



Australia's Health Care System – The mostly good and the not so good!

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Presentation Summary

1. Some background and context....
2. Australia's health and health care system
– the mostly good
3. The not so good...
4. Role of consumers for “disruption”
5. Contemporary thinking about public/population health



THE UNIVERSITY OF
MELBOURNE

The University of Melbourne





THE UNIVERSITY OF
MELBOURNE

150 years in the making...

The University of Melbourne sits within the heart of a world class biomedical and health sciences precinct:

- Universities
- Hospitals
- Medical Research Institute
- Primary Care Networks



Professor George Britten Halford instructing students in anatomy in 1864



Melbourne School of Population and Global Health

Centre for Mental Health

Mental Health Policy and Practice

Population Mental Health

Global and Multicultural Mental Health

Centre for Health Policy

Evaluation and Implementation Science

Health Economics

Health Systems & Workforce

Law & Public Health

Centre for Epidemiology & Biostatistics

Allergy and Lung Health

Australian Twin Registry

Biostatistics

Breast Cancer

Colorectal Cancer

High Dimensional Analytics

Male Health

Modelling and Simulation

Neuroepidemiology

Sexual Health

Nossal Institute for Global Health

Governance and Finance

Disability Inclusion for Health and Development

Education and Learning

Maternal, Sexual and Reproductive Health

Nossal Institute Ltd Company

Centre for Health Equity

Health Humanities and Social Sciences

McCaughey VicHealth Community Wellbeing

Gender and Women's Health

Indigenous Health Equity

Non Communicable Disease Control

Evidence & Child Health

Indigenous Studies

Partnership Groups

Global Burden of Disease Group

Vaccine and Immunisation Research Group

Australia – the nation

Commonwealth of Australia

- **Capital:** Canberra
- **Population:** 23.51 million (2014 census data)
- **Government:** Democratic federal state system,
- **Geography:** Smallest continent, sixth largest country
- Australia has 6 states, 2 territories



Australian Government



Prime Minister: The Hon. Malcolm Turnbull MP

- Became Head of the Liberal Party and PM on 15 September 2015.
- Most recently, Mr Turnbull was Minister for Communications from 18 September 2013 to 14 September 2015.



Minister for Health: The Hon Sussan Ley MP (Liberal Party)

- Sussan Ley was appointed Minister for Health and Minister for Sport in December 2014.

State Government of Victoria



Premier of Victoria: The Hon. Daniel Andrews MP
(Australian Labor Party)

- A previous Minister for Health in 2007



Minister for Health, Victoria: The Hon. Jill Hennessy
(Australian Labor Party)

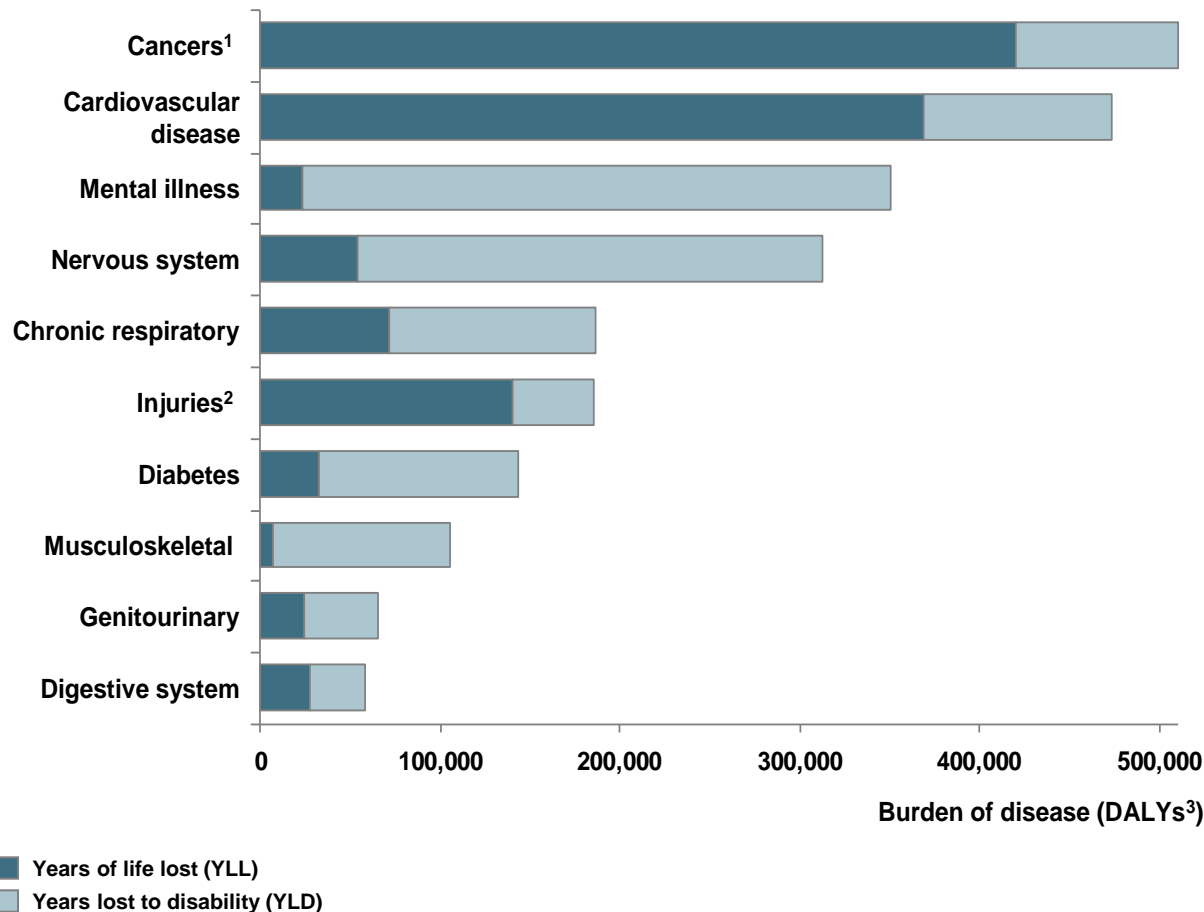
2. Overview of Australia's health and health system

Summary health statistics – **Really good news!**

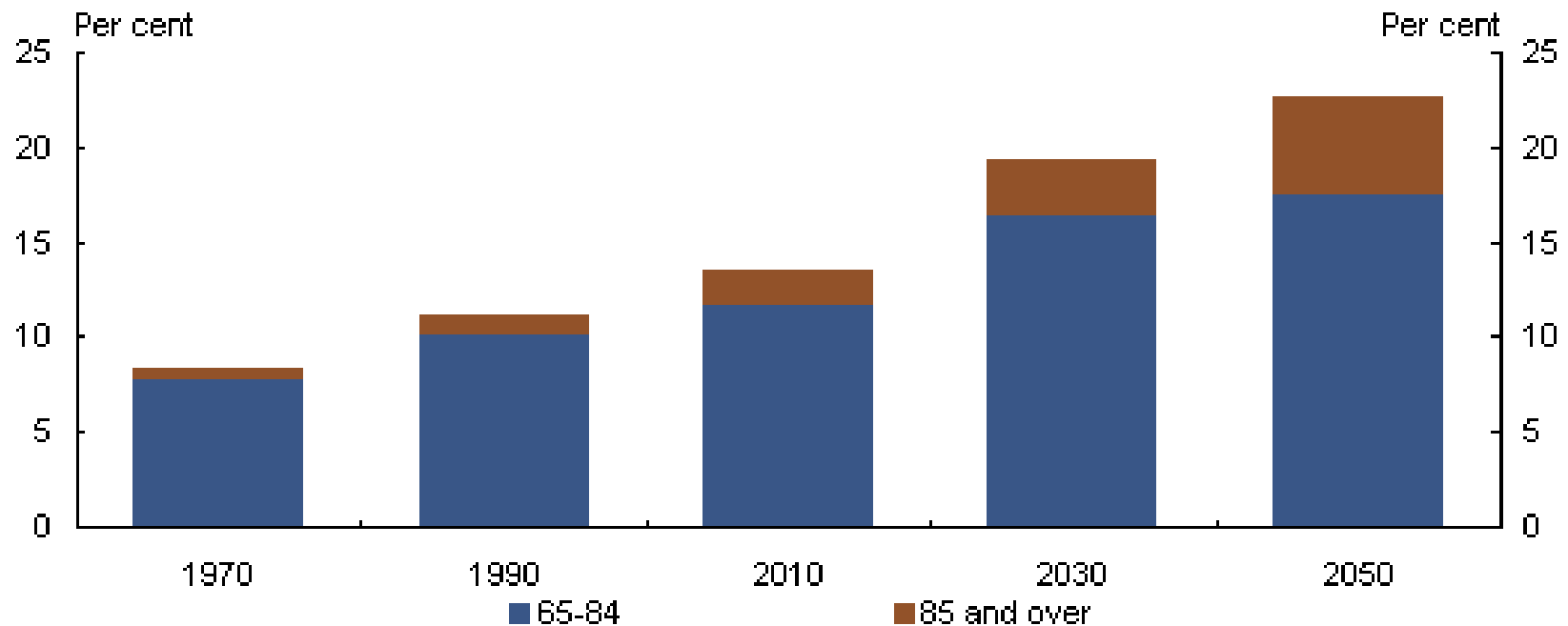
- **life expectancy** – one of the highest in the world; Males – 79.9 yrs; Females – 84.3 yrs
- **Infant mortality** – 4.43/1000 births
- **Smoking rate** - long-term downward trend over the past 50 yrs; 15% in 2010 (down from 20% in 2001 and >60% for males in 1950)
- **Vaccination rates** – one of the most successful and cost-effective health interventions. Provided free to people in particular age or risk groups for 16 diseases.
- **Cancer cases** - Although the number of new cancer cases each year is rising, largely due to population ageing, the number of cases per 100,000 population is steady and the cancer death rate for all cancers fell 17% between 1991 and 2011.

