

Beyond the blame game

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When Prime Minister Kevin Rudd and Health Minister Nicola Roxon announced the establishment of the National Health and Hospitals Reform Commission (NHHRC) in February, they said the Commission will deliver better health outcomes for the community and provide sustainable improvements in the performance of the health care system. They said the Commission will provide a blueprint for tackling future challenges in the Australian health care system — including the rapidly increasing burden of chronic disease, the ageing of the population, rising health care costs, and inefficiencies exacerbated by cost shifting and the blame game — and that the Commission will focus on health financing, maximising a productive relationship between public and private sectors, and improving rural health.

That is the Commission's task. That is the Commission's challenge. In effect, we have been asked to redesign the Australian health care system so that it can better serve the future health needs of the Australian people in an equitable and affordable way — and we have a year to do it. To plan a better future health system, and identify the steps to take us there, we must act now.

While the 10 Commissioners appointed to the NHHRC have considerable experience and expertise across the health care spectrum, our work will not be limited to our knowledge or our individual or collective views. The health care system belongs to all Australians, and they deserve to have a say about its future. Our dedicated health care professionals will hold many of the answers, and are key to making our design real and achievable.

In early April, the NHHRC called for submissions from individuals or groups with an interest in health, and these have been rolling in. We will also be having face-to-face meetings with frontline health care workers, members of the community, innovators in health care and medicine, industry groups, and organisations and associations whose members are active in the health care system or use health care services. These will be held in each capital city and in some regional and rural locations. We will provide an interim report on a long-term health reform plan to the Minister by the end of this year, and our final plan will be submitted in mid 2009.

The NHHRC is moving at high pace, and has already put together a considerable body of work. With almost weekly policy and planning meetings and workshops, it is also collaborating with several other key groups such as the Australian Commission on Safety and Quality in Health Care and the Australian Institute of Health and Welfare. We have also secured the agreement of the private hospitals and private health funds to benchmarks for safety and quality in private hospitals to parallel those recommended for the public health system.

In late April, we presented the Health Minister with a report providing advice on the framework for the next Australian Health Care Agreements (AHCAs). *Beyond the blame game: accountability and performance for the next Australian Health Care Agreements* provides the Minister with the NHHRC's views on key issues to be tackled in the next AHCAs, and suggests robust and relevant performance indicators and benchmarks to be achieved by the federal and state governments.¹

ABSTRACT

- The federal government announced the establishment of the National Health and Hospitals Reform Commission (NHHRC) in February 2008 to advise on future directions of health care delivery in Australia.
- In late April, the NHHRC issued its first report, *Beyond the blame game*, giving its views on key issues for the proper function of the Australian Health Care Agreements.
- In this report, the NHHRC has proposed 44 benchmarks to be met by both federal and state governments, where performance should have clear consequences for the accountable party.

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There is broad agreement that a new framework for the AHCAs is needed if the blame game is to end. We welcomed the acknowledgement from all governments that there must be greater accountability in health care service delivery.

In preparing the report, we took the approach that the scope of the next generation of AHCAs should be broader than hospitals. We suggest that the states should be accountable for public hospitals, mental health, maternal and child health and public health, with the federal government accountable for primary care, preventive medicine, aged care, and Indigenous health. The federal government is best placed to take the lead and be accountable for all primary health care services. This would involve moving beyond general practice to, for example, allied health, district nursing, community mental health services and community health services. This assignment of responsibilities does not necessarily imply an immediate transfer of functions — states will continue to have an important role in service delivery in areas where we have suggested the federal government exercise greater policy leadership with corresponding accountability.

We have proposed 44 benchmarks where performance against a target should have a clear consequence for the party accountable for each benchmark. To illustrate the NHHRC's intention to look at the whole health care and aged care system, examples of proposed performance indicators include:

- potentially preventable hospital admissions per 1000 population;
- vaccination rates for vaccines in the national schedule;
- proportion of women in the 50–69 year age group who have had a breast screen in the past two years;
- waiting time for admission to a supported mental health place in the community;
- waiting time for access to public dental health services;
- number of graduating students in health professions relative to requirements;
- number of accredited and filled clinical training positions for all professions; and
- proportion of hospital discharge summaries that are provided electronically to the patient-identified general practitioner or other health service.

Twelve opportunities highlighted by the National Health and Hospitals Reform Commission (NHHRC) for improving the health of Australians

- Close the gap in Indigenous health status
- Invest in preventive medicine
- Ensure a healthy start to life
- Redesign care for those with chronic and complex conditions
- Recognise the health needs of the whole person
- Ensure timely hospital access
- Care for and respect the needs of people at the end of life
- Promote improved safety and quality of health care
- Improve distribution and equitable access to services
- Ensure access on the basis of need, not ability to pay
- Improve and connect information to support high quality care
- Ensure there are enough well trained health professionals, and promote research

The NHHRC has emphasised these critical opportunities for enhancing health promotion and wellness, and making the health care system work better for those who need it. The Commission acknowledges that these are not the only challenges, and expects to hear of many more during its national community consultation and engagement processes ahead of submitting its interim report to the government at the end of this year. ♦

Our proposals on accountabilities set a framework for a new funding approach, including incentive arrangements and financial consequences for performance against the benchmarks. These accountabilities and benchmarks should be viewed as a starting point, and will be further discussed and refined throughout the AHCA process.

Our advice has been set in the context of a set of principles to shape Australia's health care system. These principles were developed by the NHHRC to guide its work toward the final design for the future health system. The NHHRC believes that health and health care should be people- and family-centred; that health care should be equitably accessible according to health needs, not ability to pay; that responsibility for health is shared and that individuals need to take greater responsibility for their health; that

public investment in health and health care should deliver value for money; and that we need to promote wellness and strengthen illness prevention. These principles should shape the design of the entire Australian health care and aged care system — public and private, hospital- and community-based — and be evident in how the system functions for patients and their carers. As such, the NHHRC believes these principles should be reflected in the next AHCA.

Most importantly, we have identified 12 health and health care challenges where there is a clear need and opportunity for improvement if all Australians are to have access to the care they need when they need it (Box). Among these challenges, we have highlighted the need to plan and fund for enough well trained health professionals to meet current and future need. We drew on the work of the Australian Institute of Health and Welfare to identify one or more performance indicators for each challenge, with corresponding benchmarks.

Beyond the blame game is a starting point for the NHHRC — an early but significant part of the greater task ahead of us. We look forward to considerable input from the medical profession to our work over the next 12 months. The *Beyond the blame game* report and other information on the NHHRC can be viewed at <http://www.nhhrc.org.au>.

With the participation of our health care workers and input from the community, we believe we can realise this important opportunity to plan ahead to ensure we continue to offer a strong and sustainable health care system for the better health of all Australians, now and into the future.

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References

- 1 National Health and Hospitals Reform Commission. *Beyond the blame game: accountability and performance for the next Australian Health Care Agreements*. Canberra: NHHRC, 2008. <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/commission-11p> (accessed Jun 2008).

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