

Reforming Australian health care

Martin B Van Der Weyden

Time to debate the recommendations of the National Health and Hospitals Reform Commission is slipping away

When the history of the Rudd Labor Government is written, undoubtedly a chapter will be devoted to its penchant for summits, inquiries and reports. Health has not escaped this inquisitorial focus. There have been, among others, inquiries and reports regarding preventive health,¹ primary care,² and health care delivery in general.³ The latter was the remit of the National Health and Hospitals Reform Commission (NHHRC), and its final report, *A healthier future for all Australians*, was released in June this year.³

If the NHHRC's 123 recommendations are enacted, they have the capacity to change Australian health care in a manner reminiscent of the establishment of Medibank. Despite the report's length (292 pages) and its prolific list of recommendations, common themes emerge: shared responsibility for care; increased responsibility by the federal government for existing and new health services; consolidation and integration of services, with an emphasis on non-institutional care; shifting care towards being more patient- and person-responsive than provider-convenient; better intrasectoral communication through the use of information technology; extracting greater efficiencies from hospitals; relating remuneration to outcomes and performance targets; and, finally, fundamental changes in the provision of health insurance. In short, if implemented, the report will mean a time of uncertainty, inherent in change. Despite this, the report has not yet been widely debated within the profession.

In this issue of the Journal, we commence a series of articles (pages 382, 383 and 387) exploring the social, health and professional impact of the recommendations of *A healthier future for all Australians*. Prime Minister Rudd is currently engaged in a whirl-

wind "getting to know you" tour of selected Australian hospitals, before the federal government's response to the report is further massaged by the Council of Australian Governments into a united policy and a possible implementation plan. If the profession seeks to influence these outcomes, now is the time to present our views and recommendations. If we do not accept this challenge, change will be imposed from on high and may well be uncomfortable or even intolerable! Although it is important to "talk the talk", this should not excessively delay "walking the walk".

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- 2 Australian Government Department of Health and Ageing. Primary health care reform in Australia — report to support Australia's first national primary health care strategy. Canberra: Commonwealth of Australia, 2009. <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draftreportsupp-toc> (accessed Sep 2009).
- 3 National Health and Hospitals Reform Commission. A healthier future for all Australians: final report June 2009. <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report> (accessed Sep 2009). □