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## **Time for Action on Health Policy**

Australian Federal Election Statement 2016

## Overview

The Royal Australasian College of Physicians (RACP) is 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 Australians.

Whilst recognised internationally as delivering largely high quality care, the Australian health system is under increasing pressure and there remain gaps and issues. To continue to deliver good outcomes, and improve the areas where the system is failing, reforms are needed that enable the provision of care to be integrated, patient-centred, efficient and more accessible to the more vulnerable in our community. Australia needs health policies that will move our health system into one suited to the 21<sup>st</sup> century ensuring we are addressing the major health issues we face, including the increasing incidence of multiple morbidities and the ageing population; overcoming the traditional healthcare silos by having a multi-disciplinary team approach; and making the best use of developing technologies.

The RACP has identified a number of policy priorities that need to be addressed by the incoming government to ensure the Australian healthcare system continues to operate at a world-class level, and delivers the health outcomes needed by our current and future generations.

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

## Aboriginal and Torres Strait Islander Health

Australia is a rich country with quality infrastructure and a world-class health system. Australia's First Peoples, the Aboriginal and Torres Strait Islander peoples, are one of the fastest growing populations (nearing 3%), who provide a continuous link to upwards of 60,000 years of culture on this continent.

Yet Australia's Aboriginal and Torres Strait Islander First Peoples continue to suffer greater incidence of chronic disease, very high levels of suicide and mental health problems, and continue to experience disadvantage and barriers to accessing appropriate and effective health care. Despite these long-standing inequities progress has been slow in reducing the health gap, and concerted, sustained action is needed.

Limited access to specialist care for many Aboriginal and Torres Strait Islander people is an issue of particular concern for the RACP. Data and experience shows that Aboriginal and Torres Strait Islander people access specialist services at a lower rate than needed, and they face many barriers in accessing specialist care – this is true whether they live in the city or in rural or remote areas.

For young Aboriginal and Torres Strait Islander people, access to sexual health information and services is critical. Concerted action is required to address the high levels of sexually transmitted infections (STIs) in Indigenous communities and to prevent increases in infection with blood borne viruses (BBVs). Aboriginal and Torres Strait Islander youth need to be empowered to promote and discuss good sexual health; supported to access timely, affordable and culturally appropriate sexual health services; with a target to reduce the incidence of STIs amongst Indigenous young people included in the Close the Gap objectives.

The RACP welcomed the launch of the *Implementation Plan for The National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, with its recognition of the need for a national framework to improve access to specialist care, and is committed to working with its partners to progress this work, including working with government. It is vital that sufficient and sustained funding and resources are made available to drive this Implementation Plan, so that its aims become a reality.

Indigenous health leadership and authentic engagement of Aboriginal and Torres Strait Islander communities are crucial to achieving improved health outcomes. Service development and provision should be led by Aboriginal and Torres Strait Islander health organisations. The Aboriginal Community Controlled Health sector is of vital importance in delivering effective, timely and culturally appropriate care to Aboriginal and Torres Strait Islander people, and must have long-term and secure funding to not only retain, but grow their capacity to do so.

### **The RACP calls on the incoming government to:**

Allocate sufficient and secure long-term funding to progress the strategies and actions identified in the *Implementation Plan*.

Engage and consult with the RACP in order to utilise specialist expertise and clinical knowledge in overcoming barriers to accessing specialist care.

Update the Close the Gap targets to include reducing the incidence of STIs and BBVs in Aboriginal and Torres Strait Islander communities.

Allocate sufficient and secure long-term funding to the Aboriginal Community Controlled Health Sector to support the sector's continued provision of Indigenous-led, culturally sensitive healthcare.

Build and support the capacity of Indigenous health leaders by committing secure long-term funding to the Indigenous National Health Leadership Forum.

## End-of-Life Care

For patients nearing the end of their lives, whether adult or child, it is imperative that they are empowered to make decisions about their healthcare, in conversation with their family members and care providers. Patient-centred end-of-life care is crucial to ensuring that patient wishes are known and respected, and to reducing unwanted, inappropriate and ineffective care.

The RACP's Position Statement ['Improving Care at the End of Life: Our Roles and Responsibilities'](#) identifies the five elements of good end-of-life care:

1. Diagnosing dying or the risk of dying
2. Respecting patient autonomy
3. Respecting the patient's best interests when making treatment decisions
4. Managing symptoms
5. Supporting carers and family.

