

“HEALTH CARE REFORM: Looking Back to Go Ahead”

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2. Hospitals and Health Services Commission

- Background

'Health is a community affair. Communities must look beyond the person who is sick in bed or who needs medical attention...The Commission will be concerned with more than just hospital services. Its concern and financial support will extend to the development of community-based health services and the sponsoring of preventative health programs.

Prime Minister Gough Whitlam

Dr. Sidney Sax appointed Chairman, 19 February, 1973. Interim Committee held its first meeting on 5 April, 1973.

Hospitals and Health Services Commission Act passed in December, 1973.
Regulations gazetted 21 February, 1974.

Governor-General appointed three full-time members and six part-time members of the Commission, April, 1974.



2. Hospitals and Health Services Commission (Cont.)

- Links with Monash University

Discussions in relation to funding Fawkner Park
Community Health Centre, Professor Basil Hetzel

Dr. Richard Southby appointed Acting Full-Time
Commissioner, 1975

Dr. Neil Carson, Part-Time Member, appointed
Professor of Community Practice at Monash University

2. Hospitals and Health Services Commission (Cont.)

- *The Commission in Action*

Functions and Powers

...to recommend on the provision of health services by the Department of Health

...to ascertain health care needs and to make recommendations concerning:

- health care delivery systems
- funds to be allocated for these systems
- the education of health personnel
- the accreditation of services
- financial assistance to be made available to States, Territories, regions, local governments, charitable organizations and persons

...to make grants

...to investigate representation on organizations involved in health care, and

...to promote and participate in planning in relation to health services

2. Hospitals and Health Services Commission (Cont.)

- *The Commission in Action (Cont.)*

Objectives

- Commission was guided by the 'Primary Health Care' model
- Key element in a system of comprehensive health care
- Emphasis on continuing care of persons
- Links to and from other elements in the system should be strong and reliable
- Personal health care remains a personal responsibility to a considerable extent

2. Hospitals and Health Services Commission (Cont.)

- *The Commission in Action (Cont.)*

Processes

- Devised a strategy for ‘*a judicious blend of study and action*’
- Established WORKING PARTIES (Commission Members only & chaired by a Full-Time Commissioner), STANDING COMMITTEES (Chaired by a Full-Time Commissioner) & ADVISORY COMMITTEES
- Produced Discussion Papers and Final Reports
- Implemented programmes on approval of the Minister for Health, adoption by the Government & appropriations by Parliament

2. Hospitals and Health Services Commission (Cont.)

- *Relationships with Commonwealth and State Departments of Health and Professional Organizations*

- Envisaged from outset that practical difficulties could be overcome by goodwill, mutual respect and experience

- Enjoyed very strong support from the Commonwealth Department of Health, for example:

- Contributions of Planning and Research Branches
 - Commissioners given direct access to all branches and officers

- Participation of senior officers from Department in Commission's Work

2. Hospitals and Health Services Commission (Cont.)

- *Relationships with Commonwealth and State Departments of Health and Professional Organizations (Cont.)*
 - Received excellent cooperation from other Australian Government departments and statutory authorities
 - Act required consultations between Commonwealth and State Ministers before grants to organizations or persons were finalized
 - Also received support from State Health Authorities and numerous professional organizations

2. Hospitals and Health Services Commission (Cont.)

- *Major Initiatives* - Illustrated by:
 - A Community Health Program for Australia, including community mental health, the Family Medicine Program, and the establishment of Chairs of General Practice/Community Medicine/Community Health
 - Hospitals Development Services Program
 - Health Services Planning and Research
 - Review of the School of Public Health & Tropical Medicine at The University of Sydney
 - Diagnostic Services
 - Health Transport
 - Rehabilitation
 - Nursing Personnel
 - Aboriginal Health
 - Health Careers
 - Rural Health
 - Occupational Health

1974 - 75 Payments by Hospitals and Health Services Commission

Family Medicine Program	\$4.1 million
Health Services Planning & Research	\$.94 million
Hospitals Development Program	\$100 million
Community Health Programs	\$28.4 million
Community Mental Health Programs	\$6.2 million

2. Hospitals and Health Services Commission (Cont.)

- *Positives and Negatives*

Positives

- First comprehensive approach to national health policy development based on analysis of data and consultations with all levels of government, professional organizations, universities, non-governmental organizations and individuals
- Brought about major changes in delivery of health services, education of health workers and research
- Highlighted long neglected areas, including aboriginal health, occupational health, public health, rural health and health transport
- Emphasised planning and evaluation of health services
- Achieved considerable cooperation between Commonwealth and State levels of government

2. Hospitals and Health Services Commission (Cont.)

Positive and Negative

- Existence of a separate Health Insurance Commission for 'Medibank', later 'Medicare'

Negatives

- Ability to bring about desired changes slowed by federal system, especially in relation to financial arrangements and competing networks of functional responsibilities among public and private organizations
- Political instability, brought about by the dismissal of the Whitlam Government in 1975, leading to disbandment of Hospitals and Health Services Commission

3. REFORMING HEALTH CARE:

Some Characteristics of an Ideal Health Care System

- Ensures universal coverage of the population
- Provides comprehensive and integrated health care, including dental health, through primary, secondary and tertiary components; using multi-disciplinary teams
- Balances access, quality and cost considerations
- Emphasizes equitable and efficient financing
- Includes incentives for responsible health behaviors by individuals

3. REFORMING HEALTH CARE:

Some Characteristics of an Ideal Health Care System (Cont.)

- Understands the influence of broader social, cultural, political, economic and technological factors on health status
- Understands the changing needs of aging populations and unique requirements of urban and rural populations
- Identifies population health improvement targets, i.e. reducing the incidence of HIV/AIDS and other infectious diseases
- Integrates clinical medicine and public health
- Includes an effective monitoring system to evaluate access, quality and costs

4. CONCLUDING COMMENTS

- The Hospitals and Health Services Commission was a remarkably successful organization in helping to bring about major changes in national health policy development and implementation in Australia
- Changes have persisted beyond the life of the Commission
- Demonstrated the value of a federal level entity capable of analyzing data, developing appropriate policy proposals, translating them in to programmes and implementing rigorous evaluation mechanisms in close coordination with numerous public and private organizations
- Given the current attention to health care reform, it may be appropriate to ‘reinvent’ an “Australian Health Commission”