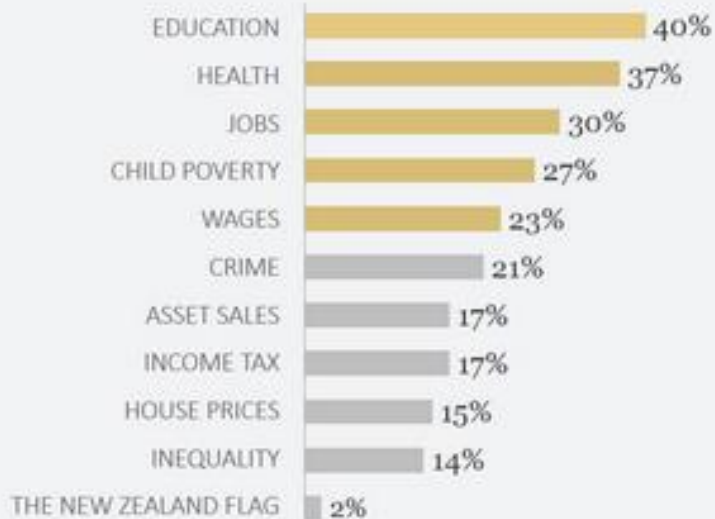


Notes In 1996-2013 estimates for health are for 'Health and Medicare'. 'Refugees and asylum seekers' was not included in 2007.

Election issues New Zealand

2014 ELECTION ISSUES – FEBRUARY ONE NEWS COLMAR BRUNTON POLL

"THINKING NOW ABOUT THE NEXT GENERAL ELECTION, TO BE HELD THIS YEAR, WHICH OF THE FOLLOWING ARE THE MOST IMPORTANT ELECTION ISSUES FOR YOU?"



TOP 5 ISSUES - ALL ELIGIBLE VOTERS

- 1 Education 
- 2 Health 
- 3 Jobs 
- 4 Child poverty 
- 5 Wages 

Election issues Canada



- Health remains a minor election issue
- 12.5% GDP spend
- Compares well with 18% below the border
- Federal State Divide

