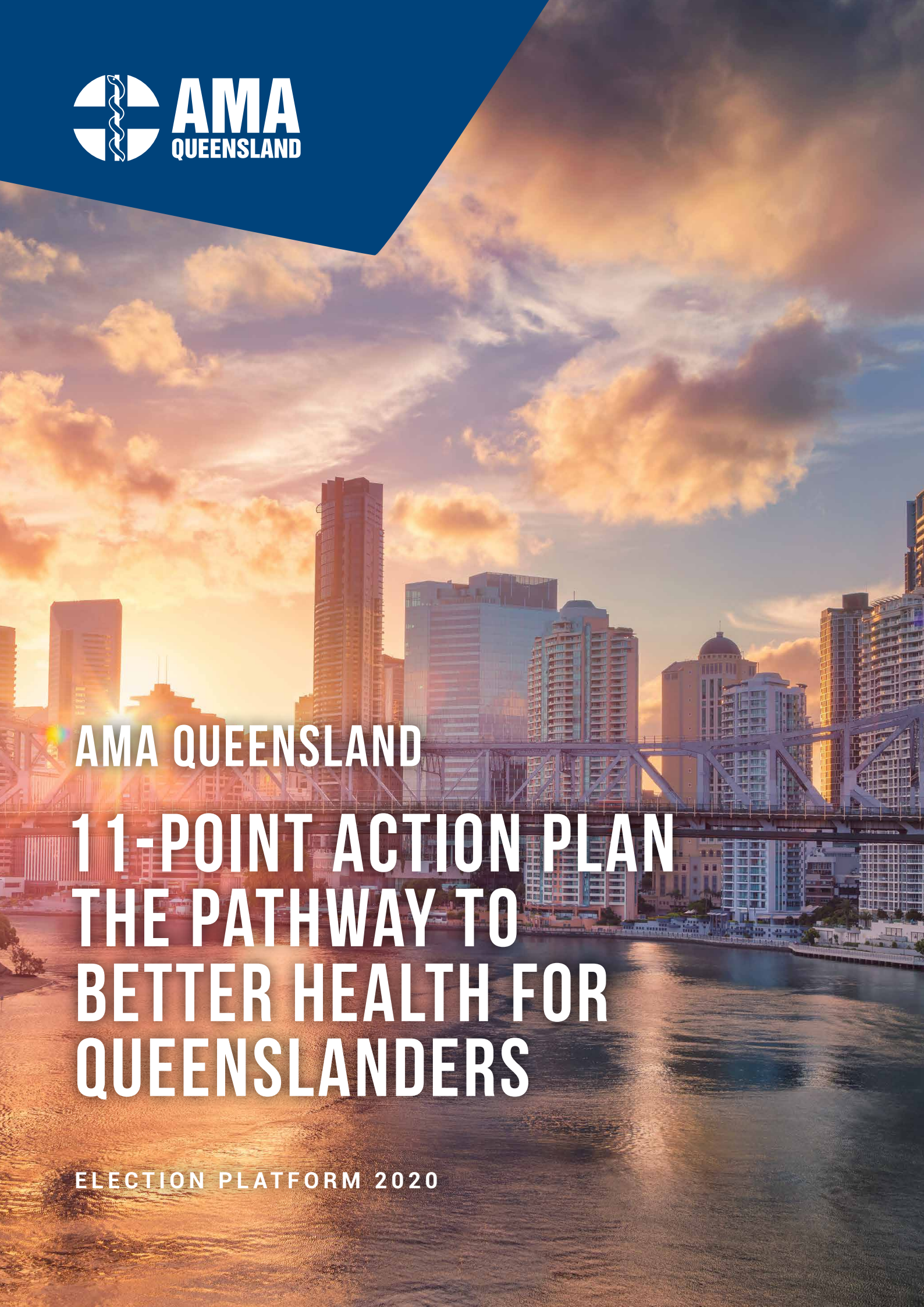
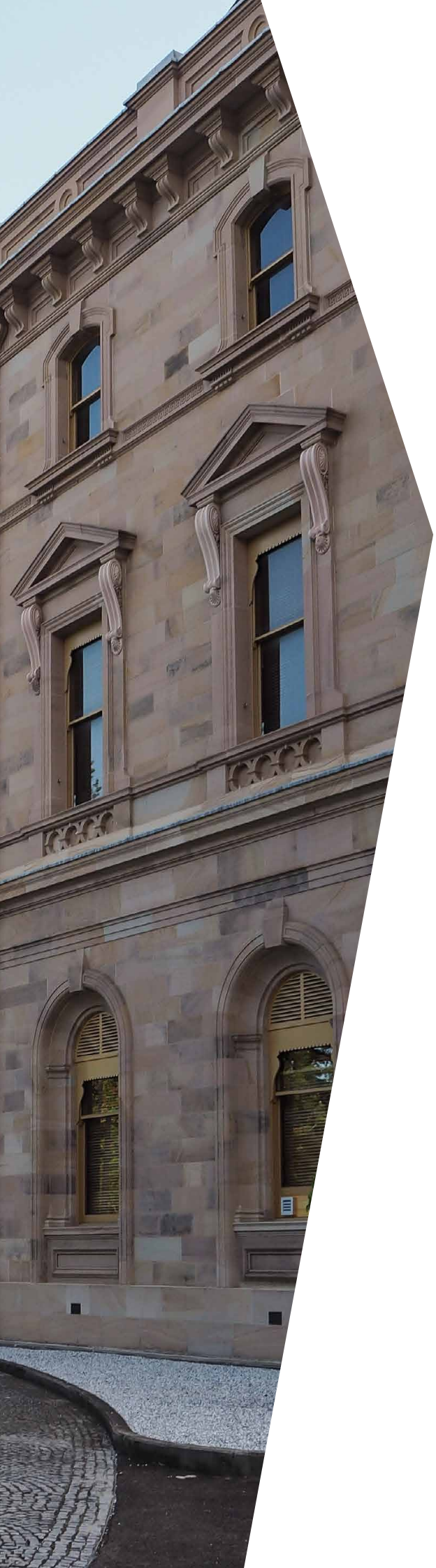


AMA QUEENSLAND

11-POINT ACTION PLAN THE PATHWAY TO BETTER HEALTH FOR QUEENSLANDERS

ELECTION PLATFORM 2020

WE WALK BESIDE OUR DOCTORS



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11-POINT ACTION PLAN

ADVOCACY FOR OUR DOCTORS

	AMA QUEENSLAND STRATEGIES	COST TO IMPLEMENT STRATEGY	CURRENT COST TO THE HEALTH SYSTEM	UNMET NEED	BETTER HEALTH OUTCOMES	LEVEL OF EVIDENCE
1	**Strengthen involvement of doctors in healthcare decision-making**	**$2.5m**	**N/A**			
	▸ In all levels of hospital governance from HHS Boards to executive level management	$2.0m				
	▸ In decisions regarding elective surgery and changes to billing practices					
	▸ In the pandemic planning (hospitals, aged care and community and natural disaster planning (e.g. bushfires and floods) and by guaranteeing supply of PPE to doctors in public hospitals and private practice					
	▸ Develop improved model of discharge management between the hospital system and primary care	$500k				
2	**Address medical workforce issues in regional, rural and remote communities**	**$2.35m**	**N/A**			
	▸ Accommodation costs in all rural HHS	$600k				
	▸ Private rural GP's involvement in local hospitals as VMOs	$1.6m				
	▸ Training for rural generalists in pain management/addiction medicine/paediatrics	$150k				
3	**Improve the health of doctors**	**$1.67m[1]**	**$36m[2]**			
	▸ *Wellness at Work* program to PGY 2-5	$1.67m				
	▸ Change mandatory reporting laws in Qld					

