

Key Health Challenges in a Climate of Reform: A Queensland Perspective

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Queensland Government
Queensland Health

Key Issues

Immediate

- Service Demand and Risk Sharing
- Meeting Demand and Workforce Supply
- Roles and Responsibilities

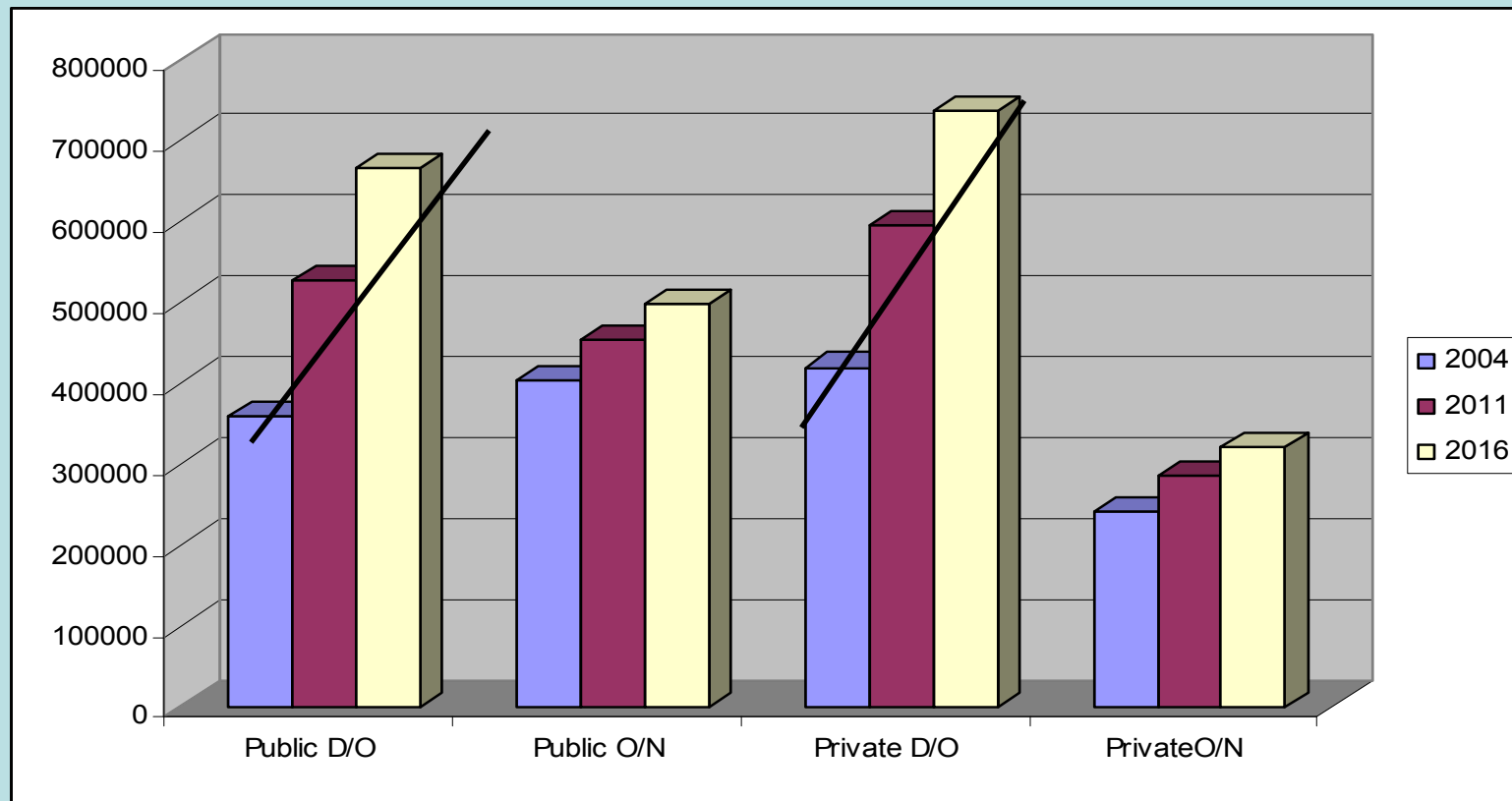
Intermediate

- Reducing or Stemming Demand (Prevention)
- Rationalising Public and Private Health Sectors
- Individual Electronic Health Record

