

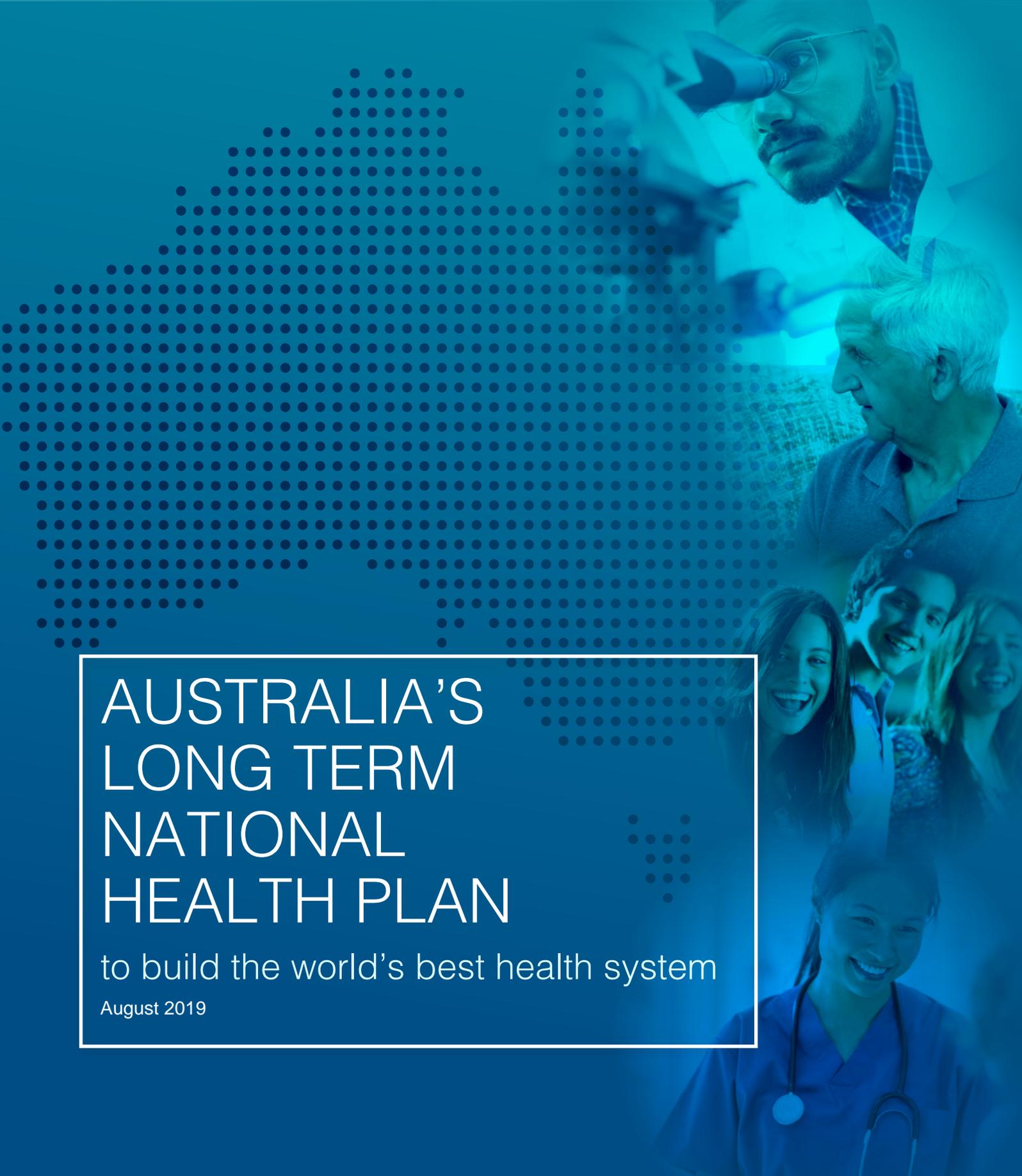


Australian Government
Department of Health

AUSTRALIA'S LONG TERM NATIONAL HEALTH PLAN

to build the world's best health system

August 2019





OUR PLAN FOR A
BETTER HEALTH
SYSTEM

MINISTER'S FOREWORD



Good health is essential to our happiness and wellbeing. Australians overall are among the healthiest and longest living people in the world.

The Commonwealth Fund ranks Australia's health system number two in the world. This is based on measures of quality, efficiency, access to care, equity, and outcomes—the ability to lead long, healthy, and productive lives.¹

The Government's plans—developed hand in hand with consumers and the health sector—will make our health system better at preventing disease and promoting health, more focused on patients' multidisciplinary needs, more affordable, and more accessible to all Australians, wherever they live and whoever they are.

