



AMA Victoria's response to Health 2040: a discussion paper on the future of healthcare in Victoria

30 October 2015

The Australian Medical Association (Victoria)

AMA Victoria welcomes the opportunity to respond to the Health 2040 discussion paper. The discussion paper is thorough and acknowledges many of the health challenges the state faces. In particular, we agree with the following passage:

While much has been achieved over the past 10 to 20 years, far-reaching change must happen to meet the challenges we now face:

- *an ageing population, together with new discoveries, new technology and new treatments which are creating growing demand for healthcare*
- *lifestyle choices and behaviours that are contributing to higher levels of chronic disease*
- *disparities and inequalities in health outcomes for certain population groups*
- *people's changing needs and expectations*
- *unprecedented financial constraints that are unlikely to diminish.*

These challenges have become truisms of the system.¹

AMA Victoria's input to Health 2040 revolves around the discussion paper's six themes (and 22 questions), and details the health system that Victoria should, and needs, to have.

The health system's guiding principles

The Victorian health system must be equitable, accessible, clinically appropriate, patient desired and high quality.

Furthermore, the system must be transparent, with health services accountable for their performance (such as wait times and sentinel events). Transparency leads to accountability and improved performance.

In order to provide optimal health care, in a high quality system, health services must be adaptive and integrated, with an emphasis on best care, not substitute care. Healthcare must be accessible and equitable. This applies to the distance to the closest health service, the choice of services available, waiting time for services, the quality of services provided and affordability.

Theme 1: a person-centred view of healthcare

The discussion paper raises the important point that patients must be able to determine their healthcare. AMA Victoria is supportive of patient autonomy. In order to do so, patients need to be informed. They need to be aware of their health status, and understand their treatment options. Patient choice is fundamental, alongside clinical appropriateness, necessity and evidence-based patient benefit.

Patients making informed and considered decisions

A key element of patient choice is comprehension by a competent patient. More must be done to improve patient medical literacy, and inform patients about their condition and treatment options, including the option of being entitled to refuse treatment. In

¹ Health 2040: A discussion paper on the future of healthcare in Victoria, the State Government of Victoria, 2015, p. 4.

order to do so, doctors must be supported to spend more time with their patients (and carers). The following constraints must be overcome:

1. The MBS must recognise and support the doctor:patient relationship. Currently, GPs are limited in their ability to have thorough conversations with patients as MBS item numbers do not always reflect the realities of clinical practice, in particular the questions and counselling that accompanies conversations about a diagnosis, and often the need to engage a patient's family or carer(s).
2. The Victorian Government must lobby the Commonwealth Government to rectify the inadequate MBS rates. The rate is currently frozen (i.e. fixed) until 2018, which ignores basic economic principles of inflation and does not reflect the ever-increasing costs of providing medical care. This results in high out-of-pocket expenses for patients.²
3. The public's medical literacy (and 'health system' literacy) must improve. We see this an important activity on which the Department of Health and Human Services and AMA Victoria can work together on. Victorians need to understand their health status, the benefits of disease prevention, and, generally, how the health system works (including around end of life issues).

AMA Victoria would like to see information about the health system promoted and explained to the public, for example on local hospitals, Medicare, out of pocket expenses, the average wait time for elective surgeries etc. This is vital so patients are comfortable navigating through the health system as the need arises, and making informed decisions about their health.

4. The health system must be connected. The digital communication between hospitals, general practice, private specialists, and state and federally-funded community healthcare services needs to be integrated to enable patient information to be securely, legally and rapidly transferred between the various health sectors, when needed. This will significantly improve patient care.
5. Victoria must improve its end of life care. To put this into perspective, 70% Australians want to die at home, yet only 14% do.³ To improve end of life care, AMA Victoria identifies the following actions:
 - The introduction of changes to support advance care directives, undertaken when a patient is competent. Victorians must be encouraged to let their family and their GPs know their wishes, and medical practitioners require certainty of the legal framework. This will facilitate a rational, patient-centred respectful approach to advanced care planning;
 - Patients must be able to make advance care directives about both current and future medical care, when they are competent.⁴ This would help to ensure that patients' wishes for their end of life care and

² See the AMA's media release "Ongoing Medicare rebate freeze send a shiver through patients and medical practices", 1 July 2015.

