



COMMITTEE FOR ECONOMIC DEVELOPMENT OF AUSTRALIA

CEDA Health Overview

Health Delivery in South Australia

Hon John Hill MP

Minister for Health

Professor Justin Beilby

Executive Dean, Faculty of Health Sciences
The University of Adelaide

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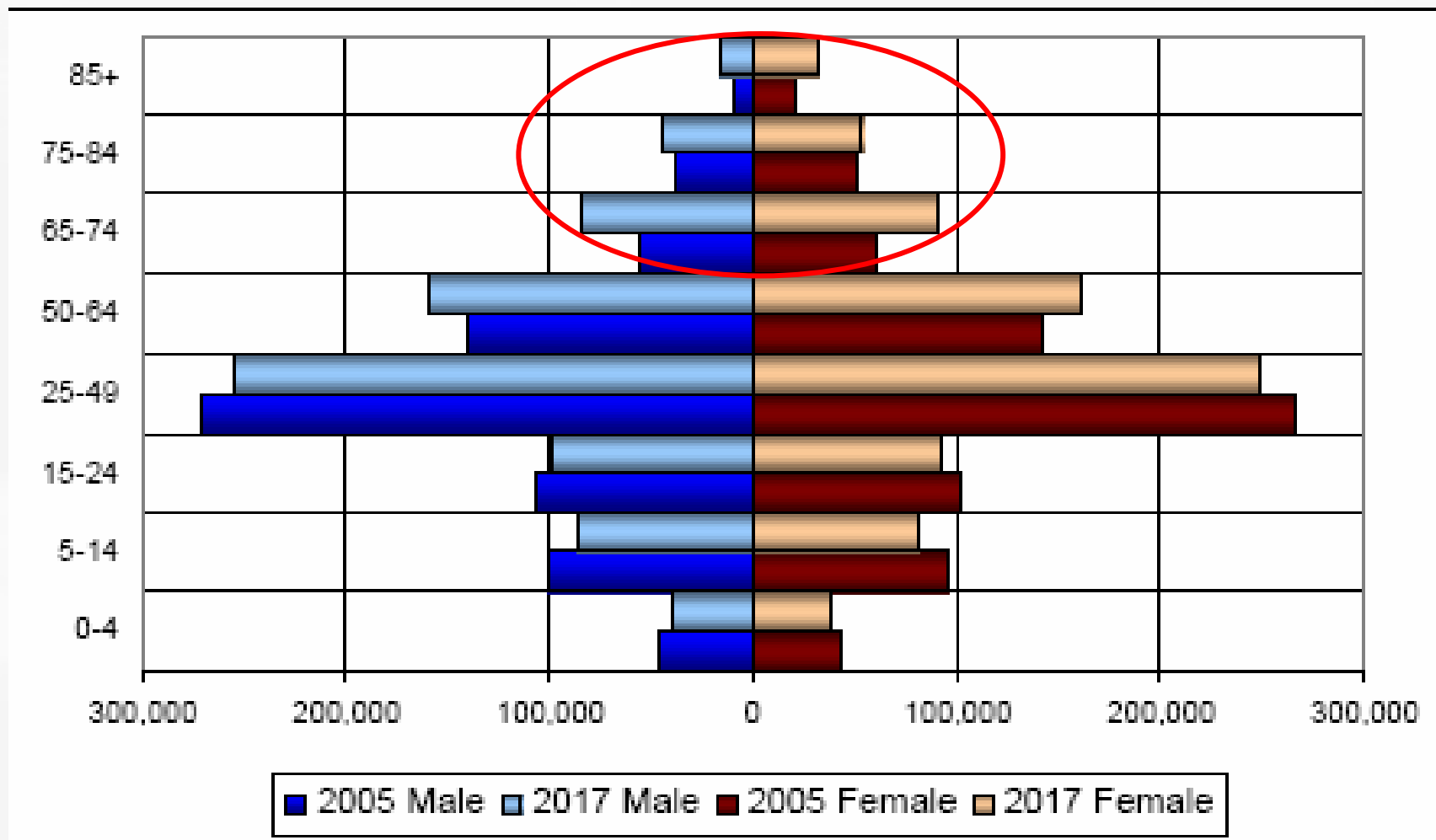
Executive Dean