Growth in Demand in Qld

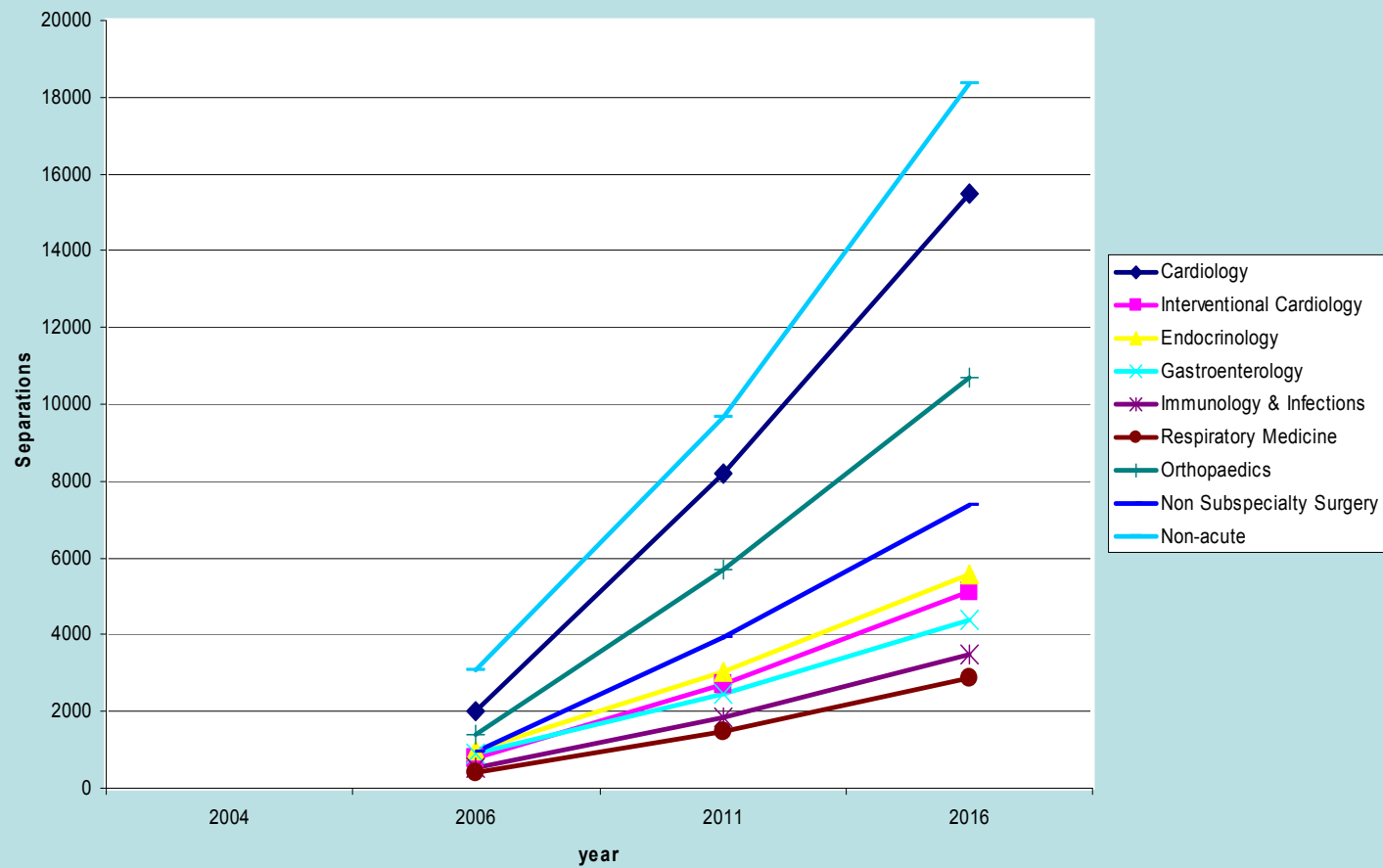
- Ambulance Services >10%
- Emergency Departments 8-12% (primarily Triage Categories 2 and 3)
- Non Ambulance Patient Transport 8%
- Public hospital admissions are projected to increase by 52% and OBD by ~40%
- Day only activity is projected to increase by 84%
- Overnight admissions are projected to increase by 23%

Projected demand for hospital admission, 2004-1016 (ISQ)



