



**RACP**  
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EDUCATE ADVOCATE INNOVATE

**Healthy People, Healthy Lives**  
RACP Pre-Budget Submission 2017-2018

December 2016

## Executive Summary

The members of The Royal Australasian College of Physicians (RACP) provide care for Australians at the individual and population level, and at all stages of their lives: from infancy and childhood, through adolescence and adulthood, to old age and the end of life.

Each phase of life poses unique health challenges and concerns, requiring specialist medical expertise and intervention to treat and prevent various conditions. To respond effectively to the lifetime individual and community health needs of Australians, our healthcare system must be enabled and equipped to provide quality, patient-centred care across lifespans.

People's health and medical needs are also impacted by a range of socioeconomic factors which individuals often do not have direct control over. These are commonly referred to as the social determinants of health and include early childhood experience, economic status, and access to suitable housing, education and employment. Put simply, health is an area that requires a whole-of-government approach.

Healthcare that gives Australians the best chance of living long and healthy lives requires:

- Patient-centred care from a young age, which takes a preventive focus and addresses the social determinants of health.
- Quality care underpinned by best-practice models of service provision and clinical practice.
- An innovative, integrated health system which provides a strong foundation for the above.

The RACP urges the Australian government to ensure that these principles are at the heart of all health policies and reforms, and are given due consideration in all policy areas which impact the social determinants of health.

To this end the RACP makes the following recommendations for the 2017-18 Federal Budget:

## Recommendations

### *Child Health*

- Fund child health services that are universally available and appropriately equipped to respond to each child's individual circumstances.
- Fund expanded home visit programs, particularly in rural and remote areas, in order to overcome barriers to accessing immunisation and to encourage completion of immunisation schedules.
- Invest in a strategic, nationally coordinated approach to addressing inequities in child health, giving due consideration to the social determinants of health and including measures to accelerate progress on Closing the Gap targets.
- Allocate funding towards the implementation of a compulsory Marketing in Australia of Infant Formulas (MAIF) code of conduct which applies to manufacturers and importers of infant formulas, as well as pharmacies and retailers and which meets the recommendations of the WHO International Code of Marketing of Breast Milk Substitutes and of subsequent World Health Assembly resolutions.
- Establish an independent tribunal/process to arbitrate violations of the MAIF code with specific, transparent and effective penalties for breaches of the code.

### ***Adolescent and Young Adult Health***

- Expand the eligibility of the Medicare Benefits Schedule health assessment items 701, 703, 705 and 707 to include adolescents and young adults aged 10-24 years.
- Invest in the development of specialised adolescent health services which address the unique physical, mental and sexual health challenges of adolescence and build the capacity of adolescents to self-manage chronic disease.
- Provide sustained funding for accessible adolescent sexual and reproductive health services, including funding for clinical education and training to support the delivery of these services.
- Fund and promulgate the use of sexually transmissible infections (STI) point-of-care testing.
- Provide secure and sustained funding for the identified objectives and targets in the Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014–2017.
- Immediately restore funding to New South Wales Aboriginal and Torres Strait Islander sexual health programs and Northern Territory sexual health programs.
- Increase funding for Aboriginal and Torres Strait Islander sexual health worker roles in Aboriginal Community Controlled Health Organisations.

### ***Aboriginal and Torres Strait Islander Health***

- Allocate secure long-term funding to progress the strategies and actions identified in the NATSIHP Implementation Plan.
- Provide secure, long-term funding for the Rural Health Outreach Fund (RHOF) and Medical Outreach Indigenous Chronic Disease Program (MOICDP).
- Allocate sufficient and secure long-term funding to the Aboriginal Community Controlled Health Sector to support the sector's continued provision of Indigenous-led, culturally sensitive healthcare.
- Build and support the capacity of Indigenous health leaders by committing secure long-term funding to the Indigenous National Health Leadership Forum.
- Reinstate funding for a clearinghouse modelled on the previous Closing the Gap clearinghouse, in line with the recommendations of the latest draft of the Fifth National Mental Health Plan.

### ***Preventive Health***

- Develop a national preventive health strategy to address and lower risk factors for preventable illnesses and diseases.
- Increase funding for alcohol treatment including workforce development to address unmet demand for treatment.
- Increase funding for prevention services in order to reduce the incidence of alcohol use disorders.
- Reform alcohol taxation to introduce a volumetric taxation system for all alcohol products and abolish the Wine Equalisation Tax (WET) and rebate.
- Allocate a proportion of the increased revenue raised from volumetric taxation to funding alcohol treatment and prevention services.

