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Health reform in Australia: an update

Never Stand Still

Faculty of Medicine

Australian Institute of Health Innovation

Presentation to the Canon Institute for Global Studies, Japan

Professor Jeffrey Braithwaite, PhD
Founding Director, Australian Institute of Health
Innovation





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オーストラリアの医療改革最新事情

(2011年9月20日CIGSセミナー後の動向)

Never Stand Still

Faculty of Medicine

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Australian Institute of Health Innovation's mission

Our mission is to enhance local, institutional and international health system decision-making through evidence; and use systems sciences and translational approaches to provide innovative, evidence-based solutions to specified health care delivery problems.

<http://www.med.unsw.edu.au/medweb.nsf/page/ihi>

AIHI オーストラリア医療イノベーション研究所の使命

我々の使命は、エビデンスに基づき、
地域や医療機関、国際的な医療システムの意思決定を
高めることにある。
更に組織科学や伝統的アプローチを活用することで、
特定の医療提供問題に対し革新的でエビデンスに
基づいた解決策を提供する。

<http://www.med.unsw.edu.au/medweb.nsf/page/ihi>

Leadership team

- **Professor Jeffrey Braithwaite**

Professor and Foundation Director, Australian Institute of Health Innovation, University of New South Wales

- **Professor Enrico Coiera**

Professor and Director, Centre for Health Informatics

- **Professor Ken Hillman**

Professor and Director Simpson Centre for Health Services Research

- **Professor Johanna Westbrook**

Professor and Director, Centre for Health Systems and Safety Research

オーストラリア医療イノベーション研究所の幹部チーム

- 教授 ジェフリー・ブライスウェイト
オーストラリア医療イノベーション研究所創設所長
臨床ガバナンス研究センター長
- 教授 エンリコ・コイエラ
医療インフォマティクス・センター長
- 教授 ケン・ヒルマン
医療サービス研究シフトンセンター長
- 教授 ジョハンナ・ウェウストブルック
医療システムと安全研究センター長

Background - the Centre

The Centre for Clinical Governance

*Research undertakes **strategic research, evaluations and research-based projects** of national and international standing with a core interest to **investigate health sector issues of policy, culture, systems, governance and leadership.***

<http://www.med.unsw.edu.au/medweb.nsf/page/ClinGov> [About](#)

臨床ガバナンス研究センターについて

臨床ガバナンス研究センターは、医療分野の政策、カルチャー、システム、ガバナンス、リーダーシップといった諸問題に関心の核とし、オーストラリア及び国際的な戦略的調査、評価、研究プロジェクトを引き受けている。

Part 1: Comparative data

World, Japan and Australia

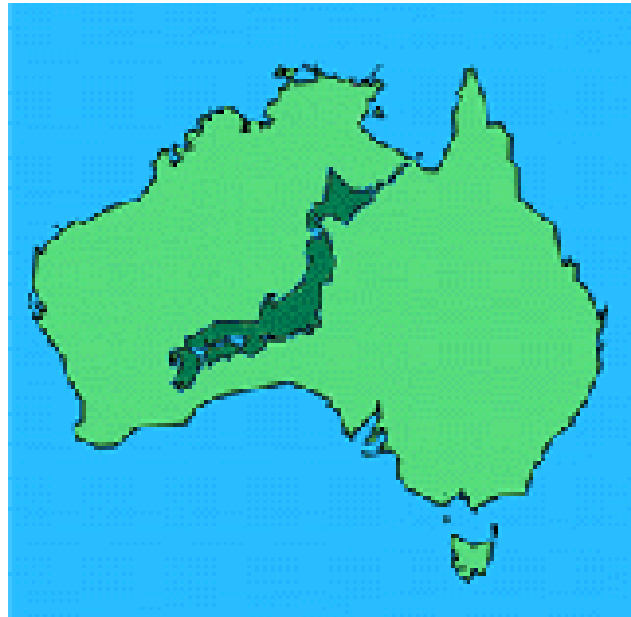
Physical Map of the World, July 2011



Australia and Japan



Australia and Japan in comparison



A statistical comparison

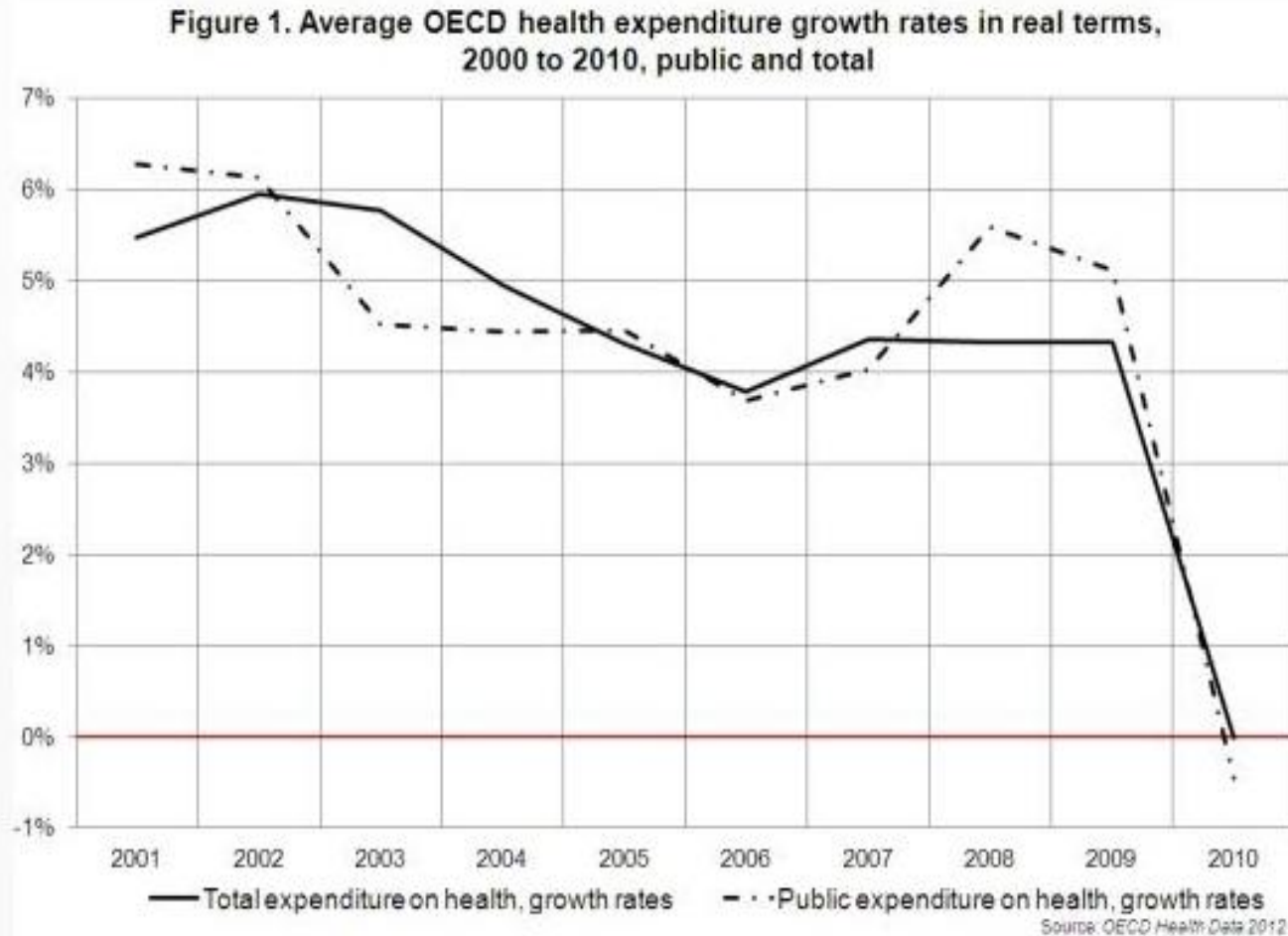
	Australia	Japan	Italy	New Zealand
Population	22,015,676 (55 th)	127,368,088 (10th)	61,261,254 (23 rd)	4,327,944 (125 th)
P'n growth	1.126% (107 th)	-0.077% (200th)	0.38% (158 th)	0.863% (132 th)
Area (sq km)	7,741,220 (6 th)	377,915 (62nd)	301,340 (72 nd)	267,710 (76 th)
GDP (PPP, \$US)	926.2 billion (19 th)	4.497 trillion (5th)	1.871 trillion (11 th)	123.8 billion (65 th)
GDP per capita (\$US)	40,800 (22 nd)	35,200 (36th)	30,900 (44 th)	28,000 (48 th)
Imports (\$US)	243.4 billion (21 st)	808.4 billion (5th)	556.4 billion (8 th)	35.53 billion (62 nd)
Exports	272.1 billion (22 nd)	788 billion (5th)	523.9 billion (9 th)	37.54 billion (62 nd)

統計比較

	オーストラリア	日本	イタリア	ニュージーランド
人口	22,015,676 (55 th)	127,368,088 (10 th)	61,261,254 (23 rd)	4,327,944 (125 th)
人口増加率	1.126% (107 th)	-0.077% (200 th)	0.38% (158 th)	0.863% (132 th)
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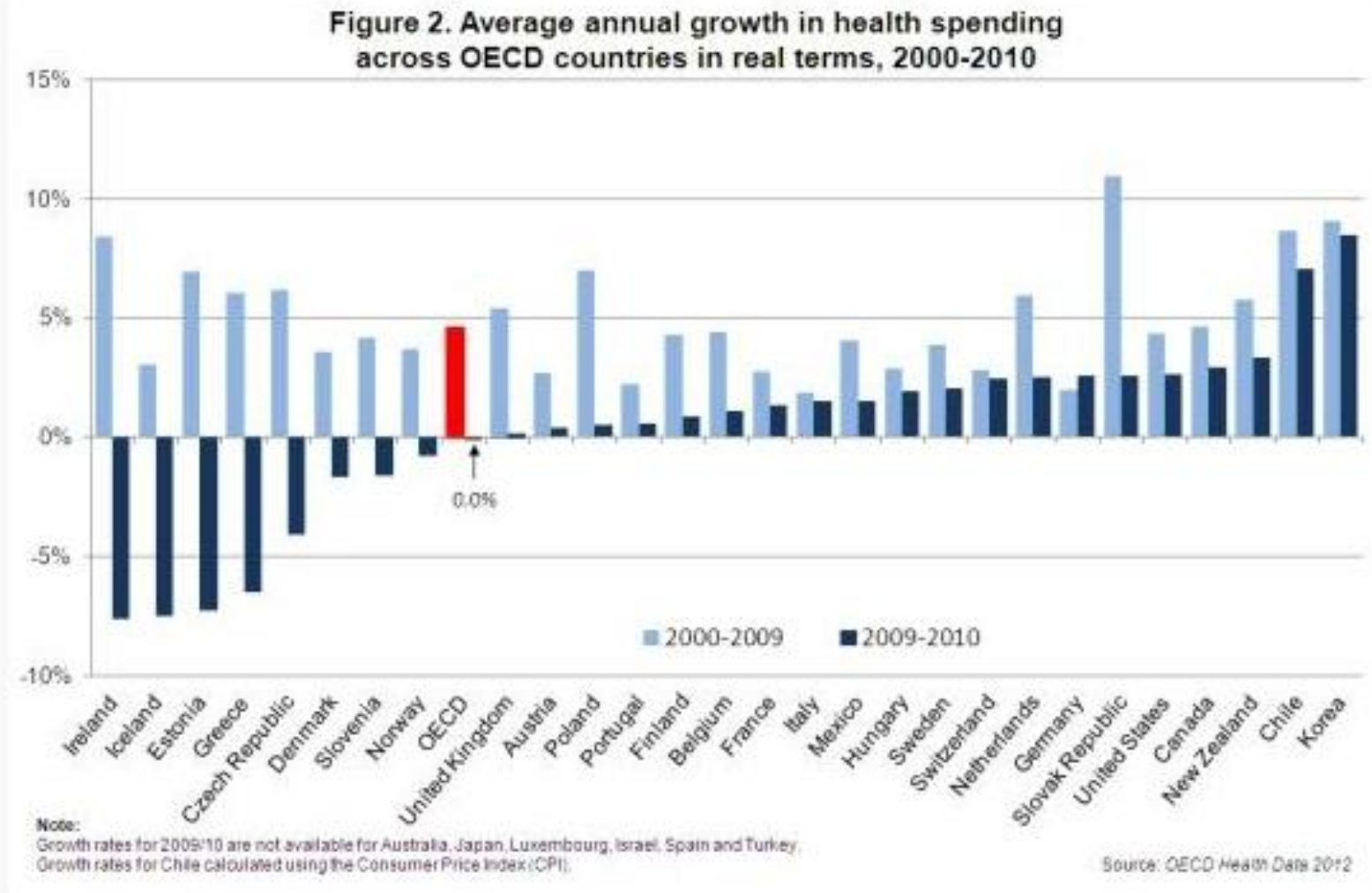
Source: CIA Factbook, November 2012

OECD health expenditure: growth rates



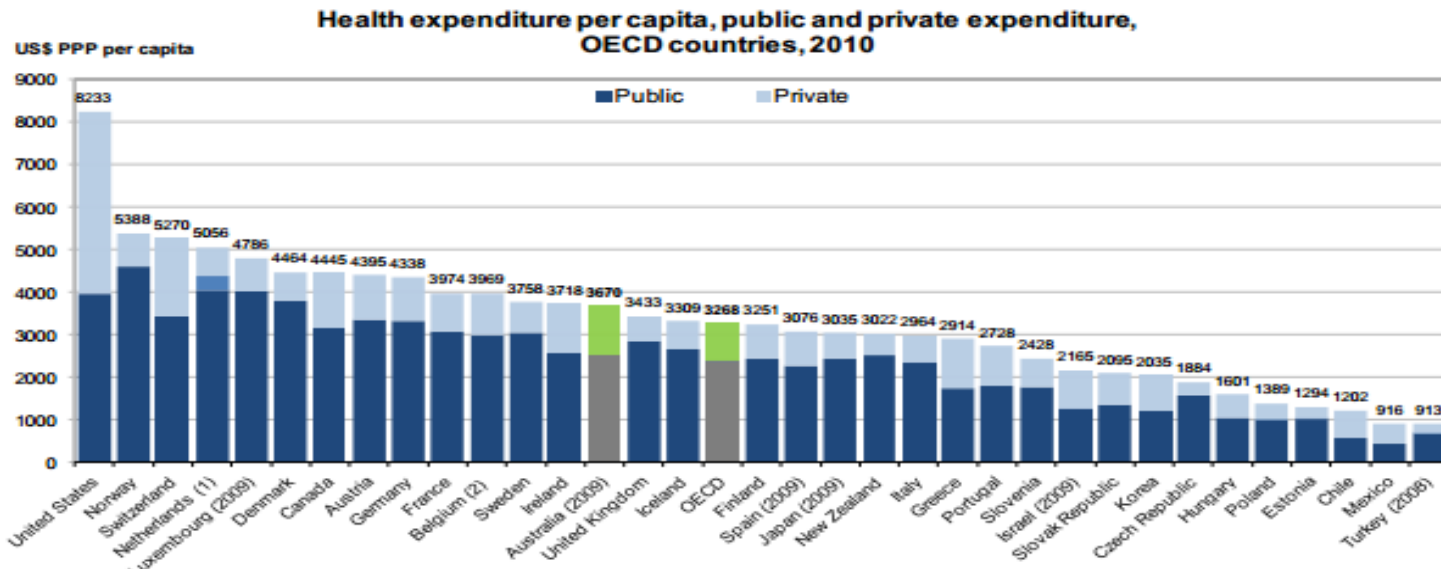
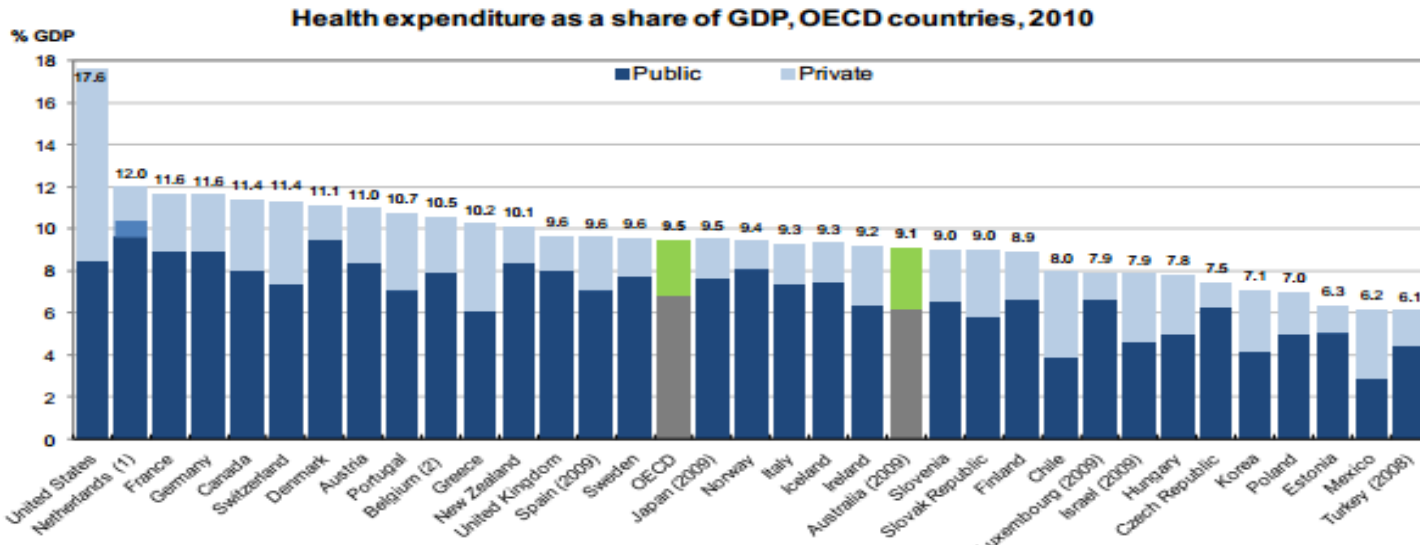
Source: OECD Health Data 2012

