

## 2.2 BUDGETED EXPENSES AND PERFORMANCE FOR OUTCOME 2

### Outcome 2: Health Access and Support Services

Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce

Outcome 2

### Programs Contributing to Outcome 2

- Program 2.1: Mental Health**
- Program 2.2: Aboriginal and Torres Strait Islander Health**
- Program 2.3: Health Workforce**
- Program 2.4: Preventive Health and Chronic Disease Support**
- Program 2.5: Primary Health Care Quality and Coordination**
- Program 2.6: Primary Care Practice Incentives**
- Program 2.7: Hospital Services**

### Linked Programs

#### Other Commonwealth entities that contribute to Outcome 2

##### Cancer Australia<sup>1</sup>

##### Program 1.1: Improved Cancer Control

Cancer Australia provides national leadership in cancer control and works with the Department of Health to improve the detection, treatment and survival outcomes for people with cancer (2.4).

##### Department of Home Affairs

##### Program 2.4: Refugee and Humanitarian Assistance

The Department of Home Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (2.1).

<sup>1</sup> Refer to the Cancer Australia chapter in these Portfolio Budget Statements for further information on the work of this entity.

<b>Other Commonwealth entities that contribute to Outcome 2</b>
<p><b>Department of Human Services</b></p> <p><b>Program 1.2: Services to the Community – Health</b></p> <p>The Department of Human Services administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health, to contribute to the Government's objectives within this Outcome:</p> <ul style="list-style-type: none"> <li>- Indigenous access to the Pharmaceutical Benefits Scheme (2.2)</li> <li>- General Practice Rural Incentives Program (2.3)</li> <li>- Practice Nurse Incentive Program (2.3)</li> <li>- Rural Procedural Grants Program (2.3)</li> <li>- Scaling of Rural Workforce Program (2.3)</li> <li>- Support cervical cancer screening (2.4)</li> <li>- Health Care Homes Program (2.5 and 2.6)</li> <li>- Incentive payments to general practices, GPs and Indigenous health services (2.6)</li> </ul> <p>In addition, the Department of Human Services administers the National Bowel Cancer Screening Register (2.4).</p>
<p><b>Department of Industry, Innovation and Science</b></p> <p><b>Program 3: Program Support</b></p> <p>Through the National Measurement Institute, the Department of Industry, Innovation and Science contributes to reducing smoking prevalence in Australia by conducting tobacco plain packaging compliance and enforcement activities (2.4).</p>
<p><b>Department of the Prime Minister and Cabinet</b></p> <p><b>Program 2.3: Safety and Wellbeing</b></p> <p>The Department of the Prime Minister and Cabinet works closely with the Department of Health to ensure the effectiveness of Indigenous health funding, and that mainstream policy, programs and services deliver benefits to Indigenous Australians (2.2).</p>
<p><b>Department of Social Services</b></p> <p><b>Program 3.1: Disability, Mental Health and Carers</b></p> <p><b>Program 3.2: National Disability Insurance Scheme</b></p> <p>The Department of Social Services contributes to improving access to services and supports for people with psychosocial disability through implementation of the National Disability Insurance Scheme and the provision of mental health services (2.1).</p>

<b>Other Commonwealth entities that contribute to Outcome 2</b>
<p><b>Department of Veterans' Affairs</b></p> <p><b>Program 2.1: General Medical Consultations and Services</b></p> <p>The Department of Veterans' Affairs (DVA) contributes to the Government's objectives for the Practice Nurse Incentive Program. Practices eligible for this program that provide GP services to the DVA gold card holders are eligible for an annual payment for each veteran. These practices are identified by Department of Human Services (2.3).</p>
<p><b>Food Standards Australia New Zealand<sup>2</sup></b></p> <p><b>Program 1.1: Food regulatory activity and services to the Minister and Parliament</b></p> <p>Food Standards Australia New Zealand (FSANZ) contributes to the protection of public health and safety by developing food standards for implementation by the States and Territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (2.4).</p>
<p><b>Independent Hospital Pricing Authority<sup>3</sup></b></p> <p><b>Program 1.1: Public hospital price determinations</b></p> <p>The Independent Hospital Pricing Authority determines the National Efficient Price for public hospital services, as the basis for Activity Based Funding and the National Efficient Cost for those public hospital services under block funding arrangements (2.7).</p>
<p><b>National Health Funding Body<sup>4</sup></b></p> <p><b>Program 1.1: National Health Funding Pool Administration</b></p> <p>The National Health Funding Body is responsible for the transparent and efficient administration of Commonwealth, State and Territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by the Treasury (2.7).</p>
<p><b>National Mental Health Commission<sup>5</sup></b></p> <p><b>Program 1.1: National Mental Health Commission</b></p> <p>The National Mental Health Commission provides insight, advice and evidence on ways to improve Australia's mental health and suicide prevention systems (2.1).</p>

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<sup>2</sup> Refer to the Food Standards Australia New Zealand chapter in these Portfolio Budget Statements for further information on the work of this entity.

<sup>3</sup> Refer to the Independent Hospital Pricing Authority chapter in these Portfolio Budget Statements for further information on the work of this entity.

<sup>4</sup> Refer to the National Health Funding Body chapter in these Portfolio Budget Statements for further information on the work of this entity.

<sup>5</sup> Refer to the National Mental Health Commission chapter in these Portfolio Budget Statements for further information on the work of this entity.

**Other Commonwealth entities that contribute to Outcome 2**

**The Treasury**

**Program 1.9: National Partnership Payments to the States**

The Treasury makes National Partnership Payments to the State and Territory Governments as part of the Federal Financial Relations Framework.<sup>6</sup> Activities funded through the following National Partnership Agreements contribute to the Government's objectives within this Outcome:

- Suicide prevention (2.1)
- Improving trachoma control services for Indigenous Australians (2.2)
- Rheumatic fever strategy (2.2)
- Northern Territory remote Aboriginal investment – Health component (2.2)
- Expansion of the BreastScreen Australia Program (2.4)
- National Bowel Cancer Screening Program – participant follow-up function (2.4)
- Victorian cytology service (2.4)
- Hummingbird House (2.4)
- National Coronial Information System (2.4)
- Comprehensive palliative care across the life course (2.4)
- Additional assistance for public hospitals (2.7)
- Improving Health Services in Tasmania – Reducing Elective Surgery Waiting Lists in Tasmania (2.7)
- Improving Health Services in Tasmania – Improving patient pathways through clinical and system redesign (2.7)
- Improving Health Services in Tasmania – Subacute and acute projects (2.7)
- National innovation (2.7)

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<sup>6</sup> For Budget estimates relating to the National Partnership component of the program, refer to Budget Paper No. 3 or Program 1.9 of the Treasury's Portfolio Budget Statements.

