

APPENDIX F: Design and governance principles

We developed a set of principles to guide reform and future directions of the Australian health system.

These principles should, to a large extent, shape the whole health and aged care system – public and private, and hospital and community-based services.

Design principles

(generally what we as citizens and potential patients want from the system).

- 1. People- and family-centred.** The direction of our health and aged care system, the provision of health and aged care services and our efforts to strengthen wellness and prevention must be shaped around the health needs of people, their families, carers and communities. A people focus reflects not only responsiveness to individual differences, abilities and preferences, but is grounded in the social and community context of people's lives and their ability to exercise choice. This recognises the need to be responsive to factors such as cultural diversity (including Indigenous cultural traditions), people's 'lived experience' of illness and disability, and the broader social, educational and environmental settings that frame their lives and communities. Pathways of care, currently often complex and confusing, should be easy to navigate. People should be given help, where necessary, to navigate the system including through reliable and evidence-based information and advice to help them make appropriate choices, in association with their families, carers and advocates. Care should be provided in the most favourable environment: closer to home if possible, with a preference for less 'institutional' settings, recognising the need to support the important role of families and carers, and with an emphasis on supporting people to achieve their maximum health potential.
- 2. Equity.** Health and aged care services in Australia should be accessible to all based on health needs, not ability to pay. The multiple dimensions of inequity and disadvantage should be addressed, whether related to Indigenous status, geographic location, socio-economic status, disability, gender, language or culture. A key underpinning for equity is the principle of universality as expressed in the design of Medicare, the Pharmaceutical Benefits Scheme, public hospital care and residential and community aged care services. Recognising, however, that universal entitlements do not always translate to the achievement of either universal access or equitable outcomes, a focus on equity also requires a commitment to tackling disadvantage through targeting services to those most in need to improve health outcomes. Addressing inequity in health and aged care access and outcomes also requires action beyond universal programs, including through engagement with other policy sectors (such as the education system, and employment) and a focus on the social determinants of health. The health and aged care system must recognise and respond to those with special needs (the marginalised or under-provided for groups in society). Special attention needs to be given to working with Aboriginal and Torres Strait Islander people to close the gap between Indigenous health status and that of other Australians.
- 3. Shared responsibility.** All Australians share responsibility for our health and the success of the health and aged care system. Within the context of our physical and social circumstances, life opportunities and the broad economic and cultural environment, we make decisions about our life-style and personal risk behaviours which impact our health risks and outcomes. As a community we fund the health and aged care system. As consumers or patients we make decisions, often with the support of our families, carers and advocates, about how we will use the health and aged care system and work with the professionals who care for us. Health and aged care professionals have a responsibility to communicate clearly, to help us understand the choices available to us, and to support us to take an active role in our health and treatment in a relationship of mutual respect. This extends beyond responsibility for improving individual health outcomes to contributing to healthy public policy and supporting environments that increase everyone's opportunities to achieve their potential in health and wellbeing.

The health and aged care system can only work effectively if everyone participates to the best of their ability and circumstances, according to these shared responsibilities, recognising and valuing the important roles of consumers/patients, their families and carers, advocates and community groups and staff. The health system has a particularly important role in helping people of all ages and abilities become more self-reliant, health literate and better able to manage their own health care needs. This includes helping people to make informed decisions through access to health information that supports informed consent and participation; by providing support and opportunities to make healthy choices; and by providing assistance for managing complex health needs.

4. **Promoting wellness and strengthening prevention.** We need a comprehensive and holistic approach to how we organise and fund our health and aged care services and work towards improving the health status of all Australians. The balance of our health system needs to be reoriented. Our health system must continue to provide access to appropriate acute and emergency services to meet the needs of people when they are sick. Balancing this fundamental purpose, our health system also needs greater emphasis on helping people stay healthy through stronger investment in wellness, prevention and early detection and appropriate intervention to maintain people in as optimal health as possible. This focus on prevention and improving health and wellbeing should apply across the life course and irrespective of health status.

