
From: Rhonda Kerr [REDACTED]
Sent: Monday, 2 January 2023 4:16 PM
To: Measuring What Matters
Subject: Access to appropriate healthcare in effective settings as a new measure for Health

Measuring what matters team

Thank you for the opportunity to comment on the proposed framework for measuring indicators that matter to the well-being of Australia and Australians.

It is a broad question. As stated the OECD measuring system is a helpful basis for a framework but lacks the specificity Australia may be looking for.

Asking what matters for Australia now and in the future, what is worth quantifying and keeping a track of and what is beneficial to keep track of is a valuable discipline to expand on our early 20th century system of metrics.

If "The Government is committed to measuring what matters to improve the lives of all Australians.

Measuring what matters will help us better understand our economy and society while informing policy making" it is appropriate to look at access to healthcare. Health system access is not captured in the OECD framework indicators I note.

For several reasons I would argue for an indicator called "access to appropriate care in effective healthcare settings". First is the significance of access to appropriate healthcare for the impact on the economy.

Several key economies with poor access to health care are currently impeded by the ineffectiveness of community access to appropriate care. China and the USA have highly privatised systems where most patients requiring care cannot gain access to effective primary or preventative care which has to some extent immobilised their economies. Similarly the on-going disinvestment in hospital capacity in the UK has impacted the economy and labour supply by long (> 7 million people) waiting lists for access to appropriate hospital care.

My research has identified that countries who had invested in providing patient access to appropriate care in effective settings including hospitals had less impact on their economies than those nations who had not invested in health system access and capacity. These countries include France, Germany, Austria, the Netherlands, Japan and Norway.

The second reason for inclusion of a patient access measure is that it matters to the Australian people. Increasingly over the past 5-6 years public comment, complaints and voters have identified access to health care as a key issue of interest to the population. Ambulance ramping at hospitals, emergency department access, growing waiting lists for surgical services, delays in accessing cancer services, the removal of obstetric services from rural areas have been hot issues Australians would like resolved. The issues of access to healthcare have been often examined by the media and are at the front of mind for many people. Similarly challenges accessing GP or medical specialist services in outer metropolitan areas and rural areas are issues. In contrast, access to pharmacy services, and community nursing have not been issues.

The third reason is that access to appropriate care is not measured at the moment as an overarching objective of the health system. The Productivity Commission has "access" as a key indicator of the health system, the public hospitals system in the Performance Indicator Framework as does the AIHW. The annual Report on Government services reports on access including patients per GP averaged across each state. However, access has not been effectively measured in a meaningful way for some years by AIHW. For example, rather than examine the ability of a person to get to a health facility the AIHW data is for those people who did get to the hospital and were admitted; it is an institutional set of data extrapolated to broad segments of the Australian population rather than a person in the community-focused analysis. It assumes every person in metropolitan Australia has the same access to hospitals so people out beyond Liverpool have the same average access as those in Kensington in NSW. Other research data including the Health Atlas disproves the validity of this fundamental assumption. Elevating "access to appropriate healthcare" building from the PC Indicator methodology may have more effect than the Report on Government Services has achieved.

The fourth reason is that existing measures are out of date and can and have been used to give false equivalency. Hospital bed numbers as a measure of the capacity and sophistication of a hospital arguably is a 19th century concept with limited application for the 2020's and beyond.

Patients are not always diagnosed and treated in a hospital bed. They can be diagnosed in an emergency department, outpatients department or through pathology or imaging departments. They are treated in procedure rooms, operating theatres, oncology places, labour/deliver suites, day surgery, neonatal intensive care cots, and over 40 other places some of which are classified as beds and some not. Hospitals contain highly specific physical spaces, medical equipment and systems as well as clinical support areas. These are not comprehended in bed numbers.

As the pandemic showed the specifics of access to areas such as ICU beds was not measured by governments. The Society of Intensive Care specialists were the only ones to know the number and capacity of intensive care beds in Australia. The concept that all hospital beds are equally useful and interchangeable pre-date WWII and has been proven obsolete for managing modern health issues. Patient access to appropriate care is a more useful measure. Cancer patients, surgical patients, renal dialysis patients have specific but different requirements for equipment, facilities and supporting systems for their appropriate care. However, these have been averaged in a way that is meaningless for policy evaluation and development by federal and state governments. The meaning of bed numbers was further obscured by AIHW's practice of combining private and public beds to give a beds per 1000 population measure that was not an access measure. All Australians are financially able to access public hospital services but fewer are able to access private hospital beds, particularly in those private hospitals without Emergency Departments. The number of hospital beds accessible to all Australians has been declining over the last 6 years but the published figures do make that clear. Poor access is an issue as the pandemic, waiting lists and ambulance ramping have shown.

My last reason is that the issue of access to appropriate healthcare sits between governments, state, federal and local, and the coordination of services for the common good has not always occurred. Measuring patient "access to appropriate care in effective healthcare settings" has the potential to breach the boundaries between programs, attack the silos of authority and activate effective spending for the public benefit. A measure of this nature can identify actions in a range of domains that are required to achieve an improvement in the measure. These will have flow on to policy areas including education, tax, immigration, federal-state financial relations, transport and training, which have dimensions at federal and state levels.

I would enjoy seeing "access to appropriate healthcare in effective settings" as a value measure within Budget reporting as my research has identified that current systems do not take a big picture view failing to focus on the economic benefits of healthy Australians. My doctoral research identified significant efficiencies can be achieved in health service delivery through appropriate investment in effective evidence-based clinical pathways. These link patients, clinicians and providers through systems at community level supported by hospitals for those people requiring interventions. Rather than being hospital-centric they are community centric and can encompass the differing needs of different communities including First Nations people's needs. The "access measure" can address major issues that the hospital centric model is unable to.

I would be pleased to discuss this suggestion and the research that supports it with you. Please feel free to contact me on the numbers below.

Kind regards

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