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**Reimagining Health Post COVID-19: Reform for  
preventive, sustainable and equitable health**  
Pre-Budget Submission 2021-2022  
February 2021

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

### Foreword

The ongoing global pandemic of COVID-19 has wrought lasting changes to Australian society, including to our health system. The unexpected continuing health crisis has clearly shown that evidence-based, coordinated and appropriately funded action on a national scale brings about real results and saves lives. It has highlighted the critical importance of an open dialogue between health experts, physician-scientists, policy makers and the public and foregrounded the role of public health in day-to-day operation of our society.

The pandemic has also demonstrated key deficiencies in the Australian health system and underscored persistent socioeconomic issues which shape and influence both the system and the health and wellbeing of Australians. It has crystallised the urgent need to reform the health system to make it more resilient and equitable, better prepared for current and future challenges and better able to deliver improved health and social outcomes for all Australians. The Commonwealth Budget 2021-2022 offers a distinct opportunity to address the most urgent and important amongst these issues.

Acknowledging the need to address the pressing issues stemming from the ongoing COVID-19 crisis, we ask that the upcoming Budget look longer term, and that allocations are made to address systemic issues over the full period of forward estimates and beyond. The Budget 2021-2022 must aim to address the joint needs of investment in sustained health reform through better integration and futureproofing and in reinvigorated and targeted prevention efforts to better connect and support the national health system.

The pandemic continues to show us that all Australians need and deserve a more effective, equitable and efficient health system; its achievement depends on resourcing our health needs with a new focus, sustainably, and over a longer term.

To assist the Government with these tasks, the RACP has prepared a constructive set of recommendations, based on the experience of RACP members working across primary, community and hospital settings in the public and private sectors.

# Reimagining Health Post COVID-19: Reform for preventive, sustainable and equitable health

## A Reformed and Resilient Health System for the Future

The COVID pandemic has shown that long-stalled but necessary reforms of the sector, such as the expansion of telehealth, can make health care more accessible and responsive to the needs of patients and providers in a matter of weeks and months instead of years. Yet the system remains inequitable, inefficient, and often not cost effective, underdelivering to the citizens while straining the Commonwealth coffers. Further, the continuing growth in health care costs renders the current situation financially unsustainable.

Similarly, the COVID-19 pandemic continues to highlight the urgent need for substantive, enduring investment in system preparedness and capacity building, including through funding manufacture, distribution and dispensing of essential medical supplies, therapies and treatments, enhancing the public health workforce capacity, and establishing new governance arrangements and mechanisms that could more effectively implement initiatives that address the impacts of climate change and reduce spread of future infections.

Our healthcare system and its users continue to suffer from lack of care integration. The Government bears the combined costs of preventable noncommunicable diseases and unnecessary or avoidable exacerbations and deterioration of conditions resulting in increased demand for hospital services, duplicated pathology and inappropriate referrals.<sup>1</sup>

**More than ever, the forthcoming Budget needs to prioritise ongoing funding for systemic change to enhance the current and future effectiveness and efficiency of the healthcare system.** The Government must invest in prevention, preparedness and capacity building and integrated and equitable health care across medical conditions, localities, and populations.

We ask the Government to:

- Fund a model of care for the management of patients with comorbid chronic health conditions that formalises and supports the integration of consultant physician care (the [RACP Model of Chronic Care Management](#) or a variation). The Government's implementation should be staged, starting with a small number of proof-of-concept sites and select specialties, with outcomes monitored as part of a comprehensive evaluation plan.
- Build Australia's capacity to manufacture and provide essential treatments and therapies, and put in place plans to address supply chain issues to ensure supplies of essential medicines
- Provide additional funding for videoconferencing technology packages for priority populations to promote equitable access to telehealth

The way that the health system operates has an important influence on health outcomes. The budget is an opportunity to build greater resilience into the health system by making it:

- Better **prepared** for pandemics and other system shocks such as climate change;
- Better able to **respond** to emerging health issues and system pressures;
- Better **informed** through provision of better health data and information, and research
- Better able to provide services **efficiently**.

