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What should be different in the new normal post-pandemic?

Stephen Duckett
@stephenjduckett

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Agenda

- The burning platform
- *And the weakness of that*

  > ‘To know how to recognize an opportunity in war, and take it, benefits you more than anything else’
  > Niccolò Machiavelli, *Dell'arte della guerra* 1524
  > Aka ‘Never waste a good crisis’

- The lessons learned

The 5 phases of Australia's COVID-19 response

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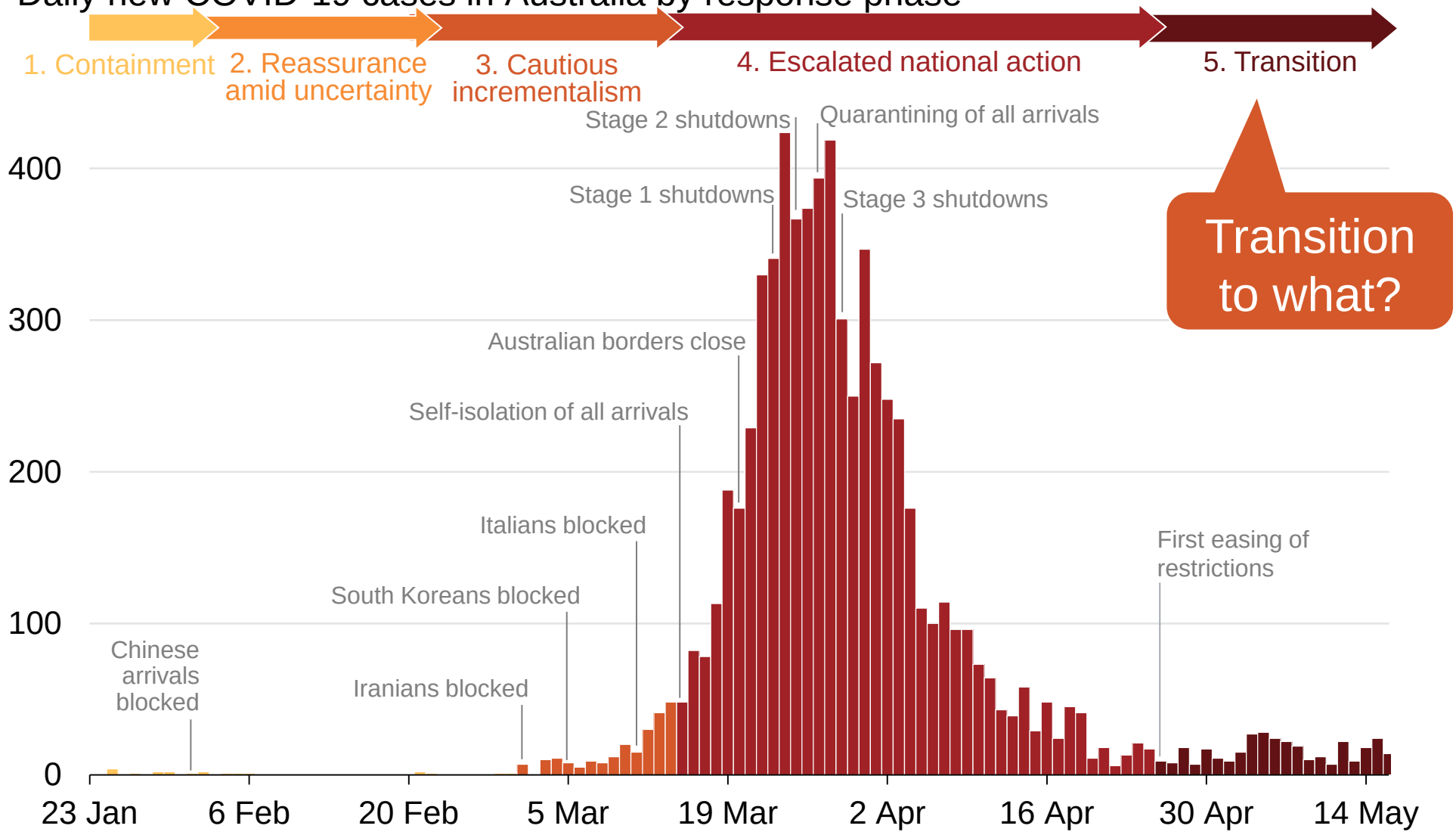
Daily new COVID-19 cases in Australia by response phase



Note: Only major lockdown events shown in grey. Data current as at 16 May 2020.
Source: Grattan analysis of Guardian Australia data.

The lessons to be learned

1 - Improving access through tele-health, especially in a primary care settings, through permanent MBS reforms.

2 – Better care for people with chronic conditions with primary care reform.

3 – Improving convenience and access with expanded hospital in the home, rehabilitation in the home and outreach into residential aged care facilities.

4 – Improving efficiency by connecting public and private systems, especially with regards to elective surgery.

5 – Improve health system readiness by better planning.

6 – Increasing the resilience of the health system with supply chain reform.