However, Australians still live with a significant burden of ill-health, mainly from NCDs

Annual national burden of disease for top 10 disease groups in Australia



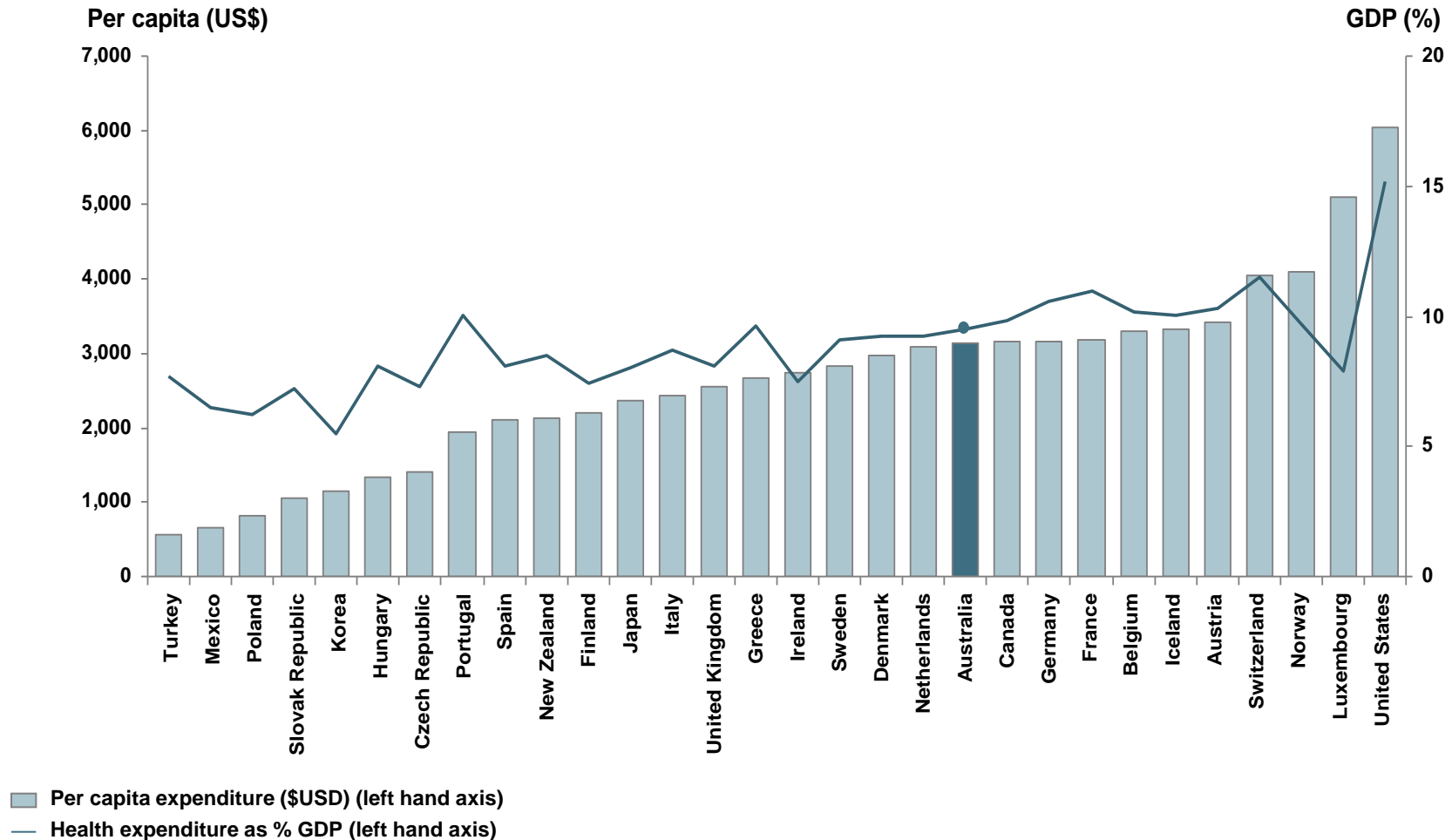
Australia has a rapidly ageing population



Source: Commonwealth of Australia 2010, *Australia to 2050: Future Challenges – The 2010 Intergenerational Report*, (Wayne Swan MP), CanPrint Communications, Canberra