### ***End-of-Life Care***

- Fund a national campaign to raise awareness of end of life issues and drive increased uptake of advance care planning, in consultation with key stakeholders.
- Develop and fund models of care that improve the provision of palliative care services in non-hospital settings, particularly for patients in their own home and in residential aged care facilities.
- Commit secure, long-term funding towards national palliative care projects.

### ***Climate Change and Health***

- Commit the necessary funds to reduce emissions consistent with the 2015 Paris Climate agreement.
- Fund the development of a National Climate and Health Strategy, ensuring a comprehensive and coordinated approach to addressing the health impacts of climate change.
- Commit secure, long-term funding the establishment and ongoing work of a Healthcare Sustainability Unit to lead the development and implementation of environmentally sustainable healthcare models in Australia.

### ***Health System Reform***

- Develop and trial alternative funding structures that promote and support health professionals and service providers to work collaboratively and deliver patient-centred, integrated care.
- Develop and trial new funding models for complex chronic disease management which integrate specialist care with general practice.

### ***Supporting high-value, contemporary, best practice care***

- Provide enhanced funding for translational research which can help bridge the divide between academic identification of low value clinical practices and the reduction of these practices in clinical environments.
- Invest in quality improvement measures across the Australian health system, via funding grants and/or other supported initiatives.
- Invest in a longer term, more sustained model of MBS review which allows the MBS to be continually updated to reflect and support contemporary clinical evidence and best practice.

## Child Health

Over the last four decades there has been considerable research in the area of early childhood development, and a clearer picture is emerging of the significant impact of maternal health and the first 1000 days on subsequent life course. Evidence indicates that investment in early childhood is one of the most valuable a government can make, with returns over a lifetime substantially outweighing initial costs.<sup>1</sup> All children should have the opportunity to lead a life free of preventable illness and disease; however health inequities and inequities in accessing healthcare mean this is not always the case.

Inequities in child health refer to preventable differences in children's health, development and wellbeing outcomes, which generally result from structural inequalities linked to the social determinants of health. Negative health outcomes from a young age not only impact child health, but compound over a person's lifetime and can contribute significantly to poor health in adulthood, as well as increased mortality and morbidity.

It is critical that all Australian children have access to health services that deliver the right care at the right time in the most appropriate setting. This care must be universally available to all children and must be delivered flexibly in consideration of a child's family circumstances, socioeconomic status, ethnicity or other social determinants.

A key contributor to health inequities in childhood is immunisation. It is of critical importance that the Australian government continue to advance strategies which ensure groups with suboptimal immunisation rates have access to education, medical advice and care. Long term measures to support and encourage completion of immunisation schedules should be prioritised in order to ensure that children do not miss vaccinations, either due to oversight or difficulty in accessing services. Such measures should include expanded home visit programs, particularly in rural and remote areas.

Aboriginal and Torres Strait Islander children continue to experience significantly poorer health outcomes than non-Indigenous children. Overcrowded housing is a major contributor to increased rates of infectious diseases. It is associated with the spread of ear and eye diseases, skin infections, respiratory infection, and streptococcal infections causing rheumatic fever and rheumatic heart disease. In particular, wide gaps exist between the rates of ear infections and subsequent serious hearing damage in Aboriginal and Torres Strait Islander children and non-Indigenous children. The implications of hearing loss in childhood are profound and can impede language development and contribute to social and learning difficulties and behavioural problems, with lifelong ramifications.<sup>2</sup>

Rates of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are significantly higher in Aboriginal and Torres Strait Islander children. Both of these illnesses are associated with suboptimal living conditions and poverty. Between 2011 and 2013, rates of ARF/RHD were seven times higher for Aboriginal and Torres Strait Islander people than for non-Indigenous Australians,<sup>3</sup> while 79 per cent of cases of ARF in the Northern Territory, Queensland and Western Australia between 2010 and 2013 occurred in people aged from 5 to 24.<sup>4</sup>

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<sup>1</sup> The World Health Organization. Early Childhood Development: A Powerful Equalizer, p5.

<http://apps.who.int/iris/bitstream/10665/69729/1/a91213.pdf>.