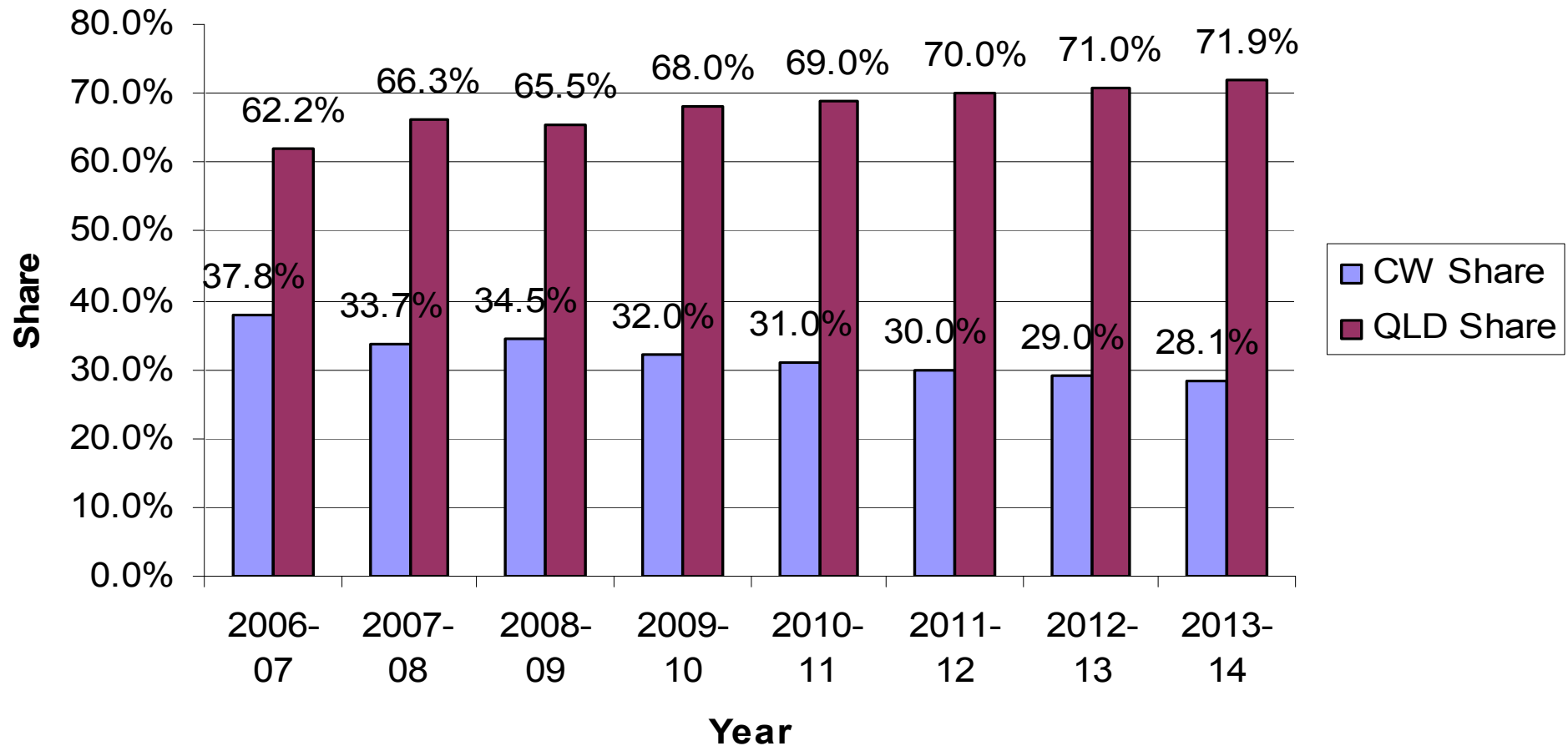
Projected demand for hospital admission, Queensland residents, 2004-2016 (Source: Hades, 2006)

SRG's with greatest projected growth- 2004-2016 Public Hospitals Only



Funding for Queensland public hospital services *continued*

Projected Queensland vs Commonwealth Shares for Public Hospital Services (current arrangements)



Meeting Demand and Workforce Supply

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Building New capacity

- **Increase Bed and Bed Equivalent Capacity**
 - 3 new major tertiary hospitals, 2 provincial hospitals 5 other major expansions
 - **Priorities for investment:**
 - subacute
 - intensive care
 - extended care
 - renal
 - mental health

