

# **THE HON NICOLA ROXON MP**

## **MINISTER FOR HEALTH AND AGEING**

**Speaking notes – check against delivery**

**26 March 2009**

### **The Hon Nicola Roxon MP 2020 Forum on Health (Queensland) Springfield Estate Queensland**

Can I thank the hosts of today's forum for their invitation to be here today and for their commitment to looking at the health needs of the community both now and into the future.

As a Government we know you need to be able to be running on parallel tracks when developing health policy. You need to be responsive to the current issues facing the health system, taking immediate action where necessary, and you need to be taking the time to plan for the health system Australia will require in the future.

2020 isn't so far away, a mere 11 years now. And as we know, time flies – especially in politics. While the Rudd Government is doing much that will have immediate impacts, we can't afford to lose sight of our broader ambitions, of what we want Australia to be in the medium to long term.

That is why the Prime Minister called the 2020 Summit in April last year. The Summit was a huge success in throwing up ideas for discussion and the Final Report of the Summit has a wealth of suggestions and recommendations for improving the outlook for our nation and our people.

Health and wellbeing are of course essential indicators of how we are faring.

The health stream at the 2020 Summit – reflected in chapter 5 of the report – garnered 123 ideas about a long-term national health strategy.

The discussion and recommendations from the conference were compiled in a final report. As Michael Good and others of you here today would recall, many exciting and interesting ideas were raised, in areas ranging from preventative health to research.

The Prime Minister has undertaken that the Government will consider all of the recommendations in this report and provide a formal response soon. I know that all of you here today will be very keen to see the Government's response.

But while the response will be significant, it would be very wrong to think that it will comprise the sum total of the Government's deeds and thoughts about reforming the nation's health and hospitals system.

In fact, from the moment we took Government, we have been working to reform the health system. And in fact, many of the directions we have taken accord with the recommendations of the 2020 summit. This stems from a couple of facts. First, and not least, I was listening closely to everything that was said – I got a great deal out of the forum – and that has naturally informed my approach to health policy to some extent. Second, of course, there is widespread consensus on the problems that beset our health system, if not always on the solutions – after twelve years of neglect, many of these flaws had become sadly obvious to even the most casual observer.

Since then, the discussion on reform has continued to advance. We have taken several gigantic steps forward, largely through the work agreed to at COAG last November. At the same time, the work of the National Health and Hospitals Reform Commission has attracted national attention, as it should. The Commission, chaired by Dr Christine Bennett, was established to develop a long-term plan for tackling current and future challenges in the Australian health system. Its interim report was released in February this year. It proposed 116 reform directions across the spectrum of health service delivery from a healthy start to life to end-of-life care.

So part of what I want to do here today is update you with some of the reforms the Government has been focused on. And I also want to highlight how the public discussion on health reform has progressed since last year's 2020 forum – particularly through the work of the Health Reform Commission.

However, don't mistake this for a Government response to last year's ideas – as I have said, that will come in due course. There will be areas covered at last year's forum that I don't mention today, and areas I mention today that were not dealt with in detail last year.

While some of what comes out of today will no doubt build on what you know of last year's summit, I hope you do not feel constrained by that either – the best ideas may come from building on what has come before, or from taking a new direction – and I hope that both are true today.

## **Prevention**

One of our Government's main focuses is prevention. If our health system is to be sustainable in the long-term, if our workforce is to be all it can be, and if individuals are to reach their full potential, then we need to take clear policy decisions that will help keep people well and out of hospital.

This was also one of the strongest themes coming through the 2020 Summit last year. And since the Summit, we have taken some major steps to advance that priority.

At the Council of Australian Governments meeting in November 2008, the Commonwealth announced with the states and territories a Health Prevention National Partnership. Under this Partnership, the Commonwealth is providing \$872 million over six years starting from 2009-10 to improve the health of all Australians.

This is the single largest investment ever made by an Australian Government in prevention. Under the Partnership, the Commonwealth will invest in preventative health activities, including:

- increased access to services for children to increase physical activity and improved nutrition;
- healthy workers and communities programs; and
- a national campaign to increase public awareness of the risks associated with lifestyle behaviours and their links to chronic disease.

A popular idea in the health stream of the 2020 Summit was the creation of a National Preventative Health Agency. Under the Health Prevention National Partnership, governments have agreed to create such an Agency, which will help to spearhead health promotion activities and deliver evidence-based approaches.