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<sup>1</sup> Huang, X. and Rosenthal, M.B., 2014. Transforming specialty practice—the patient-centered medical neighbourhood. *New England Journal of Medicine*, 370(15), pp.1376-1379

We ask the Government to:

- In line with the National Cabinet's June 2020 announcement of a new plan for Australia's Public Health Capacity, provide
  - full resourcing of the proposed review of public health capacity and
  - the prioritisation of public health workforce capacity enhancement through funding of a national medicine training program in public health medicine to lead and shape policy decisions, in addition to the specialised clinical workforce who have (different) skills in illness management. Additional training of that clinical workforce in public health is also beneficial to provide surge capacity for contact tracing, outbreak management, surveillance, vaccination and public risk communication.
- Increase funding to develop novel diagnostics, vaccines and therapies for existing and new infectious diseases
- Support and fund a programme in behavioural and social preparedness for epidemics to promote behaviour that reduces viral transmission rates
- Commit funding to national and jurisdictional reporting on healthcare workers who test positive to COVID-19 by jurisdiction, age group, occupation, primary workplace, whether the infection was occupationally acquired, and whether the infection was acquired from patient contact
- Maintain funding for Specialist Training Program (STP) positions while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements. Given the recent take-up of telehealth, requirements which are customised by specialty and acknowledge the role of practitioners working remotely to meet healthcare needs of rural areas will ensure that those specialities that met their STP objectives previously will continue to be supported.
- Consider increases in the level of Australia's international development assistance as current levels amounting to 0.21% of GDP would not allow us to reach our 2030 SDG requirements. Current levels of aid are also inadequate to assist the health and wellbeing of our closest neighbours, which may have spill over effects on the Asia Pacific region.
- Provide seed funding for the development of Clinical Ethics Support Services to assist clinicians in making complex ethical decisions
- Fund the implementation of the recommendations from the National Dust Disease Taskforce, including the establishment and operation of the national dust disease registry and roll-out of the nationally consistent guidelines for the health assessment of workers associated with the engineered stone industry
- Provide a Practice Incentive Payment for consultant physicians to support better digital infrastructure to promote access to telehealth and the delivery of integrated multidisciplinary care
- Introduce specialist health items to the MBS to facilitate secondary consultations with
  - a) general practitioners,
  - b) other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and
  - c) allied health providers, with or without the patient present.These items will work to address the barriers in electronic communication between specialists and other healthcare providers.
- Fund more research to improve prevention, diagnosis, treatment and management of allergies and anaphylaxis. There are currently no cures for allergies and anaphylaxis, which affect around one in five Australians.
- Fund research into the prevalence, diagnosis and outcomes of patients with primary immunodeficiencies to enable the delivery of appropriate care

- Provide ongoing funding for the Blood Cancer Taskforce to continue its vital work of delivering Optimal Care Pathways for blood cancer patients

## Prevention in a Changing Climate

While COVID-19 is arguably the biggest national health, social and economic crisis since the Second World War, we must not assume it will be one-off in nature or impact. In the health system, in addition to the ongoing threat from the virus, its variants, and other infectious diseases, we continue to be confronted by the interconnected threats of the unabated growth in noncommunicable diseases and the worsening health impacts of climate change.

The close and mutually reinforcing connections between these crises have become clear in the age of the pandemic. Over 80 percent of Australians are estimated to have at least one chronic condition or risk factor for one. Presentations to practitioners with complex and comorbid conditions are increasing.<sup>2</sup> Almost 40 percent of the national burden of disease is preventable and due to key modifiable risk factors such as unhealthy diet, harmful consumption of alcohol or lack of physical activity.<sup>3</sup> A growing number of people living with complex and co-morbid conditions translates to an increase in poorer health outcomes and in loss of life and wellbeing, including from diseases such as COVID-19 and environmental factors such as industrial air pollution and extreme temperatures brought on by climate change.

In other words, our population is more vulnerable to disease because of poor health caused by preventable disease. Despite this, the Government spends only 1.34 percent of the total health budget on prevention<sup>4</sup> and does not have a national climate change and health strategy to mitigate and adapt to the effects of climate change.

