AMA VICTORIA

AMA Victoria 2014–15

State Budget Submission

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Overview

There is a clear need for increased investment to be made to the Victorian health system. Measures to improve access to health care need to be funded in this year's state budget. AMA Victoria calls on the Victorian Government to act now to address the deficiencies of Victoria's health system and protect the future health of all Victorians.

Increasing hospital capacity

Victoria's public hospital system is under strain and additional funding is required to meet current and increasing demand. Funding must be directed to the range of hospital services in order to enhance the timely treatment of patients in emergency care.

We must build capacity in our public hospitals to make the patient journey as effective and efficient as possible. Funding must be better targeted, patient-focused and clinician-led.

Training and education

Access to health care is limited by a shortage of doctors in Victoria, particularly within rural and regional communities. In order to address this shortage, every medical graduate must have the opportunity to complete an internship in Victoria. Access to ongoing medical education to enable independent practice must be made available to all Doctors in Training.

Information and communication technology

The Victorian health system needs appropriate information and communication technology (ICT) infrastructure. AMA Victoria suggests that government prioritise recommendations from the Ministerial Review of Victorian Health Sector ICT. This to ensure that a significant portion of the $100 million allocated to the Victorian Innovation, e-Health and Communications Technology Fund is directed to funding infrastructure for enhanced interoperability between general practice and hospitals.

Strengthening medical care

To reduce the red-tape burden, improve access to GPs (and specialists) and improve return to work rates, AMA Victoria advocates streamlining of paperwork, processes and increases to reimbursements paid through WorkSafe for medical services.

Doctor and patient safety and wellbeing

Security arrangements in Victorian hospitals and emergency departments must be improved to ensure the safety of patients and health care workers.

Furthermore, to maintain the supply of medical services and good quality care to the community, government should ensure the continued operation of the Victorian Doctors' Health Program.

Mental health

The emergency department is often the initial point of contact, entry and treatment for patients with acute mental illness. This has an adverse impact upon the ability of these departments to deal efficiently with emergency presentations. Funding for community support and early intervention services will help minimise presentations to Emergency Departments. Support also needs to be provided for people in our state justice system who will one day rejoin the community.

Public health

Victoria cannot be complacent about preventative health care. Three factors that contribute significantly to the burden on our health care system are alcohol, tobacco and obesity. The availability of alcohol and tobacco must be further regulated, and Victorians must be encouraged and assisted to make healthier lifestyle choices.

Summary of funding

	2014–15	2015–16	2016–17	2017–18
Area	**$ million**	**$ million**	**$ million**	**$ million**
Increasing hospital capacity	155.15	111.15	111.15	111.15
Training and education	170.0	174.25	178.6	183.1
Information and communication technology	20	35	35	15
Strengthening GP support and capability	30.425	31.325	32.1	33.1
Doctor and patient safety and wellbeing	15.35	0.15	0.15	0.15
Mental health	3.65	3.65	3.65	3.65
Public health	3.5	3.3	3.1	3.15

Increasing hospital capacity

Victoria's public hospital system is under strain and, in order to meet current and ongoing demand, our hospitals require additional resources.

Bed numbers in Victorian public hospitals

AMA Victoria submits that $600,000 over four years is needed for publication of quarterly bed data showing the number, location, type and occupancy rate of all Victorian public hospital beds.

To ensure that hospitals are performing to government benchmarks, improved hospital bed number data must be publicly available. Hospital bed numbers are a forward indicator, with a drop potentially indicating a longer term problem with waiting lists. While we welcomed the Baillieu government's commitment to open 800 new beds in its first term[1], the efficacy of the commitment cannot be determined from the current publications.

AMA Victoria defines a hospital bed as a suitably located and equipped bed, chair, trolley or cot where the necessary financial and human resources are provided for admitted patient care.

