

THE HON NICOLA ROXON MP

Consumers Health Forum 21st Birthday

Celebrate, Challenge and Change Summit 2008

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E&OE

Acknowledgements

It's not often these days that I attend 21st birthday celebrations and even less often that they start at 9 o'clock in the morning!

It is however a very sensible starting time when the celebration is as much about the challenges and opportunities for the future as it is about marking the years gone by.

The Consumers Health Forum was formed by my predecessor Neal Blewett on this day in 1987. It has grown from a fledgling organisation to become a national voice for health consumers. While some in the health system may have resisted consumer participation in the beginning, it is now more widely accepted that consumers should have a central role as the users and beneficiaries of health care and, ultimately, the ones who pay for it. While once the consumer voice was heard only at the margins of the health system, now the CHF helps facilitate the appointment of consumer representatives on more than 200 national health-related committees.

The national secretariat of the CHF has received funding since 1991 through successive governments, including more than \$350,000 this financial year from the Commonwealth, as well as funding for a range of project-based work.

The reason for the Forum's longevity and continued ability to attract government support is, without doubt, your focus on outcomes and effective advocacy for the Australian people. Health care – like most other services – works better when consumers are partners in decision-making – something the Rudd Government is acutely aware of.

Accordingly, it is very encouraging to see the contributions being made by consumers to some of the key reform processes the Government is undertaking, such as submissions to the National Health and Hospitals Reform Commission and Mitch Messer's contribution to the National Primary Health Care Strategy Reference Group. Consumers need to participate in each of the specific consultation processes the Government has established – in primary care, prevention, and men's health for example – so that the consumer perspective informs each area of policy reform.

One example where the Government thinks a consumer perspective is vital is our decision to conduct a Maternity Services Review – for example, we want to understand why rates of caesarean section are so high in Australia – this is something we think the consumer can assist us with.

In Australia caesarean sections have increased from 18% in 1991 to just over 30% of births in 2005, well above the World Health Organisation's recommendation that

caesarean sections should only be necessary for fewer than 10% of women, with 15% being an upper limit for surgical intervention.

We think this is a good space for the CHF to be in, representing the views of health consumers and ensuring we are hearing from as wide a perspective as possible on this important issue.

The CHF needs to use its position to ensure it is strongly heard. While the dedication of most health professionals to their patients cannot be doubted, still too often we only hear from organisations and professions arguing that they speak for their patients, not the true voice of patients themselves.

Patients have a wealth of personal experience to share that can contribute to improving our health system; the CHF has a vital role to play in ensuring the patient's voice is as loud as it needs to be.

Of course, the great majority of people encountering our health system have a positive experience. But when the flipside occurs, it is not easy to provide feedback – further highlighting the importance of groups like the CHF in empowering patients.

There's still a whole lot of work to do to ensure that Australia's health system is focused on health consumers, and provides them with the information and the opportunity to be full participants in managing their care.

I would like, in my speech this morning, to explain what early steps we have taken to support consumers, and how we see our broader health reform agenda benefiting consumers and how the consumer movement can help us achieve these benefits.

Early steps for consumers under the Rudd Government

A number of issues addressed by the Government in the last 10 months have been on the CHF agenda for up to 21 years in one form or another. While these early steps aren't all things that have hit the headlines, they are all important steps in better supporting consumers' roles and rights, and the valuable perspective they bring.

I'll run through some examples:

Safety and Quality

As long ago as 1990, CHF raised the need for a health rights charter.

Finally 18 years after the CHF first raised it – on 22 July 2008 – the Australian Health Ministers endorsed the Australian Charter of Healthcare Rights and its use as the pre-eminent healthcare charter for Australia.

The Charter specifies the key rights of patients and consumers when seeking and receiving healthcare services. These rights are Safety, Respect, Communication, and Participation in decisions and choices about care, Privacy, Access, and the right to Comment on care and to have concerns addressed. The agreement by Health Ministers to a single national charter will help support a more cohesive and unified approach to supporting health rights for consumers.

Health Workforce Registration and Accreditation

In 1987 CHF advocated national registration and accreditation in its Submission to the Inquiry into Medical Education and Workforce.

Early this year COAG agreed on a National Registration and Accreditation system for the health professions to be put in place by 1 July 2010. This national scheme will provide greater safeguards for consumers and promote a more flexible and sustainable health workforce. Consumer input to the implementation of this scheme is crucial and my department has recently committed \$100,000 to CHF to coordinate input from consumers' network

Pharmaceutical Benefits Scheme listings

During 2006 CHF provided a number of submissions to the PBS reforms, on access to medicines and transparency of the Pharmaceutical Benefits Advisory Committee.

Three weeks ago on 24 September I was pleased to announce that members of the public now will be able to comment directly on medicines being considered for listing on the PBS.

PBAC meeting agendas will be publicly available six weeks before each meeting, and individuals or groups will have two weeks to complete an online application describing how the listing of a medicine being considered by PBAC would benefit them or people they know.

In addition to these reforms, the Government has reinforced its commitment to consumer representation through appointments to a number of key positions. This includes, for example, the appointment of Ms Libby Davies as a consumer representative on the board of the Australian Institute of Health and Welfare, a position that had been left vacant since 2004.

Beyond these initial steps, the Government is pursuing a much broader health reform agenda to equip Australia's health system for the future. I want to highlight two of the key areas in this reform agenda where consumers' interests and role are central: information and accountability, and reorienting the health system to support preventative health.

Information and accountability

As some of you would be aware, in the reforms we are negotiating with our state and territory counterparts there is a big focus on improving accountability and transparency.

We are currently working towards a nationally consistent system of activity-based funding system for public hospitals, and a more accountable and transparent set of performance indicators for the public hospital system.

