

Menzies Centre for  
**Health  
Policy**



# Scorecard on Government Health Commitments

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# Foreword

While the Rudd Government has delivered on quite a few of its pre-election commitments, obesity and dental health are two of the stand-out issues yet to be addressed in any depth.

Australia is one of the most overweight countries and both childhood and adult obesity are on the rise. Let's not forget the range of worrying co-morbidities associated with overweight and obesity, including diabetes and heart disease, and the social, economic and health costs of these largely preventable conditions. Dental disease also worsens these chronic conditions and the National Health and Hospitals Reform Commission (NHHRC), in its interim report 'A healthier future for all Australians', estimates that there were 50,000 avoidable hospital admissions arising from preventable dental conditions in 2004–05.

There has been some progress in tackling these issues. In late 2007 the Minister for Health, the Hon Nicola Roxon MP, attended a summit aimed at tackling childhood obesity in Australia, and outlined the new government's commitment to making obesity prevention a National Health Priority Area. In addition, obesity was identified as a key issue at the '2020 Summit'. On dental health, while the NHHRC supports the principle that dentistry should be included in Medicare, the Government has failed to gain the support needed in the Senate to pass legislation for the Commonwealth Dental Plan.

Last month, the Standing Committee on Health and Ageing tabled its report on the inquiry into obesity in Australia, 'Weighing it up: Obesity in Australia.' It focuses on future implications for Australia's health system and complements the National Preventative Health Taskforce process. In addition to the recently released NHHRC report 'A healthier future for all Australians', a number of other major reports are expected to be released in coming weeks, including those of the National Primary Health Care Strategy External Reference Group and the Preventative Health Taskforce. The Government's response to these reports will have a significant impact on how prevention issues will be tackled and how health care services will be delivered.

The reports might also provide the impetus for the Australian Government to deliver on further important election commitments to combat obesity and the poor oral health status of many Australians. Real health care reform will require a concerted, long-term and well-resourced commitment to both obesity prevention and treatment and better and more affordable dental health care.

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# Public Hospitals

Pre-Election Commitments		Post-Election Commitments	
Elective surgery list reduction plan for public hospitals. States and Territories required to report, hospital by hospital, on reduced waiting times for elective surgery.	\$600m total - \$200m from the National Health Reform Plan funds.	Elective surgery waiting list reduction plan.	\$600 m / 4 years
Immediate national blitz to clear elective surgery waiting lists in 2008.	\$100m	Stage 1 - additional funding for immediate reduction in elective surgery waiting lists. Expected to clear 25,000 procedures in 2008-09	\$155 m in 2008-09 (\$75m in 2007-08; 40,000 additional elective surgery procedures delivered, exceeding target of 25,278 by end 2008)
Systematic improvements such as construction of additional day surgery units.	\$200m / 2 years	Stage 2 - targeted towards infrastructure improvements in public hospitals that will boost elective surgery capacity.	\$150 m in 2009-10
Dividend payments to States and Territories that meet reduction targets.	\$300m	Stage 3 - State and territories to report quarterly on performance.	Up to \$300 m in additional funds available from 2009-10 depending on performance; all governments have agreed to report against set performance indicators (COAG, November 2008).

## Further post-election commitments:

Grants and recurrent funding to support health care facilities and improve patient outcomes. Includes funding for: advanced medical technology, improved facilities and services and medical training infrastructure.	\$389.5 m / 5 years
Public hospital emergency department funding (part of the \$1.6 billion National Partnership on Hospitals and Health Workforce with the States and Territories, commencing 1 July 2009)	\$750 m in 2008-09; agreed performance benchmark of 80% of ED presentations by 2012 to be seen within clinically recommended triage times as recommended by the Australian College of Emergency Medicine <ul style="list-style-type: none"> <li>• \$10 m (Royal Darwin Hospital, NT) for infrastructure, ED funding and funding to recruit paediatric staff</li> <li>• \$44 m (Logan Hospital, QLD) for ED infrastructure; \$100 m for other QLD projects under 'Taking pressure off public hospitals' program</li> <li>• \$10 m (Canberra Hospital, ACT) nurse-led 'Walk-in' Centre (for minor ED cases)</li> </ul>
Additional sub-acute care services	\$500 m

