



Australian Medical Association (WA)

Response to the Sustainable Health Review Interim Report



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The AMA (WA) Response to the Sustainable Health Review Interim Report

It is hoped that the Sustainable Health Review's Final Report (the Final Report) and its recommendations will guide the direction of the WA health system to deliver patient-first, innovative and sustainable health care into the future. Following the release of the 2018-19 WA State Budget, it is apparent more than ever that the WA Government is relying on the Sustainable Health Review to deliver recommendations that will enable the health system to provide affordable, safe and quality patient care. In order to achieve this, the Australian Medical Association (WA) believes the Final Report must provide more evidence based analysis, far more detailed proposals and consider the real factors that are negatively impacting the sustainability of WA's health system.

Consequently, the AMA (WA) seeks to highlight a number of issues that have not been adequately addressed in the Sustainable Health Review Interim Report (the Interim Report); address the inaccuracies that have been promulgated and consider the Directions outlined.

While the AMA (WA) supports a focus on prevention and health promotion activities, person centred care and targeting the pressure points that exist in the health system, ultimately much of the care the health system delivers is demand driven and as such, effective management and efficient delivery of care are key to ensuring short and medium-term system sustainability. At present, the health system lacks the required transparency, accountability and evidence based decision making, which coupled with systemic mismanagement and a failure to embrace innovation, has resulted in unnecessary waste and embedded system inefficiency. Identification of these issues is important, but for the Final Report to provide the blueprint that is needed, evidence based, detailed and specific recommendations must be provided, along with an analysis of the expected impact of each recommendation.



Omissions in the Interim Report

The AMA (WA) refers to a number of issues that have not been adequately addressed by the Interim Report.

WA's share of Commonwealth Funding

The AMA (WA) believes the Final Report should consider the need for a political solution to address the inequities faced by Western Australia as a result of its inadequate share of Commonwealth funding. A political solution to WA's restricted access to Commonwealth funds will provide certainty and sustainability to a longstanding issue faced by the WA health system. A focus on cost shifting initiatives, designed to mitigate the negative impact of WA's funding shortfall, is unsustainable and diminishes the autonomy that WA would have in relation to the operation and provision of health services funded through fair funding agreements. The AMA (WA) suggests that the Final Report explore models of funding that can be negotiated between state and federal governments, as opposed to measures that mitigate the impact of WA's funding shortfall, such as cost shifting.

The Importance of Training to the Future of WA's Health System

Presently, the vast majority of training for medical and health professionals occurs in WA's public hospital system. A focus on education, training and health workforce capacity is required to ensure that WA's health system is not only sustainable, but viable. The Final Report must consider the impact of its recommendations on the capacity of the health system to support and train health professionals, in addition to providing a specific focus on workforce capacity, training and support mechanisms.

Governments continue to rely on increasing the number of medical graduates as a means to increase clinical workforce capacity, but this is short-sighted and fails to account for the need to increase specialist training capacity and ensure access to appropriate pre-vocational training clinical experience. The AMA (WA) notes that addressing training will assist the health system to meet a number of the Directions listed in the Interim Report, including: supporting equity in country health; developing partnerships for Aboriginal health outcomes; creating and supporting the right culture; developing and supporting a flexible workforce; and planning and investing more wisely.

Private Health Insurance and Private Hospital System

The AMA (WA) notes that 55.5 per cent of West Australians have private health insurance that covers hospital treatment.¹ In the context of WA's low wage growth, uncertain short term economic outlook and private health insurance premium growth that outstrips CPI and wage growth, the uptake and utilisation rates of private health insurance in Western Australia stand to decline. This represents a risk to the operation of WA's public health system, particularly given the amount of elective surgery being carried out in the private system.

The AMA (WA) urges consideration of this risk in the Final Report, in addition to mitigation strategies designed to prevent such a decline in private health insurance uptake. Furthermore, the Final Report

¹ Australian Prudential Regulation Authority, "Statistics: Private Health Insurance Quarterly Statistics", December 2017, last accessed: May 2018, Source:
<<http://www.apra.gov.au/PHI/Publications/Documents/1711-QPHIS-20170930.pdf>>

should consider the potential impact of changes to private insurance rates or changes to federal policy on the number of private patients treated in public hospitals as well as the resulting financial impact.

Primary Care Sector

The AMA (WA) notes the Interim Report's failure to examine the critical role that General Practice must play building a more sustainable health system and provide appropriate detail as to how this can be achieved. The Interim Report's lack of specific recommendations that relate to supporting and enabling General Practice, overlooks the inherent connection between an effective and supported primary care sector and morbidity and hospitalisation rates.

Disregarding the role that primary care providers play in the health environment has led to the fragmentation of health care in WA, which can drive an increase in potentially preventable hospitalisations and less effective and efficient provision of care. The Final Report should recommend that health policy and service delivery decision-making should be embedded in a framework that assesses the impact on the fragmentation of health care in WA and how such decision-making can affect the primary care sector. The provision of vaccinations in pharmacies exemplifies such counterintuitive decision making which has not only failed to improve influenza vaccination rates, but has further fragmented care and disrupted the doctor-patient relationship.