<https://ama.com.au/media/ongoing-medicare-rebate-freeze-sends-shiver-through-patients-and-medical-practices>

³ Hal Swirissen and Stephen Duckett, the Grattan Institute's Dying Well report, September 2014.

<http://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>

⁴ See the Victorian Law Reform Commission's final report into Victoria's Guardianship and Administration Laws, 18 April 2012.

http://www.lawreform.vic.gov.au/sites/default/files/Guardianship_FinalReport_Full%20text.pdf

treatment are discussed and communicated with those closest to them, preferably also including the patient's regular GP.

- In our submission to the Victorian Parliament's 2015 Inquiry into End of Life Choices, AMA Victoria called for legislation to provide legal certainty to medical practitioners on the:
 - Doctrine of double effect, where the administration of treatment or other action intended to relieve symptoms may have a secondary consequence of hastening death; and
 - non-provision of futile care, where medical practitioners are generally not obliged to provide treatments that are considered futile.⁵

This change will enable doctors to provide necessary care to terminally ill patients, in the terminal phase of their illness, without the risk of prosecution.

Overall, a key objective to achieving patient choice is patient comprehension. When competent, patients must be informed about their health status, how the health system works, their potential choices (including the ability to refuse treatment) and their decisions must be respected.

Theme 2: Preventing and treating chronic disease

AMA Victoria supports the concept that "prevention is better than cure". This applies to chronic non-communicable diseases, such as diabetes, heart disease and dementia, as well as to the prevention of infectious diseases, such as measles and Whooping Cough (pertussis). Prevention is especially fundamental when considering the quantum increase in chronic and complex conditions, and their direct link to lifestyle factors. Preventive healthcare significantly reduces patient morbidity and mortality,⁶ and health system expenditure.

As the Business Council of Australia has warned: "the balance of resources allocated to prevention... continues to be dwarfed by the resources allocated to curative care. Similarly, incentives for individuals to take greater responsibility for maintaining their health remain little changed".⁷

Educate

Education is crucial to the prevention of poor health. It is essential to promote healthy lifestyles by educating the public on the importance of diet, exercise and opportunities for disease prevention. Intelligent marketing techniques need to be utilised, as the public becomes complacent with repeated messaging. Patients need to be informed and encouraged to understand the benefits of leading a healthy lifestyle and the risks associated with not doing so. In this regard, there is an opportunity for the Department of Health and Human Services and AMA Victoria to

⁵AMA Victoria's submission to the Victorian Parliament's Inquiry into End of Life Choices, August 2015. http://www.parliament.vic.gov.au/images/stories/committees/lsc/Submissions/Submission_888_-_Australian_Medical_Association_Victoria_Limited.pdf

⁶ Jim Gillespie, "Securing Australia's future: health care", *The Conversation*, 16 December 2013. <https://theconversation.com/securing-australias-future-health-care-19765>

⁷ Business Council of Australia, *Using Microeconomic Reform to Deliver Patient-Centred Health Care*, February 2011. <http://www.bca.com.au/publications/using-microeconomic-reform-to-deliver-patient-centred-health-care>

work together to improve the health of Victorians by helping them to understand health and encouraging them to lead healthier lives. GPs have a vital role to play in this space, especially with the support of Primary Health Networks.

Coordinate

For the appropriate secondary prevention and management of chronic diseases, the hospital-GP IT interface must improve, as in its current form it jeopardises patient care (see Theme 4 below). Timely clinical handover is pivotal to good medical practice and there needs to be better communication between hospitals and GPs (and other community based health settings), for example with patient discharge summaries.

