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## Feedback from Health Issues Centre to the Ambulatory Care Policy and Planning Framework (ACF) – Consultation Paper

Victorian Department of Human Services

Health Issues Centre appreciates the opportunity to provide feedback on the Consultation Paper: *Ambulatory Care Policy and Planning Framework (ACF)* produced by the Victorian Department of Human Services.

Health Issues Centre is at the forefront of promoting consumer perspectives in the Australian health system. It has been an independent, not-for-profit organisation for over 20 years. It has gained a strong reputation around Australia for its public interest research and its analysis of the health system, particularly promoting awareness of consumer perspectives and needs.

Health Issues Centre congratulates the Department for this policy aimed at addressing the issues affecting ambulatory care service delivery and facilities in Victoria. A strength of the document is its accessible language and easy-to-access format. The content is comprehensive and has successfully identified that a planning framework will enable the development of clear policy directions.

However, Health Issues Centre is concerned that many systemic issues, as mentioned in the paper, need to be addressed before the framework's goal can be achieved. The following issues should be addressed by the framework:

- The settings where the broad range of ambulatory care services is delivered are both community and hospital-based and this would potentially affect access to the whole range of services available in both sectors, because of confusion about eligibility and/or costs involved.
- Several funding sources, including Commonwealth, state and local government, insurance agencies, private providers, client fees and a combination of all of these, are involved, and may make the management of funding for ambulatory care complex for the Department and also for the consumer.

Health Issues Centre is also concerned, as identified in the document, that the goals of the framework would be affected by other structural issues such as poor service

integration, resistance to cultural and organisational change, lack of facilities and infrastructure, and the skills, size and distribution of the workforce.

Conversely, Health Issues Centre acknowledges that some initiatives are in place in Victoria to address some of the systemic and structural issues mentioned above. These include the Primary Care Partnerships Service Coordination initiatives which may facilitate access to services, and the HARP initiatives that may make possible the access to services for the treatment of chronic and complex conditions. A number of Commonwealth initiatives are also addressing issues of workforce development.

Health Issues Centre is concerned that the terms 'person-centred' and 'patient-centred' are used indistinctively in the paper. The document refers to 'person-centred' care on pages 6-7, but to 'patient-centred' care on page 2. The frequently used term in the literature on this topic is 'patient' or 'client-centred care'. In line with Carers Victoria's preference, Health Issues Centre would advocate the term 'patient and family centred care' be used.

The document also confuses the terms 'person-centred care' and 'consumer involvement' (p. 6). 'Patient-centred care' refers to the need to look after patients in a holistic way, in line with a social model of health that considers the importance of the psychosocial elements of care. In contrast 'consumer involvement' refers to the participatory models by which members of the community, consumers or carers are involved in the planning, implementation and evaluation of health services. The latter is a more collective (rather than individual) model of participation and is driven by principles of consumer rights, democracy and social justice. The framework would benefit from making a clear distinction between these concepts. Efforts also should be made to operationalise them for the implementation of the policy in the future.

The section of the document headed *Principles in Context* poses the following questions:

*How can we improve consumer involvement to ensure effective service planning and delivery?*

- Health Issues Centre considers that the establishment of appropriate structures, through suitable processes, and support will enable consumer, carer and community participation in service planning and delivery of ambulatory care services. An example of efforts in this area is the Department's Cancer and Palliative Care Unit's development of the Strategy for Consumer Participation in Cancer Services Reform. The Department has policies about consumer, carer and community participation for both community and primary health and the Metropolitan Health Services which should be referred to by the framework.

*What barriers to 'person-centred care need to be overcome?*

- Health Issues Centre accepts that a 'patient-centred' approach to health care should address issues of equity and quality of health care. Thus, a patient-centred approach in ambulatory care should consider the needs of patients been looked after within hospitals, community settings and at home, as it is proposed. People's needs often go beyond the need for medical care and are determined by socio economic circumstances. 'Patient-centred' care should address issues of cultural diversity, marginalisation, poverty, and the impact of the social environment on peoples' experience of health and illness. This requires addressing barriers inherent to the organisational culture of health services, medical education which emphasises a biomedical approach, high throughput practices, and the 'silo mentality' or fragmentation between the various specialties that patients with complex conditions have to deal with.

**Other comments:**

Health Issues Centre believes that it is relevant to the ambulatory care framework to address the needs of carers. If ambulatory care is seen as a mechanism to look after patients in hospitals and community settings but also at home, then the role that carers play in the health system has to be acknowledged. Carers look after patients in hospitals, between visits to doctors, and at home before and after hospital discharge. The framework should recognise the amount of care provided outside the health system and address the needs of carers.

Health Issues Centre is concerned about the collaboration between private and public funding that the framework is advocating for ambulatory care (p. 13). Practical implications of methods of payment should be addressed in the framework as some groups of consumers and carers will be disadvantaged and under serviced if incurring out-of-pocket expenses; this would result in discontinuity of care. What will the methods of reimbursement for payment of services in the community be? Will the system be bulk-billed? How will groups of patients pay for services provided by private health services?

We thank you for inviting our comment and look forward to the published document.

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