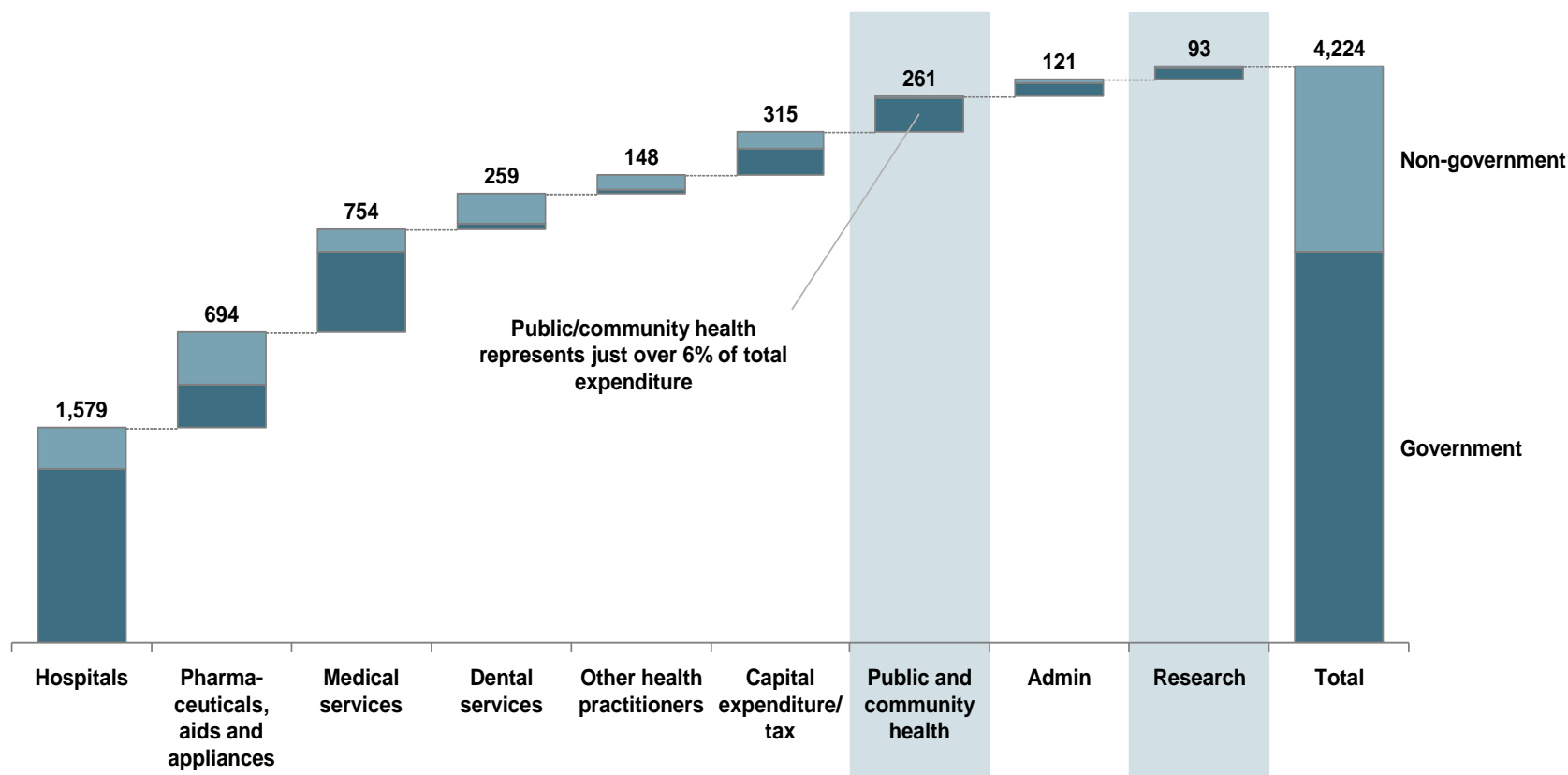
Health expenditure of OECD countries

Health expenditure - OECD countries: (US\$ per capita, % GDP)



Current health funding remains overwhelmingly focused on treatment versus public health & prevention

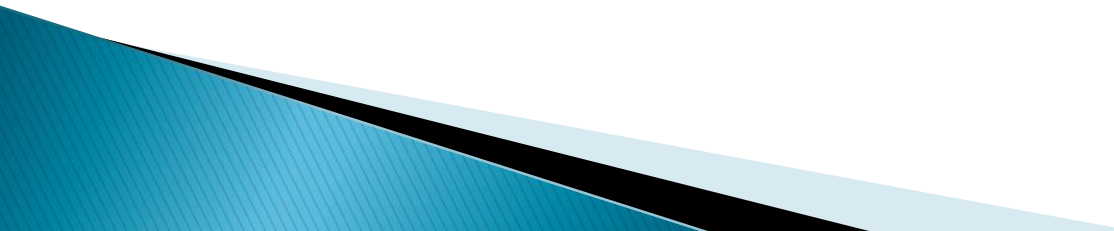
National health expenditure, by area of expenditure – Australia: 2005/6 (\$ per capita)



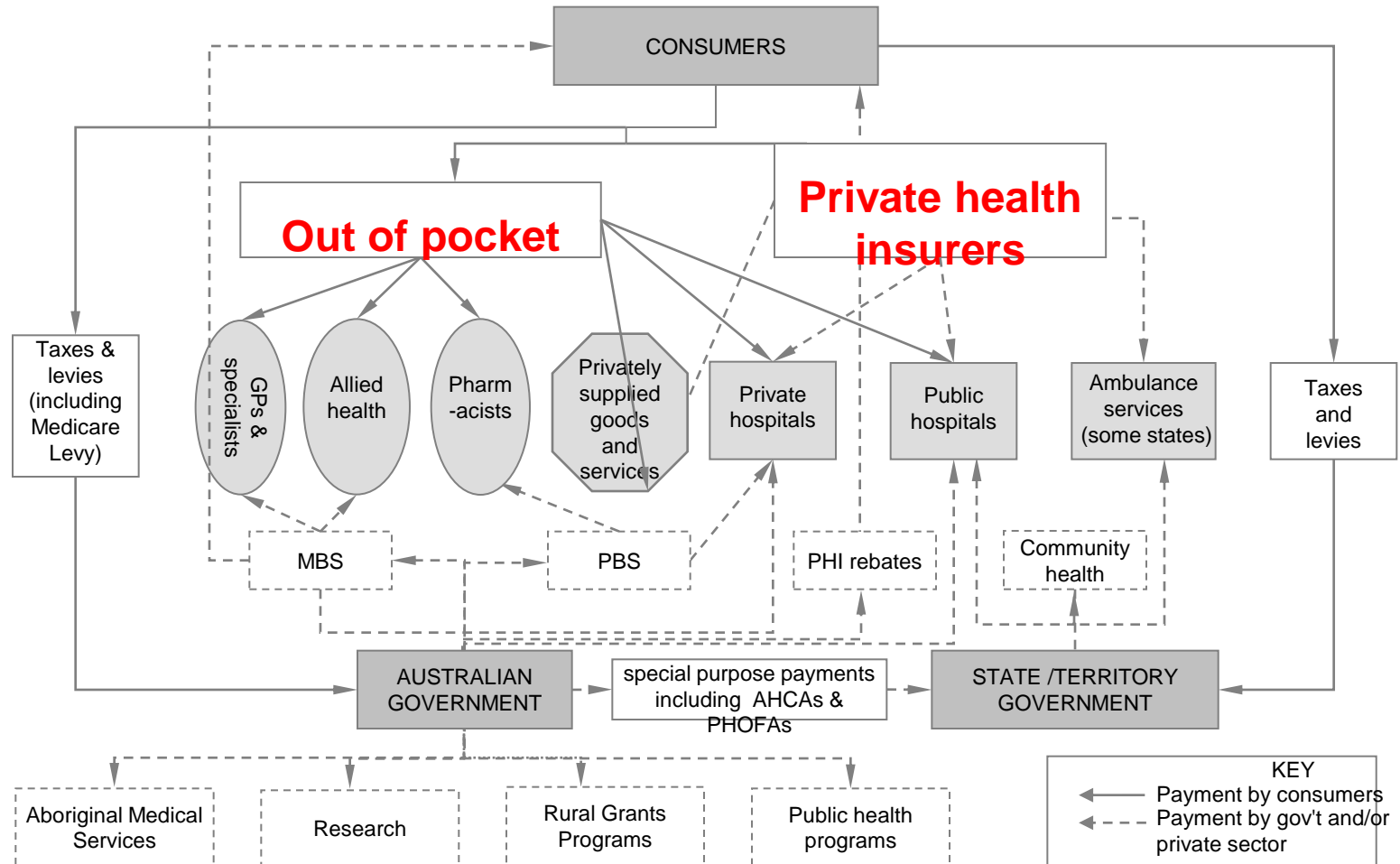
1. Includes Commonwealth, State and local governments 2. Includes private health insurance funds, injury compensation insurers, and private individuals 3. Includes public and private hospitals and patient transportation

Source: AIHW, *National health expenditure 2005-6* (AIHW data cube)

The big challenge of government spending...

- ▶ Currently, >25% of government spending is directed to health, age-related pensions and aged care.
 - ▶ Growth to 50% of gov't spending in the next 40 years, if it doesn't slow.
- 

Australian health system is a blend of (1) public-private and (2) federal-state government funding with out-of-pocket costs increasing significantly



This gives rise to a mixed model of service provision and accountabilities

Public Sector

Almost 70% of total health expenditure in Australia is funded by government. The Australian Government contributes two-thirds of this and State, Territory and Local governments contribute the other third (AIHW, 2015).

The two major national subsidy schemes are:

- Medicare
- Pharmaceutical Benefits Scheme (PBS)



Medicare provides access to medical and hospital services for all Australian residents and certain categories of visitors to Australia.

