



National Health and Hospital Reform Commission

A Healthier Future for all Australians - Final Report June 2009

How would the proposed health reforms affect MND care?

This response from MND Australia seeks to inform the MND community of the key elements of the report, what they mean for people living with MND, and MND Australia's work on your behalf to help effect better care and support for people living with MND in Australia.

Prime Minister Rudd and Minister Roxon released the National Health and Hospitals Reform Commission final report in July 2009. The government is yet to make any major decisions about the future control of the health system but has committed to consult with the health care community over the next six to eight months. A special meeting of the Council of Australian Governments (COAG) is scheduled in late 2009 to discuss options for the health system. This will be followed by a further COAG meeting in early 2010 where states will be offered a 'take it or leave it' plan, after which the government will consider the possibility of a full federal take-over of health.

In the final report ***A healthier future for all Australians*** the reform commission recognised that the case for reform was compelling and that whilst the Australian health care system has many strengths it is a system under growing pressure. Furthermore the Commission acknowledged that we have a fragmented health system with a complex division of funding responsibilities between different levels of government. This current system adversely affects the care and support that people with complex diseases such as MND are able to access.

The Final Report builds on the work of two earlier reports – *Beyond the Blame Game* (April 2008) and *A Healthier Future for All Australians: Interim Report* (December 2008). The reform agenda urges action to:

- Tackle the major access and equity issues that affect people now;
- Redesign our health system to meet emerging challenges; and
- Create an agile, responsive and self-improving health system for future generations.

The final report includes 123 recommendations which comprise a long-term reform plan, designed to achieve better health for all Australians and improve the performance of the health system. Some of these recommendations, outlined below, have the potential to impact positively on people living with MND and their families and many reflect elements of the submissions MND Australia made to the commission.

MND Australia congratulates the commission on their work and the delivery of a comprehensive and bold report that looks to reform Australia's health care system. We acknowledge that many aspects of the report if implemented have the potential to improve outcomes for people living with MND and their families and we will continue to monitor with interest the reform process. Of particular interest for people living with MND are the major recommendations for reform that focus on:

- Timely access to quality care in public hospitals
- Delivering better outcomes for people in rural and remote communities
- Primary Healthcare as the cornerstone of our future health system
- A 'health care home' for people with chronic and complex needs
- Improving access to palliative care
- Supporting carers
- Valuing and harnessing the expertise of our workforce
- Enabling an e-health environment
- Fostering quality collaborative care through funding
- Funding to better respond to people's care needs over time
- Enabling innovation and research system - wide

Response to NHHRC final report
August 2009

Throughout the report the need to improve services for people with chronic and complex conditions is highlighted including the need for affordable access to aids and equipment. The recommendation to expand specialty services in the community has potential to benefit people living with MND who prefer to access multidisciplinary care from their local community providers. We hope that the focus on developing ambulatory and sub-acute services will support further development of MND multidisciplinary services and clinics and lead to their formalization within the healthcare system. The report also acknowledges the need to improve access to palliative care which we hope will lead to equitable access to palliative care services and support across the full range of health care settings for people with a diagnosis of MND.

The focus on investing in Primary Healthcare as the cornerstone of our future health system is welcome. When developing and enhancing Primary Healthcare services, however, it is essential that the primary health care team is comprehensive and includes access to nurses, allied health and palliative care professionals as well as the GP to ensure a coordinated multidisciplinary approach to care.

There are some aspects of the report that raise concerns for MND Australia. The report proposes that the Commonwealth Government takes on responsibility for the policy and funding of a range of services including aged care. MND Australia is concerned that a person diagnosed with MND aged under 65 will receive state funded disability services that are more or less comprehensive than the aged care services provided to a person diagnosed aged 65 or over. The report is recommending major changes to the healthcare system of this country. There is the potential for the needs of people living with MND to be subsumed and overlooked in this complex process. MND Australia will continue to advocate on your behalf for services based on the needs of the individual with MND and their family.

Some of the recommendations that have potential to impact positively on MND care:

Taking responsibility:

12. We urge all relevant groups (including health services, health professionals, non-government organisations, media, private health insurers, food manufacturers and retailers, employers and governments) to provide access to evidence-based, consumer-friendly information that supports people in making healthy choices and in better understanding and making decisions about their use of health services.

13. To support people's decision making and management of their own health we recommend that, by 2012, every Australian should be able to have a personal electronic health record that will at all times be owned and controlled by that person.

14. We acknowledge the vital role of informal/family carers in supporting and caring for people with chronic conditions, mental disorders, disabilities and frailty. We recommend that carers be supported through educational programs, information, mentoring, timely advice and, subject to the consent of those they care for, suitable engagement in health decisions and communications. We also recommend improved access to respite care arrangements to assist carers sustain their role over time and that the health of carers should also be a priority of primary health care services dealing with people with chronic conditions.