Faculty of Health Sciences

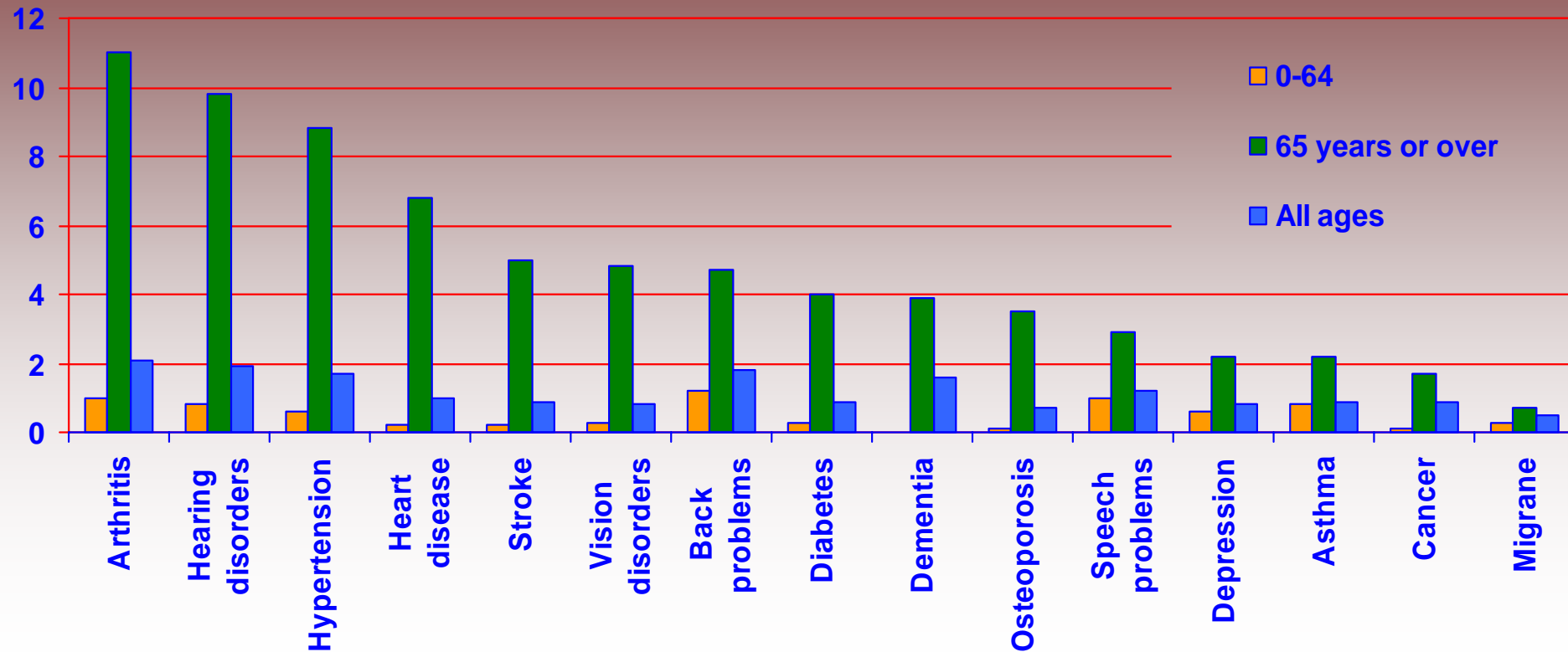
The University of Adelaide

Influences

- Ageing of the SA Population
 - Chronic Disease Burden
 - Illness prevention and health lifestyles
 - Workforce
 - Imbalances in the health care system
 - Social determinants of Health
 - Expectations of Consumers
-

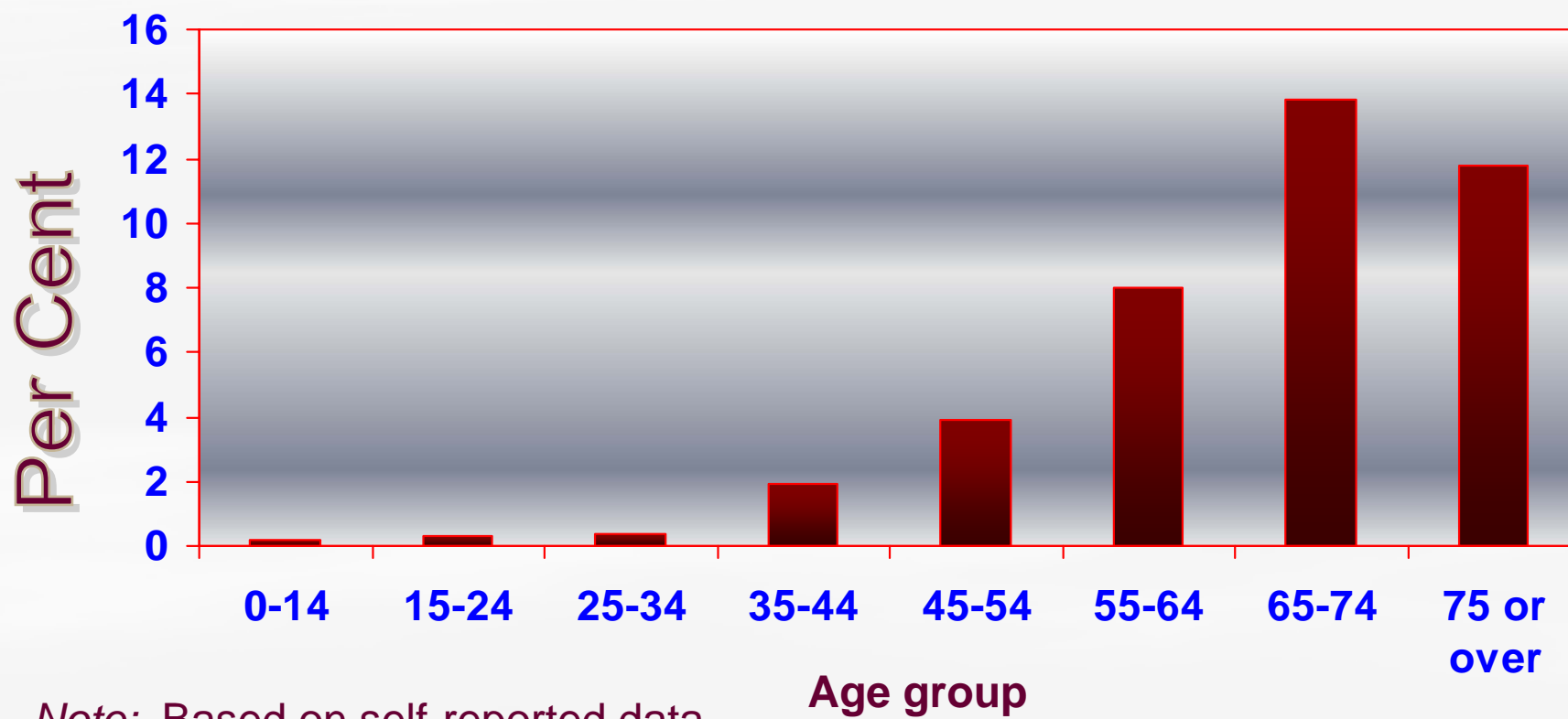


Prevalence rate of health conditions (based on all conditions) among people with a profound or severe core activity limitation, by age 2003



Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Age-specific prevalence of diabetes, 2004-05



