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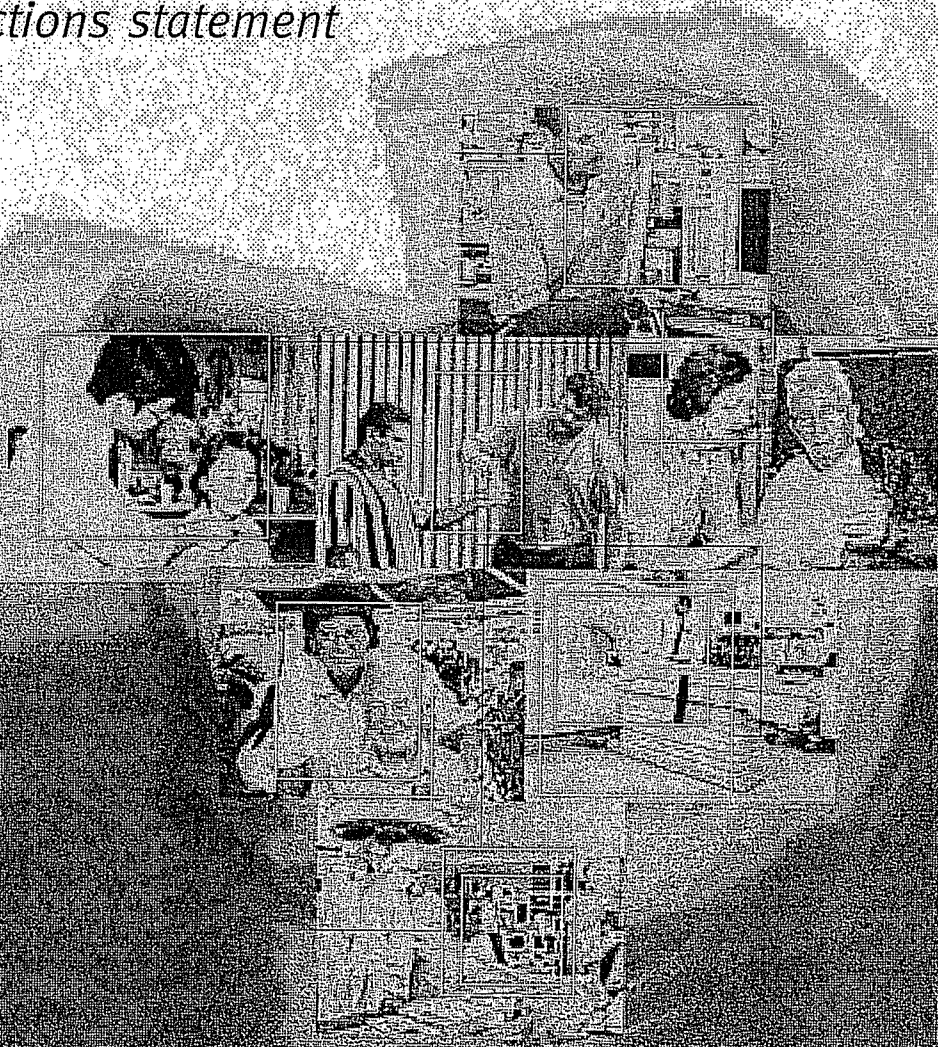
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Smart State: Health 2020

a vision for the future

Directions statement

2002



Queensland Government
Queensland Health

Smart State: Health 2020

Directions statement

*Published by Queensland Health
2002
147-163 Charlotte Street
Brisbane Q 4000*

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Foreword

Achieving and maintaining good health is of prime importance to us all. Working for better health requires the involvement of governments, businesses, communities and individuals. Governments have a key role to play in ensuring the health system responds to the changes and challenges of the future as well as the health issues confronting us today. Businesses and communities contribute to a healthy society through fostering healthy environments, opportunities and cooperation. Individual responsibility for adopting healthy behaviours is essential if many preventable and chronic illnesses are to be avoided.

In July 2001 the Queensland Government commissioned the *Smart State: Health 2020* project to provide an overview of future directions in health and health care within Australia and internationally and outline influences likely to impact on the health and health care of Queenslanders over the coming two decades. The project was charged with working with key stakeholders to prepare a vision and strategic directions for promoting the health and wellbeing of Queenslanders and managing the Queensland health system of the future.

To help develop this vision, the Queensland Government launched the *Smart State: Health 2020 Discussion Paper* earlier this year. This paper asked strategic questions about how to respond to the challenges facing the health system and how the health system, businesses, the community and individuals can work together to improve the health of Queenslanders, including those most at risk of ill health.

In many ways, *Smart State: Health 2020* is a wake up call for Queenslanders. While our health and health system are comparatively good, between one-third and one-half of the burden of disease and injury is potentially preventable. This means many of us can take steps to prevent or delay the onset of some more serious preventable conditions such as heart disease, stroke, diabetes, lung cancer,

injury and depression. We need to use the vast potential of prevention and early intervention to help us achieve our personal goals, become healthier communities and manage escalating health care costs into the future.

The *Smart State: Health 2020 Directions Statement* builds on Queensland's current high quality health system and the world-class credentials and skills of the health workforce. There is every reason for Queensland to have the best health system in the world by 2020. We already have a quality health system, but as with health status, there is room for improvement.

A vision for the health system is essential to navigate and negotiate the pressures for change and the challenges facing the health system and the health of Queenslanders over the next 20 years. Growing the Smart State means responding to these challenges on both a systemic and individual basis. Managing a Smart State public health system requires facing the hard issues that are emerging, not just concentrating on today's issues.

The *Smart State: Health 2020 Directions Statement* provides a broad description of key directions for the Queensland health system. As the pace of change is so great, detailed directions for how to get there will be developed through smaller three to five year implementation plans. The further involvement of the Queensland community including the health workforce will be sought at key points in framing these directions.

The directions statement is about getting the best from changes that are re-shaping health systems across the world. It reflects the values raised in consultation and underlines the interdependence of consumers, providers, government, community and business in developing the Smart State health system.

We should give careful consideration to how we fund and prioritise the development of health services and the responses to health issues through agencies responsible for education, families and the environment through budget

allocation, the setting of strategic priorities and the reporting on outcomes. The 2020 timeframe allows flexibility in achieving this.

We would like to thank all those individuals, community members, groups, providers and professional associations who took the time to provide input into this document.

The issues raised for consideration in this directions statement are by no means the only areas where change will occur in the future. The areas targeted for action are those most likely to have the most significant impacts on health and health care over the coming two decades.

The year 2020 is many years out. However, what we do today with our health and how we shape the health system will have a significant bearing on health and health care in the future. Its now up to all Queenslanders to work together to bring the vision for *Smart State: Health 2020* to life.



The Hon. Peter Beattie MP
Premier and Minister for Trade



The Hon. Wendy Edmond MP
Minister for Health and
Minister Assisting the Premier on
Women's Policy

Introduction

Health is a major influence on people's participation in all facets of community living. Supporting Queenslanders to achieve their best possible health will yield benefits to individuals, families and the broader community in both social and economic terms.

The core role of the health system is to protect health, promote healthy living, prevent what can be prevented, treat what can be treated and provide appropriate care and support to individuals when prevention or cure is not possible.

Governments throughout the developed world involve themselves in health in many different ways. In Australia, Commonwealth, state and local governments are responsible for aspects of health and health services, together with a strong private sector, non-government organisations, volunteers, family carers and individuals.

Governments also play an important role, helping to ensure the essentials for health, including safe and healthy food, safe environments (eg. water, air quality), transport, housing, community facilities and employment are accessible to all.

The Queensland Government's commitment to the people of Queensland is outlined in the *Charter of Social and Fiscal Responsibility*. The Government priorities are underpinned by values for a vibrant, cohesive state in which all citizens have the opportunity to achieve their personal goals. Each of these priorities is influenced by the health of Queenslanders and each in turn can influence the health of Queenslanders in positive ways:

- More jobs for Queensland – skills and innovation – the Smart State – Promoting good health for Queenslanders develops a healthy, productive workforce and contributes to a stronger economy. The health sector is a major employer of highly skilled people and the creation and maintenance of skilled jobs is vital to a strong economy.
- Safer and more supportive communities – Good health helps people of all ages to participate in the activities of their families and communities. Conversely, safe supportive

Directions statement

communities remove many threats to health, such as interpersonal violence, anxiety and social isolation.

- **Community engagement and quality of life**
Health is an important element of quality of life. Communities need to be involved in decisions that affect their lives, health and the development of health services. Community involvement contributes to better health outcomes, better health services and creates conditions which are protective of health.
- **Valuing the environment**
A high level of environmental stewardship in Queensland is critical not only to our health but also to our attractiveness as a tourist destination and our economic performance. Economic performance impacts on our health.
- **Building Queensland's regions**
Queensland is a very decentralised state and its population is widely dispersed. Strong viable provincial, rural and remote communities are vital to the health of rural Queenslanders. Networking services to provide quality primary health care close to where Queenslanders live and access to specialised services when it is required is a major challenge in the complex and diverse health care environment.

Good health is a cornerstone of a Smart State.

*Purpose of Smart State: Health 2020
Directions Statement*

The *Smart State: Health 2020 Directions Statement* outlines the Queensland Government's vision for health and the management and development of the health system in Queensland to the year 2020.

While no one can predict all the changes and developments the world and Queensland will experience over the next two decades, there are a number of key trends which will impact on the health of Queenslanders and the shape of the health system.

Issues for Queensland's health and health system were outlined in the *Smart State: Health 2020 Discussion Paper* (April 2002). Challenges for the

future include changing social, economic and environmental systems, the changing nature of scientific and technological knowledge, and the need to support the health of a growing and ageing population in a sustainable manner.

The first part of the directions statement outlines the strategic vision for a healthy population and a dynamic, sustainable health system which meets the challenges of health service provision in the 21st century.

The second and third parts outline the strategic directions for future action. The strategic directions are the core of the document and describe key directions for the Queensland Government to improve the health of Queenslanders and develop the health system for 2020.

The Queensland Government will develop an implementation plan with detailed strategies and recommendations to address issues identified by the Health 2020 project. Broad strategies to inform this work are outlined in the final section.

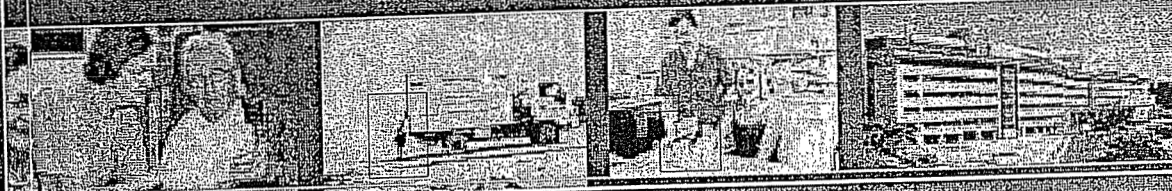
The world is changing.

