RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

# Prioritising Health

## Tasmanian 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 271 Fellows and 118 Trainees in Tasmania.[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.

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 Tasmanian 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 Tasmanians—integrated across secondary and tertiary services, as well as across the public and private sectors.

We have identified a number of policy priorities that should be addressed by the incoming government to ensure the Tasmanian healthcare system continues to operate at a world-class level, and delivers the health outcomes needed by our current and future generations.

This Election Statement outlines the RACP's position on these priorities, and makes a range of recommendations that we urge the incoming government to adopt.

The RACP calls on all political parties to recognise that cross-party commitment to the health and wellbeing of Tasmanians must extend beyond the election and seeks a commitment to engage and work with key health stakeholders. Accordingly, we seek a productive and effective working relationship with the next Government, and would welcome a meeting to discuss the issues we have raised with the incoming Premier and Health Minister.

## Disability services

Good health is integral to the positive life experience of every person with a disability. For this reason, the RACP has taken a keen interest in the nexus of health and disability services as the National Disability Insurance Scheme (NDIS) rolls out. The NDIS is an ambitious and promising program designed to improve the lives of Australians living with disability, including Tasmanians.

NDIS implementation

Due to the scale of the reform, there are significant challenges in enrolling participants 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.[2] 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 Tasmanian Government must ensure that it continues to fund the disability support services that Tasmanians 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 Tasmanians living with disability who have not yet transitioned to the NDIS.

Non-NDIS disability services

Disability advocates across Australia have expressed concerned about reports that services are being shut down in anticipation of the NDIS, even where many of 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 relatively small 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 Tasmanians with temporary or acquired disabilities, and those with permanent disabilities who do not qualify for the NDIS. The Productivity Commission has referred to this as the need to ensure continuity of support, 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.[3]

The Tasmanian government should ensure that disability services remain appropriately funded to ensure adequate, high quality care for Tasmanians living with disability 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 RACP is concerned by the phased closure of the Early Childhood Intervention Service (ECIS) in Tasmania, given the high regard in which it is held by participants and its focus on transition to school education, an area not necessarily covered by the NDIS. Given the delays in the rollout of the NDIS, we call upon the Tasmanian Government to reconsider the closure of this service until it can be certain the NDIS is fully meeting the needs of all children with disability or developmental delay in the State. At a minimum, the phased shut-down of the service should be delayed in line with delays in the rollout of the NDIS.

**The incoming Government should:**

- Provide funding to ensure that people who are eligible for the NDIS but are not yet on an NDIS plan to receive essential disability supports until their transition to the NDIS is complete.
- Plan and continue to fund disability programs for those who are, by design, not eligible for the NDIS.
- Maintain funding for the Early Childhood Early Intervention Service.

## Vulnerable populations

Adults with intellectual disability

Children with developmental disability receive excellent paediatric care in Tasmanian hospitals, but adults may not.[4] A specialised clinical service for Tasmanian adults with developmental disability (about 3% of the population), based in and fully integrated with adult medicine in our public hospitals, is needed.

Such a model of service provision can be integrated into currently existing mainstream services. Providing optimal healthcare to adults with intellectual disability who require hospitalisation and outpatient care is not a matter of establishing a wholly separate service for each specialty or mainstream service, but rather a matter of making reasonable adjustments to the care routinely provided to people without intellectual disability.

Tasmanians with mental illness

The link between mental illness and poorer physical health outcomes is clear. We urge improved mental health services for all Tasmanians, especially child and adolescent mental health services, along with improved collaboration and integration of mental health services with those provided by physicians and paediatricians.

**The incoming Government should plan and fund:**

- Appropriate mental health services across Tasmania that are well integrated with physical health care, including specialist physician and paediatric services
- Transitional specialist services for young adults with developmental disability as they grow out of paediatric services

- A service in adult medicine that recommends and delivers appropriate clinical adjustments to mainstream services that adults with intellectual disability require.

## Drug and Alcohol treatment services and harm prevention efforts

Alcohol-related harms create enormous social and economic costs to Australian society, with estimates putting the figure at between $15 billion and $36 billion annually.[5] This is a cost of between $604 and $1450 per person per year. Data from 2014-15 showed that in Tasmania 72,700 people (18.6% of persons aged 18 years and over) exceeded the lifetime risk guidelines of no more than two standard drinks on any day, and 178,700 Tasmanians (45.7%) exceeded single occasion risk guidelines.[6]

As well as addressing harmful consumption, the RACP is calling for an increase in the availability and range of treatment services for those with alcohol addiction.

