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Prioritising Health

South Australian Election Statement 2018

Overview

The Royal Australasian College of Physicians (RACP) trains, educates and advocates on behalf of more than 25,000 physicians and trainee physicians across Australia and New Zealand, including 1085 Fellows and 503 Trainees in South Australia.[1]

The RACP represents a broad range of medical specialties who work at both the individual and population level, and at all stages of the lifecycle: from infancy and childhood, through adolescence and adulthood, to old age and the end of life; including paediatrics and child health; cardiology; respiratory medicine; neurology; oncology; public health medicine; occupational and environmental medicine; palliative medicine; sexual health medicine; rehabilitation medicine; geriatric medicine; and addiction medicine.

High quality training of junior doctors, including physician trainees, is crucial to ensuring the availability of a competent specialist workforce to meet current and future healthcare needs. The incoming government must be cognisant of, support, and value the contribution made by physicians within the South Australian health system to this training. The incoming government should acknowledge that this contribution constitutes an essential investment in South Australia's future physician workforce, and commit to planning and funding sufficient numbers of specialist training positions and the necessary associated resource for high-quality teaching, training and support of trainees. It is also vital that there be appropriate numbers of specialist positions in the SA health system sufficient to meet patient needs, and that SA Health's transformation project has sufficient and appropriate clinical leadership from physicians to support its strategic direction and implementation.

Beyond the drive for medical excellence, the RACP is committed to developing policies, programs and initiatives which will improve the health of communities. Not only must we ensure that patients have access to an integrated and well-coordinated health system, but policies must take a whole-of-government approach to reduce the likelihood of poor health outcomes and support governments in addressing the social determinants of health.

The RACP and its South Australia State Committee are committed to working with all political parties to inform the development of health policies that are evidence-based, informed by clinical expertise and experience, and that focus on ensuring the provision of high quality healthcare accessible to all South Australians—integrated across secondary and tertiary services, as well as across the public and private sectors.

This Election Statement identifies a number of policy priorities that will help ensure the South Australian healthcare system continues to operate at a world-class level, delivering good health outcomes in a sustainable way. This will require innovation, increased efficiency and effectiveness, and a focus on integrated high quality high value specialist care. We urge the incoming government to adopt these evidence-based and expert-informed recommendations.

The RACP calls on all political parties to engage and work with us and other key healthcare groups to develop and implement these policies. Accordingly, we seek a productive and effective working relationship with the next Government, and would welcome a meeting with the future Health Minister to discuss the issues we have raised.

Early childhood health

There is strong evidence that investment in the early years of children's health development and well-being is the most cost-effective means of tackling long term health conditions and health inequity.[2] Investing in the early years offers the possibility of shifting the trajectory of a person's health over the course of their life, and disrupting inter-generational cycles of disadvantage.[3]

In the first three years of a child's life, the human brain grows from 25% to 80-90% of its adult size, providing an enormous opportunity for positive intervention.[4,5] Adverse experiences in this period can cause problems later in life, increasing the burden on health services. Significant populations of children and young people in Australia are at risk of poorer developmental outcomes due to entrenched and often intergenerational disadvantage. For children, the effects of low socioeconomic status can result in less satisfactory early development before and after birth. It can lead to fewer opportunities for education and later employment, less opportunity to learn about healthy nutrition and lifestyles, and unhealthy behaviours such as smoking and heavy alcohol use. [6]

Improving the wellbeing of children, young people and families requires flexible and responsive systems that are equipped to deliver interventions and respond to emerging issues and challenges.[7] Barriers to participation and engagement in early childhood programs by those who would benefit most, contributes substantially to inequity and maintenance of vulnerability.

