



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Pre-Budget Submission to the Australian Treasury
January 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.



Introduction

The 2023 Intergenerational Report reveals that bold solutions are needed in the 2024-2025 Budget to prepare our communities for growing and compounding challenges: increased longevity and growing healthcare needs, lower fertility rates, slowing economic growth, a declining revenue base and a serious climate crisis. The Department of Health and Aged Care's recent capability review shows that within the next four years the health portfolio will have to better meet aged care demands, reduce hospitalisation costs, address the stubborn rural and remote healthcare divide, harness emergent technologies, focus on prevention, develop better models for chronic care and prepare for climate-related disruptions in the health system.

The Australian Government's upcoming Budget will determine the success of its vision to achieve a more healthy, secure, sustainable, cohesive and prosperous Australia for all communities. The determinants that give rise to disease continue to grow, health inequities are prevalent, access to healthcare varies greatly by geography and patient group and our healthcare system remains crisis driven. As such, implementing the ambitious wellbeing agenda set out in the Government's Measuring what Matters Framework will take nothing short of system-wide reform.

The 2024-2025 Federal Budget must prioritise funding that will improve the environments in which we live and work, promote health equity, limit disease progression through both prevention and treatment, ease the burden on the healthcare system and integrate and optimise healthcare across the lifespan so that all people can enjoy high quality of life well into later years while the health system becomes more sustainable and agile.

The funding priorities we present to the Government within the below four areas will contribute to the achievement of the shared vision for better outcomes for the Australian people and the Australian health system.





SYSTEM REFORM TO STRENGTHEN THE HEALTH SYSTEM

Involve specialists in Strengthening Medicare and supporting primary care

Accessing specialist care in the community in a timely manner remains a challenge for many patients with complex needs. An increasingly chronically unwell and rapidly ageing population needs specialist medical care at an early stage; access to this care must be supported and enabled by Medicare in a way that is integrated with primary care settings and supportive of General Practitioners.

The ongoing reforms of the Medicare system should be driven by contextual requirements, patient composition and clinical need and must include improved access to medical specialists and generalists. There is a need for increased emphasis on specialist perspectives in the Government's primary care reform agenda to ensure it can meet its stated goal of promoting patient-centeredness and integration and reducing the fragmentation of the health system.

Reforms acknowledging the central role specialists play in supporting primary care, especially for chronic and complex patients, will reduce waiting times and access barriers, strengthen continuity of care, improve patient outcomes and experience, ensure that other health professionals are supported when and where needed, reduce pressure on hospitals and truly promote the integration of our healthcare system.

To Strengthen Medicare and better support primary care, we call on the Australian Government to:

- Provide appropriate long-term funding for:
 - Urgent Care Clinics, MyMedicare and team-based care models involving physicians for patients requiring multidisciplinary care.
 - Ongoing evaluation of and reporting on Urgent Care Clinics and MyMedicare.
- Fund and evaluate a model of care with proof of-concept sites for the management of patients with comorbid chronic health conditions and disabilities that integrates specialist physician care with primary and tertiary care (the [RACP Model of Chronic Care Management](#) or a variation).
- Invest in multidisciplinary ambulatory care and outreach services including physicians for timely care of patients with complex and chronic conditions within their local communities, for example geriatricians, paediatricians, addiction medicine physicians, palliative care physicians.
- Expand funding of the Bulk Billing Incentive payments to a broader range of priority groups at risk of disease, including rural, regional and remote communities, older people, as well as First Nations peoples.

Extend telehealth and video consultations to reduce the digital divide and promote equitable access

It is broadly recognised that older age, frailty, disabilities, rurality and regionality, financial constraints and an uneven specialist workforce distribution make it difficult for many patients to access in-person care. Video and telephone consultations play a vital role in broadening specialist access for a range of priority and underserved patient groups.

Under the current economic and technological conditions where some patients have limited access to or ability to use video technology and are often unable to afford or organise transport, both telephone and video consultations remain a critical link to healthcare and deliver good patient outcomes when used in a clinically appropriate way.

Both video and telephone modalities have been shown to generally reduce preventable mortality and hospitalisation and support routine care while significantly cutting down travel and associated costs, appointment waiting times and transport barriers to in-person attendance.¹ The most appropriate modality (whether face-to-face, video or telephone) should thus be negotiated between the practitioner and the patient, considering their individual and specific clinical needs and circumstances, as noted in our recent submissions to the [Australian National Audit Office](#) and [MBS Continuous Review](#).

To improve telehealth services, reduce the digital divide and promote equitable access to healthcare, we call on the Australian Government to:

- Fund a full range of initial, subsequent and complex MBS video and telephone-based specialist items on a permanent basis, including via Practice Incentive Payments covering all consultant physicians to promote uptake of telehealth models of care and the delivery of integrated care.
- Fund:
 - New models of telehealth and remote service delivery, including virtual care and remote monitoring, linking secondary, primary and urgent care settings, including telehealth hubs in rural, regional and remote areas.
 - Videoconferencing technology packages to support capability building for patients, focusing on priority groups such as people living with disability and patients in aged care and rural, regional and remote areas.