**Table 2.2.1: Budgeted Expenses for Outcome 2**

Table 2.2.1 shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by administered and departmental funding sources.

	2017-18 Estimated actual \$'000	2018-19 Budget \$'000	2019-20 Forward Year 1 \$'000	2020-21 Forward Year 2 \$'000	2021-22 Forward Year 3 \$'000
<b>Program 2.1: Mental Health <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	778,042	856,413	654,311	666,068	691,289
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	20,701	20,336	20,163	20,067	20,401
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	537	574	539	553	565
<b>Total for Program 2.1</b>	<b>799,280</b>	<b>877,323</b>	<b>675,013</b>	<b>686,688</b>	<b>712,255</b>
<b>Program 2.2: Aboriginal and Torres Strait Islander Health <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	865,806	898,519	936,038	976,060	1,016,169
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	35,229	35,409	35,018	34,903	35,469
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	918	982	923	947	967
<b>Total for Program 2.2</b>	<b>901,953</b>	<b>934,910</b>	<b>971,979</b>	<b>1,011,910</b>	<b>1,052,605</b>
<b>Program 2.3: Health Workforce</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	1,287,695	1,381,500	1,405,925	1,466,291	1,481,434
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	34,181	39,780	37,527	35,920	35,826
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	884	945	888	911	930
<b>Total for Program 2.3</b>	<b>1,322,760</b>	<b>1,422,225</b>	<b>1,444,340</b>	<b>1,503,122</b>	<b>1,518,190</b>
<b>Program 2.4: Preventative Health and Chronic Disease <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	442,472	399,893	394,021	392,087	383,076
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	43,934	44,314	43,567	43,420	44,111
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	1,121	1,200	1,128	1,157	1,182
<b>Total for Program 2.4</b>	<b>487,527</b>	<b>445,407</b>	<b>438,716</b>	<b>436,664</b>	<b>428,369</b>

**Table 2.2.1: Budgeted Expenses for Outcome 2 (continued)**

	<b>2017-18 Estimated actual \$'000</b>	<b>2018-19 Budget \$'000</b>	<b>2019-20 Forward Year 1 \$'000</b>	<b>2020-21 Forward Year 2 \$'000</b>	<b>2021-22 Forward Year 3 \$'000</b>
<b>Program 2.5: Primary Health Care Quality and Coordination</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	404,896	435,378	331,972	309,495	314,135
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	27,282	27,366	26,945	26,858	27,291
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	703	752	707	725	741
<b>Total for Program 2.5</b>	<b>432,881</b>	<b>463,496</b>	<b>359,624</b>	<b>337,078</b>	<b>342,167</b>
<b>Program 2.6: Primary Care Practice Incentives</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	352,063	365,670	365,736	371,953	377,904
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	2,216	2,223	2,199	2,191	2,226
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	57	61	57	58	59
<b>Total for Program 2.6</b>	<b>354,336</b>	<b>367,954</b>	<b>367,992</b>	<b>374,202</b>	<b>380,189</b>
<b>Program 2.7: Hospital Services <sup>(a)</sup></b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	14,474	14,832	14,954	16,057	16,298
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	25,821	24,704	22,608	22,606	22,617
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	3,739	3,740	3,515	3,607	3,684
<b>Total for Program 2.7</b>	<b>44,034</b>	<b>43,276</b>	<b>41,077</b>	<b>42,270</b>	<b>42,599</b>

**Table 2.2.1: Budgeted Expenses for Outcome 2 (continued)**

	<b>2017-18 Estimated actual \$'000</b>	<b>2018-19 Budget \$'000</b>	<b>2019-20 Forward Year 1 \$'000</b>	<b>2020-21 Forward Year 2 \$'000</b>	<b>2021-22 Forward Year 3 \$'000</b>
<b>Outcome 2 totals by appropriation type</b>					
Administered expenses					
Ordinary annual services <sup>(b)</sup>	4,145,448	4,352,205	4,102,957	4,198,011	4,280,305
Departmental expenses					
Departmental appropriation <sup>(c)</sup>	189,364	194,132	188,027	185,965	187,941
Expenses not requiring appropriation in the budget year <sup>(d)</sup>	7,959	8,254	7,757	7,958	8,128
<b>Total expenses for Outcome 2</b>	<b>4,342,771</b>	<b>4,554,591</b>	<b>4,298,741</b>	<b>4,391,934</b>	<b>4,476,374</b>

	<b>2017-18</b>	<b>2018-19</b>
<b>Average staffing level (number)</b>	997	995

- <sup>(a)</sup> Budget estimates for this program exclude National Partnership funding paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, refer to Budget Paper No.3 or Program 1.9 of the Treasury's Portfolio Budget Statements.
- <sup>(b)</sup> Appropriation (Bill No. 1) 2018-19 and Appropriation Bill/Act (No. 1, 3, 5) 2017-18.
- <sup>(c)</sup> Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No. 1)' and 'Revenue from independent sources (s74)'.
- <sup>(d)</sup> Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

### Movement of Funds

There were no movements of Administered funds between years for Outcome 2.

Outcome 2

## Planned Performance for Outcome 2

Tables 2.2.2 – 2.2.8 below detail the performance criteria for each program associated with Outcome 2. These tables also summarise how each program is delivered and where 2018-19 Budget measures have materially changed existing programs.