The incoming government should:

- Ensure a comprehensive, cross-party supported, and long-term strategy to identify and address disadvantage and vulnerability early in children and infants to ensure that families can support every child with the best possible start in life.
- Support and extend interventions proven to be useful such as group ante-natal care[8], sustained nurse home visiting[9] and parent education programmes.[10]

Vaccination

The RACP strongly supports immunisation as a highly effective preventative measure, and efforts to ensure the highest possible vaccine coverage to both protect individual children and other children with whom they are in contact. All children should be fully vaccinated according to the National Immunisation Program South Australian Schedule,[11] unless parents are advised by a qualified health professional that their child has a medical contraindication to receipt of specific vaccines, as documented in the Australian Immunisation Handbook.

No Jab, No Play – benefits in protecting against disease must be better balanced against harms from denial of early childhood education

The RACP seeks a commitment from all political parties to amend and pass the South Australian Public Health (Immunisation and Early Childhood Care Services) Amendment Bill 2017 known as 'No Jab, No Play,' which was introduced in the 53rd Parliament, so that its provisions apply only to childhood care services where other children less than two years of age are present, rather than all care services for children prior to the age of primary school entry. This is because the RACP believes, based on a thorough review of the medical evidence, that such an amendment would provide the best balance between two important priorities for child welfare: the strongest possible protection against vaccine-preventable diseases and access to early childhood education.

The Bill as introduced calls for the denial of access to early childhood education for children who are not fully vaccinated. However, by the age of two, children who are fully vaccinated according to the immunisation schedule have received all doses of vaccines recommended prior to school entry, except for the 5th dose of diphtheria-tetanus-pertussis and 4th dose of polio (DTP-IPV) at four years. This means that the incremental risk to their health from exposure to unvaccinated children is small between the age of two years and school entry at four to five years. Paediatricians are only too aware of the risk of infection, including infections preventable by vaccination, for children with compromised immune systems. However, even among these children, diseases such as pertussis and varicella may be acquired from fully immunised children and diseases such as measles and rubella are now

rare and only occur due to introduction from overseas. In contrast, lack of access to early childhood education is highly detrimental, especially from three to four years of age, with its importance for maximising health and development outcomes for children during their school years supported by strong evidence.[12]

Children between two and five years of age who are incompletely immunised due to unfavourable socio-economic or geographic circumstances face having their disadvantage further compounded if denied access to early childhood education. While children who are unimmunised due to parental refusal may have better social circumstances, they have had no part in their parents' decision, so denial of access to education could be seen as unwarranted punishment in the face of minimal benefit to other fully immunised children. Therefore, the RACP seeks a commitment to amend the Bill to allow for children who are not fully vaccinated to attend early childhood education at centres where children less than two years are not present. Such facilities are common from the age of 4 years, and any risk to fully immunised children from four years is logically equivalent to the risk associated with school attendance, which the legislation does not seek to prohibit.

During a vaccine-preventable disease outbreak, SA Health or the Chief Public Health Officer should have the power to exclude children who are not fully vaccinated from early childhood education facilities. The RACP strongly supports such a provision and to further support its implementation, argues that documentation of vaccination status should be required on entry to any new education service or school, including secondary education.

Our recommendations are a reflection of the RACP's strong support for both immunisation and equitable access to health and education. The RACP continues to support effective, evidence-based measures to maximise vaccination rates.

The incoming Government should:

- Amend and pass the South Australian Public Health (Immunisation and Early Childhood Care Services) Amendment Bill 2017 (No Jab, No Play) to allow children who are not fully immunised to attend early childhood education facilities where other children less than two years are not present if their immunisation status is fully documented to ensure prompt action if a case of vaccine-preventable disease occurs.
- Ensure that a child's vaccination status is captured and reported (on National and State registers) at each new entry into an education service.

Disability services

Good health is integral to the positive life experience of every person with a disability. The RACP has a keen interest in the nexus of health and disability services particularly as the National Disability Insurance Scheme (NDIS) is being rolled out.

<u>NDIS implementation</u>

Due to the scale of the reform, there are significant challenges to the timeframe in the series of intergovernmental agreements that set up the Scheme. The Productivity Commission has highlighted the rollout timetable for participant intake will not be met.[13] This has resulted in Australians living with disability who are likely to be eligible for the scheme not being enrolled as scheduled, or being enrolled but facing delays in the development and implementation of an appropriate care plan.