Publicly accessible information on the type of hospital beds available would provide a clear indication of which clinical services are under-resourced and where extra investment is required.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Admin costs	0.15	0.15	0.15	0.15

Elective surgery

AMA Victoria seeks a commitment of an additional $420 million over four years to increase elective surgery throughput and reduce waiting lists.

With our ageing population and a high occurrence of patients with co-morbidities, hospital admittance will continue to grow. Recent data from the Department of Health confirms that the number of patients on elective surgery waiting lists has increased to 49,000[2].

Long-term waiting lists are detrimental to patient care and AMA Victoria calls on the government to double its previous commitment of $420 million to increase elective surgery throughput.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Elective surgery blitz	44.0			
Increased capacity	105.0	105.0	105.0	105.0
Total	**149.0**	**105.0**	**105.0**	**105.0**

1 "Baillieu promises 800 extra beds," *The Australian*, (November 12, 2010)

2 Victorian Department of Health – state-wide performance data 'Total number of patients admitted from the elective surgery waiting lists'.

Access to care for children

Victoria's paediatric services are currently under immense pressure.

While AMA Victoria welcomes the government's commitment to open the new Monash Children's Hospital in 2017, new strategies to care for children between now and then are required.

AMA Victoria calls on the government to commit $24 million over four years to undertake additional category 2 and 3 paediatric elective surgeries.

Recent figures show that the RCH's delivery of surgery and some emergency care within benchmark times has reached an eight-year low, putting children at risk of greater sickness and learning and development problems.

More than 1600 children a year are missing out on semi-urgent surgery and non-urgent procedures within recommended times[3].

AMA Victoria believes that in addition to surgeries undertaken at the RCH, key facilities, such as Sunshine Hospital and The Austin, can be supported to undertake category 2 and 3 paediatric elective surgeries. Supporting local hospitals to undertake additional paediatric care would relieve some of the pressure on the RCH, be more convenient for many patients and boost community confidence in local services ability to provide non-emergency paediatric care.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Paediatric elective surgery blitz	6.0	6.0	6.0	6.0
Total	**6.0**	**6.0**	**6.0**	**6.0**

3 *The Age*, "RCH swamped by demand" (4/12/2013).

Training and education

AMA Victoria recommends $706 million over four years to provide comprehensive training for all junior Victorian doctors.

The number of Victorian medical graduates has risen dramatically over recent years from 347 in 2007 to 871 in 2012. All graduating doctors must undertake an internship in order to become a registered medical practitioner, and many then spend 5–8 years in postgraduate training courses to become specialists. Both private and public investment in medical schools is wasted if equivalent resources are not provided for postgraduate medical training, to enable junior doctors to achieve independent practice.

AMA Victoria recommends that, 20 per cent of doctors' time should be allocated to teaching, training, quality and research. This will provide better training opportunities, increase skill levels and better care for patients.

Non-public hospital settings, such as private hospitals, community healthcare centres and Aboriginal medical services, can be used to effectively train new doctors. Allowing more doctors to undertake specialist training in private hospitals and community settings will broaden their scope of practice and provide essential specialist services in the areas that need them most.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Funding for additional teaching time	170.0	174.25	178.6	183.1

Information and communication technology

GP–hospital interface

Victoria's information and communication technology (ICT) infrastructure does not meet the fundamental needs of doctors and can place patient care at risk.

AMA Victoria is hopeful that recommendations from the Ministerial Review of Victorian Health Sector ICT will focus a significant portion of the $100 million allocated to the Victorian Innovation, e-Health and Communications Technology Fund on founding the infrastructure for enhanced interoperability between general practice and hospitals.

AMA Victoria recommends that investment is made into current IT systems and software to ensure that basic GP–hospital interface infrastructure is working more efficiently within three years.

The Victorian Health Priorities Framework 2022 highlights the need for better integration and communication between acute health settings and personal clinicians.

AMA Victoria identifies numerous ICT areas that need to be addressed.

