



Consumers Health  
Forum **OF** Australia

# Priorities for the 2019 Federal Election

Making Health Better

**APRIL 2019**

Consumers Health Forum of Australia 2019  
Priorities for the 2019 Federal Election

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# THE CONSUMERS HEALTH FORUM OF AUSTRALIA

The Consumers Health Forum of Australia (CHF) 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 of health consumer organisations and individuals that represent the interests of consumers with diseases and conditions. Many CHF members have developed election platforms, and these will be available on their respective websites. CHF is also supported by research institutes, professional associations, Primary Health Networks (PHNs) and local hospital networks (LHNs) through associate membership.

## Vision

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A world class health and social care system centred on consumers and communities.

## Mission

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To draw on consumer and community knowledge and experience to relentlessly drive innovation and improvements to the Australian health and human service system.

## We believe

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- ... in a universal health system where equitable access is based on need
- ... in a health system where people have choice and control over their health and care
- ... a truly world class system should have a strong and influential national consumer voice as part of its framework
- ... that better health and care decisions, experiences of care and outcomes are achieved when consumers are involved from beginning to end
- ... place-based care designed with consumers and communities will deliver better outcomes and experiences of care and more locally responsive services
- ... that policy and healthcare decisions should be informed by a strong evidence base including consumer experience

# CASE FOR CHANGE

Many Australians need more support to get the best out of our health system. A consumer sentiment survey conducted by CHF found that most Australians are largely satisfied with the health system. But many raised two recurring issues: cost and uncertainty.

About twenty per cent of people skipped getting a prescription or getting a recommended test or follow-up, often because of cost.

People want assurance that they can get the care they need at the right time. They want - and deserve - a guarantee from our political leaders that there is a plan for the future of our health system. A visible, long-range plan is needed to keep healthcare affordable and capable of delivering the kind of 21st century health care we should all expect.

Even when services are available, between a quarter and a third of consumers had difficulties navigating the system from understanding the details of care and finding the right healthcare option. Their experience is one of frustration at our fragmented system. We need to get better at coordinating care.

Worse still, health care is lagging other sectors failing to embrace the benefits offered by digitisation. We have 20th century thinking but 21st century expectations.

It is time for the health and social care system to innovate and improve at pace and do so with consumer and community insights deep at the heart of driving change.

In our Election Priorities, CHF focuses on critical areas for action that will move Australia towards a modern and sustainable health system that provides consumer choice and empowerment, supported by innovation, emerging evidence, and best practice.

To achieve this and move towards a consumer-focused and sustainable health system, CHF calls for our political leaders to act in the following ways:

## Future proofing a healthy Australia

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Develop a National Prevention Strategy and boost spending on prevention to at least five per cent of the health budget.

## Leading and reshaping

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Lead a ten-year, forward-looking National Vision for Australia's Health 2030 including funding and other strategies to reduce federal/state divisions. These plague the coordinated delivery of care in so many areas such as mental health, disability and aged care services and generate disconnected care, public waiting times and out of pocket costs. Initiate a National Wellbeing Dashboard so, as a nation, we can track our current and future wellbeing.

## Integrating

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Join up care through Medicare coverage to stimulate team-based care that incorporates the full range of our available workforce in care teams including nurse practitioners, health coaches and dental hygienists.

## **People-centred, place-based**

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Make the most of our PHN regional infrastructure by giving them authority and mandate to serve as stewards of integrated primary health and human services, to work with hospitals to innovate towards hospitals of the future and to commission services at scale. Fund a few vanguards through PHNs to accelerate approaches to co-commissioning health and human services.

## **Broadening**

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Modernise Medicare's scope on where and how care is delivered by de-regulating the need for face-to-face consultations and prescribing, enabling hospital in the home, telehealth, email/telephone follow-up and other community outreach modes of care.

## **Encouraging**

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Adopt policies that take a whole-of-person approach that bridges mental, physical and social needs and translates those principles into programs and services.

## **Consumer-focused**

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Fund initiatives designed to activate the consumer's part in care through shared decision-making practice and self-management programs; ensure everyone has the health literacy they need to optimise health and wellbeing; and invest patient leadership skills so they can fulfill productive roles in the design and governance of health policies and services.

## **Embrace**

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Harness technology and all it can deliver to improve health care access and consumer experience.

## **Priorities**

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Take early action on obesity, dental health and primary care reform in the first 100 days of office.

