



Consumers Health Forum
of Australia

Changing Course: Putting Consumers at the Centre of Health Care

PLATFORM FOR THE 2016 FEDERAL ELECTION

CHFA

Consumers Health Forum of Australia

PO Box 3099

Manuka ACT 2603

Tel: (02) 6273 5444

Fax: (02) 6273 5888

Email: info@chf.org.au

Web: www.chf.org.au

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CHANGING COURSE

PUTTING CONSUMERS AT THE CENTRE OF HEALTH CARE

Australia needs a 21st century national health system which meets current needs and adapts to the inevitable changes in population needs and health treatments.

Our system must support consumer-directed self-care and involve them in shared and informed decision making about their care.

Consumers must be seen as 'makers and shapers', involved in the design and operation of the broader system.

Consumers are the experts: only they can say how their health conditions impact on their lives and what will work for them. Their insights must help shape policy and health services and they can be catalysts in identifying policy opportunity and gaps in services. Patient experience can accelerate change and inform the development of practical and local health and social care solutions.

We need a nationally agreed, forward-looking and ambitious vision for the health system and an integrated set of reforms. This vision needs to include a commitment to future investment to ensure all Australians have access to quality health services that an affluent country should provide to its citizens.

The incoming federal government should take the lead developing the vision and work with State and Territory Governments and all stakeholders to ensure a well-connected, consumer-focused health system.

Case for Change

We don't have an integrated, coherent health system in Australia. There is no clear vision for how high quality care can, or should, be delivered in an ever-changing environment with increasing pressure due to medical innovation, technological change and the changing structure of our population. We have fragmentation at every level.

We have primary, aged and acute care running on parallel lines. The disconnection is exacerbated by the split in Commonwealth and State responsibilities with no one level wanting to take responsibility to join up the system.

We have a complex private-public mix with private clinicians, hospitals and health insurers working alongside publicly funded and run hospitals with systems that don't communicate and differing imperatives driving their business models.

There are health inequities, both in terms of access and outcomes. Many groups in the community have very limited access to services and we have data to show they have poorer health outcomes. We need a vision that acknowledges those inequities and seeks to reduce them. In particular we need to close the gap for Aboriginal and Torres Strait Islander people by giving them both access to quality healthcare and improving their access to education, housing, employment and other services.

Too often the consumer is forgotten in this process and their needs are ignored. Earlier this year the Consumers Health Forum of Australia (CHF) combined with The George Institute of Global Health to look at what was needed to ensure we put the consumer first when designing the health system for the future. The outcome of those deliberations has been combined with input from our members and the broader consumer community to determine our priorities for action.

What needs to be in the Vision

The vision need to be built around the following seven principles of consumer-centred care:

- Care is accessible and affordable with access determined by health need

- Care is appropriate and meets the needs and preferences of individuals and is also evidence based, high quality and safe
- Care looks at the whole-person and takes into account people's lives and personal and cultural needs and values. It is also inclusive of family and carers.
- Care is comprehensive and coordinated with a multi-disciplinary approach. It facilitates continuity across the different levels of the health and human services system
- There is trust and respect at all times between consumers and health service providers
- Support is provided to enable informed decision making including access to clear and understandable information about treatment options, risk and costs
- Consumers are involved at all levels of planning, system design, and service development and in key governance structures.

A truly consumer-centred health system can only be achieved with the input of consumer experiences and insights at every level of the system: planning, delivery, assessment and research.

This requires knowledgeable, skilled people who are informed and supported by health consumer organisations (HCOs) to lead and participate in health policy and service development and improvement.

In a modern 21st century health system, appropriately funded HCOs are a vital part of the health landscape.

The current divisions between Commonwealth and State and Territory governments is a major cause of fragmentation and is a contributor to the variation in health care that exists in Australia.

It is important that the diversity of consumers is acknowledged and that we do not assume a one size fits all approach will address the diversity of preferences and life circumstances. Whilst there needs to be a national vision it is important that the structures put in place to deliver on the vision are flexible and allow for local solutions.

Place based health is gaining traction globally. We believe that a move to regionally based structures, building on the

current Primary Health Networks (PHNs), that work with their communities to identify and meet all the health needs of the community is an essential part of any reform.