The Final Report should prioritise the establishment of the 'Medical Home' model of care in WA,² which would facilitate multi-disciplinary care for patients with chronic and complex diseases. International experience has shown the 'Medical Home' model of care has reduced avoidable hospital admissions and emergency department use. Whilst the state is not financially responsible for primary care, the report should consider targeted investment that will support the commonwealth funded primary care sector to deliver better chronic disease management and care generally that is well coordinated with the public hospital sector.

Delivering Efficient Models of Care

The Final Report must recognise that good quality care is efficient. Models of care should be reviewed to focus on short to long term patient outcomes. Particularly in the context of end of life care, there should be a focus on the goals of care, embedding practice into our hospitals and across all specialties that reduces the incidence of unnecessary invasive treatments and hospitalisation and provides positive patient outcomes, improved patient satisfaction and reduced expenditure.

System Efficiency

The Final Report must include recommendations that address the growing bureaucratic costs associated with delivering patient care in the WA health system. The growth in bureaucratic positions and middle management has not only suppressed the level of communication and engagement between the management tiers of WA's health system and clinicians, it has created cumbersome internal governance systems and approval hierarchies that only serve to stifle efficiency, delay decision making and waste clinical staff time and taxpayers money.

The AMA (WA) believes it is critical to report on indicators such as 'administrative hours per patient day' and the proportion of hospital funding that is attributed to management costs, including

² Australian Medical Association, "AMA Position Statement on the Medical Home", (2015), Last Accessed; May 2018, Source: <<https://ama.com.au/position-statement/ama-position-statement-medical-home>>



administrative tasks forced onto clinicians, and reducing clinical effectiveness and patient contact time. Such measures, coupled with increased transparency and accountability in relation to bureaucratic decision making pertaining to the provision of health services, will help identify appropriate savings which will not negatively impact patient outcomes.



Statements noted in the Interim Report

The AMA (WA) seeks to address a number of statements in the Interim Report that do not appear to be evidence based and with which we profoundly disagree. The inclusion of such statements in what stands to provide a blueprint for the future of WA's health system is concerning. Sustainability cannot be achieved from recommendations that are based on falsehoods.

“Preliminary updated modelling by the Department of Health indicates that across WA there is predicated to be enough hospital bed capacity for the next decade.”

The statement contradicts actual public hospital bed numbers with declining capacity versus increasing population; data relating to wait-times and waitlists; increasing emergency department demand and acute admissions; demographic and morbidity statistics and projections; health workforce feedback and patient experience.

Coinciding with projected population growth and declining rates of private health insurance uptake, Western Australia has:

- The lowest number of average available public hospital beds per capita in over ten years.³
- The lowest number of public hospital beds per capita in Australia, 2.16 compared to:
 - an Australian average of 2.56.
 - a Victorian bed per capita rate of 2.41, the second lowest public hospital per capita rate in Australia.⁴

As a result:

- Elective surgery waiting lists have grown by 21 per cent between January 2016 and January 2018 and there has been a 14 per cent increase in the number of patients waiting for their first specialist appointment.
- Emergency department attendees have increased by 11 per cent between 2012-13 and 2016-17, with median waiting times increasing, worsening 'Four Hour Rule' performance and a reduction in the percentage of attendees seen on time.

System capacity remains one of the greatest impediments to the immediate and short term sustainability of WA's health system. It affects patient experience, workplace stress and morale and most importantly, patient safety. Hospitals that operate overcapacity are inefficient, ineffective and costly.

\$7 billion investment in health infrastructure over the past decade, does not excuse the fact that WA's public hospital capacity has declined to its lowest levels in recent years. The Final Report should examine why, in the face of such investment, hospital capacity has declined to such low levels and make strong recommendations to invest wisely in system capacity in order to meet the needs of a growing and ageing population. We accept that improved models of care, prevention and reform generally may provide some reduction in the need for hospitalisation and beds, but the Interim Report

³ Australian Institute of Health & Welfare, *“Hospital Resources 2015-16”*, Last Accessed: May 2018, Source: <<https://www.aihw.gov.au/getmedia/d37a56cb-dc6b-4b28-a52f-8e00f606ce67/21035.pdf.aspx?inline=true>>

⁴ *Ibid.*

provides no clear evidence to sustain the notion that no growth in capacity will be needed for a decade.

The AMA(WA) recommends in the strongest terms that the Final Report provide a blueprint for future investment in system capacity that is evidence based and does not rely on vague projections nor on unrealistic expectations of the impact of reforms to primary care or to models of care. WA has a history of poor (and politicised) decision making in terms of capital infrastructure in health over many years and this has had a significant negative impact on the ability of health services to provide safe, efficient and sustainable health care. The Final Report is an opportunity to provide government with a long term plan for investing in capital infrastructure and system capacity and to avoid the mistakes of the past.