Drug and alcohol services in Australia are chronically underfunded and consistently overstretched. This has been clearly shown by the work undertaken on the *Drug and Alcohol Service Planning Model* (DASP) and the *Drug and Alcohol Clinical Care and Prevention Project* (DACCP), developed by Professor Alison Ritter of the National Drug and Alcohol Research Centre (NDARC). These are valuable tools available to governments to determine the level of need for drug and alcohol treatment across Australia.

Every year approximately 200,000 Australians access drug and alcohol treatment. However, it is estimated that an *additional* 200,000 to 500,000 Australians annually are not able to access the treatment they need. One estimate is that for every $1 invested in drug and alcohol treatment, society gains $7.[7]

In Tasmania, there is less than one full-time equivalent addiction medicine specialist clinical services in the public drug and alcohol sector (this work is shared by several people, all of whom are based in Hobart) and two specialists provide part-time services in the context of their psychiatry and general practice work. Feedback from RACP members tell us that patients needing treatment regularly wait 6-12 weeks for a place to become available in the public-sector drug and alcohol services.

**Drug use in Tasmania**[8]

The availability of appropriate drug treatment services should be based on need, and the need in Tasmania is growing due to increasing use of illicit drugs:

- In six years illicit drug use in Tasmania has gone from below to above the national average
- Use increased to 17.4% in 2016, from 12% in 2010; the national average is 15.6%
- Only Western Australia had a higher overall rate of recent illicit drug use
- Tasmania and Queensland had the highest proportion of people in their 20s who had recently used an illicit drug (33%)
- From 2013 to 2016, the percentage of Tasmanians aged 60+ who had recently used an illicit drug increased from 3.7% to 10.1%
- Tasmania has the second highest rates of cannabis and methamphetamine use Australia
- The national rate of recent meth/amphetamine use was 1.4%. In Tasmania, it was significantly above the national average, at 2.1%

**Deaths due to prescription and illicit drugs**[9]

- Tasmania has the second highest death rate due to prescription and illicit drugs after Western Australia. These are attributed to pain and anxiety medication, meth/amphetamine and heroin.
- In the past year 52 people in Tasmania died as a result of drug use
- This equates to 9.4 deaths per 100,000 head of population. The national average is 7.5 deaths per 100,000 head of population.

Evidence shows that a coordinated public health approach to reducing alcohol consumption is required to comprehensively tackle the harms associated with alcohol – this necessarily needs to involve all levels of government. The incoming Tasmanian government must demonstrate leadership in pro-actively working across jurisdictions to help instigate and support a national approach to addressing drug and alcohol issues.

The RACP's Alcohol Policy, developed jointly with the Royal Australian and New Zealand College of Psychiatry, provides an in-depth review of the evidence and provides recommendations on effective policies to reduce the harms of alcohol.[10]

**The incoming Government should:**

- Contribute to the development of the National Alcohol Strategy 2018-26, and identify and progress those items that are within the Tasmanian government's responsibilities.
- Increase funding for drug and alcohol treatment services, including supporting appropriate workforce development, to address the unmet need.
- Increase investment in prevention services to reduce the incidence of illicit drug use and alcohol use disorders.
- Invest in and support initiatives to reduce the inappropriate and harmful use of prescription drugs.
- Implement a minimum price per standard alcoholic drink.
- Ban all outdoor advertising of alcohol, including outdoor advertising using Tasmanian government property. This would support the principle of preventing the exposure of young people to direct and indirect alcohol advertising due to its recognised harmful impact. We note that this is one of the few media channels for alcohol advertising which is directly within the control of state governments

## 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.[11] There are three-fold higher levels of preventable hospital admissions for Indigenous Australians than for the rest of the population.

The number of Tasmanian people identifying as Aboriginal or Torres Strait Islander has risen to 23,572 (as of the 2016 Census), up from 19,625 in 2011.[12] 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 meet it appropriately.

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.

**In response to the disparate health outcomes between Aboriginal and non-Aboriginal Tasmanians, the incoming Government should:**

- Prioritise equitable access to specialist care for Aboriginal and Torres Strait Islander people in Tasmania. 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 Tasmania; involving the Local Hospital Networks and Primary Health Network.
- Invest in systems and process to better integrate care across primary and specialist care for Aboriginal and Torres Strait Islander people in Tasmania, ensuring the leadership and engagement of Aboriginal and Torres Strait Islander leaders and communities.