Health is a national asset and underpins national productivity. We need to move away from the current budgeting requirement that all new expenditure must be offset from within the health portfolio. More investment in prevention, early intervention in primary care need higher levels of investment now to reap benefits in the future. This should not be at the expense of providing necessary services to those who already need them.

First Steps

We have identified seven key reform areas. Within these, we call for a number of commitments which would lay the groundwork for a sustainable health system that ensures people get the right care, at the right time and at the right cost.

Want to know more?

- CHF Strategic Plan 2015-2018 www.chf.org.au
- Putting the Consumer First – Creating a consumer-centred health system for a 21st century Australia. *A Health Policy report* by The George Institute and CHF www.chf.org.au/reports.php

About CHF

The Consumers Health Forum of Australia is the national peak body for healthcare consumers and those with an interest in health consumer affairs. CHF advocates for a health system that is designed to benefit consumers and the health of the community, informed by the needs and preferences of consumers.

CHF has a diverse membership that includes health consumer organisations which represent the interests of consumers with particular diseases and conditions. Many CHF members have developed election platforms in their own right. CHF supports the platforms of all our members. Platforms developed by our member consumer organisations are available on their websites. For a list of CHF members go to <https://www.chf.org.au/our-members.php>

Primary and Integrated Health Care

“...They [health services] weren’t coordinating with my GP...My GP is fantastic. He found a neurologist ...and is also willing to do teleconferences. He’s given me all the contact information I need and coordinates my care with the local ophthalmologist, optometrist, dietitian – basically has put the team together...”

What we want

We need an integrated, coordinated and universally accessible primary health care system that meets the needs of people with chronic and complex needs and families. It needs to be appropriately funded to provide universal, affordable accessible care.

Key commitments

- Increase investment in primary health care
- Remove the freeze on the Medicare rebate for primary health care consultations and services – including allied health and optometry services
- Commit to the trial of the Health Care Home model of primary care and, subject to evaluation, national rollout
- Connect services through a reliable, resourced and sustainable electronic records system
- Invest in primary health care research
- Fund PHNs to introduce innovative, regionally integrated stepped care arrangements that fill gaps in the needs of their communities
- An Integrated Care Strategy across primary health, hospitals, aged care and community service settings

Why it is important

The current primary health system works well for most Australians. However it is not designed to meet the needs of the growing number of people with chronic and complex conditions. It doesn’t integrate as well as it could with hospital, aged care and community services. Funding arrangements are outmoded. There is scope to promote greater team-based care making the best use of our well trained health workforce.

Universally accessible quality primary health care through general practice and similar settings such as Aboriginal community controlled health organisations are the backbone of sustainable healthcare. Countries with the highest performing health care systems have a strong primary health care sector.

Greater integration and coordination of care across service settings is important if we are to prevent adverse events and join up care for people with complex needs. Primary care has a key role in areas like pain management and mental health where a multi- faceted and multi- disciplinary approach is critical to improving health outcomes.

Contemporary primary health care needs to be inclusive and take into account the diverse needs of the communities it is servicing. This means models of care must be flexible so that they incorporate the needs of groups including Aboriginal and Torres Strait Islander peoples, culturally diverse communities, those in our community with an identified disability or mental health, those who identify as LGBTI and those who are homeless.

Want to know more?

Submission to the PHCAG <https://www.chf.org.au/CHF-PHCAG-Survey-Submission.chf>

Submission to House of Representatives Inquiry into Chronic Illness <https://www.chf.org.au/Chronic-Disease-Prevention-and-Management.chf>

Private Health Insurance

“Despite having top hospital cover for the last 52 years, when I was diagnosed with aggressive breast cancer, I have found that often less than half of the costs are covered! We are out of pocket by \$6,700 the first time, and ... we had to pay everything BEFORE the operations”

What we want

We need a private health insurance market that has a basic standard of certainty, comparability and affordability that can easily be accessed by consumers. The Private Health Insurance Rebate should be reconfigured to ensure it delivers on its objective of taking pressure off the public system.