# Australian Health Care Agreements

Pre-Election Commitments	Post-Election Commitments	
National Health Reform Plan to be implemented through AHCAs.	First report from NHHRC Beyond the Blame Game: accountability and performance benchmarks for the next Australian Health Care Agreements released April 2008.	The final NHHRC report was delivered on 30 June 2009 but is not yet been released.
	AIHW performance indicator set released July 2008.	\$1 b additional funding (in addition to \$600 m for elective surgery reduction plan) that includes: \$500 m to be provided by June 2008, indexation from previous agreements.
	Intergovernmental agreement on Federal Financial Relations - AHCAs replaced with a new National Health Specific Purpose Payment (\$60.5 b; SPPs rationalised from over 90 to 5) associated with a National Health Agreement.	Performance benchmarks specified in each National Agreement will be monitored and assessed by the independent COAG Reform Council and reported publicly on an annual basis, commencing in 2009-10.
	COAG has previously agreed to a new form of payment - National Partnership (NP) payments - to fund specific projects and to facilitate and/or reward States that deliver on nationally-significant reforms. The financial arrangements will include incentive payments to reward performance, funding for which will be decided at a later date. Agreed December 2008, and implemented 1 July 2009.	<p>The first wave of NPs has been agreed; including, preventive health, and closing the gap in Indigenous health outcomes.</p> <ul style="list-style-type: none"> <li>• Healthy children (\$162.76 m for facilitation, \$162.76 m reward payment); health workers (\$144.71 m for facilitation, \$144.71 reward payment); social marketing (\$18 m, facilitation only); enabling infrastructure (\$10 m, facilitation only).</li> <li>• The total cost to all governments under Closing the gap in Indigenous health outcomes National Partnership Agreement is \$1.6 b. Of this, \$805.5 m is proposed as measures funded through Commonwealth Own Purpose Expenses, and \$771.5 million from States/Territories Own Purpose Expenses</li> </ul>

## Aged Care

Pre-Election Commitments		Post-Election Commitments	
Additional 2000 transition care beds	\$158m / 5 years	Additional 2000 transition care places. 228 allocated for 2008-09.	\$293.2 m / 4 years
Interest free loans to aged care providers to build or expand residential aged care facilities.	Zero real interest loans	Zero real interest loans (interest at CPI only) to aged care providers to build or expand residential aged care facilities in areas where there are shortages of beds. Will provide up to an additional 2500 aged care beds.	\$300 m in loans - Round 1 began April 2008. 36 providers have been offered loans of \$150m for an additional 1348 new aged care places and 100 community care places. Round 2 will commence in late 2008 after a review of the initial round.

### Further post-election commitments:

Increased conditional adjustment payment	\$407 m / 4 years
Indigenous aged care plan	\$46 m
Establish and maintain a Ministerial Council on Ageing. Announced by COAG 26 March 2008	\$6.2 m / 4 years
Establish a National Elderly Commissioner-Ambassador for Ageing (Actor Noeline Brown appointed on 12 April 2008)	\$2 m / 4 years
Review planning ratios of aged care places available for elderly Australians	\$2 m / 4 years (from existing DoHA budget)

# Prevention/Health promotion/Obesity

Pre-Election Commitments	Post-Election Commitments	
National Preventative Health Strategy with an expert task force	National Preventative Health Taskforce announced 9 April 2008.	The Taskforce has provided to the Government: <ul style="list-style-type: none"> <li>• advice on the framework for the Preventative Health Partnerships between the Commonwealth and the states and territories;</li> <li>• a three year work program; and</li> <li>• a National Preventative Health Strategy (30 June 2009).</li> </ul>
	Discussion paper by September 2008. Draft strategy for comment by March 2009. Final strategy due June 2009.	The Taskforce's discussion paper, Australia: the healthiest country by 2020; and three technical papers on obesity, tobacco control and preventing alcohol-related harm, were released on 10 October 2008. Input was sought from the public, professional and consumer groups, and other interested people and organisations. Consultations were held in capital cities from Oct 2008 – Feb 2009. The Preventative Health Taskforce provided the National Preventative Health Strategy to the Government on 30 June 2009, which is yet to be released
	Prevention Program focused on tobacco, obesity and excessive consumption of alcohol  National Partnership Agreement on Preventive Health to increase physical activity and improve nutrition in children through child care centres, pre-schools, schools and families  National Measure Up campaign  Establish a National Preventative Health Agency	\$872.1 m / 6 years; \$335.5 m           \$30 m  Recommendation in the report from the National Preventative Health Taskforce
	Funding from 'alcopops' tax to support prevention	Initially estimated at \$1.6 b; the Government has re-introduced legislation to validate the revenue collected from 27 April 2008 - 13 May 2009, and a new tariff proposal with effect from 14 May 2009 to ensure that the alcopops measure remains in place into the future. Bills reintroduced to Senate and 2nd reading adjourned 23 June 2009.
Obesity to be a National Health Priority	National Preventative Health Taskforce to develop a National Obesity Strategy	\$4.5 m / 5 years
Support for national nutrition and physical activity survey promised by the Howard Government	The Department of Health and Ageing (DoHA), the Department of Agriculture, Fisheries and Forestry, and the Australian Food and Grocery Council (AFGC), each contributed \$1 million to fund the 2007 Australian National Children's Nutrition and Physical Activity Survey.  DoHA is currently planning the development and implementation of an ongoing National Nutrition and Physical Activity Survey Program. The Survey Program will collect data on the food intake, physical activity participation and physical measurements of the Australian population through periodic surveys.	DoHA released the 2007 Australian National Children's Nutrition and Physical Activity Survey in October 2008.  The first survey is expected to commence in late 2009 and is expected to focus on Australian adults.

