

System Reform

The COVID-19 pandemic has highlighted and exacerbated key deficiencies in the Australian health system including inequities in access and care, a lack of integration and increasing pressures on the health workforce. It has had both direct and indirect impacts on the Australian health system and treatment of patients for non-COVID related conditions.

The RACP's recommendations to the incoming Government to deliver effective health system reform focus on four key areas further detailed below:

- Urgently address care delayed, displaced or reduced by COVID-19 and strengthen communicable disease threats pandemic preparedness
- Deliver fit-for-purpose telehealth MBS to improve access to specialist care
- Build-up a robust and responsive medical specialist workforce through implementing overall workforce strategies; investing in the public health workforce; bolstering the Aboriginal and Torres Strait Islander health workforce and investing in the aged care workforce
- Deliver innovation via health services integration and research.

Urgently address care delayed, displaced, or reduced by COVID-19 and strengthen communicable disease threats preparedness

The increased demand for COVID-19 related care in the health system has had a knock-on effect for other areas of healthcare and has resulted in preventable deaths and increased levels of disability from other diseases due to delayed diagnosis and treatment, higher incidence of other communicable diseases and mental health conditions.

From January to June 2020 there were 145,000 fewer mammograms through BreastScreen Australia compared with the same period in 2018.ⁱ With non-urgent elective surgery suspended, there was a significant fall in the number of surgeries performed during the COVID-19 pandemic. New South Wales data shows that public hospital planned surgical activity decreased by 32.6% from March to June 2020.ⁱⁱ Medicare-subsidised GP services for chronic disease management items also fell during the pandemic as people were unable to attend appointments in person.

The impact of the pandemic on people's mental health increased levels of psychological distress, particularly for adults aged 18 to 45, with MBS-subsidised mental health related services accessed by 7.2 million people between March 2020 and September 2020 when COVID-19 pandemic restrictions were introduced.ⁱⁱⁱ

Whilst the long-term effects of these impacts are not fully known, they are likely to result in considerable and ongoing stresses on the health system, the health workforce and the health of Australians unless the Government urgently implements effective measures to boost the COVID-19 response, recovery and preparedness for future communicable diseases.

The RACP calls on the incoming Government to **urgently address care delayed, displaced, or reduced by COVID-19 and strengthen communicable disease threats preparedness** by:

- Establishing a national health leadership centre of excellence to improve responsiveness to current and emerging health threats and to coordinate national prevention activities
- Providing targeted investment in all parts of the healthcare sector impacted by the COVID-19 pandemic including elective surgery, cancer diagnosis rehabilitation services, palliative care and bereavement support and increased demand for mental health services. This must be paired with targeted investment into healthcare for populations and communities with inequitable access to healthcare prior to the pandemic and exacerbated by COVID-19: Aboriginal and Torres Strait Islander people, people living in rural and remote areas, people with disability, people from lower socio-economic backgrounds, and culturally and linguistically diverse communities

- Providing appropriate levels of investment in staffing and infrastructure to meet current and projected healthcare demands related to COVID-19, including multidisciplinary sub-acute, community and workplace-based health services, ambulatory care and rehabilitation services, to address post-acute COVID-19 conditions and ongoing chronic health needs and sub-acute management following injury, medical and surgical conditions.
- Building Australia's capacity to manufacture and provide treatments, therapies, equipment and vaccines and strengthen supply chains.
- Developing and investing appropriately in Ambulatory Care Services, Hospital in the Home and alternate site care programs to accommodate ongoing home-based treatment for COVID-19.
- Funding the development and implementation of appropriate ventilation/air quality recommendations and other health and safety measures for health care facility infrastructure building or refurbishment to ensure lessons learnt from the pandemic are operationalised for the future.
- Making Rapid Antigen Tests (RATs) free for wide distribution with priority for health and aged care workers and other priority groups including Aboriginal and Torres Strait Islander people, people with disability, people with lower incomes and rural and remote communities.

Deliver a fit-for-purpose telehealth MBS system

Telehealth has been a lifeline during the pandemic. It has improved access to specialist care for many patients; we need to ensure these improvements are here to stay by reinstating MBS items for telehealth consultations by phone on a permanent basis and by implementing broader measures to ensure equitable access to specialist care through telehealth.

The RACP calls on the incoming Government to **deliver a fit-for-purpose telehealth MBS system** by:

- Reinstating MBS items for telehealth consultations by phone on a permanent basis.
- Funding videoconferencing technology packages to enhance the take up for priority populations to promote equitable access to telehealth including in rural and regional areas, aged care settings and for patients for whom access to face to face consultation is limited by the presence of disability (including developmental and intellectual).
- Introducing specialist health items to the MBS to facilitate secondary consultations with general practitioners, other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and allied health providers, with or without the patient present.
- Providing a Practice Incentive Payment covering all consultant physicians to promote telehealth models of care and the delivery of integrated multidisciplinary care in conjunction with the patient's GP.
- Funding mechanisms and a funding model for health professionals to enable equitable access to health technologies for patients whose disease and disability management can be facilitated through devices and technologies, as is the case in many health areas.

Build-up a robust and responsive medical specialist workforce

An appropriately funded and safe medical specialist workforce is essential to a functioning, effective and sustainable health system. The Australian health workforce faces several issues which have been further exacerbated by the ongoing COVID-19 pandemic, including increasing pressures and demands affecting health workers' mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties^{iv}, leading to difficulties in patient access to care in some circumstances.

With the ongoing challenges paused by the COVID-19 pandemic entering its third year, it has become ever more pressing for the Government to invest now in improving the resilience and sustainability of the health system by building an appropriately funded and safe medical specialist workforce.