# PATIENT LEADERSHIP

## What we want

A patient-centred approach to the design, delivery and evaluation of healthcare services will improve patient outcomes, the quality of care and reduce costs. To succeed where previous health reforms have faltered, consumers must have a seat at the table and have their expertise as system users and agents of change recognised. Consumer input cannot end with raising problems, they have most impact when they are co-leaders in designing, implementing and evaluating meaningful reforms. We need to invest in and accelerate the extent to which our system is moving towards best practice and maturity in patient-centred design. This requires culture change, a paradigm shift away from a provider orientation, and initiatives that promote innovation and consumer leadership in health care.

## Key commitments

- Fund and establish an *Australian Patient Leadership Academy* that delivers training to develop and grow a skilled, prepared, energised and motivated group of existing and emergent patient leaders.
- Fund the scale-up of CHF's *Collaborative Pairs Australia*, a model of joint consumer and clinical leadership development currently being implemented on a demonstration basis.
- Investing in the future role of consumers by supporting the other leadership development initiatives outlined in CHF's *Shifting Gears* White Paper at all levels of the health system.
- Introduce indexation funding for the Health Peak and Advisory Bodies Programme
- Invest in an independent national voice for mental health consumers and carers to complement the work of consumer organisations like the National Mental Health Consumer and Carer Forum.
- Fund CHF to support and develop young leaders through the *Youth Health Forum* focusing on advocacy, youth representation, mentorship, health literacy and awareness of best practice engaging with young people in all health settings and to further develop *Australia's Health Panel* to add to the rich consumer insights CHF already provides.

## Why it is important

Digitisation, changing consumer expectations, and the advent of genomics and precision and personalised medicines is accelerating innovation in health care delivery. We are moving into a future where consumers have the power to control and choose the services that they pay for and have access to rapidly moving information and innovations to manage their health. Policy makers, health administrations and clinicians will need to change the current decision-making processes to realise the many and varied ways that consumers can contribute to shaping health care.

In a White Paper last year, CHF outlined eight key functions fulfilled by consumers and consumer advocates as leaders at all levels. A *Patient Leadership Academy* that provides formal support and training to people stepping into leadership roles will mean greater recognition for the skills and knowledge they bring generally but, importantly, to optimise their roles as partners in their own health and as advocates who have an impact on policy, planning, delivery, evaluation and monitoring.

Consumers are already involved as advocates and representatives across government committees, working parties, expert panels and policy roundtables. They are often the only consumer representative among many clinicians and other industry members, which does not adequately reflect Australia's diverse population and must be addressed with more balanced ratios. For patient leaders to be more effective in their roles, their expertise needs to be valued and remunerated in the same manner as clinical or research expertise. Leadership needs to be reinforced with investments in organised networks, communities of interest and social media-enabled platforms that garner consumer sentiments and insights to inform decisions.

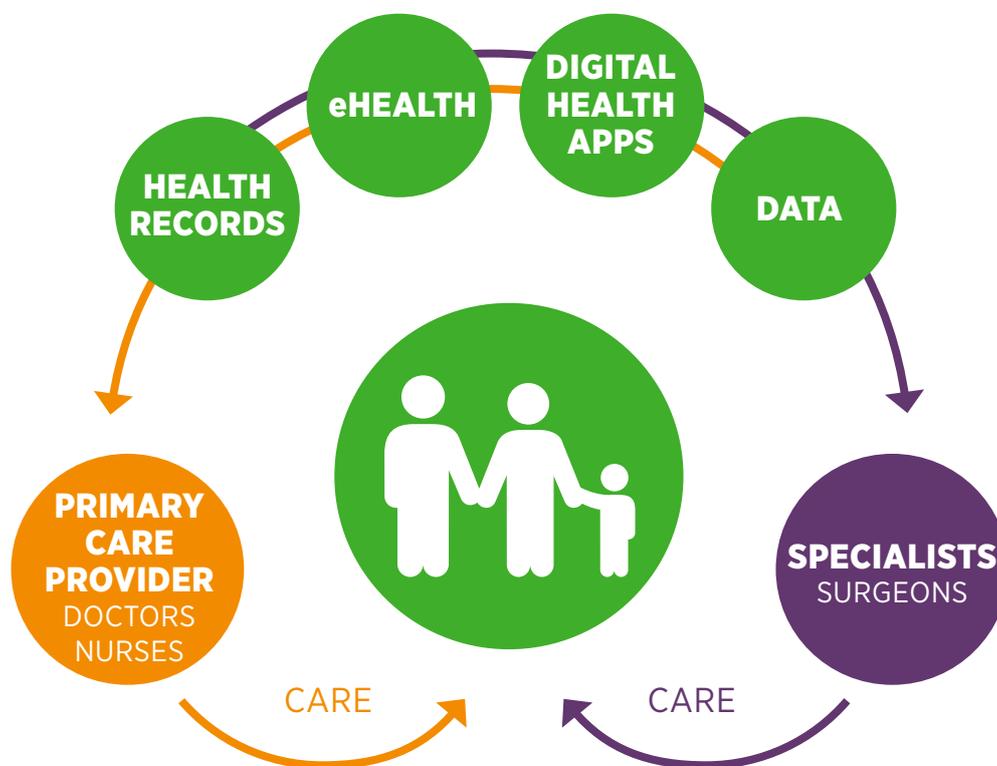
## Want to know more?