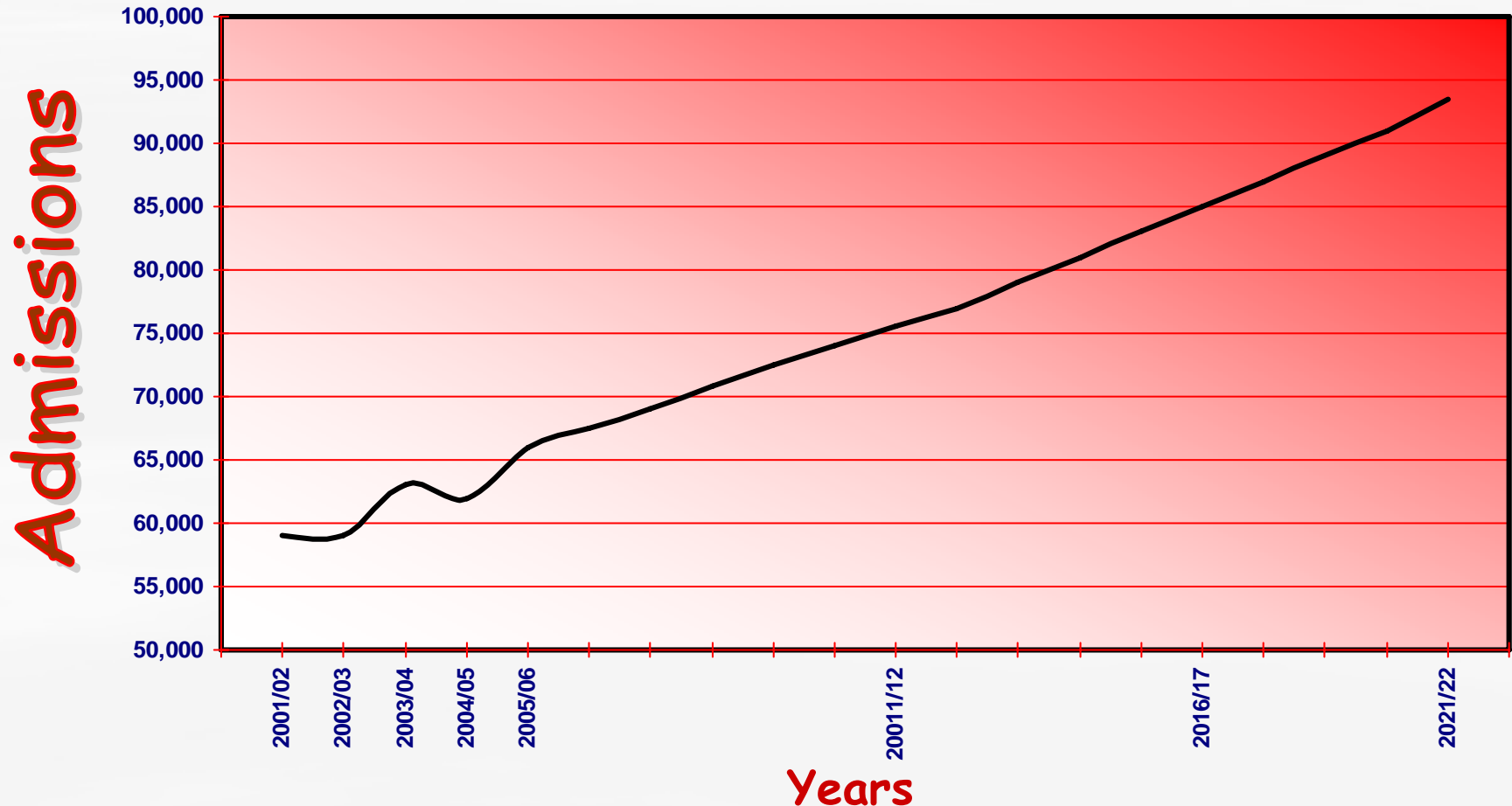
Note: Based on self-reported data.

Source: ABS 2006b

Chronic Disease Burden



Growth in Chronic Disease



Public hospital separations for selected chronic diseases in South Australia 2002-03



Chronic disease as a primary or secondary diagnosis			
	Casemix revenue*	Bed days	Separations
Diabetes	\$108,674,730	176,107	28,011
Asthma/bronchitis	\$31,678,471	47,247	10,715
COPD & emphysema	\$68,051,047	111,824	13,114
Cardiovascular	\$169,092,388	258,652	34,270
Arthritis	\$60,829,082	96,661	12,385
Osteoporosis	\$19,629,036	39,953	4,127
Sub-total	\$314,423,458	490,306	75,366
% of total	36.0%	34.2%	20.5%
Total casemix for SA	\$872,486,294	1,433,910	368,535

Source: ISAAC April 2002 to March 2003, all age groups; Revenue: 2002-03 Casemix funding rules (Casewiz).

Most Frequently Managed Problems in General Practice

- Hypertension – 6.3%
- Upper Respiratory Tract Infection - 4.3%
- Immunisation – 3.3 %
- Depression – 2.4%
- Diabetes - 2.2%
- Lipid disorders – 2.0 %
- Asthma – 2.0%

*General Practice In Australia 2004
Commonwealth Government*



Illness prevention and healthy lifestyles

Table 3.1: Proportion of disease burden attributed to selected determinants of health (per cent)

Determinant	Males	Females	Persons
Overweight	8.8	8.3	8.6
Tobacco smoking	9.5	6.1	7.9
High blood pressure	7.5	7.0	7.3
Physical inactivity	6.5	6.8	6.7
High blood cholesterol	6.5	5.7	6.1
Alcohol harm	5.3	2.2	3.8
Alcohol benefit	-1.6	-2.1	-1.8
Occupational exposures	2.6	1.3	2.0
Illicit drugs	2.6	1.2	1.9
Lack of fruit/vegetables	1.9	1.0	1.4
Intimate partner violence	n.a.	2.1	1.0
Child sexual abuse	0.3	1.3	0.8
Unsafe sex	0.4	0.6	0.5

n.a. Not available.