The RACP calls on the incoming Government to **build up a robust and responsive medical specialist workforce** by:

- *Implementing overall workforce strategies by:*
 - Committing to address current and emerging critical, short and long term national medical specialist workforce issues and patient care management.
 - Investing in supporting, training and growing an appropriate rural and remote medical workforce with specialists and rural generalists working collaboratively through guaranteeing long-term equitable and transparent funding for the Rural Health Outreach Fund to improve access to physicians and paediatricians, GPs, allied and other health providers in rural, regional and remote areas of Australia and other measures as required
 - Supporting the healthcare workforce via skilled migration strategies and appropriately indexed Medicare rebates without rebate freezes.
 - Maintaining funding for Specialist Training Program (STP) positions while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements.
 - Supporting the needs of rural, regional and remote clinicians in accessing training opportunities, including via funding for locum support while specialty continuing professional development is undertaken.
 - Investing in supporting the healthcare workforce through national strategies for flexible training/work hours /parental leave and support (especially for doctors in training).

- *Investing in the public health workforce by:*
 - Producing and committing to fund the Government's Plan for Australia's Public Health Capacity and COVID-19,^v including establishing a national training program in public health medicine and providing adequate funding for training positions.

- *Bolstering the Aboriginal and Torres Strait Islander health workforce by:*
 - Developing an appropriately funded national workforce development strategy led by the National Aboriginal Community Controlled Health Organisation (NACCHO) to boost the employment of Aboriginal and Torres Strait Islander allied health professionals and other health workers, including general practitioners, non-GP medical specialists, nurses, midwives and visiting specialists, supported through existing employment and training programs and strategies.
 - Investing in health workforce development to equip everyone in the health system to implement the new approach set out in the National Agreement on Closing the Gap^{vi}
 - Supporting the prioritisation, expansion and provision of sustained and long-term funding to Aboriginal Community Controlled Health Services (ACCHS) for the delivery of primary healthcare services for Aboriginal and Torres Strait Islander people.

- *Investing in the aged care workforce by:*
 - Supporting adequate funding provisions to attract and maintain the aged care workforce, including for specialist consultant physician palliative care services and specialist rehabilitation services to become an integral and accessible part of care across aged care settings on an equitable basis.
 - Urgently implementing the comprehensive aged care workforce-focused recommendations set out in the Final Report of the Royal Commission into Aged Care Quality and Safety which covers key areas such as workforce planning; qualification, training and professional development; improved remuneration; minimum staff time standard for residential aged care

Drive innovation via health services integration and research

The Australian healthcare system and its users continue to suffer from fragmented service delivery, a lack of coordination across health silos, and an insufficient patient-focus. There are instances of suboptimal care and poor patient outcomes, significant patient distress and disruption, as well as unnecessary use of valuable healthcare resources.

In addition, while Australia has historically delivered world leading medical research and innovation, investment in the sector over the past 10 years has stagnated, leading to a decrease of funding in real terms.^{vii} This needs to be rectified to ensure Australia's capability to develop advances in treatment and care is bolstered. These enduring issues have been further exacerbated and highlighted by the ongoing COVID-19 pandemic. The incoming Government must address these issues by investing in delivering integrated and innovative care.

The RACP calls on the incoming Government to **drive innovation via health services integration and research** by:

- Facilitating scalable evidence-based integrated care for people with chronic conditions and associated disabilities that is inclusive of specialist care by:
 - Investing in expanded multidisciplinary ambulatory care services, integrated care services and outreach programs to ensure timely provision of complex whole person care including direct engagement of specialist care.
 - Funding a model of care with proof of concept sites, for the management of patients with comorbid chronic health conditions and associated disabilities that integrates specialist physician care (the [RACP Model of Chronic Care Management](#)^{viii} or variation).
 - Including specialist and consultant physicians in the Voluntary Patient Registration (VPR) where ongoing treatment and condition management is involved.
- Increasing funding for medical research including through further investment in the National Medical Health Research Council (NHMRC).
- Committing to coordination and funding of clinical research to support communicable disease threats pandemic preparedness as a high priority.

ⁱ Australian Institute of Health and Welfare (AIHW), COVID-19. Online: <https://www.aihw.gov.au/reports/cancer-screening/cancer-screening-and-covid-19-in-australia/contents/did-fewer-people-screen-for-cancer-during-the-covid-19-pandemic> [last accessed 22/03/2022]

ⁱⁱ Sutherland, Kim, et al. "Impact of COVID-19 on healthcare activity in NSW, Australia." *Public health research & practice* 30.4 (2020).

ⁱⁱⁱ Australian Institute of Health and Welfare (AIHW), COVID-19. Online: <https://www.aihw.gov.au/covid-19> [last accessed 22/03/2022]

^{iv} Australian Government, National Medical Workforce Strategy 2021-2031. Online: <https://www.health.gov.au/initiatives-and-programs/national-medical-workforce-strategy-2021-2031> [last accessed 03/03/2022]

^v Prime Minister of Australia, National Cabinet Statement, Media Statement, 26 June 2020. Online: <https://www.pm.gov.au/media/national-cabinet-statement-0> [last accessed 03/03/2022]

^{vi} Closing the Gap in Partnership, *National Agreement on Closing the Gap*. July 2020. Online: https://www.closingthegap.gov.au/sites/default/files/2021-05/ctg-national-agreement_apr-21.pdf [last accessed 03/03/2022]

^{vii} Ravenscroft, G and Gardiner EE, *COVID has left Australia's biomedical research sector gasping for air*. 2 December 2020. The Conversation. Online: <https://theconversation.com/covid-has-left-australias-biomedical-research-sector-gasping-for-air-145022> [last accessed 03/03/2022]

viii The Royal Australasian College of Physicians, *Complex care, consultant physicians and better patient outcomes. Streamlined complex care in the community*. October 2019. Online: https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14 [last accessed 03/03/2022]