We ask the Government to:

- Develop, fully fund and implement a national population-wide preventative health strategy. As part of this initiative, commit to spending five percent of the health budget on prevention
- Prevent further increases in the rate of obesity in the Australian population through a national strategy on obesity. The College recommends a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages. We also recommend dedicated funding for states and territories to provide equitable access to bariatric surgery for public hospital patients. Further investment in obesity and metabolic disease research should be a key part of this strategy.
- Raise the baseline rate of social support to increase recipients' autonomy and ability to make healthy choices, particularly around preventative health issues like access to medicines and healthy diet. These support measures should be extended to people living on Temporary Visas, particularly asylum seekers and refugees.
- Reduce alcohol-related harm to health by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.
- Develop and fund a national climate change and health strategy that includes evidence-based mitigation targets and adaptation strategies, effective governance arrangements, professional and community education, effective intergovernmental collaboration and a strong research capacity. The strategy should also address the link between zoonoses such as COVID-19 and the human impact on the environment.

<sup>2</sup> Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015 AIHW 20

<sup>3</sup> Britt, H., Miller, G.C., Henderson, J., Bayram, C., Harrison, C., Valenti, L., Pan, Y., Charles, J., Pollack, A.J., Wong, C. and Gordon, J., 2016. General practice activity in Australia 2015–16. Sydney University Press

<sup>4</sup> Jackson H, Shiell A. Preventive health: How much does Australia spend and is it enough? Foundation for Alcohol Research and Education 2017

- Establish a national healthcare sustainable development unit. The unit would draw on local best practice as well as leading international models, such as the Sustainable Development Unit in the UK.

## Sustainable Care Across the Lifespan

Investing in the early years of children's life and development offers the possibility of shifting the trajectory of a person's health and wellbeing over the course of their life and disrupting intergenerational cycles of disadvantage, thereby enhancing equity in the community.<sup>5</sup> Given the strong evidence for the early origins of adult health outcomes, including noncommunicable disease, obesity and mental health and wellbeing, the Government must design and invest in long-term lifespan healthcare programs that can have sustained impact on health and psychosocial outcomes. Adolescence presents another critical opportunity for health interventions to positively influence young people's health for the rest of their lives. In other words, the return on investment of these programs is substantial. Similar considerations apply to programs targeted at the later stages of life.

The COVID-19 crisis underscored a profound crisis in the aged care sector, exposing unacceptable waiting times for home care, stories of neglect and abuse documented by the Royal Commission into Aged Care Quality and Safety and hundreds of COVID-19 deaths among aged care residents. There is now, if it were ever required, undeniable need and support for significantly improved delivery of aged care services that goes well beyond the stopgap COVID-related funding which ceases in 2021. Long-term funding provisions for initiatives in aged care that support access to specialist care, including multidisciplinary teams, must be resourced as a matter of urgency. Older people need specialist care that has a minimum wait times for assessment and review, and they need it now.

The negative ramifications of substandard health sector connectivity are even more pronounced for older persons than for most other Australians. Poor navigability, unclear care pathways and disconnected clinicians absorb valuable funds and can contribute to errors. The roll-out and expansion of telehealth in 2020 proved that different care delivery methods can be trialled and implemented on a large scale to support more efficient and tailored health care. Combined with the timely and appropriately funded implementation of the recommendations of the Aged Care Royal Commission, including the institution of strong and independent mechanisms for regulatory oversight, better integration of aged care services will deliver an overdue deep reform to this vital yet neglected sector.

End-of-life care, an essential part of health care, is not resourced sufficiently to meet the needs of Australian patients and their loved ones as demand increases.<sup>6</sup> Well-designed and integrated end-of-life care is not only a critical health and social service but is more cost-effective and efficient, particularly when compared with an in-hospital stay.<sup>7</sup> The Government must prioritise and fund appropriate palliative care services across all age groups and settings, including their expanded presence in the community. At the same time, the accessibility of palliative care services in RACFs must be improved through, in the first place, training RACF staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigating against potential shortages in standard delivery regimes of palliative care medications.