Our system will remain a mix of public and private funding and service provision. This encourages choice and innovation while protecting access.

We began work on this reform plan in 2017. Change is well under way, with more advances to come.

Already, we have guaranteed Medicare, made a range of life-saving medicines and services more accessible and affordable, achieved record levels of bulk billing, strengthened primary care and mental health care, and invested in breakthrough medical research.

There are four key pillars in our reform plan:

- guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme (PBS)
- supporting our public and private hospitals, including improvements to private health insurance
- prioritising mental health and preventive health
- investing in health and medical research.

The changes we are making will improve every section of our health system. We are working with health professions, health service providers, Indigenous communities, state and territory governments and—most importantly—consumers.

We all have important roles in the health system, and in making it work better for all of us.

Accompanying our reforms, we are making record investments in health.

In 2019–20, we will provide \$104 billion for the health system. This compares with the Commonwealth's health spending in 2012–13 of \$75 billion. Over the next four years, our health investment will total \$435 billion.

These funds are being invested in more services, new treatments, more medicines, increased support for hospitals, expanded rural health services, and breakthrough new medical research.

Our goal: to make Australia's health system the world's number one.

1. See <https://www.commonwealthfund.org/chart/2017/health-care-system-performance-rankings>

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PILLAR ONE

Guaranteeing Medicare, stronger primary care and improving access to medicines through the PBS

Australia's health system

Australia's quality health system is already delivering excellent outcomes for Australians.

Like all national systems, it continuously needs to be improved and modified to ensure that it delivers the best, most up-to-date health care, to meet today's health challenges.

The Australian Government is taking the action needed to achieve this.

Our Long Term National Health Plan will provide accelerating benefits as we continue to roll it out and expand it.

Australians will not only have access to the latest, high-quality medicines and cutting-edge treatments, made affordable by Medicare and the PBS.

They will also receive better support to manage conditions like cancer, diabetes, heart disease and mental ill health, and better support to stay healthy and avoid illness.

The modernised health system will be a more integrated system, more efficient, more focused on patients, and more equitable.

It will have the capacity to provide the best possible health for all Australians, and for our children and grandchildren as they grow.

Medicare is fundamental to our world-class health system.

The Government is working with our GPs, other specialists and consumers to continuously improve the way Medicare supports quality, affordable health services.

The Australian Government is increasing Medicare funding by \$6 billion over the next four years. Annual funding has risen from \$19.5 billion in 2012–13, to \$25 billion in 2018–19, and will reach \$31 billion in 2022–23.

Medicare is stronger than ever. The national bulk billing rate is around 86 per cent, the highest year-on-year quarterly figure ever. Most Australians bear no cost for most visits to the doctor.

Our goal is to make primary health care more patient-focused, more accessible, and better able to provide preventive health and management of chronic conditions.

The 2017 landmark agreements with the Australian Medical Association and the Royal Australian College of General Practitioners paved the way for a productive partnership to strengthen and modernise the primary health care system.

To ensure patients receive the latest treatments and services, we are continuing to review the Medicare Benefits Schedule. This is a huge task, led by clinical experts, which has already led to major updates in some areas of medicine.

The 2019–20 Budget committed \$1.1 billion to the Strengthening Primary Care package. This will build on the \$512 million announced at the end of 2018 to support Australia's doctors and specialists to deliver improved access and outcomes for patients.

Co-designed with the Australian Medical Association, it includes \$448.5 million in additional funding to doctors to support more flexible care models, rather than the traditional Medicare fee-for-service model. This will encourage better preventive care and management of chronic issues, initially focusing on Australians older than 70 years of age.

These initiatives contribute to the Government's investment of an additional \$6 billion in Medicare from \$25 billion in 2018–19, \$26 billion in 2019–20, \$27 billion in 2020–21 and \$29 billion in 2021–22 and \$31 billion in 2022–23 to support health care for every Australian.

Access to the latest and most effective medicines is essential, especially for patients whose lives are at risk through serious illness. The Government has honoured its commitment to provide PBS listing for all medicines recommended by the Government's independent advisory committee, even when the treatment can cost up to \$500,000 per patient.

Since October 2013, we have listed 2,119 new or amended items, saving and changing many lives. They include more than 100 new or amended listings for cancer. We have reformed the PBS approval process to make it easier for medicines for rare conditions to receive subsidies and to provide sick Australians with quicker access to new treatments.

Over the forward estimates, we will invest \$40 billion to subsidise life-saving and life-changing medicines.

