



A PROPOSAL FOR A
SELF CARE ALLIANCE

TO PROMOTE SUSTAINABLE HEALTH CARE AND
BETTER HEALTH OUTCOMES FOR AUSTRALIANS

Contents

Why the need to act?	1
Self care and its role in consumer health	3
Why the need for a Self Care Alliance?	4
What issues and activities would a Self Care Alliance undertake?	5
Membership, tasks and structure	6
Appendices	8

This discussion paper has been prepared by the Australian Self Medication Industry (ASMI) and the Pharmacy Guild of Australia to provide an outline of a proposal for a Self Care Alliance, and to add detail to its proposed timing, structure, membership, initial operations and activities.

February 2014

It is now widely acknowledged that Australia's health care system is not sustainable in its current state. A number of major reports into the health system over recent years have outlined the magnitude of future problems facing the healthcare system.^{1, 2, 3}

They all point to rising healthcare costs, increasing and unsustainable government expenditure on health, and a system under enormous pressure from growing demand for health services, especially due to an ageing population.

“From 2009–10 to 2049–50, real health spending on those aged over 65 years is expected to increase around seven-fold. Over the same period, real spending on those aged over 85 years is expected to increase around twelve-fold.”

(Australia to 2050; future challenges, Commonwealth Government, 2010).

Why the need to act? continued

The growing demand for health services across all ages and demographics is contributing to extensive waiting times for access to healthcare professionals and services.

“There are already warning signals around the safety of health care, difficulties with access, and frustration over long waiting times.”

(A healthier future for all Australians, National Health and Hospitals Reform Commission, 2009).

Due in part to the creeping nature of the problem and the long timeframes involved, there is a tendency for policy makers to defer responses and solutions. However, the evidence suggests that, at some point in the near future, there will need to be a rethink about how the health system operates and is funded.

“Long term sustainability of our universal health scheme will not be achieved by incremental changes to the current governance and stewardship arrangement. A step change will be required at some point.”

Professor Johannes Stoelwinder,
Chair, Health Services
Management, School of Public
Health and Preventative Health,
Monash University.

The President of the Australian Medical Association, Dr Steve Hambleton, describes “a tsunami of sickness on its way” in Australia as a consequence of an ageing population and increasing non-communicable diseases. He proposes “a joined-up, strengthened primary health care system built on team-based solutions”.

“Real health reform must be about recognising the changing needs of our society and redesigning the system to meet the new challenges. Let’s not wait for the heart attack and the ambulance. Let’s not rely on the emergency department, the catheter lab with the latest stent, the coronary care unit, and the cardiac rehabilitation. Let’s fix the lifestyle and prevent the heart attack instead. We need to see that seismic shift.”

Australian Medical Association
President, Dr Steve Hambleton,
speech to the National Press Club,
Canberra, 17 May 2013.

Action needed: Achieving reform will clearly entail actions across the broad healthcare spectrum, and all stakeholders will need to play a part.

One question that emerges is: Should the consumer healthcare sector and healthcare professionals be starting to look at how they can play a role in preparing for a future health system that is leaner, with increased pressure on government funding, and with more emphasis on patient-centred approaches, improved health literacy and preventable illness?

The consumer healthcare industry is keen to play its role in making meaningful contributions to the development of a sustainable healthcare system. However, the industry believes this could only be achieved if all stakeholders work in close collaboration or in partnership with each other.

Over recent years, a number of stakeholders in the consumer healthcare sector have discussed the concept of self care, and the role it could play in an evolving and more sustainable healthcare system.

Self care entails individuals taking greater personal interest in, and responsibility for, their health and wellbeing through practices including lifestyle, appropriate use of medicines, diet and exercise.

Self care is aimed at empowering consumers through improved health literacy, and equipping them for the prevention and self-management of acute and chronic conditions. At its core is a shift from 'cure' to prevention, and a focus on activities and decisions that people make for themselves so that they maintain a good level of physical and mental health.

The World Health Organization defines self care as ...

“activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals.”