Evaluation of successful community initiatives and sharing information with other communities	\$1.7m	Obesity reduction – learning from successful community initiatives	\$1.7 m / 4 years
Development and distribution of guidelines on healthy eating and physical activity in early childhood	\$3.5m	Healthy Habits for Life Guide – practical advice for parents on encouraging health living in children.	\$2.9 m / 2 years
Kitchen Garden Pilot program	\$12.8m / 4 years	Kitchen Garden program to be implemented in 190 schools nationally. Call for expressions of interest from potential demonstration schools made August 2008.	\$12.8 m / 4 years - One-off funding \$60,000 to each school. \$40,000 / yr for 2 years to demonstration schools for garden and kitchen staff.
Support for Healthy Spaces and Places project of Planning Institute of Australia, ALGA, NHF	\$700,000	ALGA is working with the Heart Foundation on the Healthy Spaces and Places initiative in partnership with the Planning Institute of Australia, to give planners the tools they need to create more active communities.	
Ban junk food advertising and use of cartoon characters	Health Minister Roxon pulled back from this commitment.	ACMA report 28 August 2008 does not recommend ban on junk food advertising.	
Funding boost for National Tobacco Strategy	\$15 m / 3 years	Reinvigorate National Tobacco Strategy – funding for media campaign to prevent uptake of smoking amongst young people, smoking cessation programs	\$15 m / 4 years

#### Further post-election commitments:

National Binge Drinking Strategy – education and information campaign, early intervention, support for successful community initiatives	\$14.5 m / 4 years
Human Papilloma Virus electronic register	Additional \$19 m / 4 years
National STI prevention program	Additional \$9.8 m

## Dental Health

Pre-Election Commitments		Post-Election Commitments	
Commonwealth Dental Health Care program to help State and Territory governments to reduce public dental health waiting lists	\$290m savings from abolition of Medicare chronic disease dental scheme to be re-directed into Commonwealth Dental Health Care program and Teen Dental Plan.	Commonwealth Dental Health Program - to provide 1 million dental treatments.	\$290 m / 3 years; requires enactment of legislation which is currently held up in the Senate where Government does not have the votes to pass bill.
Teen Dental Plan - up to \$153.45 per person for annual preventative check for children 12-17 years in families receiving Family Tax Benefit Part A, or teenagers in the same group who are receiving Youth Allowance or Abstudy	\$510m / 3 years	Teen Dental Plan - 1.1 million vouchers will be provided to eligible teenagers annually (commenced July 2008).	\$490.7 m / 5 years
Establish Cairns School of Tropical Dentistry, James Cook University	\$52.5m / 4 years – including capital funding \$33m	Capital funding to establish: <ul style="list-style-type: none"> <li>a new dental school at James Cook University in Cairns, including 60 dentistry places annually from 2009</li> <li>a new regional dental school at Charles Sturt University, including 60 places (40 in dentistry, 20 in oral health) annually from 2009</li> </ul>	\$49.5 m / 5 years
60 commencing dental places / year	\$11m		\$69.2 m / 5 years
Outreach services for student practical training in remote areas	\$8m		

# Indigenous Health

Pre-Election Commitments		Post-Election Commitments	
Improvement of health services in the NT: <ul style="list-style-type: none"> <li>Upgrade and expand remote health care facilities</li> <li>Establish renal dialysis facilities in remote communities</li> <li>Sexual assault counselling in remote areas</li> </ul>	\$20m (Total) \$10m \$5m \$4.6m	Funding provided in 2007-8	\$21.9 m
Alcohol rehabilitation services	\$15.9m (this money was committed by Howard Govt in 2006)	Youth alcohol diversion activities for NT Expansion of drug and alcohol services	\$9.5 m in 2008-09 \$49.3 m / 4 yrs
Indigenous Mums and Bubs Health Initiative, including:	\$87 m plus \$75m from States and Territories	Child and maternal health services	\$90.3 m / 5 years with additional \$75 m sought from States and Territories. \$58 m for health education, treatment \$32.2 m for home visits by nurses.
Comprehensive child and maternal health services	\$92m		
Accommodation services	\$10m	Accommodation services	\$10 m / 3 years
Reducing rheumatic fever	\$10m	National unit to coordinate efforts	\$11.2 m / 5 years