Election issues USA

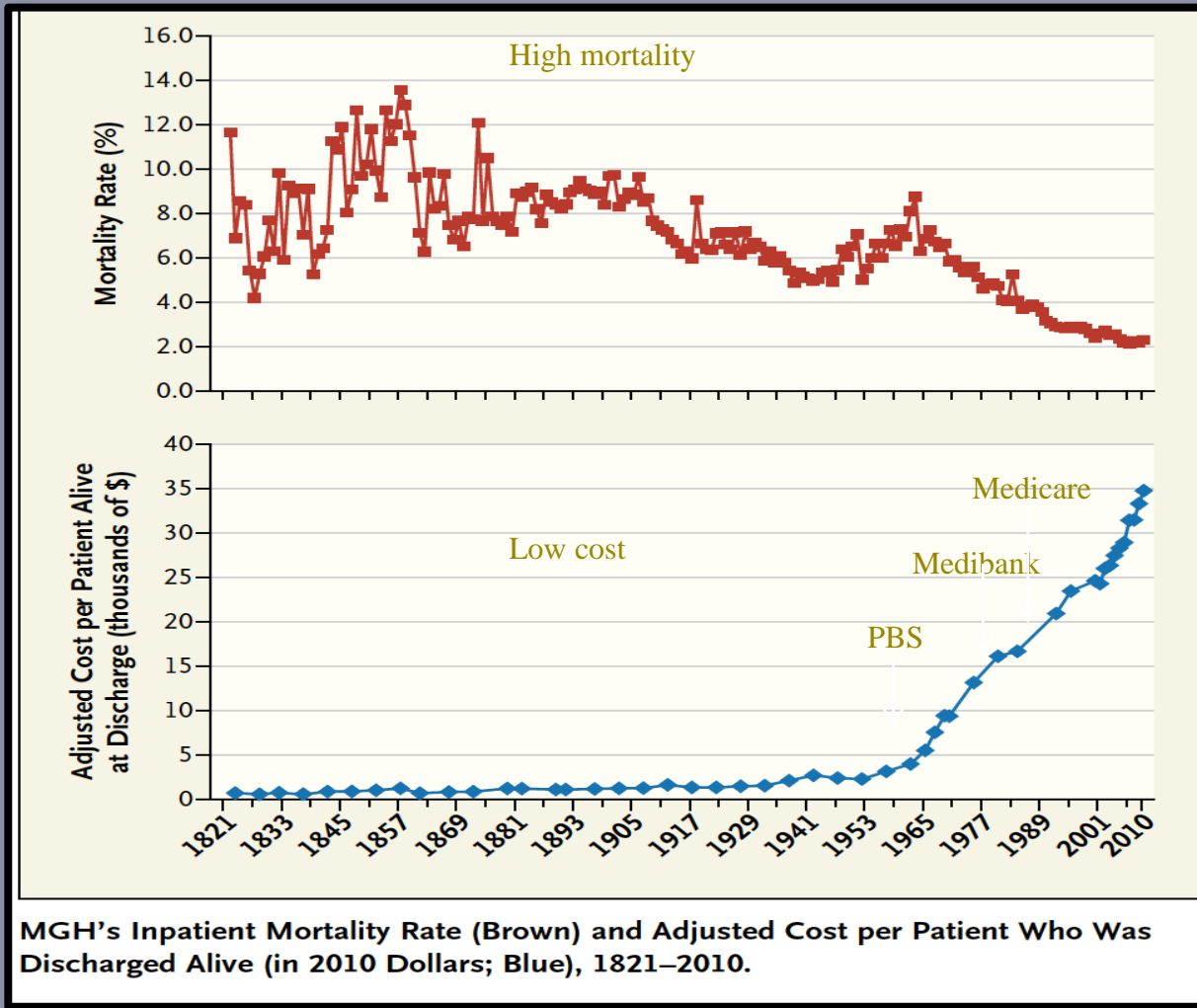


- The Economy
- Taxes
- National Security and War
- Universal health insurance
- Illegal Immigration
- Energy