In its broadest sense, self care entails taking personal responsibility for health, wellbeing and appropriate use of all types of healthcare and services, including:

- Staying fit and healthy
- Recognising and reducing amenable risk factors
- Recognising quality medicines and using them appropriately
- Choosing quality healthcare providers
- Self-care of minor conditions
- Taking responsibility via active management of the care of chronic conditions

It is accepted that self care will not suit everyone. Those facing economic and social disadvantage, for example, and those with complex health problems are unlikely to be in a position to benefit from wider self care.

But there are many individuals and families who are likely to embrace an opportunity to be more proactive in their healthcare, and adopt strategies that will give them a more productive and healthy life.

One of the early priorities of a Self Care Alliance may be to research those groups and individuals who are most likely to benefit from, and adopt, self care.

An important point to remember is that self care does not imply that individuals are left to look after themselves. Rather, the emphasis is on the partnership and the relationship between consumers and their healthcare professionals including GPs and pharmacists.

Why the need for a Self Care Alliance?

The aim of a Self Care Alliance would be to provide an authoritative source of information on the issue of self care, and the way in which it can help people better look after themselves and be more proactive with their health.

It would embody a range of existing stakeholders engaged in the delivery of health care at the consumer level who are committed to exploring a fresh approach to the nation's health.

Membership would comprise a broad range of stakeholders and may include consumer representatives and patient groups, healthcare professionals, the medicines industry, private health insurers, and health researchers. Possible membership is discussed in the following section of this paper.

In a resource-constrained healthcare environment, a priority will be to educate and encourage consumers to look after their own minor ill health and provide them with the confidence and knowledge to also manage more serious conditions in partnership with a healthcare professional.

A key element in any reform of health care is the most efficient use of healthcare resources, including the best use of healthcare practitioners.

It is widely acknowledged that Australia has one of the world's best health systems, but it is on an unsustainable trajectory, with steeply rising government expenditure and demand exceeding supply for some services, as evidenced by waiting times for GPs and certain medical procedures.

The most recent COAG Reform Council report (November 2013) noted that on one of its key benchmarks for reform of primary and community care – waiting times for a GP appointment – the proportion citing 'unacceptable' had risen from 17.8% in 2009 to 27.4% in 2012.⁴

The Alliance would form a roundtable of stakeholders who could harness expert opinion and initiate collaborative efforts to drive solutions to emerging issues in primary health. It would be the umbrella body that would be responsible for self-care initiatives and policies, and a repository of expert advice for stakeholders, media and the wider community.

Ideally, it would be akin to a consumer healthcare think-tank, developing innovative thinking on key issues in primary health care, formulating policies that could advance consumer health, advocating to policy makers in government and bureaucracy, facilitating research, and enabling the spread of evidence-based information to the community, the media and key target audiences.

Waiting times for a GP appointment viewed as 'unacceptable' rose from 17.8% in 2009 to 27.4% in 2012.

What issues and activities would a Self Care Alliance undertake?

A Self Care Alliance clearly cannot solve the wider health reform challenge on its own, but it can work collaboratively with its partners, and bring expert opinion to some of the critical issues that impact primary health, particularly in regard to certain self-limiting ailments and chronic conditions.

In its broadest sense, the Alliance would aim to advance and promote policies that assist consumers to lead healthier lives through improved self-management, prevention and improved health literacy.

A key strategic priority would be to tap in to the accumulated knowledge of the relevant stakeholders to establish a possible model for self care in Australia.

Areas that might be a focus include:

- Lifestyle
- Diet and exercise
- Health literacy
- Use and safety of medicines
- Use of e-health and related technology
- Consumer and patient attitudes to self care
- HCP approaches to self care
- Integration of prevention/self care into the workforce
- Planning and implementing activities around International Self Care Day (24 July)
- Developing community-based approaches to key health issues such as obesity, smoking, alcohol
- Contributing to programs that target indigenous, remote and rural health
- Commissioning and publishing articles and/or a self care journal

The work stream of a Self Care Alliance would evolve over time. In its initial stage, a realistic goal might be to determine a practical and effective range of conditions where self care could be trialed and assessed in a systematic way e.g. pain management, asthma, diabetes.

A limited research project encompassing GPs, pharmacy and consumers might, for example, focus on the clinical and therapeutic outcomes from trialing self care in a selected population.