Recognising the diverse influences on health status, our health and aged care system should create broad partnerships and opportunities for action by the government, non-government and private sectors; balance the vital role of diagnosis and treatment with action and incentives to maintain wellness; create supportive environments and policies to improve health functioning for people with long-term needs including those with a chronic condition or disability; and protect our health and prevent disease and injury in order to maximise each individual's health potential.

5. **Comprehensiveness.** The health and aged care system should be able to meet the entire range of people's health needs over their life course. Meeting those needs requires a system to be built on a foundation of strong primary health care services with timely access to all other health and aged care services organised to promote continuity of care and good communication across the various health and aged care professionals. Comprehensiveness requires a balance between the vital role of diagnosis and treatment with action and incentives to maintain wellness. A life course approach to improving health and wellness includes a strong emphasis on a healthy start to life, support for the whole spectrum of health needs during life including physical, mental and psychosocial, and appropriate care and support at the end of life. A comprehensive health and aged care system ensures that care is available in a range of settings, with a focus on care in communities close to people and their families, so that caring, living with illness or disability, ageing and dying can all be 'in place'.
6. **Value for money.** The resources available to support our health and aged care system are finite, and the system must be run as efficiently as possible and be positioned to respond to future challenges. Delivering value for money will require appropriate local flexibility in financing, staffing and infrastructure. The health and aged care system should deliver appropriate, timely and effective care in line with the best available evidence, aiming at the highest possible quality. Information relating to the best available health evidence should be easily available to professionals and patients to make value-conscious choices. Health promotion programs must also be underpinned by a sound evidence base. Introduction of new technology should be driven by evidence and cost-effectiveness. Pathways to care should be seamless with continuity of care maximised, with systems in place to ensure a smooth transfer of information at each step of the care pathway, making effective use of information technology.

7. **Providing for future generations.** We live in a dynamic environment: health needs are changing with improved life expectancy, community expectations rising, advances in health technologies, an exploding information revolution and developments in clinical practice. There are new avenues and opportunities for how we organise and provide necessary health and aged care to individuals, using the health and aged care workforce and technologies in innovative and flexible ways. The education and training of health and aged care professionals across the education continuum are a responsibility of the whole health and aged care community in partnership with the education sector. The important responsibility of the health care system in teaching, training future generations of health professionals for a changing health care sector and roles, participating in research and in creating new knowledge for use in Australia and throughout the world should be actively acknowledged and resourced appropriately as an integral activity.
8. **Recognising that broader social and environmental influences shape our health.** Our environment plays an important role in affecting our health and in helping us to make decisions that promote our health. The environment here is taken to mean the global climate, the physical and built environment (factors such as air quality, the workplace, urban planning decisions which affect our health and access to good housing) and the socio-economic environment (people in the workforce generally have better health than the unemployed, better educated people have better health and have responded better to health campaigns and tend to smoke less). Our families, workplaces and schools shape both our health (and the development of our children) and our adoption of healthy lifestyles. The health system of the future needs to work at these multiple levels to promote health and wellbeing with many and varying agencies and partnerships. These partnerships must be effective and also involve players outside the health system, whether they are transport departments, local councils, employers, business and worker organisations, and schools and universities. Strong, connected and inclusive communities help support people and families in their efforts to make decisions that promote their health and wellbeing.

Governance principles

(generally how the health system should work)