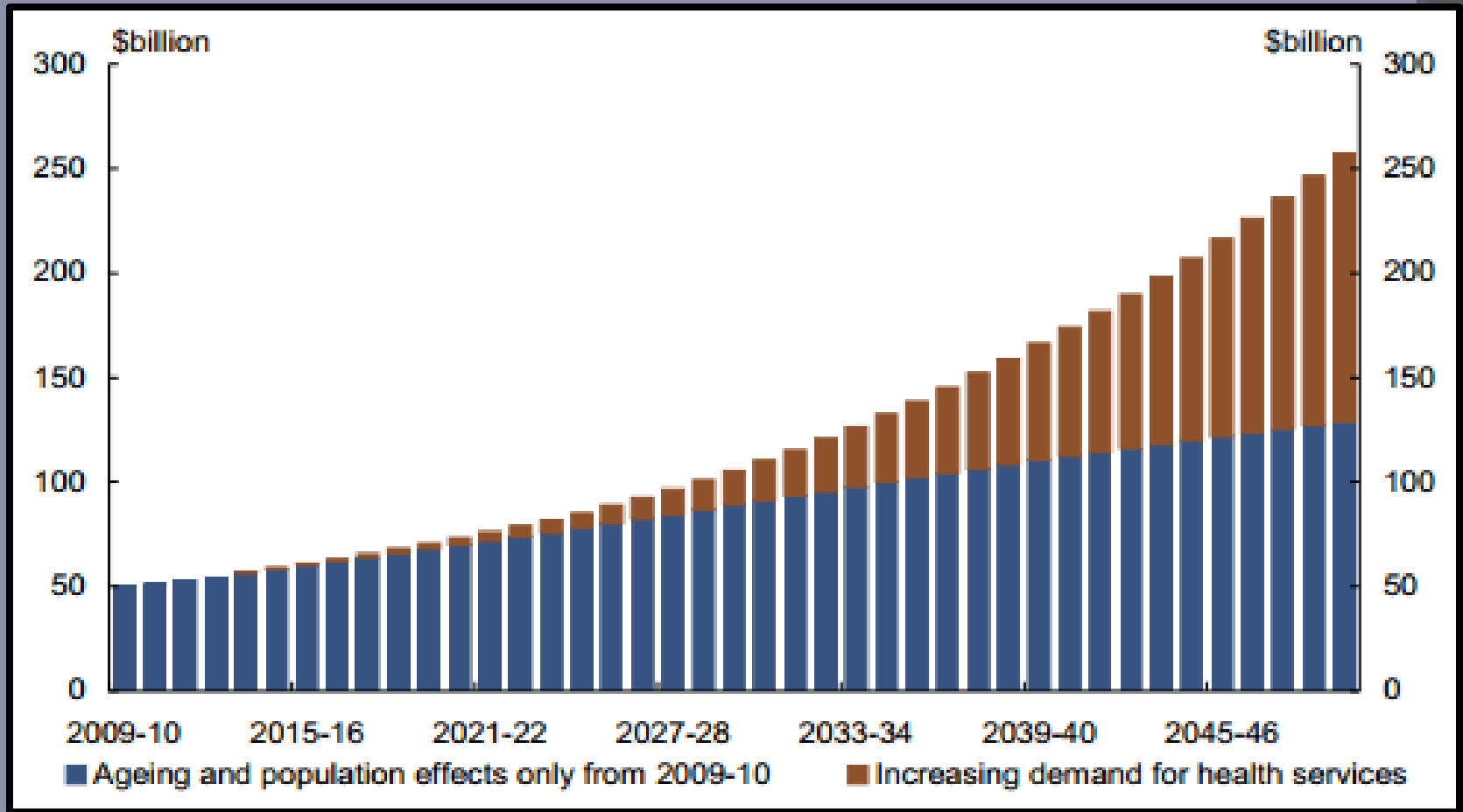


Sustainability of tax-funded healthcare

Growth in costs far exceeds reductions in mortality