**Table 2.2.2: Performance Criteria for Program 2.1**

<b>Purpose</b>
Lead and shape Australia’s health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation.
<b>Outcome 2: Health Access and Support Services</b>
Support for sustainable funding for public hospital services and improved access to high quality, comprehensive and coordinated preventive, primary and mental health care for all Australians, with a focus on those with complex health care needs and those living in regional, rural and remote areas, including through access to a skilled health workforce.
<b>Program 2.1: Mental Health</b>
<p>The Australian Government continues its commitment to support Australians with, or at risk of, mental illness by improving service integration for a more effective and efficient mental health system. During 2018-19, the Government will continue to progress key initiatives underway, including mental health workforce capacity building, digital mental health initiatives, child and youth mental health initiatives, suicide prevention and national leadership.</p> <p>Through the 2018-19 Budget, the Government will:</p> <ul style="list-style-type: none"> <li>• Provide \$37.6 million to the <i>beyondblue</i> Way Back Support Service across Australia. This service provides outreach, follow-up care and practical support to people discharged from hospital after a suicide attempt. <i>beyondblue</i> will contribute \$5 million; plus contributions from State and Territory Governments.</li> <li>• Provide additional resourcing of \$12.4 million to strengthen the National Mental Health Commission, support its expanded role in monitoring and reporting on the performance of the mental health system in Australia and the implementation of the <i>Fifth National Mental Health and Suicide Prevention Plan</i>, and to ensure a cross sectoral perspective is taken to mental health policy development and reform.</li> <li>• Invest \$82.5 million to provide mental health services for residents of aged care facilities with a diagnosed mental disorder who are currently ineligible to receive some funded physiological services.</li> <li>• Provide \$20.0 million to improve social connectedness of Australians aged over 75 years, commencing with a pilot service for people assessed as having, or at high risk of, mental health and health conditions associated with social isolation and/or loneliness. The Australian College of Mental Health Nurses will be funded to co-design and implement a pilot in three regions to be selected on the basis of available workforce and that represent a cross-section of the population with various geographic and demographic profiles.</li> <li>• Provide \$4.7 million of essential funding for ‘Head to Health’,<sup>7</sup> Australia’s digital mental health gateway, to ensure its continued operation. Funding will also be provided to the ‘Head to Health’ Telephone Support Service in 2019-20.</li> <li>• Provide \$33.8 million of additional funding to support Lifeline Australia in delivering a modernised, higher quality, and more responsive telephone crisis service.</li> </ul> <p>In addition, the Government will provide \$125.0 million from the Medical Research Future Fund (MRFF) for a Million Minds Mental Health Mission.<sup>8</sup></p>

<sup>7</sup> Available at: [www.headtohealth.gov.au](http://www.headtohealth.gov.au)



Delivery
<p><b>A. Supporting people with mental illness through more and better coordinated services</b></p> <ul style="list-style-type: none"><li>• Provide frontline mental health services to meet the needs of consumers, including access to clinical mental health services for people with severe mental illness, through a stepped care model, delivered by Primary Health Networks.</li><li>• Provide easy access through multiple channels to high quality mental health information and advice, and free or low cost digital mental health services to Australians when and where they need them through 'Head to Health'.</li><li>• Work with State and Territory Governments to ensure effective transition of eligible clients to the National Disability Insurance Scheme for people with severe and complex mental illness until the Scheme is fully implemented.</li><li>• Work with State and Territory Governments to implement the provision of community mental health services to assist people with severe mental illness resulting in psychosocial disability who are not eligible for assistance through the National Disability Insurance Scheme.</li><li>• Finalise agreements with State and Territory Governments and support the national rollout of suicide prevention hotspot infrastructure.</li></ul>

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<sup>8</sup> Refer Program 1.1: Health Policy Research and Analysis for further information on the MRFF.

<b>Performance criteria</b>		
<b>A. Supporting people with mental illness through more and better coordinated services</b>		
<b>Mental health services are more coordinated and supported through the implementation of the <i>Strengthening mental health care in Australia</i> measure.</b>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
<p>Supported Primary Health Networks, service providers, and mental health stakeholders to deliver on mental health reforms by:</p> <ul style="list-style-type: none"> <li>- developing Stage 1 of the digital gateway 'Head to Health';</li> <li>- delivery of the Fifth Mental Health Plan (endorsed by the Council of Australian Governments on 4 August 2017);</li> <li>- creation of Primary Health Network regional mental health and suicide prevention plans (completed 31 March 2018); and</li> <li>- strengthening the National Mental Health Commission.</li> </ul>	<p>Support Primary Health Networks, service providers, and mental health stakeholders to continue to deliver on mental health reforms through:</p> <ul style="list-style-type: none"> <li>- monitoring progress of Primary Health Network commissioning and delivery of mental health services, for example the Way Back Support Service;</li> <li>- delivery of enhancements to 'Head to Health', including ensuring greater usability by health professionals;</li> <li>- transition of Partners in Recovery and Day to Day Living Programs into the National Disability Insurance Scheme;</li> <li>- supporting development of regional mental health and suicide prevention plans by Primary Health Networks and Local Hospital Networks, under the auspices of the <i>Fifth National Mental Health and Suicide Prevention Plan</i>;</li> <li>- continued establishment of new headspace services in rural and regional areas; and</li> <li>- commencement of Mental Health in Education initiative in schools and early learning services.</li> </ul>	<p>Support Primary Health Networks, service providers, and mental health stakeholders to continue to deliver on mental health reforms through:</p> <ul style="list-style-type: none"> <li>- ongoing monitoring of progress of Primary Health Network commissioning and delivery of mental health services.</li> </ul>
<p><b>Material changes to Program 2.1 resulting from the following measures:</b>                      There are no material changes to Program 2.1 resulting from measures.</p>		

**Table 2.2.3: Performance Criteria for Program 2.2**

<b>Program 2.2: Aboriginal and Torres Strait Islander Health</b>
<p>The Australian Government will continue delivery of high quality essential health services to Aboriginal and Torres Strait Islander peoples. The Australian Government is targeting specific health conditions that disproportionately impact Aboriginal and Torres Strait Islander peoples, such as vision impairment, hearing loss (particularly in children) and crusted scabies in remote communities. In 2018-19, the Government will continue to focus on activities that support the <i>National Aboriginal and Torres Strait Islander Health Plan 2013–2023</i>, including developing actions to address the Social Determinants and Cultural Determinants of Indigenous Health. This will form part of the revised Implementation Plan for the <i>National Aboriginal and Torres Strait Islander Health Plan 2018–2023</i> due to be released in 2019.</p> <p>In response to new and emerging health needs the Government is supporting an extension of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC).</p> <p>Through the 2018-19 Budget, the Government will boost funding for Aboriginal and Torres Strait Islander Health Professional Organisations, with funding of \$33.4 million over four years to enable further increases to the Aboriginal and Torres Strait Islander health workforce under the NATSIFAC. The Government will also expand the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program to improve access to culturally safe aged care services in remote Indigenous communities. From 2018-19 to 2021-22, the Government will provide \$105.7 million to better support older Aboriginal and Torres Strait Islander people. This will assist with meeting increased demand for services and support broader health systems to develop cultural understanding and capability.</p>
<b>Delivery</b>
<p><b>A. Supporting access to high quality essential health services for Aboriginal and Torres Strait Islander peoples</b></p> <ul style="list-style-type: none"> <li>• Implement an Indigenous Australians’ Health Programme funding model for Indigenous primary health care that will improve transparency, identify areas of need and achieve stronger health outcomes.</li> <li>• Prioritise investment in child and family health through innovative and multidisciplinary models of care.</li> <li>• Work across portfolios to improve integration of services across child and family health and early childhood services to support wellbeing and development from birth to school.</li> <li>• Maintain investment in activities that tackle Indigenous smoking rates and embed gains made to date.</li> <li>• Develop innovative and culturally appropriate approaches to prevent cancer and to improve obesity-related health behaviours among Indigenous Australians.</li> <li>• Work with the Aboriginal Community Controlled Health Sector, leadership bodies and other Aboriginal and Torres Strait Islander stakeholders to access community voices and expertise in policy and program design and evaluation.</li> <li>• Fund an extension of the delivery of culturally appropriate aged care for older Aboriginal and Torres Strait Islander peoples close to home through the NATSIFAC.</li> </ul>