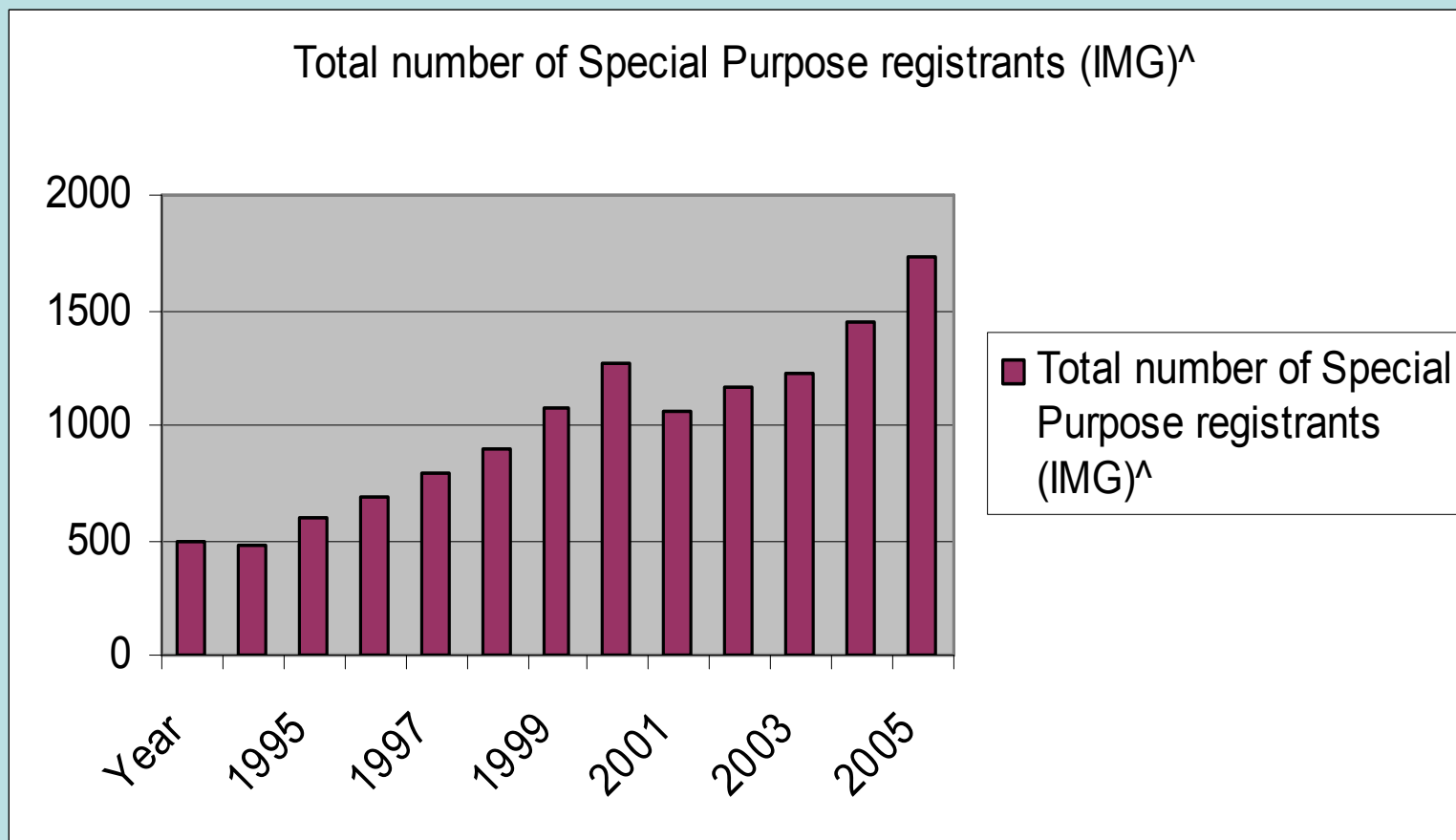
Managing Demand

- **Hospital in Home**
- **Hospital in Nursing Home**
- **13HEALTH**
- **Health Precincts**
- **Surgery Connect**

Workforce Planning

Projection Scenario	Doctor 2016 Projected Deficit	EN 2016 Projected deficit	RN 2016 Projected deficit
Demand - Model Patient Days	716	782	4755
Demand - Model Patient Days + Hosp Separations	557		4295
Demand - Model + Patient Days	777	630	3921
Demand - Model + Patient Days + Patient Separations	418	625	3895
Demand - Model + Hosp Separations	267	545	3458
Average	547	645	4066

