



healthupdate

Australian Health Consumer

The latest issue, with the theme of health care for people with chronic conditions, has been sent to all members.

There is a position statement on the CHF Consumer Representatives Program and articles on:

- the private health insurance reforms
- better access to primary health services
- avoidable hospitalisations
- immunisation, and
- self-management of chronic conditions.

Annual General Meeting

Notices have been sent to all members for the 2007 Annual General Meeting, to be held in Canberra on 18 October. Further information will be provided soon.

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CHF goes on the campaign trail

Opposition Spokesperson for Health, Nicola Roxon, has recognised the important role of consumers in decision-making at all levels of the health sector and has requested information on consumer perspectives and concerns.

CHF met with Ms Roxon in late July as part of its strategy to meet with politicians in the lead up to the election campaign. CHF Vice Chairperson, Jan Donovan, and Executive Director, Helen Hopkins, briefed Ms Roxon on CHF and its three priority areas.

CHF stressed that Australia's health system must be about people. It must prevent illness and make sure the system works for sick people. To do this effectively, consumers must be equal partners in all aspects of health, from policy to practice.

Ms Roxon asked CHF for some practical and achievable e-health initiatives that consumers wanted the government to take up. She recognised that e-health initiatives could improve health care for consumers and that e-health needed to be better promoted within the community.

She also agreed on the importance of national data for monitoring safety and quality and discussed consumers' needs. CHF emphasised that while consumers wanted access to services that worked better for them, their greatest need was for access to appropriate care in terms of time and place. This not only meant after hours access to GP care, but to nurses, psychologists, physiotherapists and others who contribute to holistic care. Access is also important in rural and remote areas.

During the recent debate on the Pharmaceutical Benefits Scheme (PBS) reforms, Ms Roxon had supported the inclusion of a review on the impact of out-of-pocket expenses on consumers and asked CHF to advise what data needed reviewing in particular. She was also receptive to the need for the planned generic medicines campaigns to go beyond the media to be implemented at community level if they were to be successful.

CHF will also seek an appointment with the Minister for Health and Ageing, Tony Abbott, or his advisors and other politicians.

Governing Committee

The Governing Committee met in Sydney on 24-25 July with a busy agenda and a tight schedule – and many positive outcomes.

As usual, the committee members started by discussing emerging issues relevant to the *Strategic Plan 2005-09*. These issues will be included in ongoing and new work wherever appropriate and include:

- Growing inequity in Australia's health care system
- Advanced care directives and end of life decisions
- Consumer Medicines Information, and
- Australian Health Agreement negotiations.

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From the Secretariat



(Governing Committee continued from page 1)

The effect of medicines on the environment was raised as part of a broader issue for future consideration.

On the finance front, the committee approved the budget for 2007-09 and continued to monitor all funded projects and the development of proposals for further funding. It also decided to seek accounting advice on intangible assets, particularly as they might apply to the Consumer Representatives Program.

The committee also looked at the *Strategic Plan*, particularly as new annual plans are being devised. In Goal 1 (Advocacy), the focus was on how best to make effective statements about what consumers expect of the next Australian Government. Biennial plans for Goal 2 (Communications) and Goal 3 (Governance and Management) were approved, including the development of an integrated Marketing Plan.

The secretariat has been tasked with preparing consultation material for members on whether CHF could better serve its members by decreasing the size of the Governing Committee in line with current best practice. It will also implement a professional development model for the committee.

The meeting also discussed the planning arrangements for the CHF Summit planned for the 21st birthday celebrations in October 2008.

The next meeting of the Governing Committee will be held in Canberra on 18-19 October in conjunction with the Annual General Meeting.

Jan Finley

Director of Operations

Advocacy

Royal College of Nursing, Australia 2007 Annual Conference

I represented CHF as a consumer on a conference panel on the issue 'How do quality workplaces positively influence patient care?'. The question and answer session was facilitated by Dr Norman Swan. I was able to state that consumers wanted speedy hospital treatment after diagnosis, high quality nursing care, good communication and level of information, flexible visiting hours and good food. I also said consumers wanted good use of statistics; if statistics are collected, they must be analysed and appropriate follow-up action implemented. There were many good questions and great support for my comments.

The concept of Magnet hospital environments, which are beginning to be recognised in Australia, was also discussed. A Magnet hospital has an extensive review and systematic evaluation of its nursing practice by the American Nurses Credentialing Center (ANCC) and is recognised by the US Credentialing Centre. These hospitals retain staff and have a reputation of quality care and being a good place to work, with high patient satisfaction.