Note: Attributable disability-adjusted life years (DALYs) as a proportion of total DALYs. One DALY equals one year of healthy life lost through premature death or living with disability due to illness or injury (see Chapter 2).

Data are provisional at the time of writing.

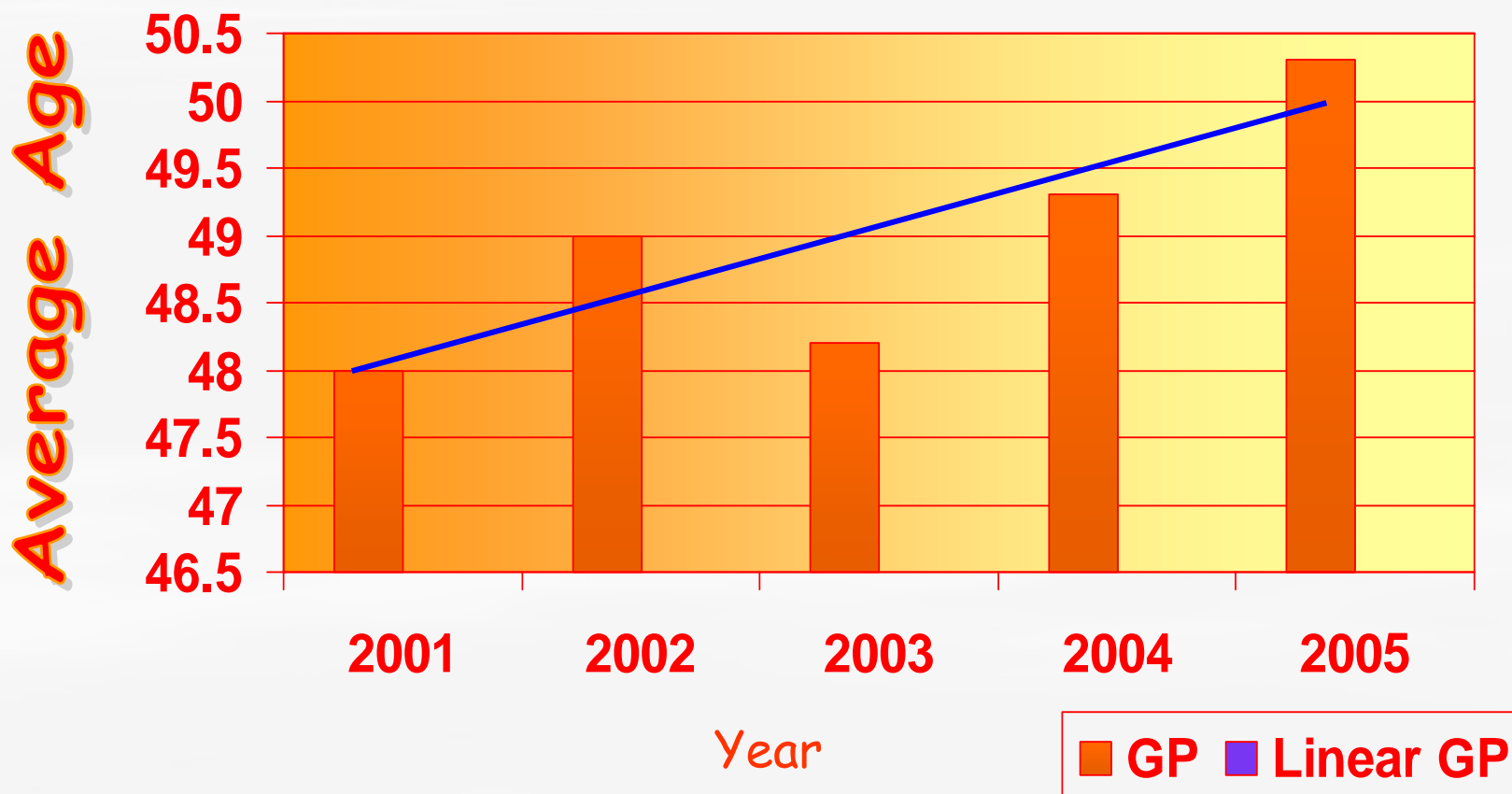
Source: AIHW: Begg et al. in press.

