

National Health and Hospitals Reform Commission

Submission Cover Sheet

Please complete and submit this cover sheet with your submission to:

By email: talkhealth@nhrc.org.au

By mail to: PO Box 685 Woden ACT 2606

A. Details of the person or organisation that prepared this submission

Date of submission: _____ 4th June, 2008 _____

Who prepared this submission?

Individual x Organisation

For organisations:

Type of organisation. (Please tick all that apply)

Consumer group

Government agency

Private company

Professional body

Other non government organization

Other (Please specify) _____

Geographic focus of organisation. (Please tick all that apply)

Nationwide

Statewide (Please specify State/Territory) _____

Metropolitan

Rural / regional

Remote

Please specify the particular sector focus of your organisation (if applicable).

Purpose/s of organisation. (Please tick all that apply)

Research

Education

Service provision

Advocacy

Other (Please specify) _____

Name of representative: Ms. Janne McMahon

Position within organisation: Independent Chair

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Please note that in making a submission you agree that it may be made public.

B. Response to draft principles

- X This submission specifically comments on the draft principles developed by the Commission to shape Australia's future health system. (Please tick if this applies)

C. Response to key themes

This submission specifically responds to the following key themes taken from the Commission's Terms of Reference. (Please tick all that apply)

- A greater focus on prevention to the health system
- Improving frontline care to promote healthy lifestyles and prevent and intervene early in chronic illness
- Improving Indigenous health outcomes
- Integrating and coordinating care across all aspects of the health sector, particularly between primary care and hospital services around key measurable outputs for health
- Improving the provision of health services in rural areas
- Integrating acute services and aged care services, and improve the transition between hospital and aged care
- Reducing inefficiencies generated by cost-shifting, blame-shifting and buck-passing
- Providing a well qualified and sustainable health workforce
- Maintaining the principles of universality of Medicare and the Pharmaceutical Benefits Scheme, and public hospital care
- Maximising a productive relationship between public and private sectors
- Providing a more seamless experience across public and private services
- Providing advice on the framework for the next Australian Health Care Agreements (AHCAs), including robust performance benchmarks
- Addressing the escalating costs of new health technologies

- Increasing access to services
 - Addressing the growing burden of chronic disease
 - Providing for an ageing population
 - Managing the escalating costs of new health technologies
 - Addressing overlap and duplication including in regulation between the Commonwealth and states
 - Other (Please specify)_____
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SUMMARY

4 June 2008

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who have private health insurance and/or who receive their treatment and care from private sector settings for their *mental illnesses or disorders*. As our title implies, the Network is the authoritative voice for consumers and carers in private mental health settings.

The Network considers that the imperative of any health system within Australia is one that demonstrates the fundamental principles of integration and coordination.

- **Integration** within a health service, between health services, between primary and specialist and finally between public and private; and
- **Coordination** of the patient's journey along this pathway.

The following represents the Network's perspective on what the ideal Australian health care system might look like.

- Access when you need it;
- One which can provide support within the community;
- Low or no cost to the consumer, reflected system wide;
- High quality care;
- Integrated care; and
- Coordinated care

If we look further, we would say that an Australian health system would have:

- Universal health services provided by an accessible, flexible workforce;
- One which provides holistic care;
- The development of a culture of wellness;
- One which was properly funded;
- One which provided good information to make informed decisions based on choice;
- One where information technology provided the consumer control over who could have access to electronic health records beyond that shared between health providers;
- One which offered choice;

- One based on evidence based care; and
- One which had an emphasis on chronic care management outside of the hospital setting.

Further critical components of an Australian health system would be:

- One which provided more information than is available currently;
- One which offered more access to allied health within the community;
- One which offered better and more effective funding options;
- One which provided greater access and equality; and
- Information technology which reduced or eliminated duplication

In terms of **system reform** – one which provided different levels of coordination at system and funding levels with an intent for the most appropriate use of the dollars; and in terms of **personal reform** – one which was person centred; offered personal empowerment; and which offered services outside of the hospital setting.

The Network would like to comment on our particular area - that is the private health sector.