Phase 1

- The establishment of a clinical support and evaluation mechanism to assist in determining and monitoring e-health priorities for Victoria such as best practice e-discharge summaries and e-referrals.
- The connection of all hospital Patient Administration Systems (PAS) and clinical systems to the Healthcare Identifier (HI) service.
- The implementation of interconnected two-way SMD technology in all hospitals.
- Investment in appropriate training and education for all staff on these systems.

Phase 2

- All hospital PAS and clinical systems are connected to the HI service.
- Implementation of interconnected two-way SMD technology in all hospitals based on the new Australian standard.

Phase 3

- Implementation of critical e-health priorities, and investment in change management, i.e. support for registrars completing e-discharge summaries.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Funding three-year GP–hospital interface	10.0	20.0	20.0	

Real-time prescription monitoring

AMA Victoria recommends the government commit $55 million over four years for the establishment of a real-time prescription monitoring system.

The Coroner's Court has confirmed that in 2012 304 Victorians died from prescription drug overdoses, compared with the state's road toll of 282[4]. This highlights the serious problem the state faces with the misuse of pharmaceuticals.

AMA Victoria supports Coroner John Olle's 2011 recommendation for real-time prescription monitoring and we urge the Victorian Government to implement the Electronic Recording and Reporting of Controlled Drugs (ERRCD) system.

An electronic system will collect and report dispensing data relating to controlled drugs, providing a single source of data for prescribers, pharmacists and state and territory health departments to identify problems of forgery, dependency, misuse, abuse and prescription shopping/"doctor shopping".

Laws in Victoria must be changed to enable replacing the current manual, paper-based reporting of controlled drugs with the new electronic system and to permit prescribers and pharmacists to access these records.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Prescription monitoring	10.0	15.0	15.0	15.0

4 http://www.theage.com.au/victoria/prescription-drug-deaths-overtake-state-road-toll-20130506-2j3lp.html

Strengthening Medical support and capability

AMA Victoria calls on the government to commit $126.7 million over four years, from government dividends, to funding for an increase in the reimbursement rates for medical expenses of injured workers.

Reimbursements for medical expenses in Victoria are 30 per cent below the Australian Medical Association's List of Medical Services and Fees which is paid in other states.

Despite a review undertaken by QC Peter Hanks in 2007[5] recommending that fee schedules be reviewed to improve return to work rates, no action has been taken.

A 2010 AMA Victoria survey found that doctors believed that the payments offered by WorkSafe were inadequate for the level of work involved and that these payments were significantly less than other patients' fees. There have also been concerns from AMA Victoria and the Law Institute of Victoria that, due to the lowered WorkSafe payments and consequent out-of-pocket expenses incurred, some doctors do not treat WorkCover patients. This is a worrying trend that must be rectified with an appropriate adjustment to the payments.

The adjustments over 4 years are less than the Dividend received from WorkSafe in 2012/13 of $193M[6].

In addition, a large amount of WorkSafe paperwork must be lodged without appropriate reimbursement to the doctor for time taken to do so. This system must be reviewed.

The streamlining of paperwork and processes would increase the number of doctors willing to accept WorkSafe claimants, improve patient outcomes through faster treatment and earlier return to work and reduce the cost to the WorkSafe program by reducing the length of time a person is paid compensation for time off.

AMA Victoria calls on the government to commit to $250,000 to fund a program to reduce red tape through development of standardised forms for GP use.

There are currently over 120 different forms that a GP often completes when treating a patient, many of which are unnecessary and duplicative. For example, despite there being a state-wide disability parking scheme, a person is required to apply though their local council. Many different councils have an individual form that must be completed before a permit can be issued.

AMA Victoria can work with the profession and providers to believes that creating standardised forms which would reduce the paper work burden of GPs doctors and allow them to spend more time with their patients. Coupled with improvements in ICT arrangements, this would lead to improvements in patient care.

