CEDA Presentation – November 2017

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Thank you for inviting me today.

You have chosen a topic which is at the heart of CHF's policy agenda.

We're the nation's peak body for Australian health care consumers and those with an interest in healthcare consumer affairs, so it's no surprise we want **a system designed and organised around the people it serves**.

No other interest should be more important than this.

But why is it that we even have to put the question about whether or not patient-centred care is a pillar of Australia's health care system?

….particularly when it's a fundamental principle that no-one from politicians, to clinicians to researchers would disagree with.

… particularly when other service sectors subscribe to the rule that to succeed they need to meet the consumer's needs first with the right mix of services.

[SLIDE 1]. Earlier this year, we saw a statement from an OECD Health Ministerial meeting say that people centred care should **better guide the course taken by health care in the future**.

If we don't become more patient centred, the OECD, argued, we will **fail** to maximize the efficiency of health services and long term care.

We will **fail** to deliver improvements that matter to patients and their changing care needs.

With health budgets under pressure all over the world, this is a pretty compelling argument.

Closer to home, the Productivity Commission has just brought down a report with wide ranging recommendations across various sectors.

[SLIDE 2] Right up there among the Commission's top findings is a recommendation that all Australian governments should **reconfigure the health care system around the principles of patient-centred care,** with this implemented within a five year timeframe.

The Federal Treasurer chose to call this out as a key point in a recent CEDA address he made.

He said that 'healthy and happy people are naturally more productive people. They are far more likely to be out looking for a job, more likely to be free of welfare dependency and more likely to be earning high wages".

[SLIDE 3] You might expect it from a Health Minister, but I can't recall ever hearing an Australian Treasurer so clearly linking health to national wealth, but - more importantly – that we need to be thinking about consumers being at the centre of health care policy if we are to drive that outcome.

In keeping with the Treasurer's view, CHF argues that we need to take a much more whole-of-government look at how we invest in health. Why? Because we know that housing, education and other

areas of policy can - and do - have just as much bearing on how the health of our communities fare as clinical services do.

We've also been strong advocates for rejigging our system so that it we invest more in primary and preventative health.

Good accessible primary health care gets us good outcomes.

So, what have we got? We are rich on rhetoric – but a chasm exists between this and policy and practice. It is a chasm we have to close.

There are confounders that work against our health system being designed and organised around the people it serves.

From our research and feedback from members and networks, the greatest confounder is the extent to which care is coordinated, integrated, seamless, affordable and accessible.

These are big issues particularly for people with chronic and complex conditions – and I include mental health in that basket.

The common lived experience of the system for these people is **fragmented and disconnected care**.

This is the paradox of modern health care. Despite medical advances, a combination of system rigidity and fragmented services has left us with arrangements that too often fail to centre on the needs of the individual patient.

These flaws include things like:

- GPs not having the time – or, at worst, being resistant - to engage in genuine shared care with patients. GPs not having

the back-up of appropriate referral options and GPs and other primary care providers working in outmoded funding models that work against rather than promote team based care, service innovation and spending time.

- Lack of communication and efforts to connect care between hospitals and primary care in the community, a failing that tracks back to the dysfunction of Australia's divided health funding
- Health literacy in the community – our rates are low and many people don't have the information and advice they need to navigate the system and get the services they need
- And then there's cost. When people are referred, we know from recent AIHW data that many don't follow through because of the out-of-pockets they face.

If we are to have patient centredness as a pillar, what needs to change? What would need to be different?

[SLIDE 4] It's probably bordering on being a hackneyed term these days, but **integration** is the key. Our system will be more patient-centred if integration is the common characteristic at all levels:

- Integrated policy – so we more overtly recognise and act on the social determinants of health
- Integrated systems – so we have better joined-up arrangements as consumers move between community, aged care and hospital services

- Integrated services – so our health workforce is trained, supported and funded in such a way that multidisciplinary, coordinated team based care is the norm

[SLIDE 5] A framework that captured my imagination when I asked myself what needs to change if we were to have a distinctly patient centred system, is this one.

It's from a 2016 report by the UK's Placed Based Health Commission – a group brought together by two philanthropic think tanks to look at better ways to 'knit together' services.

It talks about **three shifts:**

- A move from institutions to a focus on **people and places** – so that the direction of health care and the decisions about services are taken with greater reference to local needs
- A shift from **service silos to system outcomes –** so that services are better connected and team-based, and the consumers' pathway through them more seamless
- Enabling change from **national to local –** any change agenda needs policy authority, but implementation is best done locally by clinicians, consumers and service providers who know and understand the service delivery environment and local needs.

In August this year, CHF hosted a Consumer and Community Roundtable with Minister Hunt and a cross-section of our members.

We presented him with an Issues Paper that set out our **prescription for a better system**.

That paper is available on our website.

You'll see that we are pragmatic.

We recognise that there is much about Australia's system that is good: our well trained health workforce, our investments in promising infrastructure like MyHealthRecord, our PBS and Medicare arrangements, Primary Health Networks and forays into looking seriously at models of care like patient centred health care homes and mental health reforms like headspace.

We advocate for different, not necessarily more (although funding injections are always nice).

The 'three shifts' framework encapsulates our main recommendations. These include:

- A medical and health research agenda that invests more in health system and service development research shaped by consumer and community priorities not just those of interest to the scientific community – *a focus on people and need, not institutions*
- Reforms to strengthen primary health care arrangements by introducing new models of care like health care homes supported by funding arrangements, workforce development and innovation, and infrastructure that enable it - *shifting us away from service silos*
- Giving Primary Health Networks the mandate, resources, responsibility and accountability for integrating systems and care in their regions, provide incentives that stimulate write this role into bilateral Primary Health Care Agreements between the Commonwealth and States - *shifting from*

national policy setting and implementation to policy and vision set nationally, implementation and adaptation done locally

And finally, we need a new maturity in the way we embrace and value consumers and their insights. We invest a lot in clinical leaders. We need to do likewise with consumers so they can be effective agents of change.

CHF is working to support consumer leadership development in innovative ways. This week we are opening up expressions of interest to find lead clinicians and consumers to be part of a national demonstration we'll be running next year.

It's called Collaborative Pairs Australia.

We have teamed up with its architects from the UK's Kings Fund to see how it works here. What's unique about this program is that it develop leadership skills in clinicians and consumers who, as pairs, undergo the *same* training and then work *together* on an improvement project.

So – in addition to 'integration' and the 'three shifts' idea - the other takeout I want to leave you with is 'partnership'.

It is through local action and clinician and consumer alliances like those fostered by initiatives such as Collaborative Pairs, that we will drive better care, better partnerships and more responsive services.

This is how we can continue the transition to ensuring patient centredness is a pillar of Australia's health system.

Thank you.