There is also the question of the evidence for economic versus non-economic incentives that drive enhanced personal responsibility in health outcomes. Associated with this is the relevance of the workplace, not only in relation to the hidden burden of absenteeism and 'presenteeism' but also in regard to worksite-based disease management programs that include self care.

“The World Health Organization advocates for a ‘responsive’ healthcare system that meets people’s expectations. It also advocates for involving patients and carers as partners in initiatives to improve the safety and quality of care, particularly through its Patients for Patient Safety program. This program works with a global network of patients, consumers, care givers and consumer organizations to support patient involvement in patient safety programs at local, regional and international level. WHO has established a global network of Patients for Patient Safety champions, including 13 Australian champions who work in partnership with health professionals and policy makers across the world to identify problems, design solutions and implement change.”

From *Patient-centred care: Improving quality and safety through partnerships with patients and consumers*, Australian Commission on Safety and Quality in Health Care, 2011.

Membership, tasks and structure

The structure and membership of a Self Care Alliance will ultimately be determined by the stakeholders, but some preliminary ideas may suggest how a new body of this type might proceed.

Membership

Membership should be open to a range of stakeholders impacting on consumer health care, and reflect the nature of the partnerships that will be required for informed consumers to benefit from evidence-based solutions, with effective support from healthcare professionals. Broadly, membership might include:

- Consumer representatives
- Patient group representatives
- Healthcare professionals
- The medicines industry
- Private health insurers
- Health researchers
- Government

The Self Care Alliance, particularly in the early stages, will benefit from members who have knowledge and expertise in healthcare delivery and reform that could assist in appropriately progressing self care, and who can play a part in setting a workable agenda for the Alliance in its formative stages.

Key tasks

The key tasks will be to develop a schedule of activities, research projects and studies that can be progressed by the Alliance and its working groups. The objective of these first round activities will be to establish a robust evidence base for self care in Australia, and a platform upon which further work can be undertaken.

Consumers and Patient Group Representatives

will be central to identifying the opportunities for self care, as well as obstacles, challenges, and the means of effectively communicating with target audiences.

General Practitioners are at the forefront of primary health care and occupy a central position in self care.

Healthcare Professionals such as pharmacists, dieticians, naturopaths and others have a key role in the partnerships with patients that comprise self care.

Health Researchers will be critical to providing the evidence basis for policies that are aimed at enhancing self care. For example, it will be important to have a baseline understanding of the knowledge, willingness and capacity of certain population demographics to embrace self care, and to use that information to reach those segments that are most likely to benefit.

The over-the-counter and complementary **Medicines Industry** plays a key role in consumer health care through the National Medicines Policy which sets a formal framework for industry to provide timely access to medicines that are safe, efficacious and of a high quality and affordable.

Private Health Insurers have a pivotal role in influencing consumer behaviour and could be expected to have a wider role in developing a system architecture that contains the right mix of incentives to alter behaviour in favour of self care.

Government representation on the Self Care Alliance would also be welcomed, perhaps as a facilitator to existing government programs and expert bodies.

There are a number of government and non-government agencies that may be relevant to a Self Care Alliance:

- NPS Medicinewise
- Australian Commission on Safety and Quality in Health Care

Structure of a Self Care Alliance

A proposed structure of the Self Care Alliance is set out in Figure 1.

The Committee should be representative of the stakeholder involvement, and include healthcare professionals, researchers, consumers, the over-the-counter and complementary medicines industry, and private health insurers.

The Committee may be supported by an expert committee, made up of distinguished healthcare professionals, researchers, thought leaders and others who bring expert knowledge to underpin and provide strategic direction to the Alliance.

The Chair should be a respected figure drawn from the stakeholder community who has played prominent roles in health reform and preventative health.

