Health and Care in Australia

Our priorities for the next term of government

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Bupa is proud to be a health and care leader in Australia and New Zealand with a breadth of services and expertise that allows us to meaningfully pursue our purpose of *longer, healthier, happier lives.*

We're passionate about making a difference through the way health and care is delivered. In addition to our health, travel, pet, car, home and life insurances, we operate dental clinics, aged care homes, retirement villages, optical stores, GP clinics, rehabilitation centres, wellness and medical visa services.

We don't have shareholders and this allows us to reinvest our profit in better health and care services for our customers.

We believe in a strong public health system, supported by a strong private system – it's a balance that has served Australia well for many decades.

Today, however, our health system is facing new and complex challenges. To ensure it continues to support longer, healthier, happier lives, there needs to be a focus on delivering the right care in the right place at the right time.

There is an opportunity in this term of government to put in place practical and achievable reforms that will deliver a more sustainable, higher quality health and care system.

High quality, affordable, accessible and patient-centred health and care

Australia's health and care system is facing increasing financial pressure from an ageing population, new and more expensive medical treatments and technologies, increasing use of services and rising consumer expectations. Together, this means higher costs for consumers, healthcare providers and governments.

> *The ratio of health expenditure to gross domestic product (GDP) increased from 6.5% in 1989–90 to 9.7% of GDP in 2013–14*[1].

A sustainable health and care system must strike a balance between curbing expenditure growth while improving the quality of care available to all Australians.

This means focusing on waste and inefficiencies, improving transparency, empowering consumers, better utilising e-health, and providing better care for people with chronic and complex health conditions.

It will require new and innovative approaches, developed through partnerships between government, industry and the community.

In this document, we set out the reforms we view as priorities. It is not meant to be an exhaustive list of all reforms needed in health and care – rather, an achievable list of high-priority actions that we believe can be implemented in the current funding environment.

Our priorities are focussed on:

1. Reducing waste and inefficiency in the system;
2. Improving transparency and empowering consumers;
3. Capitalising on the potential benefits of e-health;
4. Providing better care for people with chronic and complex health conditions;
5. Strengthening private health insurance, a key part of Australia's health and care system;
6. Ensuring high quality, customer driven aged care; and
7. Promoting dignity and choice in end of life care.

1. Reducing waste and inefficiency in the health system

Work is underway to reduce waste and inefficiency in the health system, but more is required.

We support the current review of 5,700 items on the Medicare Benefit Schedule (MBS), including removing items from the MBS where there is clinical consensus that they no longer represent best-practice treatment.

We welcome reports by the Grattan Institute and the National Health Performance Authority (NHPA) which have shone the spotlight on significant variations in the efficiency of our hospitals.

- Grattan, in its report *Questionable Care: Avoiding Ineffective Treatment*, identified that too many patients in some Australian hospitals received unnecessary treatments. It found that some hospitals provide these procedures at 10 to 20 times the average rate, at great cost to patients and the community[2].
- The NHPA reported a significant variance in the cost of providing a notional 'average' service for patients admitted due to serious illness at 47 major metropolitan hospitals. Data shows costs can be almost twice as high depending on which public hospital the patient was admitted to (eg. $3,100 at one hospital compared to $6,100 at another)[3].

We call on all hospitals, public and private, to make use of the data in these reports – to examine their practices with the aim of achieving greater consistency and efficiency in their operations.

We also call on the government to introduce further measures to reduce waste and inefficiency in the national health and care system.

Prostheses pricing

Australia currently pays the highest price in the world for medical prostheses, such as hip joints and pace-makers[4]. As just one example, while the international reference price for a specialist orthopaedic plate is $92, in Australia the exact same device from the same manufacturer costs $1,060[5]. In many cases there is also a significant difference in the price charged in public and private hospitals. For example, a standard branded ceramic hip is purchased by the Prince of Wales Public Hospital in Sydney for $4,900 while a private patient in the hospital next door pays $11,000[6].

The cost of prostheses, which contributes to the overall cost of the health system, could be significantly reduced – by up to $800 million each year – with simple pricing reform[7]. As well as reducing waste in the system, private health insurers have guaranteed to pass on every cent saved through lower health insurance premiums – saving customers around $150 a year.