We would like to see incentives for private hospitals to participate in models of care aimed at admission reduction. Additionally, this would enable greater flexibility in treatment options as well as enabling the private sector to mirror products offered within the public sector. This would enhance the value of private health insurance, and enable consumers to access a broader choice of models of care. Currently broader health cover offers components of this in part, but does not abolish the need for hospitalisation or provide services that prevent hospitalisation.

The Network advocates for national consistency between private and public health systems in terms of quality and safety standards.



**Private Mental Health
Consumer Carer Network (Australia)**
engage, empower, enable choice in private mental health

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SUBMISSION

The Network would like to comment on the proposed design principles as follows:

Proposed design principles:

1. People and family centred:

As we have outlined in the Summary pages above, the Network believes that any health system must be one, which empowers the consumer to make informed choices about any treatment options. This must be evidence based and one which offers holistic care.

The role played by family and carers must also be acknowledged. Consumers need the support of carers to assist them through the system. Currently the health system is one that focuses on the individual. This occurs for a number of reasons but mainly due to:

- time and workload constraints; health professionals only have time to focus on diagnoses, treatment and outcomes for patients and simply do not have time to involve carers who may themselves play a crucial role in a potentially positive outcome.
- health professionals not wishing to engage carers because they fear a breach of privacy and confidentiality. This is most apparent in mental health where information can be particularly sensitive.

Within private mental health settings, the ability to move in a coordinated manner between hospital and community settings is critical. Now with broader health cover, the Network would wish to see health funds actively engaged in funding models of care, which offer treatment within the community, mirroring that offered in a number of settings within public mental health services. This would entail a case management model of care. We understand that chronic disease management is seen by many as being costly and financially prohibitive for health funds. We would like to point out however that within mental health and within that chronicity, people experience episodes of acuity. We know that a lot of our members and those that we advocate for often go without a number of things to pay for their health insurance.

The Network supports the outreach services currently being provided within the community setting and considers this type of service crucial in the treatment and care of people with chronic illnesses. We would not wish to see this type of service disappear with the broader health cover implementations.

5. Comprehensive:

The Network agrees that strong, viable and accessible primary health care services are a critical component of any Australian health care system. The Network is very concerned that General Practitioners are becoming harder and harder to access. There was a time when GPs were family centred, offering true holistic care for the whole family. This is fast becoming a thing of the past. The Network believes this is a fundamental problem of the workforce, and strongly supports any Australian government initiative to increase the numbers of health professionals to undergraduate courses within the university setting. Greater opportunities for recruitment, education, training and retention must be at the core of any health system. No system will work effectively and efficiently without the personnel to attend to it.

Governance principles

10. Safety and quality:

Systems that are able to monitor all aspects of safety and quality in healthcare are an expectation of the Australian community. This would include clinical governance, which would have the following additional principles as components:

- 1) A culture of safe and quality health care services;
- 2) Consumer empowerment;
- 3) Prevention of adverse events;
- 4) Evidence based guided service delivery;
- 5) Evaluation - clinical, human, economics, outcomes on an ongoing basis;
- 6) Care coordination; and
- 7) Strong community health partnerships.

The Network supports the core Safety and Quality health standards proposed by the Australian Commission on Safety and Quality in Healthcare.

12. Public voice:

The core fundamental principle of the Network is to provide a strong voice for and act as an advocate on behalf of people with a mental illness. It is

absolutely critical that the ability of the Network continues to provide that voice for our members and constituents. This is at a national, state and organisational level. The Network wishes to support the need for consumers to advocate for their own well being including the ability to participate as equal partners in the care being provided for them taking into consideration the fundamental principle of choice.

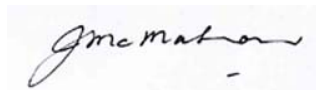
A further critical component is the employment of consumer and carer consultants within the health setting. This is particularly necessary where chronic illness exists, such as the mental health system.

Conclusion

How better to shape the health system, that from within. That is from a lived experience on what works and what does not. What needs to change, and what is working effectively.

The Network is alarmed at the lack of mental health consumer membership on the Commission. We would also like to point out that the private mental health sector is a crucial component of the mental health system.

Finally, the Network would welcome engagement with the Commission in any capacity. We thank the Commission for the opportunity of commenting herewith.



Janne McMahon
Independent Chair
4 June 2008