Medicare provides universal access to care, regardless of ability to pay

It subsidizes:

- Medical services
- Pharmaceuticals
- Public hospitals

Pharmaceutical Benefits Scheme (PBS)



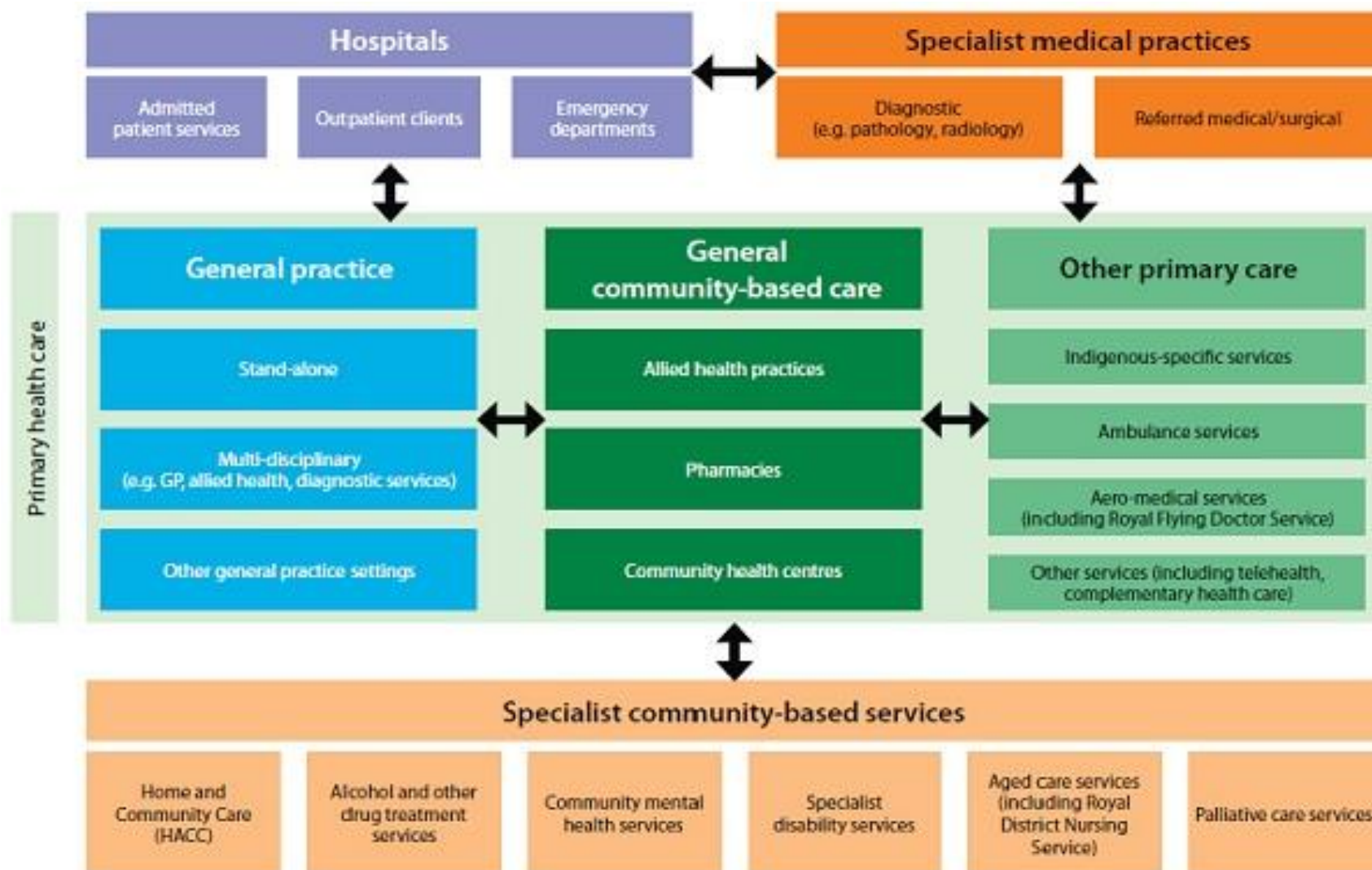
- Covers 90% of prescriptions outside of the hospital setting
- The Government approves the formulary, one of the criterion for approval is cost effectiveness and government negotiates a rate with the drug company
- Moderate co-payments based on income

Private Sector – Private health insurance

- Strongly encouraged by the Australian Government
- Approx. 50% of Australian population has private health insurance
- Government offers 30% rebate and encourages early commitment to a private insurance company <30years of age (AIHW, 2015).
- Shorter wait times
- More choice over physician/ surgeon/ hospital choice
- Additional services included such as dentistry

3. The not so good things about Australia's health system.....

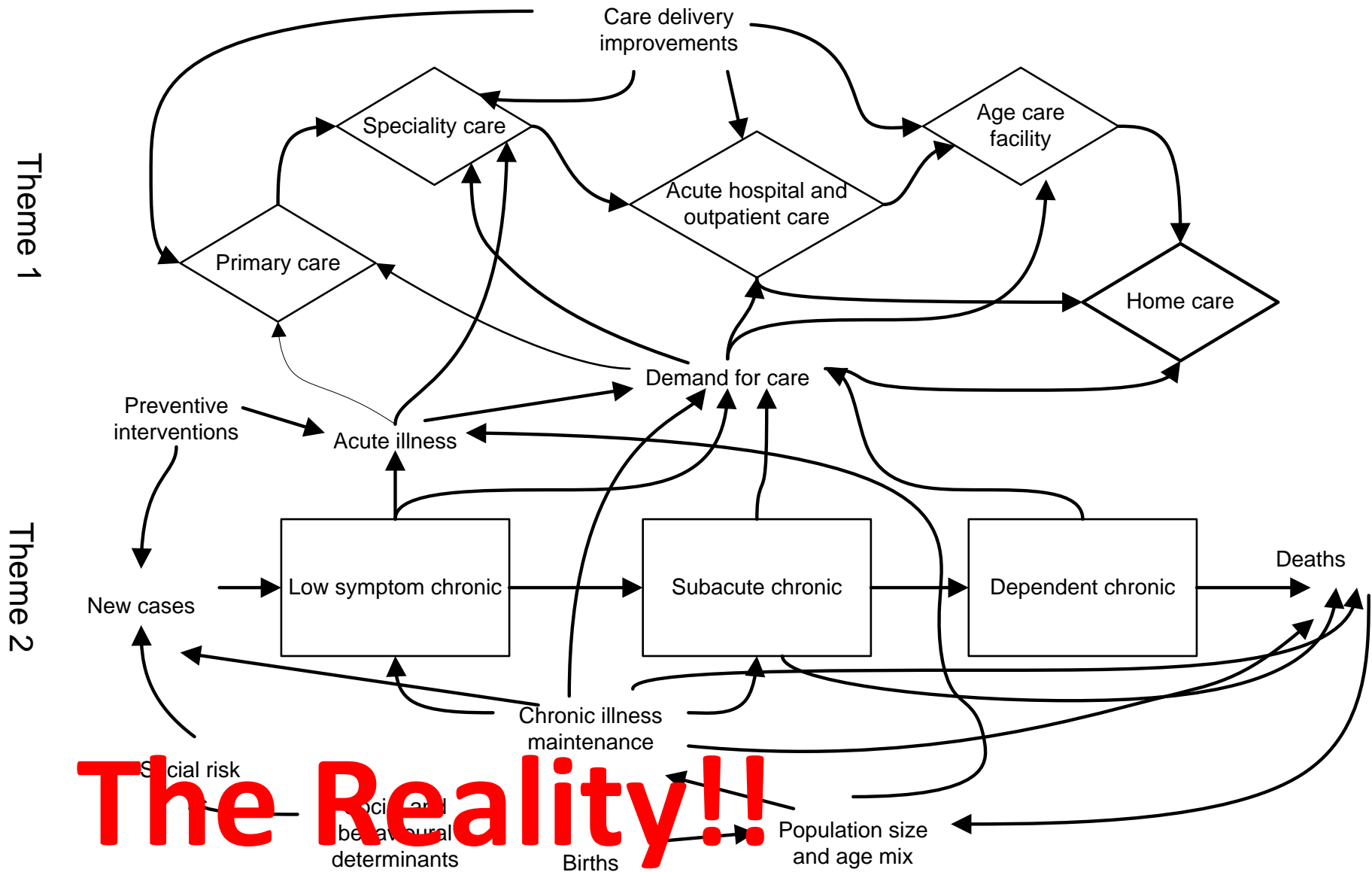
Primary health care and its interactions with the broader health care and community service sectors



How is it possible for health consumers and their caregivers to 'navigate' the system for chronic disease (self) management ?

Our 'system' for chronic disease (self) management is already multiple systems and very difficult to navigate

Chronic conditions – The Patient Journey!



Person with diabetes

$$8,766 = 24 \times 365.25$$

<6 hours a year seeing a health professional

8,760 hours “on your own”

- Healthy diet
- Physical activity
- Monitor blood sugar
- Take medications, insulin
- Manage sick days
- Manage stress – Healthy Coping

- Is it realistic that even the best existing health care system in the world can address all of the current and looming challenges?
 - Cost?
 - Workforce capacity?
 - Appropriateness of traditional approaches and models of care delivery and prevention?