“...there will be a significant increase in intern numbers coming through by 2025, up from 330 to 430. This provides the WA health system with significant opportunity to recruit to areas of medical need – rural and outer metropolitan areas for GPs, and specific areas of specialist shortage.”

More medical graduates does not equate to more rural and remote doctors. Increasing the number of medical graduates will not result in an inevitable increase in the number of rural and remote GPs in WA, nor address the maldistribution of GPs.

It is critical that government recognise the importance of the training ‘pipeline’ and the fact that medical graduates require significant further supervised clinical training before being ready to serve the community as General Practitioners or as specialist doctors. Without more training positions in General Practice and other specialties, doctors in training will leave Western Australia to further their career opportunities and we will not see any significant change to the shortages of doctors that exist in areas of Western Australia. This means that consideration needs to be given to not just the number of training positions but to the provision of adequate purchased activity across a number of sites in order for them to support clinical training.

To address the gaps experienced in WA’s rural and regional health system, the Sustainable Health Review must consider current funding and models of medical training and education that can be implemented in the immediate future, including expanding rural based training, education and support frameworks.

“Salaries for staff within the WA health system, particularly doctors and nurses, are among the highest in the country, with workforce costs being 13 per cent more expensive in WA than across Australia.”

The AMA (WA) notes that *Special Inquiry into Government Programmes and Projects Final Report* (the Langoulant Report) identifies WA General Government employee costs as being 13 per cent more expensive in WA than in New South Wales and 30 per cent higher than in Victoria, having had an average annual growth of 6 per cent between 2008-09 and 2016-17. Over the same period, the Langoulant Report identified ‘other gross operating expenses’⁵ as growing at an annual average of 17.7 per cent.

The Interim Report’s focus on WA health system salaries specifically, is misplaced and will not create sustainable savings. Doctors, nurses and allied health professionals have been required to deliver

⁵ Services purchased from non-government agencies and not-for profits; operating leases for accommodation and motor vehicles; Equipment and building repairs and maintenance; Consumable expenses; and Utility costs.

sustainability in the context of growing demand and high community expectations. Such undue blame threatens to further disaffect an already demoralised workforce that has endured rounds of job cuts, growing bureaucratic intervention and job insecurity with employment contracts that often do not extend beyond a year for doctors-in-training and five years for senior doctors.

The AMA (WA) suggests that an examination of ‘other gross operating expenses’ may identify effective savings and sustainability measures that don’t negatively impact the provision of services and patient outcomes.

The AMA (WA) believes that salaries of health workers are consistent with other salaries in Western Australia and that health worker salaries do not have a major impact on the sustainability of our health system, with recent pay agreements being modest and below inflation.

“Medical dominance and vested interests slow the pace of change...concerns were raised in consultations regarding the ‘dominance of a medical model’ and the power of the medical professions at the expense of other health care providers.”

As patient care remains *the* vested interest of the medical profession, the AMA (WA) sees the Interim Report’s comments relating to the power and dominance of medical professionals as an unsubstantiated attack on the profession and its contribution to the provision of health services in WA. The ‘medical model’ has underpinned the enormous advances in healthcare and improvements in patient outcomes that have been achieved over several decades and it should not be dismissed. Modern healthcare is structured around multidisciplinary teams and the medical profession has an appropriate leadership role within many of those teams.

Many doctors working within the public hospital sector would point out the dominance of bureaucracy rather than the medical profession when it comes to decision making in hospitals. The medical profession is naturally (and often rightfully) sceptical and will sometimes be perceived as standing in the way of change. It is up to those proposing and implementing change to make the case and engage properly to get the medical profession on board, in particular by highlighting improved patient care. There are also many examples of change in the health system that has been led by the medical profession against bureaucratic inertia.

The AMA (WA) has provided the Sustainable Health Review with evidence of dangerous levels of clinical disengagement and toxic culture in WA’s public hospital system. The comments highlighted in the Interim Report do little to improve the current level of disengagement felt across the medical profession. Furthermore, international research continues to show the impact of a disengaged clinical workforce: poorer health outcomes; greater financial inefficiency; and preventable deaths. The AMA (WA) notes that interstate jurisdictions recognise the importance of supporting the involvement of clinicians at all levels of decision-making and influencing organisational activities, with clinical and organisational performance being positively impacted by enhancing the engagement of doctors in leadership.

“Ambulance and transport services in the community are essential and will play a role in future models to deliver a range of urgent care pathways to better utilise ambulance services in patient diversion.”

The AMA (WA) recognises the vital role that ambulance and transport services play in the delivery of healthcare in WA. However, it is a flawed understanding of what is driving demand in WA’s emergency



departments that leads to the suggestion that diversion measures represent workable solutions to overcrowding. Western Australia has a chequered history of emergency diversion programs which have not offered clinically appropriate solutions to the increasing demand in WA's emergency departments. Remedial solutions such as the 2015 Ambulance Surge Capacity Unit at Sir Charles Gairdner Hospital provided no long term impact and led to situations where clinical safety was jeopardised.