The Government has also established the Preventative Health Taskforce to help develop a National Preventative Health Strategy. The aim of this Strategy will be to drive the fight against chronic diseases caused by preventable risk factors. The Taskforce is initially focused on its three priority areas of obesity, tobacco and excessive consumption of alcohol.

The Taskforce's work is well advanced. It released a discussion paper last October, as well as three detailed technical reports on obesity, tobacco and alcohol, for public comment. Public feedback has been strong – after a long battle by many to put prevention on the agenda, it has captured the public imagination - and this will help inform the Strategy as it is finalised over the next few months, for release in the middle of 2009. Of course, there has been a setback on this front with the Liberal Party and Senate blocking our alcopops change and ensuring that sweet fizzy alcohol products will again be available more cheaply to young drinkers – a shortsighted approach by them, but one that only firms our resolve to pursue this agenda more strongly.

The Health Reform Commission has also emphasised strongly the importance of the prevention agenda in its Interim Report. As well as supporting many of the reforms that are being implemented so far, the Commission throws up some further ideas to extend this agenda.

For example, the Commission proposes that governments commit to establishing 10 year goals for health promotion and prevention. These goals would be developed through broad community consultation, so that we all can 'own' the goals and commit to them. And governments would commit to regular reporting on how we are progressing in achieving these goals.

The Commission also emphasises that we need to help people take greater personal responsibility for their health. Healthy choices need to be easy choices. And, crucially, this needs to start from an early age. For this reason, another of the Commission's proposals is to include 'health literacy' in the national curriculum – so that all children are supported to understand what is good for them.

Later in today's discussion, then, we all might want to discuss what 10 year goals for prevention might look like, how we could get community consensus on them, and how they

might translate into action. We could also discuss how to find the balance between individual responsibility for maintaining good health, and government's role in making healthy choices easy choices.

## **Multidisciplinary primary care**

A key part of achieving our goals in prevention will be encouraging a more team-based, multidisciplinary approach to health care.

The Government's GP Super Clinics provide a model for delivering that multidisciplinary care in a practical and accessible way. They will provide a central hub that brings together GPs, nurses, allied health professionals, specialists and other health care providers to deliver health services tailored to meet local health needs and priorities. The Super Clinics will add flexibility to the primary care system and will place greater emphasis on prevention and chronic disease management. The Government has committed \$275 million over five years to establish the GP Super Clinics in 31 locations across Australia – including one just down the road in Ipswich. Here at Springfield you have an even grander plan of a whole health precinct – across disciplines but across primary, sub acute and acute care as well.

The Health Reform Commission has strongly reinforced the importance of primary care in reforming the health system. They argue that a major aspect of improving hospitals will be to improve and invest in primary care. Primary care is where major chronic diseases like diabetes should be properly managed. Getting primary care right, by improving access to services and better managing people's care, will deliver benefits to individuals, and reduce the pressure on hospitals.

The Commission has proposed an ambitious program of primary care reform. That includes the Commonwealth taking responsibility for all primary health care policy and funding – so that care in the community is not fragmented and disjointed, as it often is now, but can be woven into a seamless whole. They also propose the widespread establishment of Comprehensive Primary Health Care Centres – extending the multidisciplinary GP Super Clinics concept to communities across Australia.

They also propose that young families and people with chronic and complex conditions should have the option of enrolling with a single primary health care service. The primary care service would then receive grant funding to better manage and coordinate their enrolled patients' care, with rewards for good performance.

This is an exciting agenda – and one that I hope will be discussed further today. How can we encourage team-based care? What steps can we take to ensure the range of primary care services are better integrated and more seamless? And what sort of role might Divisions of General Practice play in this?

## **Accountability**

In all of this, we want to see improvements. We believe that a greater focus is needed on results, not just processes.

To achieve that, governments must instigate systems to accurately gauge the successes or shortcomings of their services. We must be able to build on our achievements, as well as learn from our failures.

We took some major steps towards this with the new National Healthcare Agreements that were announced at COAG last November. At COAG, we agreed to invest \$64 billion in

health and hospitals – an increase of about 50% over the previous Agreements.

Crucially, these reforms are about improving health systems, not just money – important though that is after years of neglect by the previous Federal Government.

As part of the Agreements, the Commonwealth and States and Territories have agreed to report against a comprehensive set of performance indicators. This reporting will be required of both levels of government. The indicators span the breadth of the health system – not only hospitals. They include incidence of preventable disease and injuries; timely access to primary care services; life expectancy, including the gap between Indigenous and non-Indigenous Australians; adverse events and unplanned readmissions; and waiting times for public hospital services.