## Further post-election commitments:

Indigenous Chronic Disease National partnership with States and Territories	\$805.5 m (Commonwealth commitment of \$1.6 b COAG investment in Closing the Gap)
Chronic disease management Support for GPs Access to Specialists Supporting patients to self- manage their conditions	\$470 m
Increase capacity of frontline primary care workforce	\$171 m
Improve primary healthcare in indigenous communities Remote primary health Eye and ear health care Dental care Improvement of pathology services (continuation of the Quality Assurance for Aboriginal Medical Services program)	\$204.3 m \$131.1 m / 3 years \$58.3 m / 4 years \$11.0 m / 4 years \$3.8 m / 4 years
Key risk factors of chronic disease and smoking	\$161 m
Creches <ul style="list-style-type: none"> <li>School nutrition program</li> <li>Follow-up to health check</li> <li>Indigenous tobacco initiative</li> <li>Continue the delivery of follow-up ear, nose and throat (ENT) treatment, and dental and hearing services (resulting from the initial child health checks).</li> <li>Child and maternal health services and home visiting, part of 'New Directions: An Equal Start in Life for Indigenous Children.'</li> <li>Expand primary health care service delivery and develop a remote health workforce agency in the NT.</li> <li>Expand primary health care/GP services in Far North QLD</li> </ul>	\$2.3 m in 2008-09 \$7.4 m in 2008-09 \$13.6 m in 2008-09 \$14.5 m / 4 years \$13.6 m \$90.3 m / 5 years \$99.7 m / 2 years \$600,000

# Mental Health

Pre-Election Commitments		Post-Election Commitments	
Mental health on COAG agenda		Yet to be addressed	
Integrated approach to service delivery with States and Territories		Yet to be addressed	
Better Access to Psychiatrists and General Practitioners through the Medicare Benefits Schedule (MBS) Program		New Medicare item for extra mental health skills training for GPs; requirements for treatment plans will be revised Introduction of mandatory continuing professional development requirements for general psychologists, appropriately trained social workers and occupational therapists providing psychological services under Medicare.	\$753.8 m / 5 years Further cut of \$63.1 million / 4 years (in addition to a \$289.6 million cut from mental health programs in 2008-09). New spending of only \$11.9 million. \$6.7 million of this 'new' spending is to restore some of the cuts made to mental health services for rural and remote areas in 2008-09.
Postnatal depression	\$85m / 5 years (includes \$20m to ATAPS and \$5m to beyondblue). Will seek contribution of additional \$30m / 5 years from States and Territories.	Postnatal depression – provide training for health professionals, improve treatment for 'at risk' women, establish research and data collection processes	\$ 55 m / 5 years (\$5m to beyondblue). The Australian Government will seek \$30 / 5 years from State and Territory governments
Support for establishment of Australian National Council on Mental Health		National Advisory Council on Mental Health established 12 June 2008.	\$2.4 m / 3 years from existing departmental budgets

## Further post-election commitments:

Mental Health Nurses Training Subsidy – additional funding to provide up to 1070 new postgraduate and Masters degree scholarships for mental health nurses, 100 of which will be targeted to nurses and 222 for psychologists in rural areas	\$35 m / 4 years
Funding to improve health professionals ability to treat mental illness – 1200 workshops nationwide	\$15 m in 2008
National Youth Mental Health Foundation 'Headspace'	\$35.6 m / 3 years (initially funded at \$54 million / 4 years).

# Maternal and Child Health

Pre-Election Commitments		Post-Election Commitments	
Healthy Kids Check – new MBS item with \$45 Medicare rebate for eyesight, hearing, height and BMI check for 4 year olds.	\$35m / 4 years	Healthy Kids Check for 4 year olds, July 1, 2008 <ul style="list-style-type: none"> <li>Get Set 4 Life – Habits for Healthy Kids Guide – for parents of four year olds receiving the Healthy Kids Check (launched July 2008).</li> <li>Review of the dietary and infant feeding guidelines for children and adolescents by National Health and Medical Research Council (NHMRC), expected to be finalised by late 2010.</li> </ul>	\$25.6 m / 4 years \$2.9 m / 2 years
Funding to expand Australian breast feeding Association to set up national toll-free 24 hour phone line	\$2m / 4 years	24 hour breastfeeding hotline	\$2.5 m / 5 years
Maternity reform - review MBS to include midwives in provision of maternity care; facilitate the expansion of midwife-led care; develop a national maternity services plan to ensure national coordination of maternal services		Discussion paper on maternity services released September 2008. Maternity services review report released February 2009.	National Maternity Services plan under development.

