

AUSTRALIA'S HEALTH

The Congress on National Health Reform

Monday, 30 November • Parliament House of Victoria • Melbourne

Why do we need a new congress on Health?

Health care remains one of the major political, financial and social issues in Australia and other OECD countries. National surveys reveal a common contradiction between people's greater satisfaction with their personal experience of care and a high level of dissatisfaction with "the system" as a whole. The growing proportion of elderly people and those with chronic conditions, escalating costs and increased expectations make the need for a comprehensive health sector reform as urgent and compelling as ever.

In Australia, the process of developing reform options was led by the National Health and Hospitals Reform Commission which presented its findings and recommendations to the Government in a report "**A Healthier Future for All Australians**" released in July 2009. Their blueprint for reform includes a vision for "a sustainable, high quality, responsive health system for all Australians, now and into the future" and is currently subject of ongoing public consultation and engagement with the community, health professionals and health services.

In support of these developments, Global Access Partners (GAP) in association with the Australian Centre for Health Research (ACHR), will be hosting a **Congress on Australia's Health** (see *Flyer attached*) on 30 November 2009 in Melbourne, to review major aspects of proposed and possible reforms and improvements required for the successful evolution of the Australian health sector.

The Congress will bring representatives from state and federal government together with key figures from research, industry and commerce sectors, hospitals, insurers, pharmaceutical companies, area and district health services, and consumer groups. Discussion topics will include the role of governments as funders, service providers and buyers of health care products and services; minimisation of costs associated with health care reform; the need for a national health data system accessible to general practitioners, allied health care providers and bureaucracies; management and funding of the aged care sector, and the creation of a more self-sufficient and flexible medical workforce.

Congress Format

The **GAP/ACHR Congress on Australia's Health** 2009 will operate as a high-level multidisciplinary *think tank*. Each delegate will be able to promote their point of view and share their experiences. A parliamentary-style format of the Congress will encourage an open, respectful and constructive dialogue, combined with unique networking opportunities for speakers, delegates and special guests.

The programme of the Congress is built around **four plenary sessions** and **a working lunch**. Each session follows the standard principles of parliamentary procedure. The *keynote speakers* – appropriate thought leaders and experts in health - are ultimately chosen by the Congress Steering Committee. Their role is to give a thought provoking address and initiate an informed discussion of the most challenging issues facing the Australian health sector. The time allocated for each keynote speaker is approximately 10-15 minutes, after which the floor is open for comments, questions and answers from the delegates on a 3 minute per person basis. The *Session Chair* sets the scene, introduces each speaker and regulates the order of participants in the discussion. The Session Chair will have a spotter to keep track of the order of speakers. The Session Chair can also choose to be a participant in the debate.

Post-Congress, a **Report** will be produced summarising the conclusions of the Congress, to complement and inform the implementation phase of the adopted reform recommendations.

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SESSION ONE

Reforming Health: What Australian health care might look like in 2015

Monday, 30 November 2009
Legislative Assembly Chamber,
Parliament House of Victoria
9:00am – 10:30am

Topics for discussion:

- ▶ The Australian health care system from the point of view of its critics, realists and visionaries
- ▶ Overview of health reform proposals before the Council of Australian Governments (COAG)
- ▶ Recommendations of the 2009 National Health & Hospitals Reform Commission (NHHRC) Report
- ▶ Major aspect and implications of the 2009 National Primary Care (NPC) Strategy and the 2009 National Preventative Health Strategy (NPHS)
- ▶ Strengthening aged and community care to support the health reform agenda
- ▶ 'Healthy Australia Goals 2020' & 'National Access Targets': matching goals and targets between Commonwealth, States and Territories and service providers
- ▶ Primary care reform; preventative health programmes and strategies
- ▶ Public/private partnership models; "Project Mozart" as a possible platform for radical reform
- ▶ Relevance of performance and accuracy of reporting across the sector; improving choice and informed decision making for patients through access to greater knowledge of the system

The questions we should ask (and seek to answer) are:

1. **What are the key, fundamental elements of the 'health system of the future'?**
2. **The 2009 NHHRC Report, the 2009 NPC Strategy and the 2009 NPHS present a wide range of reform options; how can they be prioritised?**
3. **Will 'National Access Targets' and 'Healthy Australia Goals' produce measurable gains?**
4. **What political, administrative and institutional arrangements will be most effective and efficient in supporting these objectives?**
5. **How will the changes in primary care be facilitated and supported?**
6. **How will poorly funded and under-resourced areas, such as aged care, community care and allied health, be supported to adopt the new processes and technologies to play their part in the reform?**
7. **How can we upgrade computer literacy skills within the existing medical workforce to support the new technologies and clinical and business processes?**

KEY MESSAGES:

"There are nine main problems that any system-level changes should address:

1. *There is inequitable patient access to services.*
2. *Services are fragmented for those who require ongoing care for complex and chronic conditions.*
3. *The primary health care sector is fragmented and not well developed.*
4. *There is a bewildering array of funding programs.*
5. *The shifting of responsibility, blame and costs between levels of government is a major barrier to the improvement of service delivery.*
6. *Workforce pressure and lack of job satisfaction lead to the underutilisation of skills and serious problems of labour supply.*
7. *The relationship between government, non-government and private services is suboptimal and contentious.*
8. *Decision-making is too far removed from frontline service delivery.*
9. *It is too difficult to introduce and sustain new models of care and other innovation."*

"Options for reform of Commonwealth and State governance responsibilities for the Australian health system"

Judith Dwyer, Kathy Eagar: A paper commissioned by the NHHRC, August 2008

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SESSION TWO

Paying for Health: Australia's current health insurance scheme and its alternatives

Monday, 30 November 2009
Legislative Assembly Chamber
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10:50am – 12:15pm

Topics for discussion:

- ▶ Private health insurance as an active player in the health care marketplace
- ▶ The 'universal service entitlement' in a 'next generation' Medicare: 'Medicare Select' as a new model for greater consumer choice, competition and innovation (2009 NHHRC Report)
- ▶ Social insurance model: the Dutch public health insurance system and lessons for Australia (Prof Johannes Stoelwinder)
- ▶ Health economics - minimisation of costs associated with health care reform
- ▶ Multi-funder models
- ▶ Whole-of-life funding, i.e. a single view of the total costs of all health services regardless of payer for each person
- ▶ Capitation payments for services for elderly and people with chronic diseases

The questions we should ask (and seek to answer) are:

1. What does the insurance community want in terms of better management of premiums?
2. What are the workable alternative insurance options available?
3. What role should employers play in health insurance programmes?
4. How do public and private funders share the risks/benefits?
5. What is the role of the individual citizen in sharing the risks/benefits (i.e. Health and Wellness responsibility)?

KEY MESSAGES:

"It is recognised that the future of health systems will likely require more private payment and that consumers of health care will be more informed and self-directed – all drivers for more choice. The location and degree of choice of provider and/or health plans is a key dimension Australia needs to consider in developing its reform."

"Medicare Choice': Insights from Netherlands health insurance reforms"
Paper by Prof Johannes Stoelwinder, Chair of Health Services Management,
School of Public Health & Preventive Medicine, Monash University, October 2008

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SESSION THREE

e-Health and Better Health Outcomes

Monday, 30 November 2009
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1:30pm – 3:00pm

Topics for discussion

- ▶ The greater use of electronic health tools and services as a necessary condition for progress; e-health for enhancing care, clinical decision support and care management; technology adoption that is patient-centric
- ▶ A person-controlled electronic health record for each Australian by 2012 (NHHRC Report); interoperability as a major issue
- ▶ The National Broadband Network (NBN) as the key infrastructure to support e-health
- ▶ The role of the private sector in driving innovation in patient data cards
- ▶ Alternative e-health approaches in primary care
- ▶ Addressing the top three problems - discharge summaries between the primary and secondary sectors; workforce shortages; chronic care case management

The questions we should ask (and seek to answer) are:

1. How can we better integrate health services across a continuum of care?
2. What role will the NBN play in e-health provision?
3. What costs are not sustainable in the long term?
4. Should electronic health records be the only main focus area?
5. Who is responsible for providing/managing the 'point of truth' for clinical and care information and does it matter?
6. How to overcome barriers to the uptake of e-health initiatives (computer literacy; work practices; poor or non-existent relationships in private specialist practices, primary care, and aged and community care)?
7. How to strengthen and fund the 'weak' links between aged and community care and allied health?

