

Victorian Department of Health & Human Services
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To Whom it May Concern

Australian College of Nursing (ACN) welcomes the opportunity to provide comment on the discussion paper regarding the future of healthcare in Victoria, *Health 2040*.

ACN's submission is informed by input from members who practice in a wide variety of health care settings in Victoria and by the current evidence and literature pertinent to the priority areas for reform identified in the *Health 2014* discussion paper.

ACN supports the efforts of the Victorian government to reform its health care system so persons are placed at the centre of care delivery.

Please do not hesitate to contact me if you would like to discuss ACN's submission.

Yours sincerely



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ACN

Submission to Health 2040

A discussion paper on the future of healthcare in Victoria

Australian College of Nursing (ACN) appreciates the opportunity to provide feedback on the *Health 2040* discussion paper on the future of healthcare in Victoria. ACN is of the view that the planned reform presents a unique opportunity to design the future of health care delivery in Victoria to help address the ongoing challenges of quality of care, equality, efficiency and outcomes.

Benefits of involving nurse leaders in Victorian Health 2040 reform

Victoria's Health 2040 reform discussions provide a unique opportunity to ensure Victorians obtain maximum benefit from services provided by Victoria's future health care system. In achieving this outcome, ACN believes it is essential for the Department of Health & Human Services (DHHS) to continue close consultation with nurse leaders at all levels of the health care system: nurse leaders directly involved in the delivery of health care and those working in policy roles within the government system. Nurse leaders in clinical, operational and policy roles can provide valuable advice on how to achieve quality clinical outcomes and reconfigure services to design a health care system ready to meet the challenges of the future.

Nurses in leadership positions, including nurse unit managers and directors of nursing, can also offer valuable insight as to how proposed reforms may affect the delivery of quality care and a person's care experience. Nurse leaders can also provide specific advice on the contribution the nursing profession can make to redesigning health care delivery.

The remainder of ACN's submission below is structured around a number of the priority areas for reform identified in the *Health 2040* discussion paper.

A person-centred view of healthcare

The *Health 2040* discussion paper envisages a health care system focused on allowing the person to "better manage their own health." ACN believes person-centred care, as a central principle underpinning all health care delivery, involves the enabling of people to successfully engage in self-care.

Thus, in ACN's view, a true person-centred health system endeavours to consider each person as an individual, seeks to protect a person's dignity and respect their rights and preferences. Person-centred care also seeks peoples' participation in decision making about their health care as it supports people across the continuum of health and illness. It is ACN's belief that the foundation of person-centred care is the therapeutic relationship between the health care recipient and their health professional which is built on mutual trust and understanding.¹

Further, ACN believes that a person-centred philosophy seeks to deliver care that is coordinated and that adequately addresses peoples' care needs. Well-coordinated, effective health care ensures that people achieve:

- the best level of well-being possible for their health status;
- being well informed about their health; and

¹ Australian College of Nursing, 2014, *Person-Centred Care Position Statement*, Australian College of Nursing, Canberra.

- being able to engage in self-care to the maximum of their capability.

If a health care system centrally driven by the principle of person-centred care is to be achieved, existing services need to be re-designed. ACN is of the view that any redesign of the Victorian health system should put the person at the centre of the design process to ensure that funding as well as service models promote care that is person-centred and holistic. As such, any health system redesign should prioritise the needs of consumers and link consumers seamlessly into and across the health and, if required, the social care systems' different sectors. New models of health care should increase peoples' choice of services and offer people the opportunity to participate in designing their services so care becomes more personalised. Finally, any health system redesign should be based on a robust and relevant evaluation of existing service provision that takes consumers' experiences into account.

ACN supports the World Health Organization Europe (WHO/Europe) current undertaking to strengthen health systems by focusing on person-centredness. The WHO/Europe recent white paper *Priorities for health systems strengthening in the WHO European Region 2015-2020: Walking the talk on people-centredness*, describes a person-centred health system as "prioritizing the needs and preferences of individuals, their families and communities as both, participants and beneficiaries". ACN supports the emphasis in the white paper that consumers should identify those attributes of health system that enable the delivery of quality care. We also endorse the white paper recommendation that the design of the health system should include targeted approaches to ensuring health services reach the most vulnerable communities. ACN commends the WHO/Europe white paper to the Victorian government as a resource to inform the process of reforming the Victorian health care system.

