



THE UNIVERSITY OF
MELBOURNE

Health system challenges and responses

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Contemporary health issues

Need to:

- Increase emphasis on equity of outcomes

FAULT LINES

— An independent review into Australia's response to COVID-19

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Jillian Broadbent AC
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Peter Varghese AO

20 October 2022

The cover features a stylized line graph with a jagged, step-like pattern, symbolizing the uneven impact of the pandemic.

WHAT HAPPENED

SOME GROUPS IN SOCIETY BORE A GREATER PANDEMIC BURDEN THAN OTHERS

- The **COVID death rate for people born overseas was 2.5 times as high** as for those born in Australia. Mortality rates for culturally and linguistically diverse communities were higher still.
- Australians in the **bottom 20% by socio-economic status were 3 times as likely to die of COVID-19** than those in the top 20%.
- In 2021, **vaccination rates for people with a disability were 10 percentage points lower** than other Australians.
- In 2020, **more than 75% of deaths occurred in aged care facilities.**
- The **rate of severe illness was 40% higher for First Nations Australians** during the Omicron wave.
- Women were over 30% more likely to exit the workforce** than men in the first months of the pandemic.
- Students in the bottom 20% by socio-economic status were over 40 times more likely to have no computer for remote schooling** than students in the top 20%.
- Young adults under 25 were twice as likely to experience mental ill health** compared to adults 25 and older.



Describing health status and health care



Describing health status and health care

1. Wait times

1.1 Emergency department wait times — Patients seen on time

'Seen on time' is a nationally reported (ref) performance indicator of timely hospital-related care. It is reported as percentage of presentations to major South Australian public hospital emergency departments where waiting time to commencement of clinical care was within nationally recognised benchmarks for triage category.

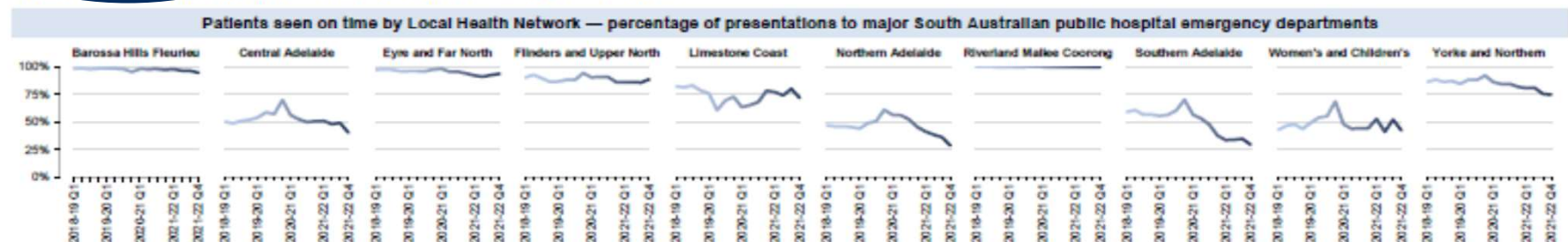
Table XXXX: Emergency department wait time performance, public hospitals

Seen on time (% of presentations)	2018-19	2019-20	2020-21	2021-22
South Australia				
Aboriginal persons	68%	71%	69%	63%
CALD persons	46%	55%	53%	46%
Lowest SES residents	63%	67%	64%	57%
Persons aged 65+ years	58%	64%	59%	53%
Rural and remote residents	83%	83%	82%	81%
South Australia total	67%	65%	61%	54%
AUSTRALIA	71%	74%	71%	<i>Avail. Feb. 2023</i>
South Australia rank (out of 8)	7th	6th	4th	<i>Avail. Feb. 2023</i>

Sources:

- National comparison data for 2021-22 will not be available until February 2023.
- However, in 2020-21, South Australia ranked fourth highest out of the eight states and territories for public hospital emergency department wait times performance, with 61% of patients seen on time. This is below the national average for 2020-21 of 71%.
- In 2021-22, just over half (54%) of the 539,557 presentations to South Australian public hospital emergency departments were seen within nationally recognised benchmarks for triage category.
- The population group that recorded the highest proportion of patients receiving timely emergency hospital care is people who reside in rural and remote areas of South Australia, with 81% of people in this cohort seen on time.
- The lowest proportion was recorded for persons from culturally and linguistically diverse backgrounds, at 46%.
- Trends for public hospitals in the three metropolitan Adelaide local health networks have been falling since the fourth quarter of 2019-20.

