



COVID-19 has dominated the healthcare landscape for the past two years. As we've coped with the pandemic we've exposed fundamental challenges in our health system which need to be addressed.

These include an over-reliance of treatment rather than preventative healthcare and education programs. Inadequate ability to scale and support healthcare professionals under extreme duress. A vulnerability to sourcing vaccines and medication from overseas. The importance of resourcing and connecting our own world-class medical research teams. And the need to better exploit telemedecine and healthcare technology to create greater flexibility, efficiencies, quality and equity of care.

# Time to reflect on improvement

By amplifying our weaknesses, lessons from the pandemic can help us better prepare for the future where 90% of immunologists, infection disease researchers and virologists working on the corona virus think it will become endemic. It has created a complex overlay of protocols, processes and new requirements that we need to manage sensibly so that they do not overburden our health system, slowing down surgeries and treatments for other illnesses.

We have an ageing population and with it a growing burden of chronic disease. We have unacceptable inequities in both outcomes and access to services in rural and regional Australia and a significant difference in the health treatment affluent people receive compared to those with lower incomes. Our aged care is far from optimal and disability care is in need of further improvement. Mental healthcare must become a priority with increasing rates of depression, anxiety and suicide, supporting this vulnerable group requires better use of technology to create efficiency gains, but it also requires more focus and support.

#### **Modernising healthcare**

We need modern, convenient, affordable, accessible and scalable healthcare, set up to adapt to pandemic challenges. We also need to increase local support for mental health and push for higher standards in aged care.

To do this we need to tackle the challenge of integration to simplify planning, connect IT systems and care teams, and streamline purchasing and supply chains. We need to focus more on preventative healthcare. And finally look at more integrated models of healthcare through outcomes based funding models and to the use of technology to minimise waste of precious resources – from nurses and clinicians' time to equipment and goods.

Health presents us with serious policy challenges. We need to act urgently and invest in reforms. This document outlines my proposed priority policies.

Zali Steggall, OAM, MP



"I will continue to be led by experts in responding to the pandemic and I will prioritise the health and safety of the community while minimising economic harm."

Zali Steggall



Responsible and proportionate responses to COVID-19



**Improve safety** and standards in aged care

Key healthcare policies and initiatives that I support



**Mental** health service improvements



**Modernise** and increase healthcare access channels



**Improve access** to NDIS for participants and advisers



The pandemic has led to additional funding being provided to the healthcare sector. However, much of this has been allocated to vaccines and testing rather than supporting frontline staff or improving long-term care models to deal with capacity issues.

In addition, many procedures and treatments have been put on hold and diagnosis of non-COVID related illness missed<sup>2</sup> due to the lack of capacity to deal with the usual workload.<sup>3</sup>

#### We need system-wide reform

The sector is stretched from pharmacies and General Practice right through to intensive care. This is driving mental health issues and fatigue amongst workers. We need to support them and attract new talent to the health professions. We need to treat our frontline staff with respect and provide mental health support, healthy meals while on shift and appropriate staffing levels to prevent burnout and fatigue.

We need a review of the system in its entirety to ensure we can maintain a high standard of care that does not sacrifice general health for the fight against an evolving pandemic. We need to look closely at our primary care network and transform the operational model of General Practice in line with the Australian Medical Association's 10-year plan for primary healthcare which proposes the development of multidisciplinary healthcare teams to meet patients' needs.

This may include a shift in the funding model towards value or outcomes-based care rather than activity or volume-based funding. Such a shift will lead to reduction in preventable hospitalisations and improve the quality of care, efficiency of delivery and cost of healthcare overall.

Bundled payments, instead of individual payments for different services have been shown to deliver better outcomes for chronic diseases such as diabetes where there is a need for GP, mental health and dietary support. A reform such as this is necessary to cope with the ageing population burdened by chronic and complex disease.<sup>4</sup>



#### We need a Centre for **Disease Control**

I support the calls of the Australian Medical Association for the establishment of an Australian Centre for Disease Control (CDC). Australia is the only country in the OECD that does not have a CDC or equivalent.5 The CDC would monitor global events and outbreaks to provide early warning advice to Government. They would also recommend response to pandemics and advise on how best to treat and care for other chronic conditions and diseases.

A Royal Commission into the handling of the pandemic and the changing demands on our healthcare sector would unveil these elements and assist with clarifying the confusion, responsibility and blame shifting between the Commonwealth and State health care systems.