7 – Bringing it all together with integrated regional planning and system management across the acute and primary care sectors.

Australians have taken to telephone GP consultations during the COVID-19 outbreak

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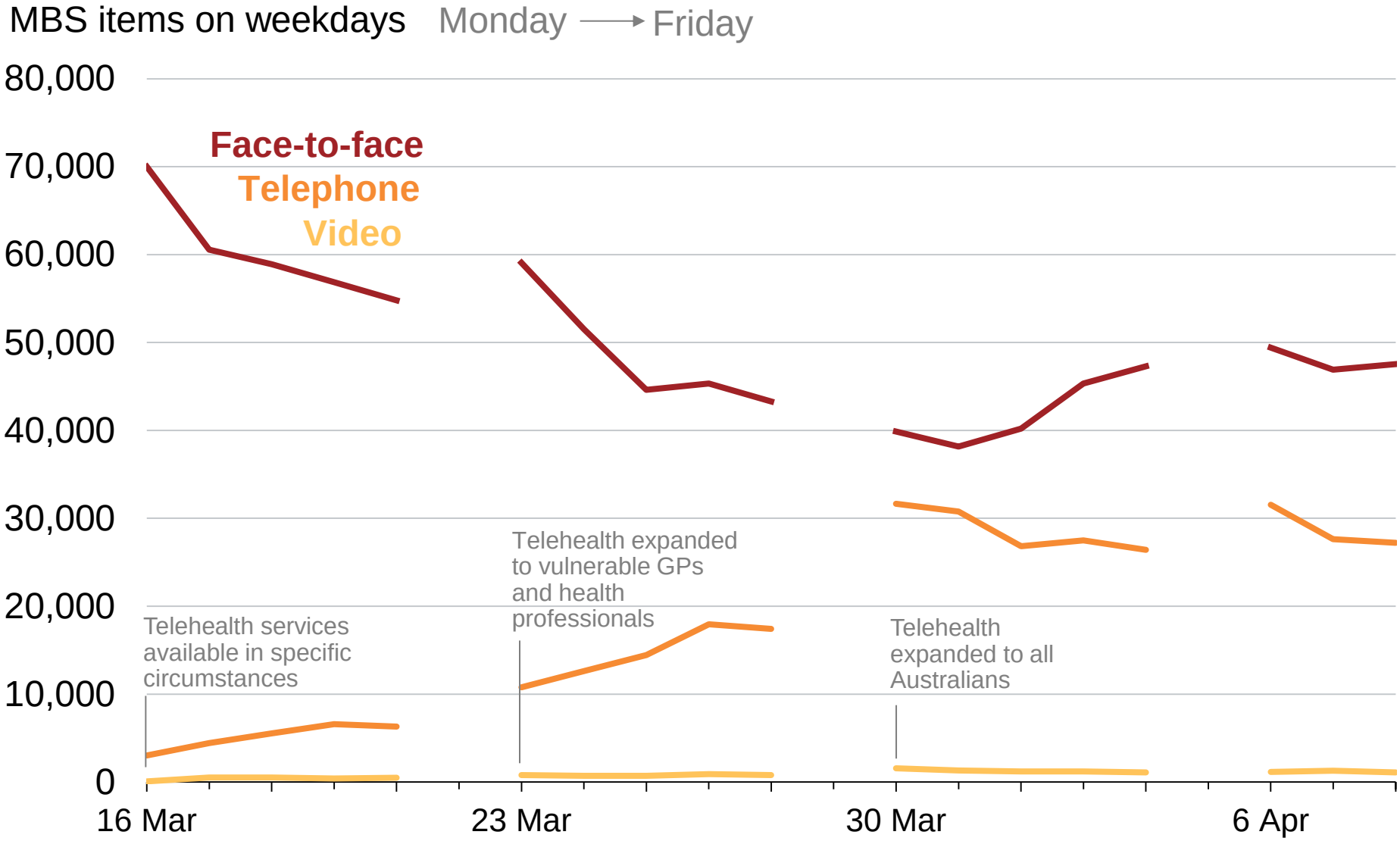

Notes: Data from five Primary Health Networks: Central & Eastern Sydney, South Western Sydney, Gippsland, Eastern Melbourne, and South Eastern Melbourne. Face-to-face MBS items 3, 23, 36, 44; Telephone MBS items 91795, 91809, 91810, 91811; and Telehealth 'Video' MBS items 91790, 91800, 91802.
Source: POLAR GP 'COVID-19 and General Practice' report.

Improving access through tele-health

- New tele-health items should be introduced replacing the pandemic ones, limited to patients with an established relationship to a practice, and in the case of people over 70, to the practice in which the patient is enrolled with a practice-level limitation that telephone consultations must be less than half of telehealth consultations.

- Telehealth items should be subject to strict electronic verification requirements and bulk-billed.

- Expansion of telehealth should be accompanied by programs to address the barriers of the digital divide.

Telehealth in alcohol and drug services?