OECD health expenditure: growth rates



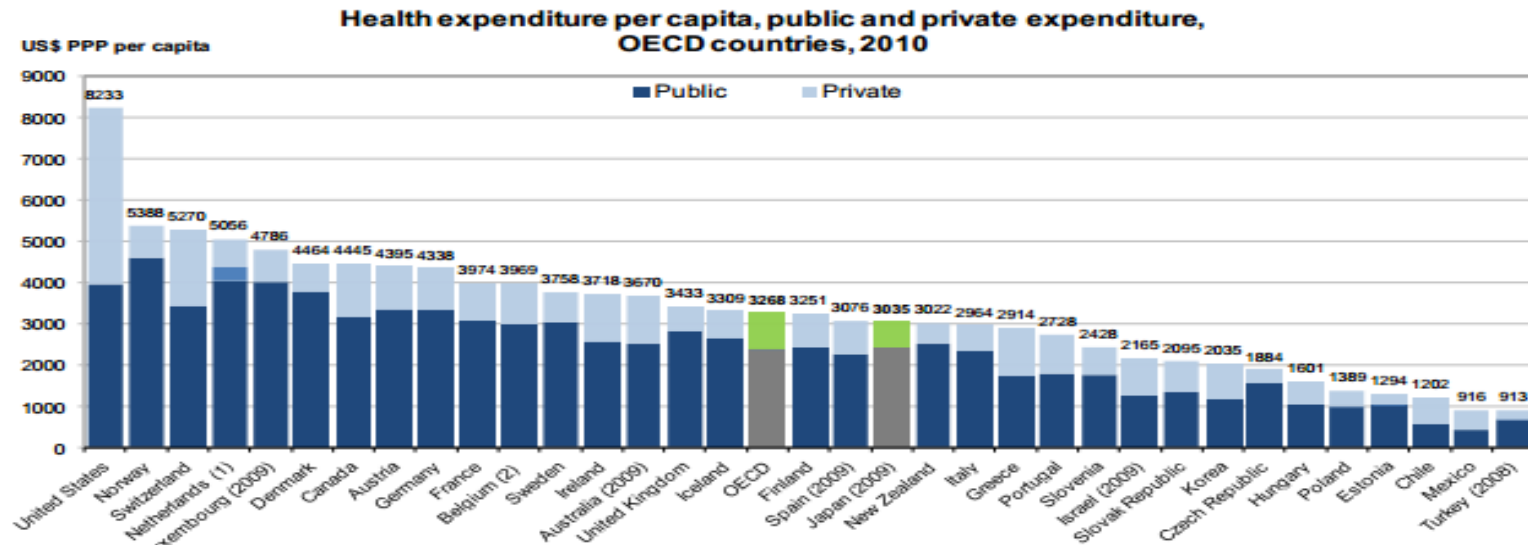
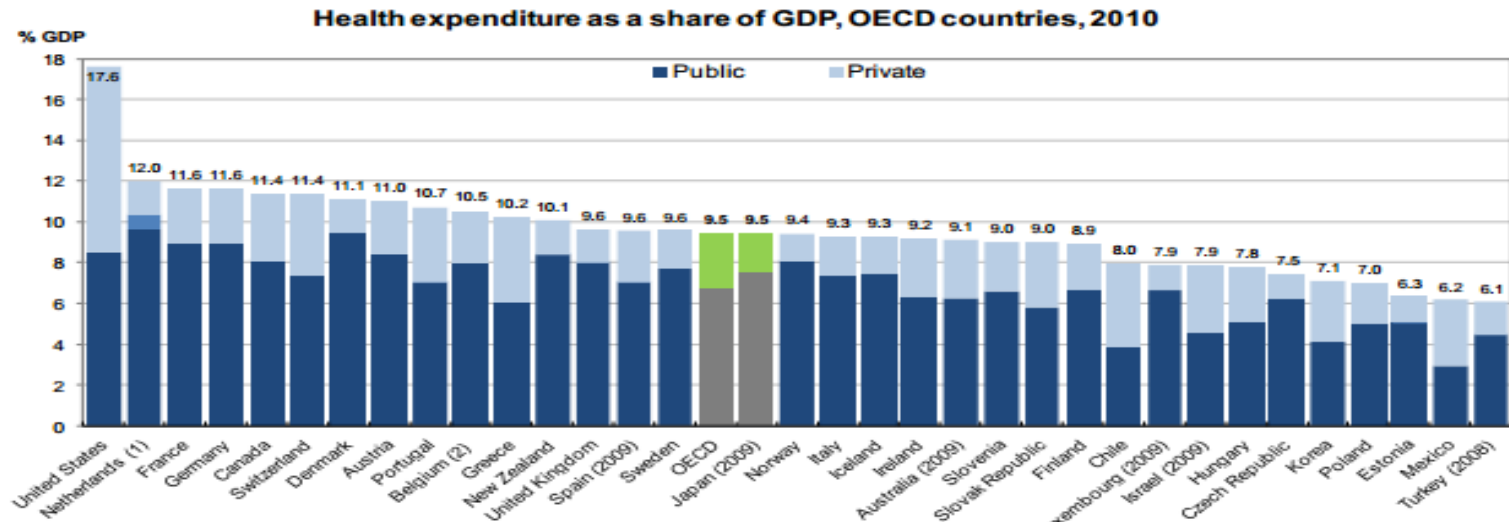
[Click here to access more charts and data in Excel](#)

How does Australia compare?



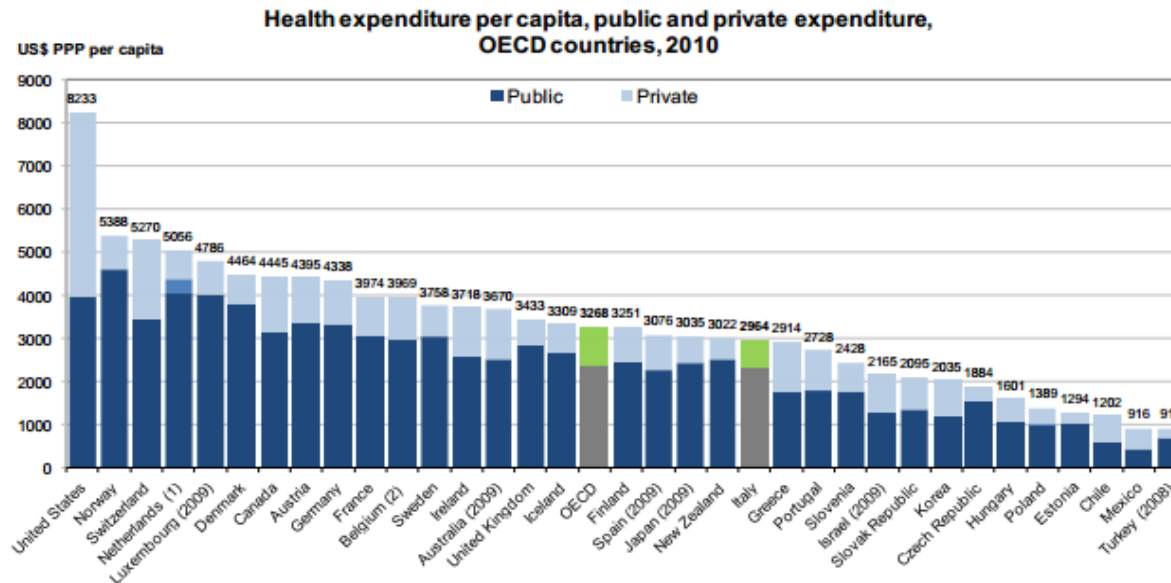
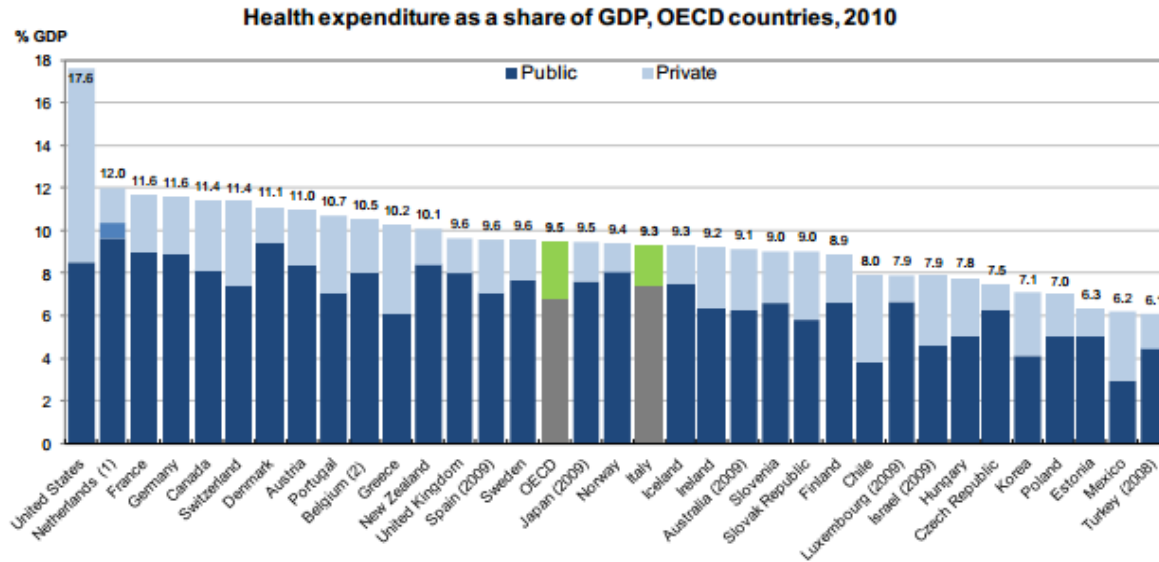
Source: OECD Health Data 2012

How does Japan compare?



Source: OECD Health Data 2012

How does Italy compare?