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Performance criteria		
A. Supporting access to high quality essential health services for Aboriginal and Torres Strait Islander peoples		
Health outcomes of Aboriginal and Torres Strait Islander peoples are improved through implementing actions under the Implementation Plan for the <i>National Aboriginal and Torres Strait Islander Health Plan 2013–2023</i> . <sup>9</sup>		
2017-18 Estimated result	2018-19 Target	2019-20 (& beyond) Target
<p>Assessed progress against the deliverables and goals for 2018 as specified in the Implementation Plan.</p> <p>Released the <i>My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations</i>.<sup>10</sup></p> <p>The report highlights the importance of strengthening culture and tackling the social determinants to improve health outcomes. It will inform the development of the next Implementation Plan and the <i>Closing the Gap</i> refresh consultations being led by the Department of the Prime Minister and Cabinet.</p>	<p>Release revised iteration of the Implementation Plan.</p> <p>Continue work towards achieving the identified deliverables and goals for 2023 as specified in the Implementation Plan.</p> <p>Engage with the Implementation Plan Advisory Group, other Commonwealth agencies, Council of Australian Governments' Health Council and its subcommittees, Health Partnership Forums and the Indigenous health sector to progress Implementation Plan activities, including those on the social determinants of health.</p>	<p>Progress against the Implementation Plan continues to be monitored and reviewed through the Implementation Plan Advisory Group and the Aboriginal and Torres Strait Islander Health Performance Framework.</p> <p>Monitor progress of goals in the Implementation Plan.</p>

<sup>9</sup> Further information available at: [www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-implementation-plan](http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-implementation-plan)

<sup>10</sup> Further information is available at: [www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consulation](http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consulation)

Section 2 – Department Outcomes – 2: Health Access and Support Services

<b>Aboriginal and Torres Strait Islander child 0–4 mortality rate per 100,000.<sup>11</sup></b>				
<b>2016 Target<sup>12</sup></b>	<b>2017 Target</b>	<b>2018 Target</b>	<b>2019 Target</b>	<b>2020 Target</b>
101–151 <sup>13</sup>	95–143	89–135	N/A <sup>14</sup>	N/A
<b>Estimated result</b>				
145.6				
<b>Aboriginal and Torres Strait Islander chronic disease-related mortality rate per 100,000.</b>				
<b>2016 Target<sup>15</sup></b>	<b>2017 Target</b>	<b>2018 Target</b>	<b>2019 Target</b>	<b>2020 Target</b>
593–628	572–606	551–584	530–562	509–540
<b>Estimated result</b>				
779.1				
<b>The percentage of Aboriginal and/or Torres Strait Islander clients with type 2 diabetes who have had a blood pressure measurement result recorded within the previous 6 months is increased.</b>				
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 Target</b>	<b>2020-21 Target</b>	<b>2021-22 Target</b>
On track to meet target of 60–65%	60–65%	65–70%	65–70%	65–70%
<b>Material changes to Program 2.2 resulting from the following measures:</b>				
There are no material changes to Program 2.2 resulting from measures.				

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<sup>11</sup> Further information available at: [www.closingthegap.pmc.gov.au](http://www.closingthegap.pmc.gov.au)

<sup>12</sup> This measure is reported on a calendar-year basis. The targets are amended each year as new mortality data becomes available. The 2016 target and forward years are based on a trajectory required to halve the gap between Indigenous and non-Indigenous Australians by 2018. Source: AIHW National Mortality Database, calendar years 1998–2015 (which is the most up-to-date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, WA, SA and NT combined).

<sup>13</sup> Further information about the range presented here (or variability band) is available at AIHW Metadata Online Registry: [meteor.aihw.gov.au/content/index.phtml/itemId/668676](http://meteor.aihw.gov.au/content/index.phtml/itemId/668676)

<sup>14</sup> This target is linked to the *Closing the Gap* child mortality target, which ends prior to 2019.

<sup>15</sup> This measure is reported on a calendar-year basis.

**Table 2.2.4: Performance Criteria for Program 2.3**

<b>Program 2.3: Health Workforce</b>
<p>The Australian Government aims to ensure that Australia has the workforce necessary to improve the health and wellbeing of all Australians. The Government is implementing policies and delivering programs that improve the capacity, quality, distribution and mix of the health workforce to better meet the needs of the Australian community and deliver a sustainable and well distributed health workforce.</p> <p>Through the 2018-19 Budget the Government will improve access to health services for people living in regional, rural and remote Australia through the introduction of <i>A Stronger Rural Health Strategy</i> focusing on teaching, training, recruitment and retention.</p> <p>The Strategy will support a sustainable, high quality and capable Australian trained health workforce engaged in team-based and multidisciplinary models of primary health care. The strategy recognises the role of the Commonwealth, complementing State and Territory based activities, to support a well-distributed, high quality health workforce.</p>
<b>Delivery</b>
<p><b>A. Supporting a well-distributed health workforce across Australia</b></p> <ul style="list-style-type: none"> <li>• Support distribution of the workforce in regional, rural and remote areas through teaching programs, including the establishment of the Murray-Darling Medical School Network.</li> <li>• Improve the distribution of the workforce through improved incentives for doctors, nurses and allied health professionals.</li> <li>• Ensure workforce resources are targeted to specific need with a new tool that will enable more sophisticated analyses of community health need and associated health workforce requirements.</li> </ul> <p><b>B. Improving the quality of the health workforce</b></p> <ul style="list-style-type: none"> <li>• Improve GP training arrangements, incentives and targeted support for GPs to achieve specialist recognition.</li> <li>• Provide training programs to develop a workforce that will provide high quality services and meet community need, through programs such as the Specialist Training Program.</li> </ul>