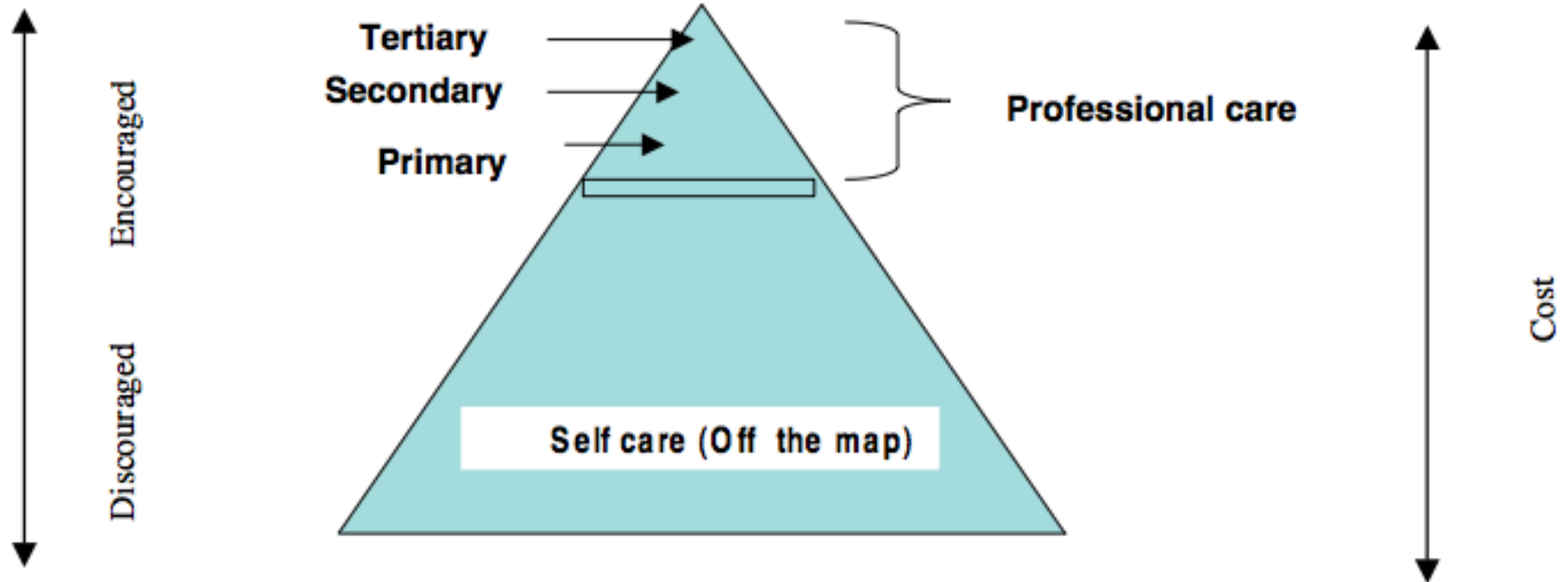
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- Is there a need for a paradigm change and are different delivery approaches and models required including e-health?

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Disruption?

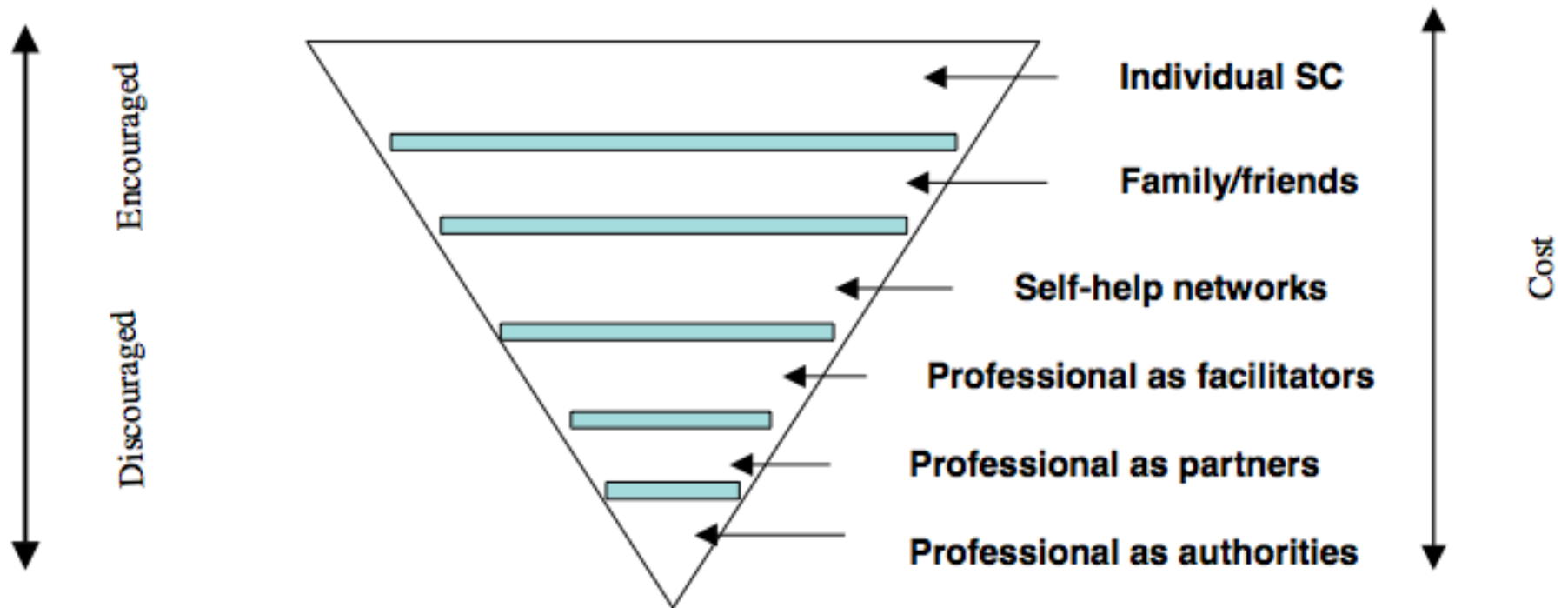
Paradigm shift from acute illness care to chronic disease and self care??