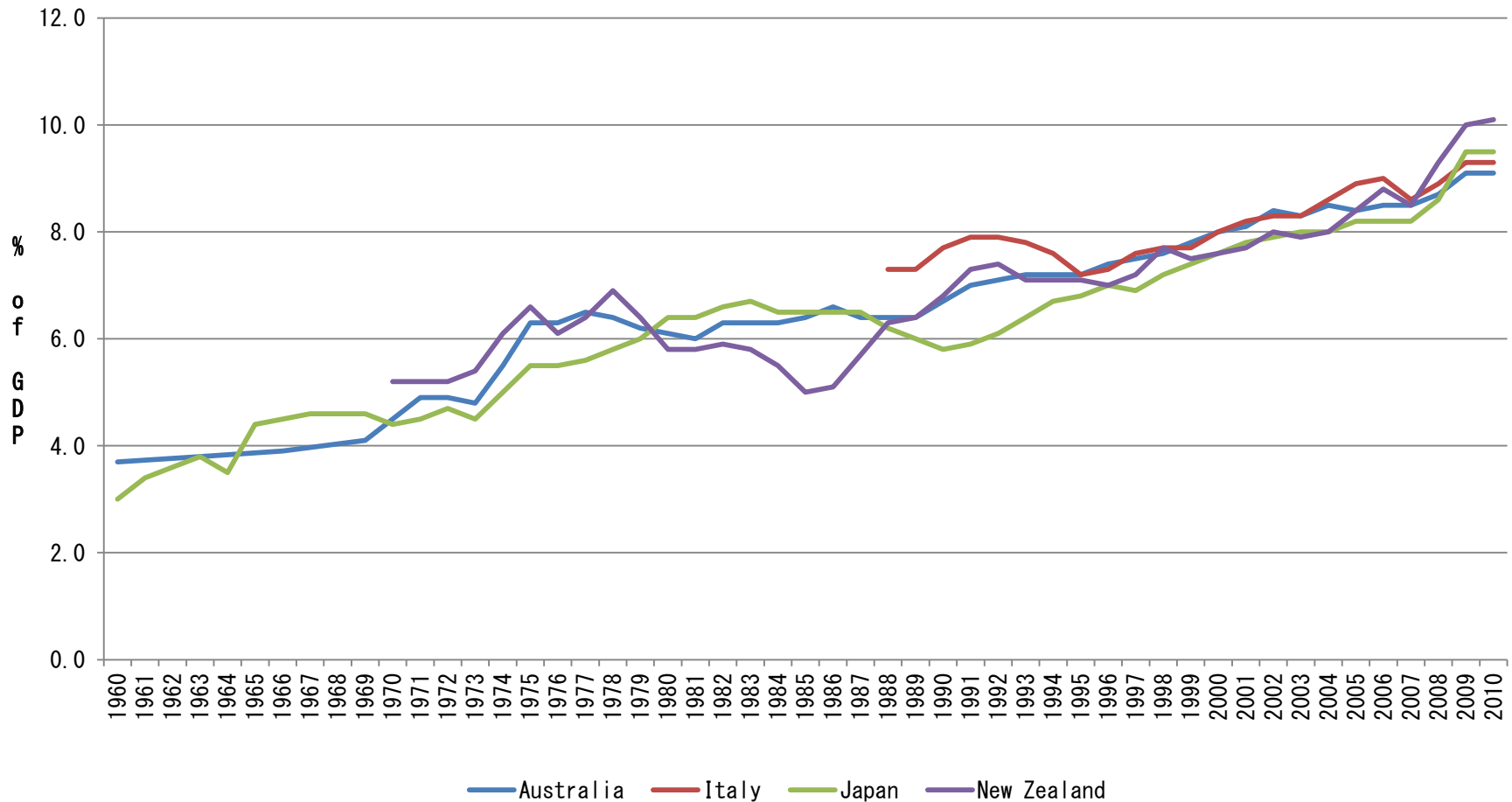


Source: OECD Health Data 2012



Health expenditure

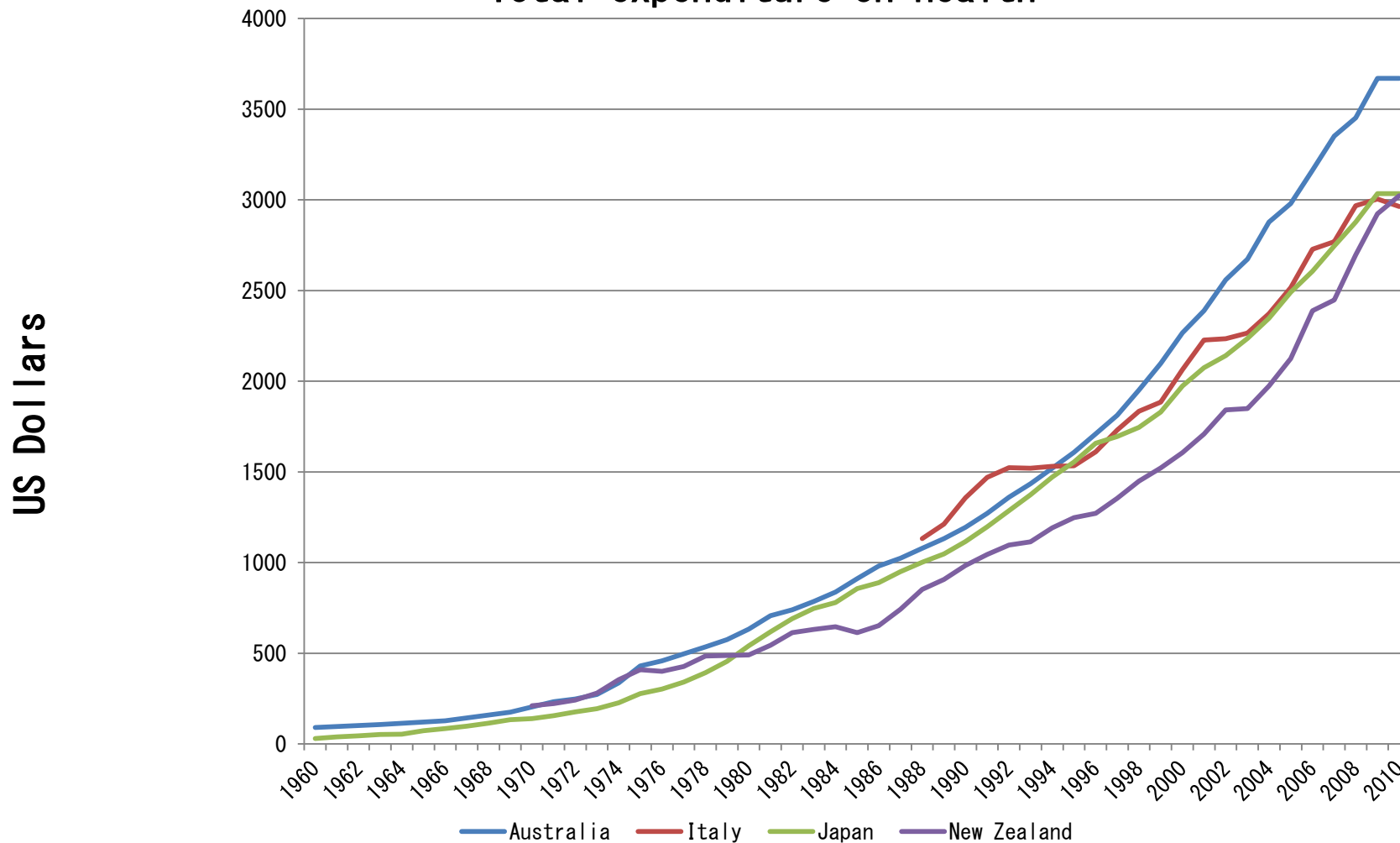
Total expenditure on health, % gross domestic product



