



HEALTH CARE SYSTEM BUCKLING BUT PATH TO BETTER PATIENT CARE AND EFFICIENCY POSSIBLE

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AUSTRALIA'S health care system is "bruised, bleeding, unsustainable and rightly criticised as increasingly failing both users and providers of care", but New South Wales is providing an example of how reform can be achieved, according to the authors of a Perspective published by the *Medical Journal of Australia*.

Professor Claire Jackson, Director of the MRI-UQ Centre for Health System Reform and Integration at the University of Queensland, and Professor Diana O'Halloran from Western Sydney University, wrote that there were increasing signs that "our strained health care system is pushing the stress performance curve into the red".

"Benchmarks of hospital activity demonstrate ongoing difficulty; Local Hospital Networks scramble to meet demand despite annual federal government funding increases of 6.5%; and the grey literature attests to the unfolding human impact behind the figures," Jackson and O'Halloran wrote.

"Patients deteriorate waiting for specialist assessment, and junior doctors find themselves trapped in increasingly overstretched, dysfunctional work environments."

Despite royal commissions and inquiries into aged care, mental health, productivity and system change, "little concrete change" had been forthcoming, they wrote.

"Put simply, our health system is fragmented, inefficient, inflexible, and organisation- rather than person-focused; locked into decline without significant structural, governance and funding reform," Jackson and O'Halloran wrote.

"State governments continue to fund acute and specialised service delivery along historical activity-based lines, with the Commonwealth taking the heavy lifting on community general practice, pathology, radiology, specialist and aged care services.

"Without governance alignment, this allows little opportunity to develop fully integrated models of care."

Jackson and O'Halloran wrote that the situation in New South Wales provided some hope and a way forward.

"New South Wales has arguably been the most consistent [of the states], exploring integrated care over 15 years from early HealthOne demonstration sites to current maturing co-commissioning models."

In Western Sydney, for example, successful Integrated Care initiatives have been progressively incorporated into co-commissioning models of care. These include:

- specialist rapid access clinics for patient stabilisation and general practitioner support, demonstrating a 32% reduction in emergency department presentations and a 34% reduction in admissions;
- diabetes outreach to general practice via specialist case conferencing, demonstrating enhancement in general practice team capability and patient clinical outcomes;12 and
- non-prescribing pharmacists in general practices providing measurable change or deprescribing in complex care patients.

"Co-commissioning also incorporates key e-health developments such as Lumos, which brings general practice and NSW Health data together to enable analysis of the entire patient journey and its outcomes, and in western Sydney, the award-winning CareMonitor, a shared care, home monitoring and patient capacity building software platform," Jackson and O'Halloran wrote.



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"Co-commissioning has been the game changer, levelling the Local Hospital District/Primary Health Network playing field, equalising the governance model, and bringing state resources within scope for joint decision making.

"This is enabling true integration, with a shift in resources to community capacity-building, gradual closure of the hospital-community and health-social care gaps, and a rethinking of general practice financing outside the Medical Benefits Schedule," they wrote.

Jackson and O'Halloran said the NSW experience showed that "despite the many barriers to change, they have succeeded in delivering effective new models of care".

"Courage and leadership are needed to turn our struggling health system around," they concluded.

"We must build new regional governance structures that bring the critical organisations and service providers together, enabling joint planning, pooled funding and the codesign, delivery, and continuing evaluation of relevant new health initiatives. We must recognise that an increasing number of Australians need care that is complex and requires coordination by their ongoing community team in partnership with the broader health and social care sector – not care in siloes."

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