Performance criteria									
A. Supporting a well-distributed health workforce across Australia									
<p><b>Effective investment in workforce programs will improve the distribution of the health workforce.</b></p> <p>a. The number of general practitioners<sup>16</sup> in Australia.</p> <p>b. The number of non-general practice medical specialists<sup>17</sup> in Australia.</p> <p>c. The number of nurses<sup>18</sup> working in General Practices in Australia.</p> <p>d. The number of allied health practitioners<sup>19</sup> working in General Practices in Australia.</p>									
2017-18 Estimated result		2018-19 Target		2019-20 Target		2020-21 Target		2021-22 Target	
Cities <sup>20</sup>	Rural <sup>21</sup>	Cities	Rural	Cities	Rural	Cities	Rural	Cities	Rural
a. 19,917	8,614	20,315	8,786	20,721	8,962	21,136	9,141	21,558	9,324
b. 27,541	5,098	28,091	5,148	28,653	5,200	29,226	5,252	29,811	5,304
c. 24,650	15,784	25,389	16,100	26,199	16,422	27,085	16,750	28,055	17,085
d. 2,750	648	2,841	668	2,941	708	3,063	730	3,209	752
B. Improving the quality of the health workforce									
<p><b>Ensuring Australians have access to high quality services provided by qualified health practitioners through training delivered in all areas of Australia.</b></p> <p>a. Percentage of medical practitioners working in general practice with fellowship of either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.</p> <p>b. The percentage of general practice training outside major cities.<sup>22</sup></p> <p>c. Proportion of Specialist Training Program activity in rural areas.<sup>23</sup></p>									
2017-18 Estimated result		2018-19 Target		2019-20 Target		2020-21 Target		2021-22 Target	
a. 76.0%		76.6%		77.2%		77.8%		78.4%	
b. 50.0%		50.0%		50.0%		50.0%		50.0%	
c. 39.0%		40.0%		42.0%		45.0%		45.0%	
Material changes to Program 2.3 resulting from the following measures:									
<ul style="list-style-type: none"> <li>A Stronger Rural Health Strategy</li> </ul>									

<sup>16</sup> General practitioners are defined as medical practitioners with fellowship, or training towards fellowship under an accredited training program, of the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.

<sup>17</sup> Non-general practice medical specialists are defined as medical practitioners with fellowship, or training towards fellowship under an accredited training program, of a medical college recognised by the Medical Board of Australia, working in private practice, except those classified as General Practitioners above.

<sup>18</sup> Nurses, as defined under the National Law.

<sup>19</sup> Allied Health Practitioners are defined as workers registered under one of the 15 professions under the National Law.

<sup>20</sup> Defined as locations identified as major cities under the geographic classification Modified Monash Model (Modified Monash area 1).

<sup>21</sup> Defined as Modified Monash areas 2-7.

<sup>22</sup> Defined as locations identified as outside major cities under the Australian Standard Geographical Classification – Remoteness Area system (ASGC-RA 2-5). Target assumes an ongoing intake of 1,500 registrars per year, and that fellowship requirements, which are outside the scope of the Department, remain unchanged.

<sup>23</sup> Defined as participants in the Commonwealth-funded Specialist Training Program, reported for the calendar years ending during the relevant financial year, training in areas identified as rural under the Australian Standard Geographical Classification – Remoteness Area system (ASGC-RA 2-5).

**Table 2.2.5: Performance Criteria for Program 2.4**

<b>Program 2.4: Preventive Health and Chronic Disease Support</b>
<p>The Australian Government aims to improve the health and wellbeing of Australians and to reduce the rates of preventable mortality and morbidity caused by chronic disease, substance misuse and other risk factors (such as tobacco use and dietary risks). This will be achieved through evidence-based promotion of healthy lifestyles, early detection of cancer and other conditions, and through the implementation of relevant strategies.</p> <p>In the 2018-19 Budget, the Government has committed to ensuring Australians receive appropriate care through all stages of life through:</p> <ul style="list-style-type: none"> <li>• the <i>Healthy Active Beginnings</i> package, which will focus on getting children under five years of age physically active and encouraging their parents to be active and eat well, including during pregnancy;</li> <li>• a \$3.0 million healthy pregnancies program, enabling health professionals give parents-to-be simple and effective guidance on healthy weight, nutrition and physical activity before and during pregnancy;</li> <li>• developing a new National Injury Prevention Strategy aimed at reducing childhood injuries and ongoing repercussions such as physical or mental impairment;</li> <li>• increasing GP knowledge of endometriosis, a progressive chronic condition that can lead to infertility in women, and Spinal Muscular Atrophy, an inherited genetic muscle wasting disease;</li> <li>• a new interactive online check at 45 and 65 years of age that will assist people to assess, reduce and limit the impact of chronic disease; and</li> <li>• investing \$32.8 million over four years to improve palliative care for older Australians living in residential aged care.</li> </ul> <p>In addition, the Government will invest \$39.5 million to extend the pertussis (whooping cough) vaccine to pregnant women.<sup>24</sup> \$17.5 million will also be provided from the Medical Research Future Fund (MRFF) for women’s health research focusing on maternal health and the first 2,000 Days.<sup>25</sup></p>
<b>Delivery</b>
<p><b>A. Improving public health and reducing the incidence of chronic disease and complications through promoting healthier lifestyles</b></p> <ul style="list-style-type: none"> <li>• Provision of national guidance and initiatives to prevent and reduce chronic conditions and complications through the National Strategic Framework for Chronic Conditions (the Framework). The Framework moves away from a disease-specific approach and provides high level guidance for the development of future initiatives to deliver a more effective and coordinated response to chronic conditions and their risk factors.</li> <li>• Operationalise the goals of the <i>Australian National Diabetes Strategy 2016–2020</i> through its implementation plan (released December 2017) to consistently and efficiently prevent and manage diabetes. The plan identifies priority diabetes-related actions that include addressing gaps in current diabetes direction and investment, minimising duplication of effort across all sectors and ensuring the current focus of activity remains strong and relevant into the future.</li> </ul>

<sup>24</sup> Refer Program 5.3: Immunisation for further information on vaccines.