Source: OECD Health Data 2012

Health expenditure

Total expenditure on health



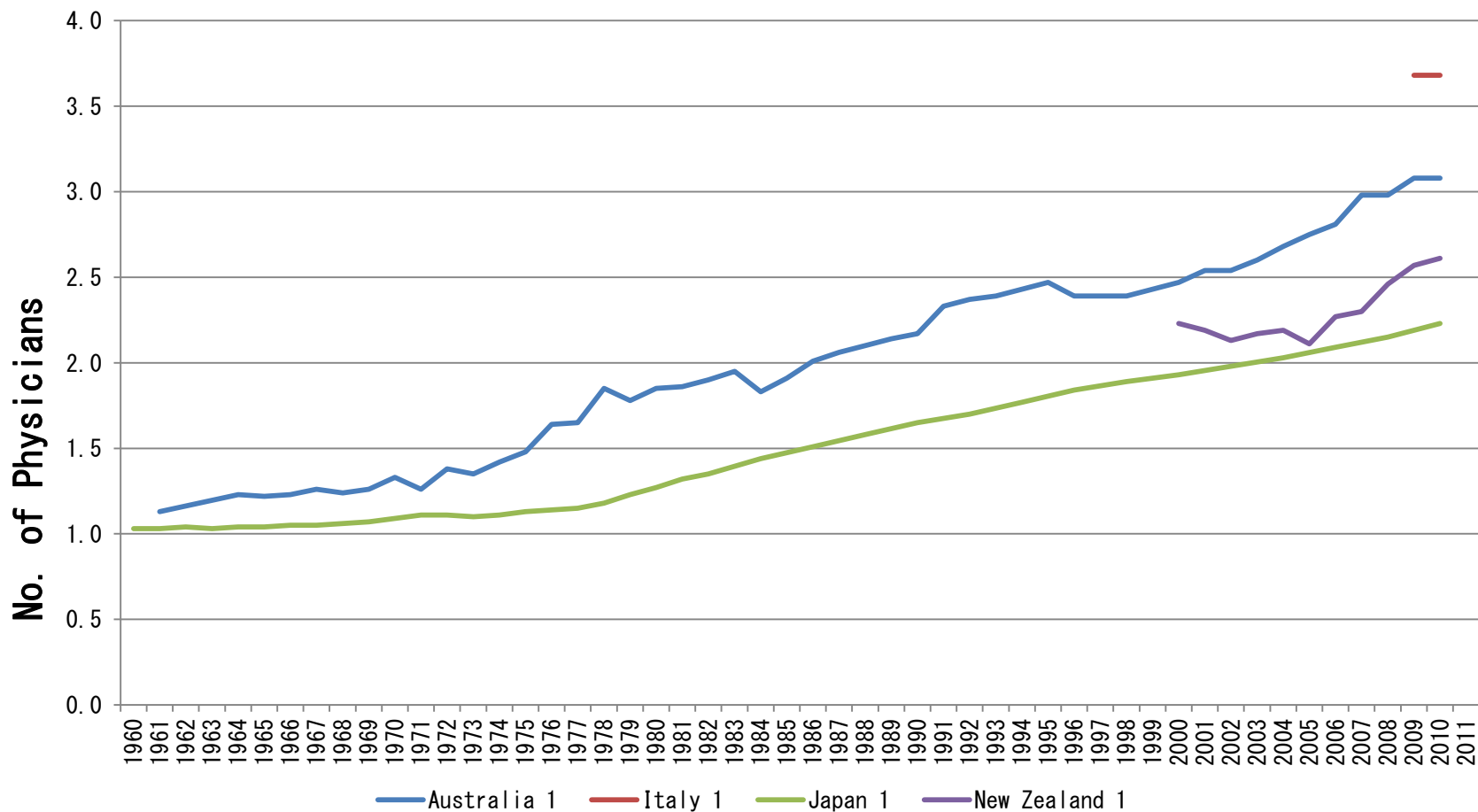
Source: OECD Health Data 2012



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Health care resources

Physicians, Density per 1 000 population



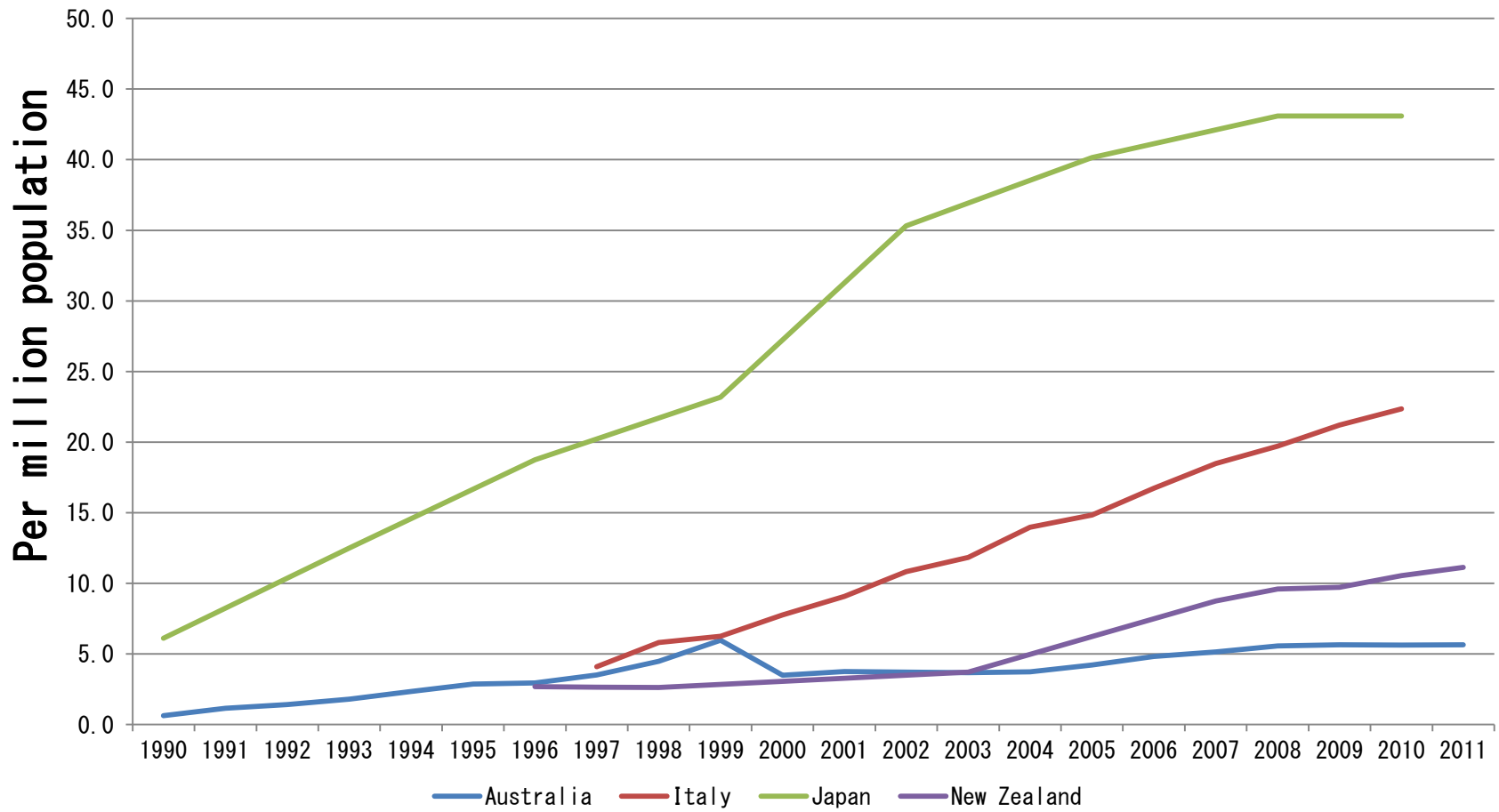
Source: OECD Health Data 2012



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Health care technology

Magnetic Resonance Imaging units



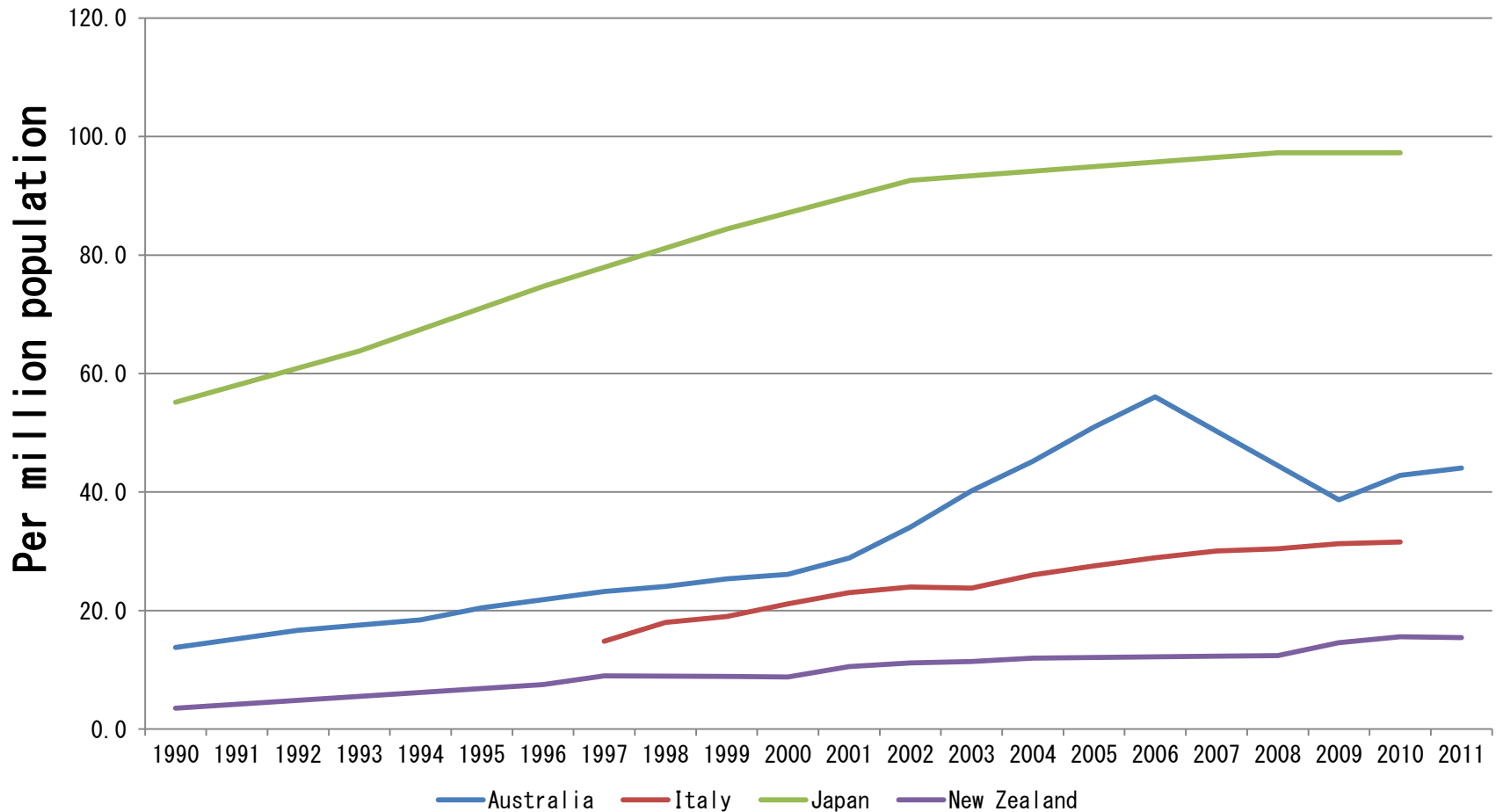
Source: OECD Health Data 2012



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Health care technology

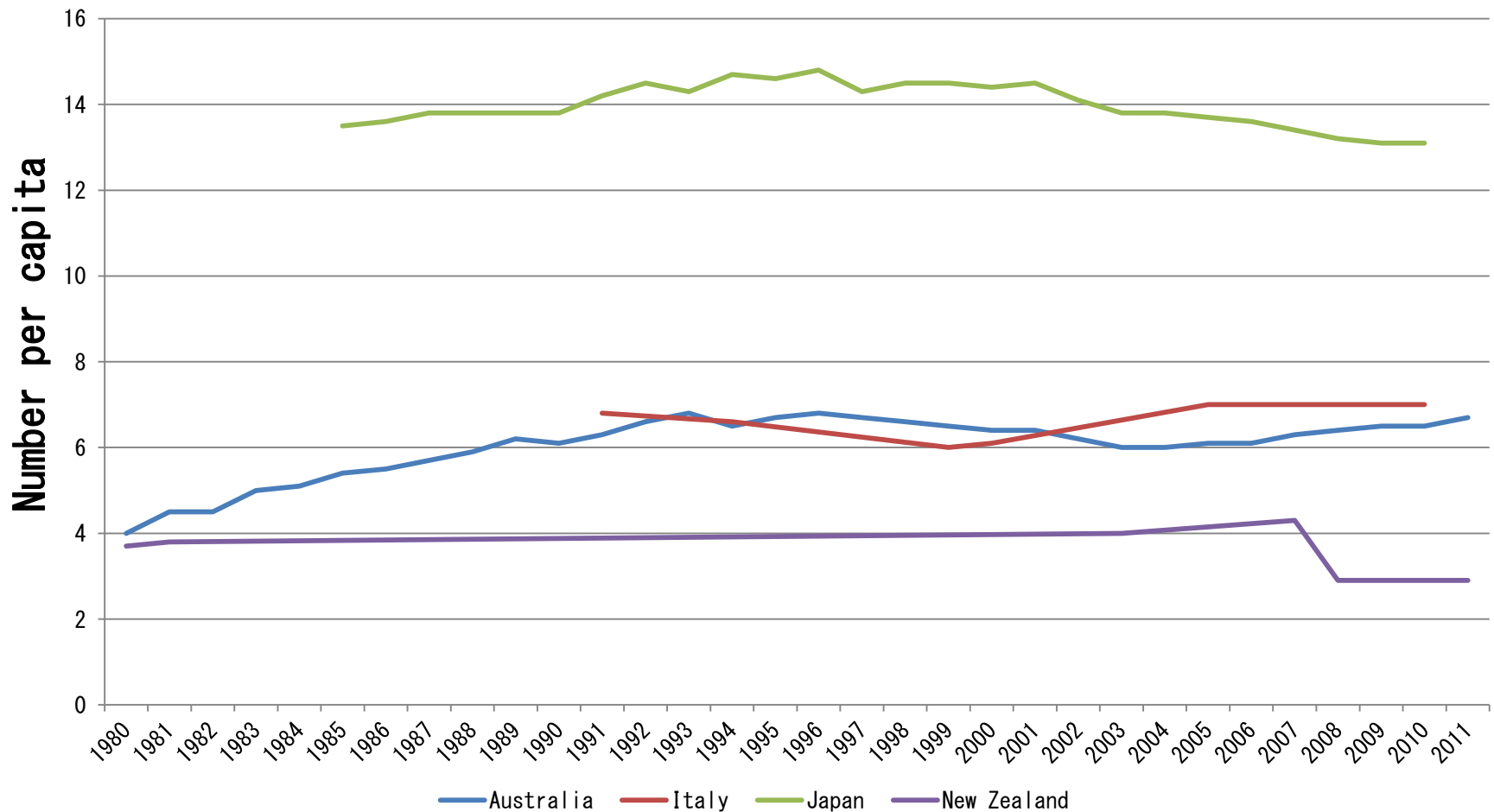
Computed Tomography scanners



Source: OECD Health Data 2012

Health care activities

Doctors' consultations (医師の診察)



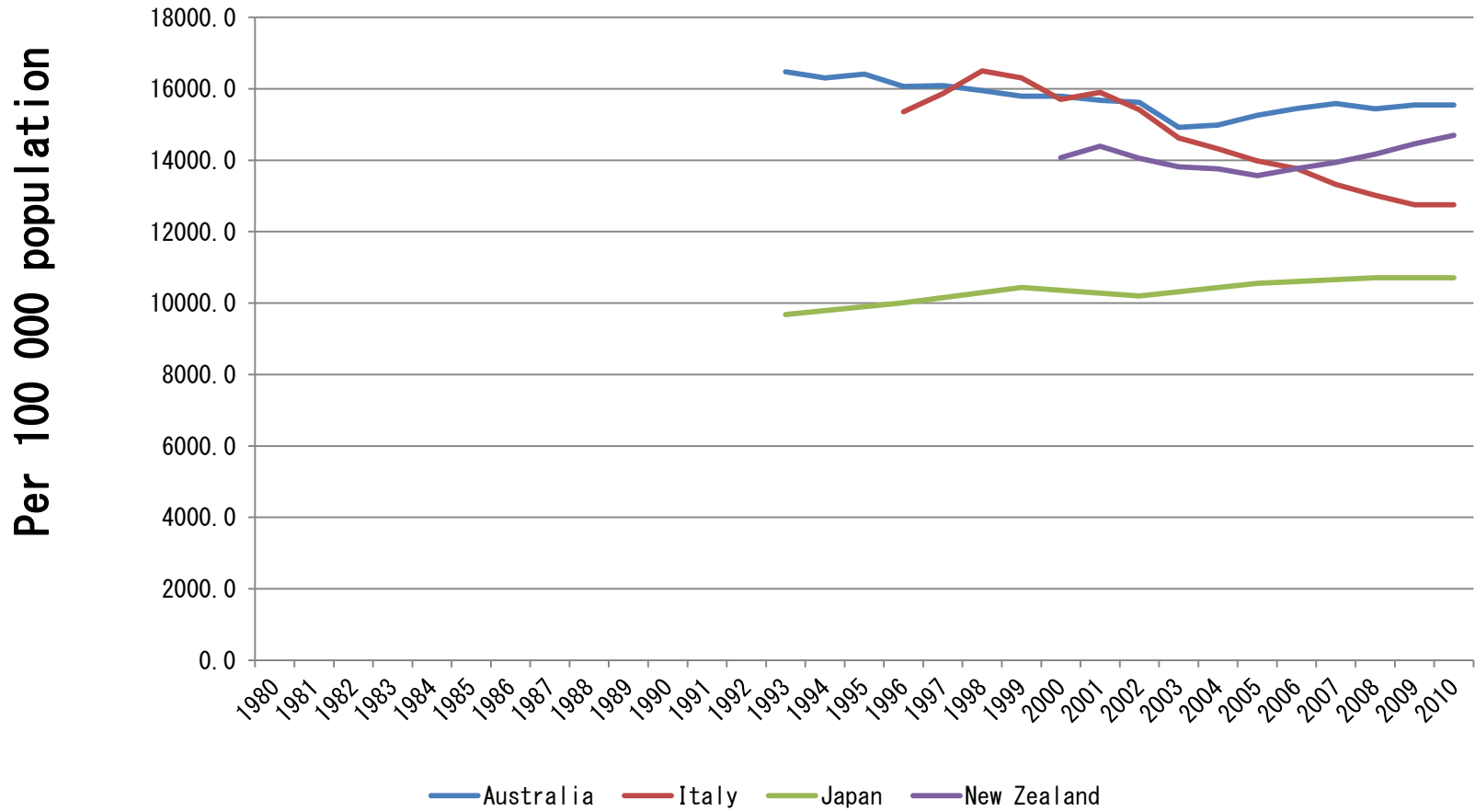
Source: OECD Health Data 2012



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Health care activities

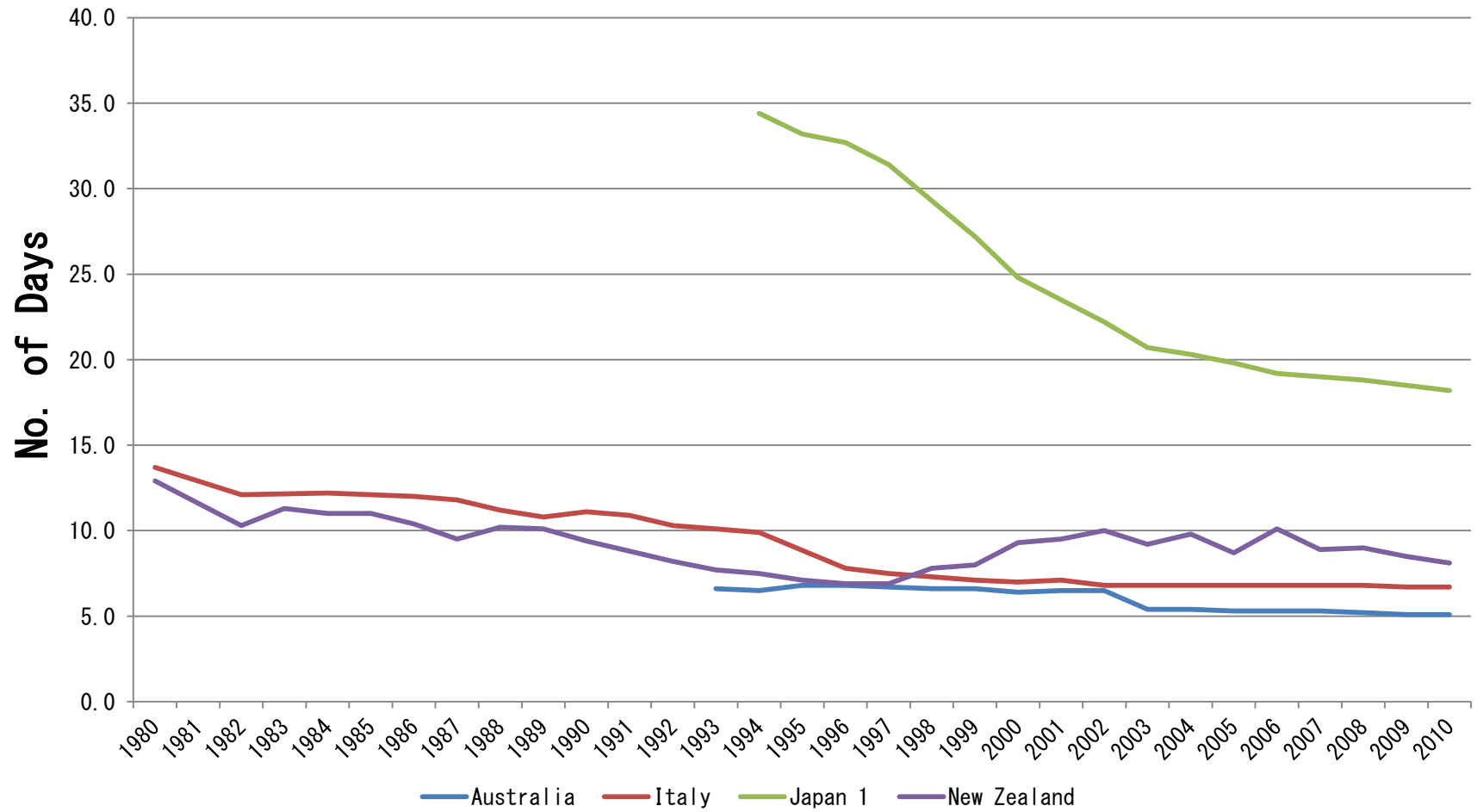
Discharge rates by diagnostic categories



Source: OECD Health Data 2012

Health care activities

Average length of stay



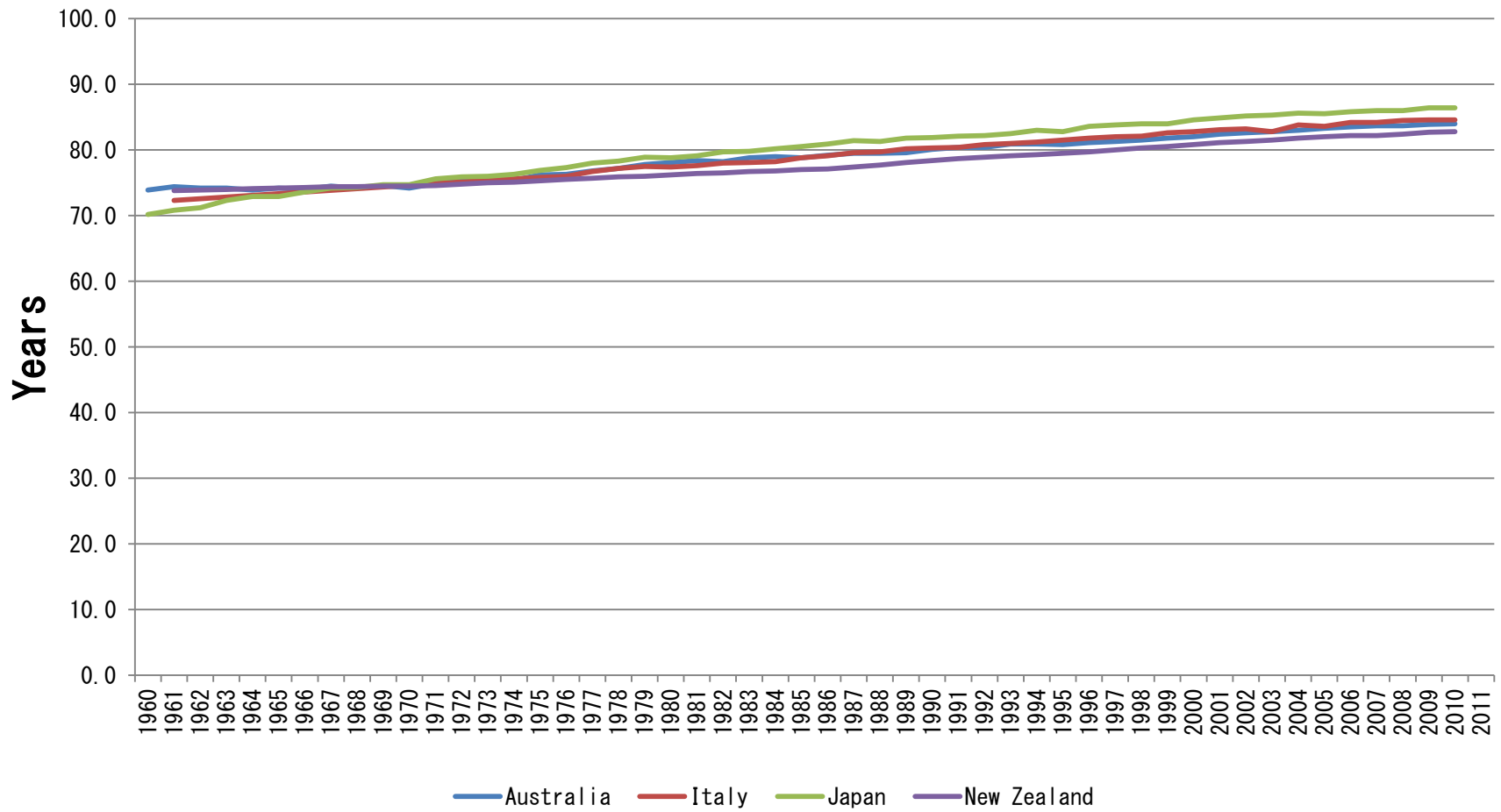
Source: OECD Health Data 2012



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Health status (mortality)