Figure XXXX: Emergency department wait time performance, public hospitals



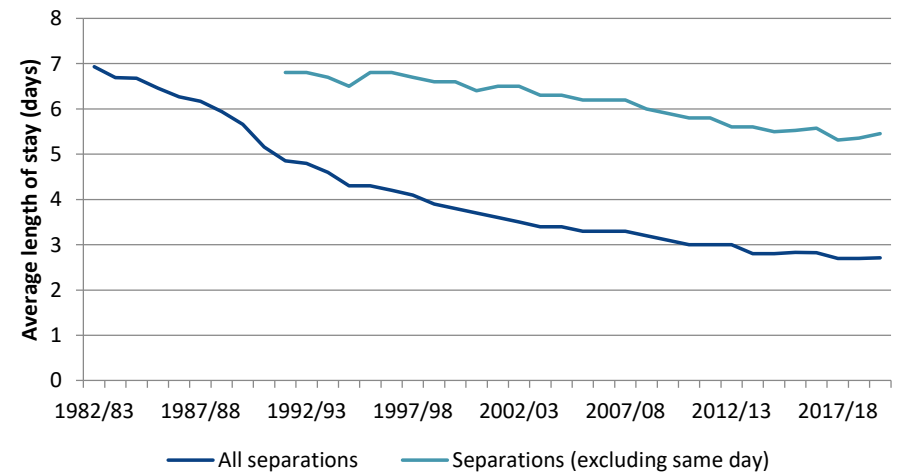
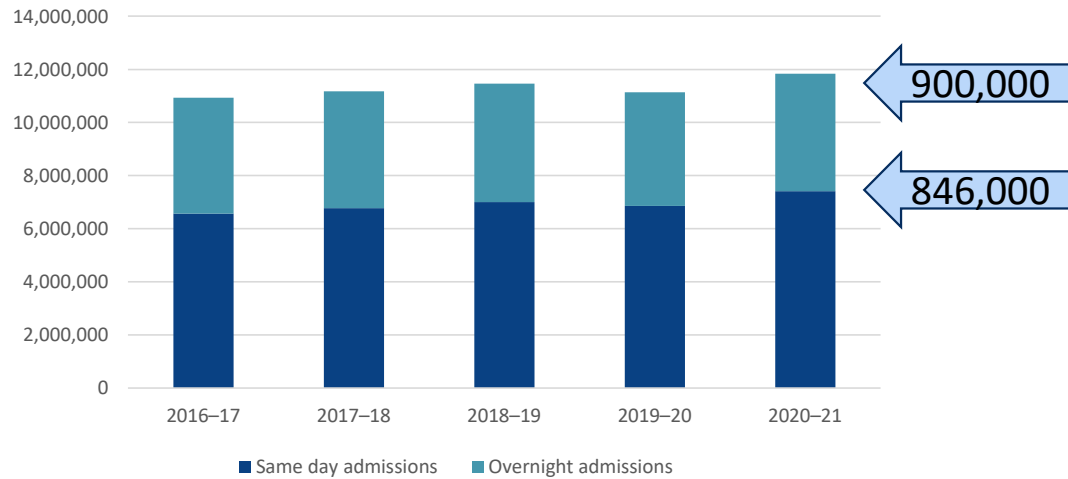
Sources:



Contemporary health issues

Need to:

- Increase emphasis on equity of outcomes
- Increase emphasis on community/home-based care/prevention
 - Same day hip replacements etc