#### **Policies and actions** we need to implement and support to transform healthcare

- Changes to the funding models for the healthcare sector to encourage innovation and enhance capacity of the system
- ✓ Improved funding models to underpin greater capacity and enhance outcomes for patients and conditions for workers
- ✓ Programs to attract, recruit and retain more workers in the health sector
- ✓ The establishment of a Centre for Disease Control to advise on response to pandemics and other chronic conditions
- ✓ A Royal Commission into the health sector and the pandemic response.



Mental health has been the "shadow pandemic" to COVID-19. The number of Australians accessing mental health services rose significantly in 2020 and has continued throughout 2021<sup>6</sup>. Key services such as Lifeline, Kids Helpline and Beyond Blue saw surges in demand for their services throughout this time, especially during the extended lockdowns in NSW and Victoria.

#### The statistics are worrying

Even before the pandemic, mental health issues were the main reason Australians visit their GP. In fact, 45% of us will have a common mental disorder in our lifetime.

Suicide is now the leading cause of death for people aged between 15 and 44.7 Three quarters of people who take their own lives aren't in touch with medical services. Too many people with mental health problems end up in the justice system or on the streets, rather than in treatment.

The experts tell me there is a lack of funding, accountability and coordination for mental health, and people are falling through the gaps. Medicare funds some services but not others, and GPs don't have the financial incentive to deliver long mental health consultations or to coordinate mental health care.

We simply must do better. The national plan to address mental health was due to be delivered by national cabinet by the end of November 2021 but was postponed to early 2022.

## We need a strong national plan

We need a strong reformist national plan to address mental health in Australia with a functional supply chain of relevant services, priority funding and availability of essential youth mental health facilities.

The Commonwealth needs to take responsibility for national coordination and leadership of the mental health implementation plans across the country. Otherwise we will see a further splintering of access to services on a state-by-state basis.



We need our GP clinics to be better equipped with specialist staff to assist with mental health complaints. We need strategies in place to make sure that the impact of the last two vears does not place a long-term burden on our health system and mental health issues are addressed proactively and comprehensively.

We also need to expand the support we offer those living with mental health issues, with person-centred care that draws on a range of services.

Emphasis on youth and child mental health is crucial, problems arising in childhood often persist causing increased burden and cost on the community and to the patient. We also need greater understanding to reach at-risk groups such as LGBTQI and Aboriginal and Torres Strait Islander people.

### Policies and actions we need to implement to improve mental health

- ✓ A dedicated mental health facility for under 18s at Northern Beaches Hospital
- ✓ Medicare payments for long GP mental health consultations and bulk billing for mental health video consultations
- ✓ Greater support for mental health education and self-awareness programs in schools and workplaces.
- ✓ 'Team-based' care for complex cases that include GPs, social workers and community services such as drug and alcohol counselling and housing assistance.



Technology holds the promise of improving diagnostics and the management of chronic diseases. However, the costs can be high and adoption has been patchy.

#### Old tech hinders care team responsiveness and collaboration

There are still elements within the medical profession where the use of fax machines and hand-written notes are dominant forms of communication. This reduces responsiveness and the ability of patients to engage with health professionals and their wellness.

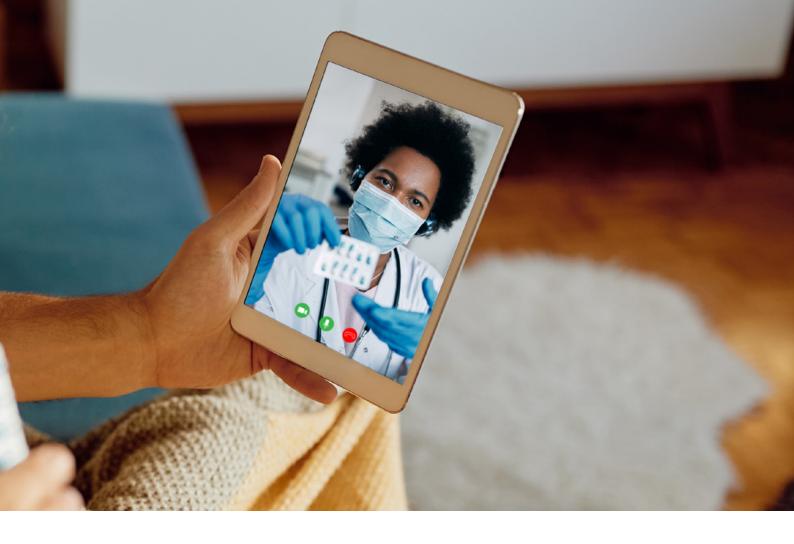
Advancements in technology and methods of connection provide an opportunity to transform healthcare. We urgently need investment in our health services to modernise the experience for doctors and patients alike.

