s22 /OATSIH/Health
12/08/2009 10:42 AM

To s22 /OATSIH/Health@Health_gov_au
cc
bcc
Subject Rec 61 [SEC=UNCLASSIFIED]

3

UNCLASSIFIED

Hi s22

I have attached the very rough and basic plan from my notes re: rec 61 (the Authority) below.

I'm still working on making this a 2 page doc.

Happy to discuss.

Cheers,

s22

Rec 61 paper plan.doc

s22

Funding Policy Section | Office for Aboriginal and Torres Strait Islander health | Department of Health and Ageing

s22 @health.gov.au

s22 GPO Box 9848, CANBERRA ACT 2601

UNCLASSIFIED

# PLAN – DISCUSSION PAPER

## NATIONAL HEALTH AND HOSPITAL REFORM COMMISSION (NHHRC) REPORT, "A HEALTHIER FUTURE FOR ALL AUSTRALIANS"

## RECOMMENDATION 61

### Summary of Recommendation:

1. **Outcomes**
   - Provide a mechanism to "focus on health outcomes and ensure high quality and timely access to culturally appropriate care" for Aboriginal and Torres Strait Islander people and their families.
2. **Estimated cost**
   - The NHHRC's estimated cost for implementing this recommendation, as outlined in Appendix H of the Report, is $58 million.

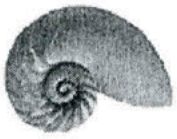
### Implications/Risks:

1. **Costs**
   - Limitations of NHHRC's estimated costs – limited to admin establishment costs and based on DVA population which is smaller than the ATSI population and shrinking (compared to the ATSI population which is growing).
   - Which money would be taken from where to pay for Authority? All OATSIH funding, all DOHA Indigenous specific funding? Just OATSIH program $$? All State and Federal $$?
   - Difficult to estimate State Expenditure on Indigenous health. Hard to separate it from mainstream expenditure (e.g. in hospitals).
   - Cost of DVA Gold Card/White card per person – What level of cover would ATSI people get? Would there be different levels? This would all affect the cost. Estimated cost for ATSI people based on Gold and White card per year, taking pop growth into account.
   - Would all Aboriginal and Torres Strait Islander people be eligible? Means tested? How? Location, Income, chronic disease (COAG), health status etc.
   - Duration of Authority – forever, until gap closed, for a generation (25 years) would affect cost.
   - Independent body Vs part of Dept would affect establishment time and costs.

2. **Identifying people with Aboriginal and Torres Strait Islander origin**
   - Current method – VII – shortfalls
   - Criteria?
   - Proof required like in Canada? Reaction/resentment from Indigenous Australians.

3. **Negative community reaction**
   - Other low socio-economic groups
   - General population

4. **Implications for community controlled sector**
   - Current funding arrangements for ACCHOs
   - Would OATSIH continue?
   - How would ACCHOs be funded in the future if OATSIH is replaced by Authority
   - NACCHO's views – Media Statement



s22 OATSIH/Health
16/07/2009 04:59 PM

To s22 OATSIH/Health@Health_gov_au
cc s22 OATSIH/Health@Health_gov_au, s22 OATSIH
bcc
Subject Re: Fw: URGENT REQUEST FOR INPUT - NHHRC Recommendations - [SEC=IN-CONFIDENCE:BUDGET]

**BUDGET-IN-CONFIDENCE**

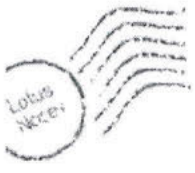
2

Many thanks

---

s22 Strategic Policy Section ◘ Policy and Budget Branch ◘ Office for Aboriginal & Torres Strait Islander Health ◘ s22 GPO Box 9848, Canberra ACT 2601 ◘ Ph: s22 ◘ e-mail: s22 @health.gov.au

s22 OATSIH/Health



s22 I/OATSIH/Health
16/07/2009 04:56 PM

To s22 OATSIH/Health@Health_gov_au
cc s22 OATSIH/Health@Health_gov_au, s22 s22 OATSIH/Health@Health_gov_au
Subject Fw: URGENT REQUEST FOR INPUT - NHHRC Recommendations - DUE TODAY [SEC=IN-CONFIDENCE:BUDGET]

s22

Please see attached and note the update to 88.4.