<sup>25</sup> Refer Program 1.1: Health Policy Research and Analysis for further information on MRFF.



**B. Supporting the development of preventive health initiatives**

- Encourage and enable improved nutrition through the Healthy Food Partnership including the Reformulation Working Group, Health Star Rating system and the Australian Guide to Healthy Eating, which aim to help Australians make healthier food choices.
- Continue to encourage Australians to achieve a healthy lifestyle through increased physical activity, including through the Healthy Heart Initiative and *Girls Make Your Move* campaign.

**C. Improving early detection, treatment and survival outcomes for people with cancer and supporting access to palliative care services**

- Continue to actively invite Australians to participate in cancer screening programs such as the National Bowel Cancer Screening Program, the National Cervical Screening Program, and the BreastScreen Australia Program, which increases the chances of detecting cancer early and saving more lives.
- Continue implementation of the National Cancer Screening Register, which commenced operation on 1 December 2017. This includes both the National Cervical Screening Program and the National Bowel Cancer Screening Program.
- Continue to promote the renewed National Cervical Screening Program and implement national quality and safety monitoring of the updated program.
- Support the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities and supporting advance care planning.

**D. Preventing and reducing harm to individuals and communities from alcohol, tobacco and other drugs**

- Continue to implement the *National Drug Strategy 2017–2026* (the Strategy), a long-term framework to reduce and prevent the harms associated with alcohol and other drugs, including health, social and economic harms among individuals, families and communities. This includes a number of sub-strategies, including the National Ice Action Strategy, which continues to be implemented.
- Finalise the next iteration of the National Alcohol Strategy and the National Tobacco Strategy, and continue to focus on the priority areas identified.
- Support the implementation of the National Tobacco Campaign to focus on high prevalence groups, including Aboriginal and Torres Strait Islander peoples, people from disadvantaged backgrounds and people in rural, regional and remote areas.
- Continue to implement the 2016-17 Budget measure *Taking More Action to Prevent Fetal Alcohol Spectrum Disorders*, which provided \$10.5 million over four years, through delivery of projects to raise awareness, improve diagnosis, and support families and individuals impacted by Fetal Alcohol Spectrum Disorders.
- Coordinate Australia's engagement on international tobacco and illicit drug issues, including our obligations under various international drug treaties.

<b>Performance criteria</b>		
<b>A. Improving public health and reducing the incidence of chronic disease and complications through promoting healthier lifestyles</b>		
<b>National guidance is provided to States and Territories, and health professionals, on strategies to reduce the prevalence of chronic conditions and associated complications.</b>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
<p>The National Diabetes Strategy Implementation Plan was released December 2017. A reporting framework for the National Strategic Framework for Chronic Conditions is in development.</p> <p>Work continues on the Australian National Breastfeeding Strategy, detailing the extensive evidence base and providing the opportunity for community consultation. The strategy is expected to be delivered later in 2018.</p>	<p>Release of reporting framework for the National Strategic Framework for Chronic Conditions.</p> <p>Implement Commonwealth responsibilities under the National Diabetes Strategy Implementation Plan.</p> <p>Develop action plans for a number of diseases identified as a priority, including:</p> <ul style="list-style-type: none"> <li>- Endometriosis;</li> <li>- Arthritis;</li> <li>- Childhood Heart Disease;</li> <li>- Inflammatory Bowel Disease;</li> <li>- Lung Disease; and</li> <li>- Macular Disease.</li> </ul> <p>Australian Health Ministers' Advisory Council and Council of Australian Governments' Health Council approval of the Submission on the Australian National Breastfeeding Strategy by the end of 2018.</p>	<p>Implement Commonwealth responsibilities under the Australian National Breastfeeding Strategy.</p> <p>Establish processes to implement a performance monitoring and review framework for the Australian National Breastfeeding Strategy.</p> <p>Implement priority actions identified under disease-specific action plans.</p>

<b>B. Supporting the development of preventive health initiatives</b>		
<b>National leadership is provided to support people to make informed decisions and healthy lifestyle choices.</b>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
<p>Ongoing collaboration has been undertaken between Government, food industry bodies and public health groups through the Healthy Food Partnership Working Groups, including the Portion Size and Reformulation Working Groups, to empower food manufacturers to make positive changes.</p> <p>Continued to oversee the ongoing development and implementation of the Healthy Heart Initiative to encourage healthy lifestyles by:</p> <ul style="list-style-type: none"> <li>- monitoring the development of training and education material for general practitioners to better support their patients;</li> <li>- collaborating with the Heart Foundation to deliver a steps competition using technology to support increased physical activity; and</li> <li>- monitoring the development of a competition which encourages innovative physical activity ideas in schools, universities and community environments.</li> </ul>	<p>Increase in the number of businesses adopting the Health Star Rating System and an increase in products displaying Health Star Ratings.<sup>26</sup></p> <p>Encourage collaboration between Government, food industry bodies and public health groups through the Healthy Food Partnership Working Groups, including the Portion Size and Reformulation Working Groups, to empower food manufacturers to make positive changes.</p> <p>Encourage healthy lifestyles through increased physical activity and better nutrition through the Healthy Heart Initiative, including:</p> <ul style="list-style-type: none"> <li>- develop training and education material/resources for general practitioners to support their patients;</li> <li>- a steps competition, promoting innovative uses of technology to support increased physical activity; and</li> <li>- encourage innovative physical activity ideas in schools, universities and community environments.</li> </ul> <p>Improve the long-term health of Australians, including through the development of:</p> <ul style="list-style-type: none"> <li>- resources to support families to manage their weight, improve their diet and increase exercise levels;</li> <li>- resources to encourage women to better manage gestational diabetes; and</li> <li>- a new National Injury Prevention Strategy.</li> </ul> <p>Implement a grants program to increase levels of physical activity in over 65 year olds.</p>	<p>A five year review of the Health Star Rating System and adoption of recommendations to be completed in 2019-20.</p> <p>Further develop resources, tools and innovative technology uses through the Healthy Heart Initiative.</p>

**Outcome 2**

<sup>26</sup> Data not available for 2017-18. Full year results will be published in the 2017-18 Department of Health Annual Report.