Life expectancy, Female



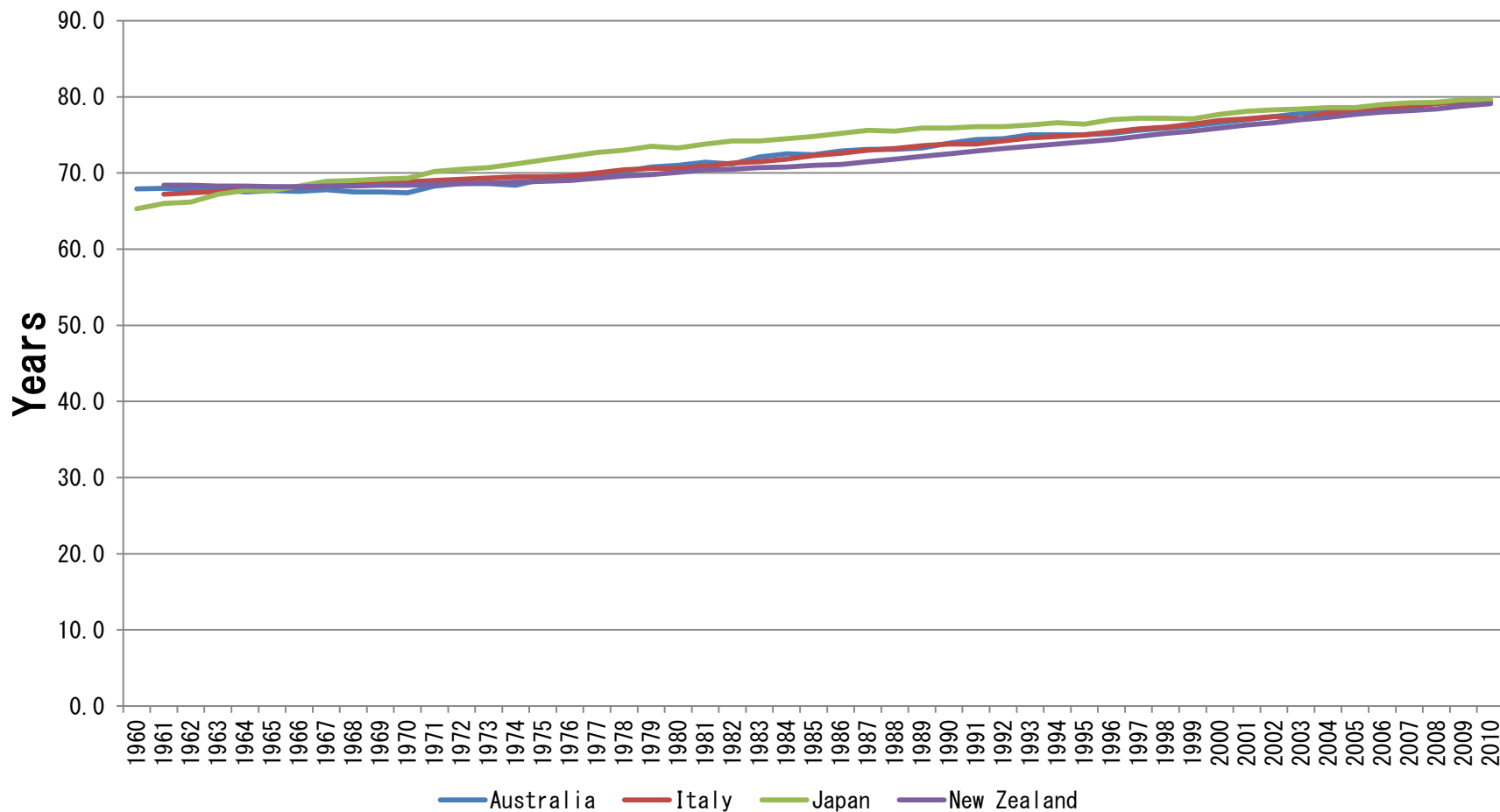
Source: OECD Health Data 2012



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Health status (mortality)

Life expectancy, Male



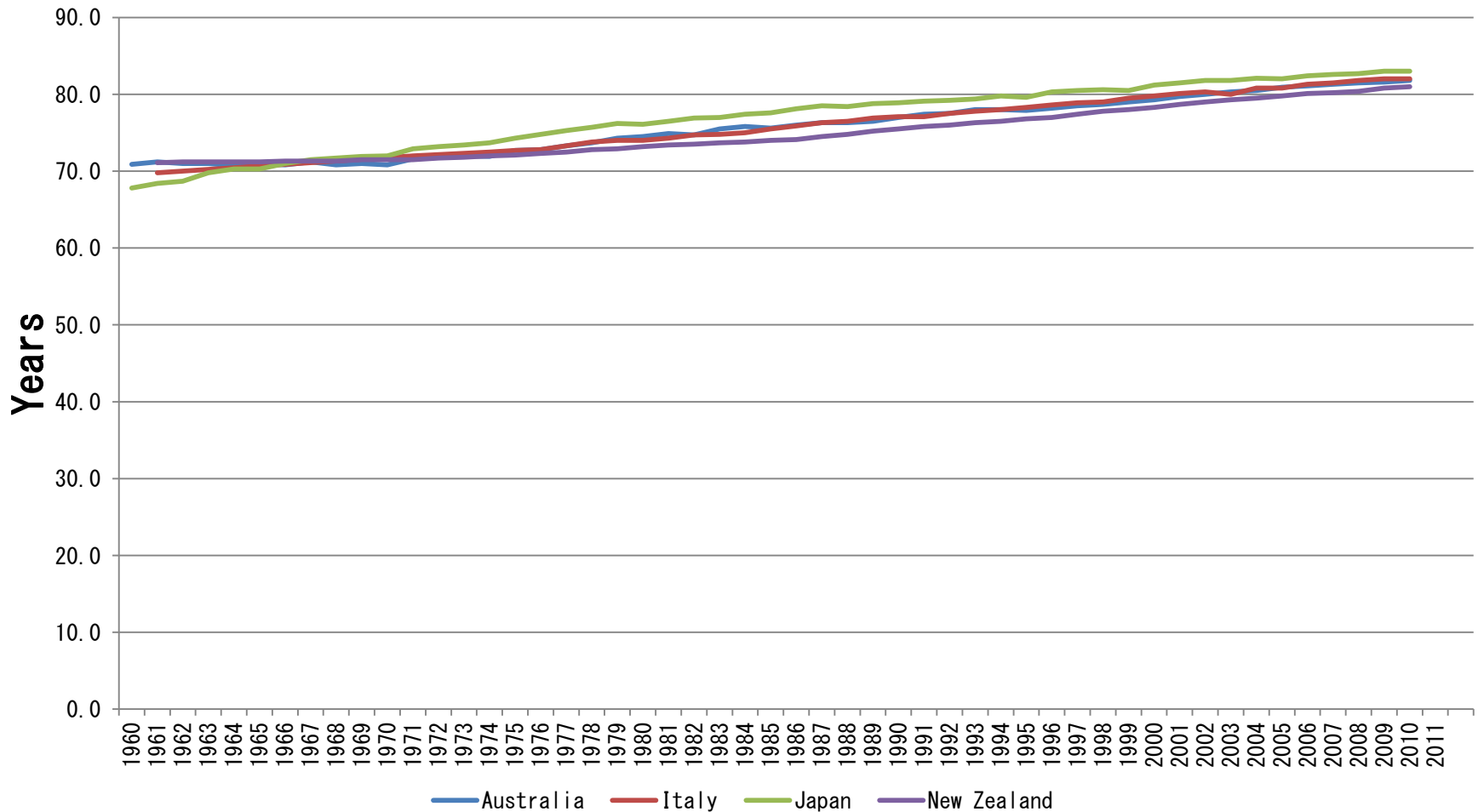
Source: OECD Health Data 2012



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Health status (mortality)

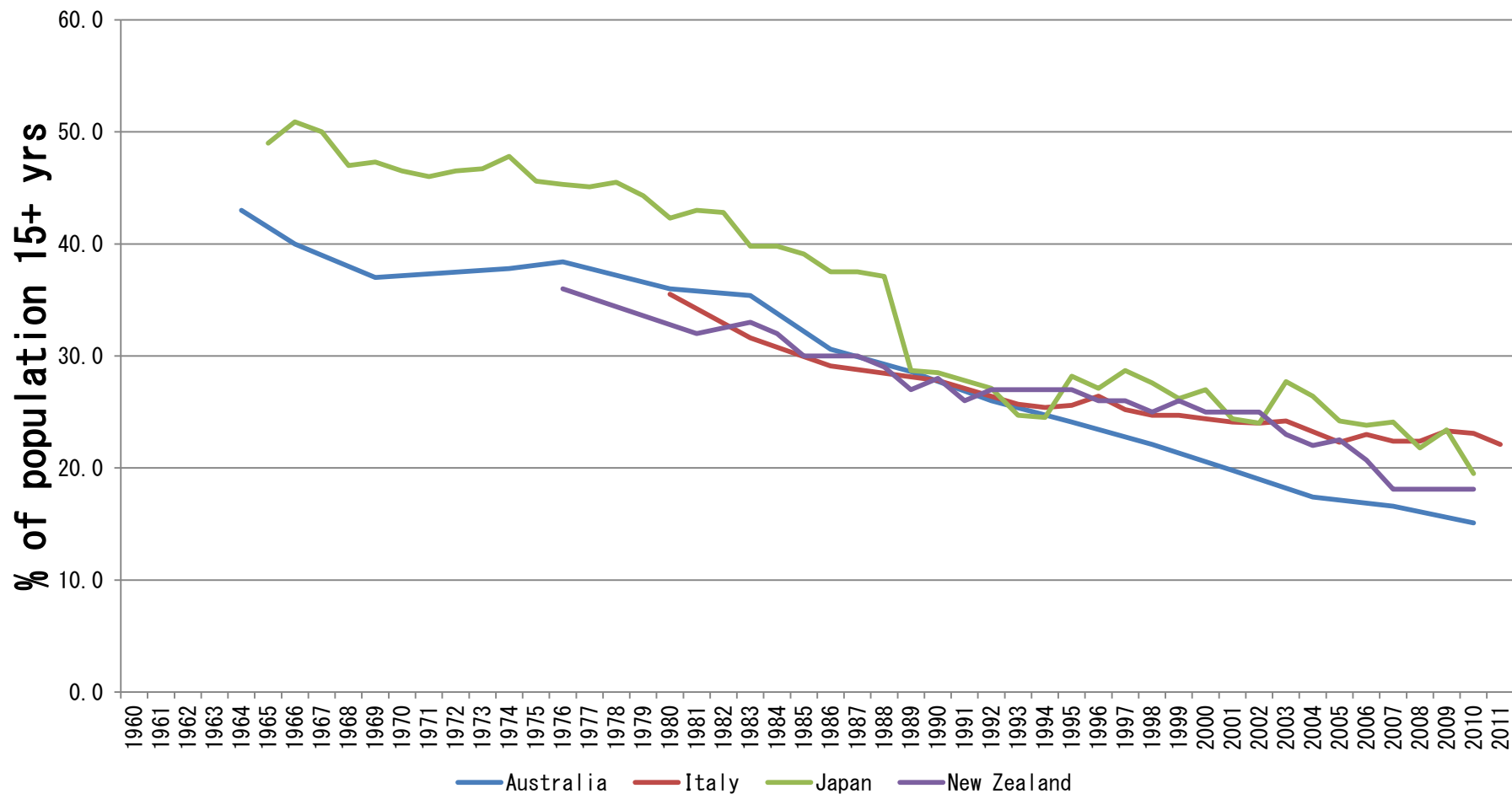
Life expectancy, Total population



Source: OECD Health Data 2012

Risk factors

Tobacco consumption (daily smokers)



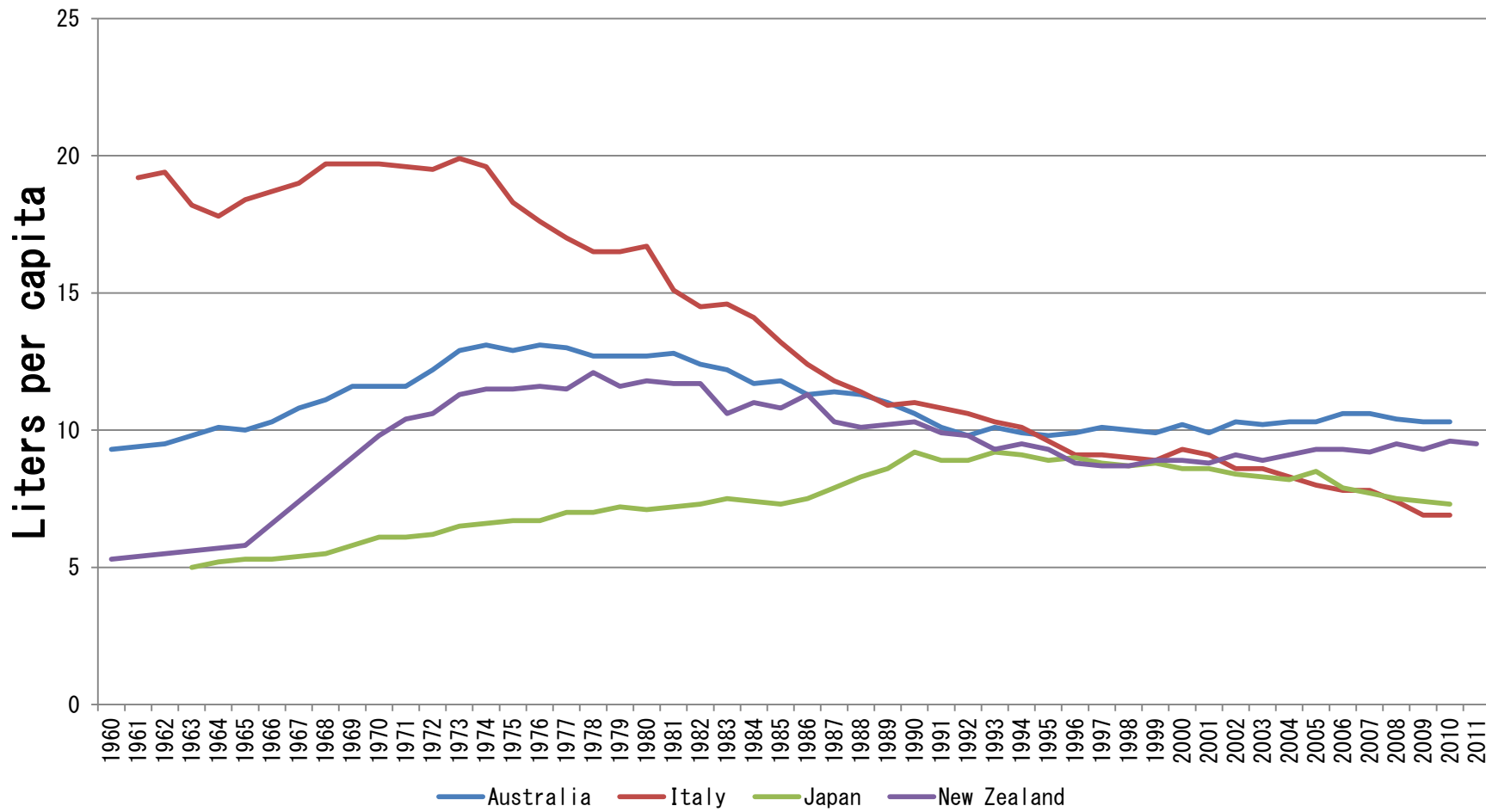
Source: OECD Health Data 2012



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Risk factors

Alcohol consumption (+15 yrs)