> *In a recent Bupa customer survey, 87% of members felt it was important that the Federal Government take action to reduce premiums by reviewing the cost of prostheses[8].*

While we support the Coalition Government's decision to reconstitute the Prostheses List Advisory Committee (PLAC) to improve the listing and reimbursement process for prostheses, accelerated action is required.

Our recommendation:

The Government commit to immediately reduce Prostheses List pricing by November 2016 to improve affordability for Australia's 13 million private health insurance customers from 2017 and beyond.

Payments for health outcomes

If we are to have any chance of containing health care costs while delivering better health outcomes, the health system needs to focus on health outcomes achieved rather than the number of treatments delivered. Specifically, this means moving away from fee-for-service models. We support the shift to bundled payments in the Health Care Home trials which will replace fee-for-service payments with regular quarterly funding designed to incentivise all providers to be flexible and innovative in how they deliver care. However we believe the scale of this trial is too limited.

Our recommendation:

The Government work with the health sector to test outcomes based payments for clinicians (both capitated and blended payment models) in additional Primary Health Network regions, to help reduce current over-servicing and shift the focus to health outcomes, not churn.

Delivering care in more efficient settings

There are major variations in the cost of providing care in different settings, with community-based care being more efficient than costly in-hospital settings. Technology also offers a significant opportunity to be more efficient compared to traditional and expensive face-to-face methods. Two specific opportunities to deliver care more efficiently are:

- Delivering complex care to aged care residents in their aged care home (for example through resident GPs), rather than transferring them to hospital, which would result in improved and more timely medical treatment and a reduction in the costs that would otherwise be incurred with hospital admission;
- Providing rehabilitation and psychiatric care in the community, either at home or in community-based facilities, rather than the current, more expensive model of inpatient services at hospitals.

As well as being more efficient, this would also reflect consumer preferences.

> *82% of our customers believe post-surgery rehab should be conducted at home or in the community rather than in hospital, with this increasing to 84% for psychiatric care[9].*

It is clear we need more innovative service models, matched by flexible funding that rewards quality and efficiency. Bupa would be willing to trial any new funding approaches.

Our recommendation:
The Government work with the health sector, states and territories to develop new funding arrangements that incentivise the delivery of complex care in residential aged care settings and rehabilitation and psychiatric care in the community, so care is delivered where people want it, and more efficiently.

Addressing a complex and fragmented system

The structural and funding mix across jurisdictions and between public and private, primary and acute services and providers creates a complex and fragmented health system that is difficult for consumers to navigate. The Federation White Paper presented an opportunity to consider the whole health sector and how to improve coordination between the Commonwealth and States, but that process has been abandoned.

Bupa calls for a Productivity Commission review into the private health system and how it interrelates with the public system. The review would identify ways to reduce complexity, duplication and fragmentation, and consider how the private system could better support the public health system to improve affordability, quality of care and transparency. It would also examine the most appropriate mix of funding for primary and secondary care.

Our recommendation:
The Government commit to commence in 2016 a Productivity Commission review of the total private health system and how it interacts with the public system – to improve coordination of healthcare services and reduce complexity, fragmentation and duplication.

2. Improving transparency and empowering consumers

Currently, patients and their families do not have all the information they need to make informed choices about the health and care that is most appropriate for them, either in terms of treatment options or cost. With rapid improvements in technology, medical breakthroughs and exponential growth in information sources, choices are only likely to get more complex in the future.

We need better public information and greater transparency so that patients and their families can make informed health choices. This in turn will drive greater competition and improve the quality of services being offered to all Australians. When adequate information on the costs and possible consequences of various treatments are presented to patients, they often opt for less invasive, lower cost options.

> *The Australian Commission on Safety and Quality in Health Care found that 'at the level of the individual, people with lower health literacy had an increased expenditure of between US$143 and US$7,798 per person per year compared to people with adequate health literacy'[10].*

Currently, however, even at the most basic level, there is little or no information to guide patients on their choice of hospital or specialist, let alone their charges or quality of outcomes. This type of information is available in other countries and should be made available in Australia.

> *92% of our customers agree that patients should be given greater access to information about medical specialists to make informed choices about their health*[11].

Reporting the performance of health practitioners

Performance indicators for health practitioners can be complex and potentially sensitive, but are highly valuable. It is critically important that the data is comparable, reliable, appropriately aggregated, benchmarked, and accounts for external factors such as more complex client case-loads. Once developed, performance indicators could be used professionally to support peer review, and externally to support patient choice. Data could be made publicly available through a 'mydoctor' or 'myhealthprovider' site, comparing health outcomes and costs.

