Interim Report: Feedback Survey

The Sustainable Health Review Interim Report feedback survey consisted of 14 questions. The responses to the open feedback questions are detailed below. Responses to questions 9-12 have been published in a summarised report on the SHR website.

Your Personal Details	
1. **Title**	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☒ Other ☐
2. First Name(s)	Rohan
3. Surname	Gay
4. Contact Details	
5. Organisation	
6. Location	☒ Metropolitan ☐ Regional WA ☐ Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? **(Required)**	☐ Group/organisation ☒ Individual ☐ Other, please specify: _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
☒ I consent to my feedback being published ☐ I consent to my feedback being published anonymously ☐ I do not consent to my feedback being published	

The next two questions will allow you to provide more detailed feedback on how to maximise improvements in each of the Directions or suggest other areas or actions for the Sustainable Health Review Panel to consider to develop a more sustainable health system.

13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

(We are a Health Care Homes participating practice)
Direction 8: Improved ICT underpins ALL the Directions: it should thus come first. GP's on a shoe-string constantly wonder why tertiary ICT is decades behind! My Health Record is the first standardised platform. Promote uptake and users will shape and drive functionality. We need systems not just good intentions.

Direction 2 & 10: MBS support for allied health via CDM is cumbersome and paltry. The response has generally been centralised programs with specialist allied health (great from small populations, terrible for large populations in geographically large catchments; generally fall over after a couple of years). Accessible, familiar, local, generalist allied health providers (physio, dietitians, podiatry) are regularly disenfranchised by these services. Centralised, specialist services should advise and direct, local services should deliver: an enablement framework.

Direction 7: GP's can distil feedback from large consumer populations yet are rarely systematically or regularly consulted. How can greater primary/tertiary engagement be mandated?

Direction 9: We lack basic data standards on recording crucial parameters*: e.g. smoking, exercise, alcohol consumption, nutrition. This is an opportunity for WA to lead. *As an HCH participant we are being asked to submit data on these in a format designed for one software package but incompatible with ours and inconsistent with parameters that I have taught to trainees and students!

Direction 11: How can we as GP's help WA? What can WA Health do to break the tyranny of the Bulk-Billing rate metric and replace it with measures of quality & effectiveness of care over through put? Is Medicare really 'unsustainable'? - The Economists - ABC Radio http://www.abc.net.au/radionational/programs/the-economists/economics-of-health/9577322.
a. 164 Billion increase in Australian GDP, increase in Health spending 12 billion
b. Australian GP's are amongst the lowest paid in the developed world and our specialists amongst the highest
c. Greater reliance on investigations over judgement
d. Most increases in life expectancy are due to lifestyle improvement (primary care)

Direction 12: Governance must be responsive to grassroots input to formulate localised solutions to localised problems: an enablement not compliance framework.
(See IF AIR TRAVEL WORKED LIKE HEALTH CARE https://youtu.be/5J67xJKpB6c)

14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?

Primary care need help tackling the MBS inadequacies and perversities preventing us delivering outcomes and helping WA.
ii. Obsession with bulk-billing rate: Akin to the Vietnam "body count" (The tyrant of metrics) has nothing to do with quality of care.
iii. MBS is not conducive to high quality and appropriate medical care

1. Observed more in the breach than in compliance
2. Rewards minimum rather than optimal care
3. Level B: the single most destructive element of the MBS
   a. Encourages & legitimises bad medicine
   b. After 10 min I am losing money
   c. Preventive care enquiry extra 5 min
   d. Preventive care advice extra 5 min
   e. Skin check extra 4 min
   f. My Health Record SHS 2 – extra 5 min
4. Consumables and other co-payments prohibited
5. Chronic disease management cumbersome & paltry
   a. Separation of care planning from care provision
   c. Inadequate allied health with bizarre & unrealistic process of referral
6. No mechanism for ongoing review
7. No mechanism for responding to changes in medical landscape
8. Has not sought and unresponsive to grass roots input
9. Compliance based (vs enablement)
10. Perverse incentives at odds with ideals of profession