<sup>2</sup> Department of Prime Minister and Cabinet. Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, 1.15 Ear Health. <http://www.dpmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-1-health-status-and-outcomes/115-ear-health.html>

<sup>3</sup> Department of Prime Minister and Cabinet. Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, 1.06 Acute rheumatic fever and rheumatic heart disease.

<http://www.dpmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-1-health-status-and-outcomes/106-acute-rheumatic-fever-and-rheumatic-heart-disease.html>.

<sup>4</sup> 1.06 Acute rheumatic fever and rheumatic heart disease.

The RACP welcomes the release of the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families, particularly its focus on antenatal, postnatal and early childhood care, and its emphasis on addressing the social determinants of health. It is critical this initiative receive designated and sustained funding to ensure that the vision and principles of the Framework translate into positive health outcomes for Aboriginal and Torres Strait Islander children.

**The RACP recommends that the Australian government:**

- Fund child health services that are universally available and appropriately equipped to respond to each child's individual circumstances.
- Fund expanded home visit programs, particularly in rural and remote areas, in order to overcome barriers to accessing immunisation and to encourage completion of immunisation schedules.
- Invest in a strategic, nationally coordinated approach to addressing inequities in child health, giving due consideration to the social determinants of health and including measures to accelerate progress on Closing the Gap targets.

***Marketing of Infant Formula***

Breastfeeding has positive health benefits for infants. It is vital that parents are able to make informed choices about breastfeeding and the use of infant formula to support their child's health. Therefore, it is of critical importance that the promotion of infant formula as an alternative to breast milk is regulated to ensure that consumers receive accurate information when making decisions about substituting formula for breast milk.

Existing regulatory guidelines contained in the Marketing in Australia of Infant Formulas (MAIF) code of conduct do not provide adequate safeguards against inappropriate marketing of infant formula and do not meet the standards of the World Health Organization's (WHO) International Code of Marketing of Breast Milk Substitutes (the International Code). The voluntary, self-regulatory nature of the MAIF means that manufacturers, importers and retailers are not bound to adhere to any minimum standards for marketing of infant formulas. As a result, the onus lies on producers or sellers of infant formula to amend or clarify marketing or promotions which are deemed to have misrepresented the health benefits of infant formula over breast milk.

**The RACP recommends that the Australian government:**

- Allocate funding towards the implementation of a compulsory Marketing in Australia of Infant Formulas (MAIF) code of conduct which applies to manufacturers and importers of infant formulas, as well as pharmacies and retailers and which meets the recommendations of the WHO International Code of Marketing of Breast Milk Substitutes and of subsequent World Health Assembly resolutions.
- Establish an independent tribunal/process to arbitrate violations of the MAIF code with specific, transparent and effective penalties for breaches of the code.

## Adolescent and Young Adult Health

The transition from childhood to adolescence is another critical phase in the development of young Australians. The onset of puberty begins a period of profound physical growth and neurological development – it is the time when individuals ‘acquire the physical, cognitive, emotional, social and economic resources that are the foundations for later life health and wellbeing.’<sup>5</sup>

It is incumbent upon the health system to acknowledge that all young people face challenges in maintaining a healthy lifestyle whilst contending with education and family responsibilities, and peer and societal influences. Adolescents explore new and risky behaviours, their sexual and reproductive health needs develop, and it is a time when mental health problems often arise. Adolescents require tailored clinical advice, treatment and health promotion initiatives in order to minimise the risk of making poorly informed health and lifestyle choices which can have lasting impacts for the rest of their lives.

Infants, young children, middle-aged adults, older persons and Aboriginal and Torres Strait Islander people all have Medicare Benefits Schedule (MBS) items that are age-based to help identify and manage conditions common to their age group. A similar approach is needed to support the specific health needs of adolescents and young adults; a useful starting point would be the expansion of MBS health assessment items 701, 703, 705 and 707 to include people aged 10-24 years.

On a broader scale, the health system needs comprehensive, effective adolescent health services to better support young people with chronic health conditions through the period of adolescence when they are learning to independently manage their health.

Adolescents need easy access to relevant information, education and services that support healthy sexual development and informed choices. Secure and sustained funding is needed to support the reduction of sexually transmitted infection (STI) rates and blood borne viruses (BBVs), unplanned or unsupported pregnancy, and experiences of coercion or sexual violence.