What will Queensland be like in 2020?

Health and health services are about improving the quality of life and wellbeing of people. Our health is not only a reflection of the 'genetic hand of cards' dealt to us at birth, but equally related to external factors including our work, our family and the physical, social and economic environment.

Organising health services is also a function of wider factors. The provision of health services depends on where people live, economic and government conditions and increasingly, global conditions.

While the future is, in many respects, unknown, developing future strategic directions for health and the health system requires an understanding of, or at least assumptions about, what Queensland and the world may look like in 20 years.



Changing social, economic and environmental circumstances

The people of Queensland in 2020

- Queensland is the fastest growing state in Australia. By 2021, the Queensland population is predicted to have grown from 3.6 million people today, to 4.8 million people. Two thirds of the population is likely to be living in the south east corner of Queensland. Between 2026 and 2038, Queensland will overtake Victoria as the second most populous state in Australia.
- By the year 2021, Queenslanders will be expected to live longer. For Queensland men, life expectancy is likely to be 81 years compared to 77 years today. Queensland women are likely to have a life expectancy of 85 years compared to 82 years today.
- The Queensland population is ageing. In 2001, people over the age of 65 accounted for 11.4 per cent of the population. In 2021, older people will account for 17.1 per cent of the population. The baby boomers will begin retiring in 2006.
- Fertility rates in Queensland and the rest of Australia are currently around 1.8 births per woman, well below the population replacement level of 2.1 births per woman. Current birth and fertility rates are anticipated to remain relatively stable to 2020.
- Indigenous Queenslanders currently account for around 3.5 per cent of the population. They have higher fertility rates and higher mortality rates than the total population, suggesting a relatively younger age distribution in 2020.
- Queensland is increasingly becoming a multi-cultural society. In 2020, Queenslanders of Anglo-Saxon descent will represent 63 per cent of the population, with an anticipated growth in Queenslanders from Asian backgrounds. An increasingly multi-cultural society has implications for both improving

health and the delivery of health services.

- By 2021, between one in seven and one in nine Australians may be living alone. Up to a quarter of people aged 75 years and over are likely to be living alone. Three quarters of these are likely to be women.
- By 2021, almost one third of children aged between 0-4 years could be living in one-parent families.

The changing economic environment

- The Australian economy will change considerably within 20 years. The trend toward knowledge-based industries, growth of the Internet as a major means of doing business and globalisation are all impacting on traditional industries within Australia. The population of tomorrow is more likely to be involved in service and knowledge-based industries than in manufacturing or agricultural production.
- Services traditionally provided by government, such as telecommunications, utilities and, to some extent health services, are increasingly being provided by corporations. Australia is seeing a trend toward larger private health providers and the corporatisation of medical services such as general practice.
- Over the coming two decades, workforce growth will slow as a result of an ageing population and lower birth rates. This has implications for economic growth and workforce patterns.
- It is estimated that up to 70 per cent of the jobs of 2025 may yet to be thought of. Over the next two decades people will be more likely to change careers, with estimates that, on average, workers can expect seven career changes over a working life. Increasing numbers of people are likely to work in part-time or casual employment, with associated lower levels of income and job security.

¹ 4 Seeable Futures – Transport Portfolio Scenario-Based Planning for the Queensland Department of Transport and the Queensland Department of Main Roads 2000-2025 (1999).

- The gap between the wealthy and poor has widened over the last twenty years, with approximately 13 per cent of Australians considered to be living in poverty. Australia has one of the highest levels of joblessness amongst families with children in OECD countries. The growing gap between rich and poor will be a significant health challenge for the coming two decades.

A changing natural environment

Global industrialisation is impacting on the natural environment. The changing natural environment to 2020 could impact on the Queensland population in the following ways:

- changing weather patterns, including global warming could see the geographic spread of communicable diseases (eg. spread of malaria, dengue fever) and the emergence of new ones
- unstable weather patterns could see a change in the pattern of natural disasters such as cyclones and a spread toward more populated areas
- depletion of the ozone layer may increase the numbers of people suffering from skin cancer and cataracts
- diseases associated with air pollution, including respiratory problems, may increase in urban areas
- the world's population as a whole could face a potential lack of safe drinking water and food production patterns impacted by global warming and unstable weather patterns.

Measures are being implemented across the globe in an attempt to promote a more sustainable use of the world's natural resources.

The nature of government in 2020

Queensland has a strong democracy and is governed under a three-tiered system of federal, state and local governments. While this system of government has remained relatively stable for many years, the division of responsibilities

between these three tiers may well look quite different within 20 years.

Globalisation will also impact on governments particularly in the development of economic and policies. In many respects, the policies of the world's larger, more powerful nations will influence policy directions of other nations.

At the same time, individuals and communities are seeking for governments to become more responsive and community based.

The health and health system challenges of 2020

The health of Queenslanders is good but it could be better

By international standards, Queenslanders enjoy very good health and our health system performs very well.

The coming two decades offer the promise of new knowledge that may well change the way we look at health. New modes of prevention, better understanding of human behaviour and the impact of social and economic environments on health, medical and scientific discoveries and new *therapeutic and communication technologies* will revolutionise our approaches to health and health service delivery.

However, around the world there is an increasing prevalence of a range of chronic diseases including heart disease and stroke, diabetes, cancer and respiratory disease. Injury and self-harm also account for a sizeable proportion of disability and death.

Chronic depression is growing as a significant health issue. The World Health Organisation estimates by 2020 one in four people will suffer from a mental health disorder during their

lifetime, with chronic depression and substance abuse being a large proportion of this burden.

Queensland's health is not as good on some parameters as that of some of our interstate counterparts and the health of Indigenous Australians (Queenslanders included) is poor by any yardstick. There remain significant opportunities for improvement in health through the combined efforts of governments, the health system, communities, individuals, and the non-government and private sectors.

Much of the burden of disease and injury is preventable. The main contributors include tobacco, diet, physical inactivity and excess consumption of alcohol. The burden of disease is also influenced by broader social, economic and environmental factors. A multi-strategy, whole-of-government and community approach is required to prevent an increasing number of Queenslanders facing poor health – taking them away from productive pursuits, impacting on family, community, workforce participation and quality of life and placing unsustainable pressure on the future health system.

The changing nature of health services

Queenslanders have access to one of the best health systems anywhere in the world, with quality care from highly skilled health professionals. Queensland's health system is at the forefront of many innovative medical techniques, improving the quality of life of many Queenslanders.

Over the coming two decades, Queensland's health system needs to respond to a number of challenges including:

- the increasing prevalence of chronic conditions, which will require greater ongoing care in community environments rather than the hospital environment
- the ageing of the population, which will require a reassessment of how health services, residential aged care and related social services are delivered
- new technologies, new drugs and new medical and surgical techniques, which are changing the

treatment and management approaches for a number of conditions. These innovations are likely to change the traditional roles of hospitals, primary care and community care

- clinical practice is also changing. Today, some 50 per cent of procedures in Queensland Health's hospitals are performed on day-only basis. Drug therapies are also improving and reducing the need for prolonged hospital stays
- changing public expectations of health services. Queenslanders have high expectations about accessing quality, safe health care and are becoming less tolerant of medical errors and waiting to access services. Queenslanders are increasingly using complementary therapies in addition to mainstream health care
- rising health care costs driven by medical advances, community expectations and the ageing population. Managing health care costs into the future will be a challenge for health service providers and governments.

Changing workforce patterns

One of the most significant challenges which will face the health care industry is declining workforce growth. Over the coming two decades, growth in the working age population in Australia is projected to slow significantly from an average net growth in the order of 170,000 per annum to an annual net growth of just 12,000 per annum. This means there will effectively be fewer people to care for more patients.

Competition for the available workforce will require major changes to the way health professions are organised, requiring a rethink of the traditional barriers between professions and possibly the development of new professions. The Queensland health system must ensure Queensland maintains a workforce to meet future health care needs.

Rapid pace of technological change

Technological change will occur at unprecedented rates over the next few decades. The adoption of

these innovations will necessitate difficult scientific, economic and ethical choices, including changes to the way current services are delivered and disinvestments in some existing services.

New technologies in communication and information management will permit better quality management and tailoring of services to individual needs. Future health innovations could involve robotics, computer-assisted surgery, enhanced drug design and gene and stem cell technologies.

Increasing costs of health care

Health care expenditures are likely to come under significant pressure with:

- ever increasing costs of new technologies, new drugs and health care innovations
- increasing consumer demand as medical breakthroughs and advances in medical technologies make health care more accessible
- the ageing population
- general population growth.

While the ageing population and population growth will add to the overall costs of providing health services, ageing is not expected to place as great a pressure on health care spending as the combined effects of new drugs, new technologies and increasing consumer demands².

In summary

No one knows what the future holds, either for themselves individually or for Queensland and the world more generally. What we do know is that human behaviours and key social, economic, technological and environmental factors will play a vital role in determining our health and health system between now and 2020.

The Queensland health system is not unique in facing these challenges. Many OECD countries are facing similar issues.

Maintaining a high quality health care system into the future will be heavily dependent on the

Queensland health system's ability to change to meet emerging challenges.

While the future is to a considerable extent unknown, building an understanding of the relationship between Queensland's social, economic and environmental factors and their impact on health outcomes will assist the Queensland Government in partnership with business and communities, to influence that part of the future within our control.

² Commonwealth Treasury. 2002-03 Budget Paper No 5. Intergenerational Report 2002-03. (2002)

Smart State: Health 2020
Directions statement

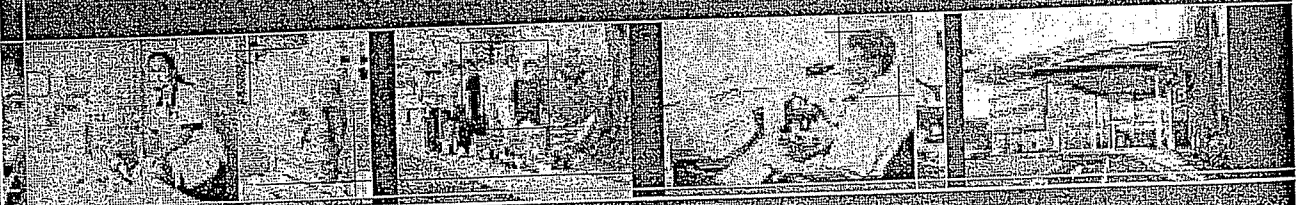
Smart State: Health 2020

Strategic vision

Where we want to be in 2020...