NHHRC chart - s22 15 July 2009 v.2.doc

Let us know if you need anything else.

s22

s22

---

Funding Policy Section | *Policy & Budget Branch* | OATSIH | *Dept of Health & Ageing*

s22



----- Forwarded by s22 OATSIH/Health on 16/07/2009 04:54 PM -----

s22 s22 OATSIH/Health
16/07/2009 09:39 AM

To s22 OATSIH/Health@Health_gov_au
cc s22 OATSIH/Health@Health_gov_au, s22 s22 OATSIH/Health@Health_gov_au
Subject Re: Fw: URGENT REQUEST FOR INPUT - NHHRC Recommendations - DUE TODAY [SEC=IN-CONFIDENCE:BUDGET]

Hi s22

As requested, we have inserted some information related to the implications and stakeholders for recommendations #61 and #88.4 into the document below.

NHHRC chart - s22 15 July 2009.doc

Happy to discuss,

s22

---

s22
Funding Policy Section
Policy and Budget Branch
Office for Aboriginal and Torres Strait Islander Health
Department of Health and Ageing
Phone: s22
Email:
Fax: (0

---

s22 /OATSIH/Health

s22 /OATSIH/He alth
15/07/2009 01:43 PM

To s22 OATSIH/Health@Health_gov_au, s22
cc s22 OATSIH/Health@Health_gov_au
Subject Fw: URGENT REQUEST FOR INPUT - NHHRC Recommendations - DUE TODAY [SEC=IN-CONFIDENCE:BUDGET]



Please have a look at this one - we need a response this afternoon. Note the Budget in confidence status please.

Thanks, s22

----- Forwarded by s22 OATSIH/Health on 15/07/2009 01:41 PM -----

s22 OATSIH/Heal th
15/07/2009 12:15 PM

To s22 /OATSIH/Health@Health_gov_au
cc s22 OATSIH/Health, OATSIH Budget@Health_Gov_Au
Subject URGENT REQUEST FOR INPUT - NHHRC Recommendations - DUE TODAY [SEC=IN-CONFIDENCE:BUDGET]

**NOTE: This is akin to a Budget document - further circulation is strictly on a need-to-know basis**

Dear s22

Following receipt of the National Health and Hospitals Reform Commission (NHHRC) report, Minister Roxon has requested a revised matrix to address the 123 recommendations in the final report.

The Minister has requested **brief input** on:

(i) the **key implications** of each recommendation (eg would it require new legislation, or an adjustment to an existing initiative etc)
(ii) the **costs associated** with each recommendation (PSD will include the figures from the NHHRC on projected costs but if you have done any costings on similar initiatives in the past - it would be helpful if these costings were referenced). For many recommendations this column will be blank. You may also wish to comment on the NHHRC costs should you have a view.**Note: Please flag with OATSIH Budget if your response will have a costing implication and they will assist in developing these costs.
(iii) **stakeholder views** - where these are known or can be predicted (just let us know whether they are known or are a good guess)

**What you need to do:**
We have pulled out the recommendations that are relevant to your area. Please enter the information requested in the attached template and send it to **OATSIH Health Equality Policy** inbox. **Input is due AS-cleared by COB TODAY (15 July).** Apologies for the timeframe but this request only came through this morning.

s22 for our branch please send us your input and we'll collate for our AS clearance

[attachment "NHHRC - s22 - 15 July 2009.doc" deleted by s22 OATSIH/Health]
Many thanks

s22
Strategic Policy Section, Policy & Budget Branch
Office for Aboriginal and Torres Strait Islander Health
Department of Health and Ageing
s22 @health.gov.au



**BUDGET-IN-CONFIDENCE**

| RECOMMENDATION | Alignment/existing policy or process | Implications | Cost | Stakeholders | Comments |
|---|---|---|---|---|---|
| 1. We affirm the value of universal entitlement to medical, pharmaceutical and public hospital services under Medicare, as well as choice and access through private health insurance. To promote greater equity, universal entitlement needs to be overlaid with targeting of health services to ensure that disadvantaged groups have the best opportunity for improved health outcomes. | Universal access to Medicare is current policy<br><br>Preventative Health Taskforce, National Indigenous Health Equality Council, Social Inclusion Board. | | | | |
| 18. Young families, Aboriginal and Torres Strait Islander people and people with chronic and complex conditions (including people with a disability or a long term mental illness) have the option of enrolling with a single primary health care service to strengthen the continuity, coordination and range of multidisciplinary care available to meet their health needs and deliver optimal outcomes. This would be the enrolled family or patient's principal "health care home". To support this, NHHRC propose: | COAG performance indicator "People with complex care needs can access comprehensive, integrated and coordinated services."<br><br>National Primary Health Care Strategy<br><br>PIP Indigenous Health Incentive | | | | The NHHRC proposal would most likely compliment rather than replace Medicare (fee-for-service) items specific to chronic disease management. The relationship between fee-for service and (potentially) capitation based models would need to be carefully designed. |
| o Grant funding to support multidisciplinary services and care coordination for that service tied to levels of enrolment of young families and people with chronic and complex problems; | National Primary Health Care Strategy | | | | A Chronic and Complex NP was not pursued. The Government has trialled similar models (e.g. coordinated care trials). |