For these elements to be fully realised, the following system level changes are required:

**The development of sustainable models of care:** This includes, but is not limited to, supporting system changes to give health professionals the time they need to discuss end-of-life care with patients and to conduct and document family conferences.

**Adequate resources in the community to support patients wishing to die at home, in a hospice or in a residential aged care facility:** Improved flexibility of palliative care services and measures to address the current shortage of palliative care physicians will allow for a more patient-centred, cost-effective approach to end-of-life care than is often currently possible in a hospital setting.

**Access to streamlined patient information, including through e-health records:** All health professionals involved in the care of the patient, whether in the public or private healthcare sector, need to have access to key patient information including discharge summaries, treatment and management plans.

**Greater utilisation of Advance Care Planning:** Advance Care Plans allow patients the opportunity to specify their wishes for end-of-life care and has been shown to reduce unwanted or ineffective treatment as well as costly and unnecessary hospital admissions.

### **The RACP calls on the incoming government to:**

Work closely with State and Territory governments to develop standardised, sustainable models of end-of-life care.

Adequately fund flexible palliative care services and additional training places for palliative care physicians.

Harmonise legislation on Advance Care Plans across jurisdictions, ensuring that facilities have systems in place to receive, and action plans.

Undertake a national public awareness campaign developed in collaboration with key stakeholders, encouraging conversations about individuals' preferences for end-of-life care.

## Preventive Health

The absence of a clearly defined preventive health strategy in Australia is deeply concerning, especially with chronic conditions such as heart disease, kidney disease, cancer and type II diabetes, accounting for 66 per cent of the burden of disease in Australia. Investment in preventive health improves the population's health and is critical to the long-term sustainability of the Australian healthcare system.

Preventive health measures must address key contributing factors to chronic diseases in Australia, including alcohol consumption, obesity and tobacco use. In order to effectively manage the preventive health risks posed by lifestyle factors and associated diseases, a nationally coordinated approach is required.

### **The RACP calls on the incoming government to:**

Urgently reinstate and commit long-term funding towards an Australian preventive health agency.

Develop a national preventive health strategy which addresses and lowers the risk factors for preventable illnesses and diseases.

## Alcohol

The harms of alcohol are difficult to overstate. It is the world's third largest risk factor for disease and eighth largest risk factor for deaths. It remains the biggest cause of fatalities on Australian roads, is a causal factor in more than 200 disease and injury conditions, and can lead to lifelong problems associated with Fetal Alcohol Spectrum Disorders (FASD).

The social and economic costs of alcohol to Australian society are enormous, and teenagers are at particular risk. In addition to alcohol's documented impact on the development of the brain during adolescence, the tendency of young people to combine drinking with high risk activities increases their risk of alcohol-related injury or illness, and in some cases can prove fatal. Alarmingly, the peak age for the onset of alcohol use disorders is only 18 years.

Only about 1 in 10 Australians with alcohol dependence receive any treatment within a given year. There is an average of a 20 year lag between the onset of an alcohol use disorder and the first episode of treatment. Although 14 per cent of the burden of disease in Australia is due to drug and alcohol problems, less than 1 per cent of the Australian health budget is spent on drug and alcohol treatment.

The [RACP's Alcohol Policy](#) provides a range of detailed recommendations along with full references to the evidence behind these statements. It highlights the key issues relating to the harms of alcohol, including:

- the impact of alcohol marketing and promotion on the health of adolescents and young adults
- the need to more appropriately restrict the availability of alcohol, particularly cheap alcohol which has greatest impact on young and risky drinkers
- the barriers to accessing effective prevention and treatment services, in light of the fact that the vast majority of Australians suffering from alcohol dependence, will not receive any treatment within a given year
- the lack of investment in the necessary workforce development, to enable unmet demand for treatment to be addressed.

**The RACP calls on the incoming government to:**

Legislate to ensure that children and young people are protected from alcohol advertising and promotion, including banning alcohol commercials during televised sports programs in children's peak viewing times.

Institute a purely volumetric taxation system for all alcohol products.

Increase funding for alcohol treatment services in order to reduce the incidence of alcohol use disorders and to facilitate workforce development to address unmet demand for treatment.

Work closely with state, territory, local governments and expert stakeholders to deliver the long-promised *National Alcohol Strategy*, which addresses the above recommendations, and supports integrated measures designed to bring about a long-term shift in the Australian drinking culture.