<b>C. Improving early detection, treatment and survival outcomes for people with cancer and supporting access to palliative care services</b>				
<b>The percentage of people participating in the National Bowel Cancer Screening Program is increasing.<sup>27</sup></b>				
<b>Jan 2017 – Dec 2018 Estimated result<sup>28</sup></b>	<b>Jan 2018 – Dec 2019 Target</b>	<b>Jan 2019 – Dec 2020 Target</b>	<b>Jan 2020 – Dec 2021 Target</b>	<b>Jan 2021 – Dec 2022 Target</b>
Data not available <sup>29</sup>	53.1%	56.6%	56.6%	56.6%
<b>The percentage of women 50–74 years of age participating in BreastScreen Australia is maintained.<sup>30</sup></b>				
<b>Jan 2017 – Dec 2018 Estimated result<sup>31</sup></b>	<b>Jan 2018 – Dec 2019 Target</b>	<b>Jan 2019 – Dec 2020 Target</b>	<b>Jan 2020 – Dec 2021 Target</b>	<b>Jan 2021 – Dec 2022 Target</b>
54%	54%	54%	54%	54%
<b>The percentage of women in the target age group (20–69 years) participating in the National Cervical Screening Program is maintained.<sup>32,33</sup></b>				
<b>Jan 2017 – Dec 2018 Estimated result<sup>34</sup></b>	<b>Jan 2018 – Dec 2019 Target</b>	<b>Jan 2019 – Dec 2020 Target</b>	<b>Jan 2020 – Dec 2021 Target</b>	<b>Jan 2021 – Dec 2022 Target</b>
57%	57%	57%	57%	57%

<sup>27</sup> Participation is defined as the percentage of people invited to screen through the National Bowel Cancer Screening Program over a two year period (1 January to 31 December) who return a completed screening test within that period or by 30 June of the following year.

<sup>28</sup> This measure is reported on a rolling two-calendar-year basis.

<sup>29</sup> As there is a time lag between an invitation being sent, allowing time for the invitee to participate, testing of results and collection of data from the National Bowel Cancer Screening Program Register, final participation rates for 2017-2018 will be published by the Australian Institute of Health and Welfare in late 2019.

<sup>30</sup> Participation in the BreastScreen Australia Program has remained stable over the past five years. The ongoing participation trend is expected to remain stable over the forward years.

<sup>31</sup> This measure is reported on a rolling two-calendar-year basis.

<sup>32</sup> From 1 December 2017, the two yearly Pap test for women 18 to 69 years of age changed to a five yearly Human Papillomavirus test for women 25 to 74 years of age.

<sup>33</sup> Data is not available to forecast forward year targets. Targets will be updated following implementation of the renewal of the National Cervical Screening Program and the National Cancer Screening Register.

<sup>34</sup> This measure is reported on a rolling two-calendar-year basis. This period includes the implementation of the new Cervical Screening Test. The aim of the renewed National Cervical Screening Program is to maintain participation rates.

<b>Capability is built through national leadership to ensure that Australians are provided with high quality palliative care.</b>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
Implementation of national palliative care projects focusing on workforce education, carer support, community awareness, quality improvement, and advance care planning were delivered. An updated National Palliative Care Strategy was released for public consultation in August 2017.	Implement national projects that improve access to high quality palliative care and service delivery, and provide support for people who are dying, their families and carers. Finalise and release the revised National Palliative Care Strategy by December 2018. Implement the <i>More Choices for a Longer Life - healthy ageing and high quality care</i> measure, commencing with bilateral negotiations with each jurisdiction.	Implement national projects that improve access to high quality palliative care and service delivery, and provide support for people who are dying, their families and carers. Continue to implement and commence a national evaluation of the <i>More Choices for a Longer Life - healthy ageing and high quality care</i> measure.

**Outcome 2**

<b>D. Preventing and reducing harm to individuals and communities from alcohol, tobacco and other drugs</b>				
<b>National direction supports a collaborative approach to preventing and reducing the harms from alcohol, tobacco and other drugs.</b>				
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>		
<p>Implementation of Commonwealth funded activities under the National Ice Action Strategy is almost complete.</p> <p>Funding provided to support the delivery of alcohol and other drug treatment services.</p> <p>Fetal alcohol spectrum disorders resources developed and promoted.</p> <p>National Drug Campaign delivered.</p> <p>Annual Report on the National Ice Action Strategy provided to the Council of Australian Governments from the Ministerial Drug and Alcohol Forum in December 2017.</p> <p>Working group established under the National Drug Strategy Committee to oversee the development of the implementation plan for the National Drug Strategy.</p> <p>National Drug Strategy Committee and the Ministerial Drug and Alcohol Forum met twice to oversee and monitor the progress of the National Drug Strategy, and associated sub-strategies.</p>	<p>Continue investment in quality alcohol and drug treatment services.</p> <p>Continue to build the evidence base in relation to alcohol and drugs through high quality research.</p> <p>Work with States and Territories, and other relevant agencies to:</p> <ul style="list-style-type: none"> <li>- finalise the next iteration of the National Alcohol Strategy and the National Tobacco Strategy and continue to focus on the priority areas identified; and</li> <li>- continue reporting on the National Drug Strategy and associated sub-strategies.</li> </ul>	As per 2018-19.		
<b>The percentage of the population 18 years of age and over who are daily smokers is reduced.<sup>35,36</sup></b>				
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 Target</b>	<b>2020-21 Target</b>	<b>2021-22 Target</b>
Data not available	10%	To be determined	To be determined	To be determined
<b>Material changes to Program 2.4 resulting from the following measures:</b>				
There are no material changes to Program 2.4 resulting from measures.				

<sup>35</sup> This measure is being monitored using the Australian Bureau of Statistics (ABS) National Health Survey and refers to age-standardised rates of daily smokers. Results from the next ABS National Health Survey are expected to be released in early 2019.

<sup>36</sup> Targets set for 2017-18 and 2018-19 are based on a 2018 performance benchmark previously agreed to by COAG in the 2008 National Healthcare Agreement and its 2012 update. Targets for 2019-20, 2020-21 and 2021-22 will be confirmed in 2018-19, and informed by the next iteration of the National Tobacco Strategy.