| | | | | | |
|---|---|---|---|---|---|
| o Payments to reward good performance in outcomes including quality and timeliness of care for the enrolled population; and | Existing PIP and Divisions of General Practice program linking payment to performance.<br><br>National Primary Health Care Strategy | | | | |
| o Over the longer term, payments will be developed that bundle the cost of packages of primary care over a course of care or period of time, supplementing fee-based payments for episodic care. | National Primary Health Care Strategy | | | | |
| 59. Investment strategy for in Aboriginal and Torres Strait Islander Australians' health proportionate to need, cost of service delivery, and achievement of desired outcomes. | COAG Intergovernmental Agreement – National Indigenous Reform Agreement and six national partnerships to address indigenous disadvantage<br><br>Indigenous Health NP ($1.6 billion) aims to increase access by Aboriginal and Torres Strait Islanders, particularly those with chronic disease, to mainstream services without setting a target of increasing expenditure by a specified amount. By focussing on chronic disease and assisting these people through the health system, expenditure particularly through the MBS and PBS will increase.<br><br>COAG's National Indigenous Expenditures Framework will report | | | | Report suggests that funding in addition to the $1.6 billion for the 'closing the gap' initiative is required to achieve the close the gap outcomes, and that this funding needs to take into account the additional cost of delivering services outside of metropolitan areas as suggested by the Close the Gap National Indigenous Health Equity Targets<br>s47E<br><br>real terms until the health gap is closed). |

| | | | | | |
|---|---|---|---|---|---|
| | annually on Indigenous expenditure estimates across all jurisdictions and will assist in monitoring the level of investment in Aboriginal and Torres Strait Islander health | | | | |
| 61. Establishment of a National Aboriginal and Torres Strait Islander Health Authority to purchase services specifically for Aboriginal and Torres Strait Islander Australians. | Principle supported by existing Indigenous NP, which aims to improve Indigenous peoples' access to health services by increasing the responsiveness of mainstream providers and strengthening Indigenous specific health service delivery.<br><br>COAG reform arrangements also support flexibility across regions that recognises the variation in circumstances and health needs of Indigenous communities. | **Positive:**<br>- Data management, quality – planning/policy could be improved<br>- Greater Access to health care (culturally appropriate and better targeted)<br><br>**Negative:**<br>- Over Identification of Aboriginal and Torres Strait Islander people<br>- Community reaction (particularly in other disadvantaged groups) | | - State/Territory/Local Governments<br>- Indigenous population<br>- COAG<br>- Clinics/Aboriginal community controlled health organisations (ACCHOs)/Health services<br>- Hospitals<br>- Wider health system/sector<br>- Medicare | The report suggests that the Authority would function for Aboriginal and Torres Strait Islander people in much the same way as the Repatriation Scheme and the Department of Veterans' Affairs does for the veteran community. This would operate in addition to ACCHS |

Formatted: Font: Bold

Formatted: Font: Bold

| | | | | | |
|---|---|---|---|---|---|
| 88.4 The Commonwealth Government would assume full responsibility for the purchasing of all health services for Aboriginal and Torres Strait Islander people through the establishment of a National Aboriginal and Torres Strait Islander Health Authority. This would include services that are provided through mainstream and Community Controlled Health Services, including services that are currently funded by State, Territory and local governments. | | **See comments at 61.**<br><br>**In addition, there will be a realignment of state/territory and local government funding back to the Commonwealth in a COAG arrangement. This will be provided to services in a more transparent and equitable manner.**<br><br>- | | - State/Territory/Local Governments<br>- COAG<br>- Clinics/Health services/ACCHOs?<br>- Hospitals | Current funding via COAG NP (1.6billion) will be targeted at specific health services. |

Pages 26 through 48 irrelevant - section 22