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HCCA Submission to the ACT Government on Budget Priorities for 2014-15

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Background

The Health Care Consumers' Association (HCCA) Inc was formed in 1978 to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

We are the peak health consumer organisation in the ACT successfully advocating for the inclusion of health consumers on health committees, consultative forums and planning structures. HCCA involves consumers through: consumer representation, consumer consultation, regular community forums on topical issues and information sessions about health services.

HCCA currently has fifty one consumer representatives on one hundred and nineteen committees in the ACT and we have trained forty six consumer representatives this year.

Response

HCCA welcomes the inclusion of health as one of the four priority areas that will guide the Government's policies and spending priorities. We strongly endorse the commitment from the Treasurer to invest heavily in health, to ensure Canberrans continue to enjoy a world-class health system, and in municipal services, to provide the important services our community needs.

HCCA have identified strategies for significant long-term savings in the health budget and would welcome the opportunity to work with the ACT Government on quality and efficiency improvements to support their implementation.

HCCA's ongoing consultations with consumers have framed this budget response.

Health literacy and **individual advocacy** have been identified as two significant areas requiring investment in the ACT health system.

Health Literacy

In June 2013, HCCA welcomed the consultation paper released by the Australian Commission on Safety and Quality in Health Care (ACSQHC), *'Consumers, the health system and health literacy: Taking action to improve safety and quality'*. In this document, the ACSQHC recognised health literacy as a significant quality and safety issue and called for a nationally coordinated approach to improving health literacy across Australia.

The Australian Bureau of Statistics (ABS) identified that almost 60% of Australian adults had inadequate health literacy, and were unable to effectively navigate the health system and engage in decision making processes regarding their care.[1] Low health literacy has been linked to poorer health outcomes, particularly for older Australians.[2] Considering the aging population of the ACT and the already high

[1] ABS, (2008). Health Literacy, Australia.
[2] N. Berkman et al, (2011). Health literacy interventions and outcomes: An updated systematic review. *Evidence Reports/Technology Assessments, No. 199.*

demand on acute care services, it is imperative that the ACT Government develop and implement an action plan to improve Health Literacy in the ACT.

HCCA strongly supports the three main strategies identified by the Australian Commission on Safety and Quality in Health Care to address health literacy[3]:

- Embedding health literacy into high level systems, organisational policies and practices;
- Providing clear, focused and useable health information and effective interpersonal communication; and,
- Integrating health literacy into education for consumers and health care providers.

The close correlation between socioeconomic disadvantage and poor health literacy rates[4] means that the most vulnerable members of our community are the least able to navigate the health system and access the care they need when they need it.

It is important that any action plan to improve health literacy, takes into account the needs of Culturally and Linguistically Diverse groups.

Individual Advocacy

An independent health advocacy service in the ACT would support health consumers to progress complaints, navigate the health system and ensure that their healthcare rights are upheld.

Individual advocacy services for people with disabilities are currently funded by the Department Social Services (previously, FaHCSIA). A 2009 report on the efficacy of this and other advocacy models found that:

"Individual Advocacy appears to be the most effective model for providing short term advocacy assistance to large numbers of consumers on a wide range of issues in both metropolitan and rural areas."[5]

The 2009 report also recommended that advocacy services should be tailored to meet the needs of consumers with specific conditions from different backgrounds.

[3] ACSQHC, (2013). Consumers, the health system and health literacy: taking action to improve safety and quality.
[4] ABS, (2008).
[5] J. Pearson et al, (2009). Research of the Models of Advocacy Funded under the National Disability Advocacy Program – Final Report.

End of Life Issues

We strongly recommend that funding be allocated to support the implementation of recommendations 5 (Ensure ACPs are easily available and systems act upon them) and 6 (Recognising futile care) which were endorsed at the End of Life Issues and Decision Making Forum run by the ACT Local Hospital Network Council forum on 4 May 2013.

Cost Saving Strategy

A high proportion of health care costs are expended in the last two years of life, and most of that within the last twelve months in hospital based care to support the dying with high tech interventions.i A properly resourced RPC program and promotion of ACD to adult Canberrans along with properly resourced home based palliative care can be expected to increase the number of people choosing the lower cost option for their end of life care.

Patient-centered care

Embracing patient-centered care would bring considerable financial benefits. According to the Australian Commission on Safety and Quality in Health Care Research, research demonstrates that properly implemented patient-centered care leads to decreased costs in the health system creating public value for patient-centered care as well as improving the patient care experience.

Increasing funding for dental services for low income and disadvantaged

Cost savings in the community Dental program are difficult to find given current waiting times and access issues for adults and children over 15. Lack of access to dental services is particularly difficult for low income earners, the disadvantaged, the homeless, the disabled, the mentally ill, the chronically ill and the aged These are the are the groups most likely to have poor dental health and limited access to dental care.

A reorientation of the health system toward a wellness model; using a community development approach influenced by the social determinants of health.

The disease burden of our society is borne by the low income, the disadvantaged, the homeless, the isolated, the disabled, the mentally ill, the chronically ill, the worker with little control in their job, the worker exposed to illness and injury on the job, the smoker who is not targeted by the successful Heart health or QUIT campaigns, Aboriginal and Torres Strait Islander communities, new immigrant communities and people who suffer from discrimination and racism.

A reoriented health system would offer community development models of support within communities promoting holistic programs including health services integrated with education, training, job placements, housing security, free or low cost facilities and support for parents and children to have a healthy start in life, accessible friendly community services for all people of all ages in a one stop hub within each disadvantaged community. Community groups for fun, friendship, fitness promoting

appropriately targeted healthy options for life for people of all ages.

Cost Saving Strategy

An investment in this model would reduce the long-term costs associated with healthcare by promoting better prevention and management of chronic illness in disadvantaged communities and reduce illness, chronic disease, injury, crime, isolation, child removal, welfare dependence and unemployment.

Diabetes

Urgent implementation of the Diabetes Services Strategic plan would improve services for diabetics leading to considerable savings for the health sector.

Walk-in centres

Continuing support for the development of walk in centres in community settings.

Refugees and asylum seekers

It is very welcome that asylum-seekers are treated free of charge in the ACT, even though they have no access to Medicare. It is hoped the ACT Government will continue to be strongly supportive of its commitment to providing free services to asylum seekers.

More bulk-billing GPs and nurse practitioners would also lead to a more efficient and cost-effective service for refugee and asylum seekers

Interpreter use is very patchy in the health sector with children, relatives, friends, and even cleaners asked to interpret often very inappropriately. This is of concern because if people do not understand their treatment or medication it can lead to repeat visits and people not getting better because they do not understand the treatment. Use of the Telephone Interpreter Service is an excellent option for accuracy and understanding of the translation and for privacy in a small community like the ACT. More frequent use of TIS interpreters in health services would lead to better communication leading to more cost-effective outcomes.

Refugees have lower rates of access to ACT Health, but they need considerable support in the initial stages of their settlement. If this is provided, it leads to a reduction in the need for medical treatment later when their condition has become more serious..

Are Gap payments and means testing appropriate for access to government funded services?

Current experience with non-bulk billing medical services indicates the poor and financially disadvantaged do not access services or may reduce visits for necessary services because they cannot afford the gap or co payment.

Public consultations indicated the target group of most community services are already disadvantaged and financially challenged and do not have the capacity to make even a small contribution. If a contribution was required access to the service would be restricted to people who could afford to pay.

Gap or co-payment is an option that could warrant further investigation with further research on interstate and overseas experience with co payments or gap payments for health services. Some health consumers are already making payments for private health insurance.