**Table 2.2.6: Performance Criteria for Program 2.5**

<b>Program 2.5: Primary Health Care Quality and Coordination</b>		
<p>The Australian Government aims to strengthen primary care by focusing funding to frontline health services and improving the access, delivery, quality and coordination of primary healthcare services. This will help improve health outcomes for patients, focusing on those who are most in need, including those with chronic conditions or mental illness. It will also assist in reducing unnecessary visits or admissions to hospitals.</p> <p>In 2018-19, the Government's Primary Health Networks Program will continue to support healthcare providers across Australia to deliver quality, coordinated care and improve access to primary health care. Primary Health Networks will also deliver mental health services, including the <i>beyondblue</i> Way Back Support Service that will provide practical support to people discharged from hospital after a suicide attempt.</p>		
<b>Delivery</b>		
<p><b>A. Strengthening primary health care through improved quality and coordination</b></p> <ul style="list-style-type: none"> <li>• Support Primary Health Networks to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve care coordination and integration.<sup>37</sup></li> <li>• Support measures that improve the coordination and integration of services for people living with chronic and complex conditions to help maintain good health, such as Health Care Homes.<sup>38</sup></li> <li>• Support the delivery of health information, advice and services through interactive communication technology to better assist people in caring for themselves and their families.</li> </ul>		
<b>Performance criteria</b>		
<p><b>A. Strengthening primary health care through improved quality and coordination</b></p>		
<p><b>Efficiency and effectiveness of health services and coordination of care at the local level is improved.</b></p>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
All Primary Health Networks engaged with their local healthcare providers, including Local Hospital Networks (or their equivalent) and other stakeholders to work towards improving the efficiency and effectiveness of health services and care coordination for their communities.	All Primary Health Networks monitor and evaluate their commissioned services to inform future commissioning and continuous improvement.	All Primary Health Networks are supporting general practices and other healthcare providers to deliver quality, coordinated care to people in their Primary Health Network region.

<sup>37</sup> Further information available at: [www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home)

<sup>38</sup> Further information available at: [www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes)

<b>Continuity of care and coordinated services for patients with chronic and complex illnesses is improved.</b>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
Commenced patient enrolment and service delivery through Health Care Homes. Delivered training modules successfully to selected practices. Implemented ongoing support mechanisms to support Health Care Homes. Implemented evaluation framework across enrolled practices and patients.	Increase eligible patient enrolment in Health Care Homes. Ongoing support mechanisms effectively supporting Health Care Homes practices. Delivery of interim evaluation report to Government by 30 June 2019. <sup>39</sup>	Delivery of final evaluation report to Government by 30 June 2020. <sup>40</sup>
<b>Access to health advice, information and support services for the Australian community is improved.</b>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
Continued to provide access to trusted healthcare information, advice and counselling services and improve information on local health and community services through the National Health Service Directory.	Continue to provide access to trusted healthcare information, advice and counselling services and improve information on local health and community services through the National Health Service Directory.	As per 2018-19.
<b>Material changes to Program 2.5 resulting from the following measures:</b>		
There are no material changes to Program 2.5 resulting from measures.		

<sup>39</sup> The evaluation of the stage one trial Health Care Homes will inform Government consideration of the national rollout of the program.

<sup>40</sup> Ibid.



**Table 2.2.7: Performance Criteria for Program 2.6**

<b>Program 2.6: Primary Care Practice Incentives</b>				
The Australian Government provides incentive payments to general practices and general practitioners through the Practice Incentives Program (PIP) to support activities that encourage continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients.				
<b>Delivery</b>				
<b>A. Supporting quality care, enhanced capacity and improved access through general practice incentives</b>				
<ul style="list-style-type: none"> <li>Provide general practice incentive payments through the PIP, including the PIP After Hours Incentive, the PIP eHealth Incentive, the Rural Loading Incentive, and the Teaching Payment.</li> </ul>				
<b>Performance criteria</b>				
<b>A. Supporting quality care, enhanced capacity and improved access through general practice incentives</b>				
<b>Access to accredited general practitioner care maintained through percentage of general practitioner patient care services provided by Practice Incentives Program practices.</b>				
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 Target</b>	<b>2020-21 Target</b>	<b>2021-22 Target</b>
84.2%	≥84.2%	≥84.2%	≥84.2%	≥84.2%
<b>Material changes to Program 2.6 resulting from the following measures:</b>				
There are no material changes to Program 2.6 resulting from measures.				

**Outcome 2**

**Table 2.2.8: Performance Criteria for Program 2.7**

<b>Program 2.7: Hospital Services</b>		
<p>The Australian Government aims to improve access to, and the efficiency of, public hospitals through the provision of funding to States and Territories.</p> <p>A new National Health Agreement is due to be agreed by the Council of Australian Governments by the end of 2018, for implementation from 1 July 2020. The Government will increase funding to public hospitals by \$30.2 billion to \$130.2 billion between 2020-21 and 2024-25. As at May 2018, the Australian Capital Territory, New South Wales, South Australia, Western Australia, the Northern Territory and Tasmania had signed the agreement. In addition the Government will invest \$100 million in the Health Innovation Fund. The Commonwealth and States and Territories have also agreed to work together on six key reforms: paying for value; joint planning and funding at a local level; nationally cohesive health technology assessment; empowering people through health literacy; prevention and wellbeing; and, enhanced health data.</p>		
<b>Delivery</b>		
<p><b>A. Supporting the States and Territories to deliver efficient public hospital services</b></p> <ul style="list-style-type: none"> <li>• Support the Government through the provision of timely and effective policy advice on public hospital funding matters.</li> </ul>		
<b>Performance criteria</b>		
<p><b>A. Supporting the States and Territories to deliver efficient public hospital services</b></p>		
<p><b>Advice is provided to the Minister and external stakeholders in relation to public hospital funding policy.</b></p>		
<b>2017-18 Estimated result</b>	<b>2018-19 Target</b>	<b>2019-20 (&amp; beyond) Target</b>
<p>Advice and analysis provided to the Minister and external stakeholders in relation to public hospital funding, including:</p> <ul style="list-style-type: none"> <li>– implementation of the National Health Reform Agreement Addendum; and</li> <li>– development of longer-term public hospital funding arrangements.</li> </ul>	<p>Provide advice and support the development of a new Agreement on public hospital funding arrangements.</p>	<p>Provide advice and analysis in relation to public hospital funding.</p>
<p><b>Material changes to Program 2.7 resulting from the following measures:</b></p> <p>There are no material changes to Program 2.7 resulting from measures.</p>		