

## **Summary of talk by Dr. Southby and Dr. Willcox, 13<sup>th</sup> of February, 2013 at School of Public Health & Preventive Medicine, Monash University**

Organised by the School of Public Health & Preventive Medicine at Monash University, Dr. Richard Southby and Dr. Sharon Willcox presented thought-provoking, and at times disheartening, ideas about the current state of health care reform, drawing parallels between Australia and the United States.

Dr. Willcox began the talk with her perspective on health care reform in Australia noting the 'trap' associated with having to conduct major inquiries in order to identify methods for effecting change. She stated that this sets up the unrealistic expectation that change can only come through 'revolution and not evolution', when scientific evidence and practice would suggest that reform may be better achieved through incremental changes driven by consumer demand, practice innovations, and other evidenced-based methods. She indicated that this sets up a sort of learned helplessness, where the public may perceive that the change is being done to them by the government. A second concern she raised with the major inquiry process for health care reform was that it lacked emphasis on implementation. Too often, there are few resources left to see the process through resulting in few changes. When asked to identify the major gaps, she indicated that they were three and all in primary care. First, there is no concerted commitment to build a primary health care platform. Second, voluntary enrollment of patients with GPs has not been implemented; instead, there is a limited trial for people with diabetes. And third, universal access to dental care has been neglected in the reform agenda. She concluded her formal portion of the talk by noting concerns for prevention funding, issues of equity and out-of-pocket costs.

The presentation platform was then turned over to Dr. Southby who provided a comprehensive overview of the recent changes introduced by 'Obamacare', the 2010 Patient Protection and Affordable Care Act that was signed into law despite the lack of bipartisan support from both Democrats and Republicans. Dr. Southby noted that health care reform is dependent on larger social, economic, and political issues that the U.S. is now facing, many of which are unlikely to get solved given the stark divisions between the two parties and the fact that the Republicans control the House of Representatives and the Democrats control the Senate. Among the numerous major innovations included in the legislation are: insurance coverage for pre-existing conditions among children; funding for rural health care providers to improve access to health care services for rural residents; innovations in Medicare and Medicaid to increase quality of care and reduce costs; new insurance options for long term care; and a more integrated health care system. Regarding the latter point, he noted that \$27 billion dollars was allocated to identify methods for creating and linking electronic health records to improve the coordination of care, and yet they are still far from achieving that goal. Using the example of the Department of Defense and the Veterans' Administration, two major federal health care systems, he noted that their current electronic health records systems do not communicate with each other, despite the fact that they are both federal government agencies. Dr. Southby expressed some caution about the implementation of health care reform in the U.S. citing concerns with the current political and economic climate, and especially the inability to pass a federal budget. He noted several recent glaring examples of government fraud and waste by the General Services Administration and the Veterans Administration that reduced the public's confidence in government, as well as their implications on workforce development. An increasing number of physicians are refusing to accept new Medicare patients, thus patients have to turn to Emergency Rooms for primary care which has serious long term

consequences for access and efficiency. The burden on the health care system will only increase with the challenges associated with renewed emphasis on the prevention and management of non-communicable diseases which are significantly associated with lifestyle behaviors. Dental care and mental health care are not being addressed adequately. Similar to the challenges faced by Australia, the lack of attention to effective implementation and evaluation of the reform proposals is likely to stymie this process even further.

The talks were wrapped up with a question-and-answer period in which Dr. Oldenburg concluded that recent lessons learned from other countries such as India and China may pave the way for additional innovations in health care reform to address the major epidemics in non-communicable diseases.

# SPHPM Seminar

**Time :** Wednesday February 13, 4 -5.30 pm

**Place:** Level 5 Lecture Theatre, Alfred Centre, The Alfred Hospital (corner Commercial and Punt Roads, Melbourne)

**Speakers:** Professor Richard Southby & Dr Sharon Willcox

**Chair:** Professor Brian Oldenburg (Chair of International Public Health)

**Title:** Health Reform - Lessons from USA and Australia for Global Health

**Richard Southby** is Executive Dean and Distinguished Professor of Global Health Emeritus at The George Washington University (GWU) in Washington, DC. He was one of the founders of the School of Public Health and Health Services at GWU and served as Dean of the School before his appointment as Executive Dean in the Office of the Provost. Since 1984 he has been Director of the Interagency Institute for Federal Health Care Executives. He was a faculty member in the Department of Social and Preventive Medicine at Monash University from its founding in 1968 until 1978. He is currently an Adjunct Professor in the School of Public Health and Preventive Medicine at Monash University. In 1975 he was a Full-Time Commissioner on the Hospitals and Health Services Commission in Canberra.

**Dr Sharon Willcox** is the Director of Health Policy Solutions, an independent health consulting company, and Adjunct Associate Professor in the Department of Epidemiology and Preventive Medicine, Monash University. She is the co-author of the 2011 textbook, *The Australian Health Care System*, which provides a comprehensive analysis of the structure, performance and future reform directions for Australian health care services. In 2008 Sharon was appointed as a Commissioner to Australia's National Health and Hospitals Reform Commission to develop a long-term health reform plan for Australia. This followed her previous work on the Jenny Macklin-led National Health Strategy in the early 1990s. In the United States, she has worked with groups involved in national health reform in Boston (Health Care for All, and Physicians for a National Health Program) and Washington (Georgetown University's Institute for Health Care Research and Policy).