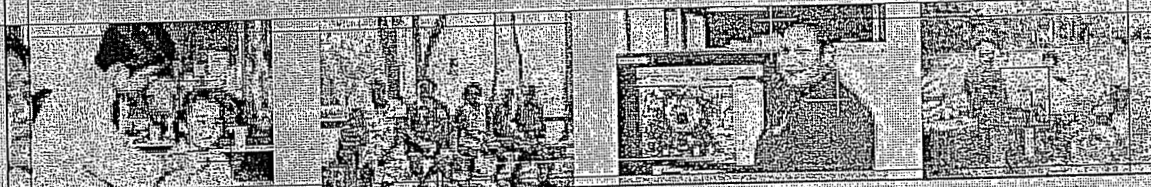
The best health and quality of life in Australia

A health system that ranks with the world's best



A strong, vibrant health system in Queensland in 2020 will:

- support the right of every Queenslanders to social and economic security, good health and wellbeing
- recognise the strong link between social, economic and environmental factors and the health of Queenslanders
- recognise that social and physical wellbeing are critical to sustaining healthy communities and economic prosperity
- promote healthy living and prevention as keys to strengthening the health status of Queenslanders
- support the provision of integrated, patient-centred health services
- accept the right of Indigenous Queenslanders to health and wellbeing equivalent to that of other Queenslanders. It will work across Government to achieve this and support communities in the development of local social and health policies and actions.
- ensure that health policies and services meet the specific needs of Queensland's ethnic communities
- invest wisely in Queensland youth and their education, promoting a desire for learning, effective social interaction and the importance of healthy living
- ensure older Queenslanders are valued and treated with dignity and can feel confident of appropriate lifetime care and support
- support Queenslanders who have poor physical or mental health
- recognise the health workforce is the most important asset in providing quality, cost-effective health care, and that workforce development must complement changing models of health care
- recognise the changing profile of Queensland's rural population and providing quality health care will require more flexible models of care supported from regional centres, the wider use of technology and new strategies to maintain a strong rural workforce
- recognise Queenslanders' rights to be fully informed about health treatments, to access information held about their health, with privacy and security of personal information protected by legislation
- allocate resources based on complementary, population-based economic, social and health-related policies and demonstrated health improvement outcomes
- build meaningful partnerships with the Commonwealth and local governments, the private sector, non-government providers and community organisations to ensure efficient, effective and integrated health service
- acknowledge health providers are accountable for their actions, requiring continuous quality improvement measures and evidence-based standards designed to maximise outcomes and minimise risk
- protect community values where new technologies or interventions are proposed and ensure full social debate occurs before any change to legislation, standards or practice occurs
- promote innovation in the treatment of illness and injury and in the delivery of health services.



The health of Queenslanders in 2020

The Queensland Government's vision is for Queenslanders to have the best health and quality of life in Australia by 2020.

Achieving this vision will include:

- targeting issues where Queenslanders' health is below that of other Australian States and Territories
- targeting health improvement and increased life expectancy for Indigenous Queenslanders
- realising the potential of prevention and promotion, early detection and intervention, treatment and management, rehabilitation, continuing care and palliative care
- addressing diseases with the technologies we already have and tapping the potential of the application of new knowledge, new therapies and new technologies
- promoting positive mental health in the community and providing early intervention and effective therapies for Queenslanders with mental health conditions
- taking whole-of-government approaches to shape economic and social trends underpinning our society, its values, and its capacity to generate health and wellbeing
- developing a health system which is robust enough to respond in the future to the impact of the unknown.

The health system of 2020

The Queensland Government vision for 2020 is to develop a health care system that ranks with the best in the world. The health system of 2020 is likely to be characterised by the following features:

- the consumer firmly embedded as the focus of the health system
- a strong public health sector working with primary health care services, communities and other sectors to maximise the protection and

promotion of health and the prevention of illness and injury at whole of population, community, family and individual levels

- greater emphasis on primary health care and care in the community, with general practice playing a key role in disease prevention, early detection and ongoing management of diagnosed chronic diseases
- general practitioners, nurses, nurse practitioners, physiotherapists, pharmacists, counsellors, mental health workers and other health professionals working together as multi-disciplinary teams in primary care settings to deliver integrated services. Referrals to and from other parts of the health system may come from a range of health professionals
- increasing self-management of diseases by individuals supported by dynamic multi-disciplinary teams, families and volunteers and communications and information technologies
- health centres and community hospitals undertaking an increasing number of previously complex procedures, on a day-only or non-admitted basis, or the use of new drugs to treat many illnesses previously requiring surgery
- major hospitals becoming 'super specialised' treating the seriously ill and injured with state-of-the-art services. Major hospitals may become 'virtual hospitals' built around bases of expertise rather than geographic centres of health care delivery
- 'medi-hotels' or community rehabilitation centres increasingly replacing in-hospital rehabilitation services, particularly for older Queenslanders
- community health services playing a vital role supporting older Queenslanders and Queenslanders with a disability in home and community environments
- increasing numbers of health professionals working in non-traditional health care environments
- many mental health and aged care services delivered in community or home environments as opposed to institutional settings

Directions statement

- communications and information technologies, including an electronic patient record assisting the delivery of a well-integrated health system and seamless delivery of health services.

Achieving health service delivery of this nature will require significant changes to today's institutions and professions and the way individuals and communities interact with the health system.

The dynamic workforce of 2020

The Queensland Government's vision is to support the ongoing development of a dynamic, quality health workforce ranked amongst the best in the world with the workforce well positioned to take advantage of emerging technologies and changing health needs.

The health workforce of 2020 is likely to have some of the following characteristics:

- general practitioners or broadly skilled health practitioners will be the frontline providers of primary health care
- whilst remaining generalists, general practitioners will be able to access more specialised diagnostic, treatment and communication technologies and work closely in partnership with specialist medical staff and other health professionals in prescribing care within community settings
- general practitioners or other health practitioners working as multi-disciplinary teams, will ensure that individual health care needs are thoroughly assessed at the primary level and that patients are not inappropriately admitted or retained in acute care environments
- health and community workers will be appropriately upskilled and have greater autonomy for managing their activities against agreed standards and protocols
- local communities will be involved directly with local health workers in health promotion, health care planning and service evaluation
- secondary services located at metropolitan and

the larger provincial hospitals, but specialists and health practitioners providing ambulatory and outreach services through conveniently located community or regionally based care centres

- with the predicted sophistication and developments of technology and clinical interventions over the next twenty years, the medical and health practitioners of major acute hospitals will become more specialised
- technological developments will render some specialty procedures redundant and complex procedures today may be routine in the future. Specialist medical and specialist health practitioners in tertiary and major hospitals will continue to play major roles in training and consultancy services to primary and secondary services.

Tapping the technological potential of 2020

The Queensland Government's 2020 vision is for the Queensland health system to be a benchmark for Australia in terms of technological evaluation and innovation in order to take advantages of emerging opportunities to improve the health and care of Queenslanders. This vision includes:

- the evaluation and evidenced-based introduction of new technology across the health sector to improve the integration and efficient delivery of health services and the changing model of health service delivery
- investment in ongoing training of the health workforce in technological advances
- ongoing evaluation of the health outcome potential, costs and benefits of emerging technologies
- sustainable investment and ongoing commitment to Queensland-based health and biomedical research and development
- recognition that technology is only one of the tools for better health and wellbeing of Queenslanders.

The role of the Queensland Government

The role of the Queensland Government is to protect, promote and improve the health and wellbeing of the Queensland population and ensure all Queenslanders have access to appropriate health services as needed.

Consistent with this role the mission for Queensland Health is *helping people to better health and well-being*. Queensland Health's role is to:

- lead the development of health policy for improving the health outcomes of the Queensland population
- take a leadership role in the planning and prioritising for health improvement through participation in and coordination of planning, budgeting and monitoring activities with all government agencies to support wider socio-economic health improvements opportunities
- take a lead role in the health education of the Queensland population and in the provision of public health responses for improving health
- build the partnership between Queenslanders, the Queensland health system and other sectors to support better health, and
- coordinate the planning and delivery of appropriate health services within Queensland and to foster a world-class health system.

Queensland Health is also committed to taking a leadership role to foster a Queensland health care system which is patient-centred, integrated and makes the best possible use of all health care service delivery systems, public, private and non-government organisations, to ensure efficient and effective delivery of health services.

Queensland Health is only one of the health service providers in Queensland, albeit the largest provider, with the largest proportion of its services based around acute health care, mental health care and promoting public health.

Queensland Health is committed to a coordinated approach to outcome focused, evidence based services across the full spectrum of health services and consistent with the developing model of health service delivery for 2020.

Taking the vision forward

In response to the challenges identified, the strategic directions of the Smart State: Health 2020 project are framed around the two overarching goals of:

Improving the health of Queenslanders

- Taking a wider perspective on health
- Targeting areas for health improvement in 2020
- Involving Queensland communities in better health and health care

Developing the health system of 2020

- Integrated patient-focused health services for 2020
- Shaping our future health workforce
- Smart State: research and technology
- Paying for health in 2020

These goals capture the broad objectives for health and the health system in Queensland and embrace the more specific strategic directions outlined in this directions statement.

Smart State: Health 2020
Directions statement

Strategic directions

Improving the health of Queenslanders in 2020

*The Smart State: Health 2020
strategies for improving the
health of Queenslanders in
2020 are built on three key
directions:*

Taking a wider perspective on health

Targeting areas for health improvement in 2020

*Involving Queensland communities in better
health and health care*



Taking a wider perspective on health

Objective

To improve and strengthen whole-of-government approaches to address social, economic and environmental factors impacting on health and to encourage and enable healthy lifestyles and preventive health care

Strategic directions

Taking a wider perspective on health includes:

- promoting a Smart State vision that the best long-term strategy for sustaining the Queensland health system and Queensland's societal and productive growth is to create and maintain the conditions that enable and support people in remaining healthy and providing appropriate early intervention and care when needed
- enabling, encouraging and supporting Queenslanders to take greater responsibility for their health, including strengthening the level of support and investment in actions targeted at nutrition, physical activity, tobacco, alcohol and other addictive and harmful substances
- strengthening healthy lifestyle skills as an essential feature of the education of every young Queenslander
- ensuring every Queenslander is given the opportunity to succeed at school, to pursue post secondary training and career development and as far as can reasonably be expected, to remain in employment
- encouraging employers and industry to promote healthy living and the introduction of incentives for improved worker safety and fitness
- ensuring the protection of public health with specific priorities given to the effective management of the environment, infectious diseases, immunisation programs and safe public utilities, drinking water and food
- developing and refining systems to measure changes in population health status and wellbeing as well as health system performance

Our health is dependent on our individual lifestyles, economic and societal conditions, our environment and our individual genes. The health system plays an important role in responding to and influencing the impact of these in its role of protecting health, preventing illness and curing and caring for people with illness and injury when it occurs. However, much also can be done outside the health care sector to improve health in Queensland.

Wider social and economic factors have long played a part in improving health. Measures such as improving drinking water quality and sanitation during the early 1900s significantly reduced the rate of communicable diseases. Increasing wealth over the last century also played a role in improved health as did better nutrition. Measures such as seat belts and improved road and car designs have played a major role in reducing injury and resultant death and disability.