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Collaborative Pairs Australia  
<https://chf.org.au/collaborative-pairs>

# PRIMARY AND INTEGRATED CARE REFORM



## What we want

Healthcare is more than hospitals. We need an open and connected health system that focuses on accessible, high-value care in primary health care settings where health care providers are empowered and resourced to adapt to meet increasing demand and to introduce services that keep people out of hospitals with new options for care in the community.

## Key commitments

- Invest in the establishment of a government-led *National Centre for Health Care Innovation and Improvement*. The centre would have access to a Future Health Fund to support system stewardship by testing and scaling up new models of care and payment systems that work for patients, build capacity in the commissioning work of PHNs and their co-operation with LHNs, and spearhead national efforts to support the development of clinical and consumer skills in leadership, change management

and improvement science. The centre should be a private-public partnership involving clinical, consumer, academic and industry leaders and philanthropic funding.

- Broaden the funding framework for primary health care settings to include blended and bundled payments to encourage health care teams, integrated services and telehealth.
- Continue and increase funding for patient and family-centred health care home models that incorporate the learnings from the Health Care Homes Trial.
- Integrate shared-decision making, social prescribing, supported self-management and a service coordinator workforce (link workers) as a central feature of primary health care delivery to build knowledge, skills and confidence in people with long-term physical and mental health conditions and assist them to live well
- Remove restrictions about where and how hospital patients can be treated to relieve growing pressures on emergency departments.

- Remove professional service delivery funding from the Community Pharmacy Agreement to open opportunity for these services to occur in general practice and hospital settings as well as community pharmacy.
- Develop a primary health care data set for better service planning and improvement
- Recognise PHNs as the key regional infrastructure through which we can achieve integrated health, community and other services through regionalised commissioning and invest in their capability developments to fulfill this role.
- Continued funding for a sustainable MyHealthRecord system that aligns with community privacy and ethics standards.

## Why it is important

With growing rates of chronic illness in Australia and many of us now living with one or more chronic conditions, it is more important than ever that consumers have access to affordable early diagnosis and treatment. The recent Report on Government Services showed that we are failing to deliver basic care that is accessible with almost twenty per cent of people feeling like they waited too long to see a GP and a slight rise in emergency department presentations for non-urgent care.

We also know that high out of pocket costs and private health insurance premiums are leading more people to rely on the public health system. Patients are accessing care later through channels that are more affordable to them personally such as emergency departments but often less appropriate for their needs. This is an unsustainable arrangement for hospitals struggling to meet demand and increasing their funding without addressing the underlying issues will have disastrous long-term impacts on the health of Australians.

CHF's recommendations for primary care build on a wealth of literature and research - there is no shortage of discussion or policy guidance around the systemic issues and barriers preventing services and providers from evolving. The commitments we ask for focus on care delivery according to patient preferences and reflect what we have heard through our own research and consultations.

Finally, we would emphasise that system reform does not stop with implementation. Consultation and evaluation are an important part of ensuring changes will adapt over the long-term. For example, the review of the MBS should be ongoing to ensure that services funded by the health system meet current clinical and patient standards of high value care.

## Want to know more?

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# PREVENTION IN PLACE

## What we want

An overarching national commitment to population health and wellbeing across all government portfolios and delivered in key settings such as workplaces, schools and primary care.

## Key commitments

- Develop a *National Prevention Plan to 2030* that increases expenditure to five per cent of total health spending within this term of government.
- Commit to addressing obesity by implementing the eight actions recommended in the *Tipping the Scales* report.
- Increase investment in family and early childhood programs to ensure healthy behaviours start early, including strategies to tackle childhood obesity.
- Invest in data, training, tools and resources that help health providers to support patients becoming active managers of their health. This should include the ability to write 'social prescriptions' to encourage people to reach out to support like health coaches or community groups.
- Ensure patient resources are supported by a framework and review process that aids in identifying high quality, evidence-based information and tools e.g. digital applications.