The incoming Government must ensure that it continues to fund the disability support services that South Australians living with disability need until they are fully supported by the NDIS. This will require planning for service capabilities to extend beyond 2020 for those South Australians living with disability who have not yet transitioned to the NDIS.

Non-NDIS disability services

Disability advocates across Australia have expressed concerned that services are being shut down in anticipation of the NDIS, even where those accessing them are not likely to be eligible for the NDIS. It is important to note that the NDIS is only intended to cover a proportion of Australians living with disability. Other Australian's living with disability will continue to need access to services, often State-funded, to support their ability to live in and engage with their communities. This includes South Australians with temporary or acquired disabilities, mental health concerns, and those with permanent disabilities who do not qualify for the NDIS. The Productivity Commission has referred to this, and notes that "all governments need to work together to better manage the integration of the NDIS and other services," with services only being withdrawn when continuity is in place.[14]

The incoming government should ensure that disability services remain appropriately funded to ensure adequate, high quality care for South Australians who are not eligible for the NDIS.

The NDIS Early Childhood Early Intervention (ECEI) program offers services for children who have a disability or developmental delay. It does not necessarily require a specific clinical diagnosis for services to begin, given the strong evidence that the earlier services commence, the greater the benefit for the child.

The incoming Government should:

- Plan and continue to fund disability programs for those who may be eligible for the NDIS but are not yet enrolled or actively on an NDIS plan
- Plan and continue to fund disability programs for those who are, by design, not eligible for the NDIS.
- Maintain funding for services to children showing signs of disability or developmental delay until the NDIS ECEI program is fully rolled out in South Australia.

Integrated Care

South Australia faces similar challenges to other Australian states and territories: multi-morbidity, a greater proportion of older people, varied geographical availability of different clinicians and finite funding including for public hospitals. Currently, health services have been organised around responses to episodic, acute care needs. Patients must often navigate services among healthcare sectors that often involve disconnected services that deal with single conditions.

We must increase the degree of integration between health services to address service demand pressures and maintain quality and safety as an increasing proportion of our population has chronic, complex and multiple health care needs. More than 80 per cent of Australians are estimated to have at least one chronic condition or risk factor[15]. Physicians are specifically trained to care for and advise on the diagnosis and management of patients with complex illnesses (including multiple morbidities).

Fundamental to the RACP vision for more integrated care is the need to support specialists to expertly care for patients with chronic, complex and multiple health care needs and for this to include working in community based ambulatory settings, physically and virtually, in ways that are better connected with GPs (primary care). This is integral to reducing hospital readmissions, unnecessary admissions, and potentially preventable hospitalisations. Importantly, this will improve the experience of patients.

The recent Productivity Commission report "Integrated Care, Shifting the Dial: 5 year Productivity Review" specifically highlighted the need for stronger links between primary care and hospitals[16]. Further, a 2013 ABS survey found that 14.3 per cent of people who saw three or more health professionals for the same condition reported issues caused by a lack of communication between

health professionals. Lack of integration results in delays in care and adds to the costs of health care.[17]

Essential to efficient and integrated delivery of healthcare are secure and accessible patient information systems that enable interprofessional communication, shared care planning, Remote Patient Monitoring, Patient Reported Measures and Telehealth.

The RACP recommends an incoming government:

- Work with clinical leaders and other key stakeholders to develop and implement policies and practices to better connect and integrate hospital specialist services with primary care and allied health, and facilitate an increased provision of specialist care in community settings.
- Provide funding to support and evaluate integrated care projects that focus on connecting primary, secondary, and allied health care.
- Facilitate specialists to securely contribute to shared care plans at an early stage of care with primary health professionals and patients.
- Enable specialists to be better integrated with the primary care sector and within secondary care organisations by supporting robust communication and information systems.