Industrial age medicine

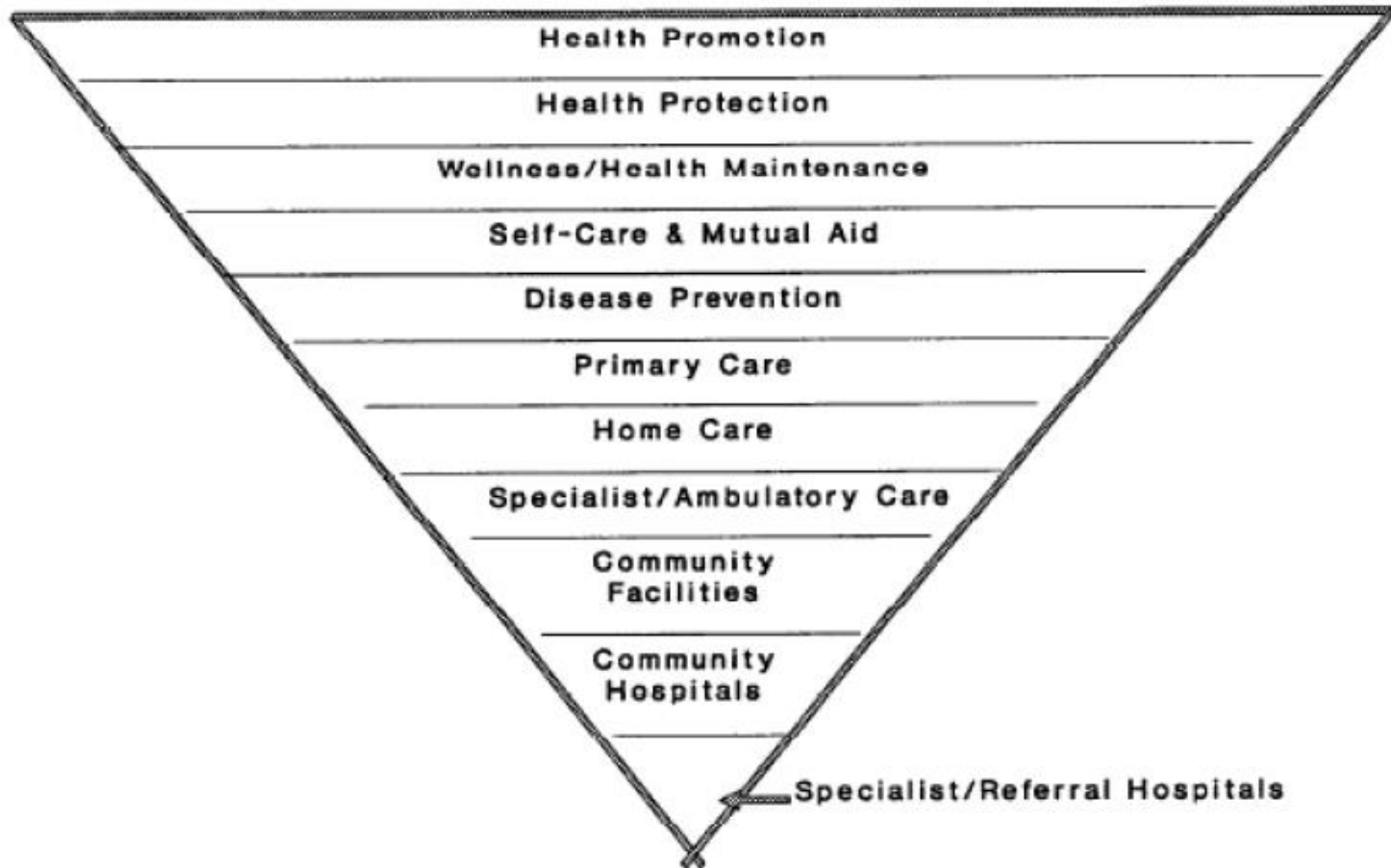


Paradigm shift from acute illness care to more person-centred care and self care?

Information age health care



“Bottom-down” health system



A strategy for sustainability

Three Principles of Sustainability

- **Reduce the burden of disease**
- **Reduce inappropriate demand for care**
- **Manage the supply of care efficiently**

Self-care

- Self-care is the perhaps the most important and certainly the most neglected part of the system.
- Self-care is about what people do for themselves, alone or – more often – with others.
- Most care is self-care!
- The system needs to support self care without doing it for or to people.

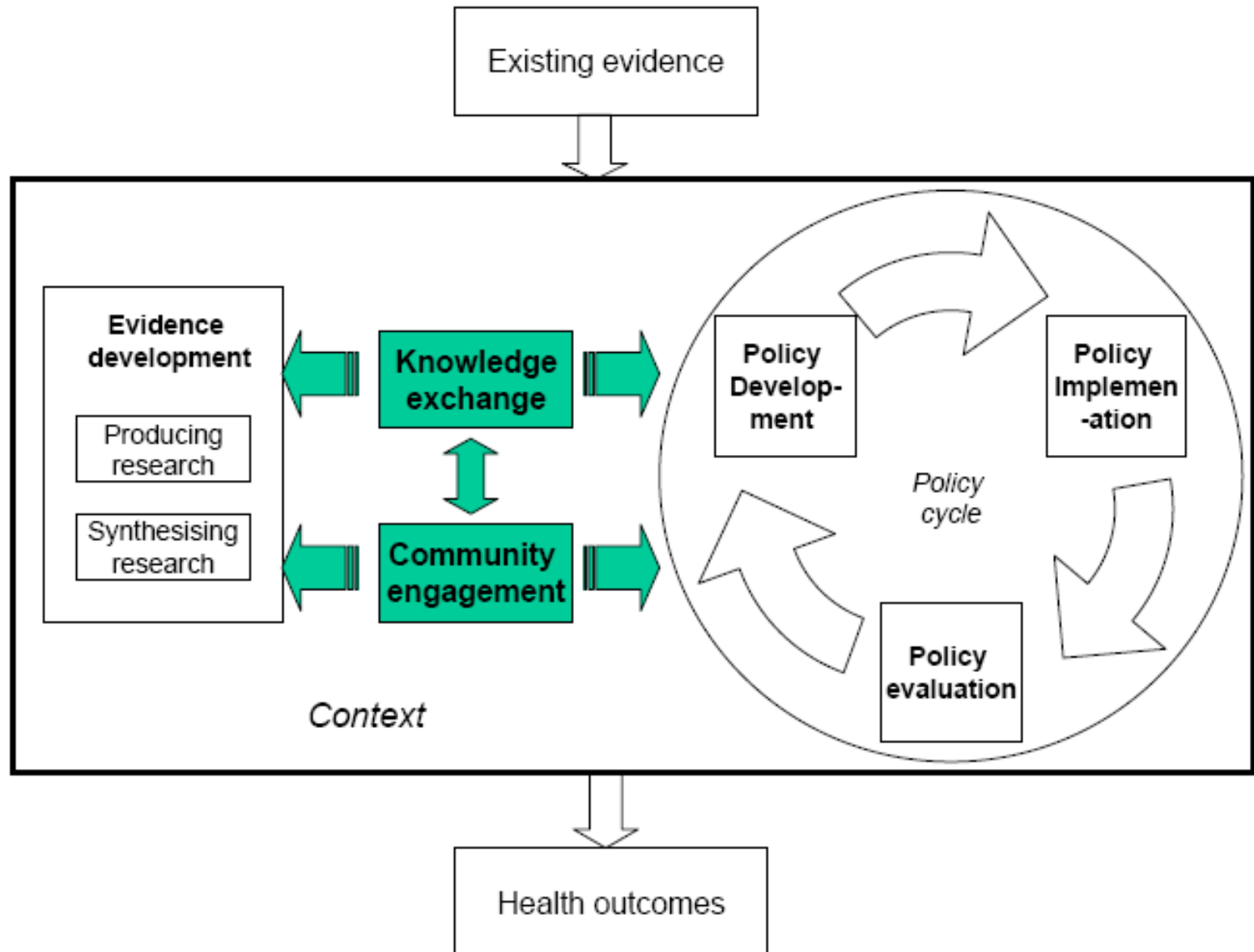
A spectrum of self-care

- 1. Working with others to make your community more healthy**
- 2. Personal and family health, wellness and safety, including use of preventive services**
- 3. Treating personal and family minor ailments and injuries**
 - And knowing when to seek help**
- 4. Emergency care and first-aid**
- 5. Chronic disease self-management**
- 6. Preparing for end of life**
- 7. Being able to communicate effectively with your own or your family's care team**

How is it possible to achieve
disruption or big change to
models of care delivery,
workforce, technology change
etc?

**4. Do citizens know what they want
and/or need?**

How 'should' health policy be shaped & developed?



What has been missing from engagement of citizens/health consumers in Australia?

- Poorly understood, inconsistently practiced, and under theorised (compared to a number of other countries)
- Poorly defined
- A mindset, not just a technique
- Requires organisational commitment and a high-level champion
- An ongoing process, not a fixed time event
- Consumers need to be confident their input will be valued
- Consumers usually need background information
- Different approaches offer different opportunities for policy development


Traditional engagement/consultation vs deliberation

- Much traditional engagement (consultation) involves gathering information from citizens/patients. Citizens might inform some policy, but often tokenistic and opportunistic
- **Deliberative processes of engagement** offer opportunities for citizens to really participate in issues identification, policy development and decision making

Deliberative engagement

- An approach to decision-making in which citizens consider relevant facts from multiple points of view, converse with one another to think critically about options before them and enlarge their perspectives, opinions, and understandings (Deliberative Democracy Consortium, 2007)

e.g. citizen juries



Australian Institute of Health Policy Studies Deliberative Forums

Bendigo—4 May 2009 • Melbourne—6 May 2009

How can we prevent illness and promote good health?



AUSTRALIAN INSTITUTE
OF HEALTH POLICY STUDIES

Community Forum:

How can we prevent illness and promote good health?

Date: Monday 4th May 2009
Time: 9:30am – 1:30pm
Venue: Hotel Shamrock, Pall Mall, Bendigo
Parking: Multi-level car park next to hotel
(entrance from Hargreaves St –
reimbursement available for parking fees)
Morning tea and lunch provided

**Have your
say for
a day**

The opportunity to have your say...

This forum will provide an opportunity for community members to discuss and debate issues such as:

- What does “prevention” mean?
- What is the government’s role in preventing illness and promoting good health?
- What is the responsibility of individuals, schools, workplaces, food suppliers, and so on?

The opportunity to learn...

Participants will have an opportunity to learn about important health issues, listen to different opinions, and have their say. You don’t have to be an expert – just be willing to listen and to share your opinions.

The outcome...

We will be preparing a report on the outcomes that will be given to government policy-makers.

Places are limited – prior registration is required.

For more information or to register:

Please contact Rebecca Watson on (03) 9903 0564 or info@aihps.org



BUDGETING FOR HEALTH IN WELLSVILLE

You are a diverse committee of community representatives in the region of Wellsville in Victoria. Your job is to advise on the allocation of a newly announced health stimulus package.