STIs amongst young people are of particular concern. STIs can have immediate and long term health impacts for individuals, communities, pregnant women and their children. More specifically, the high incidence of STIs amongst Aboriginal and Torres Strait Islander young people is seriously concerning. In 2014, rates of STIs within remote and very remote Indigenous populations were significantly higher than non-Indigenous populations. Chlamydia rates were 7 times higher amongst Aboriginal and Torres Strait Islander populations compared with non-Indigenous populations, gonorrhoea rates were 69 times higher, and infectious syphilis was 304 times higher.<sup>6</sup>

Between 2012 and 2014 the Aboriginal and Torres Strait Islander population saw 5.9 newly diagnosed HIV infections for every 100,000 people, compared to 3.7 for non-Indigenous Australians. From 2010 to 2014, significantly more new diagnoses of HIV in Aboriginal and Torres Strait Islander people were attributed to injecting drug use and heterosexual sex than in the non-Indigenous population, and a larger number of Aboriginal and Torres Strait Islander women were diagnosed with HIV than non-Indigenous women.<sup>7</sup>

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<sup>5</sup> The Lancet. Our Future: A Lancet Commission on Adolescent Health and Wellbeing. <http://thelancet.com/commissions/adolescent-health-and-wellbeing>.

<sup>6</sup> The Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report 2015. <http://kirby.unsw.edu.au/surveillance/2015-aboriginal-surveillance-report-hiv-viral-hepatitis-stis>.

<sup>7</sup> The Kirby Institute. National Blood-borne Viruses and Sexually Transmissible Infections: Surveillance and Monitoring Report, 2015, p78. [http://kirby.unsw.edu.au/sites/default/files/hiv/resources/NBBVSTI%20Surveillance%20and%20Monitoring%20Report%202015\\_0.pdf](http://kirby.unsw.edu.au/sites/default/files/hiv/resources/NBBVSTI%20Surveillance%20and%20Monitoring%20Report%202015_0.pdf).

Concerted initiatives are urgently required to reduce the rate of STIs in Aboriginal and Torres Strait Islander communities, particularly in light of the high social and economic costs of increases in the number of people living with HIV. While the RACP welcomes the recent announcement of a survey to investigate increased risk of STIs amongst Aboriginal and Torres Strait Islander young people, we are extremely concerned about funding cuts to Aboriginal sexual health programs in recent years and call for these to be reversed.

**The RACP recommends that the Australian government:**

- Expand the eligibility of the Medicare Benefits Schedule health assessment items 701, 703, 705 and 707 to include adolescents and young adults aged 10-24 years.
- Invest in the development of specialised adolescent health services which address the unique physical, mental and sexual health challenges of adolescence and build the capacity of adolescents to self-manage chronic disease.
- Provide sustained funding for accessible adolescent sexual and reproductive health services, including funding for clinical education and training to support the delivery of these services.
- Fund and promulgate the use of STI point of care testing.
- Provide secure and sustained funding for the identified objectives and targets in the *Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014–2017*.
- Immediately restore funding to New South Wales Aboriginal and Torres Strait Islander sexual health programs and Northern Territory sexual health programs.
- Increase funding for Aboriginal and Torres Strait Islander sexual health worker roles in Aboriginal Community Controlled Health Organisations.



## Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander people continue to experience poorer health outcomes than non-Indigenous Australians. The latest 'Closing the Gap' report found that Australia is not currently on track to close the life expectancy gap by 2031 – with the gap remaining close to ten years for both men and women.<sup>8</sup> The gap between Aboriginal and Torres Strait Islander and non-Indigenous deaths from cancer has in fact widened in recent years, with Aboriginal and Torres Strait Islander cancer death rates increasing by 10 per cent between 2006 and 2013 while non-Indigenous cancer death rates decreased by 6 per cent in the same period.<sup>9</sup>

To address the inequity that exists between Aboriginal and Torres Strait Islander people and non-Indigenous Australians and improve access to care, continuing focus and appropriate funding is required. The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (NATSIHP) Implementation Plan in 2015 has not been supported with sufficient, secure funding and resources, which is risking its success. Funding uncertainty and changes creates significant issues for the continuity of services to patients and for organisations in retaining and building their capacity.