- Incentivise compliance throughout the Tasmanian public health system with the six new Aboriginal and Torres Strait Islander specific actions that have been included in draft version 2 of the NSQHS Standards, set for adoption in January 2019.

## Digital health and Telehealth

**Digital health**

The Tasmanian 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 Tasmania. Given Tasmania's geography, demography, and public health challenges, we suggest that the state is uniquely positioned to befit from a coordinated effort to increase the safety and quality benefits that can be realised from e-Health and the efficiencies.

This requires Government commitment, leadership, and funding. The benefits will accrue to overall hospital and health system effectiveness, with 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.[13][14][15] It reduces the risks of developing a strategy that is not widely adopted by clinicians.[16] Even though the lack of clinical engagement is a commonly cited reason for failure,[17] 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.[18]

Increased operational system efficiency due to digital transformation may also ultimately improve the capacity for specialist training, thereby increasing access to medical specialists in Tasmania over time.

**Telehealth**

Investment in telehealth has been extremely worthwhile and has increased patient access to medical care in rural and regional areas nationwide. Specifically, telehealth has increased patient access to specialist medical services. Medicare specialist telehealth service items have increased by 33% between June 2015 to June 2017,[19] and Tasmanian use of telehealth (overall, including non-specialist services) exceeds the national average.

We note Findings 12 and 13 of the 2016 Report of the Joint Select Committee Inquiry into Preventative Health[20]:

> 12. Telehealth technology can be used to improve equity of and timely access to, health advice and care in both primary and acute healthcare.
>
> 13. Telehealth technology is underutilised in Tasmania.

Telehealth has the additional benefit of minimising disruption within the home, school or work, (for example, considering families with high care responsibilities, people with work responsibilities, and children at school). The use of telehealth could be further supported within the palliative care and pain management specialties as part of an integrated model of care.

Whilst we welcome the benefits provided to those living in rural and regional areas, there are other patients who also face many difficulties in travelling to see doctors; for example, those with mobility issues, frail and older people, and parents with young children. The demography of Tasmania is well suited to telehealth, however the geography and population density of its major population centres currently precludes the majority realising its benefits due to the current Medicare minimum distance requirements. Given that video-consultations have clearly demonstrated their worth in enhancing access to tertiary hospital-based specialist care,[21] 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. Tasmania may well benefit disproportionately from this given its population density. Should this restriction be removed, the potential benefits for Tasmanian patients and to the Tasmanian 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 digital transformation within Tasmanian hospitals, with genuine clinical leadership and concomitant partnership with Government and bureaucracy, with the goal of improved clinical outcomes for all Tasmanians across the state.
- Fund the promotion of extended access to telehealth to the community, healthcare professionals, and health services organisations.
- Support the RACP's position in favour of Medicare rebatable specialist telehealth consultations for patients living within 15 km of the specialist service.
- Plan and resource telehealth facilities accordingly to support the technology being as widely and effectively used as possible.

## Obesity

Physicians and paediatricians see patients and families every day who are struggling with obesity and related health conditions. They understand that these conditions are influenced by unhealthy diets and low physical activity driven by the obesogenic environment we live in. People suffering from obesity are entitled to receive the same standard of care as sufferers of any other chronic condition, but unfortunately this is often not the case, and stigmatisation of these patients only exacerbates the issue.

Both prevention and treatment of obesity are urgent priorities.

In 2014–15, overweight and obesity among males and females was more prevalent in Tasmania (74.1% and 60.9%, respectively) than in any other state or territory.[22] Among children, 23,400 children (23.1% of children aged 2-17 years in Tasmania) are overweight; 8,200 children (8.1%) are obese; and 30,200 children (29.8%) are overweight or obese.[23]

The Australian NHMRC's clinical practice guidelines published in 2013 states that for adults, "bariatric surgery is currently the most effective intervention for severe obesity".[24] In 2012, a prospective cohort study of over 49,000 Australians suffering from obesity stated that their "findings suggest that bariatric surgery, an MBS-listed procedure, is currently largely available only to those who can afford private health insurance and the associated out-of-pocket costs, with poor access to these cost-effective procedures in the section of the population that is most in need" and that "continuing inequity in access is likely to exacerbate existing inequalities in obesity and related health problems"[25].

