

# Rebuilding health

The federal government has promised massive health reform. So, what is the key to getting it right? *Pamela Wilson reports.*

"A RUDD Labor government will undertake one of the most significant reforms of Australia's health and hospital system since Federation."

Prime Minister Kevin Rudd and health minister Nicola Roxon posted this promise on the ALP's website last August – before sailing to their election win in November.

It's a grandiose statement designed to instil hope that

**"The federal government should take over health, and state health departments could remain as branches"** Prof Piterman

the myriad crises plaguing the Australian health system will one day be resolved.

This is Mr Rudd's promise: "When it comes to improving Australia's health system, as Prime Minister, the buck will stop with me. I am determined to improve health and hospitals right across our nation."

He backed this up in the federal Budget when he announced \$10 billion for a Health and Hospitals Fund and \$3.2 billion

to address public hospital issues such as long waiting lists. In other Budget allocations, \$334 million will help close the 17-year life expectancy gap between Indigenous and non-Indigenous Australians and \$275.2 million will be directed towards setting up GP super clinics.

But what is the formula to getting health reform right?

Gavin Mooney, professor of health economics at Perth's Curtin University, would split the health portfolio in two:

- A department of health covering social determinants such as housing, poverty, income distribution, education, etc
- A department of health care covering doctors, nurses, hospitals, etc.

In his model, the federal gov-

community care.

"We need to have acknowledged that for a lot of people, particularly those with chronic illness and the elderly, trying to negotiate the system is extremely difficult, and we need to set up some mechanism to help.

"We need to ask Aboriginal people what sort of health service they want. [That is] absolutely critical to all of this because to build a decent society we need to do something major with Aboriginal health."

Meanwhile, radical reform under Professor Leon Piterman, head of the School of Primary Health Care at Melbourne's Monash University, would take a similar line.

"The federal government should take over health, and the state health departments could remain as branches to the federal department."

He would reform the MBS, which he says is outdated and no longer reflects population changes, such as ageing and morbidity, and changes in practice.

The consensus to have the federal government take control of health was also widely supported by health leaders at the recent 2020 Summit.

But, more importantly, what does the federal government have in mind for reform?

One of its first moves was to establish the National Health and Hospitals Reform

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Commission, which has been tasked with developing the model of reform.

All too often stories unfold of the serious injury or death of a public hospital patient due to bungles and inefficiencies at the

hands of a system under stress.

As Ms Roxon publicly professed in March, the public hospital system will "crumble without successful reform".

Mr Rudd has also indicated that the federal government will seek to gain control of the country's 750 public hospitals if state and territory governments don't implement an agreed National Health Reform Plan, which is still under development.

Primary health care is also on the reform agenda.

Ms Roxon announced last

month the establishment of the National Preventative Health Taskforce, which will tackle health challenges caused by tobacco, alcohol and obesity.

Then, of course, there is the much publicised – but as yet invisible – review and overhaul of the MBS so that it more accurately reflects current community requirements.

## SUPER CLINICS

Another of the ALP's big policies revolves around GP super clinics – 31 primary care one-

stop clinics designed to take the pressure off public hospitals and boost access to after-hours health services.

The main arguments against these super clinics are that they will draw doctors away from local practices, compete against other practices, be too difficult to resource, and be unlikely to solve the problem of workforce shortages in areas of need.

And the latest concern is that of divisions of general practice being eligible to tender for the clinics, which the AMA and

other health commentators feel will pose a conflict of interest (MO, 25 April).

This is an argument the AGPN naturally dismisses.

The AMA and the AGPN are also having trouble seeing eye to eye on the controversial issue of fundholding.

The AGPN raised the ire of the AMA – which has accused the network of 'empire building' – when it put a submission to the federal government to pilot fundholding projects for primary healthcare services.

As the animosity between the AMA and AGPN continues to disintegrate into a public slanging match, GPs are left wondering who is genuinely pitching their causes to those with the deep pockets and mandates to change things.

**"GPs also need to accept more readily that they are part of a team"**

Prof Mooney

Under this fog of health policy reform, many GPs are also coming to grips with the transformation of general practice into a primary care industry that more heavily incorporates allied health services and nurse practitioners.

The allied health and nursing professions are gaining more responsibility and more funding, while solutions to the GP workforce shortage involve concepts such as US-style physician's assistants.

The power to write sick certificates has been extended to allied health professions, and pharmacists are even allowed to conduct basic diagnostic consults.

Naturally, many GPs are concerned about where this will lead and how it will ultimately shape their profession.

But Professor Mooney says that, whether GPs like it or not, they have to accept they are just one part of the industry that is primary health care.

"There is a very strong argument for giving GPs a higher status and higher incomes... but GPs also need to accept more readily that they are part of a team... and to build up the primary healthcare team is critically important."

True reform takes a collaboration of good ideas, acceptance of change, and a lot of effort.

But whether the Rudd government's grand plans are actually enough to achieve the desired result is, perhaps, too early to tell.

## GP perspectives



Dr Paul Fitzgerald

IF it were up to North Sydney GP Dr Paul Fitzgerald, he would call for a general strike to force the government to improve issues in primary care.

"I am a big proponent of a general strike, myself."

Although he is doubtful the GP community would ever take industrial action, he does point out that many doctors are already "voting with their feet" by walking away from the profession forever.

His priority would be "to establish some sort of structure that ensures continuity of care in primary health care and in hospitals".

And as far as feeling his needs are being represented by the peak GP groups, he just shakes his head.

"I am very disappointed with the divisions and [AGPN CEO] Kate Carnell. I just think she is a political operator.

"The AMA is always going to be caught in this bind between representing the specialists and GPs, and the college is slowly... becoming more irrelevant."



Dr Brian Morton

THE ultimate aim of health reform, according to Sydney GP Dr Brian Morton, should be to create a healthcare system that is seamless, especially in respect to funding and communication.

"There should be a seamless flow of money for care," he says, referring to the cost-shifting going on between state and federal governments.

His preferred model would be to have the federal government in control of the purse strings, not divisions, and to have adequate money available so doctors don't have to ration healthcare services.

Improved communication between hospitals and GPs would be another priority, as would curbing the influx of nurse practitioners, which, he says, further fragments care.

"I support GP nurses because that is true teamwork. They have delegated, not substituted, roles.

"Nurse practitioners want to practise independently. If they want to play doctor, go and train."

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