#### Modernisation is essential

Australia should be looking to embrace new technologies to improve the ability of our health system to meet the challenges of the next decade.

This would include permanent adoption of telehealth as an option for consultations, use of wearables and smart monitors to assist in diagnosis and alert us to changes in conditions. We also need centralised, secure access to e-health records to improve the quality of data about individual's medical history, needs, allergies and medications so that care can be accurate and consistent.

We're also seeing the emergence of powerful new technologies which could improve the capacity of our health system and make it fit for purpose in the 21st Century.



Artificial Intelligence (AI), machine learning (ML), and predictive analytics enable healthcare stakeholders and medical professionals to identify healthcare needs, predict disease with greater accuracy, monitor population health, and find solutions faster with more accuracy by using data analysis to make informed medical or business decisions quickly. These technologies also support infectious disease surveillance and modelling that pinpoints and predicts outbreaks.8

Training of medical professionals is an essential part of digital transformation. If they are to make the most of any new investments, they must also be involved and engaged in the design and consultation of the national digital health strategy.9

The next digital health strategy will commence in 2022 and cover a 5 year timeframe.<sup>10</sup> Now is the time to plan for the modernisation and improvement of what the future of healthcare can look like.

## **Policies and actions** we need to implement and support the digital delivery of care

- ✓ Making telehealth permanent
- ✓ Expanding the rollout of e-health services
- ✓ The use of wearable technology to assist the elderly and unwell with conditions monitoring and alerts.



Implementation of the Royal Commission into Aged Care recommendations has been a key issue raised by my constituents since it was handed down in March 2021.

#### The wait list is unacceptable

Since then, while some efforts have been made to improve the capacity of the sector and a substantial funding boost was allocated in the 2021 Budget, as of 1 September 2021 there were still over 74,000 people waiting for a Home Care Package at their approved level.<sup>11</sup>

The Aged Care Royal Commission recommendation 39 called for the waitlist to be eliminated by the end of 2021.<sup>12</sup> This is just one example of the need for more urgent and thorough attention to be devoted to the sector and in particular to the ability to improve the capacity of our senior Australians to age comfortably at home.

I continue to call on the Government to eliminate the Home Care Package waitlist immediately and keep it clear.

## Essential improvements are needed

For residential care, there needs to be a dramatic improvement in the standard of care that is able to be provided to residents, most notably by increasing the number and quality of staff.

Many nurses of Warringah have raised the need for at least one Registered Nurse to be on duty 24/7 in residential aged care settings. This will lead to an increase in the quality of care for residents, quality of training and mentorship of other staff and reduce hospitalisations of residents.

Recommendation 86 of the Royal Commission highlights the need for this to be achieved along with setting minimum allocations of care to be provided to residents.



Finally, we need equality between the standard of care provided under the National Disability Insurance Scheme and Aged Care. At present NDIS is significantly more generous in the standards of care provided than if someone acquires a disability after the age of 65.

The Aged Care Royal Commission Recommendation 72 found that this was inequitable and recommended that the same standard of care be provided across both schemes.

I have long supported this cause and presented a petition to Government on behalf of over 19,000 signatories to end age discrimination in NDIS.13

## Policies and actions we need to implement to improve aged care

- ✓ Implementation of the Aged Care Royal Commission Recommendations in full
- ✓ Elimination of the Home Care Package waitlist
- ✓ One Registered Nurse on duty 24/7 in all residential care facilities
- ✓ End to age discrimination between the NDIS and Aged Care.



The National Disability Insurance Scheme (NDIS) is a fantastic support to those living with disability in Australia. I strongly support the NDIS and advocate for improved ease of access to the supports required.

Throughout my term in Parliament, many constituents have contacted me with concerns about their inability to access the NDIS or get the supports required in a timely manner. Their experience is consistent with the findings of the review by Professor Gemma Carey of UNSW which found that the NDIS is a bureaucratic nightmare where the most disadvantaged miss support due to the difficulty of navigating the system.<sup>14</sup>

I will support the implementation of the Tune Review and in particular the Participant Service Guarantee<sup>15</sup> in a manner that genuinely supports the participants.

# Policies and actions we need to improve access to the NDIS

- ✓ Reforms to support the original goals of the Scheme.
- ✓ Access to the NDIS for disability community of Warringah
- ✓ Improvements to the service standards for the benefit of participants.



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