In the context of an increasing number of attendees classified as 'Resuscitation' and 'Emergency' and a falling number of 'Non-urgent' attendees, the clinical safety and financial effectiveness of such diversion programmes are questionable and fail to address the issues currently faced by WA's emergency departments, which are largely caused by a lack of hospital capacity.



Commentary on the Interim Report's twelve directions

The AMA (WA) provides the following comments and suggestions in relation to the twelve directions outlined in the Interim Report.

Direction 1: Health Promotion and Prevention

The AMA (WA) acknowledges that health promotion and prevention activities are essential to embedding positive behaviours in the general population that can reduce the incidence of preventable chronic illness. The Final Report must explore the impact of disease and how to promote a healthier population further, noting that such measures will have a long term impact on health system sustainability but will not have any measurable impact in the short to medium term.

There is widespread acknowledgment and agreement over the issues that negatively impact population health and that action needs to be taken, but effective programmes are relatively rare. The recent WA Preventive Health Summit, held in March 2018, brought together politicians, system leaders, researchers, NGOs and clinicians, who unanimously agreed on what were the biggest issues facing our population. Political resolve is required to effect change.

Healthway has previously operated to promote and facilitate good health and activities which encourage healthy lifestyles in WA. The AMA (WA) recommends that the Final Report support the review of the legislation that Healthway currently operates under. The *Western Australian Health Promotion Act 2016* has embedded political power in the organisation's decision-making function, which has diminished the effectiveness of the organisation.

Alcohol and obesity

The AMA (WA) is supportive of the Interim Report's proposed action to keep people healthy and get serious about prevention and health promotion. Effective preventative measures and health promotion will be pivotal in building a sustainable health system over the long term. The WA health system continues to feel the impact of lacklustre investment in prevention and promotion, particularly in early life, despite international research showing that public health initiatives show a median return on investment of approximately 14 to 1.

The Final Report should support a floor price for alcohol and tougher restrictions on alcohol advertising, including banning alcohol advertising on public transport. Furthermore, the Final Report should explore and recommend measures to mitigate the negative impact that the accessibility of alcohol has on communities.

The AMA (WA) urges the Final Report to encourage a whole of government approach which addresses childhood obesity, obesity in adolescents and adults, and the access to evidence based interventions, such as bariatric surgery, as a means of preventing chronic illness. The focus in the Interim Report on childhood obesity is too narrow in our opinion and ignores the great majority of the population affected by obesity and the urgent need to address this issue across the whole community.



Direction 2: Person Centred Services

The AMA (WA) recognises the positive impact that person-centred services could have on the provision of health services in WA. However, the difficulties faced by the health system in the context of a split funding model must be acknowledged and addressed in the Final Report. Further, the AMA (WA) notes that factors such as an engaged workforce, transparent data collection and monitoring, and health system accountability are all necessary components in quality improvement and service development. To focus on person centred services, without addressing the aforementioned system deficiencies will not create sustainability.

The AMA (WA) notes that the Southern Inland Health Initiative (SIHI), funded by Royalties for Regions, piloted a number of initiatives aimed at reducing reliance on emergency and hospital care and providing integrated healthcare services. The Final Report should reference and build on WA's previous experience with such initiatives to progress implementation, noting that significant financial investment was required to achieve the reported improvements in service accessibility and delivery.

The potential role that General Practice could play in the creation of a more sustainable health system was not a prominent feature in the Interim Report. Recognising that General Practice was highlighted as being a critical component in the success of delivering improved patient outcomes as part of SIHI, regardless of remoteness or service locality, placing General Practice at the heart of integrated, person focused services will drive their success. For example, enabling allied health support to be provided in General Practice will reduce referrals to public hospitals and enable patients to access services in a more timely manner and closer to home. Furthermore, supporting the provision of services such as podiatry services for diabetics, or cardiac rehabilitation exercise programs, in General Practice as opposed to a public hospital setting, facilitates integrated, quality clinical care in the primary care setting, potentially reducing public hospital admissions and providing a focus on preventative care as opposed to reactive, acute care. The Final Report must explore greater utilisation of General Practice, as outlined the AMA (WA) Submission to the Sustainable Health Review, to address the fragmentation of care that can lead to preventable hospitalisations.

The 'navigator function' referenced in the Interim Report has already been piloted in Western Australia. The AMA (WA) encourages the Final Report to consider the impact of the WA experience, which funded Health Navigators for people living in the Wheatbelt, Great Southern regions and Bunbury and whether the programme was cost effective. The Final Report should assess how clinical outcomes were improved by the navigator function. Furthermore, given this service will potentially be outsourced, an analysis of its impact and the lessons that can be learned from the SIHI experience, are necessary steps the Final Report must take to ensure a recommended model will deliver the desired outcomes.