*Australia's Health 2006 Australian
Institute of Health and Welfare*

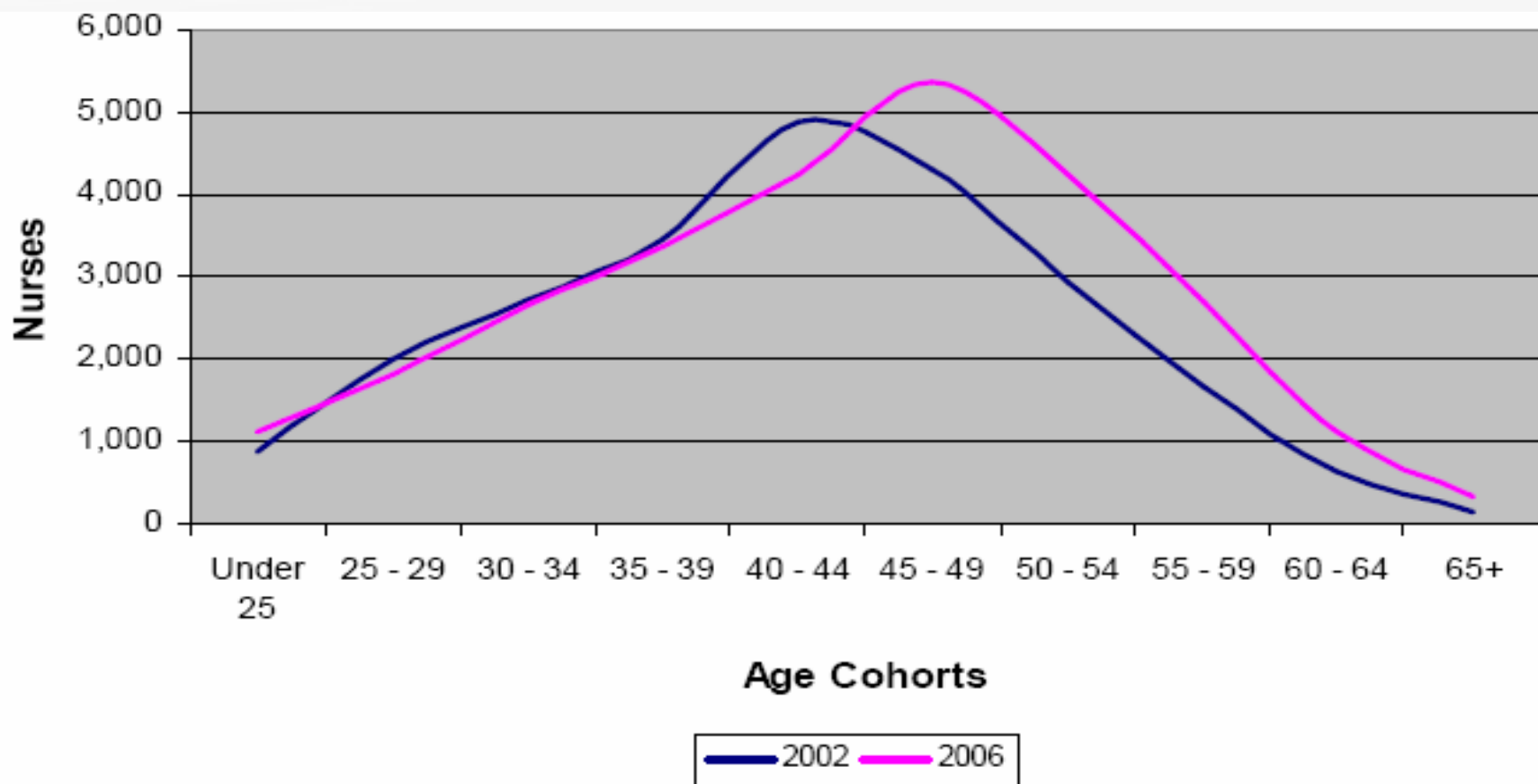
Workforce Influences

- Ageing Workforce
 - Inflexible work arrangements
 - Young Australians – quality of life vs one position for life
 - Urban influence / rural work apathy
 - Lack of accurate planning
-

Average Age GPs

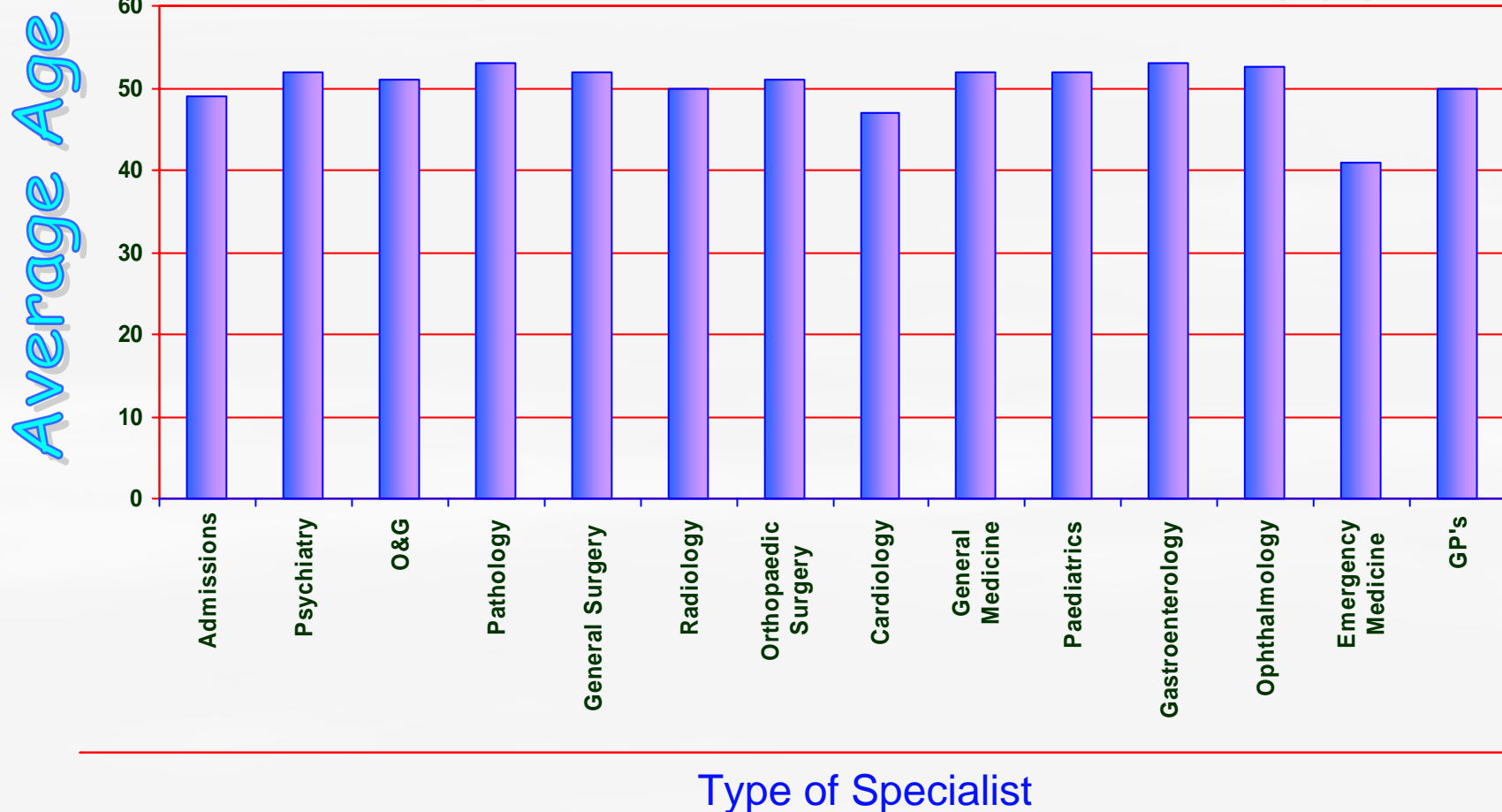


Age Profile of Nurses





Average age of Specialists in the SA Medical Workforce 2006



Future Workforce

- Determined by service models
 - Not traditional skills such as medicine and nursing
 - geographical and economic imperatives
 - Examples
 - multiskilled remote aboriginal health workers
 - anaesthetic physician assistants
 - primary care chronic disease coordinators
-