## Further post-election commitments:

Increase the overall Medicare rebate for obstetric services	\$157.6 m / 4 years
Expanded access to MBS and PBS for Nurse practitioners and midwives Indemnity insurance, for midwives working in collaboration with doctors.	\$59.7 m / 4 years (Nurse Practitioners) and \$66.6 million / 4 years (Midwives)
Two scholarship schemes: <ul style="list-style-type: none"> <li>110 eligible GPs to receive up to \$40,000 each for training to become GP obstetricians or GP anaesthetists.</li> <li>20 midwives each year to receive scholarships of up to \$30,000 obtain the formal qualifications to provide Medicare-subsidised services and prescribe PBS subsidised medicines.</li> </ul>	\$8 m / 4 years
Develop antenatal guidelines in conjunction with the NHMRC, and state and territory governments.	National Evidence Based Antenatal Care Guidelines are being developed.
New National Women's Health Policy: Consultation Discussion Paper 2009 released April 2009. The Government plans to deliver a new National Women's Health Policy in 2010.	
Commence development of a national strategic framework to improve health of young people 2008-09.	

# Rural Health

Pre-Election Commitments		Post-Election Commitments	
Reform of Rural Medical Infrastructure Fund		Merging of Rural Medical Infrastructure Fund and Rural Private Access Programs to form National Rural and Remote Health Infrastructure Program	
Expansion of Specialist Obstetrician Locum Scheme	Expansion from \$500,000 to \$2m / year in 2008-09 (\$6m)	Specialist Obstetrician Locum Scheme	\$ 7.9m / 4 years
Double number of John Flynn scholarships from 150 to 300, starting 2009 (a program of financial assistance to medical students who undertake placements in rural and remote areas)	\$2.5m	Additional funding for John Flynn Placement Program - additional 150 places per year so that program increases from 600 in 2008 to 1200 in 2012	\$4.6m / 4 years
Australian Allied Health Rural and Remote Clinical Placement Scholarship Plan - to support allied health students to take placements in rural and remote communities	\$2.5m / 3 years	Australian Allied Health Rural and Remote Clinical Placement Scholarship Program	\$2.5 m / 3 years
Medical Specialist Outreach Assistance Program – improves access to specialist services in rural and remote areas by providing funding to support the provision of specialist services	\$9m / 3 years	Medical Specialist Outreach Assistance Program	\$12 m / 4 years

## Further post-election commitments:

Establish Office of Rural Health to drive Australian Government's reform agenda	
Review of rural health programs	Not yet released
Rural and remote workforce strategy Reform relocation and retention incentive payments and HECS debt assistance for GPs Review of the Rural, Remote and Metropolitan Areas (RRMA) classification system	\$134.4 m Rural, Remote and Metropolitan Areas (RRMA) system was replaced by the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system (1 July 2009). This new approach to classifying rural areas has implications for incentive schemes.

# Cancer

Pre-Election Commitments		Post-Election Commitments	
		A new National Cancer Initiative, which includes:	\$1.3 b (Total)
RESEARCH			
Additional funding for cancer research	\$15m / 3 years	Additional funding for cancer research	\$15 m / 3 years
CANCER CENTRES AND TREATMENT			
National bowel cancer screening – expanded to include all 50-year olds. Funds for follow-up colonoscopies to be negotiated	\$15m	National Bowel Cancer Screening Program – continuation and expansion	\$87.4 m / 4 years
Children’s Cancer Centre at Women’s and Children’s Hospital, Adelaide	\$25m / 3 years	Children’s Cancer Centre	\$15 m / 2 years
Establish youth cancer network	\$15m	Youth cancer networks	\$15 m / 3 years
Capital grant towards establishment of Olivia Newton-John Cancer centre at Austin Hospital, Melbourne	\$15m	Olivia Newton John Cancer Centre	\$15 m / 2 years
Funds to set up two dedicated prostate cancer research centres – one to be located at Epworth Hospital, Richmond, Vic.	\$15m / 5 years	2 prostate cancer research centres	\$ 12 m / 4 years
Establishment of comprehensive cancer centre to be co-located with Royal Prince Alfred Hospital, in association with University of Sydney	\$50m	Lifeshouse (the new Sydney Cancer Centre) Comprehensive Cancer Centre (Sydney)	\$150 m / 4 years

## Further post-election commitments:

Regional Cancer Centres	\$532.1 m
Parkville Comprehensive Cancer Centre (VIC)	\$426.1 m
Garvan St Vincents Campus Cancer Centre	\$70 m
ACT Integrated Cancer Care Centre	\$27.9 m
Additional funding for National Centre for Gynaecological Cancers	\$5.1 m / 3 years
Digital mammography for BreastScreen Australia	\$120 m
Breast prostheses	\$31 m / 5 years
Training of radiation oncology medical physicist registrars (to setup, maintenance and calibration of linear accelerators).	\$6 m / 3 years
PET cancer imaging services at Royal North Shore and Westmead Hospitals and Austin Health - Medicare benefits for eligible services are provided at these facilities.	\$6.8 m / 4 years
15 new MRI locations announced with priority for public hospitals. There are currently 120 Medicare-eligible MRI units in Australia, an increase of seven units in the past year.	
Two new Medicare rebates for MRI scans used for the initial staging of rectal cancer and breast scan (for women under 50 with high risk but no symptoms).	