Models of care must be progressive and not only meet patient expectations, but deliver safe, quality and cost-effective outcomes, the absence of which will result in a greater rate of re-hospitalisation, a growing incidence of chronic conditions and delayed access to the necessary care.



Direction 3: Better use of resources

The AMA (WA) agrees with the Interim Report's assertion that resources can be more effectively utilised in order to produce sustainable outcomes and efficiency savings. However, fundamental to improving the use of resources, is understanding how they are currently used. At present, there is little accountability over the use of resources. Further, previous attempts to improve resource utilisation have been short-sighted and threatened patient safety.

Health Service Demand

As previously noted, demand from non-urgent emergency department attendees is declining and the proportion of attendees requiring urgent care is increasing. The incidence of 'bed code black', emergency department ramping, length of episode indicators and elective surgery waiting times are not the result of a high number of low acuity emergency department attendees, but are the direct consequence of a lack of system capacity, underfunded acute services for mental health and substance using patients and a lack of accountability in relation to funding and delivery of health services, particularly in relation to mental health patients. Diversion programs will not produce quality or safe outcomes for patients.

The Government's election commitment to introduce Urgent Care Clinics should be used to deliver locally appropriate models of care run in collaboration with local GPs, such as behavioural disturbance units and utilising the primary care sector as a means of reducing the impact of increasing emergency department demand and a lack of hospital capacity.

The Final Report should demand improved transparency and accountability in relation to purchased and delivered activity at public hospitals, at departmental and service level rather than area level data only. There must be devolved responsibility and flexibility in the use of departmental budgets to allow innovation and new models of care.

Telehealth

The Interim Report has outlined the need to implement a pilot of the Emergency Telehealth Service Model in at least one other specialty. The AMA (WA) is broadly supportive⁶ of expanding telehealth services provided in WA, given the potential to reduce hospitalisation and transport costs and improve access to health care. However, there are a number of challenges that need to be considered when expanding telehealth services. These include, but are not limited to:

- appropriate expectations regarding the type of clinical care that can be provided under an expanded telehealth service;
- consideration of the time and dollar values associated with an expanded telehealth service, to ensure sustainability;
- reviewing and monitoring clinical responsibilities, acknowledging the fact that medical professionals will potentially be responsible for a large number of patients over an expansive range of locations;
- establishing appropriate training and workforce support systems, including remuneration for health professionals and support staff involved in the delivery of telehealth that enables efficient implementation and operation of an expanded telehealth service;

⁶ Australian Medical Association, "*Technology-based patient consultations*", (2013), Last Accessed: May 2018, Source: <<https://ama.com.au/position-statement/technology-based-patient-consultations-2013>>

- appropriate technological infrastructure, which is a pre-requisite to an effective telehealth service; and
- support for health professionals in the event of a medical error that is a result of an inherent limitation in the provision of care through telehealth services, where physical examination is not possible.

Fundamental to expansion of telehealth services in WA, is the acknowledgement that telehealth can complement but must not replace face-to-face consultations. Telehealth services should support quality patient care and not be relied upon as a cheaper and more convenient alternative to appropriate workforce distribution or provision of specialist services in rural and remote locations. This was echoed in a report produced by DLA Piper for the Victorian Department of Health,⁷ highlighting the risk to both medical practitioners and patients presented by the inherent limits of telehealth clinical assessments. Training, clinical guidelines, support for the medical workforce, improved documentation and effective communication are all essential risk management tools that must be adequately funded and implemented in the expansion of telehealth services.

⁷ DLA Piper, *“Telehealth - Medico-Legal Aspects Of Telehealth Services For Victorian Public Health Services”* (2015), Last Accessed: May 2018,
Source:<<https://www2.health.vic.gov.au/Api/downloadmedia/%7B75FAD144-DBB7-4271-909B-783F0610558A%7D>>



Direction 4: Effective interaction between acute and community-based MHS

The AMA (WA) supports a review into mental health clinical governance and believes that merging mental health and physical health into one portfolio will simplify governance structures and remove the dichotomy of two activity purchasers. The AMA (WA) continues to question the Government's commitment to mental health in light of the 2018-19 State Budget, which has a paltry increase in funding for mental health services and Mental Health Commission funding, below CPI and therefore equivalent to a cut in spending.

The Interim Report recommends identifying current and future mechanisms to ensure that appropriate and effective patient care for people with mental illness can be more frequently delivered in a community setting. The AMA (WA) will strongly oppose any recommendation that sees a planned reduction in acute capacity or acute funding as this system is already dangerously overcapacity. As a primary focus, the Sustainable Health Review must address the lack of acute capacity in WA's mental health system and call for immediate action on the future of Graylands Hospital. The current shortage in acute capacity delays access to treatment and results in patients having to spend very long periods in hospital emergency departments. Community-based services are unable to treat or manage such patients, with appropriate acute care required prior to timely discharge into a community-based setting. Interaction between acute and community-based mental health services will be improved through greater accountability for the funding provided for, and the outcomes delivered by, community-based mental health services.