Your committee membership includes:

- Representatives of the local Health Advisory Committee
- Representatives from the medical community – including doctors, allied health professionals, and hospital managers
- A public health expert from the local university
- Community leaders, including a priest, a school principal, and a member of the Chamber of Commerce
- Two community representatives who responded to an advertisement in the local paper.

Wellsville is a rapidly growing region in Victoria. It includes one major regional town (with a hospital and a university) and a large agricultural community. The region is recognised as being innovative in its policies and efficient in the ways that policies are implemented. The community has an average unemployment rate of around 4%.

Proposed strategies for maintaining health and prevention:

- Strong support for a system of community-based well-being centres or health clinics
- Support for an increased focus on health checks, testing and prevention throughout life
- The need for ongoing and improved education, promotion and regulation about healthy choices and risk factors
- The importance of initiatives within the community and workplaces
- The responsibility of government to regulate and educate, but the responsibility of individuals to make choices about their own health

Complementary Approaches to Prevention & Control

Individual
Behaviour Change



Environmental &
Policy Change

Managing health records – strong support but concerns about:

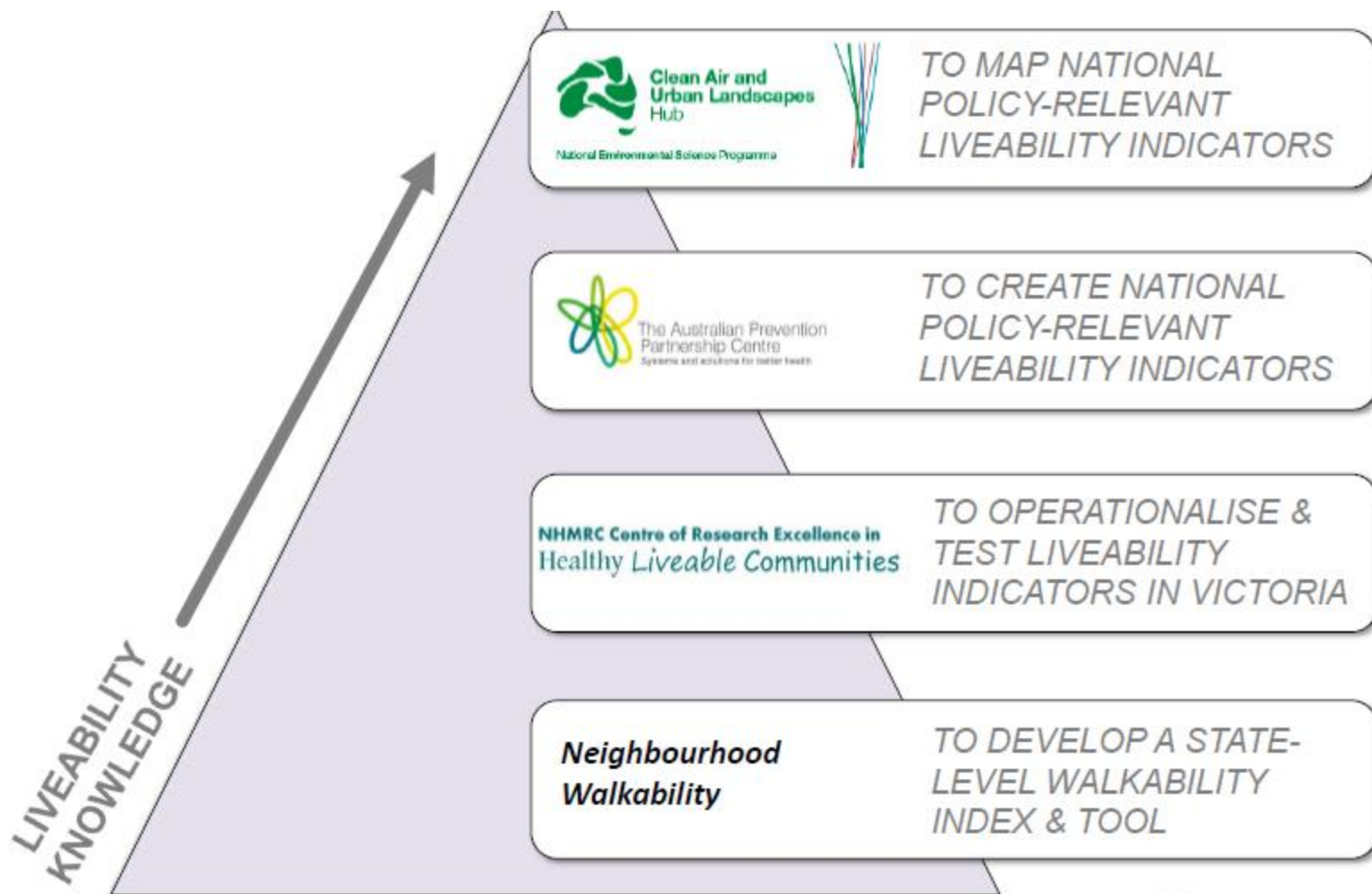
- Confidentiality and privacy
- Health professionals' use and access
- Use and access by other authorities and organisations
- Ability to use the system
- Management and oversight
- Using the system to support prevention

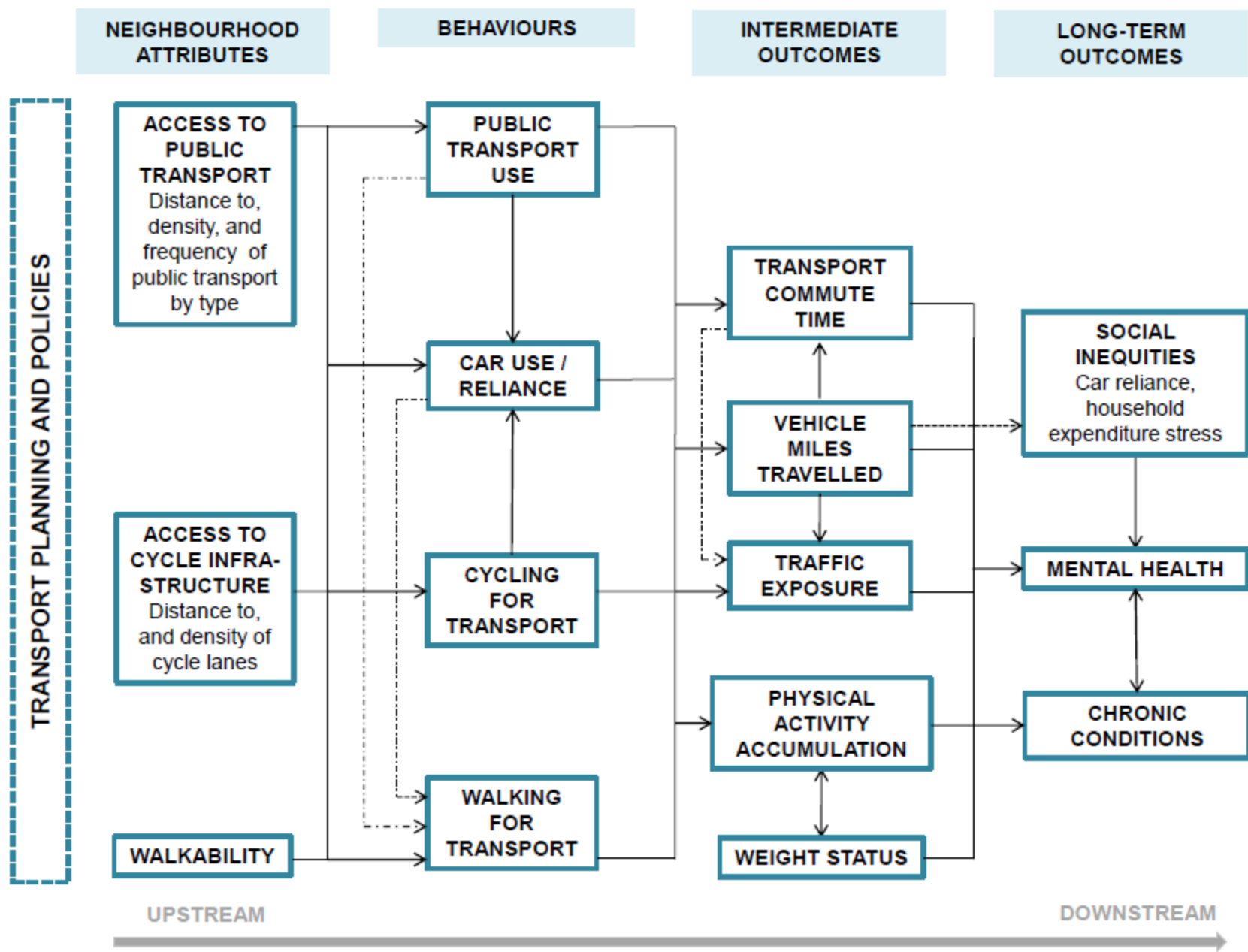
5. Contemporary thinking about population health and how to operationalise