ADVOCACY FOR OUR PATIENTS

	AMA QUEENSLAND STRATEGIES	COST TO IMPLEMENT STRATEGY	CURRENT COST TO THE HEALTH SYSTEM	UNMET NEED	BETTER HEALTH OUTCOMES	LEVEL OF EVIDENCE
4	**Optimise use of digital technologies through clinical involvement**	**$313m[1]**	**$1.2bn[4]**			
	▸ Fulfil roll-out of ieMR, EMR, RTR, QScript	$313m				
	▸ Support the use of telemedicine	Comm. govt				
5	**Improve pain management services**	**$26m[5]**	**$27.8bn[7]**			
	▸ Expand adult and paediatric services	$25m[6]				
	▸ Enable system levers/enhance integrated care	$1.0m				
6	**Strengthen the role of primary care in managing the use of opioids**	**$3.01m[8]**	**$246.9m[9]**			
	▸ Six Addiction medicine positions	$1.97m				
	▸ Designated outreach services addiction services/mental health/AOD) (Torres and Cape)	$1.0m				
	▸ Education on opioids prescription for junior doctors and GPs	$40k				

1 AMA Queensland Budget Submission 2020 Wellness at Work for PGY 2-5
2 Queensland Workers Compensation Scheme 2019
3 Queensland Health Budget papers 2019-20
4 Queensland Auditor General Report 2019-20
5 Queensland Health (2020) *Pain is everybody's business – the mapping of persistent pain management services in Queensland* Queensland Government, Brisbane
6 Ibid
7 Deloitte Access Economics (2020) in *Pain is everybody's business – the mapping of persistent pain management* services in Queensland
8 AMA Queensland Budget Submission 2020
9 Curtin University (2020) Quantifying the Social Costs of Pharmaceutical Opioid Misuse & Illicit Opioid Use to Australia in 2015/16 National Drug Research Institute, Curtin University February 2020

11-POINT ACTION PLAN CONT.

ADVOCACY FOR OUR PATIENTS CONT.

	AMA QUEENSLAND STRATEGIES	COST TO IMPLEMENT STRATEGY	CURRENT COST TO THE HEALTH SYSTEM	UNMET NEED	BETTER HEALTH OUTCOMES	LEVEL OF EVIDENCE
7	**Improve the health First Nations Queenslanders**	$4.2m	N/A			
	▸ Establish First Nations Health and Hospital Network	Costing pending negotiations				
	▸ Palliative care and end-of-life care pilot	$1.14m				
	▸ Oral health services: fluoride varnish and workforce scholarship scheme	$130k				
	▸ Pain management services	$3.0m				
8	**Improve women's health services in rural and remote communities**	$7.57m	$26.36m[10]			
	▸ Support specialist obstetricians/doctors with obstetrics experience in rural hospitals	$5.0m				
	▸ Fund screening for carriers of genetic disease, post-natal checks for mother and baby	$2.0m				
	▸ State-wide consultation: development of safe cultural spaces for Aboriginal and Torres Strait Islanders	$70k				
	▸ Scholarship program for doctors from diverse backgrounds to help establish culturally appropriate health services	$500k				

ADVOCACY FOR OUR COMMUNITY

	AMA QUEENSLAND STRATEGIES	COST TO IMPLEMENT STRATEGY	CURRENT COST TO THE HEALTH SYSTEM	UNMET NEED	BETTER HEALTH OUTCOMES	LEVEL OF EVIDENCE
9	**Strengthen palliative care, aged care and choices at the end of life**	$277.4m[11]	N/A			
	▸ Strengthen palliative care to provide Queenslands with the support/ care they deserve	$275m				
	▸ Improve health literacy about choices at the end of life through a State-wide public education program with an emphasis on Advanced Health Directives	$5.0m* (*inc.in $275m)				
	▸ Establish a base/outreach services for rural and remote palliative care	$2.4m				
10	**Reduce alcohol related harm and violence**	$3.12m[12]	$400m[14]			
	▸ Expand alcohol management plans to all sub-populations who are alcohol dependent	Comm cost				
	▸ Address recommendations of the Quantum 2019 Safe not out Report	$2.6m[13]				
	▸ Include addiction medicine/mental health training for all junior doctors	$520k				
11	**Reduce carbon emissions in hospital and health care services**	$904k	$1.2bn[15]			
	▸ Establish office of sustainable healthcare	$362k				
	▸ Undertake pilot program for sustainability in 6 hospitals and 10 GP practices	$542k				
	TOTAL	**$641.7M**	**$30.91BN**			

10 Emily J. Callander [A E], Jennifer Fenwick [B C], Roslyn Donnellan-Fernandez [B], Jocelyn Toohill [B D], Debra K. Creedy [B], Jenny Gamble [B], Haylee Fox [A] and David Ellwood [A] Cost of maternity care to public hospitals: a first 1000-days perspective from Queensland *Australian Health Review* 43(5) 556-564

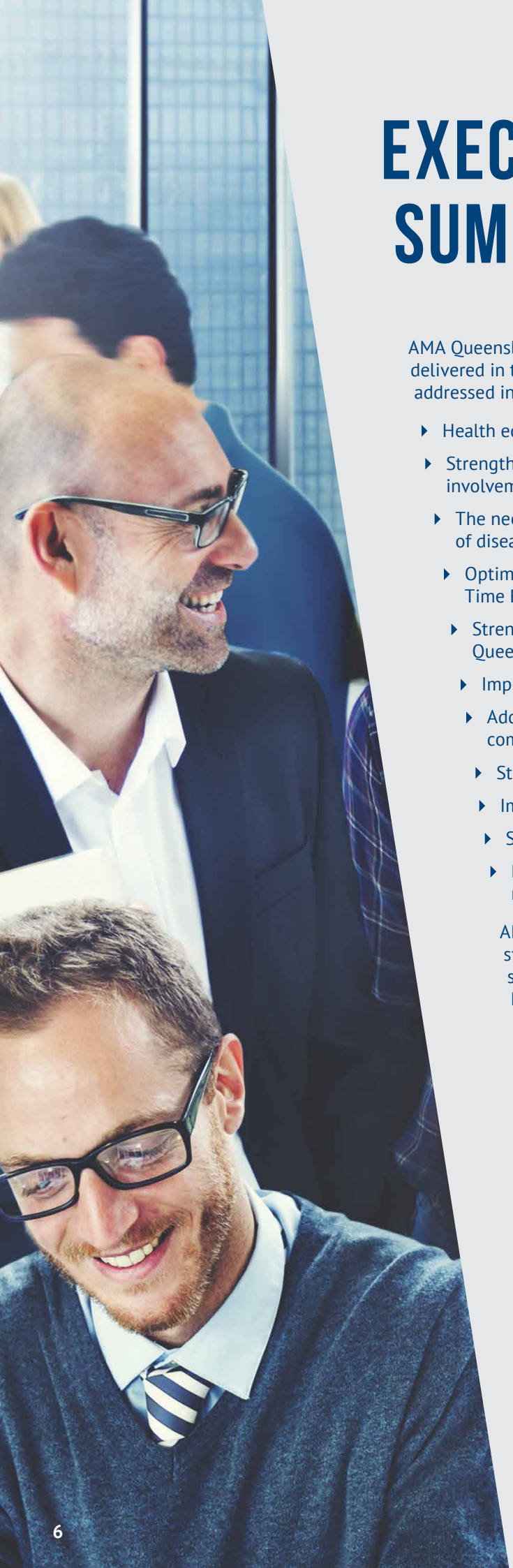
11 Queensland Specialist Palliative Care Directors' group 2020 budget submission; AMA Queensland Budget submission 2020

