Productivity Commission draft report – *Introducing competition and informed user choice into human services.*

The Department of Health supports the Productivity Commission inquiry's effort to find innovative ways for consumers to access timely, affordable, high quality human services that are appropriate to their needs and delivered in a cost-effective manner.

Health has in place a range of measures aiming to ensure effective and efficient services that meet the health needs of all Australians within a sustainable health system.

To assist the Commission's task, Health is providing comments in respect of key areas of palliative care, services in remote Indigenous communities and patient referral pathways in public hospitals.

Palliative/End-of-life care

The draft Report highlights key issues in end-of-life care that align with the directions of national policy. These include the importance of increasing choice in palliative care services and availability of community-based services.

The Australian Government announced a commitment of $8.3 Million in the 2017 Budget to strengthen end-of-life care coordination and integration of services through Primary Health Networks.

Also, a national campaign is in the development phase which will raise awareness of the importance of planning for and talking about end-of-life care preferences. The reference to variable quality in the provision of end-of-life care in aged care settings should be supported by data.

The Australian Government, through the Australian Institute of Health and Welfare (AIHW) is undertaking palliative care data development activities. The AIHW will contribute to the development of measures for the revised National Palliative Care Strategy, and develop a national information priorities document for palliative care and end-of-life care.

The national data development activities commenced in April 2017 and are due to be completed by April 2019. In consultation with state and territory governments, it is expected that the outputs of this project will include a data specifications document to underpin an establishment based data set that could be implemented alongside the Palliative Care Outcomes Collaboration data collection. The project will also investigate the feasibility of using alternative sources of data on palliative and end-of-life care related activity in primary care.

Advance care planning

Whilst at the moment there are no dedicated Medicare Benefits Schedule (MBS) item(s) for advance care planning (ACP), this service is accessible through existing items.

For example, General Practitioners may use MBS item numbers for ACP where clinically appropriate, e.g. existing terminal illness or chronic disease. Information about the use of MBS items for ACP is provided through the Specialist Palliative Care and Advance Care Planning Advisory Services[1].

The Australian Government, through the Specialist Palliative Care and Advance Care Planning Advisory Services, provides advice and guidance to General Practice on the use of Medicare Benefits Schedule (MBS) items for Advance Care Planning.

Moreover, as part of the work of the Medical Benefits Review Taskforce (scheduled for 2018, clinical committees will assess MBS items. In this context, advanced care planning as an element of an older person's health assessment service could be considered under MBS item numbers 701 to 707.

Quality standards

A single set of aged care quality standards, currently being drafted, will apply across all aged care services and replace the current four sets of standards. The draft standards include a requirement for aged care services to discuss end of life planning with consumers, if the consumer wishes.

For improved access to support from community-based palliative care there needs to be further investigation on legislative, regulative, financial and workforce implications for the Commonwealth and the States.

Funding

There is funding for palliative care involving 'end of life care' for residential aged care providers, through the Aged Care Funding Instrument (ACFI), for care recipients identified as needing palliative care which involves intensive clinical nursing and/or complex pain management. The Government is also examining ways to improve long-term operation of residential aged care funding to strengthen the way care funding is determined into the future.

The Department is in the process of undertaking a Resource Utilisation and Classification Study to support an evidence-based consideration of funding reform options and better understands the relative attributes of residents that drive resource use and costs.

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[1] https://www.caresearch.com.au/caresearch/Portals/0/Decision-Assist-Resources/GP%20Ed%20ACP%20Resources/Decision_Assist_ACP_GP_Guidance_MBS_Items_Sep_2015.pdf

Services in remote Indigenous communities

Improved coordination and collaboration between different funding bodies is a key strategy to improve service delivery to Aboriginal and Torres Strait Islander communities. In considering the interactions between funding bodies and communities, it is important to recognise Primary Health Networks (PHNs) as organisations that are involved in the commissioning of services and in supporting the primary health care sector.

PHNs were established to provide regionally tailored solutions to local problems, and one of their national priority areas is improving Aboriginal and Torres Strait Islander health outcomes. They are an important component of service delivery in Aboriginal and Torres Strait Islander communities and can complement and work with the Aboriginal Community Controlled Health Organisations (ACCHOs) in providing comprehensive primary health care.

Around 140 ACCHOs are funded under the Indigenous Australians' Health Programme to deliver holistic health care, and were responsible for providing 3.1 million episodes of care in 2015-16.

While it is positive that the Commission has recognised the benefit of place-based approaches to health service delivery, and the particular difficulties of delivering health services to remote communities, it is important to recognise that the solutions identified by the Commission are equally necessary in urban and rural areas.

Better coordination between funding bodies, more partnerships with communities and their health services, including mainstream services, and a focus on providing culturally competent services to all Aboriginal and Torres Strait Islander people are solutions that would improve health outcomes across the Indigenous population.

Additionally, partnering with communities and providing culturally competent services are key strategies to improve service delivery to Aboriginal and Torres Strait Islander peoples across the full spectrum of human services, not just health.

The approaches developed by ACCHOs and increasingly being taken up by governments in relation to the importance of partnerships and of cultural safety are likely to be highly transferrable to other sectors of human service delivery.

Further, improving the efficacy of human service delivery outside of the health sector will help to close the gap in Indigenous health outcomes, as a significant proportion of the gap in outcomes can be attributed to non-health factors such as social determinants of health (e.g. safe and healthy housing, access to employment and freedom from racial discrimination).

Public hospital services and information to support patient choice and performance improvement in hospitals

Health supports the principle of increased referral choices for patients.

Specialist referral for private patients should be considered by the MBS Review Taskforce, as it is within its scope to promote best clinical practice and provision of health services that improve health outcomes for patients.

Under the National Health Reform Agreement (the Agreement), the States and Territories are the system managers of their respective hospital systems, and are responsible for the day-to-day administration of public hospital services within their jurisdictions. The Commonwealth is committed to giving patients genuine choice in their health care, including how they access public hospital services and information.

Under the Agreement, the Commonwealth is committed to patient choice with regard to access to outpatient services. Clause G17(b) states that referral pathways must not be controlled so as to deny access to free public hospital services and clause G17(c) states that referral pathways must not be controlled so that a referral to a named specialist is a prerequisite for access to outpatient services.

Health acknowledges that patient pathways for public and private patients in the public hospital system and availability of information about public hospital activities are matters for consideration as part of the discussions with States and Territories in the development of future arrangements.

The development of future public hospital funding arrangements will begin in 2017, to be agreed through the Council of Australian Governments in 2018. Future arrangements will be developed jointly by the Commonwealth and the States and Territories, in alignment with broader health reform objectives and priorities.

It has to be noted, when considering data to support patient choice and provider self-improvement, that data use is restricted by legislation. Any publishing of data, for hospitals or specialists, must be legal. Funding arrangements cannot include a general policy that overrides legislation.

Similarly, data on individual hospitals and specialists may include significant detail about the patients which could breach Privacy legislation. Most of the hospitals and all of the specialists are private businesses and would feel there was a commercial-in-confidence element to some or all of the data. Consultation with the affected groups would be required to ensure this is considered from a private sector perspective.

Given the sensitivities that will be raised by specialists with regard to public reporting of their performance, there may be merit in exploring positive levers rather than being compelled to comply under legislation. Clinical Quality Registries are already playing a significant role in changing the culture and fear around public reporting.