Imbalances in the Health Care System

Photograph by Peter Essick

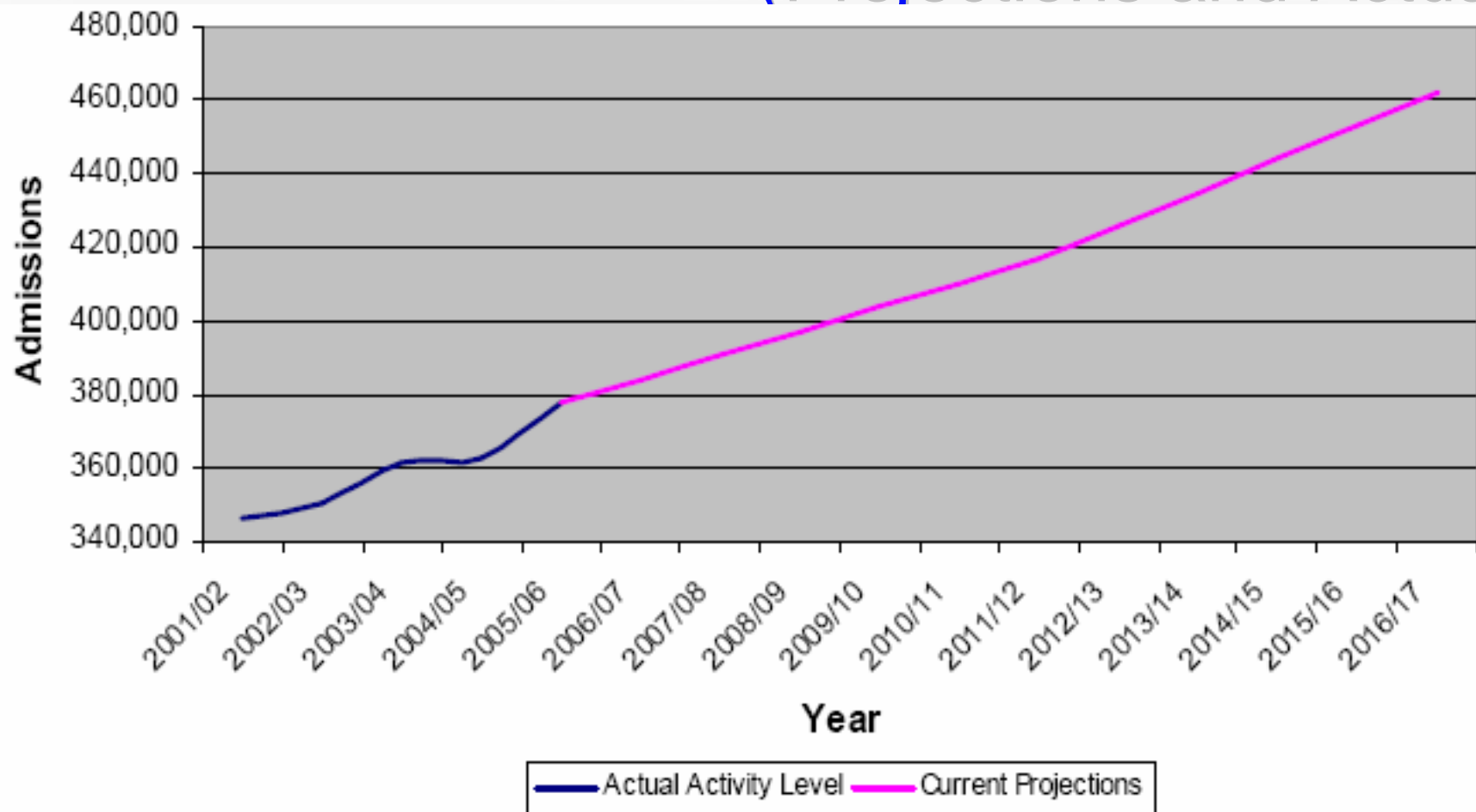
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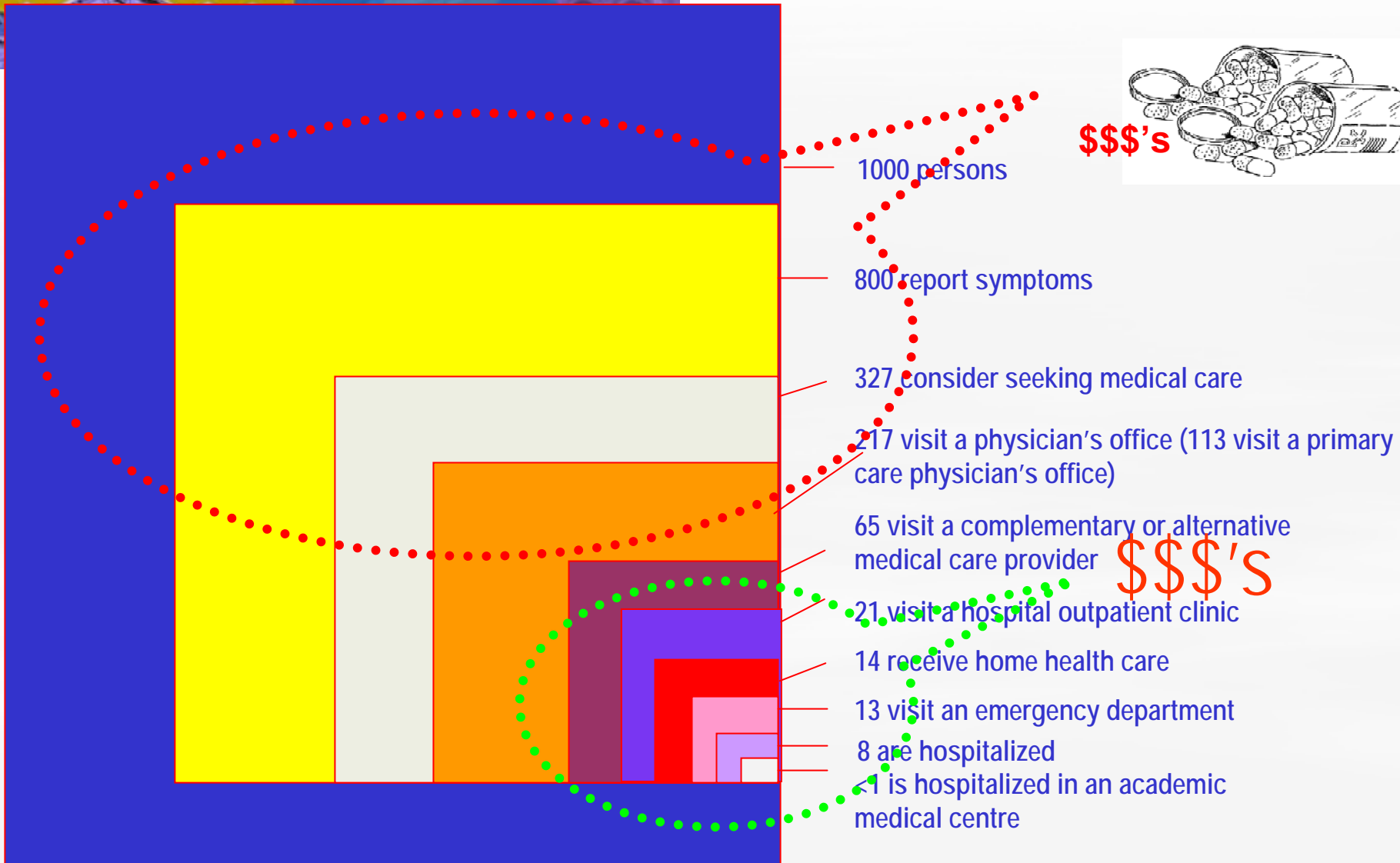
Imbalances