### *Children, adolescents and young adults*

We ask the Government to:

<sup>5</sup> Moore TG, Arefadib N, et al. The First Thousand Days: An Evidence Paper. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute 2017

<sup>6</sup> Australian Bureau of Statistics, 3222.0 Population Projections, Australia, 2012 (base) to 2101

<sup>7</sup> The Economic Value of Palliative Care and End-of-Life Care Palliative Care Australia 2017

- Extend paid parental leave policy to provide up to 6 months (26 weeks) of paid parental leave (taken by either parent) and continue to fund the childcare support system to assist families with the cost of childcare and to ensure that lower income families will not be disadvantaged
- Complement recent funding to tackle the isolation-related increase in domestic violence by providing further resourcing directed specifically at children. The package should provide support to programs which allow early childhood educators and carers to better recognise and respond to children exposed to domestic violence, paying specific attention to children under care and protective services, deliver transitional funding for additional therapy and support for vulnerable children and ensure equitable access to telehealth.
- Prioritise funding of fundamental and translational medical research into early childhood nutrition, brain development and immunisation
- Fund multidisciplinary coordinated care transition and young adult clinics to support the transition of care for young people with chronic disease from paediatric to adult health services. For instance, within nephrology there is a high burden of disease with an increased risk of transplant loss, hospitalisation and poor mental health, which could be improved by the extra support provided by a transition/young adult clinic
- Invest in newborn screening for early diagnosis of severe primary immunodeficiencies throughout Australia, as is already the case in New Zealand, and expand newborn screening for congenital adrenal hyperplasia across all of Australia (it is already available in New Zealand).

### *Aged care*

We urge the Australian Government to:

- Guarantee continued funding for subsidised access to Comprehensive Geriatric Assessments and specifically cover Aboriginal and Torres Strait Islander people over the age of 50, as they are eligible for aged care services
- Establish and recurrently resource Primary Care Dementia Nurses positions in primary health care with the view towards also deploying these positions to purpose-built dementia units for those with significant Behavioural and Psychological Symptoms of Dementia (BPSD) who cannot be managed by non-pharmacological means and/or are aggressive and physically able
- Provide accessible multidisciplinary comprehensive assessments for older patients in hospital and community care settings. The assessment services should have strong links with Geriatric Evaluation and Management Units, existing geriatric services and have a clear point of contact.

### *Palliative care*

The RACP calls on the Australian Government to:

- Substantially expand the Comprehensive Palliative Care in Aged Care package to fund additional specialist doctors and nurses across Australia to meet the unmet needs of patients in RACF and acute hospital settings
- Fund the training of RACF staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigate against potential shortages in standard delivery regimes of palliative care medications

- Develop and appropriately fund population-based integrated models of care to ensure access to appropriate end-of-life and palliative care for all Australians.

## Equitable access to quality health care and beyond

Social determinants of health are recognised as the “causes of the causes” of risk factors for noncommunicable disease, many types of disability, poor mental health, infectious diseases such as COVID-19, and a plethora of other poor health and wellbeing outcomes. People predominantly affected by poor socioeconomic conditions are further penalised by inadequate, inequitable access to appropriate health care and wellbeing support, including to alcohol and other drugs services and quality mental health care.

With a well-established nexus between poverty, insecure work and social marginalisation and mortality and morbidity outcomes, there is a clear public health interest in the Government’s ensuring an adequate social safety net for Australians in more exposed socioeconomic settings.<sup>8 9</sup> These groups represent a broad range of the Australian community, including the un- and underemployed, homeless, families living under or close to the poverty line, vulnerable youth, people who misuse drugs and alcohol, people in rural and remote areas, asylum seekers and refugees and people with mental health issues.

The socioeconomic, health and wellbeing conditions of these groups might be worsened by the effects of the pandemic. An effective national response to inequities in the health and social support systems requires an ongoing commitment from the Government to assist the hundreds of thousands of Australians pushed into economic insecurity because of the expected fluctuations in the economic outlook.<sup>10</sup> Such support must include, at a minimum, an increase in the baseline rate of social support and improved, appropriately targeted access to health care and wellbeing services, including a significant investment in the alcohol and other drugs treatment sector. To secure improved health outcomes for all and mitigate negative impacts of the pandemic-era economy on the people with disability, the Government must fund and implement an improved mechanism for national coordination of policy initiatives that impact on people with disability.

