

## The first 100 days: an open letter to the new Minister for Health

Lesley Russell, Stephen R Leeder, Bruce K Armstrong, James A Gillespie and George L Rubin

*The first 100 days after an election are full of enthusiasm, energy and chaos, and they are crucial to establishing the shape, style and content of the new government's tenure. The electorate is eager for plans, changes and new ideas, and for election promises to become reality. Early action that is visible and accepted will secure the credibility of longer-term plans. Here, in an open letter to the new Health Minister, we state our hopes for Australian health and health care in that 100-day period*

### Dear Minister,

You have come to this task with a raft of policies and initiatives that you and your party have promised to implement, and you probably have a long list of ideas and issues that you want to address, or that others have lobbied for. In a previous issue of this Journal, we put forward eight challenges that we think you will face,<sup>1</sup> and you have outlined your own list.

Your first 100 days will be crucial, but please don't rush into action. Take time to consider three fundamental things.

First, what health system will be best for Australia in the 21st century, taking into account the health needs of all Australians and how the electorate wants its tax dollars spent?

Second, what distinctive role can you, as the federal health minister, play to achieve that system and leave the nation healthier as a consequence of your term as minister? After all, you are accountable to all Australians for precisely such an achievement.

Third, you need a strategy, so that your reforms and policies are not just isolated initiatives, but form a coherent plan that will ensure that current problems are addressed and health benefits are maximised. A carefully formulated plan is the difference between just replacing the cracked tiles on an old leaking roof and rebuilding the roof with a better design, updated technology and new tiles.

The challenges you face are of two orders: issues that are now causing a huge increase in costs as their incidence grows (examples are chronic disease, childhood obesity, the uptake of new technologies and the workforce crisis), and others that are polity issues (such as the current dual — or should we say duel? — Commonwealth and state-territory funding streams, the public-private mix, and the focus on treatment at the expense of prevention, affordability and equity).

It is the polity issues that demand that the “roof”, the protection that our nation's health care system offers, is redesigned and brought up to date. Without such attention, there will be no sustainable solutions to the other issues that threaten to inundate us; a few new or recycled tiles just won't do.

We urge you to spend your first 100 days, first, planning several high-priority, national concerted actions in the three broad health service policy areas — prevention, community-based care and hospital services — and, second, developing national consensual mechanisms that will address the polity issues robustly and drive the concerted actions. Both these approaches, tackled simultaneously, are essential.

You have promised a national health and hospitals reform commission, which will meet in the first 100 days of government. While requiring a broader focus than so far described, this commission could give you the expert support and consultative mechanisms needed for comprehensive and robust planning.

Your initial success will be measured by the key performance indicators — cooperation and buy-in from the states and territories, non-government organisations, the private sector, health professionals and the public. At the end of 100 days, there must be evidence of a strong developing consensus and growing public confidence that you will stop the blame and cost-shifting of the past and create a new health system to meet national needs.

But the gloss of these early glory days will last only if there are long-term commitments of resources to planning, infrastructure (including more effective e-health systems), the workforce, and research and development; to making patients' experiences and outcomes central to health care decision making; and to monitoring and evaluating the effects of health-policy changes on health, so we know what is working and what is not.

**United States Government Accountability Office**

- The US Government Accountability Office (GAO) is known as “the investigative arm of Congress” and “the congressional watchdog”.
- GAO supports Congress in meeting its constitutional responsibilities, and helps improve the performance and ensure the accountability of the federal government for the benefit of the American people.
- GAO’s work includes oversight of federal programs; insight into ways to make government more efficient, effective, ethical and equitable; and foresight of long-term trends and challenges.
- GAO’s reports, testimonies, legal decisions and opinions make a difference, for Congress and the nation.<sup>2</sup> ◆

This last point is crucial to your long-term success. So we also propose that you establish an office of accountability for health to ensure that you and your partners in health planning and reform can know that agreed outcomes are being achieved, and the public can know that their tax dollars are wisely invested. The United States Government Accountability Office is a good model (Box).<sup>2</sup>

We offer here two of many reasons why we need the equivalent of the US Government Accountability Office.