While major steps forward have occurred over the past century, there is still significant scope to improve the overall health of the people of Queensland. Many of the health gains of 2020 are likely to occur by targeting lifestyle factors and by influencing socioeconomic factors which play a major role in determining people's health and wellbeing.

A whole-of-government approach to health improvement

The health of individuals, families and communities is determined by wide range of social, economic and environmental factors including education, income, family and community, physical environment, culture and ethnicity, age and gender.

Improving health in 2020 for all Queenslanders must include strategies to address the challenges faced by socially disadvantaged people and communities. This is not an easy task. Changing social, economic and environmental factors over the coming two decades will make this task even more difficult.

The Queensland Government is committed to tackling the wider social and economic factors for all Queenslanders. Health improvement must become a joint responsibility for all Queensland Government

departments and policy makers to ensure Government policy is consistent with maintaining and improving the health and wellbeing of every Queenslanders.

The *Charter for Social and Fiscal Responsibility* outlines the Queensland Government's strong commitment to improving the quality of life of all Queenslanders through the closer integration of government services. Government agencies with roles in improving health and wellbeing include those responsible for:

- education
- employment and income
- family and community
- housing
- disability services
- aged care
- justice
- transport
- environment
- emergency services.

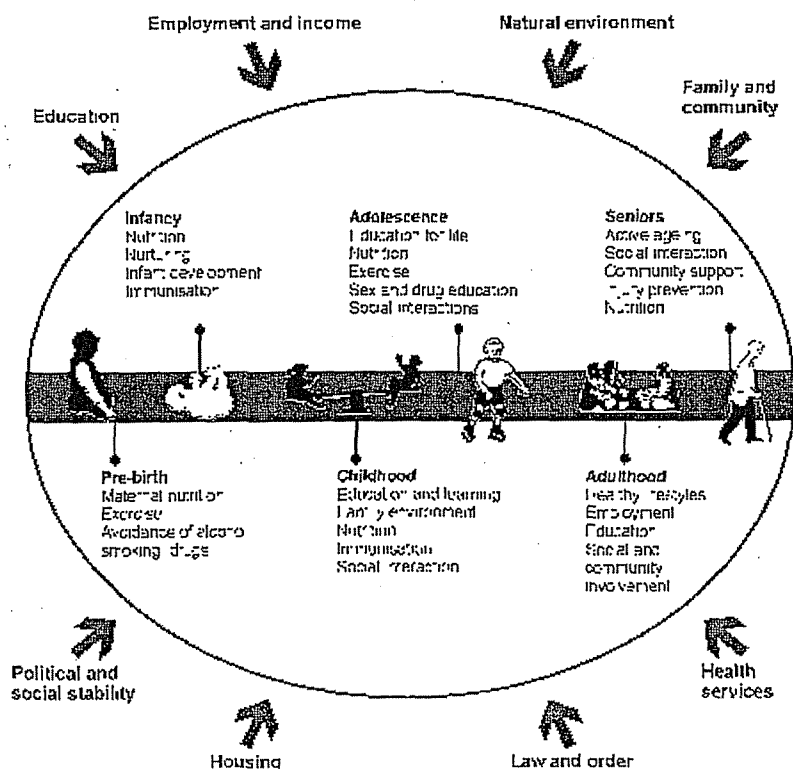
Prevention is better than cure

Many of the health gains of 2020 are likely to occur by targeting the factors that contribute to the relatively small number of conditions that make up the majority of the burden of disease. The Australian Institute of Health and Welfare estimates that between one third to one half of the burden of disease in Australia is preventable.

The leading causes of preventable disease in Australia are: tobacco smoking, overweight and obesity, inadequate vegetable and fruit intake, physical inactivity, hypertension, high blood cholesterol, alcohol consumption, unsafe sex, and illicit drug use. These factors are contributing to a growth in the prevalence of chronic diseases such as heart disease, cancer, stroke and diabetes and mental health problems. Without significant changes to these risk factors, and the underlying socio-economic factors that contribute to their high rates, preventable chronic disease will continue to escalate.

A life time investment in health and well-being

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organisation).



Strategic, integrated approaches to prevention are essential.

Each of us has a role to play minimising or avoiding high-risk lifestyle decisions. The Queensland Government, together with the Commonwealth Government and industry partners, has a very important role to play in enabling and supporting individuals and communities to make healthy choices.

A lifetime investment in health

For many people, the only time they think about their health is when they become ill or are injured in some way. At that time, they visit a doctor, explain the symptoms and receive a diagnosis and treatment, as needed. However, improving health for the long term requires investments in a range of health and human services to prevent illness and injury before they occur or become acute.

A lifetime investment in health means that Queenslanders can access a range of services appropriate to their individual and family needs at any stage in their lifespan. This is particularly important given the growing evidence of the benefits of investing in health care, education, welfare, employment and child protection at early stages in the lifespan to improve long term health. Further, sound investments across the lifespan not only improve life expectancy, they can also ensure the later years of life are quality years.

A lifetime investment requires strategic and financial investment from several sectors to ensure integrated services that meet the changing and different needs of children, young people, adults and seniors. Much of this investment will be in managing change in the organisation of services, community environments and individual behaviours.

The Queensland Government is committed to ensuring all Queenslanders receive appropriate services to promote health and provide health care throughout life – from pre-natal and maternal health care to palliative care.

Target health improvement areas for 2020

Objectives

To improve the health and wellbeing of the Queensland population by implementing targeted health strategies to address those areas of illness and injury which offer significant health improvement opportunities

Strategic directions

Improvements in target health improvement areas will be achieved by:

- implementing strategies in areas where there are opportunities for major health gains including
 - cardiovascular disease
 - cancer
 - depression
 - suicide
 - injury
 - oral health
- implementing in collaboration with community leaders, specific whole-of-government responses to addressing the health and well-being of Queensland's Indigenous populations
- targeting health improvement opportunities for child and youth health
- improving the safety and quality of health care

In the twentieth century, the improvements in population health across the developed world were staggering. Most Queenslanders now enjoy better health than their counterparts of a century ago. However, there are persistent health inequalities for Indigenous Queenslanders and those suffering socio-economic disadvantages.

Even over the last two decades, the improvements have been significant. Death rates in Queensland fell dramatically, largely through better prevention and management of heart disease, stroke and injury.

Australians are among the healthiest people in the world and Queenslanders' health is generally comparable with national patterns, despite being above the national average on some indicators including rates of cardiovascular disease and lung cancer.

There are a number of diseases that affect more Queenslanders than any others. The Queensland Government is committed to developing strategies to address these areas. Targeting these areas does not, however, reduce in any way the Queensland Government's commitment to other physical and mental health conditions.

Cardiovascular health

Queensland has made major gains since the 1960s, with significant falls in overall death rates for heart disease and stroke and halving of these rates for those of working ages. Coronary heart disease and stroke remain major causes of death in Queensland and our rates in these areas are well above those of several other developed nations. The Queensland Government will work to improve cardiovascular health by:

- better rehabilitation for those who have experienced heart attacks and strokes
- treating individuals who are at elevated risk with increasing self-management for individuals with a diagnosed chronic condition
- *primary prevention* to reduce the prevalence of risk factors from childhood to later life
- better treatment of acute cardiac events and strokes through safe, quality services based on sound evidence.

Cancer

Cancers account for around one quarter of all deaths in Queensland. Based on current knowledge, it is estimated around one third of all cancer is potentially preventable – some through primary prevention, others through early detection and early intervention. Much of the burden of established

cases of cancer can be reduced through effective treatment and management strategies. Strategies to reduce the impact of cancer include:

- increasing capacity to address risk factors, such as smoking, sun exposure and exposure to other cancer-causing substances, poor nutrition and through legislation, policy, communication, education and environmental controls
- achieving high rates of participation in screening programs, which currently show benefits for breast and cervical cancers and may in future show promise for colorectal, prostate and some other cancers
- building health system capacity for effective, responsive treatment and management
- ensuring psychosocial support, which is important at all stages of cancer care
- for those whose cancer is not curable, providing comprehensive palliative care services in settings of the client's choice
- better use of registries and communication and information technologies
- improving research and application of existing research.

Depression

Depression is the most pervasive and costly of all mental disorders. It affects both sexes and all age groups, but rates are higher in women than in men and are particularly high for adolescent and younger women. Depression is more prevalent in people with poor physical health and those with other mental health conditions. Actions to reduce the incidence and impact of depression include:

- proactive mental health promotion programs including intersectoral action to create supportive environments
- promoting resilience strategies in children and youth
- assisting people to recognise depression early when it does occur

- encouraging those affected to seek help and facilitating access to appropriate services
- provision of effective treatment and management strategies
- reducing the stigma and discrimination experienced by people with mental health problems.

Suicide

Suicide affects people of all ages and rates in Queensland are consistently higher than in other states. Rates are generally around four times higher in males than in females, though rates of self-injury are higher in younger females. Factors contributing to the risk of suicide include:

- mental health conditions, especially depression and substance abuse
- family and childhood factors, such as parental separation, parental mental illness, poor parental care, childhood abuse and family history of suicidal behaviour
- social factors, such as poverty, poor educational achievement, discrimination and bullying
- stressful life events, such as interpersonal loss or conflict and legal or disciplinary crises.

Public policy to prevent suicide needs to:

- improve community awareness about suicide and self-injury, along with ways to enhance protective factors and reduce risk
- broaden options within communities for accessing early intervention
- improve dual diagnosis for people with drug and alcohol disorders and mental illness
- provide integrated, non-stigmatised support for individuals at risk and those recovering from mental illness.

Injury

Injury is a major contributor to the burden of disease, both in terms of years of life lost and years lived with disability. Queenslanders have higher rates of injury than the national average and Indigenous communities experience very high rates. The majority of the burden of injury arises from:

- drownings, falls and poisoning in young children
- motor vehicle accidents and self-harming behaviours in early adulthood, and
- falls in older people, which alone account for half the hospital costs of injury.

Queensland Health's role in injury spans prevention, trauma management and rehabilitation. It is the lead agency for some issues and partners a diverse role of intersectoral groups in others.

Effective injury prevention can yield immediate benefits. Strategies to lessen the incidence and impact of injury need to include:

- collaborative approaches to injury prevention in a range of settings, such as local communities, transport, schools, workplaces, health and aged care facilities
- networked, responsive trauma management services
- rehabilitation to optimise client outcomes
- integrated information systems to inform research, policy and action.

Indigenous health

Aboriginal and Torres Strait Islander people experience illness, injury and death at several times the rates of other Queenslanders. These inequalities are largely preventable. The poor health of Indigenous Queenslanders poses a wider range of challenges for government. Most of the excess burden of disease and injury among Indigenous Queenslanders is attributable to heart disease and stroke, injury, diabetes and respiratory conditions.