Preventing and managing chronic disease

Preventing chronic disease

The social determinants of health (SDH) are a key contributing factor in the development and advancement of chronic disease. ACN is of the view that the most efficient, equitable and sustainable way to address the rising rates of chronic disease in Australia is by addressing the inequity SDH often cause.

The SDH refer to the conditions and opportunities associated with education, employment, income, housing, security, transport, gender, culture, social inclusiveness, racism, incarceration and the environment among others.² Health outcomes are more strongly influenced by these conditions and opportunities than by access to health care alone. For example, research indicates that between one third and one half of the gap in life expectancy between Indigenous and non-Indigenous Australians can be explained by differences in the SDH.³ Poor education and literacy are clearly linked to low income and poor health status; smoking, obesity, and other chronic disease risk factors are also associated with low socio-economic status. Poverty reduces access to health care services and medicines, further exacerbating already at risk populations.^{4,5,6} An Australian Senate Committee undertook the *Inquiry into Australia's domestic response to*

²Carson, B., Dunbar T., Chenhall R.D. & Bailie R., (eds) 2007, *Social determinants of Indigenous health*, Crows Nest, Allen and Unwin.

³ Booth, A. & Carroll, N. 2005, 'The health status of Indigenous and non-Indigenous Australians', Centre for Economic Policy Research, Australian National University, Canberra.

DSI Consulting Pty Ltd & Benham, D., 2009, *An investigation of the effect of socio-economic factors on the Indigenous life expectancy gap*, DSI Consulting Pty Ltd.

⁴ Marmot, M. & Wilkinson, R. (eds) 1999, *Social Determinants of Health*, Oxford University Press, New York.

⁵ Marmot, M. 2004, *The status syndrome: how social standing affects our health and longevity*, New York: Holt Paperbacks.

⁶ Marmot, M., 2003, *Social determinants of health: the solid facts*, Denmark: World Health Organisation.

the World Health Organization Commission on the Social Determinants of Health Report 'Closing the Gap in a Generation' in 2012. It found that current efforts were not sufficient to stem the effects of the SDH in Australia. State governments are in a strong position to influence SDHs through their responsibility for delivering vital services such as health, housing and education.

Together with government and public policy, health care professionals also play an important role in addressing the SDH at the individual, family and community level. Nurses in particular, through their holistic approach, have an opportunity to identify SDH related issues affecting people in everyday life. Nurses are perfectly placed to ensure care is coordinated and less fragmented by connecting people with services beyond the usual health care settings such as welfare, employment and housing services. ACN notes that Victoria has undertaken an important initiative to address SDHs in the context of chronic disease care with the introduction of the *Health Independence Programs*.

While addressing SDH is well within the nursing scope of practice, currently it may be beyond nurses' work capacity in general health care settings to attend to SDH related concerns. Maternal, Child and Family Health Nurses (MCaFHNs), for example, currently work in a range of comprehensive care settings to improve health outcomes for children and families,⁷ prevent disease and illness, and modify the effects of chronic disease that can occur following low birth weight.⁸ However, their scope of practice, and thus their capacity to prevent chronic disease later in life, is often constrained by jurisdictional and national policy and funding priorities. There is clear evidence that early intervention in the form of comprehensive care incorporating the SDH, can reduce a host of physical and psychological diseases^{9,10} and result in the highest rates of economic return for human capital investment in health. It is imperative that health system reform and redesign works to increase the capacity of nursing roles such as MCaFHNs to provide essential preventative care.¹¹ Health system redesign should also consider the contribution chronic disease and primary health nurses make as they frequently do not work in traditional clinical settings. For example, nurses may address the SDH through their roles in schools, workplaces, and other non-clinical settings, where, among other things, nurses advocate for people while providing health related education, advice, support, and referral options. For nurses to proactively address the SDH, reform must provide supportive government funding and policy arrangements that recognise and further develop the potential contribution of nursing roles to improved population health.