The RACP strongly supports existing programs to improve equitable access to specialist care, including the Rural Health Outreach Fund (RHOF) and Medical Outreach Indigenous Chronic Disease Program (MOICDP). The RACP recommends that the Australian Government continue its investment in these programs, undertaking evaluation to ensure the funding models are achieving positive health outcomes for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander health leadership and authentic community engagement is crucial to achieving improved health outcomes. The Aboriginal Community Controlled Health sector is of vital importance in delivering effective, culturally appropriate care to Australia's First Peoples; and service development and provision should be led by Aboriginal and Torres Strait Islander health organisations where possible. The sector must have long-term and secure funding to both retain and grow their capacity.

Given the recent focus by the Australian government on improving mental health and reducing suicide rates in Aboriginal and Torres Strait Islander communities, the RACP supports the analysis, reporting and implementation of evidence-based solutions, with input from and led by these communities, to improve the quality and delivery of mental health promotion and suicide prevention services. The RACP supports the establishment of clearinghouses which enable effective access to relevant, high quality information and resources to support these efforts.

### **The RACP recommends that the Australian government:**

- Allocate secure long-term funding to progress the strategies and actions identified in the NATSIHP Implementation Plan.
- Provide secure, long-term funding for the Rural Health Outreach Fund (RHOF) and Medical Outreach Indigenous Chronic Disease Program (MOICDP).
- Allocate sufficient and secure long-term funding to the Aboriginal Community Controlled Health Sector to support the sector's continued provision of Indigenous-led, culturally sensitive healthcare.
- Build and support the capacity of Indigenous health leaders by committing secure long-term funding to the Indigenous National Health Leadership Forum.
- Reinststate funding for a clearinghouse modelled on the previous Closing the Gap clearinghouse, as recommended in the latest draft of the Fifth National Mental Health Plan.

<sup>8</sup> Department of the Prime Minister and Cabinet. Closing the Gap: Prime Minister's Report 2016, p42. [http://closingthegap.dpmc.gov.au/assets/pdfs/closing\\_the\\_gap\\_report\\_2016.pdf](http://closingthegap.dpmc.gov.au/assets/pdfs/closing_the_gap_report_2016.pdf).

<sup>9</sup> Closing the Gap: Prime Minister's Report 2016, p43.

## Preventive Health

A clear, appropriately funded, nationally-coordinated strategy for preventive health must be prioritised in the Federal Budget.

Preventive health measures can have a powerful impact on the overall health of a population, particularly as the number of Australians living with chronic conditions continues to grow. Chronic illnesses such as heart disease, stroke, kidney disease, cancer, and type II diabetes account for 85 per cent of the burden of disease in Australia.<sup>10</sup> Investment in preventive health is urgently needed to reduce the incidence of chronic disease and address factors which contribute to chronic disease, particularly alcohol consumption.

### *Investing in reducing the harms of alcohol*

As a causal factor in more than 200 disease and injury conditions, it is clear that alcohol is a major risk factor for chronic disease, and efforts to reduce alcohol consumption must be central to preventive health measures. Alcohol-related harms create enormous social and economic costs to Australian society, with estimates putting the annual costs of alcohol misuse at between \$15 billion and \$36 billion.<sup>11</sup> Adolescents are at particular risk for, in addition to alcohol's documented impact on the development of the brain during adolescence, the tendency of young people to combine drinking with high risk activities increases their risk of alcohol-related injury or illness, and in some cases can prove fatal. Alarming, the peak age for the onset of alcohol use disorders is just 18 years.

Evidence indicates that screening and brief interventions in primary care settings for alcohol use disorders are cost effective and produce positive behaviour changes.<sup>12</sup> Despite this, services to prevent and treat alcohol use disorders are chronically underfunded. There is on average a 20 year lag between the onset of an alcohol use disorder and an individual's first episode of treatment, with only 1 in 10 alcohol dependent Australians receiving treatment within a given year.<sup>13</sup> And while 14 per cent of the burden of disease in Australia is attributable to drug and alcohol problems, less than 1 per cent of the Australian health budget is directed towards drug and alcohol treatment.<sup>14</sup> The RACP calls on the Australian government to increase funding for alcohol treatment and prevention services, with specific funding allocated towards making these services available outside major metropolitan centres and to groups at greatest risk, including young people, risky drinkers and Aboriginal and Torres Strait Islander people.