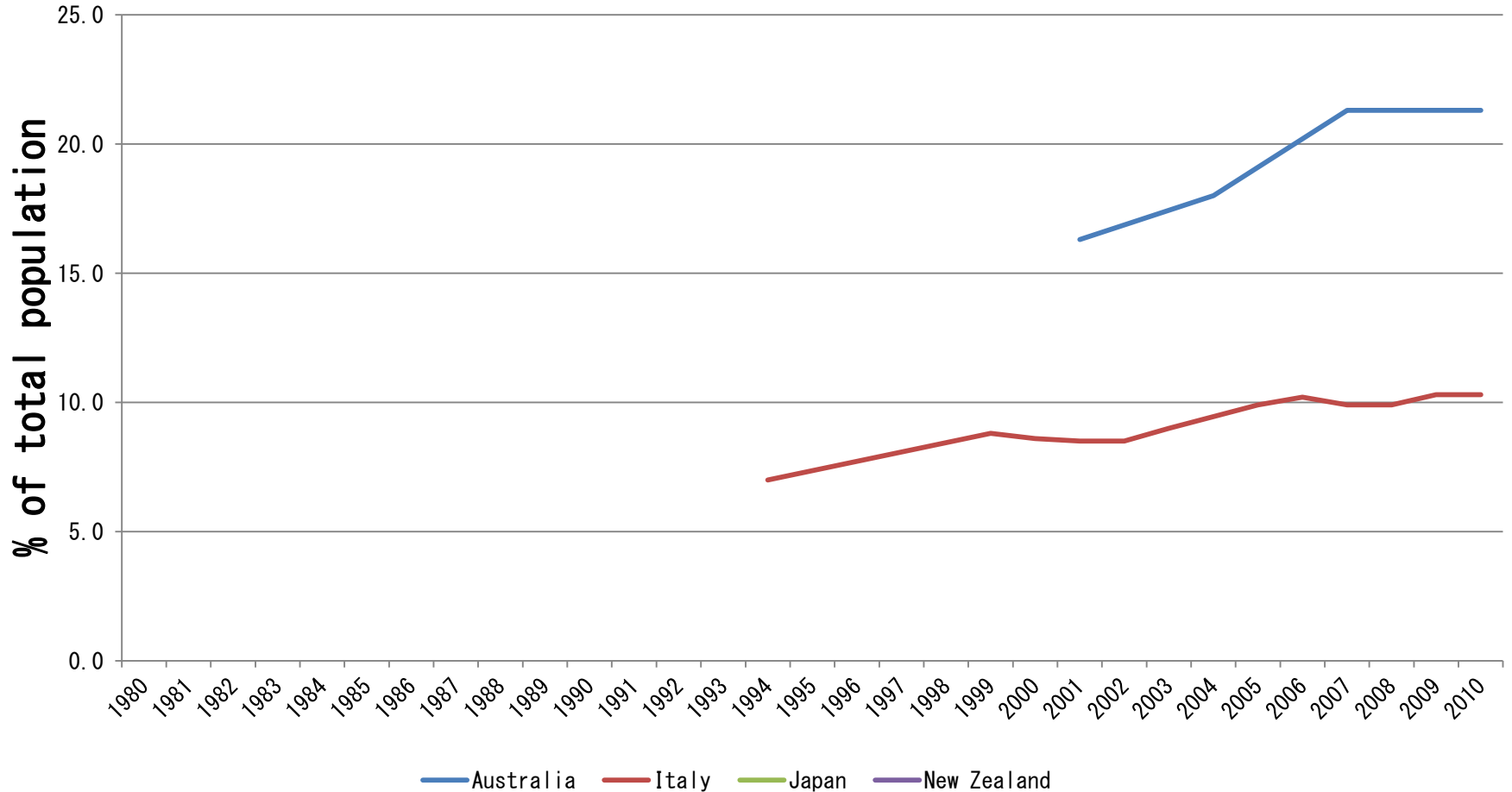
Source: OECD Health Data 2012



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Risk factors

Obese population, self reported >30kg



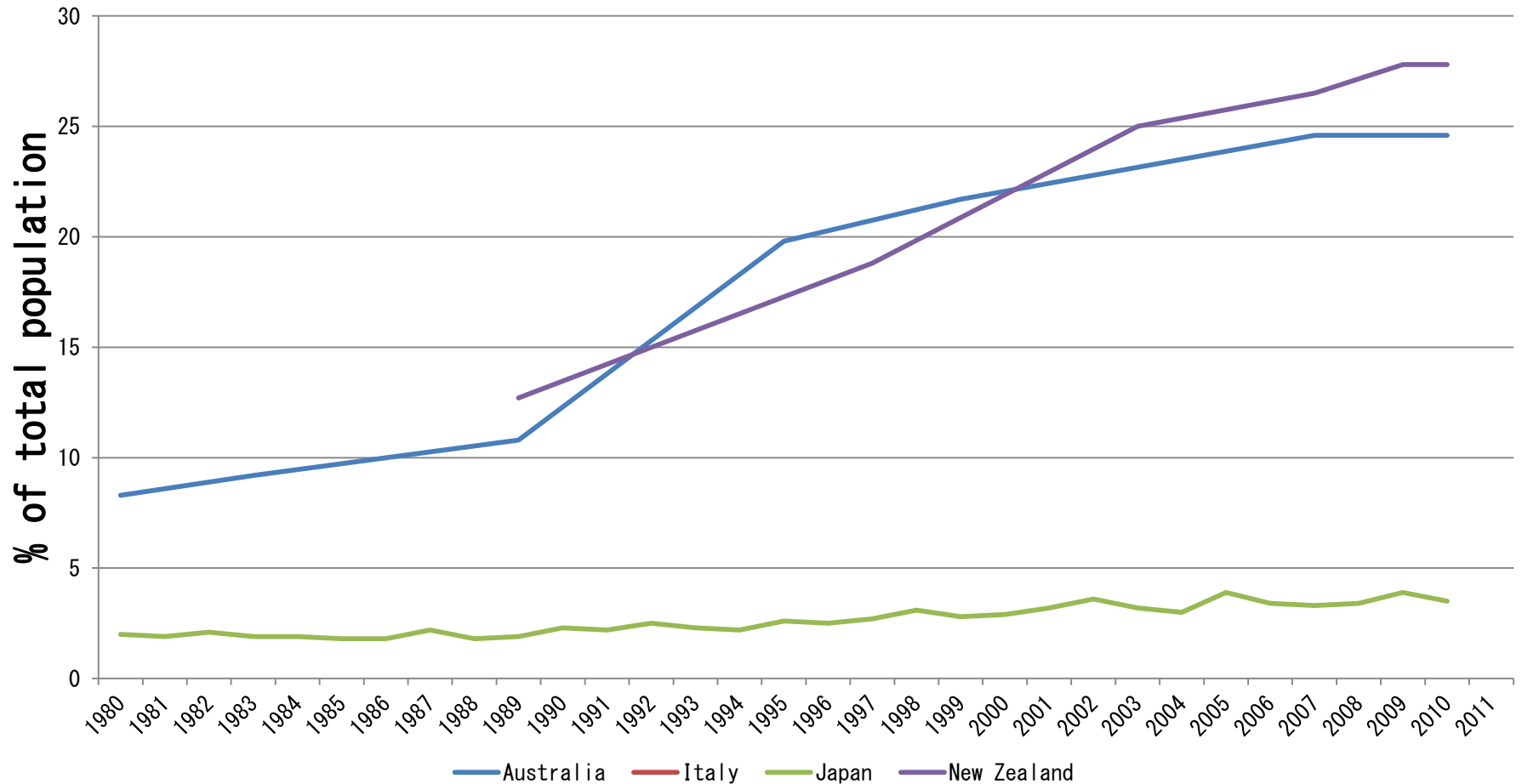
Source: OECD Health Data 2012



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Risk factors

Obese population, measured >30kg



Source: OECD Health Data 2012



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Part 2: Australia's national health reforms

A National Health and Hospitals Network for Australia's Future

オーストラリアの将来のための全国の医療と病院ネットワーク

A summary of and commentary on the Commonwealth's health reform plan to date

今日までの豪州医療改革プランの要点解説

Case for health reform

Fragmented health system

System under growing pressure:

- Large increases in demand for and expenditure on health care
- Unacceptable inequities in health outcomes and access to services
- Growing concerns about safety and quality
- Workforce shortages
- Inefficiency

医療改革が必要とされる実情

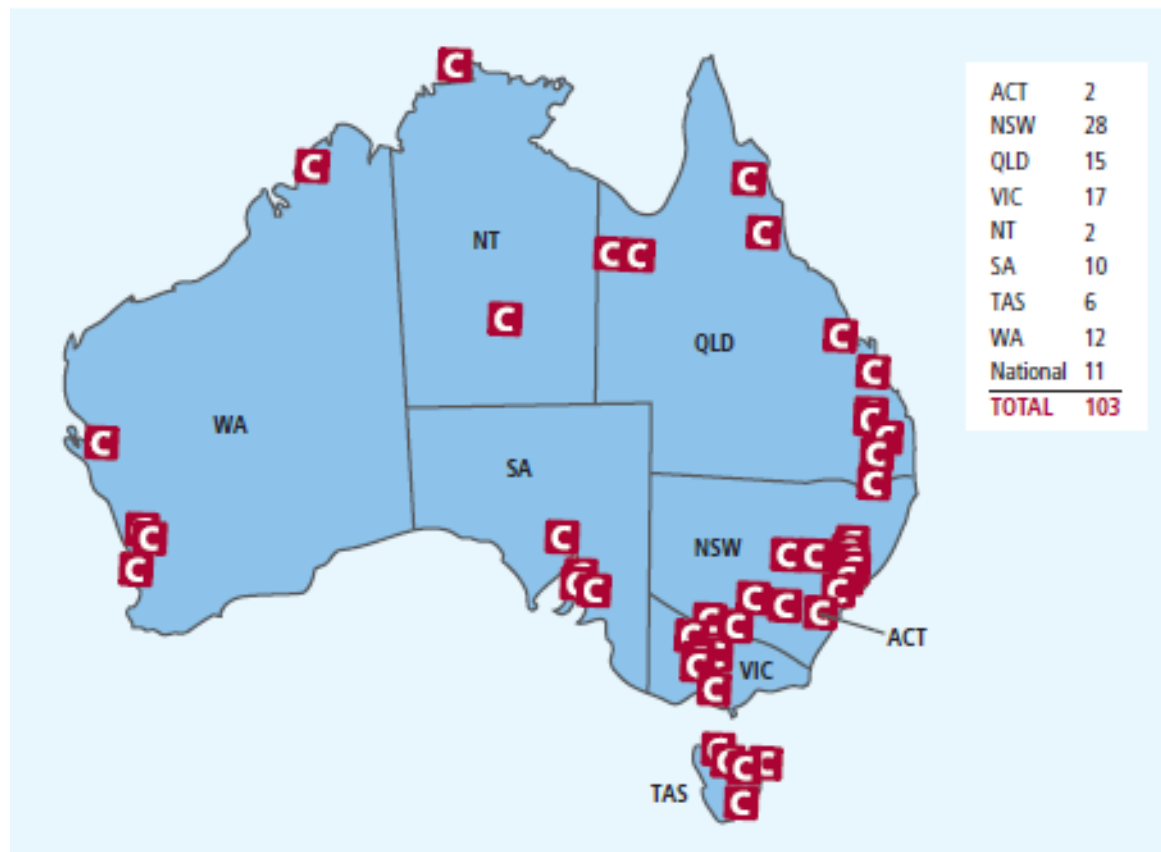
細かく分断された医療システム

増大するプレッシャーに晒されている医療システム:

- 医療ケアに対する急増するニーズと費用
- 医療のアウトカムと医療サービスに対するアクセスにおける許容し難い格差
- 安全と質に対する不安が増大
- 医療人材の不足
- 非効率

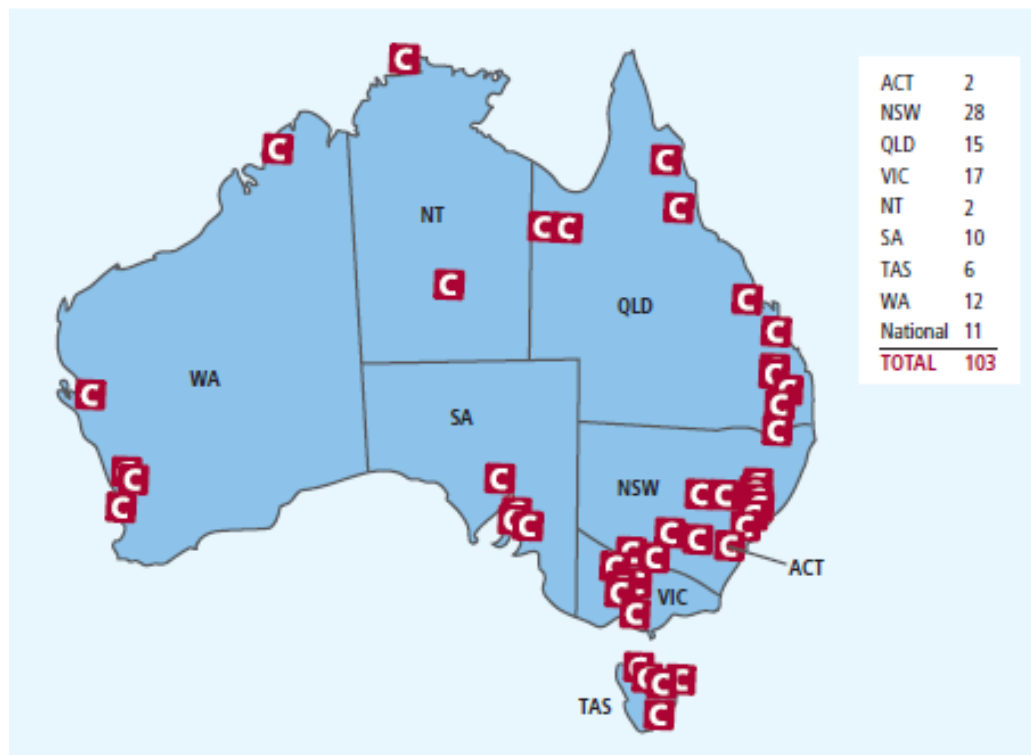
Consultation with health professionals within Australia

Figure 1: Locations of Government's health reform consultations



医療改革相談事務所の配置状況

Figure 1: Locations of Government's health reform consultations



< 訳注 >

オーストラリア政府は国民向けに医療改革の詳細を解説するためWEBサイトを開設

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/home>

National improvement, accountability and transparency

- Resolving local structural arrangements
- Reporting on systems performance
- Applying a nationally efficient price
- Monitoring national quality and safety standards
- Conducting workforce reform
- Supporting E-health