Managing chronic disease

ACN highlights to the Victorian Government the valuable roles nurses undertake in the care of people with chronic and complex multi-morbidity¹², including chronic obstructive pulmonary disease, cancer and palliative care. In these roles nurses in all health care settings contribute through:

- facilitating the coordination and communication in the interdisciplinary team to deliver person-centred care and being a first point of contact in the team for consumers¹³

⁷ Fraser, S., Grant, J. & Mannix, T.G. 2014, 'The role and experience of Child and Family Health Nurses in developed countries: A review of the literature', *Neonatal, Paediatric and Child Health Nursing*, vol.17, no.3, pp. 2-10.

⁸ Schmied, V. 2011, *National Framework for Universal Child and Family Health Services*, Australian Health Ministers Advisory Council, Canberra.

⁹ Shonkoff, J. 2000, *From Neurons to Neighbourhoods: The Science of Early Childhood*.

¹⁰ Shonkoff J. 2011, 'Building a Foundation for Prosperity on the Science of Early Childhood Development', *Pathways Winter*, pp. 10-15.

¹¹ Productivity Commission 2011, *Early Childhood Development Workforce, Research Report*, Melbourne.

¹² Mitchell, G., Senior, H., Foster, M., Williams, I., Chaffey, J., Chambers, R., Henwood, T. & Freeman, C. 2012, 'The role of allied health in the management of complex conditions in a comprehensive primary care setting', *Policy Options*.

¹³ Cancer Institute NSW 2011, *Evaluation of the role of cancer care coordinator, Summary Report*, Cancer Institute, NSW.

- facilitating access to allied health and social services
- integrating care across acute and community care in both public and private sectors¹⁴
- undertaking health assessments and delivering health care interventions
- providing education and information to improve peoples' health literacy and skill in self-care.¹⁵

The development of new health service models and models of care must legitimate and support the nurses' role as advisor and case manager of people who live with chronic conditions.

Health promotion and the development of peoples' health literacy is an essential component of the management of chronic disease. ACN believes that health services should be designed in a way that health promotion, preventative care and health literacy are part of all aspects of health care delivery. Improving the health literacy of every person is a central part of contemporary nursing practice. Nurses have a presence in hospitals and non-acute settings such as aged care, mental health services and other community and primary health care settings. They work in metropolitan, regional and remote areas. It is often nurses who deliver education to each person and who clarify for each person the information other health care professionals provide. Nurses assist persons who experience difficulties interpreting health information for example when seeking to understand medical procedures and making health-related decisions. Nurses also contribute to health literacy as agents of connectivity who co-ordinate care and help consumers to navigate the health care system. In this way, nurses often act as safety nets for people with poor understanding of the health care system, who have little knowledge of the services available and who may fail to be proactive in attending to their health issues.

Nurses understand that health literacy is more than spoken and written communication. The development of health literacy also involves enabling consumers to take a driving role in managing their own health and becoming their own advocates. In this sense the concept of health literacy encompasses activities of primary, secondary and tertiary prevention. ACN considers that the development of health literacy in aged populations and people with chronic conditions, including mental health conditions, should receive particular attention as these people may benefit greatly from improved health literacy. School children are another population group that ACN believes should be targeted with health literacy initiatives as early engagement will help support them in making important choices throughout their lifetime. School and community nurses are well placed to deliver initiatives to develop health literacy.

Improving the health outcomes and experience of people

ACN's membership informed us that person-centred care, rather than a disease focused approach to care would make a significant contribution to improving people's health outcomes and experience of health care. ACN expanded on the concept of person-centred care earlier in this submission. ACN believes that the people of Victoria should help inform the process of redesigning the Victorian health care system. The inclusion of care recipients' views would help ensure that outcome measurements include those aspects of the consumer experience that matter most to people.

¹⁴ Johnston, K., Young, M., McEvoy, C., Grimmer, K., Seiboth, C., Teakle, J. & Yeo, A. 2014, 'Implementing care coordination plus early rehabilitation in high-risk COPD patients in transition from hospital to primary care', Policy Options.

