

NURS3015: Australian Health Care System

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Health Policy

The Universal Declaration of Human Rights

- The **General Assembly of United Nations** adopted and proclaimed these principles in **1948** under Article 25
- Everyone has the **right to a standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and **necessary social services**, and the **right to security** in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood **in circumstances beyond his control**.

Idea of public policy –what does the government do to make **decisions for people's welfare**. This becomes part of social policy, in terms of government action and social welfare.

World Health Organisation –Defining Health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

- Fundamental conditions of health (physical, mental & social wellbeing):
 - Civil peace
 - Housing
 - Education
 - Food
 - Income
 - Stable ecosystem
 - Sustainable resources
 - Social justice and equity

Health Care in Developed Countries

- Developed countries –**generate sufficient GDP, enough to invest in infrastructure –ability to invest in growth**
- GDP –total money in and out of government, private and out of pocket
- The **health care system of a nation and the health status of the population** is **central to quality of life**
- In every **OECD** country, **healthcare is the largest economic activity** –consuming **up to 17%** of the Gross Domestic Product (GDP)
- Health services workforce > 10% of all workers in more OECD nations
- OECD countries have been **engaging in health care reform for over 20 years** –with emphasis on **cost efficiency** but in the face of international concerns for quality and safety
- 3 ways government can produce money **Print – devalue, borrow, tax**. **Medicare levy doesn't cover all health costs**; health care money comes from other government revenue too.
- Argument of an **unsustainable health system in Australia due to the ageing population** –looking at other models –health care reform
- Scandinavian countries (Denmark, Sweden, Norway) –essentially free health care at the point of delivery via lots of tax
- Tyranny of distance in Australia

Public Health Care

- Providing health care for a population = more than provision of treatment for the sick, **sanitation and safety regulations**
 - Health should not be viewed in isolation but only as the **interaction of a number of factors**
- In developed countries health care is neither total private or public
 - A mix of government (via taxation and other forms of contribution) and private sources (user pays) **Two –tiered systems**

Key Stakeholders in Health Care

- **Providers/Funders**
 - **Government & Institutions** (hospitals & other health care agencies)
 - **Health care insurance companies**
 - Efficiency –best use of public monies (taxation)
 - Cost –benefit/ cost –effectiveness
 - Effectiveness –greatest good
 - Profit –private sector
 - Satisfaction
- **Consumers**
 - Accessibility
 - Comprehensive services
 - Enough services and continuity
 - Effectiveness
 - Quality and safety of services
 - Quality of care

Health Care Policy

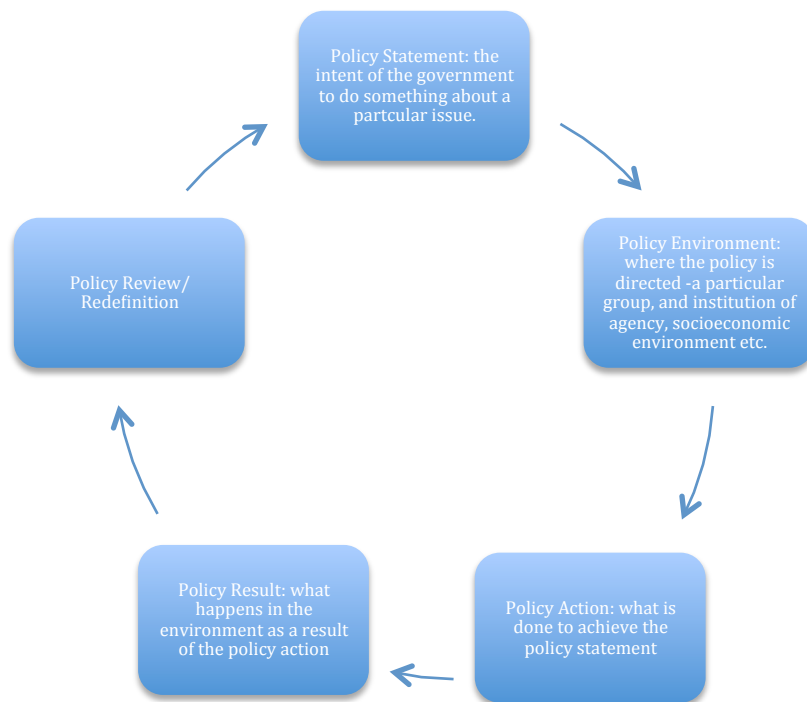
- Health policy falls under the umbrella term “**public policy**”
- Public policy results from decisions made by governments
- **Public policies are those developed by government and actioned in the context of public interest**
- The term “**policy**” is used in a number of ways to address different types of **actions, intentions, concerns or even inactions**
 - **No policy =inaction –this is just as much a policy** action, just as much a reflection of government stance on subject
- Public policy **underpinned by the current government’s political, philosophical and ideological position**, and as a result, **policy statements across various governments can differ** greatly
- Public policy and social policy

Public Policy as an extension to Social Policy

- Social policy = government decisions about guidelines or interventions for the establishment/maintenance/changing of conditions to improve human wellbeing
- **Social policy is that component of public policy that addresses social issues**
- Social policy includes **education, health, housing, employment and food**