Digital health and telehealth

Digital health

The South Australian public hospital system would benefit significantly by improving the effectiveness of the use of e-Health in the hospital system. Multiple platforms, poor connectivity, and poor interoperability all impede operational effectiveness and optimal patient care.

Digital health infrastructure, including electronic communication, affects every aspect of specialist care—indeed health care—in South Australia. Given South Australia's demography and geography, the state is well positioned to benefit from a coordinated effort to increase the safety and quality benefits that can be realised from e-Health.

This requires Government commitment, leadership, and funding. The benefits to overall hospital and health system effectiveness provides dividends for patients and funders alike. However, the benefits of digital transformation and operational effectiveness are most likely to be realised by a properly resourced effort that is genuinely co-designed with medical specialists, is mindful of clinical workflow, and taps into the need for and benefits of clinical leadership.

Clinical leadership is a well-documented determinant of successful eHealth initiatives.[18][19][20] It reduces the risks of developing a strategy that is not widely adopted by clinicians.[21] Even though the lack of clinical engagement is a commonly cited reason for failure,[22] strong and consistent clinical advocacy is often absent in the forums where key strategic decisions are made. Reviews show that non-clinicians have little chance of effecting change in clinical practice.[23]

Digital transformation that increases operational system efficiency can improve the capacity for specialist training, and access to medical specialists in South Australia over time.

Telehealth

Investment in telehealth has increased patient access to medical care in rural and regional areas nationwide. Telehealth has increased patient access to specialist medical services. Medicare specialist telehealth service items have increased by 33% nationwide between June 2015 to June

2017,[24] however the per capita rate of South Australian specialist telehealth consultations is slightly below the national average.

Telehealth improves specialist access for rural and remote patients, and minimises disruption to the home, school, work, and care responsibilities. The use of telehealth could be further supported within the palliative care and pain management specialties as part of an integrated model of care.

These benefits to those living in rural and regional areas, are not currently available to many people who experience difficulty in travelling to see doctors; for example, those with mobility issues, frail and older people, and parents with young children. Given the clearly demonstrated value in enhancing access to tertiary hospital-based specialist care,[25] the RACP is advocating (at the Commonwealth level) the removal of the Medicare limitation to patients beyond 15km from the specialist service. There would be significant benefits – for patients, health services and healthcare providers, and for government expenditures – in removing this limitation and extending access to telehealth MBS items to a wider population. Should this restriction be removed, the potential benefits for South Australian patients and to the South Australian health budget may be considerable, but this will depend on sufficient investment in increased telehealth facility infrastructure and associated planning and operational arrangements.

The incoming Government should:

- Commit to continued digital transformation within South Australian hospitals, with genuine clinical leadership, with the goal of improved clinical outcomes for all South Australians across the state and efficiency gains for the system as a whole.
- Support the RACP's position in favour of Medicare rebatable specialist telehealth consultations for patients living within 15 km of the specialist service.
- Fund the promotion of extended access to telehealth to the community, healthcare professionals, and health services organisations.
- Plan and resource telehealth facilities accordingly to support the technology being as widely and effectively used as possible within the specialist sector.

Indigenous health

Aboriginal and Torres Strait Islander people continue to experience poorer health outcomes than non-Indigenous Australians. The latest Closing the Gap report found that Australia is not on track to close the life expectancy gap by 2031 – with the gap remaining close to ten years for both men and women. The gap for deaths from cancer between Aboriginal and Torres Strait Islander and non-Indigenous Australians has in fact widened in recent years, with Aboriginal and Torres Strait Islander cancer death rates increasing by 21 percent between 1998 and 2015, while there was a 13 per cent decline for non-Indigenous Australians in the same period.26 Indigenous Australians have a three-fold higher rate of preventable hospital admissions than the rest of the population.

The number of South Australians identifying as Aboriginal or Torres Strait Islander has risen to 34,184 (as of the 2016 Census), up from 30,432 in 2011.[27] This likely reflects an increased willingness to identify as Aboriginal or Torres Strait Islander as well as normal population growth, but also places the onus on the Government and on health services to properly quantify the need for services and plan to ensure this is appropriately met.