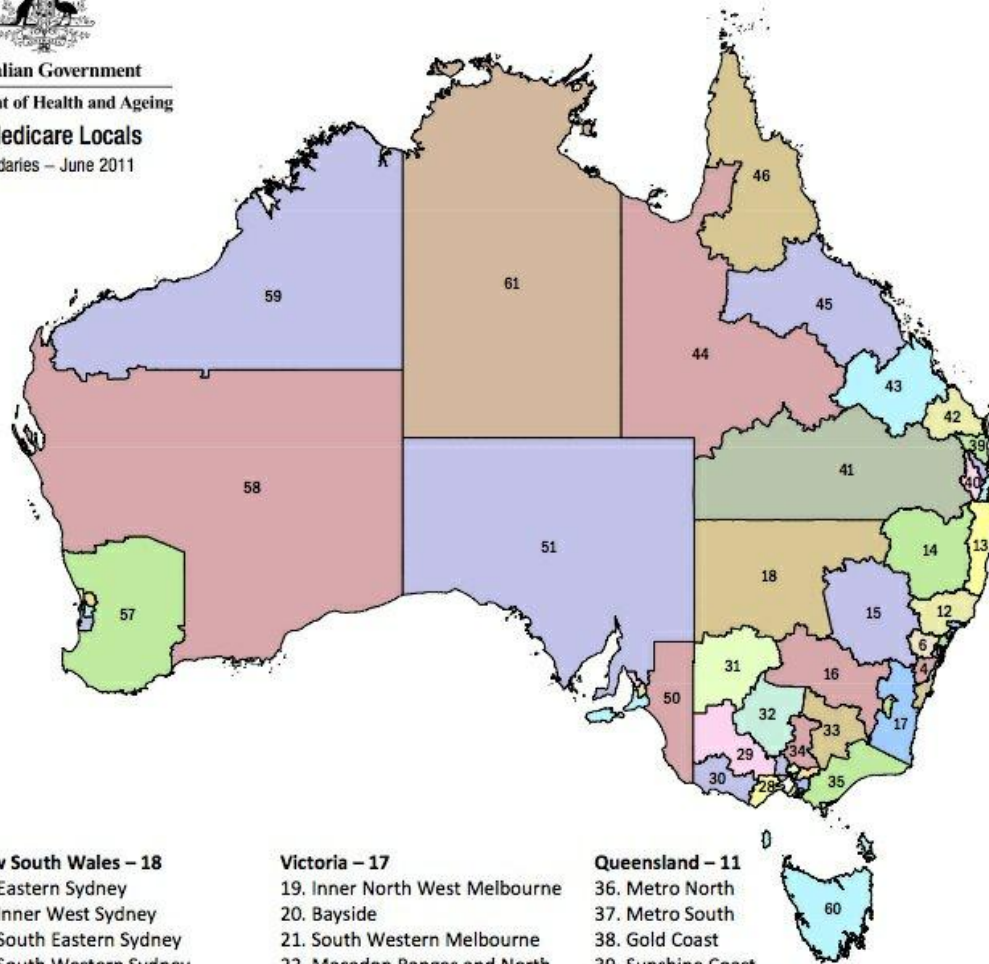
国全体の向上、説明責任、透明性

- 地域の実情に応じた調整を行う
- 医療システムのパフォーマンスを報告する
- 全国効率価格を適用する
- 国全体で医療の質と安全基準をモニター
- 医療人材の改革を実施する
- E-healthを支援する

Local structural arrangements: Medicare Locals



Australian Government
 Department of Health and Ageing
62 Medicare Locals
 Boundaries – June 2011



New South Wales – 18

1. Eastern Sydney
2. Inner West Sydney
3. South Eastern Sydney
4. South Western Sydney
5. Western Sydney
6. Nepean – Blue Mountains
7. Northern Sydney
8. North Eastern Sydney
9. Central Coast

Victoria – 17

19. Inner North West Melbourne
20. Bayside
21. South Western Melbourne
22. Macedon Ranges and North Western Melbourne
23. Northern Melbourne
24. Inner East Melbourne
25. Eastern Melbourne
26. South Eastern Melbourne

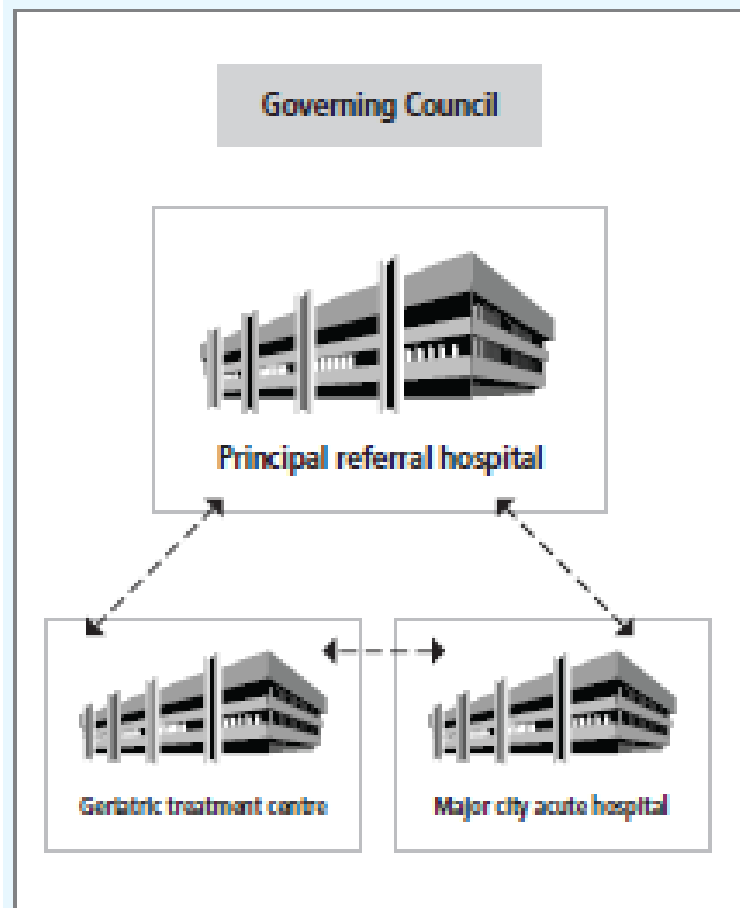
Queensland – 11

36. Metro North
37. Metro South
38. Gold Coast
39. Sunshine Coast
40. West Moreton – Oxley
41. Darling Downs – South West
42. Wide Bay
43. Central Queensland
44. Central and North West

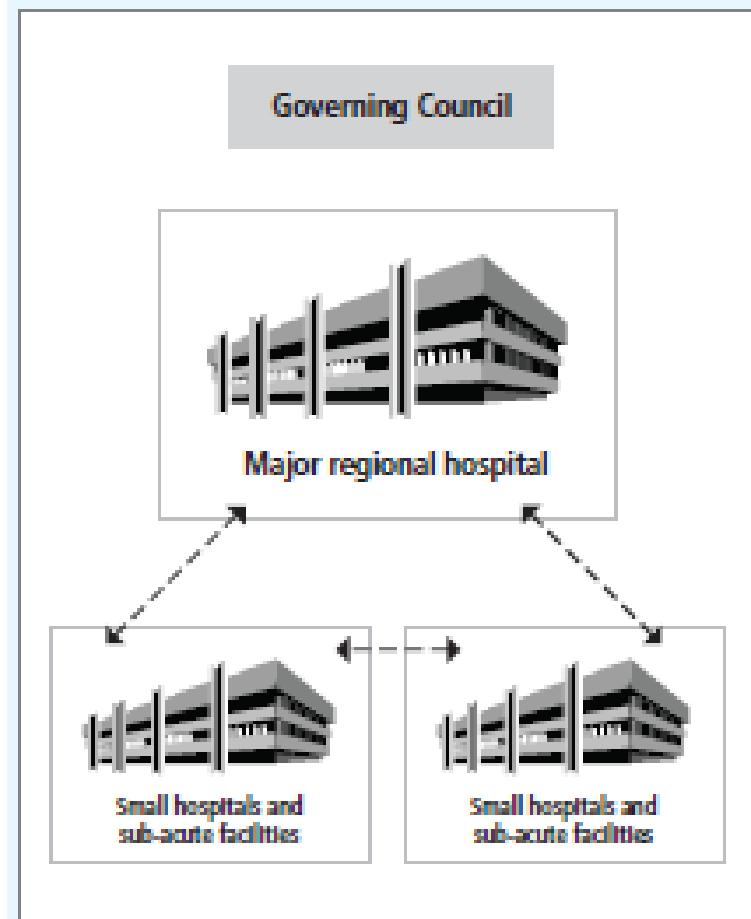


Local structural arrangements: Local Hospital Networks

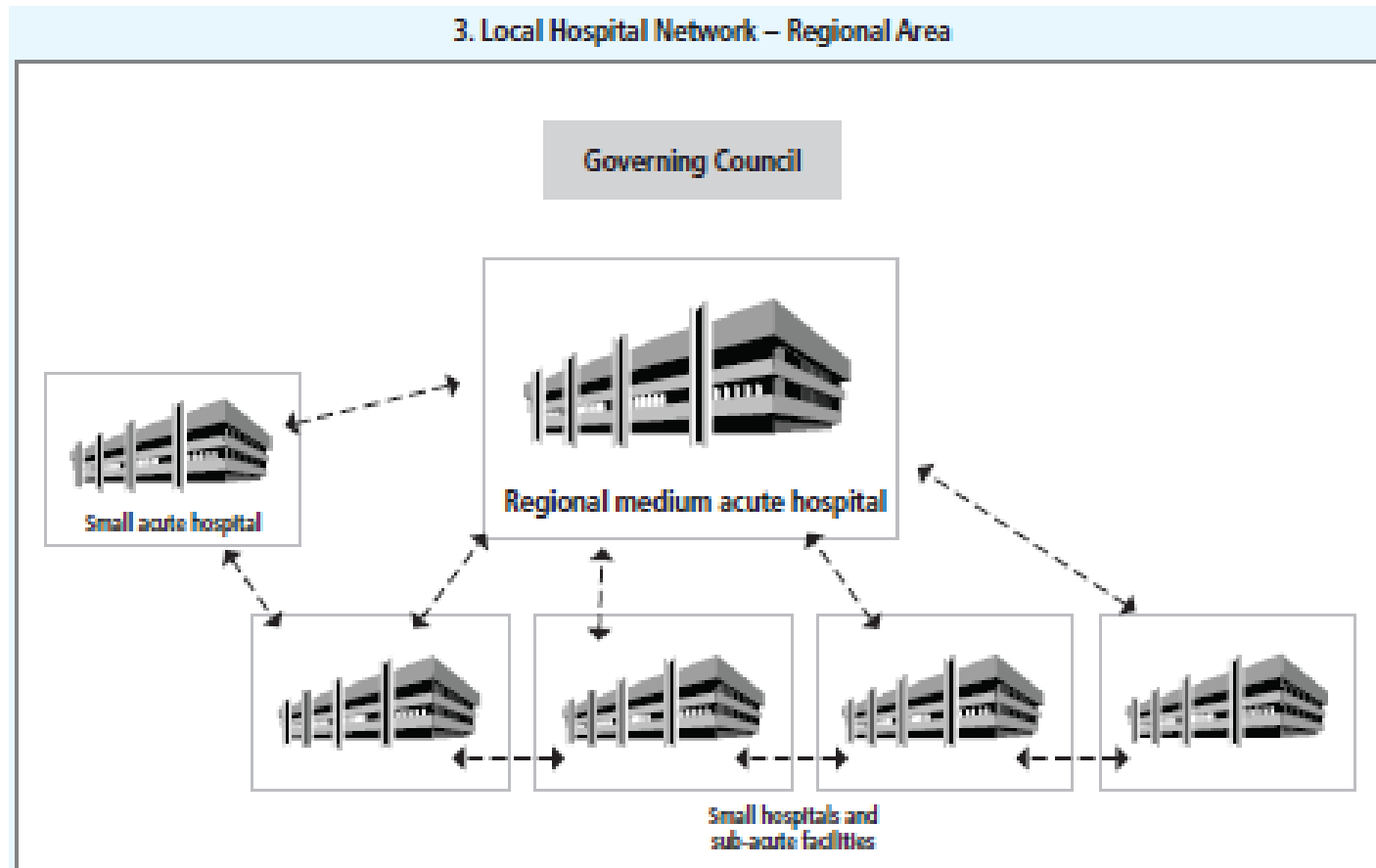
1. Local Hospital Network – City



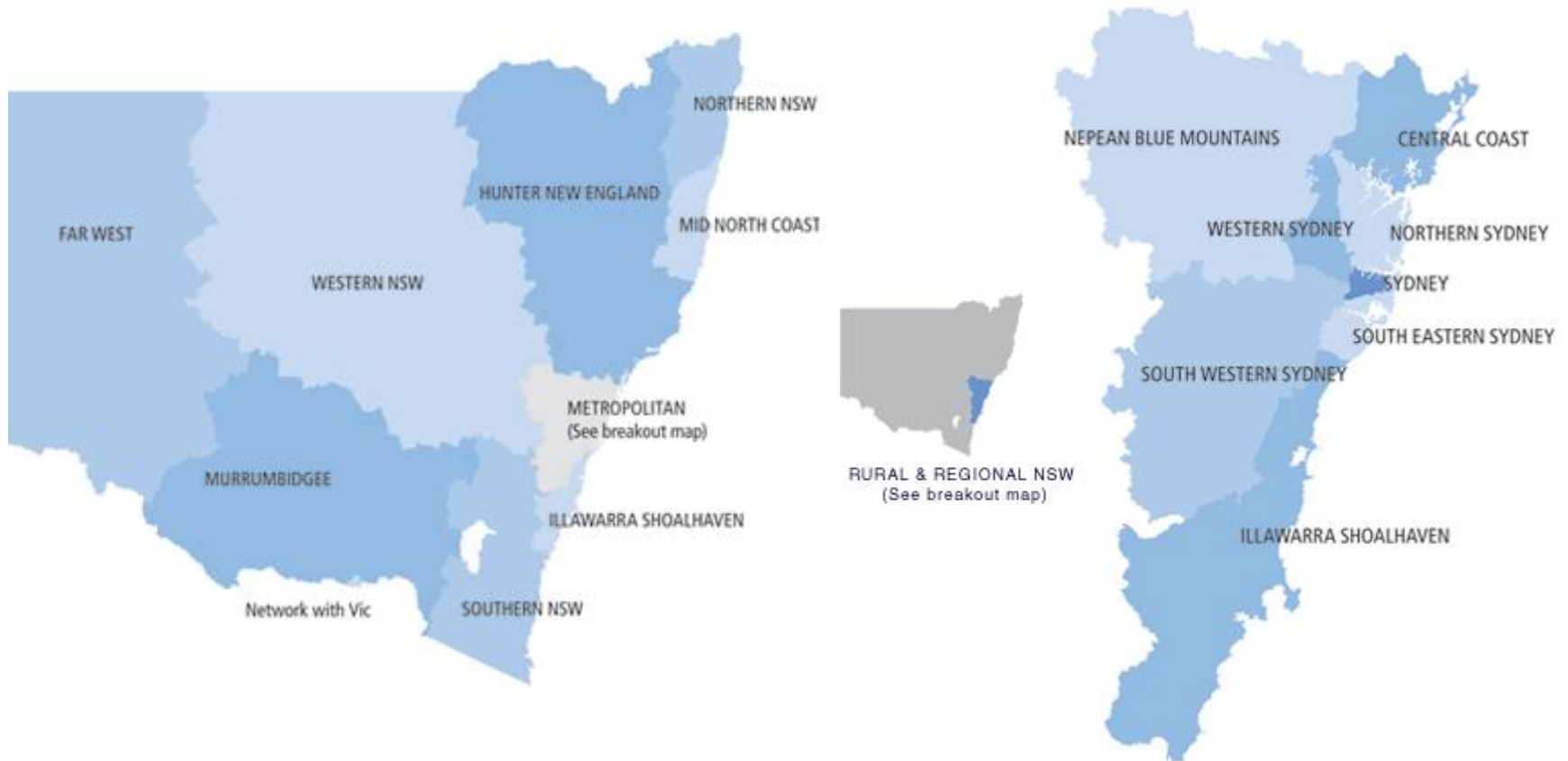
2. Local Hospital Network – Large Regional Centre