The AMA (WA) supports the implementation of contemporary, clinical needs-based models. The current Government's election commitment to create urgent care clinics can be modelled to address acute mental health demand. For example, in our initial submission to the Sustainable Health Review, the AMA (WA) identified models of care involving mental health nurses, clinical psychologists, social workers and the availability of psychiatrists, as a means of providing fast tracked care and enabling quicker discharge and earlier commencement of therapeutic treatment.



Direction 5: New ways to support equity in country health

The AMA (WA) refers to its previous comments noted under ‘Direction 3: Better use of resources’ in relation to telehealth services. While under certain circumstances telehealth can be utilised to support equity in country health, it cannot be relied upon as an alternative to face-to-face consultations and a correctly distributed rural and remote medical workforce.

Given the volume and case-mix of patients in rural and remote locations, access to continuing professional development and professional support are essential to supporting equity in country health. In order to develop, maintain and support a rural and remote medical workforce with specialist and procedural capacity, the AMA (WA) believes that strong formal links with tertiary hospitals and close association with specialist colleagues will assist in the support and development of WA’s rural proceduralist workforce. In New Zealand, medical practitioners registered within a general scope of practice are required to have a collegial relationship by the Medical Council. Such collegial relationships provide professional advice and development opportunities, in addition to reducing the burden and pressure of those in rural practice. Equity in country health would also be advanced by the development of a Rural Generalist specialist training program, by the aforementioned collegial and institutional links.

The AMA (WA) notes the importance of addressing organisational factors, which have been identified as key determinants in medical practitioners’ decision to leave rural practice. Research shows that professional, social and locational factors are all positive considerations with a high degree of influence over medical practitioners’ decision to go rural. However, organisational considerations have the highest degree of influence in negatively influencing a doctor’s decision to stay rural.⁸

The AMA (WA) considers the development of medical education and training systems in rural WA to be a key priority and one that will likely address the issue of misdistribution of the medical workforce throughout WA. This is particularly important in the context of an increased number of medical graduates, not just in Western Australia, but throughout Australia. As previously noted, a medical graduate requires years of training before they become a specialist, and embedding that training in regional areas will deliver a workforce that has the required experience in rural practice, in addition to personal links with the rural community.

The AMA (WA) supports regional accountability as a means of improving equity in country health, as noted in ‘Direction 6: Develop partnerships for Aboriginal health outcomes’.

⁸ Rural Health West, “Finding My Place - Factors Influencing the Attraction and Retention of Doctors in Rural Western Australia” (2015), Last Accessed: May 2018,
Source:<<http://www.ruralhealthwest.com.au/docs/default-source/marketing/publications/finding-my-place-for-web.pdf?sfvrsn=2>>

Direction 6: Develop partnerships for Aboriginal health outcomes

The AMA (WA) recognises that WA's shortfall in Medicare and PBS funding negatively impacts the sustainability of the public health system, and is supportive of the Interim Report's recognition of the role that a joint regional commissioning model can play in attracting more Commonwealth funding and maximising health outcomes for those living in rural communities and indigenous communities. In particular, the proposed pilot of a joint regional commissioning model in WA's Kimberley region presents an opportunity for the state to collaborate with primary care providers and indigenous communities to support a reduction in potentially preventable hospital admissions, reduce the financial and community impact associated with hospital admission, improve mental health outcomes and provide sustainable improvements in population health. Supporting regional accountability has the added potential to more effectively engage with the local health workforce and encourage partnerships with communities, to improve access to culturally appropriate health services and community appropriate models of care. Further, a joint regional commissioning model has the potential to provide a community-appropriate response to a range of health determinants, including housing and social care.

The complications that can arise from joint commissioning models, including the legal rights and obligations of the parties involved, governance and funding arrangements and resource management can be effectively navigated through appropriate funding and effective planning. The AMA (WA) proposes that, as an initial step to the Kimberley pilot, a taskforce be set up to map and manage the complexities involved in creating a joint commissioning model; plan strategic goals and the required integration of services; support building regional accountability; and build the relationships that will be required to ensure effective outcomes for indigenous communities, the primary care providers and the funding bodies.

As with the provision of any service, improvements and efficiencies are borne out of data collection, research and outcome monitoring. Supported engagement with Aboriginal communities and representative groups, encouraging community-based monitoring will allow communities, in conjunction with Primary Health Networks, to build on successes and ensure continual quality improvement through regular performance review.

Western Queensland Primary Health Network has implemented a similar model to support engagement and integration between indigenous communities, primary care providers and hospital and health services. This includes analysing hospital presentation data to examine strategies to reduce potentially preventable hospitalisations; creating a shared approach towards joint health priorities; and capacity building in rural and remote communities to mitigate the impact that distance, diverse funding streams and cultural diversity can have on both access to appropriate healthcare, healthcare literacy and patient outcomes.