The
current life expectancy
for Australians is

**82.5
YEARS**

**the sixth
highest
in the world***

**EVERY
DAY**

**804,000
scripts**

of medicines
are dispensed
under our PBS

**EVERY
DAY
Medicare
funds
around**

**423,900
GP
visits**

**Death and
hospitalisation
rates
for
coronary heart
disease
are
DECLINING**

* Source: <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/life-expectancy>.

Stronger rural health

For decades, many rural towns and communities have found it difficult to attract and retain doctors. The Government is determined to ensure that the 7 million Australians who live in small towns or rural areas, do not have to settle for second-class health services and health outcomes.

The Government has developed a rural workforce strategy which provides solutions.

After years of expanding places in university medical schools, the nation is heading towards an over-supply of doctors.

We need to ensure that the distribution of doctors is fair and aligns with where people are and what they need.

Our \$550 million Stronger Rural Health Strategy is building a sustainable, high-quality health workforce distributed according to community need, particularly in rural and remote areas. It will bring around 3,000 extra doctors and 3,000 additional nurses to rural Australia, over 10 years.

Under the strategy, new clinical training schools are being developed so doctors can train and work in rural and remote areas, and nurses and allied health professionals can have a stronger role in multidisciplinary care.

Incentives for health professionals to work and stay in rural areas have been improved. Our National Rural Generalist Pathway will provide training and recognition for rural GPs, recognising the extra skills and resources they need to meet the health needs of rural Australians.

We are also funding the Royal Flying Doctor Service and the Rural Health Outreach Fund to provide medical services, including mental health and dental services. In 2017–18, the Outreach Fund enabled 228,000 patient contacts in 458 regional, rural and remote communities.

Priorities for Pillar One: Guaranteeing Medicare, stronger primary care, and improving access to medicines through the PBS

- Implement our 10-year plan for primary care – including access to genomics testing and rollout of telehealth
- Support the role of nurses and pharmacists in primary health care
- Conclude negotiations on the 7th Community Pharmacy Agreement, with a focus on greater use of pharmacists' scope of practice
- Improve access to new medicines and therapies, including multi-tumour medicines
- Deliver 3,000 new doctors and 3,000 new nurses to rural and regional areas
- End avoidable blindness in Indigenous communities by 2025
- End avoidable Indigenous deafness
- Eradicate rheumatic heart disease by 2030
- Developing a National Rural Generalist Pathway.



CASE STUDY

Life-saving medicines on the PBS

Many medicines which were previously out of reach to Australian families because of their huge cost, are now available through the PBS.

The Government and the pharmaceutical industry, through Medicines Australia, are working together to make PBS listing quicker, especially for life-saving medicines, and more cost effective.

People with cystic fibrosis are among those whose lives have been transformed by recent PBS listings. In August 2019, Kalydeco® (Ivacaftor) was made available through the PBS for toddlers aged 12 to 24 months, following medical evidence that it was safe for these young children.

This means children suffering from cystic fibrosis can use this wonder drug for a maximum of \$40.30 per script, rather than the unsubsidised cost of more than \$300,000 a year.

This follows the Government's breakthrough PBS listing of Kalydeco® for children aged two to five years with cystic fibrosis in May 2017. In October 2018, cystic fibrosis patients around Australia celebrated when Orkambi® was added to the PBS for patients over the age of six years with the most common form of the disease. Without PBS subsidy, Orkambi® would cost these patients up to \$250,000 per year for treatment.

These drugs are dramatically changing the lives and future outlook of young Australians born with cystic fibrosis. Without this new generation of wonder drugs, their average life expectancy was just 38 years. Now, most can expect to live long, happy, full lives.

PILLAR TWO

Supporting our public and private hospitals, including improvements to private health insurance



Under Medicare, all Australians will continue to enjoy the right to free treatment in public hospitals.

While state and territory governments are responsible for public hospitals, we are working with them to improve quality standards and efficiency, and reduce errors and duplication.

Under the next National Health Reform Agreement, the Australian Government's funding for public hospitals in all states and territories will increase from \$100 billion between 2015–16 and 2019–20 to an estimated \$131 billion between 2020–21 and 2024–25.

All states and territories will benefit from yearly funding increases.

We are also funding further improvements to hospitals. Our Community Health and Hospitals Program, announced in the 2019–20 Budget, will provide \$1.25 billion for a range of infrastructure and community health projects across the nation.

We will partner with communities, states and territories, health and hospital services and research institutions to boost these key areas:

- specialist hospital services including cancer treatment
- rural health and hospital infrastructure
- drug and alcohol treatment
- preventive, primary and chronic diseases management, and
- mental health.

These investments, coupled with our reforms to primary health care, will reduce pressure on hospitals, and help people to avoid health emergencies which put them in hospital.