Theme 3: Improving people's health outcomes and experience

Accountable health services

AMA Victoria contends that the state's health services (public and private) are generally transparent and open to scrutiny. The Victorian Health Services Performance Authority details an array of information pertaining to each hospital, such as the number of surgeries performed, Emergency Department wait times and sentinel events.

The Department of Health and Human Services is privy to far more information about health services than the public and is responsible for the release of the Health Services Performance Authority data. Several ways to improve accountability include:

- The Health Services Performance Authority's reports should include the mean and standard deviation as a measurement.
- The Health Services Performance Authority's outpatient waiting list report should include: the mean wait time for a first appointment, the number of patients waiting for a first appointment (based on speciality and hospital), and the proportion of patients waiting longer than 365 days for a first appointment.⁸
- These reports should be published quarterly and not "data dumped", a frequent occurrence whereby a number of reports are all released on the same afternoon.
- The Office of the Health Services Commissioner should also publish quarterly reports, which details the nature of patient complaints and identify the major health services (and large clinics in a de-identified manner), so that trends and ongoing issues are transparent and can be acted upon.⁹

Regular and informative reports will improve transparency and accountability.

Outcomes that matter to Victorians

⁸ See AMA Victoria's media release "AMA Victoria applauds the State Government's decision to publish outpatient waiting times", 17 August 2015.

https://amavic.com.au/page/Member_Services/Policy_and_Media/Media_Releases/2015/AMA_Victoria_applauds_the_State_Gov%E2%80%99s_decision_to_publish_outpatient_waiting_times/

⁹ See AMA Victoria's 2015 submission to the Expert Panel's review on the Health Services (Conciliation and Review) Act 1987. https://amavic.com.au/page/Member_Services/Policy_and_Media/Policy_Submissions/Response_to_the_Expert_Panel%E2%80%99s_review_on_the_Health_Services_Conciliation_and_Review_Act_1987/

Our sentiments on the health outcomes that matter to Victorians can be drawn from page 2 of this submission, where we identify the health system's guiding principles: equitable, accessible, clinically appropriate, patient desired and high quality. When these principles are achieved, patients' desired outcomes and community desired outcomes will also be achieved.

All Victorians must be able to access healthcare services, and so by asking the question "how do we make sure we are focused on outcomes that matter to Victorians", the Department must be careful not to exclude the often forgotten subsets of society, including: prisoners, the homeless, patients with addiction problems and those with mental illness. There are limited services and a number of barriers preventing these patients accessing healthcare.

- In 2011, the Victorian Ombudsman's Investigation into Prisoner Access to Health Care found that 41% of Victorian prisoners have Hepatitis C (compared to 1% of the general population).¹⁰ Prisoner health must improve.
- AMA Victoria supports safe injecting rooms and needle exchange programs (both in prisons and at intravenous drug 'hot spots' throughout the community).¹¹
- Significant investment is needed in community mental health services. There are limited services available, and the waiting time and/or costs restrict many patients accessing these important healthcare services.¹²

Aged care services also need investment. AMA Victoria recommends that the government invest in developing and strengthening in-reach services to aged care to reduce the number of unnecessary hospital admissions.

As previously stated, in order to achieve outcomes that matter to patients, end of life care must be improved (see Theme 1, point 5 of this submission for our recommendations).

Theme 4: Improving the way the system works together

Health IT

The state must improve its hospital-GP health IT interface.

Secure messaging across all communications is needed. The health system's current reliance on faxes is archaic. Secure messaging across the hospital-GP IT interface will improve the safety and quality of care provided to the patient and increase efficiencies across the health system, by reducing hospital re-admissions and the duplication of investigations.¹³

GP-led health team

¹⁰ The Victorian Ombudsman's Investigation into Prisoner Access to Health Care, August 2011.