Address health workforce pressures and burnout

A safe and well-resourced medical specialist workforce is essential to a functioning, effective and sustainable health system, yet Australian health care professionals, including physicians, report increasing levels of burnout. Sources of burnout include growing patient need, workforce constraints and maldistribution, as well as competing research, supervision and patient care demands.

Rural, regional and remote areas have higher rates of avoidable chronic health conditions, yet access to specialist care in these parts of Australia remains inadequate. With almost one third of the Australian population now living in rural and remote areas, there is an urgent need to address regional health disadvantage.

All parties, including the Australian Government, must partner to deliver a supportive, flexible, appropriately distributed and well-funded working environment for health practitioners.

To address health workforce pressures and burnout, we call on the Australian Government to:

- Fully fund the effective implementation of the National Medical Workforce Strategy 2021–2031 and, to enable the Strategy, fund a centralised national database of workforce (DWS) shortages for overseas trained practitioners to identify and apply for positions.
- Provide increased funding to the FATES program to enable longer term planning and embed effective change.

To optimise and support the rural, remote and regional specialist workforce:

- Expand and enhance the Specialist Training Program (STP):
 - Increase the number of STP places in rural and regional communities, including in paediatrics, community child health and other sub-specialties for which there are shortages.
 - Increase STP incentives and improve flexibility in medical specialty variations in the recently introduced rural training requirements.

¹ RACP Rapid Review of telehealth and video consultations (2023); available on request

- Enable the RACP to utilise unspent STP Salary Support funds to pay for additional STP posts to fill vacancies in areas of need.
- Fund rural specialist training hubs that attract and retain specialist trainees across rural sites and facilitate transition to ongoing rural specialist practice.
- Guarantee long term equitable and transparent funding for the Rural Health Outreach Fund.
- Introduce MBS payments to encourage physicians to relocate and remain in rural, regional and remote practice locations.



PREVENTION TO REDUCE PREVENTABLE CHRONIC DISEASE AND ILL HEALTH

Prevent ill health, deliver a sustainable CDC and optimise secondary prevention post-COVID

Both the National Preventive Health Strategy and the Department of Health and Aged Care's capability review recognise prevention as a core unmet population health priority and an underfunded but critical driver of health and wellbeing. Growing rates of preventable obesity, diabetes, cancer and cardiovascular disease, among other chronic diseases, are negatively impacting the lives of millions of Australians while driving a large share of healthcare costs, including through growing hospitalisations.

The RACP welcomes the establishment of the Centre for Disease Control (CDC) and the interim CDC's focus on One Health, pandemic prevention and preparedness and related environmental drivers. However, the CDC's scope must be broadened as soon as possible to include chronic non-communicable and occupational diseases. We need a CDC that is appropriately and sustainably funded in order to drive collaboration across the health system and offer a 'one source of truth' on how Australia responds to both communicable and non-communicable disease.

The long-term effects of the pandemic demonstrate the need for continued planning and adequate funding to mitigate its impacts, including the secondary effects of COVID-19 infection and long COVID.

To deliver a sustainable and effective CDC, we call on the Australian Government to:

- Fund the interim CDC to prioritise communicable diseases, non-communicable diseases and related social, environmental and occupational determinants.
- Fund an interim CDC open data policy framework.
- Develop a national public health workforce strategy and workforce training program including public health physicians and other relevant physician disciplines to enable the work of the CDC.

To prevent ill health and reduce strain on health services, we call on the Australian Government to:

- Urgently fund effective implementation of:
 - The National Preventive Health Strategy (2021-2030), which requires that 5% of total health expenditure be dedicated to prevention by 2030
 - The National Obesity Strategy (2022-2032)
 - The National Tobacco Strategy (2023-2030)
 - The National Diabetes Strategy (2021-2030).
- Increase funding for bariatric surgeries and PBS subsidies for evidence-based pharmacotherapies for obesity.

- Raise the baseline rate of social support to increase recipients' ability to make healthy choices, particularly around preventive health issues and positive diet and lifestyle changes, including for temporary and permanent migrant communities.

To optimise secondary prevention post-COVID infection, we call on the Australian Government to:

- Continue to fund and expand general and long COVID multidisciplinary clinics and inpatient hospital services.
- Boost funding for multidisciplinary sub-acute, community, ambulatory and rehabilitation services to address the burden of post-COVID related conditions.
- Fund the development of a nationally consistent data collection approach for people experiencing post-COVID-19 symptoms to inform policy and strategies to address long COVID.