# Workforce

Pre-Election Commitments		Post-Election Commitments	
NURSING:			
Chief Commonwealth Nursing officer Aim to train and attract back 9250 nurses / 5 years Cash bonuses of \$6,000 to encourage 7,750 nurses who return to hospital workforce with contribution of \$1,000 / re-entry nurse to hospital for retraining	\$81m / 5 years	Rosemary Bryant announced as Chief Nursing and Midwifery Officer 23 June 2008.	\$1.2 m / 4 years
		Supporting 8,750 nurses back into the workforce over 5 years (7,750 to hospitals, 1,000 to residential aged care) – cash bonuses of \$6000 for nurses who are returning after more than 1 year out of the workforce. \$3000 paid after 6 months, \$3000 after 18 months back in the workforce. Hospitals to receive \$1000 per re-entry nurse to assist with costs of retraining	\$39.4 m / 5 years
500 new university places in 2008, and 1000 / year from 2009 (at least 400 of which to go to universities offering clinical experience in regional and rural hospitals and 25% of these places to ENs looking to upgrade		Additional higher education nursing places - increase places by 90 starting in July 2008, then 1170 in 2009	\$99.5 m / 4 years
Expanded scholarships program -National Priority Scholarships in areas such as nursing, medicine, dentistry, allied health. \$2120 / year for up to 4 years		Scholarships for a competitive future – increase scholarships from 44,000 to 88,000 by 2012 in priority areas (including nursing)	\$238.6 m / 4 years
		McGrath Foundation to recruit, train and employ 30 specialist breast cancer nurses	\$12 m / 4 years
MEDICAL TRAINING AND GENERAL PRACTICE:			
Greenslopes Private Hospital (Brisbane, Qld) – funding to establish clinical school	\$13m	Greenslopes Private Hospital (Brisbane, Qld) – funding to establish clinical school	\$13 m / 2 years

## Further post-election commitments:

Training Physicians, Nurses and Allied Health Professionals	\$1.1 b / 4 years (COAG commitment)
Expansion of pre-professional clinical training places by 2013	\$500 m / 5 years
Provide an additional 75 GP training places in 2009 and 100 in 2010, and 22 Remote Vocational Training Scheme GP training places from 2011	\$148 m / 5 years
Additional 212 GP training places from 2011 and 73 additional specialist training places in the private sector	\$86.2 m / 4 years
Investment in GP training under the Prevocational General Practice Placement program	\$41.2 m / 4 years
Modernise the funding formula for Divisions of General Practice	\$7.6 m / 3 years (of total funding of \$220 m p.a.)
As part of the National Partnership, help train approx. 18,000 Nurse Supervisors, 5,000 Allied Health and VET Supervisors, and 7,000 Medical Supervisors	\$28 m
Additional pathology and diagnostic imaging training places	\$16.5 m / 5 years
Capital infrastructure relevant to workforce training	\$175.6 m
Establish first medical school in NT. Memorandum of Intent between Charles Darwin University and Flinders University to deliver the new medical program has been signed.	\$27.8 m (capital funding) and \$4.4 m / 3 years from July 2010
Establishment of National Workforce Agency	

# Men's Health

Post-Election Commitments	
The Government is developing a National Men's Health Policy. The Policy will focus on reducing the barriers men experience in accessing health services, tackling widespread reticence amongst men to seek treatment, improving male-friendly health services, and raising awareness of preventable health problems that affect men.	<p>\$460,000 to help prevent suicide in men, through the National Suicide Prevention Strategy</p> <p>\$95,000 to encourage men to see their GP</p> <p>\$15 m for two dedicated prostate cancer research centres and \$87.4 m / 4 years for continuation and expansion of the National Bowel Cancer Screening program (see 'Cancer' below).</p>

# Private Health Insurance

Pre-Election Commitments	Post-Election Commitments	
Retain PHI rebates at current levels, Lifetime Health Cover and Medicare Levy Surcharge, but examine thresholds	Medicare Levy Surcharge thresholds - increase from \$50,000 annual income to \$100,000 for singles and \$100,000 to \$150,000 for families	<p>From 1 July 2008, Medicare Levy Surcharge threshold levels increased from: \$50,000 to \$70,000 p.a. for singles and \$100,000 to \$140,000 p.a. for couples/families. Changes passed by Federal Government on 16 October 2008)</p> <p>From 1 July 2010, the Government will introduce three new 'Private Health Insurance Incentive Tiers'</p>
No sale of Medibank Private	Sale of Medibank Private will not proceed	Announcement in federal budget that Medibank was to be converted from a non-profit entity to a profit-making corporation