Conference abstracts and a booklet on *Positive Practice Environments* can be obtained from the Royal College of Nursing, Australia on (02) 6282 5633.

Sheila Rimmer AM

In the news

Patient perspective

Websites that publish anonymous complaints against doctors were discussed in the CHF monthly column in *The Weekend Australian*. CHF Chairperson, Mitch Messer, said that while such websites were flawed, they demonstrated the need for people to make complaints.

'Many consumers find that formal complaints processes are not easy to access or use. Also, some people report being labelled as "problem patients" when making complaints, which can discourage them from speaking up when they feel they have received a poor service,' Mitch said. The end result is that people do

not complain and doctors or health services do not know patients are dissatisfied and cannot address their concerns.

Open websites do not solve the problem. They risk becoming 'whinge-fests' and the anonymity of comments does not allow doctors to respond. However, without consumer feedback, either good or bad, it is impossible to know whether a health service has improved in ways that are important to the people who use it.

Mitch said a feedback mechanism was needed that encouraged and supported consumers to systematically provide feedback to help improve health care. 'Actively seeking feedback from consumers should not cause doctors any anxiety or concern,' he said. 'Both doctors and consumers have an interest in improving the quality of health care and both have an important role to play in achieving this goal.'

He called for new technologies to offer opportunities to obtain and use consumer experiences to benefit both the providers and recipients of health care.

To see the full article cut and paste the following link into your web browser
<http://www.theaustralian.news.com.au/story/0,25197,22141480-23289,00.html>.

Seniors and the PBS

The July issue of the *Senior* newspaper ran the CHF media release on how the PBS reforms will benefit consumers. To see the release, go to <http://www.chf.org.au/Docs/Downloads/PBS%20reforms%20can%20lower%20medicines%20prices.pdf>.

Project updates

Private Health Insurance Reforms – Consumers have a say

Quality assurance for privately insured services

The Department of Health and Ageing is designing quality assurance requirements for services that are provided under private insurance. The new requirements are aimed at increasing consumer confidence and promoting best practice throughout the private health industry.

CHF attended the recent Department of Health and Ageing consultation forum on the requirements and participated in the session for allied health professionals, including dentistry and natural therapists.

The quality assurance requirements aim to streamline professional standards and ensure health care is delivered (and benefits are paid when treatment is provided) by appropriately trained and professionally recognised health care providers. They restrict payment of private health insurance benefits to services provided by suitably qualified service providers and provided by licensed facilities.

It is proposed that the requirement will apply only to the range of services the health care industry already self-regulates through accreditation.

To become a qualified service provider for benefits to be paid, the health provider must be registered in their state of practice (where required) and be a member (or associate member) of a specified professional organisation. Often membership of a professional organisation has restrictions that require the practitioner (or health provider) to have a minimum educational standard and undertake ongoing professional education activities.

The Department of Health and Ageing is setting these standards as a baseline, and it is possible that health insurance funds may require a higher professional standard for benefits to be paid. For example, while the professional organisation may state that a health professional in a specified health speciality may be a member of the organisation with a minimum of a diploma, the health fund may state they will only pay benefits to health providers that hold a minimum of a bachelor degree.

The Department of Health and Ageing is developing these requirements while aware that the Australian Commission of Safety and Quality in Healthcare will be doing similar quality assurance work over the next few years. CHF looks forward to being involved in the developments in this area.

Comments sought on review of prostheses lists

When the prostheses list legislation was passed in 2005, CHF advocated for a review to be done to monitor the implementation. This review is now being undertaken and CHF is raising key issues including informed financial consent.

CHF has invited consumer representatives on clinical advisory groups to comment to an initial submission, and welcomes comments from others to contribute to discussions with the reviewer. Please contact Craig Hooper if you would like to comment on any issues to do with out-of-pocket costs for prostheses (for example, heart valves, artificial hips, lenses for eyes), any limitation to the prostheses available due to costs or ongoing issues with informed financial consent (knowing how much the surgery is going to cost in advance).

Craig Hooper
Senior Policy Advisor

Consumer Representative Recruitment, Training and Support Project 2005-2007

Project finishes on a high note

The final report for this project was submitted to the Department of Health and Ageing on 26 June. The CHF Steering Committee evaluated the project as successful and valuable in terms of establishing a best practice approach and implementing a continuous quality improvement framework for the CHF Consumer Representatives Program.