The First Nations-led response to COVID-19 has shown clearly how effective (and extremely cost-effective) giving power and capacity to Indigenous leaders is. The response has avoided major illness and deaths and avoided costly care and anguish. In recognition of the effectiveness of the quick and resolute response to COVID-19 from Aboriginal community-controlled health organisations (ACCHO), Land Councils and local communities and the enduring resilience of Aboriginal and Torres Strait Islander peoples, the Government must commit to supporting an expansion of this highly successful model of care via appropriate and ongoing funding.

### *Indigenous Health*

We call on the Australian Government to:

- Commit to increasing funding for Aboriginal Community Controlled Health Organisations (ACCHOs) to expand service delivery and infrastructure. This will enhance the sustainable delivery of high quality, comprehensive primary healthcare services to Aboriginal and Torres Strait Islander people
- Fund a national workforce development strategy to boost the employment of Aboriginal and Torres Strait Islander allied health professionals and other health workers, including general

<sup>8</sup> Understanding insecure work in Australia. McKell Institute 2019

<sup>9</sup> Dixon, J, Banwell, C et al. Flexible employment policies, temporal control and health promoting practices: A qualitative study in two Australian worksites PLOS ONE 2019

<sup>10</sup> JobSeeker Cut to Push 370,000 into Poverty, Including 80,000 Children. The Australia Institute, July 2020



practitioners, specialists, nurses, midwives and visiting specialists, supported through existing employment and training programs and the Indigenous Advancement Strategy

- Enhance investments in the health care of older Aboriginal and Torres Strait Islander people by:
  - Establishing models of medical service provision and sustainable funding which ensure equitable and appropriate access for Aboriginal and Torres Strait Islander older people to consultant physician, palliative medicine and geriatric medicine services, across varying locations
  - Reducing the barriers Aboriginal and Torres Strait Islander older people experience in relation to health services (including through investing in improving the cultural competency of healthcare professionals)
  - Providing additional funding for palliative care services for Aboriginal and Torres Strait Islander older people, especially in non-urban areas.
- Fund the development of a comprehensive cultural competence framework for the National Disability Insurance Agency (NDIA) to help improve the experience of the National Disability Insurance Scheme (NDIS) for people from culturally and linguistically diverse communities
- Commit funding for a national campaign targeting parents of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children about the screening and prevention and obesity and its complications, including type 2 diabetes mellitus.

### *Disability*

The RACP urges the Australian Government to:

- Develop and fund a mechanism for Ministerial-level coordination of policy initiatives across the Government, supported by an expert advisory body to engage constructively with service providers and other non-government stakeholders. Key portfolios to be involved in the initiative include Health, Education, the NDIS, Social Services, Disability, Housing and the Department of the Attorney General's.
- Fund and build a network of linkages and reciprocal collaborations between all relevant sectors supported by a legal framework to develop best-practice approaches to palliative care service delivery for people with disabilities
- Fund a lead body such as the Australian Institute of Health and Welfare to develop and manage a dataset which standardises and consolidates a broad range of information about the health of people with disabilities (sourced from the health, education and disability sectors) and routinely reports on outcomes.
- Enhance funding for rehabilitation physician sessions for patients living in the community with NDIS supports. These patients are young and permanently and significantly disabled and provision of these services would reduce their hospital admissions and long stays. This should include funding for home visits as the most disabled struggle to travel to public hospital appointments.