# Medicare/Health System

Pre-Election Commitments		Post-Election Commitments	
National Health and Hospitals Reforms Commission through COAG to: devise a long-term health reform plan that will: reduce inefficiencies; better integrate and co-ordinate care; focus more attention on prevention; improve the provision of health services in rural and remote areas; improve Indigenous health outcomes; and provide a well qualified and sustainable health workforce in the future.		Establish National Health and Hospitals Reform Commission. Final report due July 2009.	\$6.9 m / 2 years; Final report delivered but not yet released
Re-examination of the 2003 Attendance Item Restructure Working Group (AIRWG) report		Yet to be addressed	
National Health Reform Plan, including:	\$2b / 4 years (total)	National Health Reform Plan:	
GP Super clinics	\$220m	Establish 31 GP Super Clinics	\$275.2 m / 5 years – Funding agreements for construction have been reached at 17 sites and application processes in progress for 14 sites
Examining incentives for GPs to practice preventive health care		<p>Develop a National Primary Health Care Strategy to help strengthen the primary health system. It will review and simplify Medicare arrangements so that it encourages preventive care</p> <p>Expand National Health Call Centre Network so can provide advice 24 hours a day 7 days a week</p> <p>Grants to new and existing after hours GP services to assist with operating costs</p> <p>New MBS items - allow GPs to directly refer patients for a MRI of the knee or brain</p>	<p>\$13.1m/ 4 years; Discussion paper released Oct 2008 and draft strategy due by July 2009.</p> <p>\$176.4m over 5 years</p> <p>Support for up to 320 after hours services through competitive grant scheme</p>
Review of MBS to alleviate red tape		<p>Review of MBS finalised by March 2009</p> <p>New bulk billing incentives for diagnostic and imaging services</p>	<p>Simplified schedule introduced 1 July 2009.</p> <p>\$600.7 m (diagnostic imaging) and \$348 m / 4 years (pathology)</p>
Retain Medicare safety net		Medicare safety net retained	<p>Extended Medicare safety net payments capped for small number of services; including, obstetrics, ART and others.</p> <p>Capping of obstetric items will achieve savings of \$351.3 m / 4 years and the increase in schedule fees (see Maternal and Child Health) will provide net savings of \$193.7m/4 years.</p>

# Local Announcements

Pre-Election Commitments		Post-Election Commitments	
Magnetic Resonance Imaging (MRI) machine and licence and chemotherapy mixer Cairns (Qld)	\$500,000	Competitive bidding process commenced	\$1 m
MRI licence for Maitland		Expansion of Medicare-eligible MRI services to include Maitland-Newcastle-Hunter (replacing the previous Newcastle-Hunter location)	
Medicare licence for PET scanner at Mater Hospital, Hunter region, NSW		Medicare licence for PET scanner at Mater Hospital, Hunter region, NSW	
GP after hours clinic Burnie (Tas)	\$15 m	Government has signed contract with Burnie Super Clinic Pty Ltd to establish the Burnie GP Super Clinic	\$15 m
Integrated care centre, including dialysis unit, at Launceston	\$10 m	Tasmanian health package	\$32.6 m / 5 years
Additional funds for Grafton Base Hospital	\$23 m	Additional funds for Grafton Base Hospital	\$23 m (includes \$5 m for GP super clinic)
Obesity program grant for Osborne (WA)	\$235,000	Obesity program grant for Osborne (WA)	\$235,000 over 4 yrs
Fast track completion of radiotherapy services at Lismore Base Hospital	\$15 m	Radiotherapy services at Lismore Base Hospital	\$7 m
Support for Sisters of Charity mental health outreach service (TAS)	\$1.25 m / 4 years	Support for Sisters of Charity mental health outreach service (TAS)	\$1.3 m / 4 years
Funds to upgrade Bacchus Marsh and Melton Regional Hospital (VIC)	\$2 m	Funds to upgrade Bacchus Marsh and Melton Regional Hospital	\$1 m
Funding for complex care unit at Maryborough District Health Service (VIC)	\$500,000 from RMIF	Funding for complex care unit at Maryborough District Health Service (VIC)	\$500,000
Teaching, training and research centre at Sunshine Hospital (VIC)	\$7 m	Due to be completed 2012	\$7 m
Primary Care Centre in Bendigo	\$5 m	GP super clinics have been announced in 31 localities in Australia, including Bendigo	\$5 m
Hunter Dementia and Memory Resource Centre	\$200,000	Funding to complete Hunter Dementia and Memory Resource Centre	\$200,000
Equipment grant for Kempsey District Hospital - CT scanner and portable ultrasound machine	\$1 m	Computed tomography (CT) scanner and ultrasound machine for the Kempsey District Hospital (NSW)	\$1 m in 2008/09
PET scanner for Royal Hobart Hospital	\$3.5 m	The State is moving to install Tasmania's first public PET scanner at Royal Hobart Hospital	\$3.5 m
Dialysis	\$15 m	Dialysis <ul style="list-style-type: none"> <li>• Construction of a renal dialysis unit at the North Lakes Health Precinct in Queensland;</li> <li>• Improve access to dialysis services in the Kimberley region of WA;</li> <li>• Improve access to dialysis services for remote communities in the NT; and</li> <li>• Chronic Kidney Disease Monitoring Centre</li> </ul>	\$7 m \$8 m \$5 m \$1 m
Medicare offices in Belmont (WA) and Emerald (QLD)		Funding for 3 new Medicare offices to open Jan 2010	\$7 m / 4 years
Cancer services in Tasmania – radiation oncology services and PET scanner		Investment in the Launceston Integrated Care Centre	
Long-term funding arrangements for GP Access After Hours, Hunter region		Government will seek to negotiate long-term funding with the Hunter Urban Division of General Practice, the NSW Government, and local doctors and health professionals	
Improved patient transport services in Tasmania		Expanded radiation oncology services in north/north west Tasmania	
Commitment to improve services at Ouse and Roseberry hospitals		Increased patient transport and accommodation services through the Tasmanian Patient Transport Initiative	
Teaching and training infrastructure at Flinders Medical Centre (SA)			

