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Consumers Shaping Health

Representing consumers on national health issues



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Budget 2015: CHF's initial response

CHF issued the press release below on 12 May in response to the 2015 – 2016 Federal Budget. We also released a [slideshow](#) with our initial thoughts on the initiatives in the Budget papers.

Since this press release the Health Minister has indicated that the PBS co-payment and safety net measure may come off the table. Watch this space!

The 2015-2016 Federal budget contains a measure to tighten the safety net for medicine subsidies which revives fears the Government is still hoping to introduce an increase of up to \$5 in the PBS co-payment.

This rise in the safety net threshold, which means concessional patients will have ultimately to pay for eight extra prescriptions per year before qualifying for free or cheaper medicines, will have to pass the Senate the Consumers Health Forum said last night.

“It is a concern for consumers, particularly the chronically ill, that this may be a sign the Government has not taken off the table its hope of increasing the co-payment, a plan which was linked to the safety net change in last year’s budget,” CHF’s Chief Executive Officer, Leanne Wells, said.

“This direction is at odds with the Government’s reform proposals aimed at resetting Medicare, particularly to improve care for the chronically ill.

“There is good news in the listing of \$1.3 billion in new cancer and other drugs, the improvements in national screening programs for bowel and cervical cancer screening and incentives to encourage vaccinations for overdue children,” the Chief Executive Officer of CHF, Leanne Wells, said.

“The \$485 million reboot of the myHealth Record for electronic records is an important building block for



better integrated health care. But more money and strong leadership will be needed to develop a truly effective national electronic health records system that has consumer and doctor confidence.

“We welcome the Health Minister Sussan Ley’s consultative approach on such issues as the pre-budget announcement of a review into Medicare and primary health care which should reveal significant scope for more cost-effective spending on medical services and health care in the community.

“CHF also notes that the negotiations for the 6th Community Pharmacy Agreement are continuing and we hope there will be positive reforms in areas such as the location rules and in unlocking funding to stimulate innovative pharmacy services such as new ways of GPs and pharmacists working together – not business as usual.

“We are disappointed that many of the harshest measures in last year’s horror health budget remain, given the rise in chronic illness, the ageing of the population and the gaping holes in health funding over four years left from last year’s cuts such as:

- The \$1.95 billion reduction in hospital funding
- The \$1.67 billion freeze in Medicare payments to doctors
- The \$435 million cut from dental funding
- The \$121 million “rationalisation” in indigenous health programs

“Many patients are likely to face higher medical bills as the freeze on Medicare payments would by 2017-18 reduce the real value of the Medicare benefit for a GP consultation by an estimated \$8.43.

“We are a wealthy country and quality, world class universal health care should be one of the pillars of our society and our economy,” Ms Wells said.

“Boosts to primary health care – the way it is organised and paid for - are long overdue. Primary health care is the place we need to look to strengthen the system, not target for more savings.

“CHF is in the business of consumer-led ideas for better health care. We’ve had over ten years of reviews. We know we can get a better system if governments, clinicians and consumers work together to design that system. Given consumers’ central role in health care, we look forward to playing a constructive role in the Minister’s reviews.

“The Government has the opportunity now to join the dots in funding services so that the integrated care which could make a big difference for our chronically ill and complex needs patients can be effectively developed and rolled out in all regions across Australia under the Primary Health Networks which start in July. PHNs have been put in place to provide responsive services to local needs – let’s use them.

“While this Budget is a more forward looking document than last year’s, it still fails to address measures of long term concern, including the \$50 billion future cuts to hospital funding, the continuing freeze on Medicare benefit indexation and the clawback in dental funding,” Ms Wells said.

For more on CHF's response to the Budget visit <https://www.chf.org.au>.

Pharmacy agreement offers pills with a sugar coating

The new pharmacy agreement means consumers overall will pay billions of dollars more for prescribed medicines over the next five years.

CHF has sought to counter rising health co-payments, and is concerned that consumers will be contributing significantly more in increased medicines costs under the new agreement.