12 Quantum (2019) *Tackling Alcohol Fueled Violence* Department of Justice and Attorney-General 2019 Queensland Government, Brisbane

13 Quantum (2019) *Tackling Alcohol Fueled Violence* Department of Justice and Attorney-General 2019 Queensland Government, Brisbane

14 Queensland Health (2019) *The Health of Queenslanders 2018* Report of the Chief Health Officer Queensland Health, Brisbane p98

15 Queensland Health Budget 2019-20 papers by HHS Queensland Health – Combined costs of waste, water, energy and consumables HHS



EXECUTIVE SUMMARY

AMA Queensland is committed to improving the way health care is delivered in this state. There are many challenges which need to be addressed including:

- Health equity in access, outcomes and experience with the health system
- Strengthen linkages between the health system and primary care by involvement of doctors in health care decision making
- The need to prioritise investment in the health system based on burden of disease
- Optimise the use of digital technologies like telemedicine, ieMR, Real Time Reporting and QScript through increased clinical involvement
- Strengthen the health of Aboriginal and Torres Strait Islander Queenslanders
- Improve access to pain management services for adults and children
- Address medical workforce issues in regional, rural and remote communities
- Strengthen the role of primary care in managing the use of opioids
- Improve women's health services in rural and remote communities
- Strengthen palliative care, aged care and choices at end of life
- Reducing assaults against health care workers and bullying of medical staff in Queensland hospitals.

AMA Queensland believes an incoming government must strengthen medical leadership representation in the health system and support doctor-led collaborative multi-disciplinary health care.

The role of the doctor has been devalued in recent years as Queensland Health aggressively pursued an expanded scope of practice/training for non-medical health practitioners, resulting in them completing tasks previously completed by doctors. Supporting doctor-led collaborative multi-disciplinary healthcare will restore public confidence in the health system and improve the standard of care across the state.

AMA Queensland recognizes the efforts of the Queensland Government in keeping Queenslanders safe during the COVID-19 pandemic.

We are calling on the newly-elected government to use the same level of commitment and action in reducing COVID-19 cases to be replicated in addressing the recommended policy actions in this 11-point plan.

ADVOCACY FOR OUR DOCTORS

1.

STRENGTHEN THE INVOLVEMENT OF DOCTORS IN HEALTHCARE DECISION-MAKING

AMA Queensland believes an incoming government must support doctor-led collaborative multi-disciplinary healthcare to restore public confidence in the health system and improve the standard of care across the state.

Medical leadership is not simply *managing* the health system. Managers are often focused on the bottom line, which can lead to poor policy decisions made for the sake of efficiency. **It is about doctors stepping up and *leading* the process,** ensuring the best use of health resources, and the nurturing of people and their high-level skills to achieve the best results for patients. This will improve the culture of the workplace to ensure it meets the needs of staff.

AMA Queensland therefore calls on the Queensland Government to improve training opportunities to encourage more doctors to step up into leadership positions. Importantly this training should emphasise leadership skills, not just management skills, and it should focus on how medical leadership can improve culture in medical workplaces.

The Queensland Government should also strengthen doctors' involvement:

- At all levels of hospital governance from HHS Boards through to executive level management, even in metropolitan areas
- In decisions regarding elective surgery and changes to billing practices
- In decisions that affect patients access to basic healthcare needs and specialist care, and
- In pandemic and natural disaster planning e.g. bushfires and floods.

AMA Queensland expects the Queensland government to learn from recent events in Victoria by ensuring nursing homes in Queensland adhere to strict infection control practices and have ready access to PPE to keep the number of infected people low. We are also concerned that in Queensland hospitals, staff collective areas (handover, toilets and tearooms) are not designed to accomplish social distancing, given that alternative outdoor areas (e.g. to eat lunch) are not always available.

AMA Queensland is calling for an improved model of discharge management between the hospital system and primary care, particularly patients with complex conditions. Queensland Health should consider, as standard procedure, case conferences via telemedicine between the hospital and GPs prior to the discharge of their patients supported by the automatic distribution of electronic hospital discharge summaries directly to the GP via the GP portal.

Support the establishment of a new Senior Active Doctors Registration Category in Queensland through modification of the Health Practitioner Regulation National Law (Queensland) 1 March 2020 Section 273 to enable Senior Active Doctors to contribute their expertise in current and future pandemics.

Finally, AMA Queensland would encourage an incoming Queensland Government to provide continued education and information for doctors related to the Office of the Health Ombudsman and AHPRA including trends in claims, the outcomes and refined processes based on natural justice.

2.

ADDRESS MEDICAL WORKFORCE ISSUES IN REGIONAL, RURAL AND REMOTE COMMUNITIES

AMA Queensland recognises that there are significant medical workforce issues in regional, rural and remote communities, a situation which has not been made easier by COVID-19.

AMA Queensland calls on the newly-elected government to action the following strategies:

i. Suitable accommodation should be provided by rural HHSs (South-West HHS, North-West HHS, Central-West HHS, Central Queensland HHS) as an incentive for doctors

ii. All HHSs should engage Rural Generalist trainees as Provisional Fellows after they obtain their Advanced Skills, as long as their job descriptions require their advanced skills

iii. Fund and support appropriate training and ongoing job security for non-GP specialist trainees wishing to complete the majority of training in rural or regional area

iv. Encourage Private Rural GPs, where they exist, to have involvement in their local hospitals – e.g. admitting rights for private patients, be on the on-call roster, have upskilling opportunities e.g. in ED skills, be engaged as VMOs

v. Support doctors working in regional and rural communities with guaranteed locums so they can access education opportunities and have a break

vi. Encourage Rural Generalists in Hospitals to be engaged in primary care alongside private practitioners where arrangements exist

vii. Support subsidised training for Rural Generalists in mental health, pain management, addiction medicine and paediatrics

viii. Offer grants on application for subsidised leadership training for all Fellows

ix. Develop new and strengthen existing outreach models of care to improve accessibility to non-GP specialists in rural areas.

3.

IMPROVE THE HEALTH OF DOCTORS

Doctors require a safe environment to work in, in order to provide the best possible patient care. While AMA Queensland commends Queensland Health in its efforts to stamp out practices such as bullying, sexual harassment and fatigue, more needs to be done to improve the health of doctors in the public system.