EQUITY TO GIVE ALL AUSTRALIANS THE OPPORTUNITY FOR GOOD HEALTH AND WELLBEING ACROSS THEIR LIFESPAN

Physicians are dedicated to addressing health inequities and delivering patient-centered, culturally appropriate and sustainably funded care for everyone. The below recommendations for the 2024-2025 Budget focus on addressing specific needs of key populations: children, people living with disabilities, older people, those requiring palliative care, patients with substance use disorders and workers.

The RACP advocates for funding commitments that will enhance care and service accessibility for these groups and go a long way towards improving lives of millions of Australians. By allocating funds to these critical areas, the Budget will deliver on the Government's promise to prioritise 'what matters': health, wellbeing and opportunity for all.

To support First Nations self-determination and leadership to Close the Gap, we call on the Australian Government to:

- Provide funding over forward estimates for the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and use NACCHO's Measuring the Gap in Health Expenditure for Aboriginal and Torres Strait Islander Australians report to guide health funding for the Plan.
- Deliver long-term sustainable funding models for Aboriginal Community Controlled Health Organisations and increase the level of funding for these organisations.
- Fund public health information campaigns promoting uptake of:
 - MBS Item 715 Health Check for the prevention and management of chronic diseases in First Nations communities.
 - Bulk-billed specialist medical services through Aboriginal Medical Services.

To support children and young people to thrive, we call on the Australian Government to:

- Fully fund and implement the National Children's Mental Health and Wellbeing Strategy to expand mental health support for children, young people and their families and carers.
- Increase funding for paediatricians in rural, regional and remote areas.
- Fully fund the implementation of the Safe & Supported: The National Framework for Protecting Australia's Children 2021–2031.

To support older Australians' wellbeing and independence, we call on the Australian Government to:

- Urgently fund and implement Royal Commission into Aged Care Quality and Safety recommendations:
 - 51: Support employment and training for Aboriginal and Torres Strait Islander aged care workers.
 - 58: Access to specialists and other health practitioners through Multidisciplinary Outreach Services.

To support the autonomy of people living with a disability, we call on the Australian Government to:

- Fund over forward estimates:
 - Medical, pharmacy, and allied health outreach services for people with disability
 - Training and support for healthcare providers working in rural and regional areas to expand their capacity to care for people with disability within their area of expertise.

To support people with substance use disorders, we call on the Australian Government to:

- Invest adequately in evidence-based interventions to prevent and treat harms arising from the use of alcohol and other drugs across hospital and community-based care, including services delivered by multidisciplinary teams.
- Increase investment in the addiction medicine and addiction psychiatry workforce to address severe shortages of treatment services across Australia.
- Fund integrated pain and addiction treatment services to address nationwide shortage of such services.

To support workers' health and wellbeing, we call on the Australian Government to:

- Develop an MBS item number to allow physicians to engage employers, supervisors, workplace regulators and unions to assess hazards that may be work, health and safety issues.



**CLIMATE RESILIENCE TO EQUIP OUR HEALTHCARE SYSTEM
SO IT IS CLIMATE READY AND CLIMATE FRIENDLY**

Along with 13 other medical Colleges and 11 Specialty Societies representing a combined 100,000 doctors, the RACP has [called](#) for urgent Government action through the National Health and Climate Strategy to prepare our healthcare system for extreme weather events and build resilient, healthy communities that can thrive in the face of climate change.

In addition to the ongoing focus on reducing emissions within the healthcare sector, the National Health and Climate Strategy must also ensure the healthcare system is better equipped to handle the increasing ramifications of more extreme weather events.

The effective, timely implementation of the Strategy requires appropriate funding. Insufficient investment was identified as the main barrier to implementation of national climate change and health strategies by 70% of the forty-six country respondents surveyed by the WHO.

To enhance climate resilience and equip health systems to be climate ready and climate friendly, we call on the Australian Government to:

- Fully fund the implementation of the National Health and Climate Strategy over forward estimates and to enable the Strategy to:
 - Establish a Climate Friendly Health System Innovation Fund to provide grants to local health services for environmental sustainability and climate adaptation initiatives, focussing on those that can be scaled up.
 - Establish a National Climate Change and Health Resilience Research Fund to identify resilience strategies suited to our health system.

Conclusion

The RACP and its members are committed to supporting the Australian Government in addressing the growing challenges that impact our patients, our communities, our health system and our natural environments.

Our members believe that the recommendations outlined in this submission will improve health outcomes for Australians, reduce the growing pressure on the health system and assist in progressing the reform agenda of the Australian Government.

As a priority, the upcoming Budget's funding commitments must:

- Support introduction of innovative multidisciplinary models of care that overcome the existing siloes and offer patients the right care, in the right setting, at the right time
- Recognise prevention and tackling broader drivers of disease as the two pillars that will support better health and health system outcomes into the future
- Promote true health equity in priority populations and
- Enhance climate resilience and equip the health system to be climate ready and friendly.

We look forward to continuing to work closely with the Government to better deliver what really matters to all Australians.