“Figures in the new agreement show that consumers will directly contribute an estimated \$8.2 billion to pharmacy owners’ remuneration over five years and that amounts to 34 per cent of the estimated \$23.6 billion in total payments for PBS medicines to pharmacies. That’s up from the \$4.8 billion or 29 per cent of payments under the current agreement,” the Chief Executive Officer of CHF, Leanne Wells, said.

CHF welcomes the Government’s measures to bring down the prices of some drugs in line with the

international market, to announce the listing of new drugs and the introduction of an optional \$1 discount on prescription medicines.

However the agreement represents a lost opportunity to drive reforms to loosen the grip of pharmacy owners on the anti-competition rules and provision of patient services covered by the new Sixth Community Pharmacy Agreement.

“Under the terms of the new agreement the Pharmacy Guild is to be the only party to be consulted on the scope of the promised independent review into the location rules which protect existing pharmacy owners against competition.

“This is simply not good enough. Consultation over these terms of reference should include a broader group of stakeholders including a consumer representative, and the conduct of the review a public process.

“And despite the introduction of the optional \$1 discount under the agreement and its benefit to patients, we are concerned that the Guild is declaring it will not facilitate this measure which it describes as ‘a matter for the Government’,” Ms Wells said.

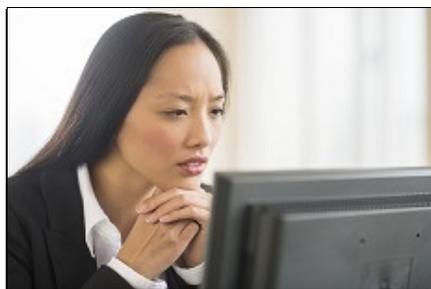
CHF welcomes the doubling to \$1.2 billion of the allocation for community pharmacy programs and professional services which should foster stronger supports for projects like home medicine reviews. However we question the implication of the agreement that new primary care programs be rolled out only through retail pharmacies.

“If the Minister is serious about encouraging a greater role for pharmacies in primary care - which we support - we need to see support for a flexible, collaborative approach which would include, for instance, professional pharmacists working as part of the general practice team,” said Ms Wells.

“The redirection of product supply and delivery funding from the National Diabetes Services Scheme run by Diabetes Australia to pharmacies and wholesalers is also an issue of significant concern and we will be seeking further information from the Minister on how the patient support and education services currently provided by Diabetes Australia and other services which cannot be provided within pharmacy will be maintained under the new arrangements.”

CHF Members received a more detailed analysis of the agreement after the announcement by the Minister last week. If you would like to discuss CHF's response to the agreement please contact the CHF Policy Team on 02 6273 5444.

Online health records trial a big step forward



The trial of a more proactive approach to online personally controlled health records should provide a significant advance to unlock the potential of electronic medical records to transform health care.

“A common plea we hear from consumers is the frustration they feel when they have to repeat key information about themselves, their medical history, and current medications to multiple clinicians,” says CHF's Leanne Wells.

“If we get the implementation right, the potential benefits of the national myHealth Record system announced by Minister Ley over the weekend are tremendous, offering a future of a safer, more efficient, less wasteful and more consumer-friendly health system. The myHealth Record will provide a secure national system that enables health records to be shared between patients and their doctors and other designated health practitioners.

“A national electronic health record scheme has been long-awaited. CHF welcomes the Minister's decision to go with an opt out policy. CHF has long held the view that the most effective way of getting such a scheme rolled out was to implement it on an opt out basis. This will mean everybody will get registered

unless they actively oppose signing on. The current opt in approach has proved very slow to take hold.

“All health consumers deserve the benefits that information technology can offer their health care, benefits that are now taken for granted in other sensitive areas like personal banking.”

“An opt-out approach will require active leadership from the Minister, an open and transparent process and a public education campaign to ensure community and clinician confidence in the security and reliability of the scheme.

“CHF also welcomes the announcement of a single national screening register for cancers and the inclusion of a new, more effective test for cervical cancer on the Medicare Benefits Schedule that involves less invasive and less frequent tests for women at risk.