Strategies to improve the health of Indigenous Queenslanders include:

- improving local governance arrangements for remote area communities infrastructure including roads, housing, water and food supply, broad economic development issues, environments, education and community development
- improving access to primary health care services, including locally based services and mainstream services and culturally appropriate prevention measures
- enhancing capacity and skilling of the health workforce in remote areas, especially the Indigenous health workforce
- addressing the poor access of Indigenous people to Commonwealth-funded programs including the Medical Benefits Scheme, Pharmaceutical Benefits Scheme and aged care services.

Child and youth health

Most children and young people in Queensland enjoy good health and there is evidence that investment in health promotion, prevention and early intervention strategies can improve health in childhood and minimise the risks of chronic disease in adulthood. There is also ample evidence that poor social, economic, educational and environmental circumstances in prenatal life and early childhood present significant threats to physical growth and development, mental health and to longer-term health outcomes. Broad strategies for children and young people need to:

- support the health of mothers through pregnancy and the antenatal period
- create safe, supportive and nurturing family and community environments
- promote adoption of healthy lifestyles identify and address behaviours that can affect health in adult life, including promotion of nutrition and physical activity
- ensure preventive health services, such as immunisation and oral health are provided at

appropriate ages

- provide accessible services to meet the health needs of young people including sexual health programs, alcohol and drug services and mental health services.

Oral health

Oral health is integral to general health. When severely compromised, it can affect self-esteem and social outcomes and is associated with risks for several other conditions, such as cardiovascular health and diabetes. The dietary and behavioural factors that cause the major oral diseases are well established and are largely preventable with regular dental care.

Key strategies to improve oral health include:

- elevate the debate on fluoridation of water supplies, which is a safe, cost-effective and equitable means of achieving considerable improvement
- preventive oral health services across all ages to ensure sustained oral health throughout life
- collaborate with other public health and clinical service providers working in chronic disease prevention and management, and
- build workforce and service capacity to meet the oral health needs of Queenslanders, particularly those living in disadvantaged communities.

Adverse clinical events

Adverse occurrences in the course of clinical services can result in death, disability or longer hospital stays. Drug complications, wound infections, falls and technical complications are the main contributors and around half of these events are potentially preventable.

Strategies to improve the quality and safety of health care include:

- patient-centred electronic decision support systems to enable evidence-based care
- reduction of variation in clinical practice

through the use of guidelines and clinical pathways

- better use of information systems to report adverse events and feed findings back to clinicians
- adopting 'no-blame' approaches to educate and support clinicians to report and analyse adverse events and improve practice
- removal of legislative, cultural, technical and bureaucratic barriers to change.

Engaging Queensland communities in better health and health care

Objective

To develop strong partnerships between individuals, communities, health services and the Queensland Government to improve health and ensure a responsive community and client-centred health system

Strategic directions

Involving Queensland communities in better health and health care by:

- supporting individual decision making about their own health, including informed consent to health care
- developing strategic community partnerships to address areas of specific need for both health and health care
- building a strong accountability framework between the community and the Queensland Government for health and health care
- using innovative communication techniques to engage broad community consultation on health and health care and addressing underlying health determinants.

Health and health services are about people. Improving the health of Queenslanders and developing a strong future health system cannot be done in isolation from the Queensland community.

Consumers generally are becoming more demanding of service industries. The health system is not immune from these increased demands. Many leading health executives are predicting consumerism and increasing consumer involvement in their individual health care will revolutionise the way health care services are delivered over the coming two decades.

Communities are also becoming increasingly aware of the links between their health, the health of their community, the economy and government policies. They expect action and need to be involved in decisions that affect their community and their health.

Health, health care and individuals

Improving health in 2020 will require an active partnership between individual Queenslanders and the Queensland health system. As individuals, each of us has a role in managing our own health by:

- minimising or avoiding high-risk health behaviours
- making regular visits to the doctor for check-ups and early detection of sickness and disease
- learning the basic signs and symptoms of the more common diseases and knowing what to do in an emergency
- following prescribed treatments, including finishing courses of drugs, continuing healthy living and rehabilitation programs (eg. following a heart attack)
- where the need arises, and if capable of doing so, becoming an active self-manager of chronic conditions.

Individuals also have a personal responsibility for accessing health care services in a responsible

manner and doing what they can to avoid unnecessary use of the health system.

The role of the health system is to ensure people:

- have the information to support healthy lifestyles, by providing health education and support, with special emphasis on providing targeted programs for the more disadvantaged sections of the community
- are encouraged and reminded to take the steps necessary to detect diseases at early stages, before they become acute or life-threatening
- have access to necessary health services in a timely manner
- receive appropriate treatment and are fully informed about treatment options and alternatives, including the risks associated with various courses of actions
- are provided with support to self-manage chronic conditions effectively
- receive appropriate care where a treatment or cure is not possible.

Engaging the community on local health issues

The coming decades are likely to see a number of changes to the way health services are delivered in Queensland. For this reason, it is essential that communities are aware of the changing models of health service delivery and are actively involved in developing new health systems.

Queensland's district health councils currently play an important role as the link between the community and public sector health services in local areas. However, the contribution that district health councils can make to service planning and development is often undervalued.

The role of district health councils will need to be reviewed in order to achieve greater interaction with communities in identifying local health improvement opportunities, particularly those relating to the wider social and economic environment. This may include the need for more community outreach programs,

targeted injury prevention strategies, working more closely with educators and all Queensland Government departments to improve the health of local areas.

Queensland Health will also work closely with local communities where new models of service delivery are being considered or where changes to current services are proposed.

The Queensland Government will also seek to develop arrangements for community participation in whole-of-government service planning for local areas to improve the underlying socioeconomic determinants of health.

Developing the community as partners in health and health care

Non-government and community organisations play an important role in the organisation and delivery of health services. They also have an important function in communicating health messages to the wider community from a primary prevention perspective. Queensland Health will continue to work in partnership with these organisations to target health improvement areas.

Support and volunteer groups within the community are integral to health and health care, supporting Queenslanders with illness, assisting them with care and often the improved management of disease. This role will become increasingly important over the coming two decades, with predicted increases in the prevalence of many chronic conditions as the population ages. Queensland Health will work closely with these organisations to improve support for people to self-manage their health and to improve the quality of life for older and disabled Queenslanders.

Queensland Health and the wider Queensland Government will work closely with industry and employers to promote healthy living programs for workplaces to assist employers improving the health of their workforce. A healthy workforce should mean lower levels of absences due to illness or injury and high levels of productivity.

Engaging the community on the 'big' issues

There is no doubt the coming two decades will present numerous ethical and social challenges not only to the health care system and governments, but to individuals and communities, planners, researchers and ethicists in areas including:

- genetic modification, testing and screening
- privacy
- health care financing
- end of life issues.

Developing policies on these complex issues will require education, debate and careful consideration. The Queensland Government is committed to fully engaging with the community on these sensitive issues prior to making policy decisions.

The Queensland Government will endeavour to use all available communications and information technologies to strengthen community engagement, including use of e-democracy and other techniques to consult on health and health care issues.

Strategic directions

Developing the health system of 2020

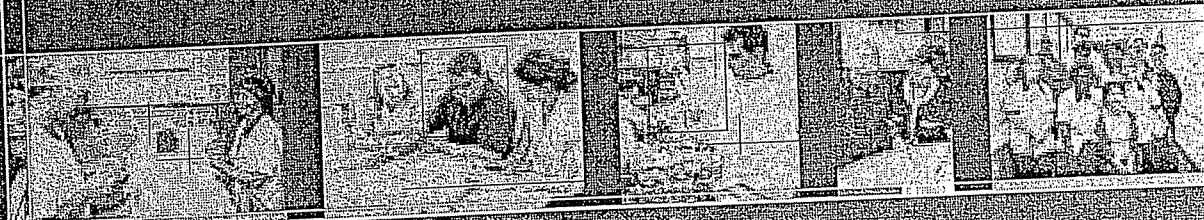
*The Smart State: Health 2020
strategies for developing the
health system of 2020 are built
on four key directions:*

*Integrated patient-focused health services for
2020*

Shaping our future workforce

Smart State: Research and Technology

Paying for health in 2020



Integrated patient focused health services for 2020

Objectives

To ensure all Queenslanders have access to appropriate, quality, integrated, patient-focused health services with the health system for 2020 developed around the principles of equitable access based on need, evidence and sustainability.

Strategic directions

An integrated, patient-centred health system of the future will be achieved by:

- supporting the development of a consumer-oriented and integrated health system which encourages openness, resourcefulness and public accountability and promotes innovation, continuous improvement and consumer choice
- ensuring a balanced approach to health care investment which ensures illness prevention strategies and community based primary care are integral to the maintenance of sustainable health services
- developing integrated health care models with a blending of public, private and not-for profit organisations and facilities with the aim of avoiding unnecessary service duplication, optimising resources and enhancing access and service delivery
- strengthening the accountability framework for health service providers to promote quality, timely and appropriate delivery of health services.

Queenslanders enjoy universal access to health care through Queensland Health's public hospitals, outpatient services, community health centres and home and community care (HACC) services and other community-based services provided by non-government organisations, and through the Commonwealth Government's medical and pharmaceutical benefits schemes. Many geographical and socioeconomic factors influence individual, family and community access to these services.

Balancing the investment in primary and acute health care

The key challenge for the coming two decades is the implementation of models of health care which will cater for the changing needs of Queenslanders, be responsive to new and emerging technologies and provide care consistent with the Government's objectives of sustainable and affordable health care.

Implementing new models of health care is not an easy task and will require the commitment of all parts of the health care system, from general practitioners and emergency services to hospitals, community health care and aged care.

Many of Queensland Health's hospitals have now been rebuilt or refurbished under the Queensland Government's \$2.8 billion Hospital Rebuilding Program. This investment has placed Queensland Health's hospitals in a position to provide high quality health care services for Queenslanders into the foreseeable future.

Queensland Health will work closely with the Commonwealth Government, the divisions of general practice, medical, nursing and other professions, the private and non-government sectors and primary health care to build a sustainable health system in Queensland built around the principles of greater primary health care and care in the community.

Patient-centred health care

A key issue for the health system over the coming two decades will be to ensure Queenslanders have access to appropriate care at the appropriate time. With the diversity of health providers in the Queensland health system, the geographical spread of the Queensland population and the wide divergence in health status, this is not an easy task.

Opportunities for improving patient-centred care in Queensland include:

- emphasising primary health care (including prevention, detection and disease management) to minimise the need for more complex health care services
- making greater use of communications and information technologies to:
 - develop transferable patient information
 - streamline booking and referral systems
 - reduce duplication in diagnosis and assessment
 - reduce waiting times for access to treatment services
 - improve transportation of ill or injured patients
- investigating 24-hour health information lines to provide access to high quality health advice and to ensure Queenslanders are directed to the most appropriate care.