### *Alcohol and drug treatment services*

We ask the Australian Government to:

- Invest adequately in alcohol and other drugs prevention and treatment as critical parts of the general and mental healthcare systems. This should include enhanced alcohol and other drug services as a key part of investment across Australia
- Increase funding for specialist addiction services to respond to the increased identification and management responses required for patients with prescription opioid dependence

identified through the introduction of real time prescription monitoring programs across Australia

- Invest in alcohol and other drug treatment sector reform through multidisciplinary workforce development, investment in physical infrastructure and addressing unmet demand for treatment. A further \$1 billion was estimated to be needed in a 2014 assessment; post-Covid needs are expected to be even more substantial.
- Commit funding for increased access and affordability of opioid pharmacotherapies for people with opioid dependency, including by permanently establishing COVID-era changes to the opioid treatment clinical guidelines
- Continue funding for free take-home naloxone medication to consumers and friends and family. This should be done through the expansion of the Commonwealth take-home naloxone pilot to continue permanently for all of Australia.
- Provide funding for enhanced research into the alcohol and other drugs treatment sector, including support for the establishment of a national clinical research network to deliver more effective treatment approaches for addiction disorders.

## **Reimagining Health Post COVID-19: Reform for preventive, sustainable and equitable health**

The Australian Government will be expected to deal with the health, economic and social challenges of the COVID-19 pandemic for some time into the future. At the same time, it will need to respond to the ever-increasing demands on our healthcare system from chronic health conditions and other ongoing and emerging public health crises, including climate change. These are difficult conditions to confront as Australia moves well into the third decade of the century.

But the situation is far from dire. The Government has the opportunity to use the Commonwealth Budget 2021-2022 to learn from the current situation and look to the future. It has a chance and an obligation to fund ways of doing things differently in the Budget so that all resources it allocates work resolutely towards reforming the health system achieving more preventive, sustainable and equitable health.

Funding best buys in prevention and investing in sustained system reform through better integration, preparedness and capacity building will increase resilience to both noncommunicable and communicable diseases, ease the strain on the health system and save and improve Australian lives. Providing high-quality equitable access to health and wellbeing services to all through key stage-of-life interventions and more specifically to those who need targeted care will support and cement these outcomes, driving systemic efficiencies as it delivers comprehensive quality and equity in care to all citizens.

The RACP is looking forward to working with the Australian Government in 2021-2022 and beyond to secure the healthcare system Australians need and deserve.

## Appendix: Recommendations

### A Reformed and Resilient Health System for the Future

1. Fund a model of care for the management of patients with comorbid chronic health conditions that formalises and supports the integration of consultant physician care (the [RACP Model of Chronic Care Management](#) or a variation). The Government's implementation should be staged, starting with a small number of proof-of-concept sites and select specialties, with outcomes monitored as part of a comprehensive evaluation plan.
2. Build Australia's capacity to manufacture and provide essential treatments and therapies, and put in place plans to address supply chain issues to ensure supplies of essential medicines.
3. Provide additional funding for videoconferencing technology packages for priority populations to promote equitable access to telehealth.
4. In line with the National Cabinet's June 2020 announcement of a new plan for Australia's Public Health Capacity, provide full resourcing of the proposed review of public health capacity and the prioritisation of public health workforce capacity enhancement through funding of a national medicine training program in public health medicine to lead and shape policy decisions, in addition to the specialised clinical workforce who have (different) skills in illness management. Additional training of that clinical workforce in public health is also beneficial to provide surge capacity for contact tracing, outbreak management, surveillance, vaccination and public risk communication.
5. Increase funding to develop novel diagnostics, vaccines and therapies for existing and new infectious diseases.
6. Support and fund a programme in behavioural and social preparedness for epidemics to promote behaviour that reduces viral transmission rates.
7. Commit funding to national and jurisdictional reporting on healthcare workers testing positive to COVID-19 by jurisdiction, age group, occupation, primary workplace, whether the infection was occupationally acquired, and whether the infection was acquired from patient contact.
8. Maintain funding for Specialist Training Program (STP) positions while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements. Given the recent take-up of telehealth, requirements which are customised by specialty and acknowledge the role of practitioners working remotely to meet healthcare needs of rural areas will ensure that those specialties that met their STP objectives previously will continue to be supported.
9. Consider increases in the level of Australia's international development assistance as current levels amounting to 0.21% of GDP would not allow us to reach our 2030 SDG requirements. Current levels of aid are also inadequate to assist the health and wellbeing of our closest neighbours, which may have spill over effects on the Asia Pacific region.
10. Provide seed funding for the development of Clinical Ethics Support Services to assist clinicians in making complex ethical

decisions.