- “ill health focus”
 - Fragmented - in 2002 73 Health Units plus 100 other funded agencies
 - No real linkage between public and private systems
 - Under resourced and under valued primary care
 - Lack of coordinated information technology
 - Indigenous health indices – appalling gap
 - Growing realisation of impact of mental health on our system
-

Hospital Activity Growth (Projections and Actuals)



Ecology of Medical Care



Model Generational Health Review 2011 scenarios



■ No Change


- Hospital admissions increase by 10%
- Total beds (same day and overnight) increase by 16%
- Total cost per annum increase by 9% (\$88 million – 2001 prices)

MANAGED MODEL

- + Adopt planned change in patient flows
- + support new clinical models
- + Hospital demand strategies in place
- + community supports in place with capital investment
- + decrease average length of stay for non-acute patients

■ Result of management

- Admissions increase by 7% not by 10%
- Total beds decrease by 7% not increase by 16%
- Total cost per annum decrease by 13% (\$118 million) not increase by 9%

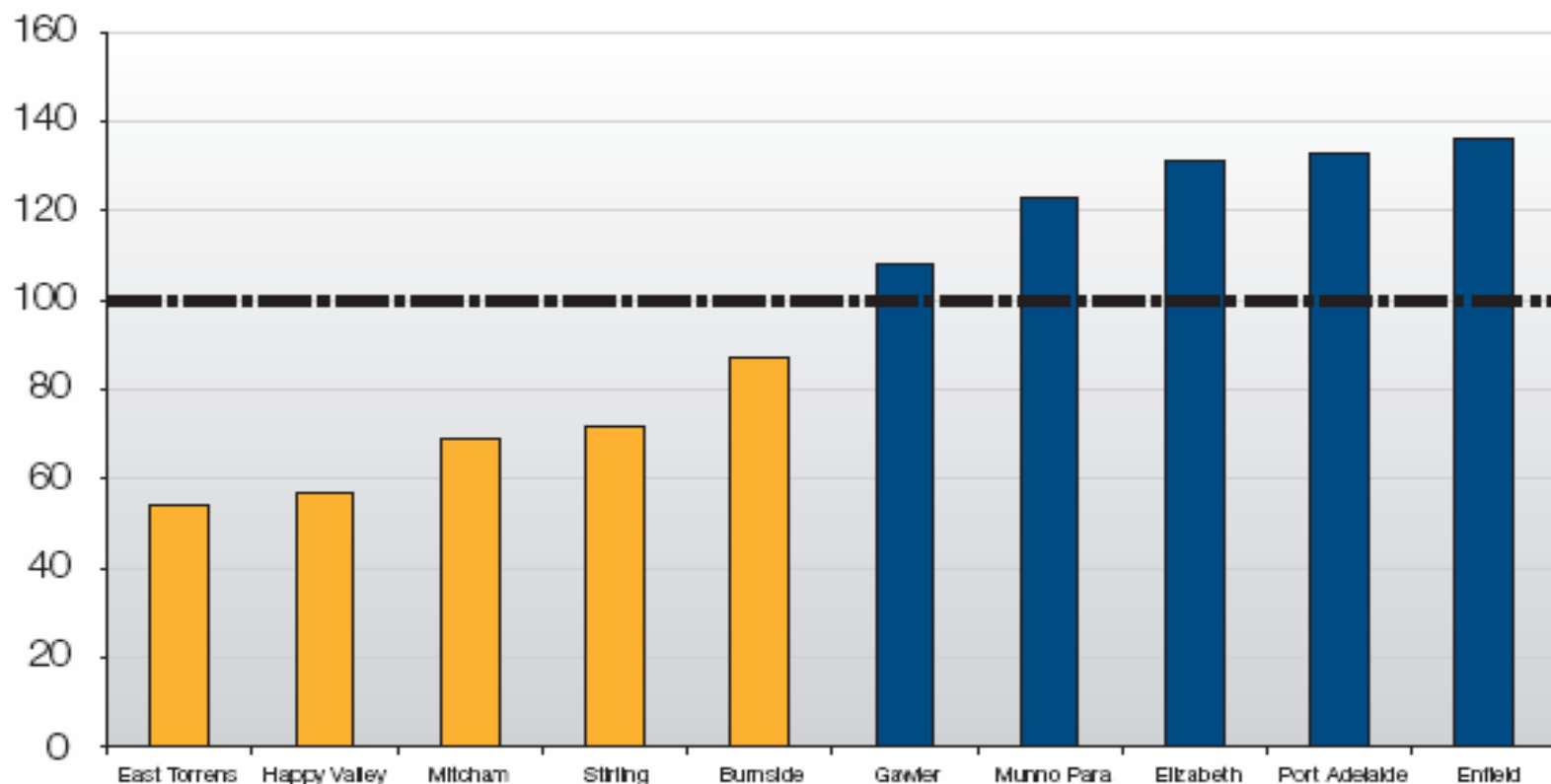


The health system is not sustainable into the next generation on the grounds of quality of care, efficiency and equity

Better choices, Better Health
South Australian Generational Health Review April 2003

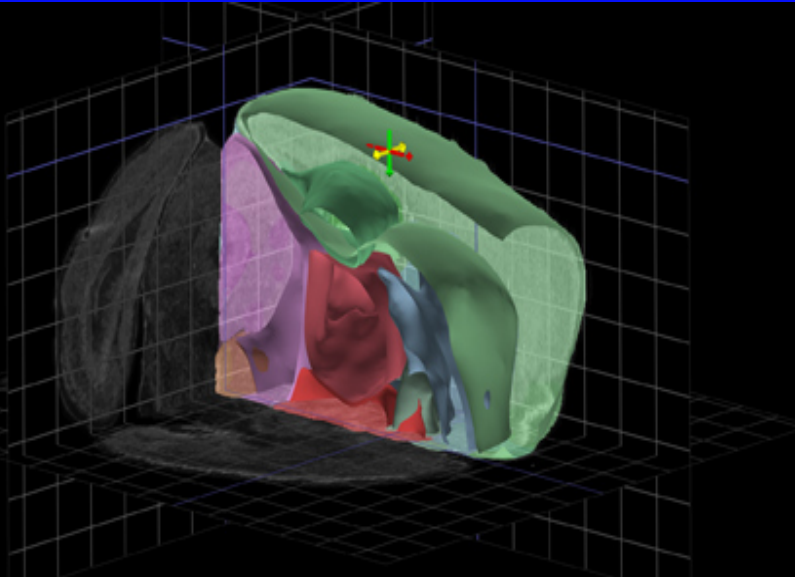
Social Determinants of Health

Figure 4: Health status: death of people aged 15 to 64 years*



* Standardised ratio based on the actual and expected number derived from indirect age/sex standardisation using statewide totals

Consumer Expectations



2015 Model

- Prevention orientated
 - Future proofed
 - Integrated across community and hospitals with shared information systems
 - Planned re population health needs
 - Flexible workforce
 - Adaptable to technological changes
 - Research informed
 - Underpinned by affordable teaching model
 - Safety and quality as a priority
 - Deliver on equity re populations and disease groups
-

Developments



- GP plus – Aldinga and Woodville