1. The cost of medical errors in Australia is over \$1 billion annually and could be as high as \$2 billion.<sup>3</sup> About half of all medical mistakes are preventable.<sup>4</sup> The current failure to collect comprehensive national data means that our progress towards better quality and safety remains anecdotal. The Editor of this Journal has spoken out on the failure to clearly enunciate and implement a comprehensive range of relevant safety indicators, mandatory incident reporting and learning systems for mishaps, and an outcome measurement system, stating that “Australians deserve better than this”.<sup>5</sup> We agree.
2. The cost of obesity in Australia last year was \$21 billion in ill health and disability, premature death and productivity losses.<sup>6</sup> Over 3 million Australians are obese, and this could rise to over 7 million people within 20 years if current trends persist unabated and unaddressed.<sup>6</sup> The last Australian Schools Health and Fitness Survey was conducted in 1985, and the last National Nutrition Survey in 1995. This means that policymakers are hindered by the lack of current data to inform the development of new policies. Without ongoing measurements and feedback there is no way to evaluate the effect of implemented policies. It is only through repeated surveys, done by the same people using the same survey instrument, that we are able to assess progress and evaluate the success of individual initiatives.

The overwhelming impression left from the election campaign is of 6 weeks of piecemeal policies, and local funding commitments that add to the multitude of health programs but do not strengthen or reform the health system. Your task now is to build a better health system that can deliver better health programs more effectively and efficiently.

The multiple challenges must be tackled, with a focus on better health outcomes and better value for money. They can only be resolved by a shared national vision, national leadership and national action across a period that may encompass decades, but your actions in the first 100 days and investments in the first 3 years will be critical. This surely is where the Australian Government must play its main role and where a committed Health Minister can make a real difference and leave a lasting legacy.

Since 1933, when Franklin Delano Roosevelt tackled the worst effects of the Great Depression in a rush of breathless reform,<sup>7</sup> the first 100 days of a new government have provided the test of its leadership and reformist credentials. Australian state government leaders, from Jeff Kennett in Victoria to Geoff Gallop in Western Australia, have adopted this benchmark for achievement. We strongly advise you to embrace this benchmark, and we wish you well in the 100 days ahead.

**Author details**

- Lesley Russell**, BSc(Hons), BA, PhD, Menzies Foundation Fellow<sup>1</sup>  
**Stephen R Leeder**, AO, MD, PhD, Director,<sup>2</sup> Co-Director,<sup>1</sup> Professor of Public Health<sup>3</sup>  
**Bruce K Armstrong**, AM, DPhil, FRACP, Director of Research,<sup>4</sup> Professor of Public Health and Medical Foundation Fellow<sup>3</sup>  
**James A Gillespie**, BA, PhD, Deputy Director,<sup>1</sup> Sesquicentenary Senior Lecturer in Health Policy<sup>3</sup>  
**George L Rubin**, FRACP, FAFPHM, Director,<sup>5</sup> Professor of Public Health<sup>3</sup>  
<sup>1</sup> Menzies Centre for Health Policy, University of Sydney and Australian National University, Canberra, ACT.  
<sup>2</sup> Australian Health Policy Institute, University of Sydney, Sydney, NSW.  
<sup>3</sup> Department of Public Health, University of Sydney, Sydney, NSW.  
<sup>4</sup> Sydney Cancer Centre, University of Sydney, Sydney, NSW.  
<sup>5</sup> Centre for Health Services and Workforce Research, University of Sydney, Sydney, NSW.  
**Correspondence:** [lesleyr@med.usyd.edu.au](mailto:lesleyr@med.usyd.edu.au)

**References**

- 1 Armstrong BK, Gillespie JA, Leeder SR, et al. Challenges in health and health care for Australia. *Med J Aust* 2007; 187: 485-489.
- 2 United States Government Accountability Office [website]. <http://www.gao.gov> (accessed Nov 2007).
- 3 Richardson J, McKie J. Reducing the incidence of adverse events in Australian hospitals: an expert panel evaluation of some proposals. Centre for Health Economics research paper 2007. Melbourne: Monash University, 2007. <http://www.buseco.monash.edu.au/centres/che/pubs/rp19.pdf> (accessed Nov 2007).
- 4 Wilson RM, Runciman WB, Gibberd RW, et al. The Quality in Australian Health Care Study. *Med J Aust* 1995; 163: 458-471.
- 5 Van Der Weyden MB. From the Editor’s desk: Australians deserve better than this. *Med J Aust* 2007; 187: 137.
- 6 Access Economics. The economic cost of obesity. Report to Diabetes Australia by Access Economics. Canberra: Access Economics, 2006. <http://www.accesseconomics.com.au/publicationsreports/showreport.php?id=102> (accessed Nov 2007).
- 7 Alter J. The defining moment: FDR’s hundred days and the triumph of hope. New York: Simon & Schuster, 2006. □