Our work in the public sphere is well advanced – but it won't stop there. We will also be talking more with the private sector over the coming weeks and months about how best to include private providers under a nationally consistent reporting system. Ultimately, we are looking to collect a nationally consistent set of performance indicators which would apply to public and private providers.

This will ultimately deliver enormous benefits. Transparency and accountability create strong advantages for consumers, both as people who use health services and as taxpayers who ultimately pay for them.

For example, comparable data on quality of care, like adverse events or infection rates for super-bugs such as MRSA, will allow consumers to legitimately distinguish between effective and less effective providers of health care – which will allow them to make informed decisions. We all want to know that our health system is operating as effectively and efficiently as possible.

Ultimately, these changes will help to drive greater efficiency and quality from the health system.

Of course, consumers are not only interested in knowing about the quality and efficiency of health services – cost is also important, especially when consumers face significant out-of-pocket costs.

While there have been efforts in recent years to increase the incidence of informed financial consent, some people – too many people – are still experiencing large, unexpected out-of-pocket costs. According to a 2007 survey, 42% of all private patients incurred a gap, with an average gap of \$787. A ‘surprise’ gap occurred in about 1 in 6 hospital episodes.

While this means that the vast majority of doctors operate professionally and have good systems, a minority cast an undeserved shadow over the entire medical community and reduce the perceived value of private health insurance for consumers.

I strongly believe that consumers should have the right that doctors seek their unambiguous informed financial consent before a service. While this would not apply to cases where obtaining consent is genuinely not feasible – such as emergencies or where the patient is unconscious – it should be more strongly reinforced than currently. So I am seeking feedback on how we can best fix this problem once and for all, so that all patients can provide informed financial consent as a matter of course.

Consumers could also benefit if more information were available about the average charges for dental services, so that they can see how their providers measure up. It surprises me that this information – along with data on quality and performance – is not more widely available. I am keen to see what more can be done.

I am also considering whether consumers could benefit from greater information in relation to annual premium increases for private health insurance. At present, the Government releases the average cost of premium rises across all health funds. Consumers could benefit if the average increase for each fund were also released, allowing consumers to compare their insurer’s performance against alternatives, thereby driving more competition.

In all of these areas, consumers will benefit from the rigour produced by greater transparency and the empowerment provided through better information. Realising these benefits will not be easy – there will always be some interests who would prefer consumers to accept whatever they are told and pay whatever they are charged. That’s why we need a strong and vibrant consumer movement pressing the case for reform.

I made the point earlier that consumer voices have not always been as strong as they could be, despite the efforts of organisations like your own.

It is an important point, with ramifications for the development of health policy in the public sphere.

While I have enormous respect for doctors and the priority they place on their patients, it is also important to acknowledge that the views of the profession do not always mirror the views of the wider public, who consume health services.

I say often that we need to develop a patient-focused health system. I mean it – if we do not deliver this through our health reforms, then we will have failed. There are many stakeholders in health – it is, after all, central to all of our lives – and there will always be many voices fighting to be heard – but it is important to acknowledge that for too long, the voices of patients have been far too marginal in the most important debates.

This explains why the Rudd Government is determined to ensure wider consumer involvement, and why we will be listening closely to what you have to say.

Returning to the specific point I was making - in the end, more and better information across the health system will enable consumers to judge quality and value for themselves. It will enable them to make informed decisions. And it will ultimately put consumers back in control of their own health care.

Preventative Health

Last week, I launched an important discussion paper from the expert taskforce which is helping me to draw up a National Preventative Health Strategy. I hope that this paper will foster debate on what is one of the key challenges facing our health system, and a central element of the Government's reform agenda.

While our health system has served us well in many respects, it has been focussed almost exclusively on curing disease once it has developed – not heading it off.

The increasing prevalence of chronic diseases has had a major impact on our economy. They adversely affect work performance and productivity, and lead to greater time out of the workforce, which benefits neither individuals nor the economy as a whole.

Moreover, poor health and poverty are strongly linked: health status is a major indicator of socio-economic status. Rates of diabetes, heart disease or infant mortality – all of these are clear markers of rates of disadvantage.

Most worrying of all, the Preventative Health Taskforce warns that if current trends continue unabated our children are likely to die two years younger than we do.

Our health system is focused on supporting people once they have an acute disease. But in a choice between the ambulance at the bottom of the cliff, or the safety fence at the top, we all know which one we'd choose.

What we need is a wholesale re-orientation of the health system to promote preventative health.

The Preventative Health Taskforce's discussion paper stresses that the changes we need are not just a matter for doctors or governments. Not even the best health services in the world can stop people becoming ill without some shared responsibility. While governments and the medical professions certainly have a role to play, individuals, families, communities, schools, workplaces, and industries must also be involved in this major change of direction.

Once again, consumer involvement and action is crucial to this.

The Preventative Health Taskforce's discussion paper throws up a range of possible options to combat the rising tide of preventable chronic disease. Many of the ideas will be contentious – and I hope that there will be a vigorous discussion in the community on how to best prevent disease and promote good health. A consumer perspective on these issues will be essential.

In conclusion, it is a great pleasure for me to be with you at the Consumers Health Forum for your 21st birthday.

There are big challenges ahead: to modernise Australia's health system so that it can be more responsive to the needs of consumers, to reorient it so that it prevents as well as cures disease, and to ensure that a vigorous and true consumer voice is heard through all the debates on our health system's future. And as you can see, consumers and better outcomes for their health are at the very heart of our reform agenda. I hope you share my excitement about the opportunity for the Government and consumers to work closely together in restoring and revitalising our health system for the future.

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