Our recommendation:
The Government commit to work collaboratively with relevant bodies including professional associations to develop a set of agreed performance indicators to assess the performance of health practitioners.

Providing consumers with information about expected costs

One of the most common consumer concerns is unexpected healthcare costs. Providing easy-to-access and easy-to-understand information about typical medical costs is an important way to help people understand their options, seek alternatives, and ultimately have greater control over their experience in the health system.

Doctors have a duty to explain the costs they are charging and to play their role in stemming the unsustainable increases in healthcare costs that are impacting Australian households. Equally, patients need access to information on costs to negotiate a better fee or shop around for a medical professional charging lower prices.

> *79% of our customers are likely to use a specialist cost comparison website*[12].

Ideally, information should be available at a national and state level, and as with performance data, it should be comparable and reliable. As noted above, this data could be made publicly available through a 'mydoctor' or 'myhealthprovider' site.

Our recommendation:
The Government commit to work collaboratively with the health sector to publicly release comparable and reliable national data on costs for common procedures.

Simplifying choices

More than 13 million Australians are covered by private health insurance – often so they have the comfort of choosing their surgeon and avoiding waiting lists for elective surgery in public hospitals. At the same time, Ipsos research indicates that many people considering purchasing health insurance are significantly deterred by its complexity[13]. People can feel completely overwhelmed with the amount of information provided for the product/s they hold, including terms and conditions, the Standard Information Sheet (SIS) and additional product information.

The SIS is a standardised form of product information, intended to provide 'basic information for the purposes of comparison only'. Under current legislative requirements, insurers must provide members with a copy of the SIS at least once a year. The restrictive, 'one size fits all' SIS template means that insurers cannot always describe their products accurately.

For example, the premium payable amount is often inconsistently communicated, as the SIS does not take into account the level of government rebate payable, any Lifetime Health Cover Loading payable and in some cases any discount provided. To help consumers understand all the key features of their product, many insurers supply additional information. This means that members receive multiple pieces of information about their health insurance, each overlapping while containing varying levels of detail and covering different features in different ways. We believe product information should be tailored to meet different customer needs. This is not possible with the inflexible SIS format.

Our recommendation:

The Government commit to replace private health insurance SIS requirements with a minimum mandatory set of product information, developed in consultation with the industry by mid-2017, to simplify product choice for customers.

3. Capitalising on the potential benefits of e-health

The emergence of new technology and digital disruption to delivery models is already transforming health and care in Australia, and this is only likely to accelerate in the future. We should expect to see increased use of telehealth, better electronic data sharing and secondary use of data and information, and individuals making greater use of mobile devices to track and improve their own health. There will be many benefits from e-health developments. It will allow better sharing of patient health and care information, to support better and more coordinated delivery of quality care. E-health is expected to:

- Reduce the cost of delivering care by supporting improved evidence-based treatment decisions;
- Improve access to health and care services in rural and remote communities; and
- Increase consumer engagement in the management of their own health through use of e-health tools.

E-health is critical to a high-quality, affordable, accessible and patient-centred health system.

Despite the huge potential benefits, in many respects, progress with e-health has been slow – particularly by governments in the implementation of a national electronic health record system.

Implementing *My Health Record*

We support the efforts of successive federal governments to create an effective and secure electronic health record system. Once fully implemented, patients will no longer have to repeat their personal details when engaging with health and care providers, and clinicians will have access to health and care information that will help them improve the quality of care, save time, costs and potentially lives.

However, uptake of *My Health Record* remains very low. In July 2016 only around 4 million people had a *My Health Record*[14] – and while the number is increasing, this is still not enough to achieve a critical mass. Development and uptake of the system needs to be rapidly accelerated across Australia – including through working with software companies so the interface between *My Health Record* and existing electronic medical, pathology, radiology, pharmacy and hospital medical record systems is seamless, and to increase the types of health information that can be uploaded and shared.

> *The majority (64%) of our customers agree that the government should prioritise the roll-out of an eHealth record management system*[15].

Our recommendation:

The Government commit to fully fund an accelerated rollout of *My Health Record* in the 2017 Budget, following the 2016 trials – with improved software interoperability and greater customer uptake, building on 2016 trials.