Sustainability of tax-funded healthcare



Volume of treatment, not the ageing population

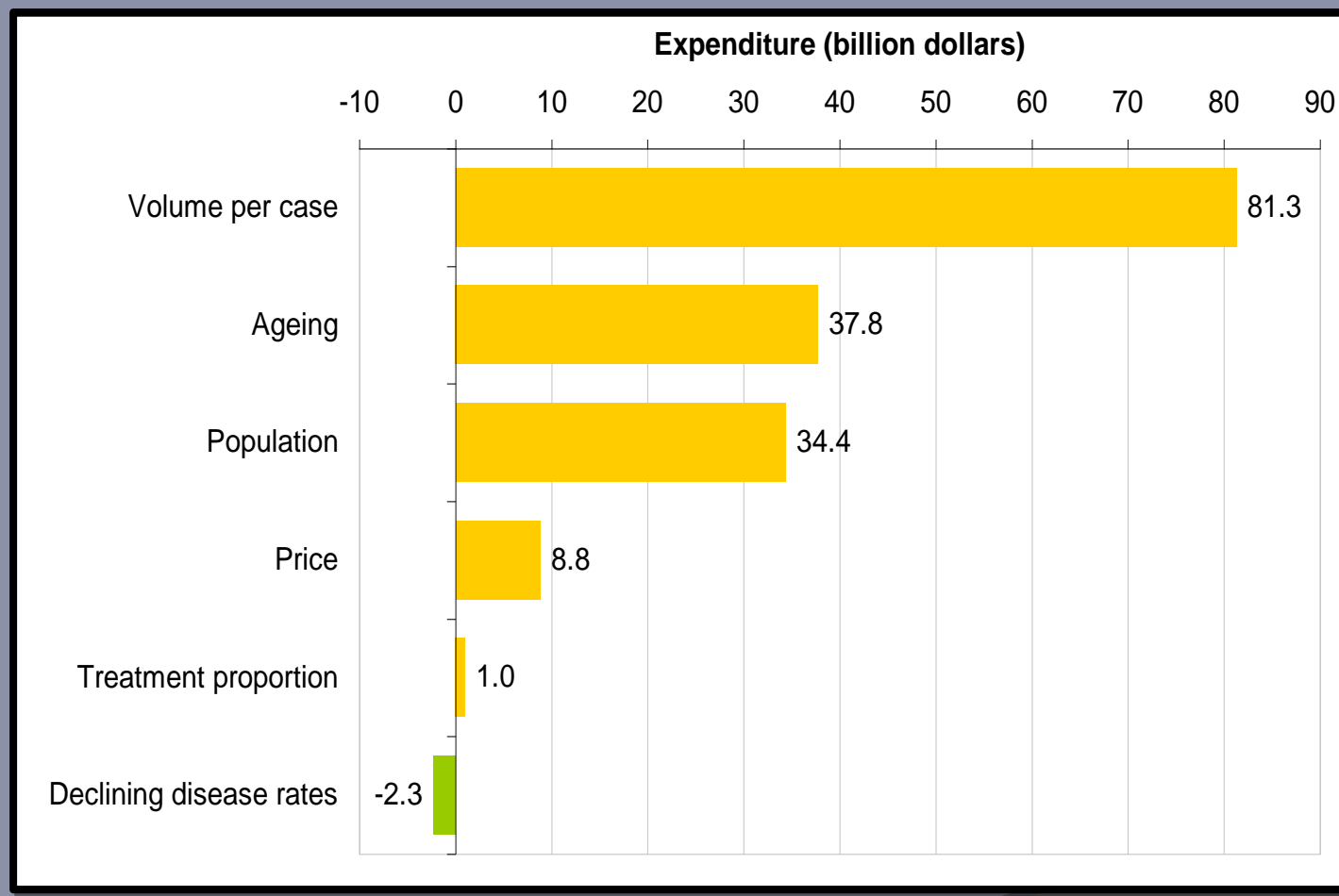
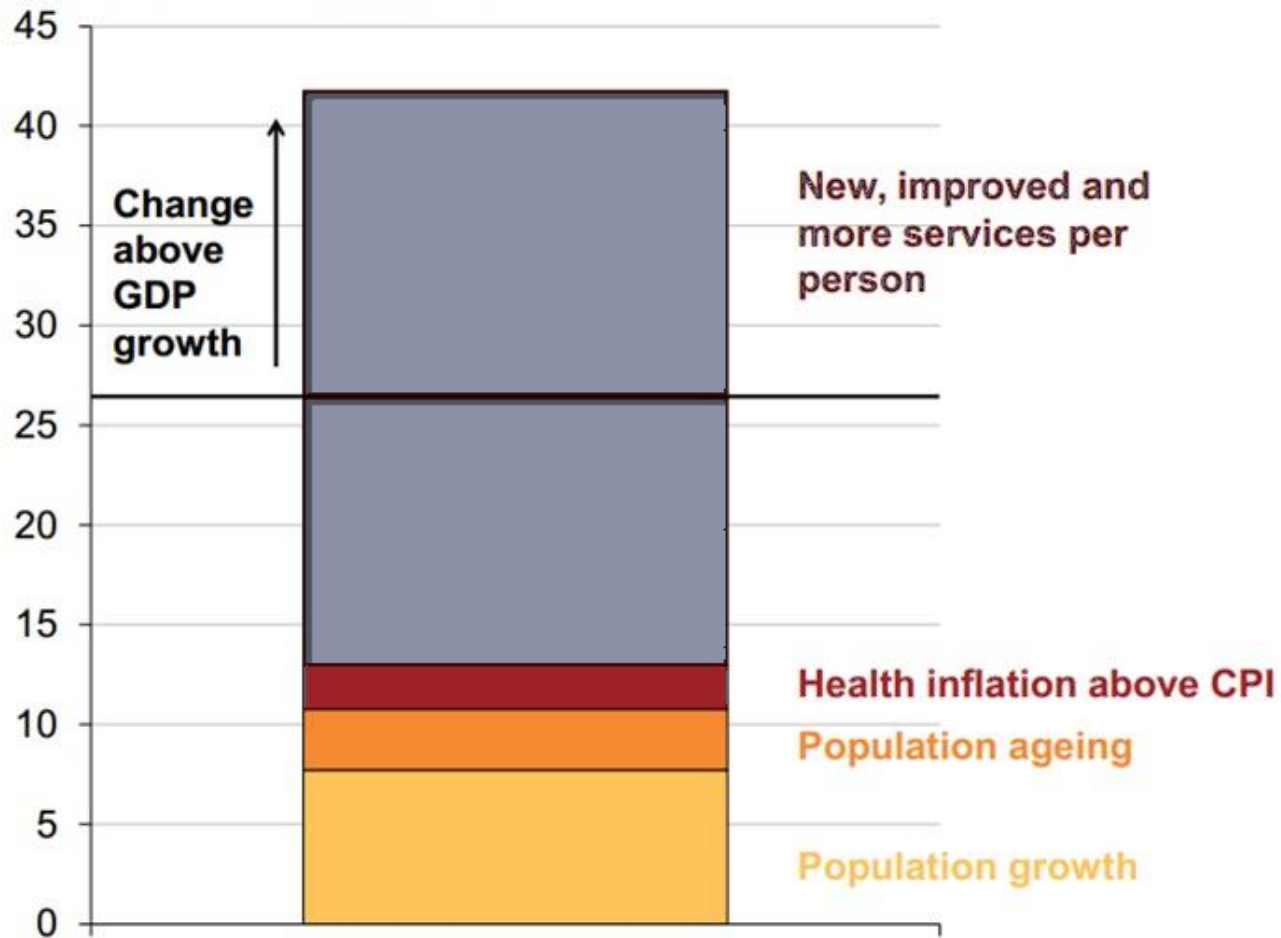