To some extent, the Queensland health system has developed around health facilities and funding responsibilities of federal and state governments rather than the needs of clients, patients and communities. This needs to change. The health system of the future needs to ensure appropriate services are provided to Queenslanders regardless of funding arrangements. Satisfaction with the health care system is dependent on timely access to quality and safe services regardless of the source of funding.

The Queensland Government will investigate opportunities to utilise all sections of the health care system, whether public or private, to ensure Queenslanders have access to the best possible care. This may mean using the public and private sectors more flexibly to address service gaps or utilising

spare capacity to minimise waiting times for services.

Improving integration of the health system

Coordinating the vast number of health care providers in Queensland to ensure patients receive the best care, at the time required, is a significant challenge.

While health care in Queensland works comparatively well, there is scope for the better integration of health care services within Queensland by:

- building stronger strategic partnerships with health care providers across the continuum of care, from primary and secondary health care, community and tertiary hospitals, community health care services, public and private health care services and government and non-government community services. The effective collocation of services and greater use of communications and information technologies would improve transfer of information and coordinated community care.
- implementing an electronic patient record. An electronic patient record offers significant potential to improve the delivery of services across a range of health providers. These systems can remind people about their regular check-ups, help them to manage their health across the continuum of care and enable health care providers to access appropriate patient information to inform clinical decision-making.
- ensuring the provision of health care funding across sectors, non-government agencies, and within Queensland Health complements the delivery of health care services consistent with the needs of Queensland communities.

A focus on quality, safety and continuous improvement in the health care system

Over the coming two decades, it will be essential for the health industry to focus on continuous improvements in quality, safety and efficient delivery of health care services by:

Directions statement

- investing in information technology to support collection of information necessary to make informed decisions about health care and health systems
- supporting outcomes-focused health care, based on best available evidence as to the appropriateness and effectiveness of treatment for particular conditions
- supporting the ongoing development of clinical pathways to set out best practice treatments for a range of health conditions. Clinical pathways will ensure more consistent high quality care is provided for a range of health conditions, minimising the variability in care across Queensland.
- ensuring the health care system is supported by appropriate standards, performance measures and targets to support outcomes-based health care
- continuing investment in research to improve health care and service delivery.

Health services for older Queenslanders

The ageing population will increase the demand for health services over the coming two decades.

The older we get, the more likely we are to suffer from chronic diseases or complex health conditions. People aged 65 and over are four times more likely to require hospitalisation than those under the age of 65.

Strategies for the delivery of health services over the coming two decades must include:

- prevention and early detection of disease or illness at all stages of life, and promotion of healthy ageing. This should demonstrate benefits in later life
- ensuring health care services are accessible. Older people are more likely to have difficulties accessing transport services, health facilities and new technologies
- strengthening primary and community care to support older people remaining in home and community environments. Services including

elder-friendly modifications to the home, meals-on-wheels, and simple information and communication technologies can support people remaining in their homes for as long as possible.

- integrated health care. This is very important for older Queenslanders, particularly those suffering chronic conditions. Older people require the full range of services from a good relationship with their general practitioner and multi-disciplinary team, access to acute services and adequate rehabilitation and convalescence following acute events.
- effective rehabilitation services, both within and outside traditional hospital environments, which will be an important element of ongoing health care delivery for older Queenslanders. Older people naturally take longer to recover from injury and illness, but may not need access to the full range of hospital services. Quality rehabilitation programs will shorten lengths of hospital stay, assist older Queenslanders to the best possible health and make better use of acute care facilities.
- providing access to residential aged care for Queenslanders where remaining in the home environment is no longer possible. As far as possible, residential aged care will be developed around older Queenslanders living in home-like environments, supported by high quality care.

Rural health services

Ensuring the provision of viable health care services in a state as geographically dispersed as Queensland has always been a challenge. With the ageing of the population and a gradual population drift to coastal areas, this challenge will increase over the coming two decades.

Simply increasing funding to declining rural centres will not resolve these issues. Maintaining viable health services requires medical practitioners to see sufficient numbers of patients with given conditions in a year. Insufficient patients do not maintain a doctor's skills and can put patients at greater risk of an adverse medical event.

New models of health service delivery for rural areas are likely to include:

- smaller rural hospitals being reshaped as health centres, providing a range of colocated services from primary care services, emergency care and residential aged care supported by networks around regional hospitals
- greater use of information and communications technology to connect rural and remote Queensland to centres of excellence in larger state, national and possible international centres
- progressing options to develop special rural health workers including nurse practitioners, ambulance paramedics and allied health generalists to provide a range of services for rural and remote areas
- further developing strong partnership arrangements between rural areas and provincial and metropolitan areas to enhance health care for rural Queenslanders and to enhance the capabilities of health professionals working in rural areas.

The Queensland Government will work closely with rural communities over the coming years to design and develop models of health care delivery to support the best quality care for all rural Queenslanders.

Indigenous health services

Throughout Australia and in Queensland, major steps are still required to remove the health inequalities between Indigenous and non-Indigenous people.

Indigenous health is one of Queensland Health's three strategic priorities and will be a key target area for health improvement over the coming two decades.

Over the coming two decades, programs and services will need to be based on:

- increasing access to health services across all parts of the health system from primary care and acute care to public health and

community health services

- ongoing development of the Indigenous health care workforce to provide health services which are culturally appropriate and consistent with the needs of communities
- strengthening primary care with emphasis on promoting health from pre-birth to end-of-life, ongoing prevention education, early detection of chronic diseases and supporting ongoing treatment and self-management of chronic conditions
- supporting and investing in the capacity of Indigenous communities to prevent and respond to health care emergencies and injuries and manage health services
- Queensland Government departments and agencies working effectively to ensure effort is coordinated
- effective partnerships between community service, local governments and Indigenous communities with agreements on shared outcomes and flexible service delivery arrangements which respond to need.

Shaping our future health workforce

Objective

To develop a dynamic Queensland health workforce to provide quality care to the people of Queensland

Strategic directions

The future health of the health 2020 workforce to be achieved by:

- implementing as a priority, a council of stakeholders to explore future workforce trends and the development of a workforce strategic directions plan for the next two decades
- a continuing focus on specific structural and workforce strategies designed to address current and future shortfalls in medical, nursing and professional staffing
- ongoing commitment to the development of the Indigenous health workforce, including working with Indigenous communities to determine health workforce needs and encouraging additional Indigenous people to join the health workforce
- recruiting and consolidation of workforce requirements to meet the specific health care needs of rural communities
- exploring options for career opportunities and improved health services through the development of service partnerships between public, private and community health providers
- sponsoring the development of a universal culture of safe practice and continuous improvement and implementing recognition systems for individual and collective achievements
- encouraging mature workers and women to remain in the workforce through positive non-discriminatory strategies and more flexible employment conditions and working arrangements, such as retraining and family-friendly working conditions
- facilitating consultation with universities, training authorities, health providers and the community to ensure clinical and health training programs are targeted for future health service needs.



The health care industry is a workforce-intensive industry. The health care workforce is the backbone of the health care delivery system. Queensland's health workforce is as good as any in the world. However, in a rapidly changing environment, it must be adaptable and appropriately skilled to sustain quality health care for all Queenslanders into the future.

The workforce pressures facing Queensland are not much different to those internationally and within Australia generally. Public expectations, service demand, the ageing population, technological advances and rising health costs are major influences in shaping the nature and size of the future health workforce.

Developing the health professions of 2020

There is some urgency for investigating and redefining professional boundaries in the context of future health care needs and overcoming impediments to the Queensland workforce achieving its full potential. For example, nurse practitioners could take greater responsibility for patient assessment and minor ailments and directing cases to general practitioners or other health professionals depending on need. In secondary and tertiary care, clinical nurse specialists could accept greater responsibility for the coordination of care provided by medical staff and other health professionals as well as performing advanced clinical roles.

Consideration of the introduction of the nurse practitioner in Queensland with a wider scope of practice is well advanced. In some rural areas, nurses already have certified endorsement to undertake services previously performed only by other professional categories.

Commonwealth and State inducements will continue to be needed to attract and retain staff for rural and remote centres. Further flexibility in service conditions and entitlements may be required, but the more long-term solution lies in making best use of the full range of the health professionals and health workers available.

Some future workforce models envisage re-evaluation of traditional health professional

career structures to establish more broadly based health practitioners. For example, in the United Kingdom, the National Health Service reforms are evaluating the concept of a single health practitioner structure encompassing health support workers as well as higher level nursing and allied health disciplines.

The concept is seen as improving teamwork and cohesion within the professions in the provision of patient care, particularly given the pressures within the industry of attracting and retaining sufficient health professionals.

Attracting and retaining a dynamic health care workforce for 2020

The market for skilled medical, nursing and health professionals is global and highly competitive and as the population ages Queensland's health workforce will be at a premium.

The Queensland Government, employers, unions and employees must in partnership plan for the best use to be made of what are becoming scarce workforce resources. Some of the ways of achieving this are:

- reshaping health careers and training consistent with the dynamics of Queensland's changing health care needs and service requirements
- removing barriers to workforce mobility within the Queensland health sector
- encouraging and supporting retired nurses to retrain for re-entry to the workforce
- offering family-friendly conditions of service
- support for mature workers to remain in the health workforce for as long as possible.

Educating and training the health care workforce of 2020

The changing nature of health care with its emphasis on the management of community expectations, community participation, health promotion and an integrated and multi-disciplinary approach to primary care will be at the core of professional

training and staff development. Some advocate a more seamless model of care would be achieved by combining elements of the medical, nursing and health professional training under a common education program.

The challenge for health educators over the coming two decades will be the development of comprehensive, flexible curricula to train future health care professionals and managers to operate in a rapidly changing environment. The thrust of health training and development will need to support and help build the links between the numerous health disciplines and services.

Rural health workforce

Providing future services to rural centres presents a major challenge with declining and ageing populations and difficulty attracting and retaining staff for hospital and primary care facilities.

Some of the answers will lie in redefining the relationships and roles of hospitals and the greater use of communications technology such as telemedicine and remote diagnostics. Some advocate 'fly in - fly out' services, but the concept needs the support of consumers and health professionals.

A more generically qualified health worker along the lines of the nurse practitioner would, to some extent, help overcome the shortage of doctors and trained health professionals in some rural communities.

Indigenous health

Improved Indigenous health is a primary objective of the Queensland Government health system.

A priority for Queensland Health is to attract and retain sufficient Indigenous health workers for Indigenous communities.

Queensland Health's Indigenous Workforce Management Strategy (1999) outlines a number of initiatives for improving health care by increasing the number of Indigenous health professionals in

Queensland. These initiatives include encouraging and supporting Indigenous students through school and university into health careers and the implementation of an Indigenous workforce development program.

The target is that by 2020, Queensland Health aims to have Indigenous people representing 2.9 per cent of its workforce across all salary levels.

Smart State research and technology

Objective

To ensure Queenslanders have access to latest health technologies to enhance health and quality of life, consistent with building a sustainable health care industry and to build an environment for Smart State research and innovation in the health and biotechnology industries.