<https://www.ombudsman.vic.gov.au/Publications/Parliamentary-Reports/Investigation-into-prisoner-access-to-health-care>

¹¹ See AMA Victoria's media release, "AMA Victoria backs safe injecting room trial for Melbourne", 1 October 2012.

https://amavic.com.au/page/News/AMA_Victoria_backs_safe_injecting_room_trial_for_Melbourne/

¹² See "Mental health system's focus on 'white middle-class Australia' costs lives", *The Age*, 11 October 2015.

<http://www.smh.com.au/national/mental-health-systems-focus-on-white-middleclass-australia-costs-lives-20151009-gk517c.html>

¹³ See AMA Victoria's 2015-2016 Victorian Budget submission.

<http://www.amavic.com.au/content/Document/BudgetSubmission15-16.pdf>

In addition to appropriate health IT, when a patient is discharged from a hospital, there must be a collaborative approach between the hospital and the patient's healthcare team. It is integral that this is led by the patient's GP: the GP is responsible for the overall care of the patient as they navigate their way through the community health settings; the GP can closely monitor the patient's health status, with an aim of preventing hospital readmission; and the GP is the only member of this team trained and skilled to work across the full scope of health care.

Primary Health Networks

In order to avoid a repeat of the failings of Medicare Locals, the Primary Health Networks (PHNs) must work *with* doctors, and this will lead to the appropriate delivery and availability of primary healthcare services to the community.

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care. These administrative bodies are responsible for the establishment and delivery of services to an area, while GPs are responsible for the clinical care and patient management. AMA Victoria supports the aims of this initiative.

PHNs' activities may include collaborating with general practices to undertake an immunisation program at a local town hall, if there is a need to boost herd immunity levels, co-ordinating available after-hours GP services for an area, or ensuring there is an Aboriginal and Torres Strait Islander health service in the area. PHNs are responsible for identifying gaps and ensuring that the community can access necessary primary health service. PHNs must be accountable to the delivery of these outcomes.

Promotion of general practice

For the system to work collaboratively together, and for patients to receive continuation of care, general practice must be supported. Furthermore, the importance of seeing a regular GP (in contrast to seeing multiple GPs intermittently) should be promoted, as this will improve the efficiency of the health system and avoid duplication of services and costly diagnostic tests. It will also facilitate adequate follow up for investigations – such as pap tests, and childhood immunisations. Continuation of patient care is best achieved when patients have a regular GP.

Theme 5: Better health for people in rural and regional areas

As the 2040 discussion paper points out, health outcomes for rural Australians are substantially worse than for those who live in metropolitan areas.

Lifestyle-related diseases in rural/regional areas

The most recent National Health Performance Authority report on tobacco smoking rates found that the Grampians, which includes Ballarat and Horsham, has the highest smoking rate in Australia, with 28% of adults daily smokers – opposed to the state average of 16%.¹⁴ Similarly, obesity rates in rural areas are far worse than

¹⁴ National Health Performance Authority, Tobacco smoking rates across Australia, 2011-12, published October 2013. [http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Tobacco-smoking-rates-across-Australia-2011-12/\\$FILE/NHPA_HC_Report_Tobacco_Smoking_Rates_Report_October_2013.pdf](http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Tobacco-smoking-rates-across-Australia-2011-12/$FILE/NHPA_HC_Report_Tobacco_Smoking_Rates_Report_October_2013.pdf)

metropolitan zones: the Loddon-Mallee-Murray region, which includes Bendigo, Echuca and Swan Hill, has the nation's highest obesity rate at 41%. In contrast, 16% of residents of Melbourne's inner eastern and inner north-western suburbs are obese.¹⁵ Given these glaring statistics, the Department of Health and Human Services must support rural/regional Victorians' involvement in healthy lifestyles – in particular, tobacco cessation, moderation of alcohol consumption, exercise and diet.

Greater Shepparton City Council's "Get Mooving" initiative is a good example of this. The Council was successful in securing a grant under the Federal Government's Healthy Communities Initiative to deliver a range of free and low cost community-based physical activities and healthy eating programs, as well as developing a range of policies that support healthy lifestyle behaviours.¹⁶ Programs with similar objectives should be implemented in other rural/regional areas. AMA Victoria is keen to work with the Department of Health and Human Services and rural/regional communities on this initiative.