¹⁵ Pritchard-Jones, J., Stevens, C., McCaughan, G., & Strasser, S. 2015, 'Feasibility, acceptability and safety of a nurse-led hepatitis B clinic based in the community', *Collegian*, vol. 22, pp. 233-40.

Broadly, ACN is of the view that a dashboard of performance indicators that includes a range of indicators of health care quality constitutes the best approach to measuring the performance of health care delivery. Such a dashboard should balance process indicators such as access to and timeliness of care with indicators measuring health outcomes and consumer experience.

ACN believes there is valuable potential in using Nurse Sensitive Indicators¹⁶ as a care outcome measurement in tertiary care. National and international research has demonstrated that registered nurses' clinical practice lowers the incidence of a range of complications in those who are hospitalised in clearly measurable ways.¹⁷ Nurse Sensitive Indicators are valid and reliable metrics on the value nursing contributes to person-centred care. They also provide an evidence-base for policy and management. NSI metrics are able to contribute data at jurisdictional, organisational and clinical unit levels to inform decision making about the nurse workforce mix and deployment of nurses required to achieve quality health outcomes.

Improving the way the system works together

Improving the way the system works together requires (1) removing the many barriers created by complex systems of health service funding and health service structures and (2) processes that support coordination and integration.

Health service funding remains a significant barrier to well-coordinated care within the Australian health care system. The funding mechanisms supporting the provision of care in Australia distribute funding from federal, state and non-government sources. These have become increasingly complex, blurring the accountability between state and federal responsibilities and resulting in a lack of transparency for both people and care providers. ACN would support a funding and service delivery model that promotes service integration and the superior outcomes that integration yields for people. However, ACN understands that achieving true integration would require a more wide-ranging review and reform process than envisaged by *Health 2040*, a process that would involve stakeholders at both the national and jurisdictional levels.

To date, governments have invested in initiatives to better integrate health systems, including the electronic health record. ACN strongly supports such initiatives and encourages their rollout. However, in spite of these initiatives Australia's health system often remains siloed and fragmented, leading to service gaps, duplication, and wasted resources. Improved coordination and integration are required to address these inefficiencies, and importantly, to better meet the needs of people with chronic and complex health conditions.

Evidence demonstrates that effective service coordination and integration leads to increased service efficiency, a better experience, and improved population health outcomes.¹⁸ Care coordination refers to the linking up of existing health (and other) services to create a seamless journey through the health system. Service integration is a more involved process, where a team of different health providers will often share in such measures as objectives,

¹⁶ Examples of Nurse Sensitive Indicators include: urinary tract infections, wound infections, sepsis, confusion and delirium.

¹⁷ Harless, D.W. & Mark, B.A. 2010, 'Nurse staffing and patient care with direct measurement of inpatient staffing', *Medical Care*, vol.48, no.7, pp.659-63.

Duffield, C.D., Diers, D., O'Brien-Pallas, L., Aisbett, C., Roche, M. 2011, 'Nurse staffing, nursing workload, the work environment and patient outcomes', *Applied Nursing Research*, vol.24, no.4, pp.244-55.

¹⁸ Primary Health Care Research and Information Service, 2013, *Towards integrated primary health care*, vol. 18, no.2.

responsibilities, accountability, key performance indicators, and in some cases funding. Coordination and integration can be applied in different ways and at different levels within and across the health system and have an important role to play because of the potential to reduce waste and improve health outcomes. Coordination and integration have become a particular priority because of the need to link up a diverse range of multidisciplinary services in order to prevent and manage chronic and complex conditions.¹⁹ ACN believes there is significant, yet unrealised potential in the capacity of nursing roles to improve the delivery of health care that is less fragmented and more integrated.