AMA Victoria is in a position to undertake consultation with its membership base to develop a set of standardised forms for general practitioner use.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Increase Reimbursements for medical expenses	30.3	31.2	32.1	33.1
Development of standard forms	0.125	0.125		
Total	**30.425**	**31.325**	**32.1**	**33.1**

5 http://www.compensationreview.vic.gov.au/__data/assets/pdf_file/0007/24667/ACA-Review-Guide.pdf, page 11

6 WorkSafe Annual Report 2013. Pg 8.accessed on 13 January at: http://www.worksafe.vic.gov.au/__data/assets/pdf_file/0009/98136/WorkSafe-AR-2013_Interactive_5.3.pdf

Doctor and patient safety and wellbeing

AMA Victoria calls on the government to allocate the remaining $15.2 million from their previous commitment to improving safety in hospitals.

AMA Victoria welcomed the government's commitment of $5.8 million to improving the safety of Victoria's health workforce and we call on the government to commit the remaining $15.2 million to extend and expand those protections.

AMA Victoria supports the employment of trained security staff in all Victorian hospitals, 24 hours a day; however, we believe that they must be permanent hospital employees, trained to work in the health environment.

Additional funding should be provided to hospitals to implement a system for reporting all violent incidents and the installation of visible CCTV monitoring. All hospitals should have visible information for all health care workers, patients and visitors outlining behaviour standards.

Behavioural Assessment Rooms (BARS) should be implemented in all public hospital emergency departments across Victoria. BARs are an effective intervention for calming aggressive patients: separating potential aggressors and removing sources of provocation often calms patients. These specialised treatment rooms have been successfully trialled at St Vincent's Hospital and should be implemented in all public hospital emergency departments across the state.

AMA Victoria calls on the government to commit $600,000 over four years to continue the work of the Victorian Doctors' Health Program.

The Victorian Doctors' Health Program (VDHP) has provided significant support for supply of medical services from doctors confronting a significant illness. This ensures that patients have access to medical services and that those services are maintained at a standard acceptable to the Medical Board. Extra resources are needed to restore its funding level to $500,000 per year and guarantee its future.

Mental illness affects all sectors of the community, irrespective of age, socio-economic background or physical health. Doctors are no exception: a 2013 beyondblue study found that doctors reported substantially higher rates of psychological distress and attempted suicide compared with both the Australian population and other Australian professionals[7].

Doctors with an illness may not be able to effectively or safely treat their patients if they are unable to access appropriate supports from the program. We encourage the state government to continue the funding of the VDHP.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Doctors Health Program	0.15	0.15	0.15	0.15
Hospital security	15.2			
Total	**15.35**	**0.15**	**0.15**	**0.15**

7 National Mental Health Survey of Doctors and Medical Students, *beyondblue*, October 2013.

Mental health

Emergency departments in major hospitals are often the initial point of contact, entry and treatment for patients with acute mental illness. However, most emergency departments are not secure environments for patients who are at risk of self-harm or harm to others[8] and thus they are often not the most suitable treatment area.

Psychiatric services

AMA Victoria recommends an increase in funding of $9.6 million over four years for Psychiatric Crisis Assessment and Treatment Teams.

CAT services assist people who are in crisis, including those who are suicidal, delusional or experiencing a psychotic episode, as well as providing treatment and support for people whose acute mental illness can be managed in the community.

It is unfortunate that many CAT teams do not receive the funding necessary to provide 24-hour support in the community and, even during operational hours, they are often unable to attend to patients in need. A recent study by Monash University and Victoria Police found CAT teams were unavailable in one out of six police requests for support[9].

The same study also found that once every two hours someone who is having a mental health crisis is apprehended by police and transported to hospital, meaning that an increasing number of psychiatric patients are attending over-stretched emergency departments.

The state government has previously acknowledged the importance of CAT teams; however, the resources it has provided to these services have been far from adequate. We call on the government to address this shortfall.

Prisoner mental health

A 2011 Ombudsman report[10] found that the level of mental health services available in Victorian prisons was "grossly inadequate".

