PART 1 – OVERALL SUMMARY OF KEY DIRECTIONS

The report is set in the context of the importance of health and notes that our own health and that of our families are key determinants of our wellbeing.

While the current system has many strengths, the case for reform is compelling:
- Population change will drive greater demand and expenditure on health.
- Inequities in access to services and health outcomes.
- Growing workforce shortages.
- Concerns about safety and quality.
- Inefficiency

The health system is fragmented with a complex division of funding responsibilities and performance accountabilities between different levels of government.

At present, the system is ill-equipped to respond to these challenges.

Three Overarching Goals

1. Tackling major access and equity issues that affect health outcomes for people now.
2. Redesigning our health system so it is better positioned to respond to emerging challenges.
3. Creating an agile and self improving health system for long term sustainability.

Goal 1: Access and Equity

Based on five priorities:
1. Improving unacceptable health outcomes of Aboriginal and Torres Strait Islander people
2. Improved care for people with serious mental illness, with a range of treatment and support services available and connected across the spectrum of care
3. Support for people living in rural and remote areas through top-up funding to an equivalent amount of funding on a per capita basis as communities with better access
4. Improved access to dental care through a new universal scheme for access to basic dental services Denticare Australia
5. Take action to improve timely access to quality care in public hospitals:
   a. immediate access to beds in emergency department; and
   b. reduce waiting times for planned surgical and medical care.

In addition, National Access Targets will be used to measure and report on access to services across the continuum of health services.
Goal 2: Fundamental redesign of the Health System

Based on 3 design elements:

1. Embed prevention and early intervention into every aspect of our health system and our lives.
   - Create a National Health Promotion and Prevention Agency.
   - Young children and parents get a healthy start to life.
   - Good mental health in young people.

2. Connect and integrate Health and Aged Care services
   Services will be redesigned around people and supported by strengthened primary health care services.
   Aged Care reform based on 3 goals:
   a. ensuring greater choice and responsiveness for consumers
   b. getting most effective use of public monies while protecting those most in need
   c. creating an environment that fosters a robust and sustainable aged care sector.

3. Next Generation of Medicare
   Based on 4 points:
   a. Federal government will be responsible for bringing together state funded primary health and medical services under Medicare to create a comprehensive primary health care platform
   b. Commonwealth will need to consider what services are under ‘universal entitlement’ in next generation Medicare
   c. Review existing safety net arrangements
   d. Reshaping Medicare Benefits Schedule.

Goal 3: Creating an agile and self-improving Health System

Based on:

- Greater consumer engagement and voice by empowering consumers through increased access information and fostering community participation
- A modern, learning and supported workforce that will move towards a multidisciplinary workforce and be supported by a National Clinical Education and Training Agency
- Smarter use of data, information and communication through an e-health agenda, involving the introduction of person-controlled electronic health records
- Well designed funding and strategic purchasing models to better respond to people’s care needs over time
- Knowledge led continuous improvement, innovation and research.
Governance Reform
Agreement on a new Healthy Australia Accord that articulated the agreed and complimentary roles and responsibilities of all governments:

- A shift to “one health system, through defining a range of functions to be led and governed at the national level

- Realigning the roles and responsibilities of the Commonwealth and state governments with the Commonwealth having full policy and government funding responsibility

- Changing the funding arrangements for public hospitals and health care services so that the Commonwealth pays the states activity based benefits for public hospital care and other public health care services, thus sharing the financial risks associated with increased demand and providing strong incentives for efficient care.

The first step to be for the Council of Australian Governments to agree in 2009 to develop a new Healthy Australia Accord.
PART 2 – AGED CARE AND RELATED PROPOSALS

“Connecting and integrating health and aged care services for people over their lives”

Australians most in need are often the least well equipped to navigate their way around out incredibly complex health system.

The underlying premise of this recommendation is that there is a need to redesign health services around people, making sure that people access the right care in the right settings. This will involve that a complex array of services is well coordinated and integrated through a range of tools including standard assessment tools and multidisciplinary collaboration across health care professionals.

Three Overarching Goals:

• Ensuring greater choice and responsiveness for consumers
• Getting the most effective use of public monies while protecting those older people who are most in need
• Creating an environment that fosters a robust and sustainable aged care sector.

“Increasing choice in aged care”

Impacting factors:

• Huge growth in demand
• Higher expectations for service choice, responsiveness and flexibility amongst baby boomers
• Financial viability of the industry as a consequence of complex and highly regulated funding arrangements
• Limitation of service flexibility as a consequence of regulation.