CHF would like to thank Chairpersons, Susan Mitchell and then Antonio Russo (CHF Governing Committee) and Steering Committee members, Diane Walsh (Consumer Representatives Sub-Committee) and Kathie McClure (Health Consumers Council of WA) for their valuable contributions, which included out-of-session work. Antonio originally joined the Steering Committee in 2005 as a new consumer representative from Health Rights and Community Action in South Australia and had recently participated in an orientation workshop.

Major achievements of the project included:

- a review and progressive update of all policy, procedures and documents relating to the Consumer Representatives Program
- the development of new resources and promotion of fact sheets available on the CHF website
- a two-day national workshop on continuous quality improvement that included orientation for new consumer representatives
- development and progressive implementation of the continuous quality improvement policy, and
- strengthening of relationships with secretariats, key stakeholders and branches of the Department of Health and Ageing.

The continuous quality improvement policy has been developed and progressively implemented in consultation with consumer representatives, members and key stakeholders. Program efficiency, transparency and accountability have been improved through changes to communications (for example, *HealthUpdate* is now published fortnightly and has included articles focusing on core skills for consumer representatives and effective reporting), support for self assessment by consumer representatives and the piloting of feedback mechanisms designed to inform about the effectiveness of the Consumer Representatives Program and identify opportunities for improvement.

The Program has supported over 100 representatives contributing to approximately 200 national health-related committees. This project has strengthened a significant CHF resource and provided a foundation from which it can be further developed for strategic and sustainable use.

Debbie Smith
Committee Liaison Officer



Survey measured rate of informed financial consent

The Australian Government has conducted a survey of private hospital patients to measure their awareness of the costs of their privately insured hospital services before they received treatment. The results of the July survey will help the Government consider options to improve the rate of informed financial consent.

In a media release, the Minister for Health and Ageing, Tony Abbott, said that although the rate of informed financial consent was improving, there was 'still room for improvement ... All patients should be fully informed about any out-of-pocket expenses they are likely to incur.' Mr Abbott said the Government would continue to work with doctors, health insurance funds, hospitals and patients to improve rates of informed financial consent.

It has provided additional funding of \$270,000 for the Australian Medical Association to extend its education campaign, 'Let's talk about fees', to target medical specialists with limited patient contact about informed financial consent.

Health advice service launched

A 24 hour, seven days a week free national call centre network for health advice from a registered nurse began operation on 25 July. HealthDirect Australia is an initiative of the state, territory and federal governments, and is jointly funded by them.

The ACT, Northern Territory and Western Australia were the first to join the national service, with South Australia to join shortly. National coverage is expected by 2011.

Call HealthDirect Australia on 1800 022 222.

More information on rural health

The National Rural Health Alliance website now provides more information, particularly on its annual conference and issues arising from it. Information includes the conference communiqué, conference recommendations, media releases and transcripts of the keynote addresses and speakers' speeches.

Go to: <http://nrha.ruralhealth.org.au/conferences/?IntCatId=9>. A CD with all this material is also available on request by joining Friends of the Alliance on the friends page of the website at <http://nrha.ruralhealth.org.au/friends/?IntCatId=4>.

You can see the CHF presentation by Claudia Cresswell about our successful model for community quality use of medicines engagements at http://9thnrhc.ruralhealth.org.au/program/docs/papers/cresswell_C5.pdf or on the CHF website at http://www.chf.org.au/publications/docs_type_output.asp?Type=PRES.

Productive Ageing Forum papers online

The Productive Ageing Forum in May brought consumers together with key representatives working in the field of ageing research and policy making. The forum was hosted by National Seniors, a CHF member, in collaboration with the ARC/NHMRC Research Network in Ageing Well and the Department of Health and Ageing.

The forum looked at productive ageing from different aspects, including employment, diversity, relevant research, volunteering and technology. Papers are available at <http://www.productiveageing.com.au/>.

Announcement delayed

Due to the large number and diversity of grant applications, the National Health and Medical Research Council (NHMRC) has deferred announcing the successful applications for grants under the Complementary and Alternative Medicine Grant Scheme. The announcement is expected later this year. CHF took a leading role in advocating for research into complementary medicines as early as 1998 through our 'Choosing your medicine' workshops and input to NHMRC strategic research priorities.