9. **Taking the long-term view.** A critical function for effective governance of the health and aged care system is that it acts strategically: that short-termism and the pressure of the acute do not crowd out attention and planning for the long term. A responsible forward-looking approach demands that we actively monitor and plan the health and aged care system of the future to respond to changing demographics and health needs, clinical practices and societal influences. This requires capacity to seek input from the community and those within the health and aged care sectors (providers and managers), to assess evidence and develop and implement plans to improve health and aged care.
10. **Quality and safety.** There should be effective systems of clinical governance at all levels of the health and aged care system, to ensure continuous improvement in the quality and safety of services. Effective clinical governance makes certain that there is accountability and creates a 'just' culture that is able to embrace open, transparent reporting and support improvement. Patients, together with their families, carers and advocates, are central to identifying quality and safety issues (including the patient experience dimension of quality) and the solutions that need to be implemented. This requires a partnership approach between consumers and health and aged care professionals, supported by good information and clear acknowledgement of the rights of consumers to be actively involved in their care. All of this requires the development of effective organisational systems that promote quality and safety, including appropriate systems of open disclosure and public accountability for the whole system. Quality extends beyond the use of systems to reduce and manage adverse events and errors to promoting a culture of excellence and continuous improvement across the entire health and aged care system.
11. **Transparency and accountability.** The decisions governments, other funders and providers make in managing our health and aged care system should become clearer and more transparent. Funding should be transparent. The responsibilities of the Commonwealth and state governments and the private and non-government sectors should all be clearly delineated so that, when expectations are not met, it is clear where accountability falls. Accountability

extends to individual health and aged care services and professionals. Implementation of greater accountability should occur in such a way that it is supported and trusted by all parties. Australians are entitled to regular reports on the status, quality and performance of our whole health and aged care system, both public and private, ranging across the spectrum from primary to tertiary care and at local, state and national levels. This includes monitoring, evaluation and reporting to the community on the implementation and effectiveness of plans, policies and strategies that are designed to improve health outcomes for the Australian community.

12. **Public voice and community engagement.** Public participation is important to ensuring a viable, responsive and effective health and aged care system. This recognises and values the importance of a person's experience of the health and aged care system and in living with their health condition. Participation can and should occur at multiple levels, reflecting the different roles that individuals play at different times in their lives. This includes participation as a 'patient' or family member in using health and aged care services, participation as a citizen and community member in shaping decisions about the organisation of health and aged care services and participation as a taxpayer, voter, and in some cases shareholder, in holding governments and corporations accountable for improving the health and aged care system. Effective participation also recognises the valuable role of advocacy and self-help groups, non-government organisations and other communities of interest that contribute to improving the performance and responsiveness of the health and aged care system. Participation also involves engaging the whole community in priority setting and decision-making about what can be reasonably and equitably provided in the health and aged care system.
13. **A respectful, ethical system.** Our health and aged care system must apply the highest ethical standards, and must recognise the worth and dignity of the whole person including their biological, emotional, physical, psychological, cultural, social and spiritual needs. The humanity of care is integral, based upon the highly personal nature of health and aged care and the importance of trust and partnerships between patients, families, carers and health and aged care professionals. Care should be provided in a manner that does not support discrimination against any individual or group and, indeed, is organised to positively foster access and improved health outcomes for the most disadvantaged and marginalised in our society. A significant focus must include respect and valuing of health and aged care workers by patients, families, carers and the community. Our health and aged care workers are a precious resource that should be valued. Those working within the health and aged care sectors must be aware of ethical considerations throughout their training and in their daily clinical practice.
14. **Responsible spending.** Good management should ensure that resources flow effectively to the front line of care, with accountability requirements efficiently implemented and red tape minimised. Wastage and duplication of services should be avoided including through improving communication and connectivity with better sharing of information across those involved in providing care. Funding mechanisms should reward best practice models of care, rather than models of care being inappropriately driven by funding mechanisms. Funding systems should be designed to promote continuity of care with common eligibility and access requirements to avoid program silos or 'cracks' in the health system. There should be a balanced and effective use of both public and private resources. New technologies should be evaluated in a timely manner and, where shown to be cost effective, should be implemented promptly and equitably. Information and communication technologies, in particular, should be harnessed to improve access in rural and remote areas on a cost effective basis, to support and extend the capacity of all health professionals to provide high quality care.
15. **A culture of reflective improvement and innovation.** Reform, improvement, and innovation are continuous processes and not fixed-term activities. The Australian health and aged care system should foster innovation, research and sharing of practices shown to be effective and to improve not only the specific services it provides, but also the health of all Australians. Robust data and a sophisticated approach to knowledge management, including its generation, dissemination and application, are also critical. The continuum of basic science to clinical and health services research will underpin this and needs to be embedded.