Valuing and supporting our workforce

Australia's ageing population and rising rates in chronic disease will continue to increase the demand for health services in the short and long term. A concern in the short term is that nursing workforce research forecasts a significant shortfall in nurse supply by 2025.²⁰ Long term it is estimated that by 2060 the number of Australians aged 75 years and over is expected to rise by four million, to 14.4% of the total population. The Productivity Commission predicts that Australia's labour participation rates will also decline from 65% to 60% between now and 2060. Overall labour supply per capita is also expected to decrease by 5% over the same period.²¹

The shortages in nurse workforce supply predicted for the near future are likely to continue into the longer term. ACN proposes that an urgent need exists for the development of a comprehensive health workforce strategy at both the national and jurisdictional levels to address potential supply shortages. Such a strategy should be supported by a plan for the development of comprehensive health and nursing workforce data, again at both national and jurisdictional levels. The health workforce strategy must address adequate health workforce supply, both in the short and long term and seek to address new and innovative ways to meet increasing demand for care. Achieving this outcome will require strong leadership from federal and state governments in health workforce research, policy and planning to help understand the true potential the workforce holds for reform.

ACN would like to take the opportunity in making this submission to highlight issues pertinent to the community and primary health care nursing workforce. This nursing workforce fulfills a wide range of clinical roles including illness prevention, health promotion, chronic disease management, and post-acute and primary health care. Many of these roles are well established and essential to the health of Australia's communities. The nursing scope of practice continues to evolve in response to emerging health care needs and changing the way services are delivered. Currently, systems for the collection of workforce data are not available on the number and distribution of the range of nursing roles to provide jurisdictional and national profiling on this workforce. Two reasons for the lack of information on this workforce are that (1) some segments are regulated by the jurisdictions and (2) this workforce is funded through a range of different funding streams including federal, state, private and non-government sources. This diversity makes the surveillance of nursing roles in this sector difficult and significantly increases the potential for service duplication and service gaps. The lack of robust and transparent information further hinders the integration of nursing services with other services across the health care system. The efficient and effective utilisation of this nursing workforce is

¹⁹Select Committee on Health, *Second Interim Report*, June 2015, Senate Printing Unit, Canberra.

²⁰Health Workforce Australia, 2012, *Health Workforce 2025 - Doctors, Nurses and Midwives*, Health Workforce Australia, Canberra.

²¹Productivity Commission, 2013. *An Ageing Australia: Preparing for the Future*, Productivity Commission, Canberra.

prevented by the lack of data available on the number, distribution and types of nursing roles in community and primary health care settings and by complex, uncoordinated funding mechanisms.

Further, existing regulated and legislated roles including the role of nurse practitioner (NP) present a valuable opportunity for Victoria to examine the unrealised potential of these roles in the future of health care delivery. As evident in the United States, United Kingdom and a number of other countries, the NP role has the potential to address significant gaps in service delivery, particularly in primary care. While NPs were introduced into the Australian health system almost 15 years ago, their role is yet to realise its full potential. There remains a significant number of policy and legislative barriers that prohibit NPs from working to their full scope of practice. There is also a lack of robust workforce data helping to inform the system as to how this role is developing, and therefore, how it may best be utilised to meet future demand for care. There is also a clear need to streamline the preparation of nurse practitioners away from over-specialisation and toward a more broad, generalist and primary care focus. As 41 per cent of general practitioners are currently older than 55 years and medical students favour specialist medical practice over general practice²², ensuring a full utilisation of the NP workforce would provide some capacity to compensate for any future shortfall in the supply of general practitioners.

In summary, ACN believes there to be a clear need for reform within Australian health systems and congratulates the Victorian government's move to underpin reform with a focus on people rather than systems, processes and health conditions. Nurses are integral to securing the health of Victorians now and into the future through the delivery of primary health care, acute health care and chronic health care. With the right government focus and acknowledgement of nurses' range of expertise, nurses can improve health outcomes for the community across the spectrum of current and emergent health needs, both chronic and acute. Providing legislative and workforce policy settings that enable nurses to work across their full scope of practice is critical to maximising the capacity of the health care system. ACN hopes that the Victorian government continues to recognise the valuable contribution the nursing profession can make to Victoria's health care system becoming truly person-centred.

²² Australian Doctor, 2014, 'Specialist numbers grow almost 20 per cent', 20 September 2014.