Access to health services in rural/regional areas

The health services in many rural/regional areas are often limited. While it cannot be expected for all of the state's hospitals to be able to undertake complex surgeries and treatments, services such as dialysis, chemotherapy, eye health and mental health services must be available in rural/regional areas. This requires significant investment from the Victorian Government. For areas where this is not possible, concessions must be made available to patients to assist with the high out-of-pocket ancillary health costs they experience in commuting (petrol, accommodation etc.).

In addition to improving health infrastructure, the health workforce must also be encouraged to work and reside in rural areas. Subsidies and other benefits are needed to increase the rural health workforce. While some medical students are bonded to rural areas (as part of their acceptance to study medicine), there is a significant need to encourage medical practitioners to take up practise in rural areas. Regional hospitals must be funded to employ Junior Resident Medical Officers.

The employment opportunities in rural/regional areas need to be enticing in order to increase the number of doctors relocating to these areas. Established practices, patient lists and remuneration need to be considered. Furthermore, efforts must be made to ensure that a doctor's partner/family can also relocate smoothly (for example employment opportunities and school enrolment). The rural health workforce needs to feel part of the community to facilitate a sense of belonging and a desire to continue living and working in the rural/regional area.

Theme 6: Valuing and supporting our workforce

Violence against health professionals

Please refer to AMA Victoria's submission to the 2011 Parliamentary Inquiry into Violence and Security Arrangements in Victorian Hospitals.¹⁷ Our views are

¹⁵ National Health Performance Authority, Overweight and obesity rates across Australia, 2011-12, published October 2013. [http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Overweight-and-obesity-rates-across-Australia-2011-12/\\$FILE/NHPA_HC_Report_Overweight_and_Obesity_Report_October_2013.pdf](http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Overweight-and-obesity-rates-across-Australia-2011-12/$FILE/NHPA_HC_Report_Overweight_and_Obesity_Report_October_2013.pdf)

¹⁶ See "Get Mooving Greater Shepparton". <http://www.getmoovingshepparton.com.au/>

¹⁷ AMA Victoria's submission to the Parliamentary Inquiry into Violence and Security Arrangements in Victorian Hospitals, July 2011.

unchanged.

Bullying, discrimination and sexual harassment within the health profession

AMA Victoria has taken the lead to overcome bullying, discrimination and sexual harassment amongst the medical profession. Please refer to AMA Victoria's two recent policy submissions on this matter (to the Royal Australasian College of Surgeons' Issues Paper and the Victorian-Auditor General's Office's audit on Bullying and Harassment in the Health Sector) – both submissions identify a range of changes that need to be implemented.¹⁸

AMA Victoria is holding a summit in mid-November 2015, in collaboration with the Victorian Minister for Health Jill Hennessy, to set the standard and develop a strategy that details responsibilities and accountabilities to bring about change and overcome bullying, discrimination and sexual harassment within the medical profession.

No substitute for good medical care

One concerning element of the discussion paper is the claim (by Consumers Health Forum, 2015) that “people would like to see pharmacists have a greater role in patient care, including providing services such as immunisations and blood pressure checks”.¹⁹ A number of general practices deliver after-hours care, and more should be assisted to do so. It is too simplistic to say patients “would like to see pharmacists have a greater role”; it is our contention that patients actually want improved access to healthcare, at their convenience (after-hours and weekends), and for free. The Department of Health and Human Services must assist GPs to open after-hours and on weekends, rather than the Government directing a significant part of their health budget to pharmacists, as was evident in the 2015-16 budgetary decision to fund “Super Pharmacies” that will be open 24/7 and employ a nurse to triage patients.²⁰

Furthermore, AMA Victoria has long been cautious of the retail relationship between prescribing and dispensing – especially in retail pharmacy. The ethics of recommending a treatment and then selling that treatment to a patient is open to abuse, especially if you own the pharmacy or have sales targets to meet. This is most concerning and the AMA does not support increasing pharmacists' clinical scope of practice: both from a clinical perspective, and from an ethical perspective.