11. Fund the implementation of the recommendations from the National Dust Disease Taskforce, including the establishment and operation of the national dust disease registry and roll-out of the nationally consistent guidelines for the health assessment of workers associated with the engineered stone industry.
12. Provide a Practice Incentive Payment for consultant physicians to support better digital infrastructure to promote access to telehealth and the delivery of integrated multidisciplinary care.
13. Introduce specialist health items to the MBS to facilitate secondary consultations with
  - a) general practitioners,
  - b) other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and
  - c) allied health providers, with or without the patient present.These items will work to address the barriers in electronic communication between specialists and other healthcare providers.
14. Fund more research to improve prevention, diagnosis, treatment and management of allergies and anaphylaxis. There are currently no cures for allergies and anaphylaxis, which affect around one in five Australians.
15. Fund research into the prevalence, diagnosis and outcomes of patients with primary immunodeficiencies to enable the delivery of appropriate care.
16. Provide ongoing funding for the Blood Cancer Taskforce to continue its vital work of delivering Optimal Care Pathways for blood cancer patients.
17. Develop, fully fund and implement a national population-wide preventative health strategy. As part of this initiative, commit to spending five percent of the health budget on prevention.
18. Prevent further increases in the rate of obesity in the Australian population through a national strategy on obesity. The College recommends a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages. We also recommend dedicated funding for states and territories to provide equitable access to bariatric surgery for public hospital patients. Further investment in obesity and metabolic disease research should be a key part of this strategy.
19. Raise the baseline rate of social support to increase recipients' autonomy and ability to make healthy choices, particularly around preventative health issues like access to medicines and healthy diet. These support measures should be extended to people living on Temporary Visas, particularly asylum seekers and refugees.
20. Reduce alcohol-related harm to health by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.
21. Develop and fund a national climate change and health strategy that includes evidence-based mitigation targets and adaptation strategies, effective governance arrangements, professional and community education, effective intergovernmental collaboration

## Prevention in a Changing Climate

## Sustainable Care Across the Lifespan

- and a strong research capacity. The strategy should also address the link between zoonoses such as COVID-19 and the human impact on the environment.
22. Establish a national healthcare sustainable development unit. The unit would draw on local best practice as well as leading international models, such as the Sustainable Development Unit in the UK.
  23. Extend paid parental leave policy to provide up to 6 months (26 weeks) of paid parental leave (taken by either parent) and continue to fund the childcare support system to assist families with the cost of childcare and to ensure that lower income families will not be disadvantaged.
  24. Complement recent funding to tackle the isolation-related increase in domestic violence by providing further resourcing directed specifically at children. The package should provide support to programs which allow early childhood educators and carers to better recognise and respond to children exposed to domestic violence, paying specific attention to children under care and protective services, deliver transitional funding for additional therapy and support for vulnerable children and ensure equitable access to telehealth.
  25. Prioritise funding of fundamental and translational medical research into early childhood nutrition, brain development and immunisation.
  26. Fund multidisciplinary coordinated care transition and young adult clinics to support the transition of care for young people with chronic disease from paediatric to adult health services. For instance, within nephrology there is a high burden of disease with an increased risk of transplant loss, hospitalisation and poor mental health, which could be improved by the extra support provided by a transition/young adult clinic.
  27. Invest in newborn screening for early diagnosis of severe primary immunodeficiencies throughout Australia, as is already the case in New Zealand, and expand newborn screening for congenital adrenal hyperplasia across all of Australia (it is already available in New Zealand).
  28. Guarantee continued funding for subsidised access to Comprehensive Geriatric Assessments and specifically cover Aboriginal and Torres Strait Islander people over the age of 50, as they are eligible for aged care services.
  29. Establish and recurrently resource Primary Care Dementia Nurses positions in primary health care with the view towards also deploying these positions to purpose-built dementia units for those with significant Behavioural and Psychological Symptoms of Dementia (BPSD) who cannot be managed by non-pharmacological means and/or are aggressive and physically able.
  30. Provide accessible multidisciplinary comprehensive assessments for older patients in hospital and community care settings. The assessment services should have strong links with Geriatric Evaluation and Management Units, existing geriatric services and have a clear point of contact.
  31. Substantially expand the Comprehensive Palliative Care in Aged