The 2019 Resident Hospital Health Check revealed the following:

- 12% of junior doctors reported harassment
- 16% witnessed bullying, with 22% experiencing it
- 57% of junior doctors dread negative consequences from speaking up
- 22% feel unsafe at work, and
- 46% reported that they had been concerned about making a clinical error due to fatigue related to long hours.

These figures are unacceptable and an indicator that there is more Queensland Health could be doing to improve workplaces. AMA Queensland is committed to addressing these issues with Queensland Health with an emphasis on systemic change. While AMA Queensland is pleased with the significant investment Queensland Health has put into the *Resilience on the Run* program (now known as *Wellbeing at Work*), AMA Queensland believes funding should be extended to PGY2-5 doctors.

Another issue impacting the health of doctors is the mandatory reporting laws introduced in Queensland in 2019. AMA Queensland believes the current mandatory reporting laws:

- Actively discourage Australia's doctors from seeking medical treatment when they need it. Practitioners are also patients and should have equal rights to access confidential high-quality medical treatment as their own patients and all Australians
- Are more likely to expose patients to untreated, unwell doctors as a result
- Have a detrimental impact on the confidentiality of the doctor-patient relationship, impairing the ability of the practitioner to deliver an appropriate level of care
- Risk the lives of doctors. Every year in Queensland, at least four Queensland doctors take their own lives. These deaths could be prevented if doctors were to seek treatment.

AMA Queensland calls on the newly-elected government to change the mandatory reporting laws in Queensland to reflect the Western Australian model. WA does not have mandatory reporting obligations, unless a health practitioner is reporting another health practitioner for issues relating to sexual misconduct.

ADVOCACY FOR OUR PATIENTS

4.

OPTIMISE THE USE OF DIGITAL TECHNOLOGIES THROUGH INCREASED CLINICAL INVOLVEMENT

TELEMEDICINE

On 1 July 2020, the AMA called for broader access to Medicare-funded telemedicine consultations with GPs and non-GP specialists and that it remains an integral part of the health system beyond the COVID-19 pandemic.

On 8 July 2020, the Federal Government advised that it would restrict COVID-19 Medicare GP telemedicine items to circumstances where a patient had an existing relationship with a GP or general practice, other than for children aged under 12 months or patients who are homeless. A relationship is defined as having seen the practitioner face-to-face in the last 12 months, or having seen a doctor at the same practice during the same period.

The changes are designed to put an end to inappropriate models of care such as the disturbing emergence of 'pop-up' telemedicine models and models that are linked to pharmacies as they fragment care and blur the important distinction between the prescribing and dispensing of medicines.

AMA Queensland welcomes the new restrictions and has received positive feedback from GPs regarding this advocacy.

AMA Queensland would like to see the following action from the incoming government:

i. Further support for the rollout of telemedicine services

ii. Extend the use of telemedicine services beyond 30 September 2020 as a permanent change

iii. Support a change in rebate for telephone consultations to have the same value as telehealth as it takes the same amount of time for doctors and more importantly, some patients don't have smartphones are unable to work out how to access telehealth so telephone is their only option

iv. Support rebates for telemedicine as, firstly, not all GP clinics have access to high speed internet needed for telemedicine platforms; and secondly, not all GP clinics have the funding to support the set-up costs of telemedicine

v. Support the availability of telemedicine for non-GP specialist consultations for those living in rural and remote areas where no local specialist is available. This will give those residents the ability to have a telemedicine consult with a doctor working in the metro setting, and

vi. Lobby the Federal Government to remove the mandatory bulk billing requirement so that doctors can follow their usual billing practice, as current MBS rebates do not cover the costs to provide comprehensive care.

ieMR

AMA Queensland has always been supportive of digital healthcare, but AMA Queensland is concerned that the transformation to this system has been rushed, resulting in Queensland doctors having to use software which is inefficient and not user-friendly. AMA Queensland understands that similar to other emerging technologies, ieMR is not immune to technical difficulties in the early stages of implementation. However, AMA Queensland would like to see the incoming government address the technical difficulties, so that doctors can continue to deliver better health outcomes for Queenslanders.

There have been a number of issues identified with the ieMR system, including:

i. Inability to display operation notes for patients

ii. Misassociation of drug dosing sentences with wrong drug (e.g.: Metoclopramide prescription results in Droperidol doses being recommended)

iii. Dates being inexplicably discordant within outpatient records in the ESM module and 'disappearance' of records from the production server that were still visible on the mirror server used for business reporting

iv. Reports of the system suddenly and unpredictably switching the patient identity of the clinical record, which the clinician is viewing

v. Lab results being displayed incorrectly for a patient (e.g. under the wrong date).

The AMA Queensland Council previously voted unanimously for a credible independent review of the system, by a group of experts in the field of information technology, database integrity, clinical informatics, human factors and incident investigation. AMA Queensland is calling on the incoming government to form this independent review, which will cover issues including the following:

i. Access the impacts of patient safety and hospital productivity of the implementation of ieMR and identify lessons for future rollout

ii. Assess the impacts of ieMR on the quality of data available to guide clinical and administrative decisions in hospitals

iii. Develop an approach to guide future investment, procurement and governance.

EMR IN NORTH QUEENSLAND

AMA Queensland members based in Cairns, the Cape and Torres Strait have expressed concern over the EMR system from Communicare. The primary issues which have been identified include the following:

i. Variable communication between doctors and Communicare

ii. Difficulties with EMR communicating with some software platforms doctors use at their practices, and

iii. Time lags with EMR – to ensure the highest quality of care patient results need to be immediate.

While AMA Queensland is pleased to see that Communicare has undertaken product demonstrations to show doctors how to use EMR, members are wanting more regular communication with Communicare. This will allow doctors to give immediate feedback to Communicare on any issues they may be facing with EMR, thereby leading to improved patient outcomes. In saying that, AMA Queensland is calling on the incoming government to work with Communicare to improve communication between itself and doctors.

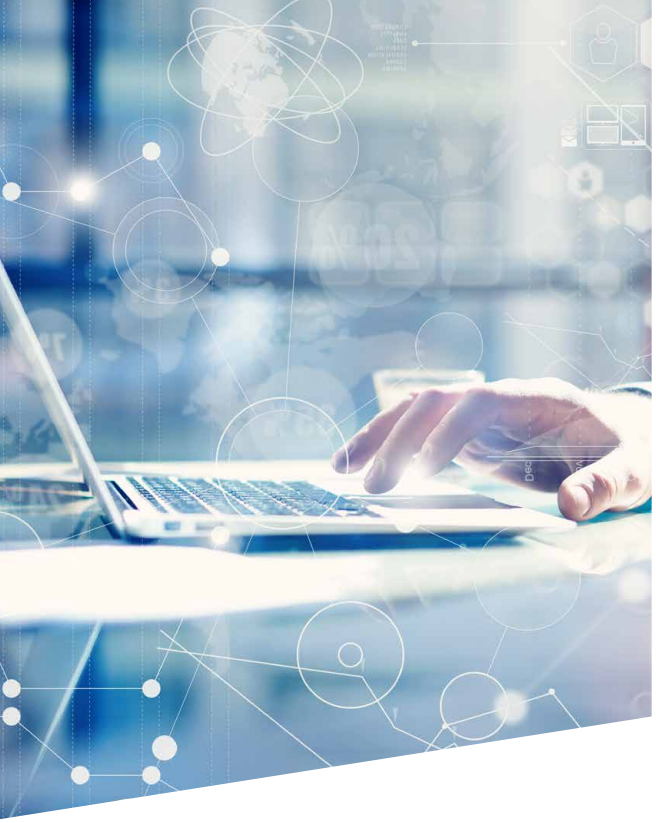
ELECTRONIC PRESCRIBING

AMA Queensland is pleased to see the Queensland Government rolling out electronic prescribing across Queensland. However, AMA Queensland would like to see the incoming government improve communication and promotion of electronic prescribing which is not only easier for patients, but more efficient for doctors.