The median national waiting time for all elective weight loss procedures was 73 days. Of those jurisdictions whose data could be reported, the range of median waiting times varied from 13 days in Queensland to 1,803 days in Tasmania, which is the longest in the nation, with 78.3 percent waiting longer than 365 days.[26]

**The incoming Government should prioritise obesity prevention and treatment by:**

- Supporting a national taskforce including sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets.
- Allocating long-term sustainable funding for evidence-based prevention measures for overweight and obesity, and ensuring primary prevention interventions focus on those most affected by overweight and obesity.
- Contribute funding to the development, implementation, update and monitoring within Tasmania of comprehensive and consistent national guidelines on diet, physical activity and weight management, with a focus on critical periods in the life course.

- Where jurisdictional responsibility permits, introduce restrictions on the advertising and marketing of unhealthy foods and beverages to children and young people (such as on public transport and billboards).
- Integrate obesity prevention policy into urban and regional planning processes in order to promote safe, inviting and proximate access to playgrounds and sporting facilities, as well as appropriate pedestrian and cycling infrastructure
- Support and provide for equitable access to bariatric surgery for public hospital patients.

## Smoking

The RACP is committed to advocating for the introduction of policies and legislative measures that contribute to further reducing the prevalence and uptake of smoking, and preventing the exposure to second-hand smoke. The aim must be for Australia to move towards being a smoke-free society.

Public health measures are working; this is evidenced by the decrease in the daily smoking rates which has halved over the period between 1991 and 2013. However, despite this progress, an estimated 19,000 Australians still die every year as a result of smoking-related illnesses, demonstrating that there is a great deal of work yet to be done.[27][28] According to the Tasmanian Department of Health and Human Services, between 2008 and 2012, an average of 502 Tasmanians died each year from tobacco use.[29]

The RACP has previously supported the Public Health Amendment (Tobacco Free Generation) Bill 2014 and urges that it be considered once again, ideally as part of a national scheme, with rigorous evaluation incorporated into its implementation to monitor effectiveness and potential unintended consequences. We note concerns relating to the limitations placed on individual autonomy by such a policy, as well as the inequity of imposing different restrictions on a group of adults based on their year of birth but, while recognising these concerns, they are far outweighed by the potential benefits of reducing smoking by young people.

We remain concerned about the lack of clear and robust evidence to inform policy makers, clinicians and the public about the role of e-cigarettes in tobacco control. Although we acknowledge that e-cigarettes do not contain as many unsafe chemicals as traditional tobacco cigarettes, the efficacy of e-cigarettes in reducing tobacco smoking is unclear, with mixed and limited evidence from the studies undertaken to date.

The RACP supports regulation of the sale, supply, use and promotion of e-cigarettes with and without nicotine, in line with the tobacco retailing and smoke-free laws in effect and with a focus on youth protection. E-cigarettes with and without nicotine should be subject to excise tax to discourage any e-cigarettes users switching to tobacco cigarettes. To further protect public health, the RACP recommends that all e-cigarette products should be subject to Good Manufacturing Practice (GMP) regulations and meet stronger packaging and labelling requirements, such as mandatory disclosure of all ingredients, child-proof packaging and health warning labels.

**The incoming Government should:**

- Reconsider age-based tobacco restrictions, focused on regulating the sale of tobacco rather than its use.
- Where jurisdictional responsibility permits, regulate the sale, supply, use, and promotion of e-cigarettes to prevent their use by minors and discourage their uptake by non-smokers.
- Encourage the further research to inform policy makers, governments, and clinicians about any potential role of e-cigarettes in tobacco control and potential harm to public health.

## 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 clinical practice is current and 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 Tasmanian Government with an invaluable opportunity to appropriately invest, via grants or other support initiatives, in the implementation of Evolve recommendations to reduce low-value care to both improve the quality and safety of healthcare and also support the best use of valuable healthcare resources. Initiatives that would be particularly valuable for the Tasmanian 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 and shared-decision making, and improve clinical culture and patient outcomes.

**The RACP recommends that the incoming Tasmanian 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 Tasmania.
- 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 recognise that an ongoing commitment to the health of Tasmanians must begin with and extend beyond the election, and requires an undertaking to engage and work with key health stakeholders. The RACP looks forward to working collaboratively with all parties and leaders to improve the health of Tasmanians.

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

[1] As of 30 June 2017.
[2] Productivity Commission 2017, *National Disability Insurance Scheme (NDIS) Costs*, Study Report, p. 12, https://www.pc.gov.au/inquiries/completed/ndis-costs/report/ndis-costs-overview.pdf
[3] Ibid.