## Why it is important

In addition to boosting our overall focus on the primary health care system, a concerted effort to reach Australians with lifestyle risk factors with preventative measures, early interventions, and health education will be essential to address rising rates of preventable chronic diseases, obesity, and mental ill health.

We know that ignoring the early warning signs will mean a great burden for the health system in the future. However, the broader implications of an unhealthy population will be felt on many fronts, beginning with ability to participate in the community and economy.

The Public Health Association of Australia recently reported that the top ten public health successes over the last twenty years in Australia have been preventative. Many of the items on their list fall outside the mandate of the Health portfolio, for example gun legislation, taxation and plain packaging of tobacco products, and enforcing the use of seat belts and bicycle helmets. The success of these campaigns shows what can be achieved for public health and means Australians generally believe that government has a responsibility to help change individual behaviour (Essential Research 2014).

## Want to know more?

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# PATIENT ACTIVATION, SELF-MANAGEMENT AND HEALTH LITERACY

## INCREASING LEVELS OF ACTIVATION



Source: Insignia Health 2018

### What we want

At the point of care delivery, we want to strive for better health outcomes and consumer experience by supporting patients to be activated and equipped to be partners in care and to better self-manage.

### Key commitments

- Develop an Australian patient self-management initiative to support people with chronic conditions to actively manage their own health featuring key features of forerunners such as the UK's *Co Creating Health* programme and more recent Universal Personalised Care Strategy. It should feature an expert patient program, education and training for doctors and nurses and support to service settings like general practice
- Implement a *Prescriptions for Health Living* program to equip people at risk of chronic disease with practical steps they can take to stay well and lower their risk, and to provide primary care providers with skills, new services and referral pathways to help motivate and support patients
- Implement a *Healthy Families, Healthy Communities* initiative to educate and support primary care providers to engage effectively with parents to support healthy early childhood development and health literacy by providing them with resources, education, training and new referral options
- Build on the Health Care Homes Programme pilot by implementing patient and family-centred health care home model of care general practice-wide in keeping with the Primary Health Care Advisory Group (PHCAG) and MBS Review Taskforce's General Practice and Primary Care Clinical Committee (GPPCCC) recommendations. This would change the way coordinated care is funded through blended and bundled payments supplementing fee-for-service arrangements; include incentives that require the use of patient experience and activation measures; stimulate workforce innovation such as the accelerated introduction of non-prescribing pharmacists in general practice to assist with quality use of medicines and enhanced health literacy in this area.

- Dedicate regional funding to ensure consumers are involved in commissioning, designing and providing consumer training to local services and PHNs and their regional partners have access to tools and resources that promote mature practices in consumer participation and involvement in commissioning
- Invest in consumer reviews of health information to ensure resources and program information is consumer-friendly, comprehensive, and easy to find.

## Why it is important

Patients with long-term conditions spend less than one per cent of their time in contact with health professionals meaning that up to ninety-nine per cent of their care is self-managed or managed with the support of a carer. A recent UK Health Foundation report shows that patients most able to manage their health conditions had thirty-eight per cent fewer emergency department admissions, thirty-two per cent fewer emergency department attendances and eighteen per cent fewer GP appointments than those who were less able. With the Australian hospital system under increasing pressure, approaches that support productive consumer behaviour should be prioritised in the same way that traditional models of clinician-centred interventions have been in the past. The government needs to recognise that people who successfully manage their health are experts in their own health and can be used to teach others.

Limited health literacy is associated with poor health outcomes and with hospitalisations and greater use of emergency care. Health literacy is identified as a health priority for transforming health in many OECD countries. Health systems of the future need to lift health literacy rates, particularly among those at risk of poor health outcomes as a major reform initiative. Health literacy is the degree to which people have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. The Australian Commission on Safety and Quality in Healthcare estimates that only forty per cent of adults have the level of individual health literacy needed to meet the complex demands of everyday life, such as understanding and following health advice and making good health care choices.

With disruptors redefining industries like online banking, ride sharing, and music streaming, it is essential for Australia to develop a strategy and framework with consumers to ensure that health innovation and information meets their expectations for safe, high quality healthcare.