RTR AND QSCRIPT

Real time reporting (RTR) is a new ICT system being developed by Queensland Health to monitor the distribution and supply of approximately 50 monitored medicines (including S4 and S8) in response to opioid misuse in Queensland. RTR requires all prescribers to log-in to the RTR system before prescribing the monitored medicines; once logged on, prescribers are given either a green, amber or red alert before they decide to supply the medication. Failure to log-on by a prescriber will result in a fine of 20 penalty points ($2,360).

The date for the Real Time Reporting (RTR) and QScript to begin have not yet been finalised, but AMA Queensland anticipates it will be 1 January 2021.



The current timeline for QScript is:

- Stage 1 of QScript, which confirmed that QScript was able to receive data from the Commonwealth's national real-time prescription monitoring system, the National Data Exchange (NDE), was completed in December 2019
- Stage 2 of QScript, which involves the QScript Management Portal replacing Queensland Health's existing prescription monitoring system, MODDS (Monitoring of Drugs of Dependence System) is due in the third quarter of 2020
- Stage 3 of QScript involving health practitioners registering to access the QScript Health Practitioner Registration Portal is also due for implementation in the third quarter of 2020
- Stage 4 of QScript which involves health practitioners being granted access to use the system to test functionality will occur in the fourth quarter of 2020. Health practitioner access to QScript is dependent on the commencement of the Medicines and Poisons Act 2019 and a date has not yet been established for this to occur.

AMA Queensland wants to see RTR and Qscript implemented at the earliest possible date to ensure community-based reduction in the harm caused by opioid addicted patients which according to a new report is still increasing.[16]

16 Pennington Institute 2020 - *Australia's Annual Overdose Report 2020*

5.

INVEST IN ON-THE-GROUND PAIN MANAGEMENT SERVICES

AMA Queensland congratulates the current Queensland Government for assessing the unmet need for pain management services in Queensland and releasing the report *Pain is everyone's business (mapping of persistent pain management services in Queensland).* Successive Queensland governments have failed to address the overwhelming unmet need in pain management services, particularly as chronic pain affects one in five people at an estimated cost to the Queensland economy, of close to $28bn per year, including an increased demand on mental health services.

We are calling on the incoming government to invest in each of the recommendations contained within the report by allocating the recommended $20m needed to address the unmet needs, particularly given that a recent Deloitte Access Economics report[17] calculated the return on investment for pain management clinics to be $4.90 for each $1.00 invested and the ongoing opioid death rate of 6 patients[18] each week in Queensland.

AMA Queensland is seeking additional funding for mental health services to support patients with chronic pain and those who are addicted to opioids, benzodiazepines, stimulants and anti-depressants which together represent the leading causes of unintentional death in the Queensland community.[19] We are calling for increased support for patients to be able to access psychologists and psychiatrists during this pandemic as mental health services are completely overstretched.

AMA Queensland wants immediate action to provide safe and culturally appropriate pain management services for Aboriginal and Torres Strait Islander Queenslanders given they are three times more likely to need pain management services.[20] AMA Queensland understands that although the need for paediatric pain services is low, the cost of assessing and managing pain in children costs the health system approximately four times the funding required for adults. AMA Queensland would recommend Queensland Health undertake a much closer analysis of unmet need in this important target group, possible replication of emerging models such as the use of telemedicine technologies to improve accessibility to specialised paediatric pain management and involvement of interdisciplinary teams.

17 Deloitte Access Economics 2019, *The cost of pain in Australia,* Pain Australia Deloitte Access Economics Pty Ltd
18 Pennington Institute 2019, *Australia's Annual Overdose Report 2019* Pennington Institute, Victoria
19 Ibid p2
20 Queensland Health (2020) *Pain is everybody's business - the mapping of persistent pain management services in Queensland* Queensland Government, Brisbane

Finally, AMA Queensland is calling for a review of how the management of pain is taught to the existing and future workforce, including doctors, nurses and allied health practitioners. AMA Queensland understands the majority of health workers in primary care and the public sector and private specialist sector have not been taught how to assess and manage people with chronic pain. This may be a contributing factor to the 'opioid crisis', particularly in sites without locally funded pain management services which have trends towards higher rates of opioid prescribing and a greater proportion of overdose deaths.

AMA Queensland would recommend targeted training for both acute and consistent pain and the monitoring of medication misuse and dependency be included in the curriculum of medicine, nurse and allied health training courses as an additional action for the incoming government.

6.

STRENGTHEN THE ROLE OF PRIMARY CARE IN MANAGING THE USE OF OPIOIDS

AMA Queensland is calling for urgent action on the misuse of opioids in Queensland. In 2019-20, 2.947m controlled drug prescriptions were dispensed in Queensland community pharmacies. This represents a 22% increase since 2017-18 despite recent action by Queensland Health to expand the type of prescribers under the Queensland Opioid Treatment Program, more support services through alcohol and drug services for people addicted to opioids and training modules on addiction medicine for doctors on eLAMP. Clearly the current strategies have been ineffective.

AMA Queensland believes these efforts need to be complemented by strategies which support the role of primary care, particularly as the majority of people who are addicted to opioids receive front line care and services from primary care physicians. The current huge workloads of addiction medicine specialists in Queensland at 300-400 patients each, many of whom are aged over 60 years of age, cannot be sustained.

Queensland Health should establish more addiction medicine specialist positions at the regional level and support an improved training pathway for doctors in addiction medicine, beyond E-Lamp and Real Time Reporting.

AMA Queensland is also calling for designated outreach services by trained addiction medicine specialists to assist doctors in the Torres Strait where the need for addiction services, mental health services and alcohol and other drugs services, continues to increase.

AMA Queensland remains opposed to physiotherapist being given authority to prescribe s4 and s8 medicines in emergency departments.

Finally, AMA Queensland is calling for targeted education programs to decrease opioid prescriptions and/or the quantities provided at discharge following surgery or dental procedures, by junior doctors in hospitals and by GPs and non-GP specialists.

7.

IMPROVE THE HEALTH OF FIRST NATIONS QUEENSLANDERS

AMA Queensland recommends an incoming Queensland Government establish a First Nations HHS to improve access to dialysis, ENT, oral health, gastroenterology, women's health and palliative care in a safe and culturally appropriate environment.