Over time, a number of policy working groups may be established to explore more specific work areas, including;

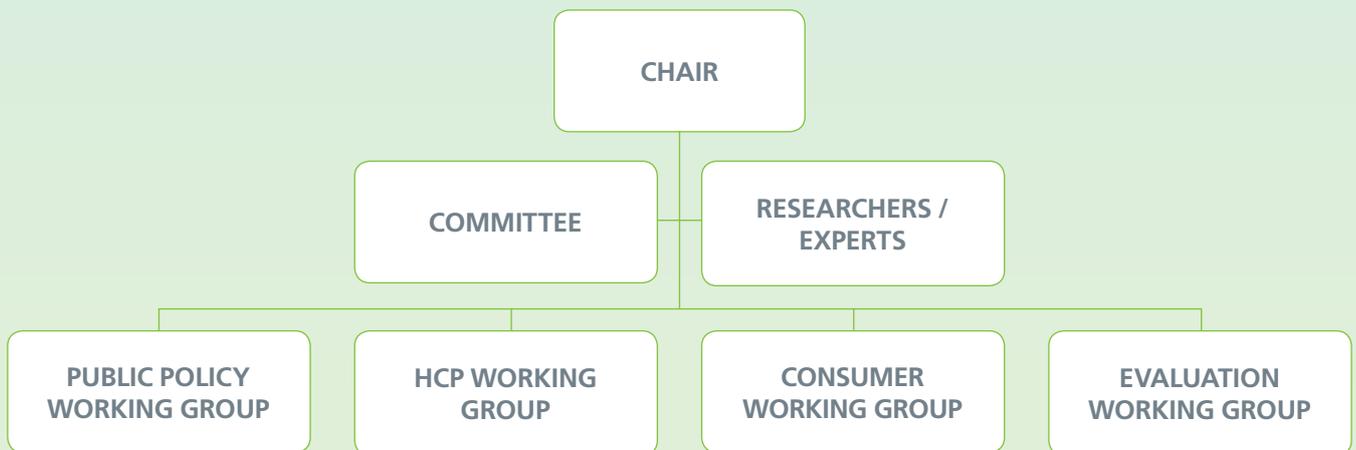
- Consumer attitudes, demographic influences, and potential to engage in self care;
- Healthcare practitioner capacity and approaches to self care, including international experience;
- Public policy implications and opportunities for self care, in areas including health and education;
- Evaluation and measurement of self care outcomes, including linkages to priority health areas such as smoking cessation, obesity, and diabetes.

From a public policy and a funding perspective, a key consideration will be the ability to link self care outcomes to certain National Health Priority Areas, in particular, diabetes, arthritis and musculoskeletal conditions, obesity, and asthma.

An evaluation working group would play a role in helping to determine the measures that would be relevant to a given self care initiative. Similarly, funding from government would require a linkage between specified self care initiatives and health outcomes among defined populations, regions, or disease states.

The data produced by the Alliance in the course of its various project will be valuable to policy makers and researchers and should be considered as an element of future research partnerships and collaborations.

Figure 1: Self Care Alliance – a possible structure



Related projects

There are a number of other organisations that are undertaking 'projects' that could potentially touch on the work of a Self Care Alliance:

Sydney University patient communication project – Ask Share Know – www.askshareknow.com.au

Ask Share Know aims to encourage and empower people to be involved in decisions about their health. It recognises that decision-making about health can sometimes be complex, but that they are 'usually no more complex than other decisions we are used to making'.

Macquarie University self care study project

Macquarie University has been commissioned by ASMI to undertake a three-phase study that will examine consumer decision-making processes when choosing treatment options for common ailments and the value of this behaviour to the healthcare system.

CEDA healthcare reform study

The Committee for Economic Development of Australia (CEDA) has taken an active interest in healthcare reform and published a paper, *Healthcare: Reform or ration*, which advances a number of reform proposals.

Feedback, comment and contacts

We welcome input, suggestions and comment on any element of the proposal, and look forward to your involvement.

Please feel free to contact Deon Schoombie, Executive Director, ASMI, on 02 9922 5111 or deon@asmi.com.au

1. *Healthcare: Reform or ration*, Committee for Economic Development of Australia, April 2013.
2. *Australia to 2050; future challenges*, Commonwealth Government, 2010.
3. *A healthier future for all Australians*, National Health and Hospitals Reform Commission, Final Report, June 2009.
4. COAG Reform Council: Lessons for federal reform: COAG reform agenda 2008–2013

