

**SCORING HEALTHCARE REFORM**

Governments are constantly confronted by the need to reform their healthcare systems. To facilitate this process, principles for doing so were outlined in the 2000 WHO Report, *Health systems: improving performance*.

Last year, the Canadian Government received the report of the Commission on the Future of Health Care in Canada, *Building on values: the future of health care in Canada*. The Commission put forward 43 proposals "to ensure over the long term the sustainability of a universally accessible, publicly funded health system, that offers quality services to Canadians and strikes an appropriate balance between . . . prevention and health maintenance and . . . care and treatment."

In Australia, any major overhaul of healthcare is a political minefield, but incremental change is tolerated. The recent report to the Australian Health Ministers' Conference addressed no fewer than nine isolated health issues, including: hospital funding and private health insurance, the interface between aged and acute care and the continuum between preventive primary and chronic models of care. In total, there were 153 recommendations!

But how can we evaluate such proposals?

A decade ago, George Lundberg, the then editor of *JAMA*, proposed a nine-question scorecard to test reform proposals. Does the proposal: provide access for all to basic care?; produce real cost control?; promote continuing quality?; limit professional liability?; reduce administrative hassle?; retain patient and physician autonomy?; consider long term care?; encourage primary care?; enhance disease prevention?; and possess staying power after five, 10 or 20 years? Each item is scored 0 to 9. A score of 99 indicates the perfect proposal; those that score below 45 deserve to be binned.

Today, it is reasonable to think that proposals for healthcare reform which fail to score adequately are tantamount to political negligence.

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**CORRECTION**

<b>"Does a combined program of dietary modification and physical activity or the use of metformin reduce the conversion from impaired glucose tolerance to type 2 diabetes?"</b> ( <i>Med J Aust</i> 2003; 178: 346-347)	441
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