As well as these indicators, the Commonwealth and states and territories have agreed to take steps towards the introduction of Activity Based Funding for public hospital services. Once nationally applied, such a system will enable the accurate assessment of the efficiency of similar hospitals undertaking similar procedures, whether they are in Brisbane or Ballarat, Cairns or Canberra. It will increase transparency and accountability. Ultimately, it will help drive the system towards best practice, while providing clear incentives for innovation and improvements – driving the reforms we all need.

And this work won't stop with the public hospital system. We will be talking more with the private sector about how best to include private providers under a nationally consistent reporting system. Ultimately, we are looking to collect a nationally consistent set of performance indicators which would apply to public and private providers.

The Health Reform Commission has strongly backed these directions in its Interim Report. They support activity-based funding, and stronger reporting by public and private hospitals on the efficiency, quality and safety of services.

Taking this agenda further, the Commission also proposes the introduction of financial incentives to reward good performance. They propose the adoption of National Access Guarantees for elective surgery and emergency care amongst others. And, consistent with the emphasis they place on primary care, the Commission proposes that performance reporting and outcomes payments be extended further in primary care.

These are interesting and stimulating ideas. And I hope that they can provoke a further discussion here today about how best to encourage good performance – how to provide the right incentives, not perverse incentives. And how to reward best practice, without punishing those who may be struggling and need help. This was something the 2020 Summit last year was excited about, and I look forward to hearing your thoughts.

### **Addressing health inequalities**

An underlying theme in all of our reforms is tackling inequalities – and the most stark example of these inequalities is the gap between Indigenous and non-Indigenous Australians.

'Closing the Gap' has been a major priority for the Rudd Government since our election. The historic apology to the Stolen Generations, the first act in Parliament of the new government at the start of 2008, was not just a symbol, it was the start of the Government's determined practical action to end the cycle of disadvantage and despair for many Indigenous people.

At COAG in November 2008, the Commonwealth and the States agreed to an Indigenous Health National Partnership worth \$1.6 billion over four years, with the Commonwealth contributing \$806 million and the States \$772 million.

A key focus of the partnership is to reduce the incidence and severity of chronic diseases, which account for around two thirds of the premature deaths among Indigenous Australians.

It will do this by:

- tackling chronic disease risk factors including smoking, poor nutrition and lack of exercise;

- improving chronic disease detection, treatment and management in primary care with new incentives and support for accredited health services; and

- improving access to affordable specialist, allied health care and medicines for Indigenous people with a chronic disease.

Funding has also been committed to employ more than 160 new Indigenous Outreach Workers, 75 additional health professionals and practice managers in Indigenous health services, and a range of workforce training and professional development activities.

The Health Reform Commission in its interim report recognises and reinforces the need for substantial action to address the deep inequalities in Indigenous health. To address this, they propose a significant increase in Indigenous health expenditure and the creation of an Indigenous Health Authority to purchase and coordinate services for Indigenous Australians. Over to you - would a new authority provide good incentives to improve the quality of care for Indigenous Australians? Or would this just be creating a new bureaucracy with little real benefit?

## **Dental health**

Another significant area of health inequality is dental health. There are large disparities in the quality of dental care that many Australians receive – with about 600,000 Australians languishing on public dental waiting lists. And poor dental health strongly correlates with other measures of social disadvantage.

The Rudd Government has sought to act quickly in this area, committing to a Commonwealth Dental Health Program and the Medicare Teen Dental Plan, involving a total estimated investment of \$780 million over five years. The Medicare Teen Dental Plan has been providing treatments since July last year, and to the end of January over 320,000 teenagers have received a subsidised check because of this program. It reinforces the Government's commitment to preventive health, and encourages good dental health at a stage of life when many teenagers are at risk of developing bad habits.

Unfortunately, the Commonwealth Dental Health Program has been delayed, again thanks to the Liberals and Nationals in the Senate refusing to free up the necessary funding. This has meant delaying up to one million extra public dental services, targeted at disadvantaged Australians such as pensioners and concession card holders. Here in Queensland, if the Rudd Government's policy were supported by the Liberal and National parties, 187,000 more public dental services could be provided – but standing in our way are the Liberals and Nationals in the Senate.

Beyond these initiatives, the Health Reform Commission has proposed a much more ambitious reform plan for dental health. They propose that a new scheme be introduced – 'Denticare Australia' – that would provide universal access to preventive and restorative

dental care. They also propose that an increase in the Medicare Levy be introduced to pay for the scheme. Under the scheme, people would be able to opt either to become a member of a private dental health plan, or to use public dental services.