The direct relationship between alcohol price, levels of consumption and associated harms has been evidenced in various settings over many decades.<sup>15</sup> Low alcohol prices lead to higher consumption, including heavier drinking per occasion and more underage drinking.<sup>16</sup> Australia requires a nationally consistent, volumetric tax on alcohol products to replace the current illogical and inconsistent taxation measures applied to alcohol. The Wine Equalisation Tax (WET) and rebate is a particularly illogical feature of Australia's alcohol taxation system and it has been the recommendation of nine separate government reviews that the WET and rebate be abolished and replaced with a volumetric tax.<sup>17</sup>

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<sup>10</sup> Foundation for Alcohol Research and Education. Prevention1st. <http://fare.org.au/prevention-1st/>.

<sup>11</sup> The Royal Australasian College of Physicians. Alcohol Policy, p11. <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf?sfvrsn=6>.

<sup>12</sup> Alcohol Policy, p39.

<sup>13</sup> Alcohol Policy, p39.

<sup>14</sup> Alcohol Policy, p40.

<sup>15</sup> Alcohol Policy, p16.

<sup>16</sup> Alcohol Policy, p16.

<sup>17</sup> Alcohol Policy, p18.

A proportion of the additional revenue raised through volumetric taxation should be hypothecated to the health budget to fund improved access to alcohol treatment services and harm prevention and minimisation programs.

The RACP has long considered the WET and rebate to be particularly dangerous as they encourage the production and consumption of cheap wine, whose low price makes its attractive to underage and problem drinkers. The RACP is very disappointed that the Australian Government has watered down its proposed tightening of the WET rebate announced in the 2016-17 Federal Budget. The RACP considers this a backward step in efforts to reduce the harms of alcohol.

**The RACP recommends that the Australian government:**

- Develop a national preventive health strategy to address and lower risk factors for preventable illnesses and diseases.
- Increase funding for alcohol treatment including workforce development to address unmet demand for treatment.
- Increase funding for prevention services in order to reduce the incidence of alcohol use disorders.
- Reform alcohol taxation to introduce a volumetric taxation system for all alcohol products and abolish the Wine Equalisation Tax (WET) and rebate.
- Allocate a proportion of the increased revenue raised from volumetric taxation to funding alcohol treatment and prevention services.

## End-of-life care

Too often, patients' wishes about their medical treatment at the end of life are unknown by both their doctors and families, and they may receive interventions that are unwanted or even harmful.<sup>18</sup> Fragmented care and lack of communication can mean that health professionals may be unclear as to whose role it is to discuss end-of-life care with a patient, and what, if any, prior discussions have occurred. It is vital that people have conversations about their end-of-life care preferences with family members and healthcare providers before they become too unwell to express their wishes.

End-of-life care involves input from a number of health professionals in a range of care settings - acute, community, public, and private. Good end-of-life care is patient-centred, culturally appropriate, coordinated and focused on rational investigation, symptom management and de-prescribing. It involves early identification, assessment and treatment of pain, and enables patients nearing the end of their lives to live as well as possible, and without unnecessarily prolonging the dying process.<sup>19</sup>

The RACP welcomes the Australian Government's in-principle support for funding a national public awareness campaign around advance care planning and directives, as recommended in the Senate Community Affairs References Committee report on Palliative Care in Australia.<sup>20</sup> The RACP holds that federal leadership on this issue is imperative and considers a coordinated national conversation about end-of-life care to be an urgent priority. Physician involvement and input will be crucial to any campaign in this area. As part of this work, the RACP calls on the Australian Government to lead the harmonisation of legislation on advance care planning across all Australian jurisdictions, and that this also ensures that facilities have appropriate systems in place to receive and action plans.

The RACP welcomes the developments enabling advance care plans and other palliative care information to be uploaded to My Health Records, and the potential need for Tier 3 patients in the Health Care Homes trial to access palliative care services has been identified. These will contribute to better co-ordinated end-of-life care and we encourage expansion of such initiatives.

It is crucial that adequate resources are allocated towards supporting patients wishing to die at home, in a hospice or in a residential aged care facility. The RACP calls on the Australian government to develop models of care that improve the provision of palliative care services in non-hospital settings, in particular, ensuring that aged care facilities are equipped to provide the high levels of care required by residents at the end of their lives.

The RACP recognises the important contribution of the national palliative care projects and calls for the Australian government to commit secure, long-term funding towards these projects to continue to facilitate progress in end-of-life workforce development and quality of care.

### **The RACP recommends that the Australian government:**

- Fund a national campaign to raise awareness of end of life issues and drive increased uptake of advance care planning, in consultation with key stakeholders.
- Develop and fund models of care that improve the provision of palliative care services in non-hospital settings, particularly residential aged care facilities.
- Commit secure, long-term funding towards national palliative care projects.

