



Secretary  
Senate Select Committee on Health  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Sir/Madam

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide a submission to the Senate Select Committee on Health.

CHF is the national peak body representing the interests of Australian healthcare consumers, and works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. As such, CHF and its members have a strong interest in ensuring that our health system delivers on these principles.

We welcome the Senate decision to establish the Select Committee, and look forward to participating in its processes and contributing to its deliberations. CHF has been a consistent advocate for consumers to play a more central role in health care, and over the years our campaigns have highlighted growing inequity and inefficiencies in our health systems. Most recently, CHF has been concerned with the narrow focus of the current health policy debate, which appears singularly aimed at saving funds and efficiency, at the expense of quality and improved health outcomes. This focus tends to result in more barriers to equitable consumer access to appropriate health care.

Over the past year, CHF has called for a fundamental rethink of how the health system is structured, funded and managed in Australia. CHF has highlighted various opportunities to improve the current scope and scale of health care expenditure and we support a broader examination of how we can improve system efficiency, reduce management overheads, build integrated and co-ordinated care, take a closer look at the effectiveness of private health insurance, eliminate duplication of services and introduce progressive revenue strategies. CHF has, and will continue to be, a willing participant in debates on health care financing. CHF strongly believes that the rising consumer burden of healthcare in Australia needs to be addressed through robust, evidence based and consumer-centred research.

CHF believes that consumer-centred principles are the basis of an effective health system, and we would urge the Select Committee to ensure that such a focus permeates all of its discussions and reports. As both users and funders (through taxation) of the health system, consumers reasonably expect a health policy which is focussed on delivering them the best health outcomes.

## Consumer-Centred Healthcare

Consumers want a healthcare system that enables them to make informed decisions about their care options, while empowering them to manage their own health and wellbeing. Consumers want a healthcare system that treats them as a whole person, not simply as an experiment, condition, disease or illness; which means a consideration of their emotional, physical, cultural and social needs, as well as the needs of their carers and support network.

Such an approach would require a significant re-orientation of our current healthcare system towards a consumer-centred governance, planning, management and delivery. It would mean considering issues such as service design, co-payments, accessibility, quality, safety and value from a consumer perspective, rather than a government, provider or professional point of view. Ultimately, it would involve commitment towards genuine partnership between consumers and healthcare providers.

A consumer-centred healthcare system is one that has the interests of consumers at its core. Such a system is driven by what matters most to consumers; taking into account their values, preferences and lifestyle. A consumer-centred system would include a measurement and evaluation system to take into account the health and wellbeing outcomes that are most important to consumers – as opposed to limiting measurement to those indicators that are easily quantifiable and of value to others, such as cost or waiting times.

The World Health Organisation uses the term ‘responsiveness’ in preference to ‘patient-centred care’, which it describes as how a healthcare system meets people’s expectations regarding respect for people and their wishes, communications between health workers and patients and waiting times.<sup>1</sup> WHO states that recognising responsiveness as an intrinsic goal of health systems reinforces the fact that health systems are there to serve people.<sup>2</sup>

While a focused emphasis on consumer-centred care also enhances consumer partnership across the health system,<sup>3</sup> more significantly incorporating these principles in health system development and implementation can deliver measurable benefits across clinical quality and outcomes, cost effective service delivery and consumer experiences of care.<sup>4</sup> Other research conducted internationally, notably the Picker Institute and Harvard School of Medicines work<sup>5</sup>, have also identified some important dimensions of patient centred care.

Thus there is now growing evidence across the globe that highlights the significance of consumer-centred care. Drawing on its work with consumers and other research, CHF proposes six high level principles for Consumer-Centred Healthcare.

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1 The World health report (2000), Health systems : improving performance.

2 Australian Commission on Safety and Quality in Health Care (2011), Patient centred care: Improving quality and safety through partnerships with patients and consumers, ACSQHC, Sydney.

3Luxford (2012) ‘What does the Patient Know about Quality?’, International Journal of Quality Health Care 24 (5): 439-440

4 Australian Commission on Safety and Quality in Health Care (ACSQHC) (2011) National Safety and Quality Health Service Standards (ACSQHC: Sydney)

5 Gerteis M et.al (1993), Through the Patient’s Eyes: Understanding and Promoting Patient-Centered Care, San Francisco.

These principles include:

1. Accessible and affordable care
2. Co-ordinated and comprehensive care
3. Appropriate care
4. Whole of person care
5. Informed decision making
6. Trust and respect.

These principles are central to a consumer's experience and expectations from the health system, and we would urge to the Committee to consider them as an important element of any inquiry into Australia's health systems. CHF is still consulting on these principles and they will develop over time, as our work with consumers further informs their character. More detail on these principles is at Attachment A.