## Want to know more?

Consumers Health Forum, 2018, *Shifting Gears: Consumers transforming health*, [https://chf.org.au/sites/default/files/181125\\_shifting\\_gears\\_-\\_consumers\\_transforming\\_health.pdf](https://chf.org.au/sites/default/files/181125_shifting_gears_-_consumers_transforming_health.pdf).

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# SOCIAL DETERMINANTS OF HEALTH

## WHAT MAKES US HEALTHY?



Source: The Health Foundation, 2017

## What we want

Various forms of social support have the potential to close or widen gaps experienced by vulnerable populations. Australia needs to follow the example of other OECD countries who consider the impacts of all policies on the long-term health and wellbeing of their population.

## Key commitments

- Initiate a National Wellbeing Dashboard so, as a nation, we can track our current and future wellbeing.
- Guarantee affordable and sustainable access to health, disability and aged care services to meet the growing needs of an aging and chronically ill population. Commit to a regular review process to ensure support payments are in line with the cost of living, starting with raising the rate of NewStart payments by \$75 per week.
- Work with organisations whose members receive support payments to ensure that policies and services are respectful and delivered in ways that achieve the best level of participation in the community and economy.
- Commit to meaningful and lasting improvements in closing the gap between the general Australian population and Aboriginal and Torres Strait Island populations by leading action on the recommendations of the *Uluru Statement of the Heart*.
- Prioritise the needs of the most at-risk communities by leading legislative changes to enshrine fair treatment in the health and justice systems to empower individuals to seek help.
- Initiate a Productivity Commission review of the private health insurance system.

## Why it is important

Eighty per cent of a person's length and quality of life is influenced by non-health factors like income, education, and home environment, meaning clinical care only factors for about twenty per cent. In their *2018 Report on Australia's Health*, the Australian Institute of Health and Welfare (AIHW) found that every step up the socioeconomic ladder has an associated health benefit. Accordingly, CHF supports calls from organisations such as the Australian Council on Social Services (ACOSS) to review the income tax system in Australia and channel savings towards sustainable social support mechanisms to address critical non-health factors.

Australia is proud of a world class health system and a strong record of funding for services, medicines, and research, however our leaders have still not responded to calls to recognise our First Nation's people as an important step towards reconciliation. To maintain our status as a health leader, action in the non-health portfolios is urgently required and begins with respect and support for Australia's most vulnerable population.

## Want to know more?

AIHW, 2018, *Australia's Health: Chapter 4*, <https://www.aihw.gov.au/getmedia/746ded57-183a-40e9-8bdb-828e21203175/aihw-aus-221-chapter-4-2.pdf.aspx>.

ACOSS, 2019, *ACOSS' response to the Minister for Social Service's opinion piece*, [https://www.acoss.org.au/media\\_release/acoss-response-to-the-minister-for-social-services-opinion-piece/](https://www.acoss.org.au/media_release/acoss-response-to-the-minister-for-social-services-opinion-piece/)

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# PRIORITISING ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

## What we want

A commitment to meaningful, lasting improvements in closing the gap between the general Australian population and Aboriginal and Torres Strait Island populations. This needs to be a priority across government that is founded on a genuine partnership and guided by Aboriginal-led research and design.

## Key commitments

- Government to lead action on the recommendations of the Uluru Statement of the Heart.
- Funding to expand the Aboriginal Community Controlled Health Organisation model (ACCHO) models of care and for National Aboriginal Community Controlled Health Organisation (NACCHO) to conduct sector and service mapping that will identify areas with inadequate services or high levels of preventable admissions and deaths.
- Fund the development of a National Strategy on the Social Determinants of Health that identifies evidence-based policies and programs to address factors like education, income inequality, employment and public housing that contribute to unacceptable levels of Rheumatic Heart Disease in Aboriginal communities.

## Why it is important

As with all consumer groups, CHF believes that Aboriginal and Torres Strait Islander peoples have the fundamental right to be consulted and involved as equal partners in decisions about health and social services.

Aboriginal and Torres Strait Islander populations currently have about a 10-year lower life expectancy and more than double the burden of disease compared to non-Indigenous Australians. Despite efforts to close the gap, these populations still experience worse health outcomes and unacceptably high levels of preventable conditions. Disparities highlight the barriers continuing to prevent access to care and speaks of a broader disconnect between policymakers and how services are delivered in the community.

Our recommendation intends to support calls from sector leaders for service delivery to be evidence-based, person-centred and based on the wants and needs outlined by patients and communities.