Private hospitals make a vital contribution to our health and hospital system, but depend on a strong, viable private health insurance sector. Our first round of reforms has made private health insurance simpler, easier to understand, and more affordable.

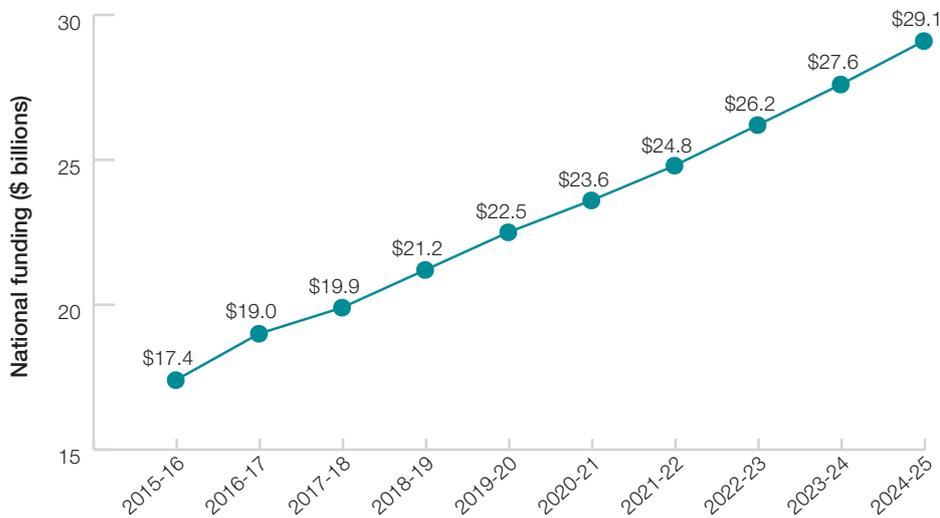
Hospital cover must now be categorised as either Gold, Silver, Bronze or Basic, with minimum standards applying to each tier. This will make it easier for consumers to understand their cover.

Consumers can now choose higher excess levels to lower their premiums. There are discounts for younger people, and benefits for people who have to travel a long distance for hospital treatments.

These are the most significant reforms in a decade.

Out-of-pocket costs arise when medical professionals charge more than the rebate provided by Medicare and private health insurers. The Government has worked with the Australian Medical Association to improve the information provided to patients before they undergo certain types of surgery or procedures. We are also developing a website, in consultation with consumers, medical professionals and insurers, to make sure everyone is clear about specialist fees and costs.

Total Australian Government hospital funding



Priorities for Pillar Two: Supporting our public and private hospitals, including improvements to private health insurance

- Implement the new National Health Reform Agreement for 2020–2025 with a primary goal to reduce rates of avoidable hospitalisations and re-admissions
- Complete a second wave of private health insurance reform, including a national strategy to tackle out-of-pocket costs
- Deliver major new health innovation and treatment projects across the nation under the Community Health and Hospitals Program including:
 - Peter MacCallum Centre of Excellence in Cellular Immunotherapy, Melbourne
 - Comprehensive Children’s Cancer Centre, Sydney Children’s Hospital
 - James Cook University— Cairns Tropical Enterprise Centre
 - Brain and Spinal Centre, Repatriation Hospital Hampstead Campus, Northfield, Adelaide
 - Upgrade to the Peel Health Campus WA, including expansion of the Emergency Department, a new Community Mental Health facility, and a residential eating disorders treatment centre
 - New linear accelerator for North West Cancer Centre, Tasmania
 - Ambulatory Care Centre, Alice Springs Hospital, NT
 - Expansion of the intensive care unit, Canberra Hospital, ACT.



VIOLET'S STORY

Partnering with Victoria to save young lives

The Australian and Victorian governments have worked together to bring the revolutionary, life-saving new treatment for fighting blood cancers, Chimeric Antigen Receptor (CAR) T-cell therapy to Victoria.

CAR T-cell therapy will help save the lives of many children and young adults with acute lymphoblastic leukaemia when there is no other treatment as an option.

This cutting-edge therapy is now available at no cost at the Royal Children's Hospital and the Peter MacCallum Cancer Centre.

The Australian Government has also provided \$80 million to the Peter MacCallum Cancer Centre to develop and trial CAR T-cell therapies for Victorian patients into the future.

Previously Australians have had to travel overseas and spend a fortune to get the treatment. Eight-year-old Violet was one of them. Violet is now in remission from acute lymphoblastic leukemia, after receiving CAR T-cell therapy in the United States. The treatment saved her life, but with a bill of almost \$750,000, it was only possible because of a grant from the Australian Government's Medical Treatment Overseas Program.