KEY MESSAGES:

"PriceWaterhouseCoopers estimates that 20% of the population over 75 years old would benefit from in-home assistance supported by broadband. Studies show that remote patient monitoring could reduce emergency room visits by up to 40% and the length of hospital stays by up to 60%."

**Senator the Hon. Steven Conroy, Minister for Broadband,
Communications & the Digital Economy**

Address to National e-Health Conference, 20 August 2009

"The health sector is currently almost 10% of the national economy, a figure set to grow steadily as the population ages and health cost rise. Thus, any improvements in delivering health services will yield substantial gains to the national economy."

Investing \$6.3 billion in an integrated national electronic health records system will:

- increase the Net Present Value of gross domestic product (GDP) by \$6-13 billion over ten years
- create 12,000 jobs"

"The economic benefits of intelligent technologies"

Report by Access Economics commissioned by IBM, May 2009

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SESSION FOUR

Future Health System Reform

Monday, 30 November 2009
Legislative Assembly Chamber
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3:00pm – 4:45pm

Topics for discussion

- ▶ Health governance - roles and responsibilities of governments as funders, service providers and purchasers of healthcare products and services: *'The Healthy Australia Accord'* (2009 NHRC Report)
- ▶ Responsibilities of private health insurance and other purchasers in developing and implementing the roadmap to the future
- ▶ The role of the private and NGO sectors in providing acute & chronic hospital and community services
- ▶ The use of health technology assessment to determine the cost/benefit of particular interventions or treatments; prevention versus intervention
- ▶ Coordination and rationalisation of GP divisions to support regional primary health care
- ▶ Controlling the escalating price of drugs – new approaches
- ▶ Collaborative care models for chronic disease management

The questions we should ask (and seek to answer) are:

1. Who is ultimately responsible for Australia's health – Government, all the players in the health sector, the community?
2. What does a multi-funder future look like?
3. How do we manage the vested interests and the 'culture wars'?
4. What will primary health care look like and how should it be managed?
5. Who will have the role of bringing the services together (public and private; federal and state; acute, primary care & aged care) to support people in Australia affected by age and/or chronic diseases?
6. What role can the private sector play in supporting a strong innovate health system for Australia and Australians?
7. With the escalation of chronic diseases, how much emphasis should we place on preventative programs to help people keep healthy and stay out of hospital?
8. How can we better use innovation and technology to help support a health system for the future?

KEY MESSAGES:

"If we are to reform our health system so that it can meet our needs for the future, we have to target our scarce dollars so that they are used most effectively. We cannot afford to continue to fund waste or duplication."

The Hon. Nicola Roxon MP, Minister for Health & Ageing
Address to CEDA Health Reform Forum, 25 August 2009

"Compared with current projections of health and residential aged care expenditure, our key reforms will save \$4 billion a year by 2032-33. Projected health and residential aged care expenditure as a proportion of GDP will grow to 12.2% of GDP in 2032-33, which is less than the current projection of 12.4%. In other words, investing in these reforms now will deliver greater value for the community in the future."

"A Healthier Future for All Australians"
2009 Report by the National Health & Hospitals Reform Commission, June 2009

"Studies show that the integration of patient information across the healthcare would save between \$8-10 billion per year – a 10% saving on the current investment in healthcare".

"The National Broadband Network - Health Industry 'Points of Proof'"
iSoft Group's Submission to the Senate Inquiry, August 2009