Direction 7: Create and support the right culture

The AMA (WA) notes with concern, the Interim Report's lack of acceptance of the need to re-engage with WA's clinical workforce, following increasingly adverse management practices and sustained disengagement. As previously noted, the AMA (WA) believes statements which blame "medical dominance and vested interests" to slow the pace of change, are unfounded and unhelpful. Such comments have served to further disaffect the medical profession whose interest is patient safety and positive clinical outcomes and reinforces concerns the AMA (WA) has over the effectiveness of health system management and direction. The AMA (WA) recognises that some Health Service Provider Boards have made some progress in improving morale and engagement and recognising that positive culture produces quality patient outcomes.

Key to addressing the sustainability of WA's health system is tackling the deficiencies in the health system's leadership. As extensively reported in the AMA (WA) Submission to the Sustainable Health Review, throughout the health system a toxic management culture and poor morale is negatively impacting the sustainability of WA's health system. Appropriate culture change in the health system is required and must be a primary focus of the Final Report. The AMA (WA) believes that more effective performance review processes and procedural fairness are key to improving culture and engagement and need to be embedded in management process. Currently, there is a reliance on fixed term contracts of employment as a means of performance management which contradicts fundamental tenets of procedural fairness and is not conducive to creating an environment which encourages safe clinical practice. While acknowledging the importance of patient opinion in creating a sustainable health system, the provision of safe and quality clinical outcomes should remain a key indicator of the success of WA's health system.

The Final Report must recommend the implementation of formal initiatives within each health service to improve organisational culture. There should be regular reporting on the culture of each health service and staff surveys should not be the only tool used to measure culture, morale and clinical engagement.



Direction 8: Greater use of technology, data and innovation

Western Australia has an extensive history of failing to innovate and effectively incorporate ICT systems and processes to assist the delivery of patient care. The need to develop and implement innovative approaches to this problem has never been questioned. Development and commissioning of ICT projects should be treated with the same rigour and project governance as capital works projects.

Electronic Medical Records

The Final Report must recommend the implementation of a fully functional Electronic Medical Record across the WA health system. An EMR would facilitate research and innovation, all of which are severely limited in the absence of appropriate data collection, and improve patient safety, accessibility and use of data to drive better and more efficient care. The AMA (WA) acknowledges that this would be a major capital investment, but planning and execution of such an investment will take some years and it is important that government commence the process as soon as possible. The process of selecting and customising an EMR will require very significant clinical engagement in addition to appropriate ICT governance and procurement processes.

Patient Care Related ICT Systems

The AMA (WA) seeks to see the Final Report comment further on the need for clinical innovation and system-wide ICT collaboration. The devolution of health system governance and service oversight to five health service providers, the Mental Health Commission and the Director General of Department of Health, could further stifle collaboration. In the context of such devolution, it is vital that ICT innovation be utilised to improve access to patient data and drive sustainability. The Final Report must include robust recommendations that will enable ICT integration with primary health care and inter-hospital/health service and private sector interoperability.

The AMA (WA) also believes the Final Report should consider how the health system can better use and share clinical data, with an emphasis on looking to use linked data and encouraging its use, particularly in the context of medical research and clinical innovation. Prescription monitoring and e-prescribing also present opportunities to improve patient safety and system efficiency.

Employee Management ICT Systems

The AMA (WA) believes that significant savings could be made through minor investment and streamlining of the current employee management ICT systems. Improvements will create financial savings and improve health workforce morale and engagement.

The AMA (WA) understands that current management of employee data is cumbersome and delays access to basic employee data required for the employment, management and accreditation of medical practitioners. For example, despite employing just 30 per cent of the health system's 3000 doctors-in-training, all DiT employee data is held by North Metropolitan Health Service. This administrative (in)convenience requires all health system DiT employers to seek the permission of the NMHS data custodian to access or update information. This creates significant opportunity for delays in accessing data and data mismanagement in the context of a profession that demands continuous professional development, in a work environment that requires specific mandatory training, which currently employs the majority of DiTs on one year contracts. The required administrative process and annual repetition are the result of ICT system construction, not the inherent nature of employee management.



Direction 9: Harness and support health and medical research

In order to effectively harness and support medical research, collaboration and innovation the Final Report should recommend the creation of a WA Agency for Clinical Innovation. The AMA (WA) is supportive of the State Government's Future Health and Research Innovation Fund and believes that the Final Report should recommend immediate action to fully utilise recent infrastructure development at the QEII Medical Centre and Fiona Stanley Hospital which has been specifically designed to support medical research and collaboration.