## Obesity

The growing rate of obesity in Australia is an issue of serious concern. Obesity is associated with a range of health problems and consequences, including many non-communicable diseases such as cardiovascular disease, type II diabetes, and high blood pressure.

A concerted effort is required to address the many causes and complications of obesity with the development of a comprehensive, evidence-based national strategy to address being an urgent priority. Such a strategy must contain measures to address factors including, but not limited to, challenging and changing societal and cultural norms; food and physical activity environments; the availability, affordability and marketing of energy-dense, nutrient-poor foods and beverages; individual behaviours and biological factors.

**The RACP calls on the incoming government to:**

Implement an evidence-based national strategy to tackle the growing rate of obesity and its multifactorial causes.

## Tobacco

Tobacco remains in the top three risk factors for burden of disease in Australia, causing 15,000 deaths per year and incurring \$31.5 billion in social and economic costs annually. Evidence-based public health measures designed to reduce the incidence of smoking and tobacco-related death and disease have had significant success in recent decades, however more work needs to be done to lower rates further. In particular, targeted strategies and concerted actions to reduce higher incidence of smoking in certain populations, including Indigenous and rural communities, are required.

The RACP welcomes the recently announced tax increase on tobacco products, given the evidence supporting the effectiveness of taxation measures in decreasing rates of smoking.

**The RACP calls on the incoming government to:**

Prioritise the implementation of policies that continue to reduce the prevalence and uptake of smoking, with a particular focus on populations with higher rates of smoking.

Develop a national strategic approach to the regulation of e-cigarettes with a focus on building the evidence base, in order to accurately determine the potential risks and benefits of e-cigarettes at a population level.

## Adolescent and Young Adult Health

Adolescents and young adults aged between 10-24 years have specific health needs, requiring health services and treatment which takes into account their physiological and psychosocial development. There remains a spike in the burden of disease in early adulthood, and this, coupled with the current lack of age specific health services, heightens young people's health inequities. Health inequities that become embedded at this age can remain throughout the life span and lead to poorer health outcomes.

It is therefore critical that this population group receive appropriate health and medical support as they transition from childhood into adulthood. As adolescents and young adults present with health concerns across most specialty areas of healthcare, they require services that consolidate their paediatric care and establish healthy management routines into adulthood.

Raising awareness of the health needs of adolescents and young adults, and providing tailored specialist care for this patient group is a priority concern for the RACP. Accessible health services are required to ensure that adolescents and young adults are adequately supported in their healthcare needs for the long-term in order to achieve better health outcomes later in life and minimise the burden of disease.

### **The RACP calls on the incoming government to:**

Recognise adolescents and young adults as a unique population group within the health system, and tailor health services to their unique health needs.

Ensure that the Medicare Benefits Schedule supports the provision of healthcare to this population.

Work closely with state and territory governments, and other key stakeholders such as local health districts and the RACP, to develop and fund dedicated programs which facilitate the smooth transition of young people from paediatric to adult health services.

## Sexual and Reproductive Healthcare for Young People

Adolescence and young adulthood are the formative years in which young people move through puberty, explore intimate relationships and establish their sexual identity. Young people have the right to information, education and clinical care that supports healthy sexual development and informed choices, which minimises the risk of coercion, unplanned pregnancy, sexually transmitted infection and other unwanted or unintended consequences.

Despite the generally good health enjoyed by young people in Australia and New Zealand, rates of sexually transmitted infection, teenage parenthood, homophobic and transphobic abuse and bullying, and domestic and sexual violence remain significant concerns.

Sexual and reproductive healthcare for young people must be physically and financially accessible, with planning, service delivery and guidelines informed by the needs and perspectives of young people. Sexual health services should take a multidisciplinary approach to healthcare and aim to address disparities in sexual health amongst different population groups. It is also critical that awareness of health issues and services is reinforced by age and developmentally appropriate education programs, which emphasise safety, diversity and positive, respectful relationships.

The RACP's Position Statement on [Sexual and Reproductive Health Care for Young People](#) provides a range of detailed recommendations along with full references to the evidence behind these statements.

### **The RACP calls on the incoming government to:**

Ensure young people have access to knowledge and services needed to optimise their sexual and reproductive health care, as well as accurate and age-appropriate sexuality and relationships education.

Advance a multidisciplinary approach to young people's sexual and reproductive health care.

Address the significant disparities in sexual health between Indigenous and non-Indigenous populations.