## Equitable access to quality health care and beyond

- Care package to fund additional specialist doctors and nurses across Australia to meet the unmet needs of patients in RACF and acute hospital settings.
32. Fund the training of RACF staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigate against potential shortages in standard delivery regimes of palliative care medications.
  33. Develop and appropriately fund population-based integrated models of care to ensure access to appropriate end-of-life and palliative care for all Australians.
  34. Commit to increasing funding for Aboriginal Community Controlled Health Organisations (ACCHOs) to expand service delivery and infrastructure. This will enhance the sustainable delivery of high quality, comprehensive primary healthcare services to Aboriginal and Torres Strait Islander people.
  35. Fund a national workforce development strategy to boost the employment of Aboriginal and Torres Strait Islander allied health professionals and other health workers, including general practitioners, specialists, nurses, midwives and visiting specialists, supported through existing employment and training programs and the Indigenous Advancement Strategy.
  36. Enhance investments in the health care of older Aboriginal and Torres Strait Islander people by:
    - a. Establishing models of medical service provision and sustainable funding which ensure equitable and appropriate access for Aboriginal and Torres Strait Islander older people to consultant physician, palliative medicine and geriatric medicine services, across varying locations
    - b. Reducing the barriers Aboriginal and Torres Strait Islander older people experience in relation to health services (including through investing in improving the cultural competency of healthcare professionals)
    - c. Providing additional funding for palliative care services for Aboriginal and Torres Strait Islander older people, especially in non-urban areas.
  37. Fund the development of a comprehensive cultural competence framework for the National Disability Insurance Agency (NDIA) to help improve the experience of the National Disability Insurance Scheme (NDIS) for people from culturally and linguistically diverse communities.
  38. Commit funding for a national campaign targeting parents of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children about the screening and prevention and obesity and its complications, including type 2 diabetes mellitus.
  39. Develop and fund a mechanism for Ministerial-level coordination of policy initiatives across the Government, supported by an expert advisory body to engage constructively with service providers and other non-government stakeholders. Key portfolios to be involved in the initiative include Health, Education, the NDIS, Social Services, Disability, Housing and the Department of the Attorney General's.
  40. Fund and build a network of linkages and reciprocal

collaborations between all relevant sectors supported by a legal framework to develop best-practice approaches to palliative care service delivery for people with disabilities.

41. Fund a lead body such as the Australian Institute of Health and Welfare to develop and manage a dataset which standardises and consolidates a broad range of information about the health of people with disabilities (sourced from the health, education and disability sectors) and routinely reports on outcomes
42. Enhance funding for rehabilitation physician sessions for patients living in the community with NDIS supports. These patients are young and permanently and significantly disabled and provision of these services would reduce their hospital admissions and long stays. This should include funding for home visits as the most disabled struggle to travel to public hospital appointments.
43. Invest adequately in alcohol and other drugs prevention and treatment as critical parts of the general and mental healthcare systems. This should include enhanced alcohol and other drug services as a key part of investment across Australia.
44. Increase funding for specialist addiction services to respond to the increased identification and management responses required for patients with prescription opioid dependence identified through the introduction of real time prescription monitoring programs across Australia.
45. Invest in alcohol and other drug treatment sector reform through multidisciplinary workforce development, investment in physical infrastructure and addressing unmet demand for treatment. A further \$1 billion was estimated to be needed in a 2014 assessment; post-Covid needs are expected to be even more substantial.
46. Commit funding for increased access and affordability of opioid pharmacotherapies for people with opioid dependency, including by permanently establishing COVID-era changes to the opioid treatment clinical guidelines.
47. Continue funding for free take-home naloxone medication to consumers and friends and family. This should be done through the expansion of the Commonwealth take-home naloxone pilot to continue permanently for all of Australia.
48. Provide funding for enhanced research into the alcohol and other drugs treatment sector, including support for the establishment of a national clinical research network to deliver more effective treatment approaches for addiction disorders.