Aboriginal and Torres Strait Islander Queenslanders experience a disproportionate burden of disease compared with non-Indigenous Queenslanders. For Indigenous Australians, the age-standardised death rate for diabetes is over five times higher than for non-Indigenous Australians (78 per 100,000 population compared with 15 deaths per 100,000 population). For COPD, it is almost three times as high 70 per 100,000 population compared with 24 deaths per 100,000 population.[21]

Recent data from AIHW indicates life expectancy at birth for Indigenous Australians is 71.6 years for males and 75.6 years for females. In comparison, life expectancy at birth for non-Indigenous Australians is 80.2 years for males and 83.4 years for females.[22]

Aboriginal and Torres Strait Islander Queenslanders experience late diagnosis of, and treatment for, chronic and malignant disease with chronic disease causing 64% of the total disease burden[23] including mental health and substance use 19%; injuries including suicide 15%; cardiovascular disease 12%; cancer 9.4%; and respiratory diseases.

The rate of preventable hospitalisations for Indigenous peoples is three times the rate of non-Indigenous people at 70 per 1,000 people compared to 26 per 1,000 people for non-Indigenous people.[24] The percentage of Aboriginal and Torres Strait Islander Queenslanders who are overweight/or and obese is 77.8%[25] compared to 67% of non-Indigenous peoples;

21 AIHW 2020 *Australia's Health Snapshots* AIHW Australian Government July 2020 p44
22 Ibid
23 ABS (2019) National Aboriginal and Torres Strait Islander Health Survey 2018-19 ABS Cat.no.4715.0 Canberra: ABS
24 Ibid p557
25 Ibid p542

the percentage who consume alcohol above the recommended levels is 49.8%[26] compared to 26% of non-Indigenous peoples; the percentage of Indigenous adults who smoke cigarettes is 43%[27] compared to 11.6% of non-Indigenous adults; and the percentage of Aboriginal and Torres Strait Islander Queenslanders who have inadequate fruit and vegetable intake is 97.2% in adults and 94% in children compared to 91.2% of adults and 87.8% of children non-Indigenous peoples.[28]

Aboriginal and Torres Strait Islander Queenslanders are 11 times more likely to require dialysis than non-Indigenous peoples[29],14% have a long term hearing problem[30] and Aboriginal and Torres Strait Islander Queenslanders are three times more likely to have otitis media.[31]

One of the key barriers to Aboriginal and Torres Strait Islander Queenslanders accessing services is the provision of safe and culturally appropriate health services. Discussion between AMA Queensland and Yumba-Meta Limited (YML), a not-for-profit service delivery group based in Townsville that organises coordinated care for Aboriginal and Torres Strait Islander Queenslanders, indicates that for this cohort of people who are disadvantaged and lack the education and skills necessary to navigate the health system, the result is that many do not attend the health service, even if they have a referral for specialist care such as renal dialysis.

We know that access to health services is an important factor in health and wellbeing, however, for many Aboriginal and Torres Strait Islander Queenslanders there are barriers relating to availability, affordability, acceptability, appropriateness and poor communication with healthcare professionals.

AMA Queensland believes the development of safe and culturally appropriate hospital and health service network should be a key priority for the incoming Queensland Government as this would encourage more Aboriginal and Torres Strait Islander Queenslanders to seek the care they need. We need to address major inequities which exist in health service delivery particularly regarding equity of access, which has been recently highlighted in the Government's response to COVID-19.

In addition to addressing the burden of chronic disease for Aboriginal and Torres Strait Islander Queenslanders, AMA Queensland is calling on an incoming government to focus on three issues for Aboriginal and Torres Strait Islander Queenslanders where the burden of disease is increasing, and which have not been addressed by successive state governments; namely, palliative care services, oral health services and pain management services.

As the Queensland population is ageing, more and more Aboriginal and Torres Strait Islander Queenslanders are requiring palliative care, however, many are reluctant to access existing palliative care services as they are not considered safe and culturally appropriate. AMA Queensland is asking the incoming government to give strong consideration to providing support for a collaboration between St Vincent's Private Hospital, Mater Private Hospital, the Institute for Urban Indigenous Health and Queensland Health to establish an innovation hub and spoke model of Palliative Care for Aboriginal and Torres Strait Islander Queenslanders.

Aboriginal and Torres Strait Islander children and adults have dental disease at two to three times the rate of their non-Indigenous counterparts in urban, rural and remote communities across Australia. Aboriginal and Torres Strait Islander Queenslanders are nearly twice as likely to suffer from dental pain as non-Indigenous Australians, and five times as likely to have missing teeth.[32]

AMA Queensland reaffirms its call for fluoride to be added to the water supply in Queensland council areas where the population is predominantly Aboriginal and Torres Strait Islander and where fluoride does not occur naturally, as overwhelming evidence indicates flouride is a safe, effective and equitable way to reduce dental decay.[33]

AMA Queensland also recommends an expansion of fluoride varnish to all Aboriginal and Torres Strait Islander Queenslanders. Fluoride varnish application, is a well-accepted, safe procedure which helps in preventing dental decay, with proven effects in Aboriginal and Torres Strait Islander communities.[34] AMA Queensland supports the application of fluoride varnish by appropriately trained Aboriginal and Torres Strait Islander health workers, which we understand has already been authorised by the Chief Health Officer and incorporated into Queensland legislation. At a cost of just $1.00 per head of population the application of fluoride varnish is cost effective, easy to apply and has been demonstrated to reduce dental caries.[35]

26 Ibid p545
27 Ibid p545
28 Ibid p542
29 Ibid p551
30 ABS (2019) National Aboriginal and Torres Strait Islander Health Survey 2018-19 ABS Cat.no.4715.0 Canberra: ABS
31 ibid p565

32 AMA (2019). "Report Card on Indigenous Health." Pg 4. https://ama.com.au/system/tdf/documents/2019%20AMA%20Report%20Card%20on%20Indigenous%20Health_0.pdf?file=1&type=node&id=51639
33 ABC News (2015). "Fluoridated water coverage drops 79 per cent of Queensland; only one Indigenous Community signs up." https://www.abc.net.au/news/2015-09-01/flouride-coverage-drops-to-79-per-cent-in-queensland/6741554
34 Slade, G. Bailie,R.S., Roberts-Thomson, K., Leach, A., Raye, I., Endean, C., Morris, O., (2010) Effect of health promotion and fluoride varnish on dental caries among Australian Aboriginal children: results from a community-randomised controlled trial. Community Dentistry and Oral Epidemiology, 39(1),29-43.
35 https://www.dentaleconomics.com/science-tech/article/16385026/fluoride-varnish-uses-for-adults

Another issue which needs to be addressed is the low number of registered dental practitioners identifying as Aboriginal and Torres Strait Islander.[36] AMA Queensland recommends an incoming Queensland Government establish a scholarship scheme to encourage and increase participation in the dental health workforce (dentists, dental hygienists, dental prosthetists, dental therapists, oral health therapists) by Aboriginal and Torres Strait Islander peoples.

AMA Queensland wishes to see immediate action to provide safe and culturally appropriate pain management services for Aboriginal and Torres Strait Islander Queenslanders given that they are three times more likely to need such services.[37] AMA Queensland recommends community-led consultations between Aboriginal and Torres Strait Islander Queenslanders, local Aboriginal services and service agencies including RFDS to explore the unmet need at the community level and the steps to establishing culturally appropriate pain management services across the state.

8.