Even then, the treatment required a three-month upheaval for the family. Now, this amazing treatment is available in Australia.

PILLAR THREE

Mental health and preventive health



Mental health should rate alongside physical health in our health system, including in primary care.

This will require a major shift – in attitudes, skills and training, and resources.

Mental health and suicide prevention are at the top of the Government's health priorities. We have announced a new Intergenerational Health and Mental Health Study. This study will provide a detailed information base for mental health planning at the local level, over the next decade.

Almost four million Australians suffer from some form of chronic or episodic mental illness each year. Fifty per cent of us will face a mental health challenge in our lives.

In 2018–19, the Government provided more than \$4.9 billion in funding for mental health through the health portfolio. In 2019–20, this will rise to \$5.3 billion.

Primary Health Networks will receive \$1.45 billion over three years to plan and commission mental health services at a regional level. This will enable them to identify and fill gaps in the services available to their communities, and respond to local needs across:

- primary mental health care services
- mental health promotion, prevention and early intervention
- psychosocial support, and
- suicide prevention.

Our goal is a person-centred delivery system, so that people have the right support at the right time. The end result will be mental health care that is fully integrated into our health system, with coordinated care for people who need intensive or varied support.

The emphasis will be on prevention, early intervention and recovery.

To achieve this, we must reduce the stigma that has traditionally been attached to mental health. Depression, anxiety, bipolar disorder and psychosis are health problems to be treated and managed, just like diabetes, broken bones or asthma. Talking about mental health concerns and seeking help should be as normal and straightforward as talking about our physical health.

We have improved access and services for people of all ages through school mental health programs, Lifeline’s phone crisis line, Head to Health, Medicare rebates for eating disorder treatments, mental health support via videoconferencing, and a new program for people in aged care.

We are continuing this work by rolling out a network of walk-in mental health centres for adults, residential eating disorder centres, and an expanded headspace network.

We are developing a National Children’s Mental Health Strategy to ensure that neuropsychiatric conditions are diagnosed and treated early to prevent lifelong disability. It will provide a framework for preventing mental illness and reducing its impact on children, families and the community.

We are investing in mental health research through our \$125 million Million Minds Mission, including \$5 million for research into the early detection, diagnosis and treatment of eating disorders. The Million Minds Mission will enable up to one million additional people to take part in innovative trials of new approaches to early detection, intervention, treatment and recovery.

We have also introduced a new National Psychosocial Support program to provide day-to-day support for people with severe mental illness.

Reducing suicide rates is a critical priority. Our rates of suicide, particularly among young people, are a national tragedy. Each day, around eight people die by suicide. We are determined to work towards zero.

We are committed to finding better ways to prevent suicide. The 2019–20 Budget included \$503 million for youth and Indigenous mental health and suicide prevention. This includes \$15 million for the first national real time suicide monitoring system.

Recognising that causes are complex, we are taking a whole-of-government approach. In July 2019, we appointed the first National Suicide Prevention Adviser to the Prime Minister—Christine Morgan.

We are investing \$55 million in national suicide prevention trials, and have created the National Suicide Prevention Research Fund—a \$12 million fund supporting and disseminating research on suicide prevention.

We are also rolling out the Way Back Support program with Beyond Blue, in partnership with the states and territories. Way Back provides personalised support to people after a suicide attempt or suicidal crisis – providing people with intensive follow-up care when they are at their most vulnerable.

Australians will receive better support to manage conditions like **cancer, diabetes, heart disease and mental ill health, and better support to stay healthy and avoid illness**

INDIGENOUS CHILD mortality rates have declined by



since 1998

THE MODERNISED HEALTH SYSTEM will be more **integrated efficient focused on patients equitable**



NIHARIKA'S STORY

Niharika is a member of headspace's Youth National Reference Group and a young ambassador for mental health. This is her story, in her own words.

"Being an Indian-Australian woman from a conservative family background, mental health was never really a concept for me.

"Diagnosed with clinical depression and anxiety in 2015, I found myself in hospital not wanting to be here anymore.

"I was distressed, confused, and being told: 'you have so much potential, why are you doing this to us?'. The truth was I had no sense of self-worth, no personality or passions to fall back on.

"Things started to change for me (when), having been encouraged by a friend, I found myself at headspace, I started learning ways of handling my day-to-day life in small increments.

"This isn't to say that it's been cruisy since then but learning those skills and habits means that the lows aren't as low. Furthermore you are strong and more capable of achieving anything that you are meant to in the face of any and all adversity.

"Having just finished a double degree in 2018 I myself will be studying postgraduate psychology this year. More so than that, I am happier. I'm getting better at recognising what to do when things are not so good and I can appreciate life for all of its incredibleness. Something that all young people inherently deserve."