## Want to know more?

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# ORAL AND DENTAL HEALTH

## WHAT PROBLEMS ARE ASSOCIATED WITH POOR DENTAL HEALTH?



Source: British Dental Health Foundation, 2018

### What we want

In the long term we want a universal dental health scheme that treats oral and dental health in the same way as any other part of the health system. In the shorter-term we want to see some increase in the provision of publicly funded dental health services for children and adults.

### Key commitments

- A dental benefits scheme for adults like the existing Child Dental Benefit Scheme, focusing on basic dental care with capped funding and allowing choice of provider. This would aim to replace the current Commonwealth funding for public dental care and would roll out in stages to adults on low income, followed by those on other welfare payments, before eventually being a universal scheme that targets children, people under the age of 25, and older people over the age of 65 (with a special scheme for people living in residential aged care).
- Commit to and financially support the National Oral Health Plan.

### 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 in Australia. Most 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 inequitably distributed in Australia. Oral health status is one of the worst disparities in the Australian health system.

Data from the Australian Bureau of Statistics (ABS) for 2017 shows that nearly 2 million people or around 18 percent of those needing dental care either delayed or did not see a dentist due to cost. This is probably underreported as cost may be a factor for some other delaying treatment, but it is not the primary or only reason for deferral.

The work that CHF did on out of pocket costs in 2018 showed that cost of health services is a real barrier to access and people either delay treatment or must make difficult decisions about going without other necessities to pay for some kinds of health care.

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 to almost two years in some areas and no national oral health care plan in place to address the broader issues around prevention and oral healthcare.

## Want to know more?

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# SUPPORT FOR EARLY CHILDHOOD, YOUTH AND FAMILY

## EARLY CHILDHOOD DEVELOPMENT



Source: Atlas Family Foundation, 2018

## What we want

A renewed commitment to giving children the best possible start in life by providing funding and support for families in the early years, and strategies to address the specific health needs of and give voice to young consumers who are the 'the missing middle' in our health system.

## Key commitments

- Introduce models of person and family-centred health care homes that include enrolment and blended and bundled payments to serve the modern health care needs of children and families and increased investment in early childhood health and wellbeing services through ACCHOs.
- Embed the *right@home* program of nurse home visits for mothers and babies who have been identified as at-risk and provide PHNs funding to implement positive parenting programs. This should be rolled out a local level and provide essential referral pathways.

- Fund the Parenting Today in Australia survey to determine the best evidence based, evaluated programs to improve parent capacity to support healthy early childhood development.
- Provide tools, training and resources for healthcare providers to identify and help families requiring extra support.
- Commit to including the youth voice in national consultations, put in place a Minister for Youth Affairs and provide funding for groups such as CHF's Youth Health Forum.

## Why it is important

Young Australians are facing unprecedented health issues including rising rates of obesity, depression and anxiety. For the first time in many decades, we face the prospect that the current generation of Australians might have a shorter life expectancy than previous generations.

Many of the health problems in later life can be traced back to what happened in childhood and adolescence. Early intervention matters and will have long-term benefits.

We need to ensure that appropriate services are available to a young and growing Aboriginal and Torres Strait Islander population. In contrast to the ageing non-Aboriginal population, sixty five per cent of the Aboriginal population is under 30 years old and in 2016 the median age was 23 and the birth rate was twenty five per cent higher than the Australian average.

Providing the right tools and support to those caring for a child early in their life can impact on long-term wellbeing. Our recommendations include research to gather evidence about what works, helping health professionals to identify and provide comprehensive support for parents, and health care models that support integrated care.

The *right@home* trial targets mothers and babies living in adversity and includes 25 home visits from a social worker and maternal child and family health nurse during pregnancy and the first two years of a child's life. Early results of this randomised controlled trial include warmer parenting practices, fewer risks in the home, and parents feeling more confident in facilitating learning in the home. At present Australia has few programs targeting parents in this way and most are not evaluated so CHF supports calls from the Australian Research Alliance for Children and Youth (ARACY) for a survey to collect data about parents to inform better policies and programs.

The overall health of young Australians is rarely in the spotlight; yet this is the time when adults learn to care for themselves independently. This is an opportunity to establish healthy habits, for example regular preventative dental care, yet youth health policy and funding has tended to focus on mental health. It is important that the health system is one they feel comfortable and able to afford to engage with.

CHF calls on government and policymakers to commit to hearing and supporting young people now and engaging this demographic in a meaningful way.

## Want to know more?

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