Local structural arrangements: Local Hospital Networks



Local structural arrangements: Local Hospital Districts in NSW



Systems performance

- National Health Performance Authority
- Function – to monitor and report on the performance of:
 - Local hospital networks
 - Public hospitals
 - Private hospitals
 - Primary health care organisations
 - Other health care providers

医療システムのパフォーマンス評価の仕組み

- National Health Performance Authority

＜訳注＞

NHPAは国民に地域医療サービスのパフォーマンス評価情報を提供する機関

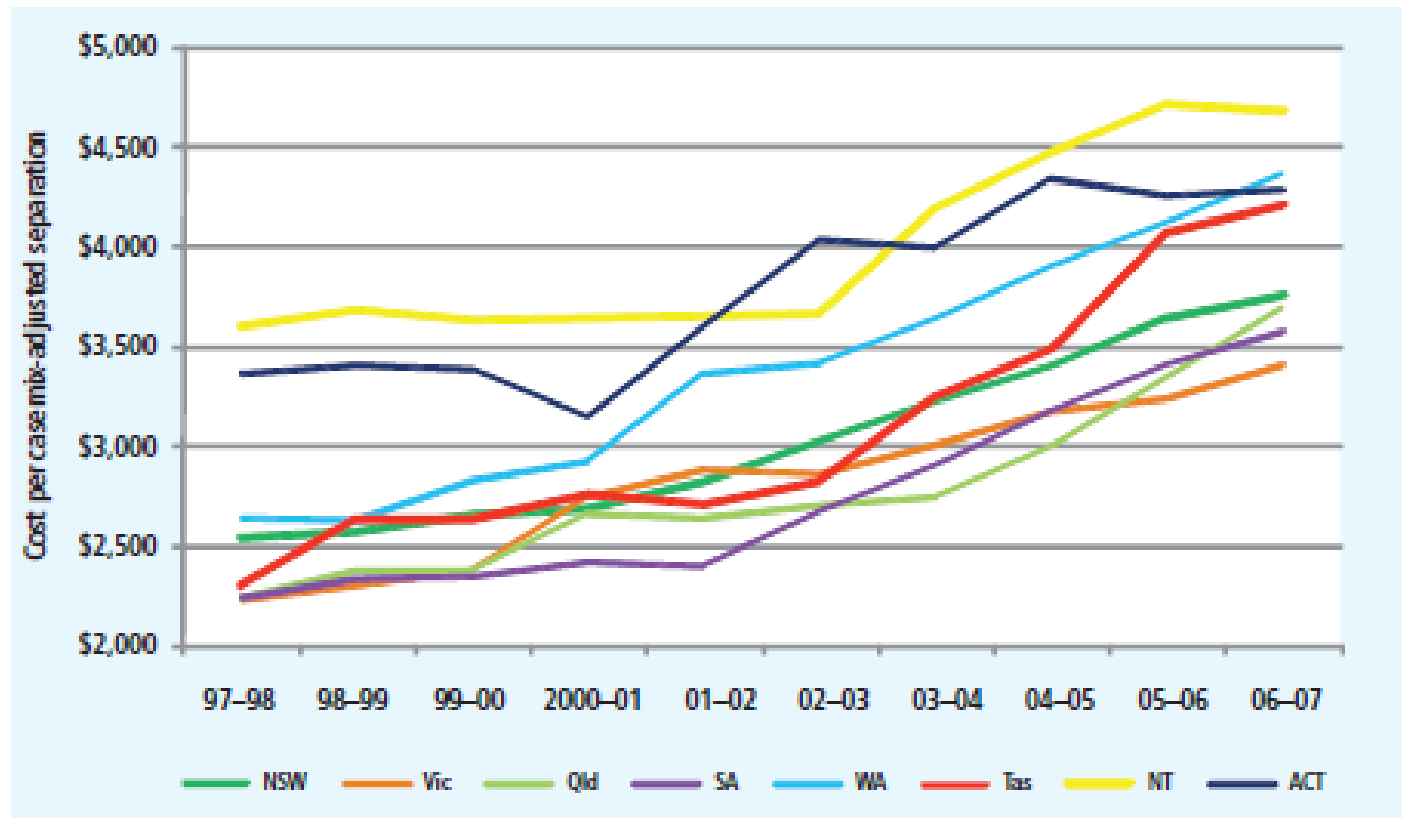
<http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/home-1>

- 機能 – 次の医療提供者のパフォーマンスをモニターして報告:

- 地域病院ネットワーク
- 公立病院
- 民間病院
- プライマリーケア提供事業者
- その他の医療提供事業者

The efficiency of public hospitals varies considerably between states

Figure 12: Recurrent cost for each hospital admission

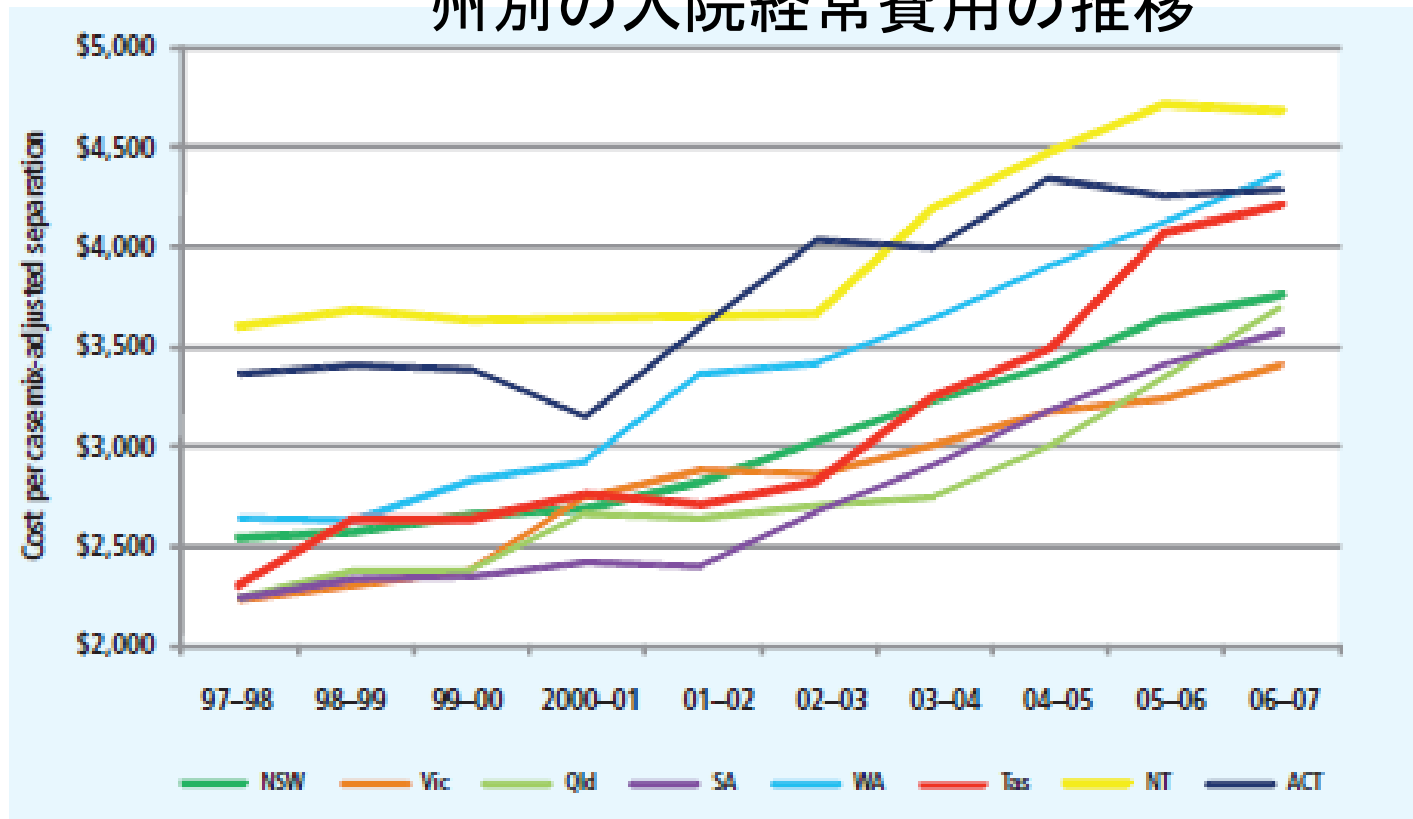


Source:
National
Hospital Cost
Data
Collection,
2009.

公立病院の効率は州間の格差が大きい

Figure 12: Recurrent cost for each hospital admission

州別の入院経常費用の推移



Source:
National
Hospital Cost
Data
Collection,
2009.

National efficient price

- Independent Hospital Pricing Authority
- National efficient price for public hospital services [\$4,808 in 2012-2013]:
 - Acute inpatients
 - Emergency department services
 - Outpatient services
 - With adjustments for indigenous patients, remote residents, paediatric hospitals, ICU
 - Next: sub-acute and mental health services

全国効率価格

- 独立病院価格局 (IHPA)

＜訳注＞

IHPAは2011年全国医療改革法により設置された機関

<http://www.ihoa.gov.au/internet/ihoa/publishing.nsf>

- 公立病院サービスの全国効率価格

2012年 – 2013年の期間 4,808ドル

- 急性期患者
- 救急部門サービス
- 外来サービス
- 原住民患者、遠隔地居住者、小児病院、ICUのための調整
- 今後検討: 亜急性期と精神科の医療サービス

Australian Commission on Safety and Quality in Health Care

- Improvement strategies within States and Territories and private health care e.g. IT systems, quality and safety programs and in consumer engagement



医療の安全と質に関するオーストラリア委員会

< 訳注 >

ACSQHCは2006年に設置された政府機関

<http://www.safetyandquality.gov.au/>

州・準州及び民間医療における向上戦略

例としてITシステム、質と安全のプログラム、消費者の参加



Australian Commission on Safety and Quality in Health Care

Ten new health care standards:

1. Governance for safety and quality in health service organisations
2. Partnering with consumers
3. Preventing and controlling healthcare associated infections
4. Medication safety

医療の安全と質に関するオーストラリア委員会

10の新しい医療基準

1. 医療事業者の安全と質のためのガバナンス
2. 消費者との協力関係
3. 医療を原因とする感染の予防とコントロール
4. 投薬の安全

Continued.....

5. Patient identification and procedure matching
6. Clinical handover
7. Blood and blood products
8. Preventing and managing pressure injuries
9. Recognising and responding to clinical deterioration in acute health care
10. Preventing falls and harm from falls

続き.....

5. 患者の特定と治療のマッチング
6. 臨床の引き継ぎ
7. 血液と血液製剤
8. 圧力障害の予防と管理
9. 急性期医療の臨床上の悪化の把握と対応
10. 病床からの転落とそれによる傷害の防止

Health Workforce Australia

- Improve health workforce capacity, efficiency and productivity
- Plan for the workforce of 2025
- Five domains of activity:
 - Workforce reform
 - Skills development
 - Leadership
 - Planning
 - Policy, funding, legislation

Health Workforce Australia

<訳注>

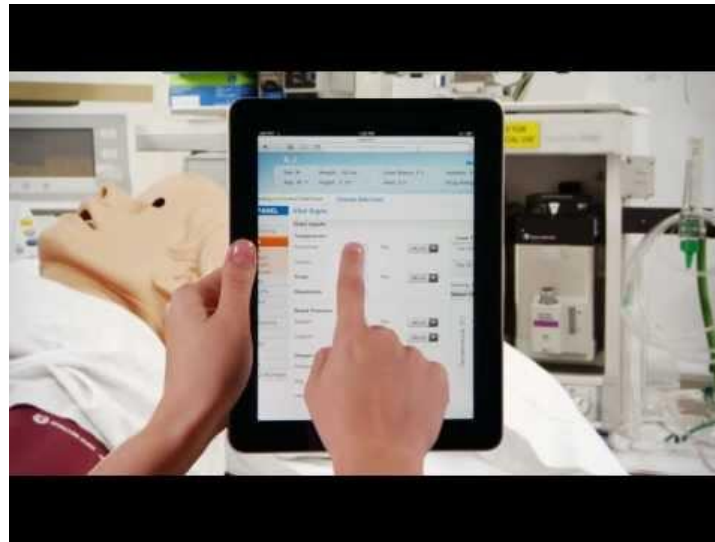
HWAは2008年に設置された政府機関

<https://www.hwa.gov.au/>

- 医療人材の能力、効率性、生産性を向上させる
- 2025年に向けた医療人材計画
- 5つの活動領域
 - 医療人材改革
 - スキルの開発
 - リーダーシップ
 - 計画作成
 - 政策、財源確保、法規制立案

National E-Health Transition Authority

- The Commonwealth has initiated the Personally Controlled Electronic Health Record [PCEHR]



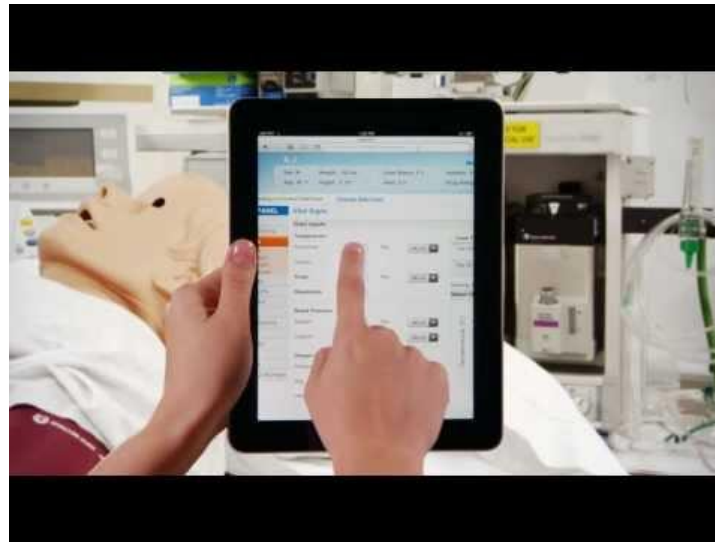
全国 E-Health 移行局 (NEHTA)

<訳注>

NEHTAは2008年に設置された政府機関

<http://www.nehta.gov.au/>

- 国が個人がコントロールする電子診療録 (PCEHR) に取り組んでいる



Part 3 : Commentary

- Reform is a difficult *political* and *policy* journey
- Progress has been made:
 - Independent Hospital Pricing Authority
 - National Health Performance Authority
 - Australian Commission on Safety and Quality in Health Care
 - Health Workforce Australia
 - National E-Health Transition Authority

解説

- 改革は困難な政治的な政策の旅である
- 進歩はしている:
 - Independent Hospital Pricing Authority
 - National Health Performance Authority
 - Australian Commission on Safety and Quality in Health Care
 - Health Workforce Australia
 - National E-Health Transition Authority

Selected references

1. Braithwaite, J. and Goulston, K. (2004) Turning the health system 90 degrees down under, *The Lancet*, 364 (9432), 397-399
[<http://www.thelancet.com/journals/lancet/section?volume=364&issue=9432§ion=Comment>].
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