This is undoubtedly a radical and ambitious proposal. Clearly dental health is an area ripe for reform – and there are many possible models for increasing public support for dental health. I would be interested in public discussion on the Commission's and other approaches.

## **E-Health**

For many people, a key component of any vision of the future is the better use of technology to improve our well being. At the 2020 Summit last year, many people emphasised the importance of electronic health records for our future health system. Such a record would help reduce duplication and medical or pharmaceutical errors – with potentially life saving consequences for patients. An e-health record would also increase patient convenience and reduce inefficiencies in the health system.

Since the Summit, the Commonwealth and States and Territories have further committed to the development of a national e-health system. At the November COAG, governments agreed to provide a further \$218 million to the National E-Health Transition Authority. This funding will support NEHTA to continue developing the common national standards that will enable the electronic transfer of health information. In essence, such standards are to the 21st century what a standard rail gauge would have been to the 19th century – the vital backbone for a common national system of communication.

Governments have also agreed that all Australians will be allocated an Individual Healthcare Identifier. Patients will not be compelled to declare their Identifier to receive a health service, and the system will be backed by strong privacy safeguards and governance arrangements. To this end, further consultations are being undertaken over the next few months to help develop these privacy arrangements further – an essential precondition for advancing the e-health agenda.

## **Research**

Much of the progress in health and medical care over the last century has come off the back of advances in medical research. Recognising this important area, the 2020 Summit focused on some research goals for the future, including the need to link to international research, to support translational research and to better link research and clinical services. The Health Reform Commission has also reinforced these directions.

A key message from the 2020 Summit was that knowledge is global, that we cannot take an Australia-centred view. In this context, I am particularly pleased to be able to announce today an exciting new initiative in research.

The Australian Government, through the NHMRC, will provide \$27.5 million over five years for research into pancreatic and ovarian cancer as its contribution to the International Cancer Genomics Consortium. That will be part of a total funding package of over \$40 million.

The Consortium is one of the most ambitious biomedical research efforts – and one of the most exciting international collaborations - since the Human Genome Project. It spans 24 countries, and is expected to deliver significant benefits in detecting, preventing and treating many types of cancer.

The aim is to understand in detail the changes in DNA that give rise to fifty of the world's most common cancers. For cancer to occur, individual cells in our body suffer genetic mutations that, usually many years later, result in cancers. The Consortium will seek to work out what the initial events in cells are that lead to cancer. This genomic information will accelerate efforts to develop better ways of diagnosing, treating and preventing cancer.

This is a truly international collaboration, where Australia will be sharing research with other participating countries, including Canada, China, India, Singapore, the United Kingdom, and the United States.

The partnership that I am announcing today is between the Australian Government through the NHMRC (and we are lucky that Professor Warwick Anderson, NHMRC CEO, sits on the executive of the ICGC), the University of Queensland, the NSW Cancer Council, Silicon Graphics and Applied Biosystems, a division of Life Technologies Corporation.

It is an outstanding example of how the Commonwealth and states, non-government agencies and the private sector, can work together to enable Australia to punch above its weight in the international fight against cancer.

As a result, our world class researchers at the Institute for Molecular Bioscience here in Brisbane, the Garvan Institute in Sydney, and the Peter MacCallum Cancer Centre in Melbourne, will team with collaborators from across the world.

This will be exciting, groundbreaking research, that promises to bring us significant steps further in understanding, preventing and treating cancer.

## **Conclusion**

From all that I have said, you can see that there has been a lot going on in national health reform in the past year.

The Australian Government is not afraid to tackle the difficult issues in health – in fact we are determined to tackle them.

We welcomed the ideas of the 2020 Summit. As I have outlined today, we have moved ahead with immediate reforms in many of the areas raised at the Summit. And beyond that, we welcome further discussion and debate on long term reform ideas for the future – something promoted by the National Health and Hospitals Reform Commission's blueprint for the future.

I hope that for all of you here, the ideas I have outlined today will be a stimulus to further debate and discussion.

And I look forward to receiving the ideas from this Summit, and summits in the future. No-one has a monopoly on good ideas, and it is my fervent hope that people don't stop giving us good ideas anytime soon – not this year, not next year nor anytime in the foreseeable future.

A good government must be adept not only at acting, but at listening. It is what keeps us in touch, and it is what connects us to the ever-changing marketplace of ideas.

We need to reform our health system if it is to meet the challenges of the future – and we need to rigorously and robustly debate our ideas for the future to ensure we are moving in the right direction.

Forums such as this Summit today will help us to get it right.

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