Key Commitments

- Develop a suite of nationally standardised basic private health insurance packages for Hospital Cover (MyCover). These packages should be developed jointly with consumers, health insurers and private hospitals
- Work with the sector to ensure there is improved information on premiums, benefits and exclusions
Redesign the Rebate to exclude policies that cover non-evidence-based or outdated procedures
- Maintain current community rating system

Why it is important

Australia has a public-private health system. Private health insurance is a critical component of the Australian health care system: it is intended to assist with the costs of care in the private system, to support choice of private provider and to help take the pressure off public hospitals

With almost half of all Australians covered by a private health insurance policy, it is vital that consumers have the confidence that their policies are robust and will afford them access to critical treatments should the need arise.

Many insurance packages lack adequate coverage for even basic needs, and yet consumers continue to

pay high-and-rising premiums on these policies with misplaced confidence that they will be covered. Despite offering no promise of improved health care, premiums continue to rise on products that many consumers feel obliged to purchase in order to avoid punitive measures, such as the Medicare Levy Surcharge and Lifetime Health Cover.

Evidence has mounted in recent years that private health insurance has failed to deliver on one of its fundamental goals: taking pressure of the public system to preserve the fundamentals of universal access. Instead, the Government now spends over \$6 billion per year to, in effect, subsidise a private industry at the expense of those funds being available directly to shore up the public health system. This has had the effect of eroding the mixed public-private health care system in favour of private hospitals, specialists and insurers.

Want to know more?

Submission to Review of Private Health Insurance <https://www.chf.org.au/CHF-PHI-Review-Submission-FINAL.chf>

Position Statement on Private Health Insurance <https://www.chf.org.au/CHF-Private-Health-Insurance-Position-Statement.chf>

Private Health Insurance Consumer Survey: Results and Discussion <https://www.chf.org.au/CHF-Survey-Report---Private-Health-Insurance.chf>

Out of Pocket Costs

“My health insurance does not cover everything, neither does Medicare.”

What We Want

We need a universal health system that provides affordable and accessible care. Access should be determined by health need not capacity to pay.

Key Commitments

- No new or additional co-payments
- Increases in co-payments and safety net thresholds to be limited to indexation in line with inflation
- A single, comprehensive safety net across PBS and MBS for consumers with persistently high out-of-pocket costs

Why it is important

Australians face some of the highest out of pocket expenses in the OECD and these costs account for over 17 per cent of health expenditure. This is despite the existence of the universal insurance cover provided by Medicare, the subsidised medicines provided under the Pharmaceutical Benefits Scheme and that close to half of the population have private health insurance which helps meet the cost of private treatment. AIHW data shows around 10 per cent of people either delay going to a GP or put the visit off completely. Similar proportions either delay getting prescriptions or don't get them filled at all.

The lack of agreement by governments, health policy makers, practitioners and managers on the scale and purpose of out-of-pocket expenses has prevented meaningful reforms to date. There are no underlying principles which guide the implementation of co-payments for health care and no overall policy framework within which individual health care providers and services

develop their own co-payment systems.

Without a shared understanding and coherent policy on co-payments across all levels of government and all forms of health care, the current piecemeal approach will continue to create inefficiencies, distortions, unnecessary complexities and inequities in access to health care among consumers.

Co-payments should provide incentives for consumers to choose the most cost-effective health care option for their condition and avoid perverse incentives for choosing less effective forms of care. For example, preventive care should incur little or no cost and be made as accessible as possible to all in the community. This includes services such as immunisations, preventive dental care and screening for chronic disease risk factors.

Want to know more?

Health Consumer Out-of-Pocket Costs Survey-results and Analysis <https://www.chf.org.au/Attachment-D-Copayments-survey-report-May-2014.chf>

Empty Pockets: Why Co-Payments are not the solution https://www.chf.org.au/Empty-Pockets_Why-copayments-are-not-the-solution_Final-OOP-report.chf

Submissions to the Federal Treasurer for Budget 2014, 2015 and 2016 www.chf.org.au

Submission to Senate Inquiry into PBS Co-payment www.chf.org.au

Health Voices April 2013 - Australian Health Care Out of pocket and out of date? https://www.chf.org.au/HealthVoices_APRIL_WEB.chf

Health System Efficiencies

“My mother had a mastectomy and had a follow-up scan every few months or so. After one visit, she came back and said that ‘They want me to see the surgeon.’ I said ‘For what? ... I’m coming with you.’ I asked the surgeon, ‘How is this going to benefit her? How is this going to improve her quality of life?’ And he just couldn’t answer me.”