Review and address barriers to treatment access for young people with gender dysphoria, including gaps in clinician training and clinical service provision, costs of treatment and legislative frameworks.

Increase efforts to reduce sexual abuse, sexual assault and intimate partner violence experienced by young people.

Continue investment in comprehensive multidisciplinary support for teenage parents before, during and after pregnancy.



## Integrated Care

For the growing number of Australians living with multiple, chronic health conditions, navigating the health system has become increasingly complex. This problem also impacts people with disability and mental health issues. The care of individuals with multiple health problems is often disjointed, with the patient's different health conditions managed by different health professionals.

Fragmented health services delivery not only impacts the quality of patient care, but leads to inefficiencies, duplication and wastage across the health system. An approach to healthcare which places the patient at the centre is required to not only improve the management of patients with complex care needs, but ensure the Australian healthcare system operates efficiently and effectively.

Of particular priority for the RACP is the need to support increased provision of specialist services in community-based settings, such as primary healthcare centres, community clinics, Aboriginal medical services, residential aged care facilities and people's homes. Community-based settings allow patients with multiple, chronic or complex conditions to be seen in convenient location, and facilitate greater collaboration and coordination between the different health professionals involved in patient care.

### **The RACP calls on the incoming government to:**

Engage and consult with the RACP in order to utilise specialist expertise and knowledge when developing integrated models of care, including the Health Care Homes trial, to ensure a multidisciplinary approach is taken.

Develop a funding structure that promotes and supports health professionals and service providers to work collaboratively.

Expand and improve the use of electronic health records and electronic communications through initiatives of the newly established Australian Digital Health Agency.

## Refugee and Asylum Seeker Health

Refugees and asylum seekers are a vulnerable patient group whose complex healthcare needs require appropriate and timely treatment, underpinned by support services which address practical, cultural and linguistic barriers to healthcare access.

The RACP is extremely concerned by the well-documented adverse health impacts of held immigration detention, which is harmful to the physical and mental health of people of all ages in the short and long term. These impacts are exacerbated in offshore detention facilities, compounded by environmental and infrastructure challenges and uncertainty around viable long-term settlement options. The RACP does not condone held immigration detention in any form.

For children, held immigration detention presents an extreme and unacceptable risk to health, development and mental health. In held detention, children cannot be protected from, and are exposed to, physical violence, mental distress in adults, and are likely to be at significant risk of physical and sexual abuse and maltreatment.

Of further serious concern are the secrecy provisions of the Australian Border Force (ABF) Act which threaten jail sentences of up to two years for health and medical professionals who speak out about conditions in immigration detention. This law actively restricts health professionals from fulfilling their legal and professional obligation to advocate for the best possible patient care.

For refugees and asylum seekers living in the Australian community, there exists significant barriers to healthcare access which must be addressed in order to achieve long-term health outcomes. These issues include equity of access to generalist, specialist, mental health, and allied health services, as well as access to culturally sensitive translating and interpreting support and case work assistance.

The RACP's Refugee and Asylum Seeker Health [Policy](#) and [Position Statement](#) provide a comprehensive review of the evidence behind our position, and contain a range of recommendations relevant to government and the health workforce.

### **The RACP calls on the incoming government to:**

Release all asylum seekers from held immigration detention and expedite the processing of their refugee claims in the community.

Transfer all asylum seekers currently detained on Manus Island and Nauru to the Australian mainland for processing of their refugee claims in the community.

Immediately repeal the secrecy provisions of the Australian Border Force Act.

Institute a comprehensive national refugee health framework designed to achieve:

- Positive long-term health outcomes for refugees and asylum seekers;
- Consistency of service provision and treatment across states and territories;
- Improved data collection and monitoring of service accessibility.

## Immunisation

Immunisation against infectious diseases is the most effective form of medical intervention in preventing disease and death. In the last decade childhood immunisation rates in Australia have increased, with more than 90% of Australian children aged two now being recorded as fully immunised.

While this statistic illustrates the effectiveness of current vaccine delivery programs, it is important to continue to advance strategies which ensure groups with suboptimal immunisation rates have access to education, medical advice and care. These groups include children experiencing socioeconomic disadvantage, Aboriginal and Torres Strait Islander children, some children born overseas and those whose families actively reject some or all vaccines.

The RACP welcomes government efforts to improve immunisation coverage at a local level, particularly in areas which experience low coverage, and supports tools and communications materials which assist doctors to have conversations about immunisation with vaccine-hesitant parents.

