

HOW DO WE DEVELOP POSITIVE HEALTH POLICY?

During the recent Australian Federal election held on the 18th May 2019 much was made by all sides of the political divide about health and health services, much was praised, and more was promised in the name of health policy and improved approaches to health care delivery. Given that the 'quiet Australians' have made their choice and the political angst and dust has diminished, it might be time to return the debate to determine what it was that we all agreed to and where do we go from here.

This Journal would appreciate informed contributions to the debate about health reform.

According to recent issues of *Conversations* pre-election [1] the budget provided funds to modernise Medicare, move towards changes to payment from fee for service to lump sum payments for some chronic diseases such as diabetes, lifting the indexation freeze on all GP services and some diagnostic services, funding for youth mental health, but not for addressing the underlying structural reforms. The budget included increased funding to train new rural GPs. Funding for increased diagnostic services, pharmaceuticals, new hospitals and regional cancer centres, additional mental health facilities, increased dementia and veteran supplements and aged care.

There is more detail in the budget papers and they mostly go to specific intervention that are recognised as being useful, but little suggestion of funding or advancing health system reform? Of course, my comment here is also influenced by what we all define as health reform as I suspect that there is not a commonality of meaning amongst all of what as to that meaning.

The experts, in these 'Conversations' as is expected had differing views in their responses, based on their research expertise and both their and their organisations philosophical underpinnings. One response sees us 'slowly creeping towards the 21st century' and away from individual services and episodic conditions'. This is seen as a 'move towards a more prevention- orientated approach to chronic disease.'

Other points to the aged care and disability sectors, pointing to the slow and struggling implementation of the National Disability Insurance Agency and Insurance Scheme. There was also a suggestion that there was little in the budget 'for prevention, Indigenous health and to address disparities' but some positive anticipation for the proposed National Rural Generalist Training Pathway. Public hospitals seem to have been given scant attention, but our expert suggests that this might be contingent on COAG negotiations on health funding, between the Commonwealth and the States and Territories (COAG) to be negotiated and completed in 2019. Another contributor takes notice of the major structural challenges in 'mental health, suicide prevention and the investments made towards addressing those challenges.' One contributor asks 'who decides the priorities for new funding for research? The greater detail of this Conversation and the views and contexts in which their contributions were made is available for all to read.[1]

Another colleague in the range of *Conversations* [2] reporting of health reform in 2016 suggests 'five tips to get the government started on real health reform'. Those tips are that 'patients must be at the centre of the health system, invest in health promotion, not just illness treatment, make the reforms sustainable, apply a whole of government approach and that data is key. [2] All admirable tips and worthy of consideration. However, the author indicated that these 'tips' were brought before our 'political masters' back in 2007 and, states that they 'could serve the same purpose today (then nine years ago now 12 years ago). This certainly diminishes your enthusiasm for successful health reform any time soon!

After the election the ABC 7.30 Report hosted mostly by Leigh Sales [3] presented a four-episode series about the Australian health system. The series began by acknowledging that internationally Australia had one of the better health systems but at the same time suggesting that there was a need for significant change and the challenge for us all was, was managing the burden of chronic disease while experiencing extended life expectancy, and seemingly remaining in the curative

mode of care. General practice and primary care were identified as being central to the required response to mental health and chronic disease. Funding was described for both chronic disease and prevention with a caution from those interviewed that chronic disease is beginning to impact on younger age groups.

Those senior colleagues interviewed in this program highlighted the need to move away from fee for services approach to primary healthcare services to package of care arrangements. Exploring the data on healthcare access and outcomes brought out the challenge that we do not really have universal healthcare but 'post code' health care where those in postcodes with poor socio-economic status had poorer access and health status than those who lived in post codes where the more affluent lived. Not anything new there but it brought the response that we do have universal healthcare but that access for some was not equitable! Others might suggest that we have systems of healthcare, not a healthcare system.

Those interviewed suggested that we were a world leader in access and treatment for emergency care. While some consumers of care spoke of the lengthy delays for some diagnostic and surgical interventions when it matters and that waiting times were unreasonable. The suggestion was that there are the official waiting times and that many were on the un-official waiting lists before you got onto the official lists. There was discussion of the impact of high occupancy and short turnovers and admissions that could have been preventable and avoidable.

The high cost of specialist services was also discussed as a significant issue. A patient from one Australian State was surprised that on moving interstate he not only had to engage a new general practitioner but again went to the bottom of the waiting list in the new State! A case of health systems rather than a health system? Hidden waiting lists and unmet demand were also traversed. There was a clear view that we needed to focus on prevention and reduce hospital admissions.

The eternal issue of the great divide to access from rural dwellers and, more generally the inadequate access to dental care and the important role of the Royal Flying Doctors Scheme were traversed. There was positive support for the proposed multi skilled rural generalist role. The lack of access to services because of cost, inadequate or non-

existent public transport or inadequate workforce was a significant issue.

The final episode about the future was more positive with clinicians being passionate about, innovation, technologies, genomics and gene technology and the potential these areas will bring to our health system, potentially in the shorter term.

There is a lot to consider in this editorial. We have attempted health reform over time and in different guises. If you were the Minister for Health what might you do to advance the cause of positive healthcare policy in the Australian context?

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Editor

References

1. The Conversation: Budget 2019 boosts aged care and mental health and modernises Medicare: Health Experts respond. April 2, 2019. Available at <https://theconversation.com/budget-2019-boosts-aged-care-and-mental-health-and-modernises-medicare-health-experts-respond-114194>.
2. Five tips to get the government started on real health reform. Russell L. 2016. Available from <https://theconversation.com/five-tips-to-get-the-government-started-on-real-health-reform-62348>.
3. Sales, L.7.30 Report, ABC Television, July 2019 - Health Report.