What We Want

A sustainable health system that delivers value for money by concentrating on the provision of care that delivers good health outcomes delivered in the most cost effective way. We want a system that encourages high value and discourages low value care and ensures all Australian have access to similar care.

Key Commitments

- Complete the current Medical Benefits Schedule Review to reduce low value care
- Improve end-of-life care to better reflect consumer preferences
- Reinvest the savings from the Review into new higher value care
- Introduce measures of patient experience and outcomes
- Examine reasons for health care variation and create the right policy, infrastructure and incentives for change.

Why it is important

Clearly there is a need to ensure the health system is sustainable. There has been significant work both in Australia and internationally on waste in the health system, particularly the costs and harms associated with systemic overdiagnosis and overtreatment. This waste is in part caused by the continued delivery of low value care: interventions which either produce no or very few health benefits or, in some cases, can cause harm. Not only does such care waste valuable health resources but it puts consumers through unnecessary tests, procedures and other interventions for very few health benefits.

The current review of the Medical Benefits Schedule, the Choosing Wisely Campaign and the Evolve process are all working with clinicians to identify how they can change the way they practice to reduce the provision of low value care. These processes need to continue and be supported as they will deliver health and financial benefits.

There is scope to improve end-of- life care so that it meets people preferences around where they die and what interventions they have in their last few days. This would give more people the chance of a good death and would allow more resources into community and home based palliative care and other end of life care.

Rather than engaging in reviews that hit on the health “crisis of the day,” the health system ought to be reformed around the whole consumer experience. Outcomes and recommendations of reviews concerning different sectors of the health system ought to be linked to ensure they meet the purpose of improving the consumer experience in the health system.

There is now a growing body of evidence of the dramatic differences in cost, use and performance of health services as provided by the Atlas of Healthcare Variation, the National Health Performance Authority and the Choosing Wisely initiative. The evidence these have uncovered should be used to improve, safety, quality and cost-effectiveness.

Want to know more?

Health Voices April 2014 *Better Bang for your Buck*
www.chf.org.au/HealthVoices_APRIL14_WEB.chf

Submission to the Medical Benefits Schedule Review
www.chf.org.au/CHFsubmission-to-MBS-Review-chf

Choosing Wisely Australia www.choosingwisely.org.au

Mental health

“Sometimes my mental health problems overwhelm me and then I struggle to get the help I need when I need it”

What we want

We need a whole of government approach to addressing mental health needs that brings together integrated health services with improved education and employment opportunities to ensure people with mental illnesses have the same opportunities as others in the community. There needs to be a long-term commitment that links funding to demand to ensure the momentum of reform is not stalled.

Key Commitments

- Pursue the development of integrated mental health services across hospital and community to ensure continuity of care
- Implement locally planned and coordinated services that meet the needs of the local community building on the work being done in the PHNs
- Inclusion of people with mental illnesses and associated conditions such as chronic pain in the Health Care Home trials
- Develop a ten year national suicide strategy to reduce suicide by 50 percent
- Implement the 12 large regional trials on suicide prevention as called for by the National Mental Health Commission

Why it is Important

Around 20 per cent of the Australian population will experience some form of mental illness in any given year and despite increases in investment and the development of national mental health plans the consensus is we are not doing enough.

The recent National Mental Health Commission review confirmed what all the other reviews had said; the mental

health system is fragmented and has fundamental structural shortcomings. Most importantly the Review showed that these problems had a negative impact peoples’ wellbeing and participation in the community—on jobs, on families, and on Australia’s productivity and economic growth. The Review also found that despite almost \$10 billion in Commonwealth spending on mental health every year, there are no agreed or consistent national measures of whether this is leading to effective outcomes or whether people’s lives are being improved as a result.

People who have mental health problems often have other chronic conditions, including chronic pain. People with long term mental illnesses have poorer levels of physical health. There needs to a whole of person approach which deals with both their mental and physical health.

The rate of suicide in Australia is estimated by the Australian Bureau of Statistics to have increased by nearly 20 per cent in the decade up to 2014 and shows no sign of abating. It is the leading cause of death of young people. There is strong evidence of what works. Suicide prevention is clearly an area where we need additional resources now. This should not be dependent on finding savings elsewhere in the health system. We need to take a multi- faceted approach that looks at community awareness and better training, increased services and better coordination across primary care, hospitals and community to ensure people do not fall through the cracks.