Influencing a Population Health approach

1. Focus on the health of populations
2. Address the determinants of health and their interactions
3. Base decisions on evidence
4. Increase upstream investments
5. Apply multiple strategies
6. Collaborate across sectors and levels
7. Employ mechanisms for public involvement
8. Demonstrate accountability for health outcomes

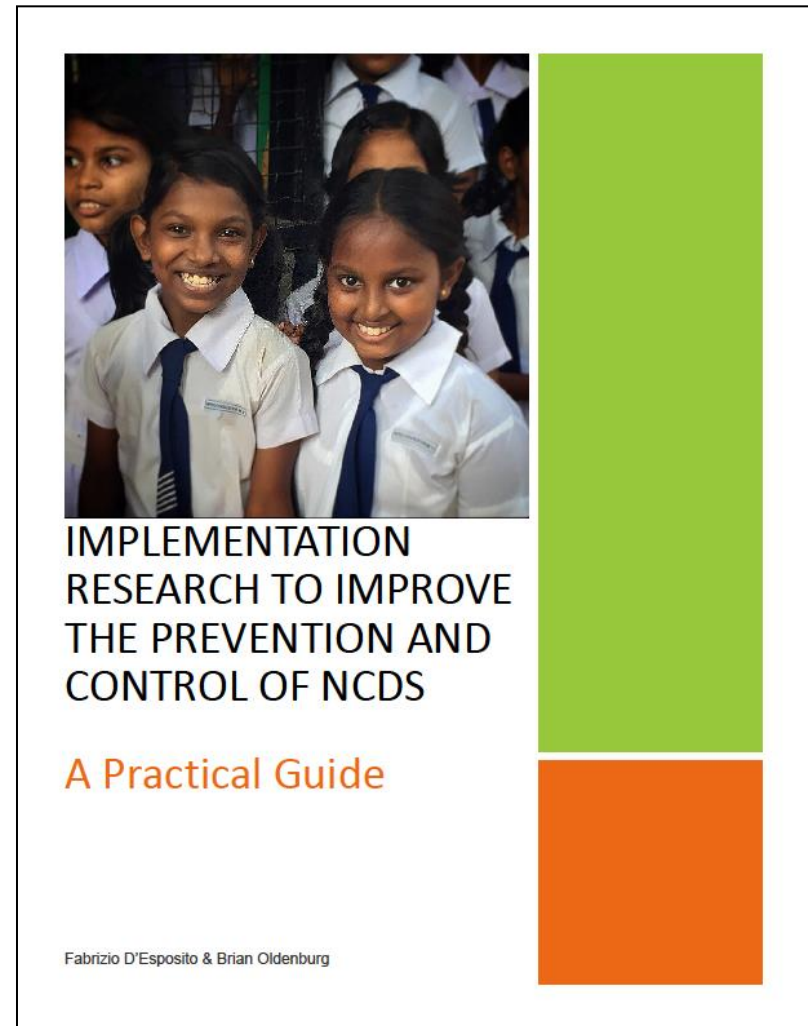
Why liveability?





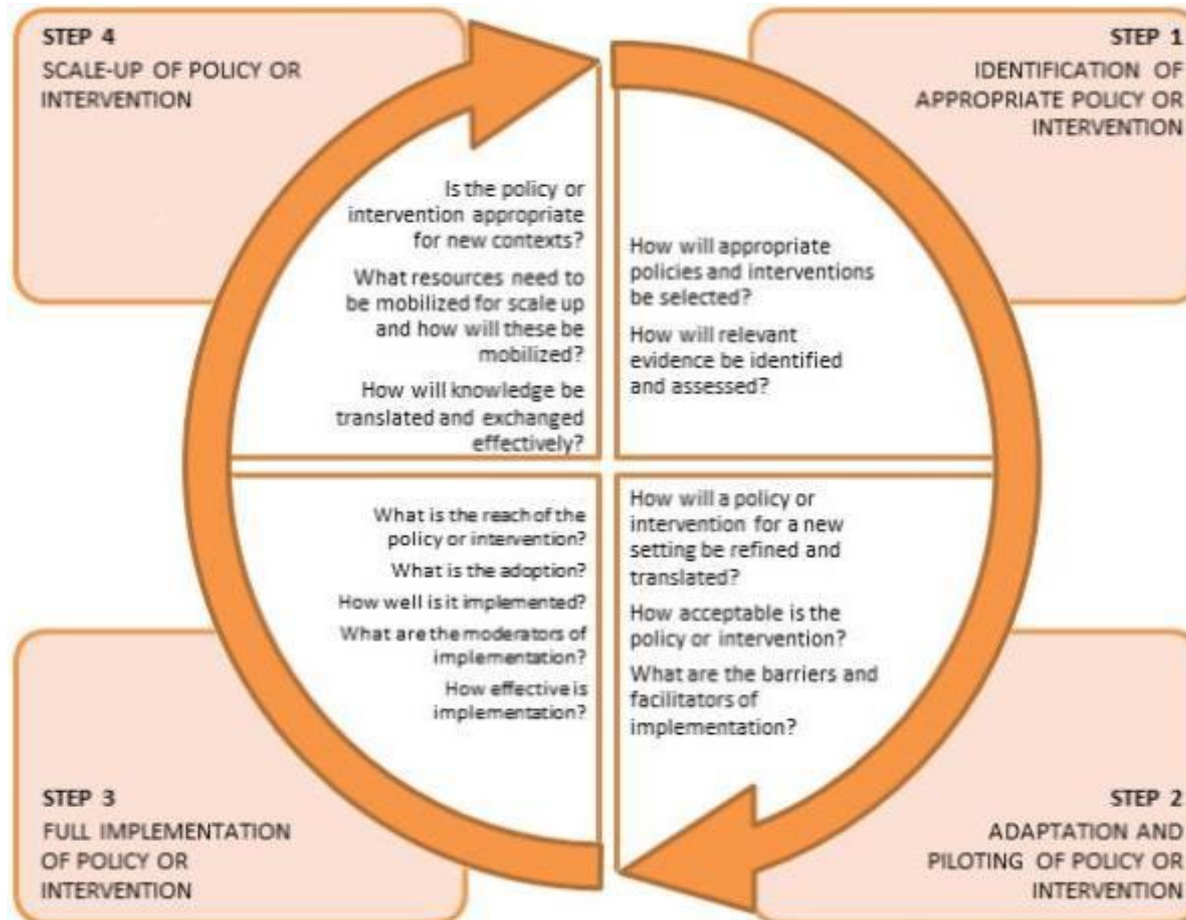
A WHO guide for implementation research to improve the prevention and control of noncommunicable diseases *(D'Esposito, Oldenburg et al, IN PRESS)*

The purpose of this guide is to provide practical guidance, tools and examples for implementation research that support the effective implementation of NCD policy options and cost-effective interventions as proposed in Annex 3 of the WHO Global Action Plan 2013-2020.



WHO Guide – Framework Model

Relationship between implementation and the implementation research cycle



Summary

- Australia's health and health care system – What are the learnings?
- Role of citizens/consumers for “disruption”
- Traditional vs more contemporary thinking about ‘population health’

1 NO
POVERTY



2 NO
HUNGER



3 GOOD
HEALTH



4 QUALITY
EDUCATION



5 GENDER
EQUALITY



6 CLEAN WATER
AND SANITATION



7 RENEWABLE
ENERGY



8 GOOD JOBS AND
ECONOMIC GROWTH



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCED
INEQUALITIES



11 SUSTAINABLE CITIES
AND COMMUNITIES



12 RESPONSIBLE
CONSUMPTION



13 CLIMATE
ACTION



14 LIFE BELOW
WATER



15 LIFE
ON LAND



16 PEACE AND
JUSTICE



17 PARTNERSHIPS
FOR THE GOALS



THE GLOBAL GOALS
For Sustainable Development