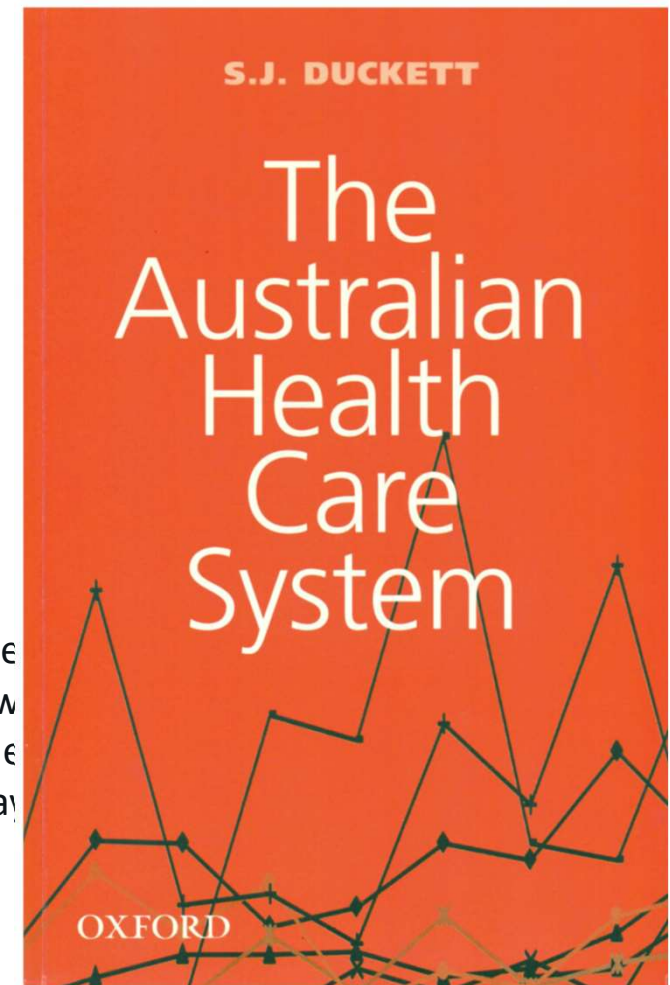


Contemporary health issues

Need to:

- Increase emphasis on equity of outcomes
- Increase emphasis on community/home-based care/prevention
- Increase emphasis on quality of care
- Increase emphasis on real consumer choice and accountability
- Increase emphasis on efficiency
 - Technical OK for hospitals
 - Allocative very weak
- *Addressing the digital imperative*

@stephenjduckett
how will we know whether
new complex world? Or w
system will do what it's de
govt but have larger copay
workforce.9/



Duckett, S. J. (2000), *The Australian Health Care System* (Melbourne: Oxford University Press).



Contemporary health issues

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- *Addressing the digital imperative*

Prerequisites

- Acceptance that issue exists
- Technologies to measure problem
- Accepted evidence-base about *what* to do
- Political will/skill to do it
- Overcome vested interests
- Management skill to effect implementation
- In both Health departments and in providers
- Structures (including financial incentives) to effect implementation



What has stopped action?

	Acceptance that issue exists	Accepted evidence-base about what to do	Political will/skill to do it	Management skill	Structures (including financial incentives)
Equity of outcomes					
Community/home-based care/prevention					
Quality of care					
Real consumer choice and accountability					
Efficiency					



What has stopped action?

	Acceptance that issue exists	Accepted evidence-base about what to do	Political will/skill to do it	Management skill	Structures (including financial incentives)
Equity of outcomes	Yes for First Nations; uneven otherwise	No	Sort of for First Nations	No	Generally no. ACCHOs
Community/home-based care/prevention					
Quality of care					
Real consumer choice and accountability					
Efficiency					



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Real consumer choice and accountability					
Efficiency					



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Efficiency					



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Real consumer choice and accountability	Rhetorically	Yes	No	??	No
Efficiency	Yes, technical efficiency in hospitals	No for allocative efficiency	No	No	No