Connecting Care:

18. We recommend that young families, Aboriginal and Torres Strait Islander people, and people with chronic and complex conditions (including people with a disability or a long-term mental illness) have the option of enrolling with a single primary health care service to strengthen the continuity, coordination and range of multidisciplinary care available to meet their health needs and deliver optimal outcomes. This would be the enrolled family or patient's principal 'health care home'. To support this, we propose that:

- there will be grant funding to support multidisciplinary services and care coordination for that service tied to levels of enrolment of young families and people with chronic and complex conditions;

- there will be payments to reward good performance in outcomes, including quality and timeliness of care, for the enrolled population; and
- over the longer term, payments will be developed that bundle the cost of packages of primary health care over a course of care or period of time, supplementing fee-based payments for episodic care.

19. We recommend embedding a strong focus on quality and health outcomes across all primary health care services. This requires the development of sound patient outcomes data for primary health care. We also want to see the development of performance payments for prevention, timeliness and quality care.

20. We recommend improving the way in which general practitioners, primary health care professionals, and medical and other specialists manage the care of people with chronic and complex conditions through shared care arrangements in a community setting. These arrangements should promote good communication and the vital role of primary health care professionals in the ongoing management and support of people with chronic and complex conditions in partnership with specialist medical consultants and teams who provide assessment, complex care planning and advice.

Ensuring timely access and safe care in hospitals

31. We recommend that all hospitals review provision of ambulatory services (outpatients) to ensure they are designed around patients' needs and, where possible, located in community settings.

Restoring people to better health and independent living

38. We recommend that clear targets to increase provision of sub-acute services be introduced by June 2010. These targets should cover both inpatient and community-based services and should link the demand for sub-acute services to the expected flow of patients from acute services and other settings. Incentive funding under the National Partnership Payments could be used to drive this expansion in sub-acute services.

40. We recommend planning and action to ensure that we have the right workforce available and trained to deliver the growing demand for sub-acute services, including in the community. Accordingly, we support the need for better data on the size, skill mix and distribution of this workforce, including rehabilitation medicine specialists, geriatricians and allied health staff.

41. We recognise the vital role of equipment, aids and other devices in helping people to improve health functioning and to live as independently as possible in the community. We recommend affordable access to such equipment should be considered under reforms to integrated safety net arrangements.

Increasing choice in aged care

49. We recommend that people supported to receive care in the community should be given the option to determine how the resources allocated for their care and support are used.

50. We recommend that once assessment processes, care subsidies and user payments are aligned across community care packages and residential care, older people should be given greater scope to choose for themselves between using their care subsidy for community or for residential care.

51. We recommend that all aged care providers (community and residential) should be required to have staff trained in supporting care recipients to complete advance care plans for those who wish to do so.

52. We recommend that funding be provided for use by residential aged care providers to make arrangements with primary health care providers and geriatricians to provide visiting sessional and on-call medical care to residents of aged care homes.

Caring for people at the end of life

54. We recommend building the capacity and competence of primary health care services, including Comprehensive Primary Health Care Centres and Services, to provide generalist

palliative care support for their dying patients. This will require greater educational support and improved collaboration and networking with specialist palliative care service providers.

55. We recommend strengthening access to specialist palliative care services for all relevant patients across a range of settings, with a special emphasis on people living in residential aged care facilities.

56. We recommend that additional investment in specialist palliative care services be directed to support more availability of these services to people at home in the community.

57. We recommend that advance care planning be funded and implemented nationally, commencing with all residential aged care services, and then being extended to other relevant groups in the population. This will require a national approach to education and training of health professionals including greater awareness and education among health professionals of the common law right of people to make decisions on their medical treatment, and their right to decline treatment. We note that, in some states and territories, this is complemented by supporting legislation that relates more specifically to end of life and advance care planning decisions.

Delivering better health outcomes for remote and rural communities

65. Flexible funding arrangements are required to reconfigure health service delivery to achieve the best outcomes for the community. To facilitate locally designed and flexible models of care in remote and small rural communities, we recommend:

- funding equivalent to national average medical benefits and primary health care service funding, appropriately adjusted for remoteness and health status, be made available for local service provision where populations are otherwise under-served; and
- expansion of the multi-purpose service model to towns with catchment populations of approximately 12,000.

66. Care for people in remote and rural locations necessarily involves bringing care to the person or the person to the care. To achieve this, we recommend:

- networks of primary health care services, including Aboriginal and Torres Strait Islander Community Controlled Services, within naturally defined regions;
- expansion of specialist outreach services – for example, medical specialists, midwives, allied health, pharmacy and dental/oral health services;
- telehealth services including practitioner-to-practitioner consultations, practitioner-to-specialist consultations, teleradiology and other specialties and services;
- referral and advice networks for remote and rural practitioners that support and improve the quality of care, such as maternity care, chronic and complex disease care planning and review, chronic wound management, and palliative care; and
- 'on-call' 24-hour telephone and internet consultations and advice, and retrieval services for urgent consultations staffed by remote medical practitioners

Further, we recommend that funding mechanisms be developed to support all these elements.

67. We recommend that a patient travel and accommodation assistance scheme be funded at a level that takes better account of the out-of-pocket costs of patients and their families and facilitates timely treatment and care.

The full report is available at the Commission's website:

<http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report>

MND Australia submissions to the NHHRC available at the MND Australia website:

<http://www.mndaust.asn.au/submissions/>

Have your say:

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Contribute>

Carol Birks National Executive Director