Figure 11: Change in Australian governments' health expenditure
\$2012 bn, 2002-03 to 2011-12





Royal Perth Hospital Emergency Department





- **“I have a long-term plan to fix our nation’s hospitals. I will be responsible for implementing my plan, and I state this with absolute clarity: the buck will stop with me.”**
- **I will set up a health and hospital reform commission**
- **GP Superclinics**

A Healthier Future For All Australians

A sustainable, high quality, responsive health system for all Australians, now and into the future

VISION

REFORM GOALS

- Tackle the major access and equity issues that affect people now
- Redesign our health system to meet emerging challenges
- Create an agile and self-improving health system for future generations

THEMES

Taking responsibility

Individual and collective action to build good health and wellbeing – by people, families, communities, health professionals, employers, health funders and governments

Healthy Australia 2020 Goals

National Health Promotion and Prevention Agency – education, evidence and research to make prevention a high priority

Greater personal responsibility supported to make healthy choices and decisions easier

Health literacy – in National Curriculum for all schools; accessible high quality health information throughout life

Person-controlled electronic health record

Recognition and support for carers

Better information about creating healthy local communities – ‘wellness footprints’

Health promotion and wellness programs through the workplace and health insurers

National action on broader determinants of health

Connecting care

Comprehensive care for people over their lifetime

Strengthen and integrate primary health care:

- Commonwealth responsible for all public funding and policy for primary health care
- Comprehensive Primary Health Care Centres and Services
- Voluntary enrolment for young families, Aboriginal and Torres Strait Islander people and complex and chronic patients with a primary health care service as their ‘health care home’
- Create regional Primary Health Care Organisations by transforming Divisions of General Practice

Invest in a healthy start to life from before conception through the early years – universal and targeted services

Reshape hospital roles for emergency and planned care and fund accordingly; strengthen outpatient and ambulatory specialist services in community settings

Complete the ‘missing link’ of sub-acute services and facilities

Expand choices for care and accommodation in aged care

Improved palliative care and advanced care planning

National Access Targets across all public health and hospital services

System connections – e-health and communications

Facing inequities

Recognise and tackle the causes and impacts of health inequities

Make real the universal entitlement to health services with targeting on the basis of health need

National Aboriginal and Torres Strait Islander Health Authority – expert commissioning, purchasing and brokering of services to achieve better health outcomes

Aboriginal and Torres Strait Islander health initiatives – focus on healthy start – nutrition; strengthen community controlled organisations; develop Aboriginal health workers and workforce

‘Denticare Australia’ – restorative and preventive oral health care for all Australians; dental residency; oral health promotion and school dental services

Remote and rural health – equitable and flexible funding; innovative workforce models and enhanced support for rural practitioners; telehealth; patient travel support; research, training and infrastructure

Mental health – early intervention for young people; rapid response teams; sub-acute care; linked health and social services

National reporting on progress in tackling health inequities

Driving quality performance

Leadership and systems to achieve best use of people, resources, and evolving knowledge

‘Healthy Australia Accord’ – creating ‘a national health system’ by transformed government responsibilities

Explore a more responsive and sustainable system for the future – ‘Medicare Select’ – through greater consumer choice, competition and innovation