# Pharmaceuticals and Health Technologies

<b>Post-Election Commitments</b>	
Extended listings on PBS: Remicade Topamax Trastuzumab (Herceptin) Ribavirin and peginterferon alfa-2b (Pegatron)	\$25.5 m / 4 years \$39.1 m / 4 years \$168 m / 4 years \$30.6 m / 4 years
Major new listings on PBS: Champix Renagel Sensipar Tysabri Bevacizumab (Avastin) Sunitinib (Sutent)	\$97.1 m / 5 years \$65.2 m / 4 years \$166.4 m / 4 years \$370.2 m / 4 years \$310.7 m / 4 years \$131.1 m / 5 years
Means-tested subsidy for approx. 700 insulin pumps for Type 1 diabetics under 18 years	\$5.5 m / 4 years
Statutory price reductions for multiple brand medicines and some single brand medicines that are interchangeable with other medications begins 1 August 2008	Extended the Pharmaceutical Benefits Scheme reference pricing policies to all non-exempt pharmaceutical items (resulting in lower price to Government for some medicines)
National Prescribing Service – Prescribing campaigns for health professionals (e.g., antibiotics, pain killers etc)	\$21 m / 4 years
Health Technologies Assessment Review announced December 2008. Report expected late 2009.	

# Biographical Notes

Dr Angela Beaton is a Research Officer at the Menzies Centre for Health Policy, working with Professor Stephen Leeder and Dr Lesley Russell.

After completing her PhD in genetics at the University of Waikato (New Zealand) and a postdoctoral fellowship in reproductive technologies, Angela worked as a Clinical Embryologist and Preimplantation Genetic Diagnosis Scientist at Fertility Associates (NZ) and Sydney IVF (Australia).

Angela has held a conjoint academic appointment at the University of Sydney, contributing to the FRACP training program for Paediatric Medical Trainees and coordinating an ongoing education program at The Children's Hospital at Westmead, and other teaching within the School of Public Health and Sydney Medical School. More recently, Angela played a key role in the development of the University of Sydney Cancer Research Network.

Angela is currently enrolled in a Graduate Certificate in Health Policy at the University of Sydney.



Dr Lesley Russell has more than 20 years' experience working in health policy in the government, private and not-for-profit sectors, both in Australia and internationally.

Most recently Dr Russell was Policy Advisor to Julia Gillard, MP in her role as Federal Shadow Minister for Health and Manager of Opposition Business in the House of Representatives. Prior to this she was part of the Policy Unit in the office of the Hon Simon Crean, MP, when he was Leader of the Federal Opposition, with responsibilities for health and ageing, disabilities, immigration, indigenous affairs and the status of women.

Dr Russell has also worked in policy, communication and lobbying roles for the pharmaceutical industry, the Cancer Council and the National Breast Cancer Centre and in the lead-up to the 2000 Sydney Olympic Games, she worked in communications and media for both SOCOG and Telstra.

Dr Russell is currently in Washington DC where she is part of the health team at the Center for American Progress, a Democrat think tank, and a Visiting Professor in the Department of Health Policy at George Washington University.

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The Menzies Centre for Health Policy is a collaborative centre between The Australian National University and the University of Sydney. The Centre encourages informed debate about how Australians can influence health policy to ensure that it is consistent with their values and priorities and is able to deliver safe, high quality health care that is sustainable in the long term.

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#### **For more information**

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