Long-term measures to support and encourage completion of immunisation schedules should also be prioritised in order to ensure that children do not miss vaccinations, either due to oversight or difficulty in accessing services. Measures such as the establishment of a national whole-of-life vaccination register, a vaccination reminder system and the expansion of home visit programs, particularly in rural and remote areas, should be given priority consideration. With increases in the number of vaccines in immunisation schedules it is important that ongoing research into vaccine development and mode of delivery is supported, in order to optimise vaccine efficacy, safety and consumer acceptance.

The RACP's [Immunisation Position Statement](#) provides a range of detailed recommendations along with full references to the evidence behind these statements.

### **The RACP calls on the incoming government to:**

Work collaboratively with the health sector to ensure immunisation programs are delivered consistently across Australia, particularly in areas of low or suboptimal coverage.

Establish a whole-of-life vaccination register and vaccination reminder system to ensure completion of immunisation schedules.

Expand home visit programs, particularly in rural and remote areas, in order to overcome barriers to access and encourage completion of immunisation schedules.

## Infant Formula

For mothers of infants, the ability to make informed choices about breastfeeding and the use of infant formula is pivotal. Breastfeeding plays a central role in promoting infant health outcomes; it is therefore critical that the marketing of infant formulas is regulated to ensure that the health benefits of breastfeeding are not distorted or undermined by incorrect or biased advertising.

The existing regulatory guidelines outlined in the Marketing in Australia of Infant Formulas (MAIF) code of conduct are weak and do not meet the recommendations of the World Health Organisation's (WHO) International Code of Marketing of Breast Milk Substitutes (the International Code).

The voluntary, self-regulatory nature of the MAIF means that manufacturers and importers of infant formulas are not bound to adhere to minimum standards for marketing of infant formulas; while the marketing activities of retailers are not addressed at all, raising concerns about inappropriate retailer promotions or cross promotions with manufacturers.

Internationally, Australia is lagging in the implementation of legislation which supports the provisions of the International Code, with over 80 countries already adopting its recommendations.

### **The RACP calls on the incoming government to:**

Institute a national, compulsory Marketing in Australia of Infant Formulas (MAIF) code of conduct which applies to manufacturers and importers of infant formulas, as well as pharmacies and retailers.

Ensure the compulsory MAIF code meets the recommendations of the WHO International Code of Marketing of Breast Milk Substitutes and of subsequent World Health Assembly resolutions.

Establish an independent tribunal/process to arbitrate violations of the MAIF code with specific, transparent and effective penalties for breaches of the code.

## Climate Change and Health

The devastating impacts of climate change on human health across the globe can no longer be ignored. Extreme weather events, disruptions to food and water supply, loss of livelihoods, threats to human security, and alterations in climate-sensitive disease distribution and frequency, will all be exacerbated by unchecked climate change, with serious consequences for physical and mental health and well-being.

Urgent action is required at a national and global level to recognise the adverse health impacts of climate change and implement measures to combat these. Strategies which are designed to mitigate the severest health impacts of climate change, and to assist Australians in adapting to an altered climate, are critical to ensuring that the Australian population is well-equipped to respond to the health impacts of climate change.

### **The RACP calls on the incoming government to:**

Take strong action to ensure Australia meets the targets agreed to in the Paris Accord.

Implement rigorous domestic policies to address the adverse health effects of climate change and realise the health co-benefits of action, including adaptation and mitigation measures.

Collaborate with the health sector to develop and adopt effective sustainability measures to reduce carbon and resource use.

Establish and fund an Australian Healthcare Sustainability Unit to support the Australian health system in delivering environmentally sustainable healthcare.

## Specialist Training Program (STP)

The Specialist Training Program (STP) provides high quality training for doctors in the final stages of their physician education, in settings such as private hospitals, rural and remote hospitals and community health. Training places supported through the STP align with the RACP's commitment to better integration of care, by providing training opportunities focused on delivering specialist care as part of an integrated multidisciplinary team in the community.

The RACP welcomed the recent announcement that the STP will be continued with a renewed focus on allocating training positions based on the needs of communities. However we remain concerned that there has yet to be any announcement regarding training posts once the current contracts expire at the end of this year.

### **The RACP calls on the incoming government to:**

Commit sustained and secure funding to provide training places through the STP.

Urgently confirm the plans for the STP training positions for 2017 and beyond.