National Preventive Health Strategy

The other big shift we need within our health system is to focus more on prevention and we will do this through developing and implementing a National Preventive Health Strategy.

Chronic diseases are the leading cause of ill health and death in Australia, and have been for some decades. Common chronic diseases include cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, and mental ill health, arthritis, asthma and back pain.

Just under half of all Australians have one or more chronic conditions. A large majority of these (87 per cent) are aged 65 years or older. But almost one in four Australians has more than one chronic disease. The most common diseases for comorbidity are cardiovascular disease, arthritis, back pain and mental health conditions.

These diseases usually develop over time and often, they are preventable. Many share the same risk factors, such as tobacco, obesity, lack of physical activity, poor diet, and abuse of alcohol and drugs.

The Government is developing a long term National Preventive Health Strategy, to ensure that all areas in the health system work together on the important issues.

In 2018–19, we increased spending on preventive health and chronic disease support by around one third, to \$496.6 million.

A key aspect of prevention is early detection. Australia leads the world with our national screening and immunisation programs. Our National Immunisation Program protects Australians of all ages against infectious diseases such as measles, meningococcal, and influenza, and human papillomavirus.

We may become the first nation in the world to eradicate cervical cancer, thanks to our national screening program and now, the Gardasil vaccination program.

We are working to lift our screening effort, not just across bowel, breast and cervical cancers, but also lung cancer. We are also exploring the use of genomics to test for diseases.

Chronic conditions are more common among Aboriginal and Torres Strait Islander people. Two thirds of Indigenous Australians report at least one chronic health condition and one third report having three or more conditions.

For example, while 4.4 per cent of Australians have diabetes, 12.8 per cent of Indigenous Australians have diabetes.

Obesity is a major contributing factor to many chronic diseases and it is worrying that two out of three Australian adults are now overweight or obese. The causes of obesity are not simple, and reducing rates will require a multi-faceted, community-wide approach.

The Australian Government held a national obesity summit in February 2019 and is now working with all states and territories to develop a national obesity strategy. Our Sport 2030 Plan also builds on programs to help more Australians to be physically active.

Indigenous health

Improving the health of Aboriginal and Torres Strait Islander people is a top priority for the Government.

Over four years from 2019–20, we will invest \$4.1 billion in dedicated health programs for Indigenous Australians. This represents an annual increase of around four per cent. This will improve access to culturally sensitive comprehensive primary health care, and target areas of critical need to accelerate progress towards the Closing the Gap targets.

Our focus is on working with Indigenous communities and other governments to ensure programs are working effectively to improve health outcomes, by tackling the social factors which impact heavily on health.

All Aboriginal Community Controlled Health Services now report against national key performance indicators, which are critical for measuring progress towards the Government's Closing the Gap targets.

We are also funding research and innovation in cooperation with Australia's First Nations' people, including \$160 million for a 10-year national Indigenous Health Research Fund.

Up to \$25 million will be directed to communities and stakeholder groups to implement proposals at a local level to improve Aboriginal and Torres Strait Islander health.

Sport and physical activity for health

Despite clear evidence about the physical and mental benefits of being active, as a nation we are moving less than ever. More than half of all Australians are not active enough, and this is becoming worse.

Combined with obesity, inactivity is now rated almost as high as smoking in terms of Australians' health risks, contributing to diabetes, cardiovascular disease and various cancers. Exercise can help reduce depression, and slow the onset of dementia.

The Government is encouraging and helping people to take part in physical activity. Under our Sport 2030 plan, released in August 2018, we are partnering with sporting organisations and other national bodies to deliver new programs to get people active.

This will include people with a disability, people from culturally and linguistically diverse communities, low-medium income households, Aboriginal and Torres Strait Islander people, people from regional and remote areas, women and girls.

We are also directing \$22.9 million to innovative ways to help older Australians become more active.

For example, Walking Football has received a \$1.8 million grant to develop 110 hubs nationally for walking football, rising to 148 in its second year, to encourage an extra 1 million hours of activity among senior Australians.

More than 6,750 schools nationwide have taken up our Sporting Schools Program.

We also held a review of Australia's sports integrity arrangements, and are now implementing agreed recommendations to ensure Australian sport is safe, fair and inclusive.

A new National Sports Tribunal will be established in early 2020 to ensure Australian sports participants have access to independent, transparent, and cost-effective sports dispute resolution. A new national agency, Sport Integrity Australia, will be established from July 2020 to provide a single source of focus to protect Australian sports from criminal exploitation, match-fixing, doping and other forms of corruption in Australian sport.