More mental health beds are needed in the prison system to provide necessary care and to reduce waiting times in accessing that care. In some prisons, there is up to a three-month waiting period to access treatment in psychiatric wards, and the Ombudsman reported that the male prison system supplies only one bed for every 88 prisoners.

Increased funding must be allocated to improve the level of forensic mental health services in Victoria. The government must ensure that there are sufficient forensic mental health facilities in this state that are adequately resourced and funded in a manner which guarantees the safety of both staff and patients.

AMA Victoria recommends that $5 million over four years be committed to provide additional visiting psychiatrist consultations to Victorian prisoners.

8 Knott J C, Pleban A, Taylor D, Castle D, Management of mental health patients attending Victorian emergency departments, 2007 Australian and New Zealand Journal of Psychiatry 41:9

9 Shorta, T . et.al "The nature of police involvement in mental health transfers", Police Practice and Research: An International Journal, October 2012.

10 https://www.ombudsman.vic.gov.au/getattachment/7ac625ba-bc8c-455c-a78f-38cb3bbd5a72//reports-publications/parliamentary-reports/investigation-into-prisoner-access-to-health-care.aspx

Rates of mental illness in prison are higher than in the general community, with 37 per cent of prisoners reported as having a mental health disorder at some time[11].

The level of mental health services available for the male prison population is grossly inadequate. There are not enough beds in psychiatric wards for male prisoners and waiting lists are significant.

The AMA recommends that the government urgently commit funding for the provision of increased visiting psychiatric services inside Victorian prisons.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
CAT teams	2.4	2.4	2.4	2.4
Prisoner mental health	1.25	1.25	1.25	1.25
Total	**3.65**	**3.65**	**3.65**	**3.65**

11 Ombudsman Victoria, Investigation into prisoner access to healthcare, August 2011.

Public health

To ensure that Victorians are as healthy as they can be there needs to be further investment and focus on prevention. Victorians need to be educated and encouraged to make healthier lifestyle decisions, and government needs to ensure that the environments within which we live are as healthy as possible.

Effective health promotion by the government can reduce the burden of chronic disease and ease some of the pressures on the health system. Investing in public health improves the overall health and wellbeing of Victoria's population and can represent significant economic and social benefits.

Alcohol harm reduction

The risks of excessive alcohol consumption are significant. Increased alcohol consumption means a greater likelihood of injury, disease and death. Currently one in five Australians consume alcohol at levels considered to be harmful[12]. We need to promote a culture of drinking responsibly.

AMA Victoria calls on the government to ban alcohol-related shopper loyalty programs, reward schemes and free gifts in Victoria.

Advertisements placed on non-alcohol related purchases, shopper loyalty programs and the offer of free gifts have the potential to influence the type and amount of alcohol that people purchase.

Advertising of alcohol products in non-related purchases may also contribute to the normalisation of alcohol consumption and can encourage irresponsible or immoderate drinking as well as having the potential to appeal to young people and influence their attitudes to alcohol[13].

AMA Victoria believes that current bans on tobacco shopper loyalty programs should be extended to alcohol, including rewards points, free gifts, fuel discounts, coupons or any other associated benefits.

Reducing the harmful effects of tobacco

Tobacco smoking is the largest single preventable cause of death and disease in Australia.

Smoking kills 4000 Victorians every year, contributing to more deaths and hospitalisations than alcohol and illicit drug use combined[14,15].

AMA Victoria recommends that an additional $4 million over four years be provided for increased anti-smoking advertising focusing on tighter controls and penalties for smoking in public areas.

AMA Victoria calls on the government to commit additional funding for tobacco reduction and public education campaigns, with a particular focus on advertising the new bans and highlighting the health risks associated with smoking.

12 Cancer Council Victoria Position Statement, "Alcohol and Cancer Prevention".

13 Alcohol Advertising Review Board, 2012-13 Annual Report.

14 QUIT Victoria, "Death and Disease from Smoking".

15 Victorian Better Health Channel, "Smoking Tobacco is deadly".

Smoking cessation rates in communities that are exposed to higher levels of anti-tobacco television advertising show that well-funded anti-tobacco advertising campaigns are effective in reducing smoking rates in the population[16].