IMPROVE WOMEN'S HEALTH SERVICES IN RURAL AND REMOTE COMMUNITIES

AMA Queensland wants to see an incoming Queensland Government strengthen the role of specialist obstetricians and doctors with obstetric experience in the delivery of maternity care. We believe that the role of specialist obstetricians and doctors with obstetric experience, has been devalued in recent years by Queensland Health, in favour of midwife-led maternity care in regional communities in this state.

AMA Queensland supports doctor-led collaborative multi-disciplinary health care and for maternity services this is even more important; our members work in collaboration with midwives and registered nurses every day and support their role in delivering safe and comprehensive maternity care to mothers and babies. We therefore call on the incoming government to address the serious workforce deficiencies in regional and rural communities by including doctors, specialists and midwives as members of the maternity services team.

AMA Queensland is calling on the incoming Queensland Government to ensure all maternity services in Queensland have clear transfer guidelines, where needed, instead of asking mothers to agree to having their baby in maternity services where the risk to the mother and baby may be higher.

We would also recommend the following services be publicly funded and offered through public hospitals:

- Screening for carriers of genetic disease
- Post-natal checks or family planning, and
- Post-natal mental health for mother and baby (as an inpatient).

AMA Queensland recommends the development of "safe cultural spaces" for Aboriginal and Torres Strait Islander women by consulting with Indigenous peoples including Elders who may suggest practical community solutions. The importance of providing culturally appropriate services should be a priority for the Queensland Government starting with Aboriginal and Torres Strait Islander women, then culturally and linguistically diverse communities with strong consideration of the needs of Muslim women.

There are benefits of long-term relationships between Aboriginal and Torres Strait Islander women as many have complex multi-morbidities. There is a significant body of medical graduates from different cultures who could be utilised to encourage the establishment of culturally-appropriate services. In order for this strategy to be actioned, AMA Queensland would recommend funded scholarships for doctors from diverse backgrounds to be offered by the Queensland Government.

36 Abuzar MA, Owen J. A. (2016). "Community Engaged Dental Curriculum: A Rural Indigenous Outplacement Programme." Journal of Public Health Research." 5(1): 668. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4856871/

37 Queensland Health (2020) *Pain is everybody's business - the mapping of persistent pain management services in Queensland* Queensland Government, Brisbane

ADVOCACY FOR OUR COMMUNITY

9.

STRENGTHEN PALLIATIVE CARE, AGED CARE AND CHOICES AT END OF LIFE

PALLIATIVE CARE

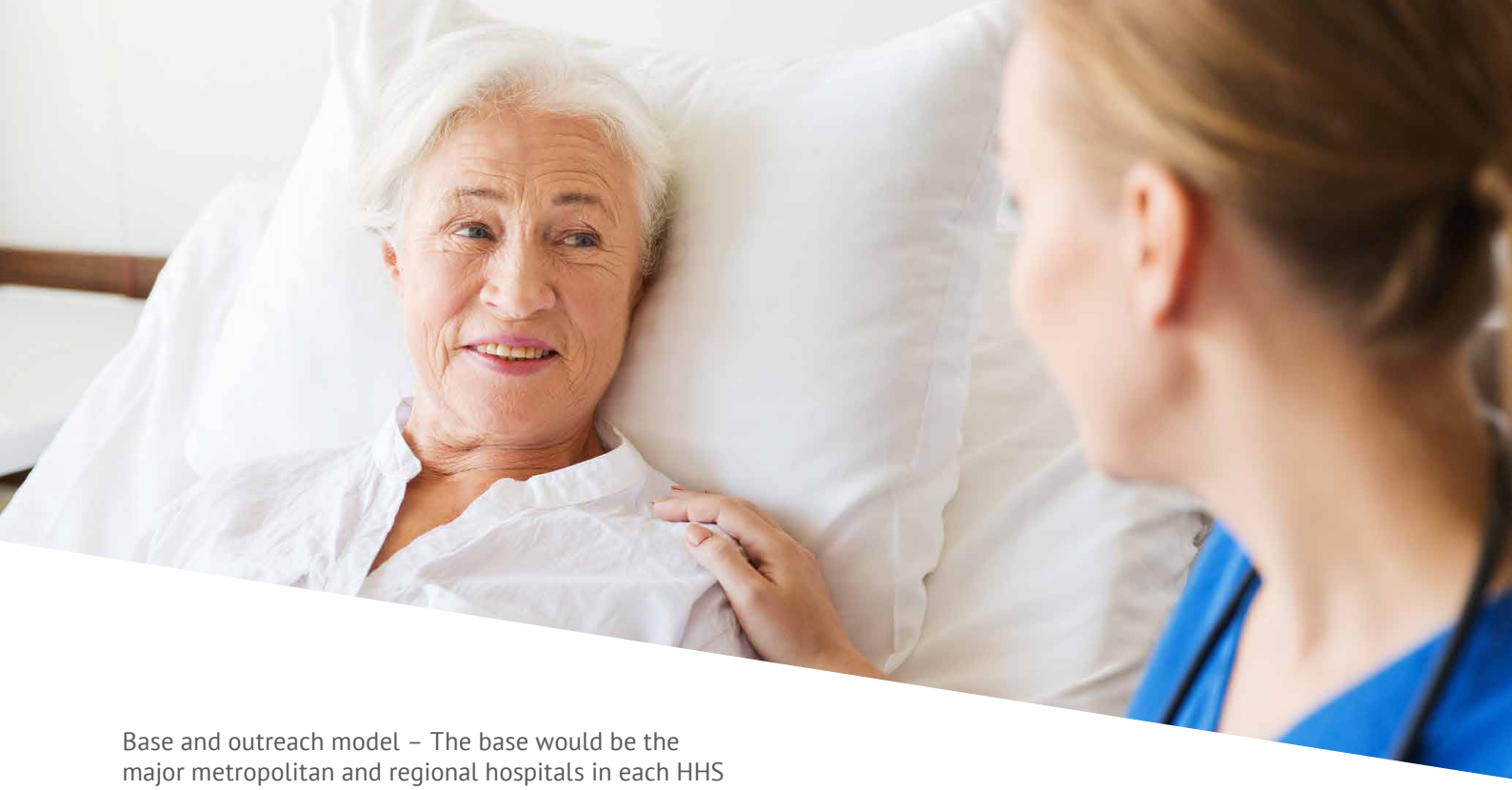
The demand for quality palliative care in all healthcare settings is increasing as our population ages. Palliative care in Queensland is drastically underfunded, with Queensland only having half the number of specialist palliative care services it needs, to meet community needs.[38] Six years ago, a Queensland Parliamentary Committee identified the large unmet need for palliative care services, however, progress to improve this situation has unfortunately been slow. The same Queensland Parliamentary Committee has recently released a report into aged care end-of-life and palliative care in March 2020, containing 77 recommendations. However, due to the unprecedented COVID-19 pandemic, there was delay in the Health Minister's response to this report.

AMA Queensland is calling on the newly elected government to strengthen palliative care across the State by firstly supporting a jointly developed recurrent $275m funding submission (on top of the already allocated $110m by the Queensland government to palliative care) by the Queensland Specialist Palliative Care Directors' group and AMA Queensland to provide dying Queenslanders with the support and care they deserve.