Medical Workforce Qld

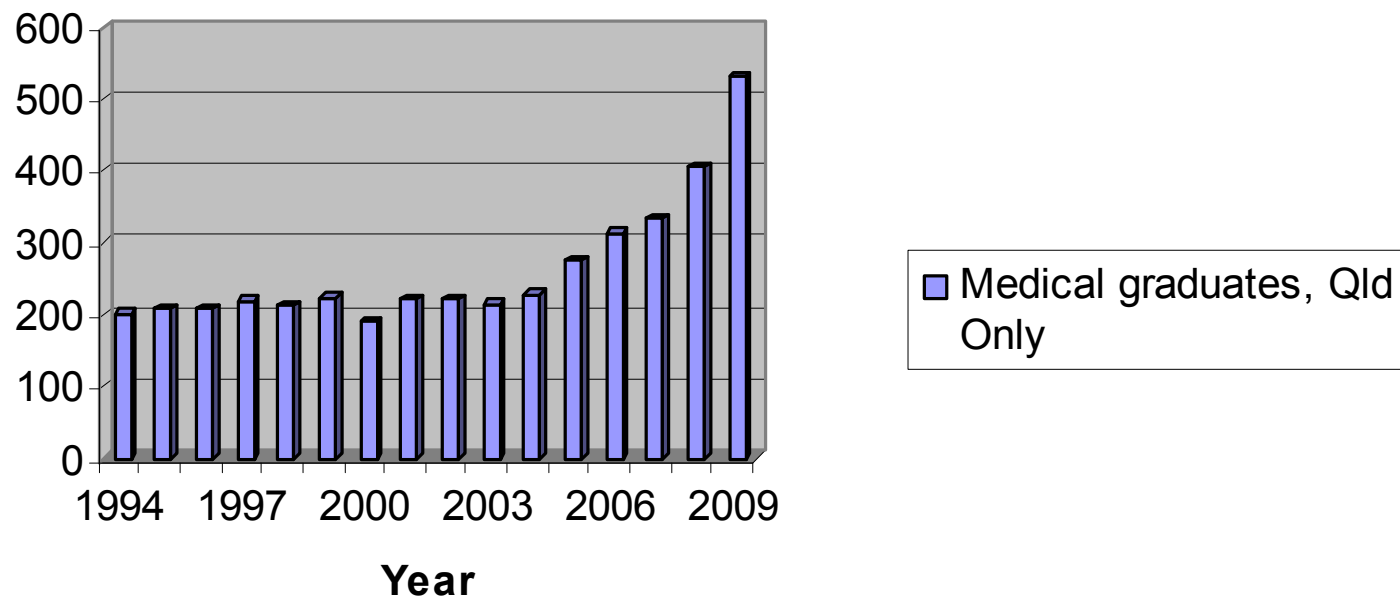


Clinicians Average Age (Years)

	Female	Male
Medical	36.0	40.0
Nursing	43.3	42.2
Professional (Allied Health)	38.5	42.6
Visiting Medical Officer	47.2	50.7

Medical Workforce

Medical graduates Queensland 1994-2009



Some Key Strategies

- Scope of practice eg Indigenous Health Workers
- Clinical Education and Training strategies
- Alert doctors strategy
- New roles eg AHP assistants, Physician Assistants, Rural Generalists, urology nurses
- Specialist training in the private sector
- Student career preferences
- Recruitment - international and national
- National Registration

Roles and Responsibilities

The Health Reform Agenda

The broad health reform agenda and arrangements for the next National Healthcare Agreement are being progressed through:

National Health and Hospitals Reform Commission

- Provide advice on the framework for the next Health Agreement (April 08)
- Interim report: reform directions (Nov/Dec 08)
- Report on a long-term health reform plan (June 09)

Council of Australian Governments' Health and Ageing Working Group

- To improve health outcomes for all Australians and the sustainability of the Australian health system.

Heads of Treasuries (HoTS)

- Implement new Commonwealth - State financial relations framework

National Health and Hospitals Reform Commission Submission

- Queensland Government view:
 - Commonwealth take responsibility for primary care to relieve pressure on public hospitals and emergency departments
 - MBS reform to support chronic disease prevention and management in primary care
 - Bulk billing for outpatient services (including medical specialists)
 - Funding for public hospital services shared 50:50 with the Commonwealth
 - Commonwealth take responsibility for aged care costs for people in an acute public hospital for reasons other than clinical need
 - Queensland should be responsible for health services requiring an integrated delivery such as Indigenous health, mental health and public health

Healthy Queenslanders: Advancing Health Action's Challenges

Expanding our health services to meet the needs of a growing population	Target: Reduce public hospital waiting times.
Stemming the devastating tide of preventable disease	Target: Cut obesity, heavy drinking, smoking and unsafe sun exposure.
Giving mothers and babies the best start	Target: Provide access to quality, best practice maternity and early childhood services for Queensland mothers no matter where they live
Improving mental health care	Target: Provide accessible public health services to all Queenslanders living with a severe mental illness
Reducing the gap for rural communities and for all Indigenous Queenslanders	Target: Close the gap in health outcomes for Indigenous, and rural and remote Queenslanders

What Does Qld Want From Reform?

- Fair Share
 - Increase in Commonwealth Sharing of costs of public hospital services
 - Indexation that is realistic in terms of growth in demand and costs
- Increased Workforce Capacity
- Clearer Roles and Responsibilities with Accountability