 - Clinical Networks – 8 in total
 - Primary care practice nurses
 - Universal Home Visiting
 - Redesigning care models – FMC
 - Lifestyle coordinators – Central Northern Adelaide Health Service
-

University of Adelaide involvement

- New training programs – Physicians assistants
 - New curricula
 - Aligned academic roles/positions with planned health service changes
 - New models of teaching for current students
 - Underpin the crucial importance of research in these changes – basic, health services and clinical
 - Involved in integrated planning solutions – medical school in the new Hospital - MJNH
-

Wednesday 24 October - CEDA INFORMATION PAPER

The Next Move on Pensions and Superannuation

*Speaker: **Dr David Knox**, Worldwide Partner, Mercer Human Resource Consulting*

Introduction: Brad Pragnell Deputy CEO Association of Superannuation Funds of Australia

*12pm to 2pm - *LUNCH* Venue: Stamford Plaza*

Thursday 1 November – CEDA SA Transport Overview Seminar

Connecting Road, Rail, Air and Sea

*Speakers: **Hon Pat Conlon MP** Minister for Transport, **Phil Baker** AAL, **Vincent Tremaine** Flinders Ports, **Rod Hook** DTEI, **Geoff Vogt** MAC, **John Fullerton** Freight Link, **Sharon Hanlon** RAA, **Gemma Gordon** SARTA, **Steve Meyrick** Meyrick & Associates*

*8.30am to 12pm Seminar and 12.30pm to 2pm *LUNCH* Venue: Festival Centre*

Tuesday 4 December –Competing from South Australia Series

A food and Wine Extravaganza

*Speakers: **Dr Tim Cooper** Coopers, **Grant Burge** Grant Burge Wines and **Simon Bryant** Cook and the Chef,*

*12 to 3pm *4 course LUNCH* Venue: Hilton International Adelaide*



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QUESTIONS FROM THE FLOOR – OPEN DISCUSSION

Hon John Hill MP

Minister for Health

Professor Justin Beilby

Executive Dean, Faculty of Health Sciences
The University of Adelaide

(facilitator)

Bryon Gregory

Chief Executive Officer
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DIARY DATES

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