

## 3C- How to fix Australia's broken health system: six experts have their say

With bulk billing in decline, people are finding it harder to access affordable care. Here are six things that could be done to address the problem

### 1. Rethink the role of nurses

True equity of access in community and primary healthcare will only be achieved by the full deployment of nurses. There are about 89,000 nurses, nurse practitioners and midwives working in rural and remote, Indigenous, maternal, child, family and mental health across Australia. Nurse practitioners – who have the ability to prescribe medications and write referrals, much like a GP – are well established and completely safe, and have proven to be over the past 20 years in the public sector in Australia. Yet they are constrained from working to their full scope by both protocols and funding models. Privately practising nurse practitioners, mental health nurses and midwives in particular have demonstrated their ability to address the needs of under-served patients. But they need appropriate access and funding to enable prescribing, diagnostics and referrals so they can fully serve the communities for which they care.

*Prof Mary Chiarella from the University of Sydney's Susan Wakil School of Nursing and Midwifery*

### 2. Put more emphasis on preventive care

If the system is to be truly patient-centred, then the focus must be on patients' needs – and specifically on affordable and timely access to preventive services, treatment and care. Key areas for reform include workforce expansion, planning and incentives to encourage healthcare workers to under-served areas; and funding to facilitate teamwork and integrated care across community-based, acute and sub-acute services. These should recognise the costs of care management, which is currently unfunded.

*Adjunct Associate Prof Lesley Russell from the Menzies Centre for Health Policy and Economics*

### 3. Understand that poverty is a health issue

Primary healthcare in Australia is an impenetrable, unnecessarily complex and expensive system that fails to provide care and support for some of the most marginalised groups in society. The system entrenches inequality and provides interventions that fail to get to the cause. Quality of care should not be dependent on where you live, where you are from and how much you earn, but that is in essence the basis of our system. Consecutive governments have failed to follow through on their promises for reform. Addressing issues like poverty, secure employment and housing, access to education, discrimination and risk of violence are central to good health.

*Dr Sebastian Cordoba from the International Federation of Social Workers and course coordinator at RMIT University*

### 4. Address disability competency

The health of people with disability is on average much worse than people without and they are more likely to have complex needs that necessitate a range of health and disability supports. Assistance to coordinate these supports is essential. People with disability are much more likely to be living in poverty than those without so are less able to pay for services. Data also shows that people with disability experience greater barriers to care than others.

*Prof Jen Smith-Merry, director of the University of Sydney's Centre for Disability Research and Policy*

### 5. Take mental health seriously

Mental health problems, including eating disorders, often manifest in self-harm and suicide. Although young people who self-harm do not necessarily mean to take their life, this behaviour can be highly dangerous. To reduce the physical, psychological, social and economic burden of eating disorders, self-harm and suicide, more effective interventions are urgently needed. Funding models need to recognise and support multidisciplinary team-based care, including the distinct role of social workers, digital innovations, and the continued development of primary healthcare workforces in areas such as culturally safe care for Aboriginal and Torres Strait Islander people.

*Dr Lisa Hodge, a counsellor, lecturer and social scientist at Charles Darwin University*

### 6. Improve access for Indigenous children

Currently, there is virtually no access to a range of essential primary healthcare services other than medical care for many Aboriginal and Torres Strait Islander children. These include dental care, which can lead to effects on nutrition at a time when it is critical for growth, respiratory problems, recurrent pneumonia and heart disease. It remains one of our nation's great shames that this preventable disease of poverty continues in Aboriginal and Torres Strait Islander communities. Too many Aboriginal and Torres Strait Islander children also enter school with untreated serious hearing disabilities and are subsequently categorised with behavioural problems.

It is critical to have trauma-informed, family-centred services that parents can trust and where there is a relationship and sense of safety. Community-controlled health services and Aboriginal health workers are crucial too. Obstacles include financial barriers, travel costs and logistics and waiting times – a particular issue for busy parents with other kids at home and school. There can also be less obvious barriers such as families not feeling culturally safe, feeling shamed during care visits, or fearing being judged a "bad parent" and the child being removed – which is an ever-present threat and fear for too many Aboriginal and Torres Strait Islander families.

*Prof Catherine Chamberlain, an Indigenous and child health expert*