“We understand the new register will initially support the National Bowel Cancer and new National Cervical Cancer Screening Programmes.

Most importantly, the new register will promote prevention and early intervention in the fight against cancers and help give people peace of mind by making it easier to keep track of when they are due for their next screen.

What patients want from clinicians but often don't get: being treated as an individual

Above all else patients want professionals who see them as more than just the ‘vessel’ of a disease to be cured, or a problem to be solved. Patients want to be recognised for who they are: unique individuals with their own unique lives.

This might sound an obvious point, but the biggest drivers of complaints or dissatisfaction with the health system, CHF has found are almost always that consumers feel they aren't being respected as individuals, and partners, in their own health care decision-making.



Our message to the health workforce is for them to take a patient-centred approach to providing care – not disease-centred, not system-centred, but patient-centred. That value has to be a core part of practitioners' education, their clinical practice and their ongoing professional development.

The fact is that the National Safety and Quality health service standards have consumers as partners in care as their second standard. That is solid recognition that this value must become inherent to the culture and operation of health services.

One of the primary barriers we come across in realising the vision of a patient-centred health model are health professionals who are focused on what's happening within their own silo of medicine.

From a care delivery perspective, consumer-centred health care works best when there's a team of professionals looking after the consumer, when there's an open flow of information and discussion between them about what the patient's needs are and how to meet them together rather than separately. This is certainly the case when consumers have multiple morbidities, chronic and complex needs.

Every professional ought to regularly look at their practice and ask, “What else can I do? How can I better tie into what other professions are doing?”

Equally importantly, we need clinicians who work with the tools that can make this easier, such as shared electronic records, interdisciplinary training, and case conferencing.

Health professionals also have to be better prepared to meet the consumer where it's convenient for the consumer. This means more than opening clinics or making staff more available in rural areas or making better use of telemedicine. All of these are important – but we need to move away from thinking that

hospitals or clinics are the only care settings.

For primary care, expanding services in pharmacies, having better after hours services, coming into consumers' homes and offices, in supported accommodation and crisis homelessness services – these could transform Australians' access to health care.

In palliative care, there is growing evidence that Australians would much rather be treated at home than in a hospital. This is not just about respecting the wishes of the consumer, but also ensuring dignity and comfort at the end of life.

From a systems perspective, we need clinicians open to working across the traditional clinical boundaries. The future for specialists may be beyond the hospital's four walls. Recent work by the UK think tank, the King's Fund, contemplates new ways of working for hospital consultants whereby they work much more closely with their primary and community care colleagues. For example, consultant psychiatrists could provide a community-based consultation and liaison advisory service to GPs, assisting them with mental health care plans and putting together team care arrangements in the community. If such approaches help build primary and community health capacity and keep people out of hospital, that's a better outcome for consumers.

These may require different policy and funding regimes, but they are more likely to succeed if there is clinician-led advocacy in collaboration with the consumer leaders.

Imagine, for example, a general practice that employs a non-dispensing pharmacist to assist with medication reviews, practice based improvement strategies and some interventions such as smoking cessation.

Or a general practice with social workers and health promotion practitioners (or 'coaches') employed to assist patients navigate the system on the one hand, to better self-manage and address lifestyle risk factors.

What this all means is that to reach better health outcomes we require clinical leadership working with consumer leaders.

This is an edited version of an address Leanne Wells, CEO of CHF gave recently to the MABEL Research Forum ([@MabelSurvey](#)) at Melbourne University's Faculty of Business and Economics.

Choosing Wisely

Choosing Wisely is a great advance for health consumers, said the CEO of Consumers Health Forum, Leanne Wells, speaking at the launch of Choosing Wisely in late April 2015.

“Choosing Wisely fosters the practice of consumer-centred care, as well as having a much wider benefit to our health system of discouraging the use of outmoded or poorly-based treatments, reducing wasteful expenditure and encouraging cost-effective health care.

“CHF has argued in support of evidence-based, cost-effective care in Australia so that the health dollar does go further and reduces the demand for cuts to the health budget.