The Australian Sports Anti-Doping Authority, the National Integrity of Sport Unit, and national sports integrity elements of Sport Australia will be combined into Sport Integrity Australia to provide a world-leading capability to protect Australian sport from increasing integrity threats.

More than
94 %
of Australian
children are fully
immunised by the

age
of
FIVE

OUR
**CANCER
SURVIVAL
RATES**
are among the
best in the world,
thanks to
quality care and
early detection

OUR MEDICAL
RESEARCH
FUTURE FUND
will mature at
**\$20
billion**
providing an
ongoing, sustainable
platform for research
and innovation



Priorities for Pillar Three: Mental health and preventive health

- Develop the Vision 2030: Blueprint for the future
- Deliver the Intergenerational Health and Mental Health study
- Develop and deliver the National Children's Mental Health Strategy
- Complete and implement the Youth and Indigenous Mental Health and Suicide Prevention Plan
- Deliver the Million Minds Mental Health Research Mission focusing initially on eating disorders, children and young people, and Aboriginal and Torres Strait Islander people
- Forge a new National Mental Health Partnership with states and territories
- Develop and implement a 10-year National Preventive Health Strategy to better balance treatment and prevention
- Reduce smoking rates to below 10 per cent by 2025
- Deliver an Indigenous Preventive Health Plan including to:
 - Achieve 10 per cent annual increase in number of people having at least one health check
 - Achieve 60 per cent of pregnant women having at least one health check in the first trimester by 2023
 - Stop the growth in type 2 diabetes among children and young people within five years
- Build a more active Australia—more Australians, more active, more often
- Safeguard the integrity of sport—establish the National Sports Tribunal
- Bid for the 2032 Olympics to strengthen our sports sector and performance.



ROD'S STORY

Indigenous health

The Medicare Health Assessment for Aboriginal and Torres Strait Islander People (MBS item 715) was introduced to ensure Indigenous people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for the very many common and treatable conditions that can cause morbidity and early mortality.

The health check takes around 45 to 60 minutes and covers physical and mental health. It is tailored to Indigenous people of all ages.

Nationally, the number of health checks billed each year increased threefold from 71,400 in 2010–11 to 217,700 in 2016–17.

At Awabakal Aboriginal Medical Service in Newcastle, staff and patients believe the 715 health check is making a big difference to physical, social and emotional health.

This is Rod's story, in his words:

"My life has changed dramatically with the 715. You know, especially on the mental health side of things and getting medication. It has just helped me become a lot more level. Where you can get out, I still go to work, I play with the kids, you know, and have time with the wife. So I have been able to get a lot of benefits and the change has been dramatic."



PILLAR FOUR

Medical research to save lives and boost our economy

Today's research is tomorrow's health care. Research is also the basis of the innovation economy.

The Government is providing unprecedented backing for our best and brightest researchers and for entrepreneurs to turn ideas into treatment. The foundations we have laid mark a new era of Australian medical research and innovation, spearheading the innovation economy.

We have created the Medical Research Future Fund (MRFF) to complement ongoing funding through the National Health and Medical Research Council and support our inspiring researchers to develop new technologies and breakthroughs.

The MRFF will mature at \$20 billion, providing sustainable funding for vital research, clinical trials and innovation in the medium to longer term.

In 2019–20, the MRFF will distribute just under \$400 million – adding to almost \$870 million from the National Health and Medical Research Council. Its 10-year investment plan will deliver \$5 billion for innovation, more clinical trials, research infrastructure and translating research into products. This will create jobs, and confirm Australia's reputation for world-leading research.

Since 2016–17, the MRFF has delivered 18 contestable grants rounds totalling \$167 million, which have funded 156 projects.

Its influence will accelerate as projects develop and mature. For example, it is funding eight long term missions, bringing together researchers working in high priority areas, with a total funding commitment of \$1.45 billion:

- Australian Brain Cancer Mission – \$124.7 million
- Million Minds Mental Health Research Mission – \$125 million
- Genomics Health Futures Mission – \$500 million
- Dementia, Ageing and Aged Care Mission – \$185 million
- Indigenous Health Futures project – \$160 million
- Stem Cell Mission – \$150 million
- Cardiovascular Mission – \$220 million
- Traumatic Brain Injury – \$50 million.

The MRFF has also funded 54 clinical trials, giving Australian patients access to new, promising treatments.

It has also provided support to individual, next generation clinical researchers, and a wide range of medical and health issues from antimicrobial resistance to Alzheimer's disease, new vaccines and precision medicine.

Through the MRFF and the \$500 million Biomedical Translation Fund, we are also providing unprecedented support to enable Australian discoveries to be developed into new medicines, services and devices.