Activity-based efficient funding with payments for performance and quality and reshape the MBS

Transformation capital investment to support reforms

Better workforce planning, training and use of capabilities – National Clinical Education and Training Agency; training activity funding and infrastructure

Embed focus on safety and quality – Permanent national body to promote, monitor, and report on quality and safety; and local systems of clinical governance

Smart use of data, information and communication – by consumers, clinicians, health services, health funders and researchers; supported by e-health

Public reporting on National Access Targets; quality and outcomes; efficiency and performance; 2020 goals

Build and support research, sharing knowledge and innovation capability at all levels

TRANSFORMATIVE ACTIONS

PRINCIPLES

- People and family centred • Equity • Shared responsibility • Promoting wellness and strengthening prevention • Comprehensiveness • Value for money
 Providing for future generations • Recognise broader social and environmental influences shape our health • Taking the long term view • Quality and safety
 Transparency and accountability • Public voice and community engagement • A respectful, ethical system • Responsible spending
 A culture of reflective improvement and innovation



Dec 04, 2009 - Jun 24, 2010

	PM/Premier/Chief Minister	Party	Since	Opposition Leader	Party	Since
AUSTRALIA	Kevin Rudd	ALP	03-12-07	Tony Abbott	Liberal	01-12-09
Victoria	John Brumby	ALP	30-07-07	Ted Baillieu	Liberal	08-05-06
New South Wales	Kristina Keneally	ALP	04-12-09	Barry O'Farrell	Liberal	04-04-07
Queensland	Anna Bligh	ALP	13-09-07	John-Paul Langbroek	National	02-04-09
Tasmania	David Bartlett	ALP	26-05-08	Will Hodgman	Liberal	30-03-06
South Australia	Mike Rann	ALP	05-03-02	Isobel Redmond	Liberal	08-07-09
Western Australia	Colin Barnett	Lib	23-09-08	Eric Ripper	ALP	23-09-08
Northern Territory	Paul Henderson	ALP	26-11-07	Terry Mills	Country-Liberal	29-01-08
Australian Capital Territory	Jon Stanhope	ALP	12-11-01	Zed Seselja	Liberal	13-12-07

- Almost all the state governments were labor
- We had a PM championing health reform



Health Reform



- KEVIN Rudd will end the blame game
- Establish local hospital networks - small groups of hospitals that will work together to deliver services and achieve economies through bulk purchasing
- Federal funding of hospitals will increase from 40 to 60 per cent under the plan becoming the majority funder of all public hospitals and shoulder the burden of funding to meet rapidly rising health costs
- It would also fund up to 100 per cent of the cost of primary healthcare outpatient services provided to public hospital patients.
- taking full control of GPs and frontline health services in Australia + build GP superclinics

The catch

- Under the plan, the Commonwealth will strip back \$50 billion of GST revenues from the states and territories
- If they do not agree, he plans a referendum at the next federal election "to give the Australian Government all the power it needs to reform the health system".



- West Australian Premier Colin Barnett refuses to sign.
- John Brumby (labor) also refused making it impossible to isolate WA.



•Not all challenges in government come from the opposition or from the States



Was that a knife in my back?



- **New Prime Minister**
- **Minority Government**
- **New feisty State Governments demanding business as usual**
- **A single funder – gone.**
- **Majority funding from the Federal Govt - gone**
- **Ending the blame game – gone.**



•**100 per cent primary care funding – gone.**

•**The pendulum begins to swing**

We did get...

- **Decentralised Hospital Management – Local Hospital Networks**
- **Medicare Locals (Primary Healthcare Organisations)**
- **Activity based funding and block funding for smaller hospitals.**
- **50 per cent of efficient growth from 2017-18 onwards; and**
- **\$16.4 billion in additional funding over the 2014-15 to 2019-20 period.**
- **\$201 million in reward payments for meeting emergency and elective surgery targets**

There was peace for a while



Then along came...