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<sup>18</sup> The Royal Australasian College of Physicians. Improving Care at the End of Life: Our Roles and Responsibilities, p4. <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-pos-end-of-life-position-statement.pdf?sfvrsn=6>.

<sup>19</sup> Improving Care at the End of Life: Our Roles and Responsibilities, p7.

<sup>20</sup> The Department of Health. Australian Government Response to the Senate Community Affairs References Committee Report: Palliative Care in Australia. [http://www.health.gov.au/internet/main/publishing.nsf/Content/DFEC63B58074ACC6CA25805600045F2E/\\$File/Government%20Response%20to%20Palliative%20Care%20Senate%20Inquiry.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DFEC63B58074ACC6CA25805600045F2E/$File/Government%20Response%20to%20Palliative%20Care%20Senate%20Inquiry.pdf)

## Climate Change and Health

Climate change is one of the most pressing global public health issues. Extreme weather events, air pollution, risks to food security and changes to infectious disease risk underlie health effects including heat stress illnesses, cardiovascular disease, infectious gastrointestinal disease, physical trauma, malnutrition, psychological stress, vector-borne disease, and other epidemic illness.<sup>21</sup> The poorest and most vulnerable (including disadvantaged populations, Indigenous communities, and future generations) are disproportionately afflicted by the most severe adverse effects

Action on climate change represents a major opportunity to advance public health, including through the health co-benefits of actions such as a healthier plant-based diet, reduction of pollution, and policies that enable people to be more active. The RACP welcomes the Government's ratification of the 2015 Paris Climate Agreement because it focuses on mitigation of climate change by reduction in atmospheric greenhouse gases. Mitigation is the only strategy that directly addresses the cause of climate change and thereby offers a way to avoid its adverse health impacts.<sup>22</sup>

Australia needs a national Climate and Health Strategy to ensure a comprehensive, coordinated, and efficient approach to addressing the health impacts of climate change. The strategy should include meaningful mitigation and adaptation targets, effective governance arrangements, professional and community education, effective intergovernmental collaboration, and a strong research capacity, including improved disease monitoring.

The Australian health system must also be equipped and ready to mitigate and respond to the health impacts of climate change. Environmental sustainability must become a core part of health policy and planning. The RACP believes there is significant potential for the healthcare sector to contribute to Australia's emissions reduction targets, beyond just energy efficiency and recycling measures. Environmentally sustainable models of healthcare are required to reduce carbon and resource use within the health sector.

The RACP recommends the Australian Government establish a Healthcare Sustainability Unit (HSU) to benchmark the sector's carbon footprint, and work with stakeholders to develop and implement environmental sustainability strategies. This should be done in a way that improves quality care, spurs innovation, and ensures the sector is ready to manage climate risks. Australia can draw on local best practice as well as leading international models, such as the UK's successful Sustainable Development Unit (SDU).

### **The RACP recommends that the Australian government:**

- Commit the necessary funds to reduce emissions consistent with the 2015 Paris Climate agreement.
- Fund the development of a National Climate and Health Strategy, ensuring a comprehensive and coordinated approach to addressing the health impacts of climate change.
- Commit secure, long-term funding the establishment and ongoing work of a Healthcare Sustainability Unit to lead the development and implementation of environmentally sustainable healthcare models in Australia.

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<sup>21</sup> The Royal Australasian College of Physicians. Climate Change and Health Position Statement, p3.

<https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=3>.

<sup>22</sup> Climate Change and Health Position Statement, p5.

## Health system reform

The lifetime individual and community health needs of Australians are becoming increasingly complex. Fragmented health services delivery not only impacts the quality of patient care, but leads to inefficiencies, duplication and wastage across the health system. An approach to healthcare which places the patient at the centre and better integrates the delivery of healthcare is required to not only improve the management of patients with complex care needs, but ensure the Australian healthcare system operates efficiently and effectively.

