



# Australian Health Care Reform Alliance

## Media Release

1 August 2007

### **Health Reform Summit calls for National Health Policy**

The 43 member organisations of the Australian Health Care Reform Alliance (AHCRA), representing more than 500,000 health consumers and health sector workers country wide, have called for the formation of a National Health Reform Council (NHRC) to devise and monitor the implementation of a national health policy in a whole-of-government approach to health.

The proposed new-look body would be answerable to the Council of Australian Governments (COAG) and act independently of government at State, Territory and Federal levels.

In a communiqué issued yesterday following a two-day National Health Reform Summit in Canberra, AHCRA criticised Australian governments for failing to bring about a sustainable, integrated, equitable and safe health system taxpayer's deserve.

“The members of AHCRA express their disappointment at past failures in Australia to develop a sustainable, integrated, equitable and safe health system,” the communiqué said.

“AHCRA contends that the health system is in fact not a system but a series of disconnected programs,” said AHCRA Chair, Kerren Clark.

Notwithstanding life expectancy that is high by international standards, Australia's health system could be significantly improved with strong national leadership. “The cost of doing nothing to reform our system would be catastrophic,” Ms Clark said.

AHCRA's communiqué highlights the current poor coordination of health care in Australia, the wasteful duplication of services and the lack of accountability in health care spending that sees billions of dollars of taxpayer monies wasted annually.



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Access to health care is declining for people in reduced socio-economic circumstances and more isolated locations. The health workforce is depleted and demoralised.

In addition, Indigenous Australians continue to suffer Third World health outcomes while largely preventable chronic illnesses, across all groups, are creating a burden for the acute health system. People in rural and remote areas, people with a disability and those with mental illness are among those experiencing poorer health outcomes.

The irony is that while up to 40 per cent of Australians fail to receive the care they need, others receive care that is either not needed or harmful to their health. Some 10 per cent of people admitted to hospital suffer harm directly related to the health care they receive, while a further 30-40 per cent of people are at risk of adverse events.

“This means that almost 200 people are dying each week as a direct result of the health care they receive,” Ms Clark said.

“AHCRA calls on State, Territory and Federal governments to stop the cost and blame-shifting that has characterised the last decade of Australian health politics, and commit to a program of reform that will provide all Australians with a sustainable, equitable health system able to meet the needs of the community into the future.”

Key recommendations viewed as essential to reform include:

- The pooling of public health funds nationally, devolving to flexible distribution based on regions.
- A national audit of current health expenditure and needs.
- The need for comprehensive monitoring of outcomes of care that includes mandatory reporting of adverse events through open disclosure.
- An evaluation of the policy of using public funds to subsidise private health insurance.
- The need for increased information sharing, including through an electronic health record, to improve effectiveness and patient safety.
- Increased investment in health services research, with findings made public.



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Member organisations of AHCRA agreed essential health reform must involve:

- Universal access – all Australians should have access to an appropriate service on the basis of health needs, not the ability to pay. Health care should be tax funded, enabling the Australian community to provide health insurance to each other.
- Equity of health outcomes irrespective of socio-economic status, race, cultural background, disability, mental illness, age, gender or location.
- A shift in focus and funding towards a primary health care system that is focused on health promotion and illness prevention. In this integrated primary health care system, health professionals will deliver care in a multi-disciplinary team-based environment.
- Additional funding on a sustained basis to address the health of Indigenous Australians and to help meet the target of equal health for Aboriginal and Torres Strait Islander Australians within a generation.
- Investment to provide a sustainable health workforce that is sufficient in number as well as geographically dispersed to provide safe, high quality care to all people regardless of location.
- Reform built on a partnership between government/institutions and the Australian community as consumers – with health policy grounded in and measured against community values.

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