The power of apology

Ausmed Conferences is organising a multi-disciplinary symposium on the power of apology in health care for health professionals. The symposium will focus on open disclosure and patient advocacy. It will be held 6-7 September 2007 in Melbourne. For more information, go to <http://www.ausmed.com.au>.

Public interest advocacy

To celebrate its 25th anniversary, CHF member the Public Interest Advocacy Centre will hold a conference on the development of public interest advocacy in Australia and its future direction and challenges. It will be held 18-19 October 2007 in Sydney. For more information, go to http://piac.asn.au/training/events/20071018_conf07.html.

Australian General Practice Network Forum

The ninth annual Australian General Practice Network (AGPN) Forum will be held 15-18 November 2007 in Hobart. As usual, it will involve networking, planning and discussing pivotal primary health care issues. The two focal themes are 'Doing Division Business Better' and the 'Future Focus and Profile of the Network' and will include discussion on sustainability of team-based care, building strategic relationships, making best practice easy practice and the overall future direction of the AGPN. For more information, go to <http://www.gpnetworkforum.com.au/site/index.cfm>.

CHF Consumer Representatives Program



Vacancies

Consumer representatives are encouraged to apply for the following vacancies. Do not be discouraged if you are not successful the first time you apply as your application will assist us to know who might be interested when similar positions are offered in the future.

Nominees must complete a CHF nomination form, provide a current CV and a letter or email of endorsement from a Voting Member organisation of CHF or relevant consumer network. Please note that committee selection is based on your written application, which should address the selection criteria for the particular vacancy you are applying for.

The nomination form can be downloaded from the Members' Area of <http://www.chf.org.au> or by contacting CHF Committee Liaison Officer, Debbie Smith, on (02) 6273 5444 or d.smith@CHF.org.au. Debbie can also provide further information about most committees. CHF has ensured that sitting fees and travel costs are paid for the following vacancies.

AUSPRAC Australian Nurse Practitioner Study Co-ordinating Centre, Queensland University of Technology

Australian Nurse Practitioner Project Advisory Panel

The nurse practitioner is an emerging health care role that has the potential to improve access and timely health care for under-served populations. However, little is known about this new level of health care.

The Australian Research Council (ARC) has funded a national study into the practice potential of nurse practitioners in Australia. The project will use an innovative research approach to study the profile of Australian nurse practitioners, nurse practitioners' work patterns and service processes, the impact of this service on the health care team and nurse practitioner related patient outcomes. The findings will contribute to future health workforce planning and will develop new ways to study emerging health care services.

The three year project has three phases: a national survey of nurse practitioners; an in-depth investigation of the practice and the service profile of a sample of nurse practitioners; and a repeat of the national nurse practitioner survey and an investigation of patient outcomes of nurse practitioner service.

The Project Advisory Panel will provide perspectives from a wide range of groups and organisations that have stakeholder interest in the nurse practitioner as a new level of health service. The panel will act as a reference forum for the research team to ensure the interests of stakeholders are considered throughout all phases of the study.

The panel will conduct at least two teleconference meetings annually for the duration of the project.

Expressions of interest close: 29 August.

Reports

Supporting Good Decision Making – Making Data Collection an Imperative

Robin Toohey AM has been a consumer representative on a number of MSAC Advisory Panels and national health committees. In this article she shares her concern at the lack of – and need for – data collection in Australia to assist in the evaluation of new treatments.

The time has come when we, the consumers, should speak out and insist on better collection of data for new medical devices and techniques. We need to encourage doctors and surgeons to take a more active part in collecting good quality data when they are trialling a new device or procedure.

Each new Medical Services Advisory Committee (MSAC) application includes a thorough research component. Too frequently, researchers advising MSAC committees find that no Australian data has been collected or it has not been well collected, and often only overseas research is available. The researchers often find the data is sub-standard and therefore inappropriate. It is often fragile, incomplete or drawn from a small sample, and comparators are not available. Some comparisons of techniques are too small and unacceptable. In Australia, some hospitals run trials with poor or non-existent data collection. Our doctors are using the devices and yet we do not have all their results.

Somewhere, somehow we have to get data collection on the radar of doctors themselves. One way to improve the availability of data is to talk to the College of Surgeons, for example, and ask that their members fill out proper data papers whenever they are trialling new devices or techniques. This would assist researchers, hospitals, Department branches and the profession in judging new techniques. A data collector could be appointed and funded whenever a new device is being trialled to overcome time constraints of health professionals.