Translation, including clinical trials, is essential to allow both patients and our economy to receive the benefits of research. In the past, this has been a weak link for Australian research, but we are turning this around.

The MRFF has also provided \$4.1 million to date for international clinical trial collaborations.

The Government's cancer agency, Cancer Australia, also funds cancer research and clinical trials. One in two Australian men and women will be diagnosed with cancer by the age of 85.²

Priorities for Pillar Four: Medical research to save lives and boost our economy

- Implement the Medical Research Future Fund 10-year plan, giving decade-long certainty to researchers and industry
- Focus on four areas: patients, researchers, translation and missions
- Provide \$240 million for the next big medical breakthrough from our Frontier Health and Medical Research program
- Support new fields of medicine, such as robotics, genomics, stem cell and immunotherapy
- Develop and implement a 10-year plan to make Australia a global centre for clinical trials
- Invest \$600 million in research for better treatment for rare cancers and rare diseases
- Prepare Australia for the delivery of precision medicines through genomic and stem cell technologies by 2030, with projects such as the \$20 million Mackenzie's Mission and the \$50 million Australian Genomic Cancer Medicine Program.

2. <https://www.cancer.org.au/about-cancer/what-is-cancer/facts-and-figures.html>



CASE STUDY

From lab to market

The Australian Government has signed agreements with all eight state and territory governments, our Primary Health Networks, and community organisations to deliver the first round of projects under the landmark \$1.25 billion Community Health and Hospitals Program.

It includes \$30 million in total and \$10 million now to the Aikenhead Centre for Medical Discoveries at St. Vincent's Hospital, Melbourne, to create Australia's first hospital-based biomedical engineering research and training hub.

This new research will support more research projects, which are already improving and saving lives. Among the projects now under way is Professor Peter Choong's research using robotics and 3-D printing to make replacements for bone areas destroyed by tumours.

This could help hundreds of Australians with severe bone cancer to recover without amputation.

AGEING WELL AND AGED CARE

With most Australians now living well beyond the traditional retirement age, we need to plan for longer lives.

The Government's 2018–19 Budget package, *More Choices for a Longer Life*, represents a foundation proactive policy for an ageing Australia. It recognises the need to support all Australians to be healthy, active, socially connected and financially secure as they move through life.

The package ensures better co-ordination of services across Government and more support for Australians at every stage of their life.

While the aim is to remain living independently as long as possible, many of us may need aged care services at some point. Aged care is a vital area within the lifelong continuum of health care. More than 1.3 million people currently receive some form of aged care service, delivered by approximately 900 residential aged care providers and 700 home care providers.

Our aged care sector rates well by international comparison, but it is experiencing challenges. These include rising costs, rising demand, a shortage of skilled workers, and rapidly increasing rates of dementia as our population ages.

The Government continues to improve aged care services. With the Royal Commission into Aged Care Quality and Safety under way, we are delivering better accessibility, quality and safety for senior Australians. Our reforms spell a new era of consumer protection and stronger compliance in both residential and home care services.

Since January 2019, the independent Aged Care Quality and Safety Commission has taken responsibility for enforcing quality standards and responding to complaints. From January 2020, it will take over other regulatory functions from the Department of Health.

This will make it easier to identify and respond to quality failures, and easier for consumers and families to lodge a complaint if there is any cause for dissatisfaction.

Aged care services are provided by commercial and not-for-profit organisations. The Government's role is to regulate services, and to subsidise care to make it more affordable.

We subsidise services from low-level home support services (such as delivery of meals) to more complex care in the home, and residential care for people who need 24-hour support.

In 2019–20, we will spend almost \$21.7 billion on aged care, and this will rise to \$25.4 billion in 2022–23.

This will fund a big expansion in the number of Commonwealth-funded aged care places, both residential and home care places.

Most senior Australians prefer to live in their own homes, where they can. We have greatly extended the options for home care and more than doubled the number of packages available, from 60,308 in 2012–13 to a projected 157,154 in 2022–23. A total of 40,000 home care packages have been added since December 2017.

Residential care remains crucial. In 2018–19, we approved an additional 13,500 residential aged care places, 775 Short Term Restorative Care places, and an additional \$60 million capital investment, targeted to rural aged care.

As at 30 June 2018, there were 207,142 operational residential aged care places. The average Australian Government subsidy for permanent aged care residents is \$65,600.

We also fund specialised support for aged care consumers, including \$15.2 million in 2019–20 for Severe Behaviour Response Teams to help staff manage residents with dementia.

A HEALTH
SYSTEM FOR
ALL OF US,
NOW AND
INTO THE
FUTURE.