Strategic directions

Smart State research and technology to be achieved by:

- building a strong research culture within Queensland and Queensland Health by strategically investing in research opportunities, encouraging innovation and developing strong collaborative partnerships between the public sector, private sector, universities and research organisations
- supporting an environment which pursues the commercialisation of significant medical research discoveries and appropriately rewards researchers
- ensuring evidence-based approaches to evaluation and adoption of new practices in health care
- encouraging a continuous improvement model at all levels of Queensland Health and actively supporting the conversion of research results into implementation priorities
- ensuring the most appropriate investment in new technologies, taking into account the cost effectiveness of individual technologies and ensuring appropriate training of the workforce to make the most of new development.

Science, medicine and information technologies are growing at extraordinary rates. In many ways, emerging new technologies are likely to significantly change the way we think about health, disease, prevention and treatment of illness and potentially longevity³.

Exactly what the future holds in terms of breakthroughs in health care, no one knows.

Advances in health and health care may come from a number of areas including the genomic revolution, stem cell technologies, robotics and enhanced drug design.

In terms of health care delivery, information and communications technologies are already emerging which have the potential to radically change the way patients interact with the health care system. E-health, smart clinical systems and remote monitoring offer significant opportunities to improve the effective delivery of health services.

The key issue for the Queensland Government is to ensure that the Queensland health system is best positioned to exploit those technologies to complement continuous improvement in the delivery of appropriate and sustainable health care services for Queensland.

Exploiting new technologies for 2020

The Queensland Government's objective is for Queenslanders to have the best possible health care over the coming two decades. This includes providing Queenslanders access to emerging medical and scientific technologies in the prevention, treatment and cure of illness and injury.

Queensland Health is committed to the ongoing evaluation of new health technologies to improve the delivery of health care in Queensland. Health technologies offer significant advances in terms of reducing treatment times, improving health outcomes and reducing the per episode costs of health care delivery. While these factors would

3 Institute for the Future, Genetics and Genomics: Transforming Health and Health Care. (August 2000).

usually translate into cost savings, increasing demands for health care services have translated lower delivery costs into increasing numbers of investigations and treatments.

Queensland Health is cognisant that new medical and scientific advances will need to be evaluated before their widespread adoption. The challenge is to ensure this occurs even where there is significant public pressure to immediately access new technologies.

Queensland Health is also committed to pursuing innovative financing opportunities to obtain access to new technologies in Queensland, including partnership arrangements with the private sector.

E-health, e-commerce and e-procurement offer significant potential to deliver major efficiencies in the procurement and improve the delivery of health services. Queensland Health is already leading the way and is committed to ongoing leadership and innovation in these areas.

Evidence-based health care for 2020

Queensland Health is committed to developing an evidence-based culture of health care to provide Queenslanders with the most appropriate health care.

Evidence-based practice is about promoting the best quality health practice and where certain treatments are demonstrated to be ineffective, replacing these practices with more effective treatments.

One of the key challenges for the coming two decades will be to ensure clinicians have access to the latest evidence regarding the effectiveness of health treatments, with the objective of all Queenslanders receiving similar quality health care.

Improved communications and information technologies will enhance the capacity of the health system to develop smart systems for clinicians which may, amongst other things, provide electronic access to clinical pathways for many conditions and systems which can recommend treatment and management strategies.

The challenge for Queensland Health is to strike the

appropriate balance between encouraging evidence-based health care and at the same time promoting an innovative environment where a body of evidence to support better practice has yet to develop.

Promoting Smart State research and development

Research and innovation are growing global industries. Global revenues from the biotechnology sector are expected to more than triple in the next ten years⁴.

Australia is a comparatively small player in the world research market, contributing about one per cent of the overall research agenda. Even so, Queensland is well placed internationally to research a number of medical and scientific areas and to export its expertise nationally and internationally.

The Queensland Government, through its Smart State policy is committed to enhancing Queensland's capacity for research and innovation. Queensland is home to two of Australia's largest research facilities, the Queensland Institute for Medical Research and the Institute for Molecular Bio-science. The Queensland Government will encourage collaboration between research institutions, universities and the health system to build interdisciplinary approaches to problem-solving and research.

The Queensland Government is also committed to building a research environment within government to attract and retain high quality researchers.

The Queensland Government will also explore opportunities for the commercialisation of Queensland innovations, with appropriate returns to Government and rewards for researchers.

⁴ HM Treasury (UK). *Realising Europe's Potential - Economic Reform in Europe*. (February 2002)

Ethical issues for 2020

Over the coming two decades, Queenslanders will need to confront some of the harder ethical issues which arise from leading edge technology developments including:

- research ethics
- privacy of an individual's health information versus greater use of data for better understanding of disease and improving the integrated delivery of health services
- an individual's right to their own genetic data versus providing access to family, relatives and descendants
- ethics of providing access to all emerging health technologies to all Queenslanders as part of the public health system
- appropriateness of using all medical interventions for all individuals.

Global ethics are likely to play an increasingly larger role in the development of policy for individual nations, as policy in one country will increasingly have ramifications for policies in other nations.

The Queensland Government has led the nation by implementing the *Code of Ethical Practice for Biotechnology in Queensland* and is committed to ongoing community engagement on sensitive ethical issues to develop sound policy for technological and biotechnological changes emerging over the coming decades.

Development of policy in this area must reflect an ongoing partnership between Queenslanders and the Queensland Government.

Paying for health in 2020

Objectives

To ensure Queenslanders have access to appropriate, sustainable health care services and that health care is provided consistent with the principles of good financial stewardship.

To support the health and wellbeing of the Queensland population as an important investment in the social and economic health of Queensland.

Strategic directions

Paying for health in 2020 will be achieved by:

- raising awareness and recognition that the economic and social growth of Queensland is directly linked to investment in healthy populations and care of the socially disadvantaged
- ensuring the provision of health care funding complements the integration of health care services
- allocating resources based on complementary, population-based economic, social and health-related policies and demonstrated health improvement outcomes
- promoting the efficient delivery of client centred health care services, including use of all available avenues regardless of public, private or not-for-profit ownership, with alternative sources of revenue pursued as a last resort
- promoting innovative, forward-looking, capital investment strategies which complement the changing nature of health care (ie. a balance between illness and prevention, primary care and acute services); and exploits the increasing opportunities provided by e-technologies
- fostering a health provision environment which encourages the pursuit of strategic commercial opportunities, consistent with the core business of health and health care delivery and rewards innovation
- building solid partnerships with private sector providers of health and related services to provide the best possible care to Queenslanders in a cost effective manner
- engaging the community on sensitive issues associated with health and health care financing.



Queensland has a high quality health care system. Queenslanders have the choice of accessing either private health services or care through a universal public health system that provides health care based on need, rather than ability to pay.

The Queensland Government has a strong commitment to the provision of affordable and sustainable health care services.

In the longer term — prevention is cheaper than cure

As simple as it sounds, the best cost management strategy for health care in 2020 is to reduce the amount of preventable disease and injury in Queensland⁵.

Investing in better health for the longer term does not mean spending more money on hospital beds. Instead, investing in better health is about identifying and investing in those areas which are likely to generate greater health gains including strengthening the investment in health promotion, prevention, early detection and avoiding unnecessary hospital care.

Prevention also includes investing in areas outside the health care arena. Investments in education, housing, families and communities, sport and recreation may well generate greater long-term health gains than direct spending on health care.

Pay-offs from health investments of this nature are likely to have long lead times and can become the poor cousins to the more immediate demands on the health system. However, limiting the investment in this area can place higher pressures on the health care system in the longer term.

⁵ The Wanless Report (UK Treasury) estimates that by 2022-23 having a community full engaged in prevention activities and taking an active role in their health care could reduce the overall pressure on the UK health system by £30 billion per year. That is, UK health expenditures would account for 10.6 per cent of GDP compared to 12.5 per cent of GDP.

Cost-effective provision of health care services

In the face of growing health care costs and increasing demand for health care services, there is an imperative for the Queensland Government to ensure it maximises the value of each dollar invested in the provision of health care services. The efficient provision of services must be an integral part of the financial resourcing of health care.

Queensland Health's hospitals have traditionally performed very well in terms of cost-effective delivery of services. However, there is scope to improve the cost-effective delivery of services across the whole health care spectrum from primary to acute services by:

- minimising barriers to integrated service delivery, whether across health service districts, across the range of services provided by Queensland Health or between public, private and non-government sectors
- working with general practice and other health care providers to reduce avoidable admissions and re-admissions to public hospitals and mental health facilities. No one wants to go to hospital unless it is essential and once they are discharged, they do not want to return unnecessarily.
- exploring opportunities to develop self-management programs for chronic diseases to help individuals suffering these conditions to avoid unplanned admissions to hospitals.

Investing in communications and information technology

Emerging communications and information technologies offer significant opportunities to improve the provision of health care services within Queensland and must become a fundamental strategy for meeting the increasing demand for health care services.

E-health, e-procurement, electronic patient records and smart clinical systems offer the potential for streamlining many of the administrative and clinical

functions performed by Queensland Health, improving the quality of health care provision and generating cost savings for the delivery of health services.

The development of electronic patient records offers long-term benefits not only within Queensland Health but also for the integration of health services across the wide spectrum of health care providers, with improved patient treatment outcomes, reduced duplication and improved health sector productivity.

Increasing cooperation with the private sector

Queensland cannot afford to duplicate the provision of expensive health care infrastructure and equipment and health services. Greater public-private sector cooperation will need to become a feature of the coming two decades as Queensland and the rest of the world faces ever increasing health care costs and increasing service demands.

From a whole-of-industry perspective, Queensland Health will work closely with private health care to providers develop an efficient mix of public and private health care services, while minimising the duplication of unnecessary services and facilities.

Collocation offers much potential in this area, but to date has not delivered its full potential. While collocation has been trialed in some areas in Queensland, public and private sector providers continue to duplicate many common services which could be operated under shared arrangements for a least-cost outcome for both sectors.

The Queensland Government is committed to investigating opportunities for public private partnerships for the delivery of health care services where such arrangements will deliver long term benefits for the delivery of health care services in Queensland.

Getting the incentives right in commonwealth-state funding arrangements

Some of the greatest challenges facing the health care sector are the relative responsibilities of state and commonwealth governments in terms of providing health services.

The Commonwealth is primarily responsible for funding primary care (including general practice, pharmaceuticals, diagnostics etc through the Medical Benefits Scheme and Pharmaceutical Benefits Scheme) and aged care. The Queensland Government is primarily responsible for the provision of public hospitals (currently subsidised by grants from the Commonwealth Government), mental health, home and community care and public health.

The current division of responsibilities and funding leads to cost shifting between the hospital, primary care, community care and residential aged care sectors and can become a disincentive to achieving health outcomes. The misalignment of funding and health responsibilities cannot continue indefinitely.