Aboriginal and Torres Strait Islander health leadership and genuine community engagement is crucial to achieving improved health outcomes. The Aboriginal Community Controlled Health sector is of vital importance in delivering effective, culturally safe care to Australia's First Peoples; and service

development and provision should be led by Aboriginal and Torres Strait Islander health organisations wherever possible.

Aboriginal and Torres Strait Islander people in Northern Australia have been experiencing high rates of syphilis. Increased notifications of syphilis for Aboriginal and Torres Strait Islander people began in South Australia from November 2016, resulting in the declaration of an outbreak in March 2017[28].

In response to the disparate health outcomes between Aboriginal and non-Indigenous South Australians, the incoming Government should:

- Prioritise and support the leadership and engagement of Aboriginal and Torres Strait Islander leaders and communities.
- Support community led early childhood interventions
- Prioritise community engagement and leadership for Public Health programs
- Prioritise equitable access to specialist care for Aboriginal and Torres Strait Islander people in South Australia. This requires systems and mechanisms to drive regional collaboration in identifying and planning specialist healthcare service provision for Aboriginal and Torres Strait Islander people in South Australia; involving the Local Health Networks and Primary Health Networks.
- Invest in systems and process to better integrate care across primary, specialist and allied health care for Aboriginal and Torres Strait Islander people in South Australia.
- Fund sexual health programs and services proportionate to community needs and led by Aboriginal and Torres Strait Islander leaders and communities, to achieve low rates of STIs and BBVs, and support good sexual health for all South Australians.
- Invest in and support an appropriately trained multidisciplinary sexual health workforce and support their long-term retention to build trust with communities.

High-value care

While Australia is recognised as providing high-value, high-quality patient care, it is important that all states and territories continually improve their clinical processes to ensure the delivery of contemporary best practice and patient care.

Part of a global movement, Evolve is an initiative led by physicians and the RACP to drive high-value, high-quality care in Australia and New Zealand, making sure patients receive care that is proven to be necessary, safe and effective. Evolve identifies each specialty's 'top five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm to patients, enabling physicians to make the best use of health resources.

RACP is a founding member of Choosing Wisely in Australia and New Zealand, and all Evolve recommendations are available via these campaigns. By bringing together recommendations from multiple medical colleges and healthcare organisations, together with expertise in consumer and patient care, Choosing Wisely helps healthcare providers and consumers start important conversations about improving the quality of healthcare.

Evolve, and the broader Choosing Wisely campaign, provides the South Australian Government with an invaluable opportunity to appropriately invest, via grants or other support initiatives, in the implement recommendations that aim to reduce low-value care and improve both the quality and safety of healthcare and also support the best use of valuable healthcare resources. Aspects that would be particularly valuable for the South Australian Government to invest in include the development of patient resources, quality improvement initiatives, change management strategies, and translational research across the health sector. This will maximise ongoing and effective use of

health resources, promote clinical quality improvement, shared-decision making, and improve clinical culture and patient outcomes.

The RACP recommends that the incoming South Australian government:

- Continue to drive high-value, high-quality care in clinical practice by supporting the implementation of the Evolve recommendations in clinical services it funds and more broadly in South Australia.
- Invest in providing accessible resources relating to appropriate patient care for consumers and promoting shared decision-making.
- Invest in quality improvement measures and change management strategies across the health system, via grants or supported initiatives.
- Support translational research, bridging the divide between academic identification of low-value clinical practices and the reduction of these practices in clinical environments.

The Way Forward

The RACP calls on all political parties to make a commitment to the health of South Australians that extends beyond the election cycle, and to engage and work with key health stakeholders to deliver effective evidence-based and expert-informed health policies. The RACP looks forward to working collaboratively with all parties and healthcare leaders to improve the health of South Australians.

For more information on the RACP or content in this election statement, please contact Nell Sproule, Senior Executive Officer, by emailing racpsa@racp.edu.au.

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