The AMA (WA) believes that more can be done to engender a culture of medical research, collaboration and innovation in WA's health system. The current system is underfunded and burdened by red tape, and is underpinned by a workforce structure where neither the health system nor the educational institutions are working to increase the number of clinical academics in WA, supporting the existing clinical academic workforce or encouraging doctors to enter research positions. Consequently, the AMA (WA) is aware of a number of eminent clinical academics who have left Western Australia in the past two years, moving interstate and/or overseas in light of the unsupportive environment which fails to facilitate clinical research and innovation, or support them in their position as clinical academics. This represents a significant loss to WA and the WA health system.

Recognising that research is critical to quality improvement, clinical innovation, improved workforce morale, enhanced national and international reputation and an estimated return of \$3.89 per \$1.00 invested⁹, the Final Report should include a plan to increase the number of clinical academics, supporting staff, research funding and other research infrastructure in WA, supported through an agreed framework between the health services and educational institutions.

⁹ Australian Medical Association (WA), "Sustainable Health Review Submission" (2017)



Direction 10: Develop a supported and flexible workforce

A sustainable health system needs a sustainable workforce. The AMA (WA) asserts that workforce planning needs to be more effective and the doctor-in-training pipeline and specialist training programs need to account for the increase in medical graduates. As previously noted, increasing the number of medical graduates, will not address the unbalanced distribution of medical practitioners in WA or necessarily ameliorate the impact of projected specialist shortages. The Final Report must consider the impact of an increased number of medical graduates and the impact on medical training, as pivotal to the creation of a sustainable health system.

In order to develop a supported workforce the Final Report must address the negative impact that the current system of fixed term employment has on the sustainability of the medical workforce and the consequent impact on service delivery. All senior practitioners, unless employed for specific reasons that warrant fixed term employment, should be permanently employed. Currently, the majority are employed on fixed term contracts, with an increasing number on contracts no longer than 12 months, in breach of the industrial instrument under which they are employed. Doctors-in-training should be employed for the nominal length of their training with appropriate mechanisms established to support training and development through secondment. The AMA (WA) notes that the disregard with which employers treat their obligations under the industrial instrument adds to the lack of security of employment and means more doctors are looking at interstate and overseas employment.

The AMA (WA) is supportive of enhancing team based care through evidence based models of service delivery that provide for safe and efficient patient outcomes. Task substitution and expanding a profession's scope of practice does not necessarily translate to a more sustainable health system and in many cases actually increases complexity and fragmentation. Increasing responsibilities comes with an expected increase in remuneration and the need to ensure appropriate development, training and auditing of performance, all of which require more resources. Fragmentation of care through conflicting or overlapping scopes of practice threatens the quality and safety of patient care and would be a retrograde step for the WA health system.

As previously noted, the AMA (WA) has highlighted that in a primary care setting, there are opportunities to augment multidisciplinary care teams led by General Practice, that would advance the 'Medical Home' model of care and create efficiency savings.

Direction 11 & 12: Plan and invest more wisely & Building financial sustainability, strong governance, system and state-wide support services

While the AMA (WA) is supportive of a fairer distribution of WA's share of GST and Commonwealth support, there is action that can be taken within the WA health system to improve sustainability. The AMA (WA) believes that effective decision making and the administrative cost of service delivery are the key factors negatively impacting the sustainability of WA's health system. The Final Report should consider the review and measurement of these factors and recommend appropriate action to improve efficiency and accountability in these areas.

The Final Report must remain cognisant of the importance of continued investment in the WA health system, the absence of which will negatively impact safety, quality and sustainability. The AMA (WA) notes with concern the Government plans to reduce WA Health asset investment by 83 per cent by 2021/22.¹⁰ Continued asset investment in infrastructure and medical equipment is necessary to ensure the health system can continue to operate efficiently and safely. Key pieces of health infrastructure such as King Edward Memorial Hospital, WA's only stand-alone acute inpatient facility dedicate women's health, and Graylands Hospital, WA's only stand-alone acute inpatient facility dedicate to the health of people with mental illness, are not fit for purpose, raising questions about the Government's commitment to the health of women and people with mental illness. The mismanagement of some health infrastructure projects, poor governance and bad political decision making are not reasons to reduce or cease asset investment, but in fact are the reasons we need to increase it.

The AMA (WA) has previously noted the need to ensure increased transparency and accountability. This is particularly important in relation to the services purchased and activity delivered, in terms of driving efficiencies in the service.

The Health Service Provider boards have been in place for just under two years, but the AMA(WA) believes there are already lessons that should be learned. Issues include the relationships between the system manager and the boards, the independence of the boards from government and the ability of the boards to take normal board actions such as hiring or firing CEOs or to achieve their obligations to the system manager without many of the normal tools available to corporate boards. The AMA(WA) believes that the Final Report should consider this issue and recommend that there be an evaluation of the performance of the boards and that consideration be given to any changes to the Act or to the structure of the boards in order to improve their function.

¹⁰ Government of Western Australia, "Western Australia State Budget 2018-19", (2018), Last Accessed: May 2018, Source:< <https://www.ourstatebudget.wa.gov.au/budget-papers.html>>