Increased use of telehealth

Expanding the use of telehealth would give patients better access to medical support and help improve the efficiency of the health system. Patients would be able to access many services from home or community settings, rather than being required to physically visit the medical practitioner. This could be particularly beneficial for people with chronic disease. Residents of aged care homes too frail to travel could also receive better access to specialists such as geriatricians. Technological innovation and improvements in broadband mean the range of services that can be offered through telehealth will continue to grow.

Currently, MBS subsidies for telehealth are limited to those patients who have difficulty getting to a specialist or live in rural and remote areas. These limits should be removed so patients in metropolitan areas can also access telehealth. The expansion should be carefully monitored and audited to ensure there is no impact on quality and no over-servicing.

Our recommendation:

The Government commit to extend MBS items to include telehealth consultations and services in metropolitan areas.

Enhancing e-health in aged care

While e-health will be helpful for all patients, it can particularly improve the quality of care for residents in aged care facilities through better electronic sharing of their health records. In particular, when a resident has been to hospital and is returning to their aged care home, they should expect that their discharge summary is uploaded by the hospital – public or private – so the most up-to-date medical information is available for their carers.

> *84% of our customers want hospitals to update eHealth records upon discharge (where patients have given permission)[16].*

Currently, however, this is patchy – ranging from 0% in one hospital system to 100% in others.

Our recommendation:

The Government commit to introduce requirements that by early 2017 all public and private hospitals upload patient discharge records for all My Health Record patients.

4. Providing better care for people with chronic and complex health conditions

It is widely recognised that Australia's health system works well for many Australians but less well for people with complex and chronic conditions, such as diabetes, cancer and mental illness, who require coordinated care across multiple health settings and providers.

> *Chronic disease is already the leading cause of illness, disability and death in Australia[17]. 35% of Australians (over 7 million people) have a chronic condition[18] and around 20% of Australians have two or more chronic conditions[19].*

Currently, the system for these patients is complex, fragmented and uncoordinated, leading to poorly targeted care, duplication and inefficiency – including unnecessary and avoidable admissions to hospital; the most expensive setting for health care.

> *400,000+ potentially preventable admissions to public and private hospitals for chronic conditions occured in 2012–13[20].*

We endorse the findings of the Primary Health Care Advisory Group which recommended Health Care Homes as a new model of care for people with chronic and complex conditions[21]. We also support a greater focus on preventative health, to help reduce the rate of growth in chronic and complex conditions in future.

Implementing Health Care Homes

We support the trial of Health Care Homes that will be responsible for the ongoing support, coordination and management of a patient's care, with the aim of keeping them healthy at home and not in hospital.

However, given the size of the chronic and complex disease problem we face, which has been described as Australia's greatest health challenge[22], it is not sufficient to trial the model for two years with only 65,000 patients and 200 medical practices. We believe the trial of Health Care Homes should be seen as a reform of similar significance to the National Disability Insurance Scheme,

and therefore warrants a fully funded plan to transition from the trials to national implementation. The expansion should be managed as a gradual transition, using risk stratification to initially expand to the first 5% of patients nationally, and then over time expanding to 10%.

Our recommendation:

The Government commit to fully fund in the 2017 Budget the transition from Health Care Home trials to a national roll-out, using a risk stratification approach to transition from 5% through to 10% of Australians with chronic and complex disease.

Tackling preventative health

An important aim of our health system should be to keep people well for longer. While it is recognised globally that there should be a strong focus on preventing disease and reducing ill health, in 2011-12 only around 1.7% of total health expenditure in Australia went to public health activities, including prevention, protection and promotion[23]. Clearly we need improvements, particularly in light of the increasing incidences of chronic diseases, many of which could be prevented or reduced by lifestyle changes such as changes to diet and physical activity, giving up smoking, and reducing alcohol intake.

Bupa supports the Australian Institute of Health and Welfare's view that preventing or delaying chronic disease is one of the most important priorities for the Australian health system[24]. An initial step would be to better target access to publicly subsidised dental care to low income families. It is well understood that dental health problems contribute to general health issues and that improved dental health can help prevent chronic disease, particularly if there is early identification and management of poor dental hygiene.

Given the huge waiting list for public dental services, new schemes should be offered through both the public and private system, with cost-neutral funding arrangements. Along with subsidised dental care, there should be school and community based measures to encourage families to take up the scheme.