Improvements in integrated care have huge potential to improve efficiencies in the health sector. In 2013-14, there were an estimated 600,267 potentially preventable hospitalisations around Australia, accounting for 6% of all hospitalisations in that period.<sup>23</sup> This figure was only marginally lower than the estimated 635,000 preventable hospitalisations in 2011-12.<sup>24</sup> Of these potentially preventable hospitalisations 47 per cent were related to just five conditions – chronic obstructive pulmonary disease, diabetes complications, heart failure, cellulitis, and kidney and urinary tract infections.<sup>25</sup>

It is clear that a strategic approach to integrated care will play a significant role in preventing unnecessary hospitalisations and mitigating acute episodes of chronic conditions. Extensive stakeholder engagement and consideration of cross-disciplinary perspectives is central to achieving success in this area.

Of particular priority for the RACP is the need to support increased provision of specialist services in community-based settings, such as primary healthcare centres, community clinics, Aboriginal medical services, residential aged care facilities and people's homes. Community-based settings allow patients with multiple, chronic or complex conditions to be seen in convenient locations, and facilitate greater collaboration and coordination between the different health professionals involved in patient care. This will require the development of flexible funding structures which facilitate collaboration between health professionals and service providers.

The RACP welcomes the Health Care Homes initiative to explore, develop and trial models of integrated, multidisciplinary, flexible, coordinated care. However it is vital that these trials include extensive appropriate consultation to ensure that the need and concerns of those charged with implementing the new models of care are fully heard and taken into account.

The RACP also welcomes the commencement of the Australian Digital Health Agency (ADHA) and the Australian Government's commitment to improvements in digital health. The RACP calls on the Australian Government to continue to support advancements in digital health by committing sustained, long-term funding for the ADHA.

### **The RACP recommends that the Australian government:**

- Develop and trial alternative funding structures that promote and support health professionals and service providers to work collaboratively and deliver patient-centred, integrated care.
- Develop and trial new funding models for complex and chronic disease management which better integrate specialist care with general practice.

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<sup>23</sup> Australian Institute of Health and Welfare. Healthy Communities: Potentially preventable hospitalisations in 2013-14: Overview. <http://www.myhealthycommunities.gov.au/our-reports/potentially-preventable-hospitalisations/december-2015>

<sup>24</sup> Australian Institute of Health and Welfare. Healthy Communities: Selected potentially avoidable hospitalisations in 2011-12: Overview. <http://www.myhealthycommunities.gov.au/our-reports/selected-potentially-avoidable-hospitalisations/november-2013>.

<sup>25</sup> Healthy Communities: Potentially preventable hospitalisations in 2013-14: Overview.

## Supporting high-value, contemporary, best practice care

Australia is recognised as having a world-class healthcare system delivering high-quality care and good patient outcomes. However, it is important that there is a focus on continual improvement to ensure that this continues. One key aspect to this is ensuring that everyday clinical care continues to reflect best practice for each patient.

The RACP's EVOLVE initiative, launched in 2014, is an evidence-based, physician-led movement which aims to ensure high quality of patient care by identifying and reducing practices of little or no clinical value to some patients.

Whilst clinical leadership is vital to changing clinical practice, the federal government has a number of important roles to play to support and enable this work. Key is the need for a greater investment in translational research; that is, a better understanding of effective implementation and change management strategies in the context of health.

In addition, it is important that the value to patient care and the effective use of healthcare resources is recognised, and the federal government should look to ensure appropriate investment in quality improvement across the health system; whether via grants or other initiatives.

The EVOLVE initiative shares similar aims to the Australian Government's MBS review, in that both are looking to ensure that current clinical practice reflects the latest accepted evidence and is guided by the experience and knowledge of clinical experts. While the MBS review, by design, is focused on reforming physician payment schedules, the RACP through EVOLVE can promote clinical improvement by attempting to change clinical culture through better education and dissemination.

It is important that the MBS review is not a 'one off' instance, given how medical knowledge progresses and evolves over time. The RACP encourages the Australian Government to invest in a more sustained model of MBS reviews which will periodically consider the appropriateness of MBS items. This would build flexibility into the MBS so that it remains up to date with contemporary clinical evidence and guidelines, is responsive to and supportive of high-value practices, and ensure that Australia maintains its world-class healthcare system and outcomes.

### **The RACP recommends that the Australian government:**

- Provide enhanced funding for translational research which can help bridge the divide between academic identification of low value clinical practices and the reduction of these practices in clinical environments.
- Invest in quality improvement measures across the Australian health system, via funding grants and/or other supported initiatives.
- Invest in a longer term, more sustained model of MBS review which allows the MBS to be continually updated to reflect and support contemporary clinical evidence and best practice.