“As importantly, Choosing Wisely exposes health care to the sort of scrutiny which has too often been absent in the past. This enables consumers to have a more active role in their treatment choices - a development which research is showing improves outcomes, reduces costs and leaves both patient and clinician more satisfied,” Ms Wells said.



To find out more about Choosing Wisely, including a guide on [5 questions to ask your doctor](#), visit www.choosingwisely.org.au

Looking for ways to engage your consumers??

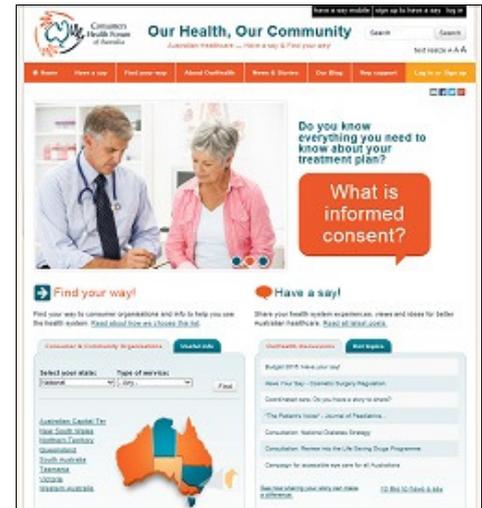
There are many different ways to engage consumers in health decision making, and best practice suggests that you should use a number of them to make sure you're engaging with the audiences you need. Using online engagement tools like the [OurHealth website](#) provides a way to reach consumers wherever they are, at times convenient for them, in a safe and user friendly way.

The *OurHealth* website offers

- A [moderated discussion forum](#), with capacity for closed (secure) group discussions
- [News](#) and [blogs](#) pages with articles covering issues from across the Australian health sector
- [Consumer stories pages](#) sharing personal stories from consumers about their health care
- [Links to consumer representative and support group organisations](#) to help consumers navigate the health system
- The ability to host [polls](#) and surveys
- [Information and training for consumer representatives](#) including a e-learning module for training new consumer representatives; and
- The [Real People, Real Data toolkit and online tool](#) providing an adaptable guide for organisations seeking robust methods to gather, analyse and act on consumer experience.

OurHealth also has a partnership with [Patient Opinion](#) that shares posts made to their page that are relevant to systemic health issues, which means we have access to a wide range of searchable consumer experiences to help inform consumer representation and advocacy throughout Australia.

We can help you to use *OurHealth* to create campaign pages, link in to CHF's social media network, and we're happy to talk to you about possibilities for branding and other functionality.



If you're interested in using *OurHealth* as part of your consumer engagement plans please get in touch on 1300 700 214 or email info@ourhealth.org and we are happy to assist.

Congratulations Senator Di Natale

The Consumers Health Forum congratulates Senator Richard Di Natale on his election as leader of the Australian Greens. "Senator Di Natale as the Greens health spokesman has made a significant contribution in advocating for a better and more equitable health system in Australia," CHF's Chief Executive Officer, Leanne Wells, said.

"We wish Senator Di Natale well and welcome his statement that he is very keen to fight for a stronger Medicare and 'to make Australia's health system the best health system in the world'," Ms Wells said.

Recent submissions

The following submissions have recently been added to the CHF website. For further information please contact the CHF policy team on 02 6273 5444. All CHF submissions are uploaded as soon as available to <http://www.chf.org.au/submissions.php>

- [Submission on the Issues Paper for the Post-market Review of the Life Saving Drugs Programme](#)
- [Submission to Inquiry into the Private Health Insurance Amendment Bill \(No.2\) 2014](#)
- [Submission to the Senate Community Affairs References Committee Inquiry into the Availability of new, innovative and specialist cancer drugs in Australia](#)

About us

The Consumers Health Forum of Australia (CHF) is the peak organisation providing leadership in representing the interests of Australian health care consumers. We work to achieve safe, good quality, timely health care for all Australians, supported by the best health information and systems the country can afford.

CHF member organisations reach Australian health consumers across a wide range of health interests and health system experiences. CHF also supports the appointment of consumer representatives to national health-related committees.

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