Want to know more?

National Mental Health Commission
www.mentalhealthcommission.gov.au

Mental Health Australia www.mhaustralia.org

Oral and Dental Health

“I made enquiries about private dental care and the likely costs of attending to my dental needs. I was crestfallen to learn that my only options were to either pay thousands of dollars for several visits to a private clinic or to book in at the local Community Dental Service.”

What we want

We want access to oral and dental health care to be treated in the same way as access to other health care.

Key Commitments

- Include dental health care in Medicare
- Commit to and financially support Australia's National Oral Health Plan
- Restore the Child Dental Benefits Schedule
- Fund a National Oral Health Promotion Strategy

Why it is important

Despite a significant and growing body of evidence that shows the positive relationship between oral health and overall health status, there is no universal coverage. The vast majority of oral health and dental care services are provided in the private sector on a fee for service basis and access to oral health care is inequitable distributed in Australia and oral health status shows one of the worst disparities in the Australian health system.

Nearly one in three consumers avoids dental treatment due to cost issues and that figure rises to nearly half for concession card holders. There is inadequate attention to investing in prevention, in addressing the causes of dental disease and in fostering stronger community attention to oral health hygiene and eating habits.

As a result, too many Australians suffer preventable oral disease and more than 60,000 Australians are hospitalised each year because of oral conditions, which is an unnecessary health burden for consumers and an unnecessary cost to the health system.

Support for quality oral health services has gone backwards over the last several years with public waiting lists for dental care blowing out and no national oral health care plan in place to address the broader issues around prevention and oral healthcare.

Although the current Government took steps to reform oral care in Australia by announcing the Child and Adult Public Dental Scheme, overall funding has been reduced by an estimated \$1 billion. CHF is concerned that the Scheme is not going to be adequately funded or staffed by the States and Territories, resulting in a further backsliding of oral health in Australia.

Want to know more?

Real reform that will work- Dental Access not a universal dental scheme www.chf.org.au/HV-MAY2012_Fryer.chf

Health Voices May 2012 *Putting money where the mouth is: solutions for Australia's dental crisis* www.chf.org.au/Health-Voices-MAY12_WEB.chf

Submissions to Federal Treasurer for Budget 2015 and 2016 www.chf.org.au/submissions.php

Preventive Health

***“One great big meaningful and helpful message to all Australians.
Eat and live healthily, and enjoy doing it.”***

What we want

We want to see a national approach to prevention with an emphasis on changing people’s behaviours to reduce the risk of chronic disease. There needs to be a whole of government approach incorporating taxation measures as well as health measures.

Key Commitments

- Increase expenditure on preventive health to at least 5 per cent of total health spending by 2020
- Additional investment in family and early childhood health with an emphasis on health promotion and prevention
- Changes to taxation to introduce a tax on sugar sweetened beverages and change alcohol taxation

Why is it important

Chronic diseases have become Australia’s biggest health challenge, accounting for over 80 per cent of premature deaths and 85 per cent of the total burden of disease.

Chronic diseases are closely associated with modifiable risk factors such as tobacco and alcohol use, physical inactivity and poor diet. These behaviours increase the risk of developing biomedical risk factors including overweight, obesity and high cholesterol levels, which subsequently can lead to chronic disease.

Action to address each of these risk factors is needed to reverse the increasing burden of chronic disease. These actions need to cut across all age groups but we believe there is additional benefit in targeting families with children in the early years as it is clear many of the problems in later life can be traced back to what happened in childhood. If we can give children the best possible start in life.

The experience with tobacco reduction show that price signal can work to modify behaviour and this is why we have put an emphasis on changes to the taxation of alcohol and the introduction of taxes on sugar sweetened drinks.

Want to know more?

Prevention 1st Campaign at www.fare.org.au/prevention-1st

Health Voices November 2015
Preventive health...a cure for the future
https://www.chf.org.au/HealthVoices_NOV2015_WEB3.chf

COAG *Investing in the Early Years-A National Early Childhood Development Strategy*

www.chf.org.au