



Guaranteeing Medicare and Access to Medicines – Improving Access to Medical Equipment, Treatment and Diagnostics

The Australian Government is investing more than \$60.5 million over five years from 2021–22 to continue its work improving and protecting the health of all Australians through its commitment to Medicare and improved access to medicines.

Since 2012–13, the Australian Government’s commitment to Australia’s universal health care system, including the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), has increased by 65.6%, growing to more than \$43 billion in the 2022–23 Budget, and to \$46.8 billion in 2025–26.

Since 2012–13, significant developments in delivering Medicare include removing barriers to accessing health care through telehealth, investment in genomic tests to support personalised medicine, MBS reviews leading to improvements across all clinical areas covered by the MBS, and significant additional investments in public hospital services and the PBS.

The 2022–23 Budget includes a range of important measures, such as:

- \$38.2 million investment to ensure important medicines held within the National Medical Stockpile (NMS) are re-stocked, as the medication reaches its natural expiry.

The NMS protects lives and livelihoods by ensuring a supply of key emergency treatments such as pharmaceuticals which can be deployed in a public health emergency.

This investment will also purchase stocks of influenza treatments to ensure continued preparedness for the coming influenza season whilst the COVID-19 pandemic continues.

- \$11 million over four years to improve the awareness, diagnosis, and treatment of dust diseases, such as silicosis, in response to the Final Report from the National Dust Disease Taskforce.

The Australian Government is investing in awareness and education of the risks of working in dust generating industries, training for medical professionals

on the diagnosis and treatment of dust diseases, and the development of a silicosis care management plan for health professionals.

It also provides a single centralised hub to provide affected workers and their families with information, support and expert advice and supports the National Occupational Respiratory Disease Registry.

- \$5.3 million to extend funding for Commonwealth clinical quality registries (CQRs), which support improved health outcomes for patients with implanted breast, cardiac, pelvic mesh, hip fracture or shunt device, and for treatment for diabetes or traumatic injury, for one year from 2022–23.

This investment will replace these CQRs' paper repositories with more efficient, digitised, and interoperable systems that will drive improvements in healthcare and leverage future developments in digital health systems.

CQRs support the use of the Therapeutic Goods Association's unique device identifier, so that for the first time implanted medical devices such as breast implants can be tracked and traced.

- \$2.1 million is being invested in activities aimed at early detection and better treatment of sepsis, a life-threatening and time-critical blood infection.

This investment addresses recommendations under the *National Action Plan for Sepsis*, including building capacity and ensuring appropriate care for sepsis survivors, and will deliver a comprehensive national sepsis awareness campaign.

The initiative includes targeted training for undergraduate health programs and health professionals, and the development and publication of data collection tools to drive improvements to sepsis care.

- \$3.9 million is being invested to redesign the existing Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) Program to deliver targeted, responsive and efficient activities that ensure public confidence and knowledge about using medicines and diagnostics tests safely and effectively.

The QUDTP Program's reach will be expanded to all healthcare settings by consolidating quality use of medicines and diagnostics (QUM) activities within the Australian Commission on Safety and Quality in Health Care (ACSQHC) from 1 January 2023.

Why is this important?

The Australian Government continues to guarantee Medicare and access to medicines, as a foundational part of our universal access health care system. Ongoing and record investment in Medicare is a key driver for Australia's health systems to be one of the best in the world.

The NMS is an essential part of the critical infrastructure for national health protection in Australia. It provides strategic reserves of pharmaceuticals including chemical, biological, radioactive and nuclear (CBRN) and antivirals ready to be deployed in response to a natural, accidental or terrorist related public health emergency, such as the COVID-19 pandemic. Stocks must continually be maintained and replenished for maximum preparedness.

The rates of dust diseases like silicosis continue to rise, particularly among Australians who have worked in dust generating industries, like mining, quarrying, and the engineered stone industry. The National Dust Disease Taskforce has worked to develop a national approach to the prevention, early identification, control and management of these debilitating and potentially fatal occupational dust diseases in Australia.

CQRs continue to support improved health care and patient outcomes for people with: implanted breast, cardiac, pelvic mesh, hip fracture or shunt devices; and people undergoing treatment for diabetes or traumatic injury. Device registries ensure all patients and surgeons can be contacted quickly in the event of a TGA recall or issue with a particular device.

Sepsis is a life-threatening, time-critical condition that arises when the body's response to an infection damages its own tissues and organs, it can lead to death if not recognised and treated promptly. Sepsis is estimated to cost the Australian healthcare system up to \$4.8 billion annually. Sepsis also disproportionately affects Aboriginal and Torres Strait Islander people.

Medicines are the most common treatment used in health care, with more than nine million Australians taking a prescribed medicine each day. Medicines can be harmful if prescribed inappropriately, a risk compounded by growth in the use of multiple medicines.

The QUDTP Program will deliver all healthcare settings access to consolidated QUM activities.

Who will benefit?

The COVID-19 pandemic has shown that the NMS is a crucial tool for Government to support the health response during a crisis. All Australians, especially vulnerable and at risk groups, need access to essential medical supplies including medicines and antidotes.

It is estimated that around 25% of Australia's engineered stone workers who have been in the industry since before 2018 are suffering from silicosis or other silica dust related diseases. These measures will assist clinicians to better diagnose and treat dust diseases, as well as improving the support and information available to sufferers and their families.

Clinicians, hospitals, health care system managers, industry, and the TGA would benefit from real world data in clinical quality registries (CQRs) that support improvements in health care, including the ability to quickly contact all people with implantable medical devices. In turn, people with such devices can respond more quickly.

Around 55,000 Australians annually are diagnosed with sepsis and up to 8,700 die each year. Improving the speed of diagnosis and treatment will reduce deaths and the impact on families.

Health professionals and consumers will continue to benefit from up-to-date education and information on the optimal and safe use of medicines from the ACSQHC. The consolidation of quality activities within the ACSQHC leverages the Commission's expertise and system-wide reach, including inter-jurisdictional clinical committees. This change reduce the duplication of services provided by the National Prescribing Service.

The health care campaign will positively impact the health of all Australians by enhancing access to routine health care for routine health matters, to help prevent, detect and manage chronic conditions. Priority populations, including Aboriginal and Torres Strait Islander people and people in rural and remote communities, will be key beneficiaries.

How much will this cost?

The Australian Government will invest \$60.5 million over five years, from 2021–22 to 2025–26.