The US Institute of Medicine has suggested that patient-centred care should occur at four levels:

- i. the **individual** experience that the patient has of their care (where candid sharing of useful information and the participation of patients and families is important);
- ii. the **clinical** micro-system level (where patients and families should participate in service design and redesign);
- iii. the **organisational** level (including patients and their families in governance and oversight roles); and
- iv. the **broader environment** level (the regulatory and health system context, in which government agencies should support and encourage patient and family participation at all levels of health decision-making).<sup>6</sup>

Research has shown us that even basic principles of consumer-centred care, such as improved communication between clinicians and consumers, can contribute to an overall increase in adherence to treatment regimes,<sup>7</sup> improved long-term health outcomes,<sup>8</sup> increased patient satisfaction, faster recovery, reduced emotional distress, a lower level of pain relief used and in some cases a reduced length of stay in hospital.<sup>9</sup> Ensuring that the health system considers and values the perspectives of its primary beneficiaries does and will lead to overall better health outcomes.

Thus CHF believes that in contrast to more commonly gathered forms of evidence about health service and system performance (such as statistical measures of clinical safety and effectiveness), consumers perspectives about their health experiences can provide rich and

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6 Australian Commission for Safety and Quality in Healthcare (2010) Patient-Centred Care: Improving Quality and Safety by Focusing Care on Patients and Consumers, Discussion paper, draft for consultation, September 2012 (ACSQHC, Sydney), p17

7 Bull, S.A., Hu, X.H. and Hunkeler, E.M. (2002) 'Discontinuation of Use and Switching of Antidepressants: Influence of Patient-Physician Communication.' *Journal of the American Medical Association*. 288: 1403-1409.

8 Stewart, M.A. (1995) 'Effective Physician-Patient Communication and Health Outcomes: A Review.' *Canadian Medical Association Journal*. 15: 1423-1433.

9 Egbert, L.D., Battit, G.E., Welch, C.E. and Bartlett, M.K. (1964) 'Reduction of Postoperative Pain by Encouragement and Instruction of Patients: A Study of Doctor-Patient Rapport.' *New England Journal of Medicine*. 270: 825-827; Hall, J.A. and Dornan, M.C. (1988) 'What Patients Like About Their Medical Care and How Often They Are Asked: A Meta-Analysis of the Satisfaction Literature.' *Social Science in Medicine*. 27(9): 935-939; Roter, D.L. and Hall, J.A. (2006) *Doctors Talking to Patients/Patients Talking to Doctors: Improving Communication in Medical Visits*. 2nd Edition. Westport: Praeger Publishing.

valuable information about 'whole of life' and 'whole of system' experiences of health, healthcare and health outcomes.

Consumer-centred policy development also ensures that health policy can be used to:

- a) develop and refine consumer-focused measures of health outcomes and health system performance; and
- b) to evaluate performance against these measures.

These measures could usefully be applied to inform strategic decisions about how health services are delivered, how health policy is made, and how health expenditure is allocated.

Consumers want a health system that is consumer-centred, easily navigable, affordable, accessible, safe, transparent and of high quality. CHF acknowledges and supports the need to examine and improve our health system, however any such examination must remain focussed on meeting the needs of those for whom the system exists in the first place, consumers.

CHF appreciates the opportunity to provide a submission to the Committee and looks forward to participating in this significant discussion.