Our recommendation:

The Government, as an initial step in preventative health, commit to better target publicly subsidised dental care to low income families as a measure to reduce the severity of dental disease and help prevent future chronic disease.

Complex care in residential aged care homes

The complex care needs of older Australians are best managed in home settings, not in hospitals. This is not only better quality care, it is also the preference of aged care residents and is more efficient than a hospital emergency department, as confirmed by the Productivity Commission's 2011 report, *Caring for Older Australians*[25].

This model of care, however, can only be delivered if the government properly funds complex care in aged care residences. Changes to the Aged Care Funding Instrument in the 2016 Budget were not developed in close consultation with the sector and may compromise quality of care. They may also threaten the viability of some aged care providers, putting further pressure on a system facing increasing demand for services as our nation ages.

Our recommendation:

The Government commit to immediately defer the 2016 Budget changes to the Aged Care Funding Instrument (ACFI) and establish an Aged Care Sector Taskforce. This should comprising representatives of aged care providers and officials, to develop alternative, better targeted funding arrangements that ensure there are no unintended consequences to the quality of care for aged care residents with complex care needs.

5. Strengthening private health insurance, a key part of Australia's health and care system

Bupa believes in a strong public health and care system, supported by a strong private system.

Around 70% of Australia's health care is delivered by the private health sector – for example pharmacists, allied health professionals, GPs, private hospitals and private specialists[26].

Private health insurance is an essential part of a high-quality, fiscally sustainable health system. With its inclusive and equitable 'community rating' framework, private health insurance:

- Underpins a strong private hospital system;
- Eases the pressure on public hospitals;
- Reduces government and taxpayer funding for public facilities;
- Offers patients choices, including when they are treated and who treats them; and
- Allows customers to avoid long public hospital waiting times.

> *10% of public hospital patients waited over 253 days to be admitted for surgery in 2014-15, and 1.8% waited more than 365 days[27].*

The current mix of hospital and ancillary (or extras) products available in the private health insurance sector must be preserved. Ancillary (or Extras) products meet the health needs of many customers (especially the young who are less likely to need hospital treatment) and contribute to chronic disease prevention and management. The vast bulk of ancillary (or extras) benefits (87%) are for dental, optical, physiotherapy, chiropractic, osteopathic and podiatry services[28].

Importantly, ancillary (or extras) products encourage young people to take up and maintain private health insurance – a participation which supports the sustainability of the broader health system and keeps downward pressure on the cost of hospital cover for the elderly.

The Medicare Levy Surcharge and Private Health Insurance Rebate are important government levers for encouraging people to take out private health insurance and reducing pressure on the public health system. The rebate is particularly important for addressing Australians' increasing affordability concerns and should not be further eroded.

Our recommendation:

The Government review indexation of both the surcharge and the rebate in this term of government to maintain their positive influence in the health system.

This would build on our earlier recommendations to improve the affordability on private health insurance by immediately reducing Prostheses List pricing and simplifying product choice for customers by replacing SIS requirements with a minimum mandatory set of product information, developed in consultation with the industry.

6. Ensuring high quality, customer driven aged care

We need an aged care system that supports individual choices to stay at home where possible, backed up by high-quality residential care when needed. The system should provide services that can respond to the growing impact of dementia, and be funded with a focus on the quality of service.

The need for aged care will only increase in volume and complexity in the coming years as our population ages.

> *The population aged over 85 is expected to more than double from 455,400 in 2014 to 954,600 by 2034[29].*

> *353,800 Australians are currently living with dementia[30]. Without a medical breakthrough, this number is expected to increase to almost 900,000 by 2050[31].*

Sustainable investment in the sector is essential to ensure Australia is well prepared to meet these future care needs.

We need reliable and sustainable funding arrangements that respond to consumer demand rather than government licensing systems. The current market-based reforms which give consumers greater choice of where and how they receive care should be accelerated, and the supply of places should be freed up to meet demand.

We need to fund innovative aged care models that put the evolving health needs of residents at the heart of decision making. Governments should work together to remove nationally inconsistent regulation, such as mandated nursing hours and who can medicate, to make the sector more efficient. Finally, a greater priority should be given to establishing a highly skilled workforce, where nursing and care is a more attractive proposition – removing visa restrictions and better targeting vocational training and university courses.