This trend is called task substitution, whereby you substitute a doctor for a less qualified health professional. It may be a cheaper alternative – but it is certainly not a better one.

If the Department wishes to improve the health system, and improve patient care, expanding the roles of alternative healthcare workers is not the right way to achieve this outcome. Pharmacists and nurses are integral to the health system; but when

https://amavic.com.au/page/Member_Services/Policy_and_Media/Policy_Submissions/Violence_and_Security_Arrangements_in_Victorian_Hospitals/

¹⁸ AMA Victoria's submission to Royal Australasian College of Surgeons Issues' Paper on discrimination, bullying and sexual harassment, July 2015.

https://amavic.com.au/page/Member_Services/Policy_and_Media/Policy_Submissions/Submission_to_Royal_Australasian_College_of_Surgeons_Issues_Paper_on_discrimination_bullying_and_sexual_harassment/

AMA Victoria's submission to VAGO's Audit on Bullying and Harassment in the Health Sector, August 2015.

https://amavic.com.au/page/Member_Services/Policy_and_Media/Policy_Submissions/Submission_to_the_Victorian_Auditor-General%E2%80%99s_Office_Audit_on_Bullying_and_Harassment_in_the_Health_Sector/

¹⁹ Health 2040, a discussion paper of the future of healthcare in Australia, September 2015, p. 17.

²⁰ Premier of Victoria media release, “\$1.38 Billion Extra Funding For Victoria's Health”, 5 May 2015.

<http://www.premier.vic.gov.au/1-38-billion-extra-funding-for-victorias-health>

they start undertaking tasks outside their level of training and expertise, patient safety is jeopardised, the overall quality of our healthcare system is diminished, and the integrity of the system is damaged by the removal of the checks and balances currently in place.

Workforce planning

In 2014, the Federal Government disbanded Health Workforce Australia. Given this gap, it is imperative that the Victorian Department of Health and Human Services undertakes appropriate workforce planning for Victoria.

There has been a significant increase in the number of medical graduates coming from Australian universities, which is in addition to the ongoing net importation of international medical graduates. Across Australia, there has been a 150% increase in medical school places since 2004,²¹ unsurprisingly, this has led to a bottleneck pressure to train these junior doctors.

With such high numbers of medical graduates, there are now unemployed junior doctors in Victoria. There are not enough employment positions for medical practitioners in hospitals. Analysis needs to be undertaken as to how to best rectify the situation and find the best ways to utilise doctors and avoid the senseless waste of doctor unemployment.

A further solution to this medical workforce training pipeline and maldistribution across Victoria is for the State Government to increase (by funding) junior doctor training positions, and this includes funding accredited junior doctor training positions in regional hospitals and general practice rotations.

Value medicine

As a final comment, AMA Victoria is deeply concerned by the rise in unproven alternative services that claim to have a health benefit, and the unscrupulous ways these claims are marketed. Examples include the rise in anti-vaccination sentiments, to unproven treatments such as reiki, homeopathy and “salt therapy” and so on. Medicine is an evidence-based science. It is the practise of diagnosis, investigation, interpretation, treatment, prescription and prevention of disease. The medical practitioner remains key to patients’ health and well-being.

Medicine, and the doctors who practise it, must be valued, and AMA Victoria sincerely hopes that the Department of Health and Human Services takes a leadership role in promoting scientific evidence-based healthcare.

²¹ “Medical School won’t fix doctor shortage”, *Australian Medicine*, 18 May 2015.
<https://ama.com.au/ausmed/%E2%80%98captain%E2%80%99s-call%E2%80%99-medical-school-won%E2%80%99t-fix-doctor-shortage>