If real improvements are to be made in health care delivery and in improving the health of the Queensland population, government responsibilities and funding must be realigned. Funding and responsibilities must be consistent with the developing model of care and must remove artificial boundaries between Commonwealth and State provided services.

Funding health in 2020

The Queensland Health budget has grown well in excess of inflation over the last five years. Growth in the Queensland Health budget has been funded by increases in the State Government budget supported by growth of the Queensland and national economies. This is the preferred scenario for health care funding to 2020.

However, funding issues will become more critical over the next two decades if growth in health costs outstrips economic growth. If this situation eventuates, alternative sources of revenue to fund

health may need to be considered. Revenue options for the future may need to include:

- increasing the health budget as a proportion of the overall State budget
- sale or lease of health services to the private sector, interstate and overseas
- increasing the taxation base to fund health services.

The Queensland Government is committed to ensuring all Queenslanders have access to quality public hospital care without charge. The Queensland Government will work hard to ensure it maximises the effective operation of the health system. However, in the longer-term if health care costs continue to escalate, a system of co-payments for hospital services may need consideration. Any Government action in this area would only occur after full community consultation on all other alternative options.

A new model for funding health care services

Queensland Health currently funds health care services based on an historical funding model with additional funds for growth and new services. Where population growth is relatively static, the historical funding model works well. However, with changing demographic and disease patterns within the Queensland community, the historic funding model is inappropriate for the longer term.

Over the medium to longer term, Queensland Health will investigate the development of an output-based funding model as a forward-looking approach to funding health care services. The new funding model would take account of, amongst other things, best clinical practice, population health and age profile and geographic location.

Monitoring progress and performance

The Queensland Government is committed to the implementation of the directions outlined in the *Smart State: Health 2020 Directions Statement* and will closely monitor the progress made over the coming years to realise the vision outlined.

Smart State: Health 2020 is a living document and the strategies may need to be reviewed on a regular basis to ensure they are consistent with achieving the objective of the best health and quality of life in Australia and a world class health care system in 2020.

Regular monitoring of progress and performance is essential to ensure the directions for Health 2020 are achieved.

The Queensland Government will release a series of strategies providing detail for the implementation of specific elements of the directions statement. The implementation plan will include key milestones and actions to monitor progress of implementation.

The National Health Performance Framework provides an outline for monitoring health status, health determinants and health system performance. This framework can accommodate a range of indicators that can form the basis for monitoring health over time or for setting targets where required.

Queensland Health will develop a long-term model for performance monitoring based around the framework, reflecting:

- a set of health targets for strategic health improvement of the Queensland population
- performance indicators for measuring the effectiveness of the health system and
- links to improving the wider social and economic environment through the *Priorities in Progress Report* under the *Charter of Social and Fiscal Responsibility*.

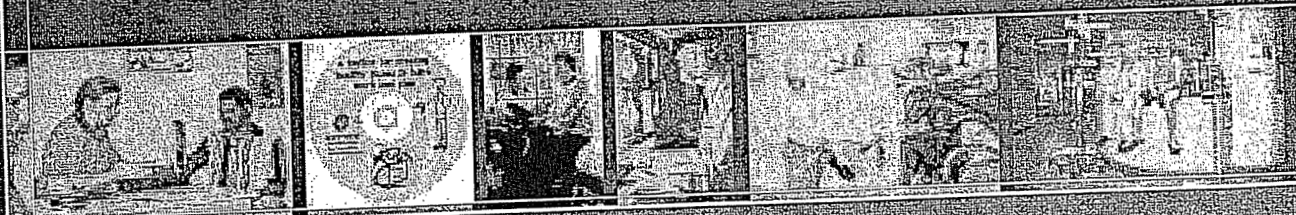
To ensure that the strategic directions outlined for 2020 continue to be relevant over the coming years, the Queensland Government will hold triennial reviews to consider whether new or modified directions are required.

Smart State: Health 2020

*3-5 year strategies
for Smart State:
Health 2020*

*Improving the health of
Queenslanders*

*Developing the health system
of 2020*



The Queensland Government is committed to the implementation of the strategic directions outlined in this directions statement.

Strategies outlined over the following pages expand on these broad directions. They will form the basis of actions over the next 3-5 years to address the priority issues identified in this report.

The Queensland Government will develop an implementation plan detailing the next steps for Queensland and its health system.

Improving the health of Queenslanders

Taking a wider perspective on health

- require health impact assessments to be completed for all new major Government policy initiatives
- work with industry, the media, professional and community organisations to raise the level of community awareness of the risks and costs associated with increasingly sedentary and high risk lifestyles and increased obesity rates
- build on the Education 2010 strategy to ensure that every school-aged Queenslander receives education in the essentials and practice of healthy living and is given the opportunity to complete their secondary education
- develop inter-sectoral and coordinated responses to the health needs and wellbeing of disadvantaged Queenslanders including Indigenous communities
- consult with employer and employee organisations to develop a healthy workplace charter promoting workplace safety, worker health and family-friendly entitlements
- support healthy ageing initiatives promoting active lifestyles, community participation and greater self reliance
- develop and refine the performance indicators for health and wellbeing included in the Government's annual Priorities in Progress Report.

Target areas for health improvement

- in consultation with health and inter-sectoral stakeholders, develop five, ten and twenty year targets for achieving gains across identified health improvement areas
- target marketing and communications strategies on areas of major health gains including heart disease, stroke, diabetes, cancer, depression, suicide and self-harm and injury
- evaluate Queensland's current health outcome plans for chronic diseases and injury with a view to the appropriate alignment of health delivery systems and funding
- raise the profile of health policies and programs promoting healthy lifestyles, illness prevention, disease and injury self management and primary and community based care
- support joint action with industry and sectoral interests in undertaking research related to major lifestyle diseases and injury affecting Queenslanders and develop specific joint strategic responses to reduce their incidence, severity and cost.

Involving Queensland communities in better health and health care

- promote health initiatives focussing on enhanced community capacity and informed consumer participation in health service planning, service delivery and evaluation
- introduce consistent and informed consent to treatment and services
- apply consumer surveys and information from complaint and suggestion systems to improve the quality and performance of health services
- review the roles and functions of district health councils, with an aim of achieving greater interaction with communities
- institute a triennial round-table comprising a range of community, health, industry, researchers and ethical leaders to identify broad health and health care issues for community discussion.

Developing the Health System of 2020

Developing an integrated, patient-centred health system

- support initiatives for the wider application of e-technology and telemedicine as a means of improving the integration and quality of Queensland's health care system
- take the leadership in consulting widely with the Queensland community on the benefits of implementing a voluntary electronic patient record to facilitate high quality medical treatment and health care and guaranteeing the protection and security of personal information
- continue to work actively in partnership with the Commonwealth, private and non-government sectors, in developing more seamless models of health, community and residential care
- seek to influence the Commonwealth Government and other States and Territories to reduce duplication of assessment processes in the health, community and residential care sectors whilst ensuring standards are consistent and appropriate to support high quality outcomes
- work in partnership with rural and Indigenous communities, health professional and community organisations in planning to meet their health care service needs for the short term, the next ten years and the longer term.

Shaping our future health care workforce

- prepare a strategic plan addressing potential health workforce needs and risks for Queensland over the short term, the next ten years and longer term
- explore with health employer and employee organisations, opportunities for the harmonisation of employment conditions and entitlements of health professionals and encourage improved career progression, mobility and their retention in the industry
- encourage mature aged health workers and

women to remain in the health workforce through positive non-discriminatory strategies, flexible employment conditions and family-friendly working conditions

- encourage retired or about-to-retire Queenslanders to undertake voluntary work in the health and community sectors.

Smart State research and technology

- promote Queensland's expertise and outstanding opportunities for partnerships and investment in medical and health-related research and development
- continue to foster a culture of innovation and knowledge-based health and health care
- build a research environment which attracts and retains high quality scientific, medical and health service researchers and exploits the commercialisation of Queensland innovations.

Paying for health in 2020

- raise public awareness of the rising costs and challenges to the health system with a view to engaging the Queensland community in a wider debate on possible options for the future funding and delivery of health services
- support innovative, cost effective and affordable new approaches to health delivery
- promote healthy lifestyles, illness and injury prevention and quality health delivery across the entire spectrum of care
- explore public-private partnerships, where appropriate, and export initiatives as opportunities to broaden the base of health funding with the objective of providing a greater range of services to Queenslanders.

Glossary

- Acute care** Health care in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is usually provided in hospitals by specialised personnel using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time.
- Ambulatory care** Health services provided without the patient being admitted. Can include care in hospital outpatient departments, doctors' surgeries, community health services and home care. No overnight stay in a hospital is required.
- Burden of disease** An approach to measurement of the health impact of selected conditions on society. In addition to years of life lost (YLL) due to premature death, it also includes non-fatal outcomes based on years lived with disability (YLD) and the consequent reduction of quality of life. These measures are combined to form a common metric, the disability-adjusted life year (DALY), which permits the burden of conditions such as mental health problems and arthritis to be better quantified than mortality-based measures alone would permit.
- Chronic conditions** Longstanding, persistent diseases or conditions that may be sequels to acute illnesses or injuries. Chronic disease management includes care specific to the problem as well as other measures to encourage self-care, to promote health, to prevent loss of function and to maintain quality of life.
- Collocation** Location of a range of health services, whether public or private, in close proximity to provide ease of access to patients and to allow sharing of facilities and services, where appropriate.
- Evidence-based decision making** Decision-making based on all available evidence on the benefits and harms of health care interventions compared with alternative methods of care.
- Health outcome** The change in health status of an individual or population attributable to an intervention or series of interventions.
- Health promotion** Organised efforts to make individuals and communities aware of healthy lifestyle choices and to enable them to make these choices.
- Health protection** Legislative or regulatory measures to minimise exposure to health risks for individuals or communities.
- Health system** All the services and initiatives of the health sector across the health continuum – health protection (including legislation), health promotion, prevention, screening, early intervention, treatment, rehabilitation, palliative care and continuing care.
- Human services** Services provided by governments to address the health, welfare and broader societal needs of individuals and communities.

Multi-disciplinary teams Teams that may contain general practitioners, nurses, nurse practitioners, physiotherapists, pharmacists, counsellors, mental health workers and other practitioners working together to deliver integrated health care.

Palliative care Care which does not attempt to cure a condition, but seeks to ease pain, discomfort and other complications while maintaining dignity and optimising independence and quality of life.

Prevention Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

Primary health care A level of care, including services provided by general practitioners and other community-based service providers, and an approach to care, based on optimal access for communities to these local-level services.

Public health Collective actions by society to assure the conditions in which people can be healthy. This includes organised community efforts to prevent, identify, pre-empt, and counter threats to the public's health and to promote physical, social and cultural environments conducive to health.

Secondary care A level of care for more complex health conditions including services provided in hospital environments.