Our recommendation:

The Government should support innovative aged care models that place the needs of residents at the heart of decision making; remove nationally inconsistent regulation; and place greater priority on establishing a highly skilled workforce.

This would build on our earlier recommendations to work with the health sectors and State and Territory Governments to develop new funding arrangements that incentivise the delivery of complex care in residential aged care settings (page 4). It would also support our ACFI funding recommendation (page 10), and complement our recommendation to introduce requirements that by early 2017 all public and private hospitals upload patient discharge records for all My Heath Record patients (page 8).

7. Promoting dignity and choice in end of life care

With an ageing population, it is becoming increasingly important that we consider what is the best end-of-life care.

Care should be provided in a manner that gives people dignity, respect and the choice to die where they want to die. In a recent Bupa consumer survey, 86% of members agreed that end of life care should be more openly discussed in the community. But this is not the model we currently have. The recent Grattan Report *Dying Well* identified many deficiencies[32] including that:

- Dying in Australia is more institutionalised than in most countries: 70% of Australians want to die at home yet only 14% do so[33].
- Australians die at home at half the rate that people do in New Zealand, the United States, Ireland and France.
- Most people do not speak up about the way they would like to die, which means they often experience a disconnected, confusing and distressing array of services, interventions and relationships with health professionals, imposing stress on individuals and families at an already difficult time.

In the next 25 years the number of Australians who die each year will double[34]. It is therefore imperative to consider how best to improve end-of-life care in Australia.

> *86% of our customers agree that end of life care should be more openly discussed in the community[35].*

Certainly in our aged care system we have understood that people want to stay at home as long as possible, and governments have begun to adjust some policies and funding appropriately. Now it's time to do the same with end-of-life care.

Our recommendation:

The Government commit to commence a sensitive and mature debate with the community on end of life care, with a view to giving people dignity, respect and the choice to die where they want to die.

Summary of Recommendations

Immediate priorities

- Defer the 2016 Budget changes to the Aged Care Funding Instrument (ACFI) and establish an Aged Care Sector Taskforce, comprising representatives of aged care providers and officials. Develop alternative, better targeted funding arrangements that ensure there are no unintended consequences to the quality of care for aged care residents with complex care needs.
- Reduce Prostheses List pricing by November 2016 to improve affordability for Australia's 13 million private health insurance customers from 2017 and beyond.

Reforms to commence in 2016

- Commence a Productivity Commission review of the total private health system and how it interacts with the public system – to improve coordination of health and care services and reduce complexity, fragmentation and duplication.
- Introduce requirements that by early 2017 all public and private hospitals upload patient discharge records for all My Health Record patients.
- As an initial step in preventative health, better target publicly subsidised dental care to low income families as a measure to reduce the severity of dental disease and help prevent future chronic disease.

Reforms to commence in 2017

- Work with the health sector to test outcomes-based payments for clinicians (both capitated and blended payment models) in further Primary Health Network regions, to help reduce current over-servicing and shift the focus to health outcomes, not churn.
- Work with the health sector, states and territories to develop new funding arrangements that incentivise the delivery of complex care in residential aged care settings, and rehabilitation and psychiatric care in the community, so care is delivered where people want it, and more efficiently.
- Work collaboratively with relevant bodies including professional associations to develop a set of agreed performance indicators to assess the performance of health practitioners.
- Work collaboratively with the health sector to publicly release comparable and reliable national data on costs for common procedures.
- Replace private health insurance SIS requirements with a minimum mandatory set of product information, to be developed in consultation with the industry by mid-2017, to simplify product choice for customers.
- Fully fund an accelerated rollout of *My Health Record* in the 2017 Budget, following the 2016 trials – with improved software interoperability and greater customer uptake, building on 2016 trials.
- Extend MBS items to include telehealth consultations and services in metropolitan areas.
- Fully fund in the 2017 Budget the transition from Health Care Home trials to a national roll-out, using a risk stratification approach to transition from 5% through to 10% of Australians with chronic and complex disease.
- Review indexation of both the Medicare Levy Surcharge and the Private Health Insurance Rebate in this term of government to maintain their positive influence in the health system.
- Support innovative aged care models that place the needs of residents at the heart of decision making; remove nationally inconsistent regulation; and place greater priority on establishing a highly skilled workforce.
- Commence a sensitive and mature debate with the community on end-of-life care, with a view to giving people dignity, respect and the choice to die where they want to die.

Endnotes

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