“I’m Kevin and
I’m here to help”

**That brings us back to where we started
post the 2013 Election
New Prime Minister and New Health Minister**



NATIONAL HEALTH REFORM AGREEMENT

Council of
Australian
Governments

An agreement between

- the Commonwealth of Australia and
- the States and Territories, being:
 - the State of New South Wales;
 - the State of Victoria;
 - the State of Queensland;
 - the State of Western Australia;
 - the State of South Australia;
 - the State of Tasmania;
 - the Australian Capital Territory; and
 - the Northern Territory of Australia.

The objective of this Agreement is to improve health outcomes for all Australians and the sustainability of the Australian health system.

This Agreement sets out the architecture of National Health Reform, which will deliver major structural reforms to establish the foundations of Australia's future health system.

In particular, this Agreement provides for more sustainable funding arrangements for Australia's health system.

torn up!

This means

Three funding guarantees for State and Territory public hospitals that the Commonwealth will not honour:

1 That no state or territory will be worse off as a result of the introduction of activity based funding and block funding for smaller hospitals.

2 50 per cent of efficient growth from 2017-18 onwards; and

3 \$16.4 billion in additional funding over the 2014-15 to 2019-20 period.

On top of that, the \$201 million in reward payments for meeting emergency and elective surgery targets in 2015-16 to 2016-17 won't be paid.

This Government does not think it has any role in public hospitals.

The pendulum has completed its swing

The Government spoke of “price signals in the health system” and that “people who can afford to pay for their health should”.

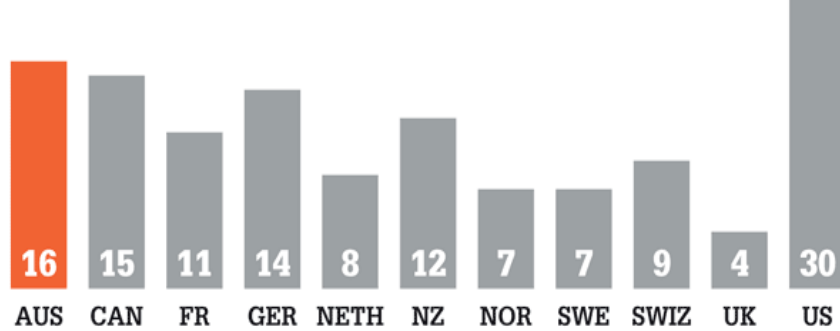
Minimum \$7 co-payments for GP consultations and out of hospital pathology and diagnostic imaging services.

Medicare rebates have been frozen for another two years – only GP consultations will be indexed.

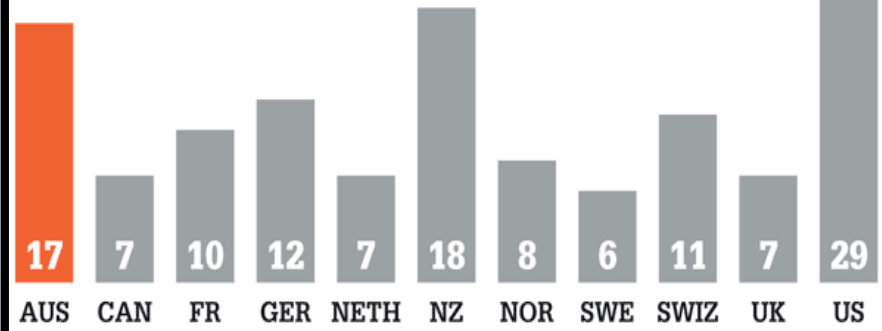
Higher co-payments for the PBS.

Cost related access problems in the past year (%)