22 articles: Telemedicine was found to be an effective tool in reducing alcohol consumption and increasing patients' accessibility to health care services or health providers. The group of articles for analysis suggested that telemedicine may be effective in reducing health care costs and improving the patient's quality of life.

Kruse, et al. (2020), 'Measures of Effectiveness, Efficiency, and Quality of Telemedicine in the Management of Alcohol Abuse, Addiction, and Rehabilitation: Systematic Review', *Journal of Medical Internet Research, 22 (1), e13252.*

13 studies: Most studies suggested telemedicine interventions were associated with high patient satisfaction and are an effective alternative, especially when access to treatment is otherwise limited.

Lin,, et al. (2019), 'Telemedicine-delivered treatment interventions for substance use disorders: A systematic review', *Journal of substance abuse treatment, 101, 38-49.*

Better care for people with chronic conditions with primary care reform

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- Grants (or loans) to encourage co-location or consolidation should be part of a post-pandemic economic stimulus package.

- Pharmacy location and ownership rules should be changed to facilitate incorporating pharmacies into new one-stop shops

- New funding models for general practice should be explored, building on enrolment > 70
  - As part of the adjustment back to the new normal, the Commonwealth should review the barriers in the Medicare Benefit Schedule to practices engaging in workforce reform designed to ensure more efficient provision of high quality primary care services.

- *Implications for AOD?*

Improving convenience and access with expanded hospital in the home

- States should expand hospital in the home, rehabilitation in the home, and outreach into residential aged care facilities.

- The Commonwealth should develop new Medicare Benefit Schedule items to facilitate tele-monitoring and primary care outreach, limited to enrolled patients.

- The Commonwealth and the states should review public hospital funding to ensure it does not inhibit expansion of in-home services, services in residential aged care facilities, and tele-monitoring.

Improving efficiency by connecting public and private systems

- States contract with private hospitals to help clear the elective surgery backlog, maybe ongoing.
- States should develop agreed assessment processes for high-volume procedures, such as knee and hip replacements and cataract operations, and reassess all patients on hospital waiting lists.
- The full range of elective procedures should not be re-established in every hospital.
- Private health insurers should be empowered to participate in funding diversion options too so patients are able to have their rehabilitation at home rather than in a hospital bed.

Improving readiness by better planning

- Australia needs better public health planning, with clear roles and responsibilities for the Commonwealth and state governments.
- A national surveillance strategy for the collection, analysis, and real-time reporting of data at a national level.
- The workforce strategy should enable quicker training of health workers, and deployment of workers from less-affected regions
- The secondary health effects of a pandemic, including significant mental health effects, should be incorporated into pre-pandemic planning, to help mitigate these effects during and after the crisis

Heavy drinking persists well after bushfires passed

Table 2. Prevalence of mental health conditions across communities.

	High affected (*N* = 630)	Medium affected (*N* = 182)	Low affected (*N* = 205)
PTSD (Fires)	51 (10.9)	7 (5.6)	2 (1.8)
PTSD (General)	88 (18.7)	11 (8.7)	5 (4.5)
Depression	51 (10.9)	6 (4.7)	5 (4.5)
Severe distress	29 (6.2)	6 (4.7)	3 (2.8)
Heavy drinking	109 (23.2)	23 (18.4)	19 (17.6)
Resilient	361 (76.8)	115 (90.6)	108 (92.7)

PTSD (Fires): posttraumatic stress disorder linked to the Black Saturday; PTSD (General): posttraumatic stress disorder linked to any traumatic event.
Psychological Distress measured by K6: None (0–6), Mild (7–12) and Severe (13–24).

Source: Bryant, Richard A, et al. (2018), 'Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires', *Australian & New Zealand Journal of Psychiatry, 52 (6), 542-51.*

Alcohol usage increased after floods

Effect of flooding on tobacco, alcohol and medication usage

	Unadjusted model	Adjusted model
Outcome	**OR (95% CI)**	**OR (95% CI)**
Increased tobacco usage	4.8 (2.0–11.8)	4.5 (1.8–11.1)
Increased alcohol usage	4.4 (1.6–11.9)	5.2 (1.8–11.8)
Increased medication usage	5.3 (2.0–13.8)	5.1 (1.9–13.5)

Adjusted for age, gender and income

Source: Turner, Lyle R., et al. (2013), 'Impact of the 2011 Queensland floods on the use of tobacco, alcohol and medication', *Australian and New Zealand Journal of Public Health, 37 (4), 396.*

Supply chain reform

- States should consider:
  - giving a greater price premium to local supply and manufacture;
  - rewriting supply contracts to increase obligations on suppliers to ensure continuity of supply;
  - increasing product standardisation across the health system to allow easier substitution of products and to reduce the cost of inventory;
  - increasing flexibility by spreading the supply chain across more than one supplier.
- The Commonwealth should ensure that the national stockpile is reviewed regularly to ensure it contains the right mix of products.

Bringing it all together

- Primary care agreements between the Commonwealth and each state.
- Specific tripartite agreements should be struck with every Primary Health Network around Australia.