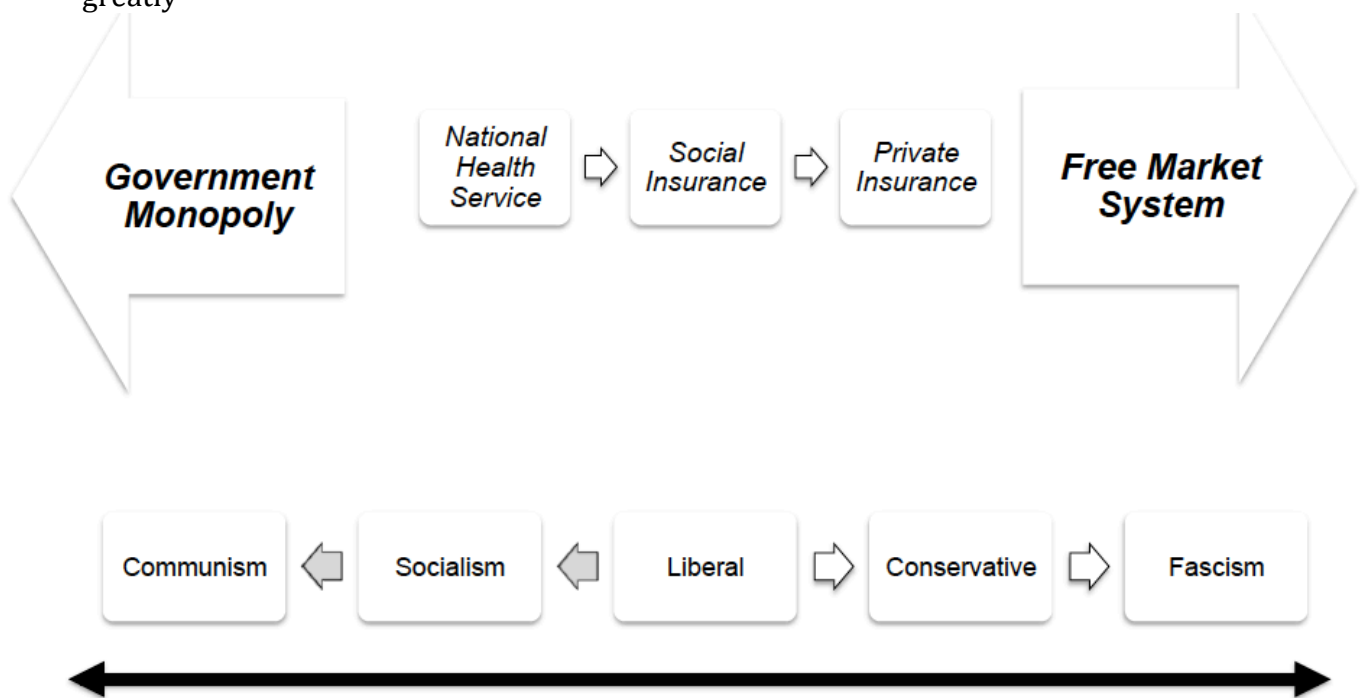
The Policy Cycle

A policy statement > the policy environment > the policy action > the policy result > policy review/redefinition



Health Policy and Political Systems

- Public policy is underpinned by the current Government's political philosophical and ideological position, and as a result, policy statement across various Governments can differ greatly



Australian Health Policy

- Medicare** is the defining feature of Australian health policy
- The problem of formulating effective health policy in Australia because of the **Constitutional relationship between the Commonwealth and the states** + the dominance of medicine (conservative)
- The **Constitutional amendment of 1946** (gave the Commonwealth government the necessary powers over social welfare matters)
- The majority of health policy debate usually occurs around an election

- Most debate focuses on issues plaguing the hospital system such as the financing of hospital and medical care, insurance systems, co –payments, reimbursement, hospital activity and industrial disputes

Health Policy: Different or the Same

- The medical profession's role in shaping and constraining health policy which is without equal in any other policy area
- The complexity of health care provision and the inability of consumers to distinguish between good and inferior service quality quite simply because of a lack of knowledge (this will be discussed in greater detail later because it is an essential consideration in planning services)
- The nature of decision making in health which is often characterised by “life and death” issues which are accompanied by psychological stresses and distinctive expectations which lead the community to see health care (and thus its providers) as different

Policy Types

- Reactive/proactive
 - Distributive
 - Designed to provide services and/or funding to particular pre –determined segments of the population
 - Distributive policies are essentially characterised by easy implementation and adoption since they can be implemented in isolation from other policies and often without noticeable detrimental impact on other groups
 - Redistributive
 - Distinguished by the government's deliberate attempt to change the distribution of income, wealth, property or rights between groups in the population
 - Redistributive policies have become characteristic of the 20th century with a greater push for social equity but with the pressures of recourse limitation
 - Regulatory
 - Involve the imposition of restraints, restriction and limitations of the actions of particular groups or individuals
 - Are specific and narrow
 - The legislation which governs various groups of health care workers
 - Age requirements (driving/drinking)
 - Human behaviours (smoking)
 - Constituent
 - These policies are broad and cover all sectors of national/public life
 - Their focus is on government institution and procedures
 - They are designed to benefit the public as a whole e.g. foreign policy, defence policy

Major Concerns for Health Policy (EQUITY& ACCESS)

- Increasing cost of health care as a result of advances in medical knowledge and technology – increased specialisation and sub –specialisation and greater use of medical technology
- The rising expectations and demand for greater and more sophisticated health services by an increasingly informed and more affluent population
- The rapid ageing of the population –the aged incur a higher health care expenditure – particularly in the last two years of life
- Workforce issues for nurses, medical officer (in some areas), paramedics and allied health
- The nature of health care reform and rationalist agendas