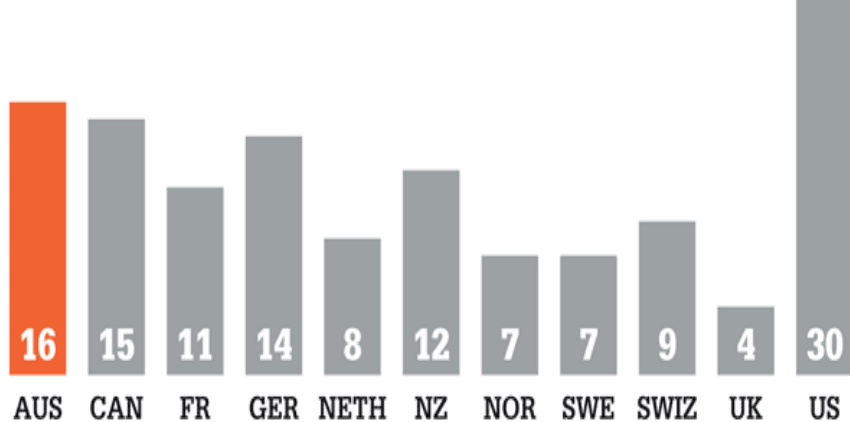
DID NOT FILL PRESCRIPTION OR SKIPPED DOSES



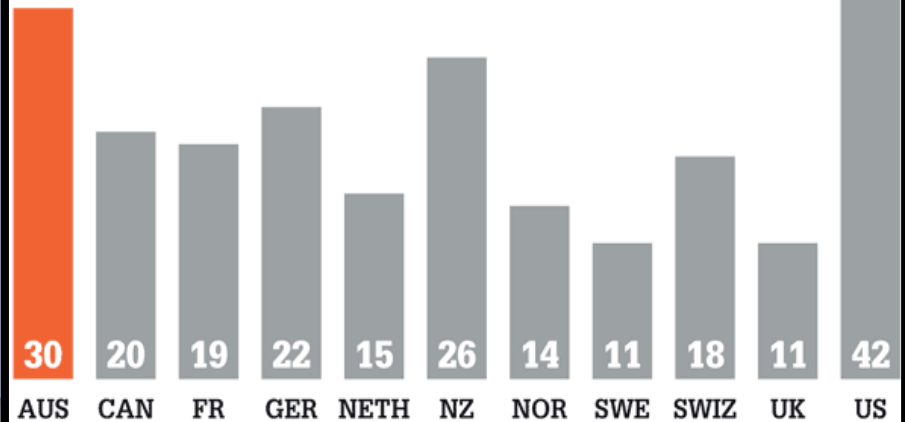
HAD A MEDICAL PROBLEM BUT DID NOT VISIT DOCTOR



DID NOT FILL PRESCRIPTION OR SKIPPED DOSES



YES TO AT LEAST ONE OF THE ABOVE



- Almost all the state governments are now Liberal
- The Federal Government is still having trouble selling its budget



Current Australian Heads of Government & Opposition Leaders – from Apr 17, 2014

Jurisdiction	PM/Premier/ Chief Minister	Party	Since	Opposition Leader	Party	Since
AUSTRALIA	Tony Abbott	Liberal	18-09-13	Bill Shorten	ALP	13-10-13
New South Wales	Mike Baird	Liberal	17-04-14	John Robertson	ALP	31-03-11
Victoria	Denis Naphthine	Liberal	06-03-13	Daniel Andrews	ALP	03-12-10
Queensland	Campbell Newman	LNP	26-03-12	Annastacia Palaszczuk	ALP	28-03-12
Western Australia	Colin Barnett	Liberal	23-09-08	Mark McGowan	ALP	23-01-12
South Australia	Jay Weatherill	ALP	21-10-11	Steven Marshall	Liberal	04-02-13
Tasmania	Will Hodgman	Liberal	31-03-14	Bryan Green	ALP	31-03-14
Australian Capital Territory	Katy Gallagher	ALP	16-05-11	Jeremy Hanson	Liberal	11-02-13
Northern Territory	Adam Giles	Country Liberal	14-03-13	Delia Lawrie	ALP	28-08-12

The budget is unlikely to pass the senate in its current form

The Profession has much work to do with governments over the coming years.

We have as much responsibility to manage costs in the health care system as any government.

If we don't accept that responsibility, we and our colleagues will continue to work under uncertain funding arrangements, with incremental cuts to the price of services, in the vain hope that this will turn the tide of the volume.

Five years in the politics of public hospital funding is a life time.

At the Commonwealth level, we have gone from an attempt to implement the AMA plan for a single funder for public hospital services, to an abrogation of responsibility to the public hospital sector.

The Profession needs to be clear about the reform destination to all governments.

We need to move from fragmented acute care to integrated primary care.

We need to move from siloed health service delivery environments to a shared electronic health environment to provide seamless care and avoid duplication and waste.

We need a health workforce that is trained and organised to meet the future needs of the community.

The Profession has to set the direction for true health reform.

We have to make the diagnosis and present the treatment plan.