Strong community backing, signage and a communication strategy that explains expectations in relation to behaviour are key to effectively introducing a new smoke-free law.

AMA Victoria recommends the introduction of licensing fees for the sale of tobacco.

AMA Victoria calls on the government to implement the Preventative Health Strategy's 2009 recommendation to introduce licensing fees for tobacco vendors.

Currently Victoria and Queensland are the only Australian states not to have introduced licensing fees for the sale of tobacco. Any business in Victoria can currently sell tobacco products.

Introducing a tobacco licensing fee would discourage some vendors from selling tobacco and could reduce smoking rates. The reduced availability would make it far more difficult for smokers to buy tobacco, particularly after hours. A reduction in tobacco outlets would also make it more difficult for children to buy cigarettes with a smaller pool of tobacco vendors to monitor for compliance.

Currently, enforcement agencies have no way of knowing who is selling tobacco, so they are compromised in their ability to police current tobacco laws. Licensing would mean that all tobacco vendors would face scrutiny.

Fees need to be set high enough to allow for education on the new legislation and to ensure compliance. AMA Victoria recommends an initial licensing fee of $1,000 in the first year, increasing by $250 each year. Substantial fines should also be payable by vendors selling tobacco without a license. This measure would also provide a new revenue stream to increase and improve enforcement of tobacco laws and increase anti-tobacco messaging and advertising.

AMA Victoria recommends that increased resources be provided for the enforcement of existing smoking bans.

Laws banning smoking in public areas help to protect the population against the negative health effects of second-hand smoke, send a message that smoking is unacceptable and assist those trying to quit[17].

AMA Victoria is disappointed that few infringements have been issued against those found to be smoking in banned areas[18] and thus the laws' success and impact is limited. Proactive enforcement by government, particularly early in the implementation period, provides important backing to ensure these laws have their intended effect.

Once laws become "normalised", smoke-free policies are largely self-enforcing, suggesting there is little need for ongoing resources for implementation and enforcement of smoke-free policy.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Tobacco advertising campaign	1.0	1.0	1.0	1.0
Administration and enforcement	1.0	0.8	0.6	0.4
Total	**2**	**1.8**	**1.6**	**1.4**

16 Hyland et al, "Anti-tobacco television advertising and indicators of smoking cessation in adults: a cohort study", *Health Educ. Res. (2006) 21 (2): 296-302.*

17 IARC Working Group on the Evaluation of the Effectiveness of Smoke-free Policies. Evaluating the effectiveness of smoke-free policies. Lyon, France: International Agency for Research on Cancer, 2009 May 30, 2011.

18 "Pressure on Councils to enforce outdoor smoke bans", *Herald-Sun*, 11 February 2013.

Obesity

Obesity is a key health concern of the state, with the 2010 Victorian Population Health Survey showing that approximately half of all Victorians over the age of 18 are now overweight or obese.

AMA Victoria recommends that the government provide $5 million over four years for a sustained advertising campaign aimed at reducing the consumption of sugary drinks.

AMA Victoria recommends the Victorian Government launch an advertising campaign that details the negative health effects of obesity on the body and promotes healthy lifestyle choices, particularly related to the consumption of sugary drinks.

Sugary drinks are a significant contributor to excessive consumption of kilojoules, which has a negative health impact.

AMA Victoria suggests a Quit-style advertising campaign to detail the physiological harms of obesity and its strong correlation to sugary drinks. Providing increased education and information to consumers about these drinks and of healthier options available will support consumers in making healthier choices.

Cost ($m)

	2014–15	2015–16	2016–17	2017–18
Sugary drinks advertising campaign	1.25	1.25	1.25	1.25
Evaluation	0.25	0.25	0.25	0.5
Total	**1.5**	**1.5**	**1.5**	**1.75**