Sub acute reform proposed by the Commission will impact on aged care by reducing the flow of people into aged care by helping people achieve greater independence after an acute hospital visit.

Existing assessment processes should be streamlined and integrated to ensure a single, common integrated assessment approach (with simile assessments for low levels of support at home, through to more rigorous assessment to determine eligibility for higher levels of community and residential care).

This should be followed by greater choice and responsiveness in how older people use aged care services, flowing from:

• More aged care places to chose from - removal of restrictions on number of aged care places an approved provider can be offered to increase competition and supply
• Information to support effective decision making - availability of standardised information about aged care providers to support effective decision making
• **Government subsidies aligned to assessed** needs - subsidies will be aligned to assessed needs with a more flexible range of care subsidies for people needing community care packages determined on a basis which is consistent with residential care

• **Consistent use of consumer payments across aged care** - consistency in consumer payments across aged care to remove disincentives to accessing the “right” care

• **Increased choice in how aged care services are accessed** - choice in accessing community or residential care, whilst recognising the value of consumer directed care and that those people with most complex needs and frailty will often be best served by a residential care facility

• **Better access to health information, advice and technology support at home** – through improved access to e-health, online and telephonic health advice, together with home and personal security technology and improved safety, efficiency and effectiveness of care through option of person-controlled electronic health records

Whilst also balancing the objectives of fiscal sustainability for the Commonwealth Government and ongoing financial viability of the aged care sector, by:

• **Linking government funding to people** - rather than places

• **Ensuring government support keeps pace with the number of people needing care** - ensuring planning is in line with demand for care, whereby the average age of access to community care packages or residential care is 83 and thus amending planning ratios accordingly, without hindering access by younger people

• **Funding greater choice** - through allowing aged care providers to raise revenue to expand aged care places through allowing accommodation bonds in high care or alternative approaches to payment for accommodation for people entering high care residential care and allowing providers to convert residential care places to communicate care places.

• **Adequacy of funding subsidies** – through periodic review of care subsidies to ensure they meet changing needs and costs associated with appropriately trained staff

• **Dedicated funding for medical services** - for aged care providers to fill an existing gap in the provision of medical services to residential care residents

• **Consolidating aged care under the Commonwealth Government** – to enable the development and adoption of simplified and integrated assessment across all aged care programs and more integrated provision of aged care across the spectrum of aged care services.

“**Primary healthcare as the cornerstone of our future health system**”

Primary health care services to become the axis around which we seek to develop a person-centered health system. Primary health care services will require expansion to take on this role, including:
• an integrated plan for the development and networking of all publicly funded primary health care services

• the establishment of Comprehensive Primary Health Care Centres and Services to improve access to a more comprehensive and multidisciplinary range of primary health care and specialist services

• the establishment of Primary Health Care Organisations evolving from, or replacing the existing Divisions of General Practice, to support service coordination and population health planning
PART 3 – SUMMARY OF AGED CARE RECOMMENDATIONS

42. government subsidies for aged care to be more directly linked to people rather than places and planning ratio to change from 1000 people aged over 70 to 1000 people ages over 85

43. accommodation bonds or alternative approaches as payment options for accommodation in high care

44. standardised information on service quality and quality of life made publicly available on the www.agedcareaustralia.gov.au website

45. consolidation of aged care under the Commonwealth Government (including HACC)

46. development of a streamlined, consistent assessment for eligibility for care across all aged care programs involving: transfer of responsibility of ACATs to the Commonwealth Government; and integrating assessment for HACC with community care and residential care assessments

47. more flexible range of care subsidies for people receiving community care packages that is compatible with residential care

48. people who can contribute to the costs of their own care should contribute the same for care in the community as they would for residential care (not including accommodation costs)

49. people supported to receive care in the community should be given the option to determine how the resources allocated for their care and support are used

50. once community care and residential care assessment, care subsidies and user payments are aligned, people should be given greater scope to chose between using care subsidy for community or residential care, noting that for many people residential care will remain the best and only viable option, and a proposed mechanism to gradually transfer low care residential places to community care places in phased way to increase choice

51. all providers be required to have staff trained in supporting care recipients to complete advance care plans for those who wish to do so

52. funding be provided to residential aged care providers to arrange primary health care providers and geriatricians to provide sessional and on-call medical care to residents

53. improved and innovative use of technology and communication to increase safety, efficiency and effectiveness of care, through:
   - person controlled electronic health record;
   - greater e-health and online health advice;
   - greater use of electronic clinical records; and
   - hospital discharge scheme must provide information on care to clinical staff of aged care providers