[4] Wallace R, Beange H, On the need for a specialist service within the generic hospital setting for the adult patient with intellectual disability and physical health problems, Journal of Intellectual & Developmental Disability, December 2008; 33(4): 354–361, https://dhhs.tas.gov.au/__data/assets/pdf_file/0003/186636/Robyn_Wallace_-_Attachment.pdf

[5] The Royal Australasian College of Physicians. Alcohol Policy, p 11. Available at: https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf?sfvrsn=6.

[6] ABS 4364.0.55.001 - National Health Survey: First Results, 2014-15, released 23/03/2016, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Tasmania~10007#2

[7] Ettner, S., Huang, D., Evans, E., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? Health Services Research, 41(1), 192-213.

[8] The National Drug Strategy Household Survey 2016, p89-92, https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf.aspx?inline=true.

[9] 3303.0 – Causes of Death (ABS, 2016), http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6

[10] See joint RACP-RANZCP Alcohol Policy (2016) https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf

[11] 2017 Closing the Gap Report, http://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf

[12] Census: Aboriginal and Torres Strait Islander population, http://www.abs.gov.au/ausstats/abs@.nsf/MediaRealesesByCatalogue/02D50FAA9987D6B7CA25814800087E03

[13] eHealth competency framework: defining the role of the expert clinician, Academy of Medical Royal Colleges and the Scottish Government, June 2011

[14] Diamond, E., French, K., Gronkiewicz, C., Borkgren, M. 2010, 'Electronic Medical Records: A Practitioner's Perspective on Evaluation and Implementation'. Chest, 2010 Sep;138(3):716-23

[15] Boonstra, A., Broekhuis, M. 2010, 'Barriers to the acceptance of electronic medical records by physicians from systematic review to taxonomy and interventions.' BMC Health Services Research, 2010 Aug 6;10:231

[16] Kos, Simon, and James Kavanagh. "Clinical Leadership." The Role of Clinicians in Ehealth Reform, Microsoft, Redmond, WA (2011).

[17] Coiera, E.W. 2007, 'Lessons from the NHS National Programme for IT', Medical Journal of Australia 2007; 186 (1): 3-4

[18] Garling, P. 2008, 'Final Report of the Special Commission of Enquiry. Acute Care Services in NSW Public Hospitals.'

[19] Nationally, the increase is from 49,935 to 66, 225 (Item numbers 99, 112, 149, 389, 3015, 13210; MBS Online August 2017).

[20] http://www.parliament.tas.gov.au/ctee/Joint/Reports/JSCPH%20FINAL%20REPORT%20160311.pdf

[21] Schulz TR, Richards M, Gasko H, Lohrey J, Hibbert ME, Biggs BA. Telehealth: experience of the first 120 consultations delivered from a new refugee telehealth clinic. Internal medicine journal. 2014 Oct 1;44(10):981-5

[22] Table 2.1 on p. 6, Weight loss surgery in Australia 2014–15: Australian hospital statistics, AIHW, https://www.aihw.gov.au/reports/hospitals/ahs-2014-15-weight-loss-surgery/contents/table-of-contents

[23] ABS 4364.0.55.001 - National Health Survey: First Results, 2014-15, released 23/03/2016, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Tasmania~10007#2

[24] Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia (2013), NHMRC, p. ix, https://www.nhmrc.gov.au/guidelines-publications/n57. P.

[25] Korda, R. J., Joshy, G., Jorm, L. R., Butler, J. R., & Banks, E. (2012). Inequalities in bariatric surgery in Australia: findings from 49 364 obese participants in a prospective cohort study. *The Medical journal of Australia*, *197*(11), 631-636.

[26] Table 3.19 on p. 39, Weight loss surgery in Australia 2014–15: Australian hospital statistics, AIHW, https://www.aihw.gov.au/reports/hospitals/ahs-2014-15-weight-loss-surgery/contents/table-of-contents

[27] Australian Institute for Health and Welfare. National Drug Strategy Household Survey detailed report: 2013. Canberra: 2014 Cat. no. PHE 183.

[28] Australian Government, Department of Health. Tobacco Control: Key Facts and Figures, http://www.health.gov.au/internet/publications/publishing.nsf/Content/tobacco-control-toc

[29] http://www.dhhs.tas.gov.au/publichealth/tobacco_control