Too often I hear how bad the collection of data is and I wonder if a template for doctors (particularly surgeons) needs to be investigated and installed at all theatres. With computerisation, this should not be too hard – only the mindset, attitude and behaviour patterns need to change.

MSAC is not mandated to demand this better reporting, so it falls on consumers and consumer representatives to call for better data collection to ensure better research on devices and techniques being introduced to this country.

Australian Medical Council – Specialist Education Accreditation Committee (SEAC), 10 July

Sheila Rimmer AM, 10 July 2007

The Specialist Education Accreditation Committee (SEAC) looked at reports from the College of Anaesthetists (5th year report) and the Australian College for Emergency Medicine. CHF would like to thank Bruce Campbell for his contribution as consumer representative on the Australian College for Emergency Medicine Accreditation Team.

SEAC also considered commentary from the 2006 Accreditation Team for the Royal Australian College of General Practitioners and CHF would like to thank consumer representative Russell McGowan for his contributions to this team. It was recommended that the period of training in rural general practice be retained. Attention was drawn to the special health needs of Aboriginals. It was noted that while the College tries to elicit consumer views on the outcomes of GP training, there is no current systematic engagement of consumers in the evaluation and review of GP training programs. I spoke on this issue; it will be monitored in future reports. The College assesses international medical graduates, with this group now comprising 48% of those presenting for the College examination.

A paper on the Australian Medical Council Accreditation process was also tabled.

SEAC operates as a very inclusive committee which acknowledges and values consumer comments.

Australian Medical Council (AMC) – Medical School Accreditation Committee

Sheila Rimmer AM, 3 July (proxy)

I attended the July meeting of the Medical School Accreditation Committee on behalf of consumer representative, Susan Mitchell. The meeting considered accreditation reports from Bond University and University of Notre Dame Sydney Medical Schools, international developments in accreditation, the AMC role in the accreditation of pre-vocational standards and the COAG Health Report Agenda.

Of interest to consumers was the Council of Australian Government's (COAG) intention to introduce a single national scheme for health professional registration and accreditation (covering nine health professions: dentistry, medicines, pharmacy, midwifery, nursing, optometry, physiotherapy, osteopathy and chiropractic). The scheme is to take effect in July 2008. COAG reform will provide a national database.

Other reports received

Janne Graham AM – Advertising Implementation Steering Group (Trans-Tasman Regulatory Model for Advertising of Therapeutic Goods)

Appointments

Russell McGowan from Health Care Consumers' Association of the ACT to the Australian Medical Council (AMC) Working Group – National Code of Professional Conduct for Registered Medical Practitioners.

Staff Update

CHF welcomes new staff member, Tamara Shanley. Tamara will initially focus on the private health insurance project.

Helen Hopkins

Executive Director

Craig Hooper

Senior Policy Advisor

Catherine Ellis

Policy Officer

Sarah Jones

Policy Officer

Tamara Shanley

Policy Officer

Karolina Russell

Policy Officer

Rachele Dews

Project Officer

Jan Finley

Director of Operations

Emma Awizen

Member Services Manager

Claudia Cresswell

Community Development Officer

Debbie Smith

Committee Liaison Officer

Penny Gibson

Communications Advisor

Janet Cameron

Office Manager

Health Calendar

9th Australian Palliative Care Conference

Melbourne, 28-31 August 2007

Website: <http://www.iceaustralia.com/apcc2007/>

The Power of Apology in HealthCare: A Multi-disciplinary Symposium

Melbourne, 6-7 September 2007

Website: <http://www.ausmed.com.au>

Australian Health Insurance Association Conference

Melbourne, 8-10 October 2007

Website: <http://www.ahia2007.com/>

Anti-Poverty Week Seminar - Smoking as a poverty issue: Who pays the price?

Sydney, 18 October 2007

Email: info@ncoss.org.au

Public Interest Advocacy Conference

Sydney, 18-19 October 2007

Website: <http://www.piac.asn.au/news/index.html>

2007 Australian General Practice Network Forum

Hobart, 15-18 November 2007

Website: <http://www.gpnetworkforum.com.au/site/index.cfm?display=24600>

4th Biennial NSW Primary Health Care Research & Evaluation Conference

Sydney, 29-30 November 2007

Website: <http://www.growingtogether.unsw.edu.au/>

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