Yours sincerely

Adam Stankevicius  
Chief Executive Officer

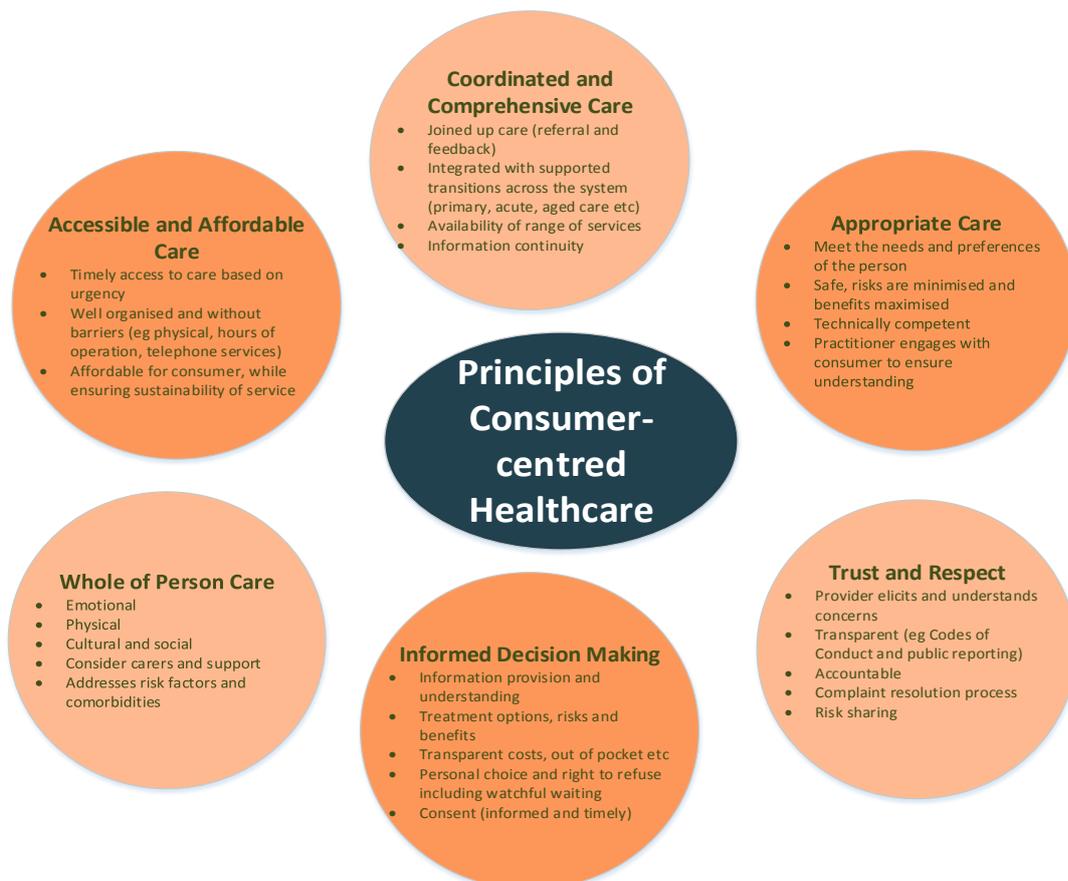
26 September 2014

## Attachment A: CHF Principles of Consumer Centred Healthcare

CHF advocates for consumer-centre healthcare and the concept is also referred to as patient-centre care, person-centred care, personalised care, family-centred care and relationship-centred care. The term, “nothing about me, without me” is a term used to express a vision for consumer-centred healthcare.

Through development of the Real People, Real Data tool, CHF has used a number of the domains/dimensions of consumer-centred care to categorise patients’ experiences. These dimensions have also been used to develop reporting frameworks for patient experience surveys in Australia and internationally.

The following diagram categorises consumer-centred healthcare principles into six dimensions and a number of sub-components. This diagram has been developed considering the Australian Commission of Safety and Quality in Health Care, IAPO, National Health Performance Framework and the UBC Centre for Health Services and Policy Research dimensions of patient experience. CHF is still consulting on these principles and they will develop over time, as our work with consumers informs their character.



The first three principles relate to the services provided by the health system (the circles on the top of the diagram) and the latter three relate more to the personal aspects of healthcare. Further detail on each principle is provided below.

**1. Accessible and Affordable Care**

- Accessible healthcare relates to consumers obtaining health care at the right place and right time irrespective of income, physical location and cultural background
- Urgency and severity of the condition should be considered in timely access
- Factors such as appointment systems, hours of operation, walk in facilities and telephone services should be considered
- The direct and indirect costs of healthcare, including out of pocket costs should be considered in designing an affordable system that is balanced by sustainability.

**2. Co-ordinated and Comprehensive Care**

- Joined up care includes ensuring that health care providers close the loop and review tests when ordered, check the outcomes after referral to other health professionals or services
- Information is provided and shared across health setting to make the best decisions for the consumer and creates information continuity
- Consumers experience seamless transitions between health care settings as they are supported with information and removal of barriers, therefore continuity of services and care
- A wide range of services are provided to all Australians to meet their needs and include health promotion, prevention, diagnosis and treatment of common conditions, referral to other clinicians, management of chronic conditions, rehabilitation, palliative care and social services.

**3. Appropriate Care**

- Meets the needs and preferences of the person
- Care that is provided is safe and avoids or reduces potential harm from health care management or the environment in which health care is provided.
- Healthcare providers are technically competent
- Healthcare practitioners engage with consumers to ensure understanding, which is different to providing information without determining if the consumer has understood and is able to then make decisions
- Consumers also need access to representation or easy access to a complaints mechanism if they do not receive appropriate care

**4. Whole of Person Care**

- Health systems and services are designed considering the emotional, physical, cultural and social needs and preferences of consumers
- Also consider the needs and preferences of carers and support systems to consumers who receive healthcare
- Rather than considering a person according to a disease or condition, healthcare systems and services consider the person as a whole and addresses risk factors and co-morbidities

### **5. *Informed Decision Making***

- Requires the provision of appropriate information to consumers so that meaningful discussion can take place between a consumer/carer and their health professional to decide on a course of treatment
- Treatment options as well as the risks and benefits of options should be provided to consumers/carers, as well as expected recovery times
- Direct and indirect costs for the treatment options should be provided, and clarity around what may be covered by insurances and what may be out of pocket costs
- Consumers choices should be respected, particularly the right to refuse treatment and documented care directives
- 'Consent may occur at many points in a consumers healthcare journey and should require the above factors to be considered in a timely manner

### **6. *Trust and Respect***

- Providers elicit and understand the concerns of consumers/carers and demonstrate they have understood in a respectful manner
- There is transparency to the decisions being made and there are appropriate codes of conduct, patient's charters and public reporting of issues that impact on choices and decision making
- Healthcare providers are accountable to their patients and their carers, strive to provide the best and most appropriate care, acknowledge mistakes, and engage in quality assurance and continuous improvement.
- Complaint resolution processes are open, easily accessed and demonstrate that reasonable processes are followed to address concerns and inform prevention and quality improvement actions.
- Acknowledgement that healthcare is not without risk and that risk is identified, communicated and the healthcare provider and consumer/carer agree on a course of action that acknowledges and shares the risk where appropriate.