The recommended funding comprises:

- Palliative Home Care packaging ($117m)
- Specialist Palliative Care Training/Workforce Development Training ($13m)
- State-wide Palliative Care Workforce package ($72m)
- Palliative Care Infrastructure upgrade ($10m)
- Palliative care Support Programs ($31m), and
- Development of new models of care ($27m) including a proposed base and outreach model for regional, rural and remote communities.

38 https://palliativecareqld.org.au/wp-content/uploads/2018/03/2018-19-PCQ-Pre-Budget-Submission.pdf



Base and outreach model – The base would be the major metropolitan and regional hospitals in each HHS and the outreach centres would be the rural facilities within that HHS. This model of care will help address the unmet need for palliative care services, especially in rural and remote Queensland.

Secondly, AMA Queensland is calling on the incoming government to re-establish a fully funded, week-long intensive palliative care training course, that used to be provided for GPs at Mt Olivet Hospital. Finally, AMA Queensland is calling on the incoming government to support AMA Queensland's "50 by 50" campaign, which aims to have 50% of Queenslanders over the age of 50 signing advanced health directives. In this regard, AMA Queensland calls on the newly-appointed Health Minister to fully support AMA Queensland's call for specific MBS item numbers for GPs assisting patients with their advanced health directives.

IMPROVE HEALTH LITERACY ABOUT CHOICES AT END OF LIFE

AMA Queensland wants to improve health literacy about choices at end of life through a state-wide public education program, so the community understands the choices they have no matter where they live in Queensland.

AGED CARE

AMA Queensland wants to see Queensland become a world leader in care at the end of life. This begins in the aged care sector. When Queenslanders enter the aged care system, there is an expectation that our most vulnerable citizens will be looked after. Currently, this is simply not the case in Queensland.

AMA Queensland calls on the newly-elected government to work with the Federal Government on issues relating to aged care, as issues relating to aged care are primarily Commonwealth issues.

AMA Queensland is calling on the Queensland Government to work with the Australian Government on the following issues:

- Introduce acceptable minimal staff ratios in residential aged care facilities (RACF)
- Implement 24-hour registered nurse availability in all RACF
- Increased training of RACF enrolled nurses, registered nurse and personal care workers in palliative care, clinical triage and behaviour management
- Ensure general practitioners are appropriately remunerated under the MBS
- Limit the use of physical and chemical restraints
- Increase cooperation between RACF/aged care providers and service providers, which deliver medical care, allied health, psychologists and geriatricians.

AMA Queensland believes that if Queensland works with the Federal Government to action these issues, there will be a greater continuity of care for older Queenslanders.

Lastly, AMA Queensland was pleased to see that temporary telemedicine MBS item numbers were extended to RACF patients due to the COVID-19 pandemic. However, AMA Queensland is calling on the newly-elected Queensland Government to lobby the Federal Government to keep these temporary telemedicine MBS item numbers in place permanently. During the COVID-19 pandemic, the importance and convenience of telemedicine has without a doubt been highlighted. AMA Queensland members have stated their support for telemedicine in RACFs due to ease of managing RACF patients in the comfort of their own environment.

10.

REDUCE ALCOHOL-RELATED HARM AND VIOLENCE

Alcohol is the 5th highest risk factor contributing to disease burden in Australia costing taxpayers approximately $14 billion annually in social costs.[39] The proportion of Australians abstaining from alcohol increased from 15.5% in 2001 to 21% in 2019 but this was not statistically significant. The proportion of adults exceeding risk guidelines for alcohol consumption decreased from 21% in 2001 to 17.1 % in 2017[40] with the sex and age group most likely to exceed risk guidelines in single occasion risk drinking, being men 18-24 year olds followed by men aged 50-59 years.[41] Men aged 18 and over were at higher risk of alcohol related harm from drinking at levels that exceed risk guidelines (25% of men compared to 9.9% of women.[42]

The primary risk of a women drinking while pregnant is the unborn child developing Foetal Alcohol Spectrum Disorder (FASD).[43] Recent data indicates between 17 to 42 children are born with FASD in Australia each day, and of these children born with FASD, between 3 to 9 were in Queensland.[44]

Just as alcohol consumption impairs someone's ability to drive safely, it also impairs a pedestrian's ability to walk safely. In 2015, there was a total of 243 road fatalities in Queensland with 21 being pedestrians, 8 of which were alcohol impaired pedestrians.[45] Those statistics show that more than one-third of pedestrian fatalities were alcohol impaired.[46] In 2017 in Queensland, there were 11 pedestrian fatalities with alcohol or drugs in their system and[47] across Australia 45% of pedestrians killed in Australia (45%) had alcohol or drugs in their system.[48] A concerning factor is that in 2018, this statistic increased to 15 pedestrian fatalities due to alcohol impairment.[49]

There is a statistically significant correlation between alcohol consumption and 26 diseases and injuries, including six types of cancer, four cardiovascular diseases, chronic liver disease and pancreatitis.[50] Not only are the statistics for alcohol-induced diseases significant, the statistics for alcohol-related mortality are significant. In 2017, there were 1,366 alcohol-induced deaths, as well as 2,820 alcohol-related deaths, where alcohol was listed as a contributing factor to mortality.[51] Doctors are on the front line dealing with the devastating effects of excessive alcohol consumption. This ranges from treating fractured jaws, facial lacerations and eye and head injuries which occur as a result of excessive alcohol consumption.[52]

To address the above issues, AMA Queensland recommends that the incoming Queensland Government support the Commonwealth Government in the expansion of Alcohol Management Plans (AMPs) to all other sub-populations who may be alcohol dependent. As it currently stands, AMPs only operate in remote and discrete Indigenous communities across 15 Local Government Areas in Queensland. AMA Queensland believes that if this is extended to other sub-populations which may be alcohol dependent, doctors can be more involved in early intervention.

The evidence between poor mental health and alcohol and other drugs and the risk of developing a mental health condition due to alcohol and other drug use is settled. According to the 2016 National Drug Strategy Household Survey (NDSHS), people who exceeded the single occasion risk guidelines for alcohol consumption at least weekly were more likely to have high or very high levels of psychological distress (16%) than people drinking at low-risk levels for a single occasion (9.3%).

AMA Queensland strongly supports an increase in access to telemedicine and online support for medical practitioners to address social, geographical and cultural barriers which impede access to mental health services for vulnerable Queenslanders. AMA Queensland has recognised the significant investment that the Queensland Government has made in the establishment of Rural Generalist training and incorporating an advanced skill in mental health training. There is already evidence that this is a valued investment for rural and remote communities. AMA Queensland also recognises the significant investment by the Commonwealth Government in mental health training for doctors through *Check UP* but more needs to be done.

AMA Queensland is calling for these doctors to have funded upskilling opportunities in mental health as well as addiction medicine in major centres around Queensland and for mental health and addiction medicine training to be included in professional development activities and in-hospital teaching for all junior doctors in major hospitals. This would allow more doctors to provide support to people who are consuming alcohol at levels which exceed risk guidelines at the earliest possible opportunity.

39 AIHW 2020 *Australia's Health Snapshots* AIHW Australian Government July 2020 p188
40 ABS 2019a. Apparent consumption of alcohol, Australia, 2017–18. ABS cat. no. 4307.0.55.001. Canberra: ABS.
41 AIHW 2020 *Australia's Health Snapshots* AIHW Australian Government July 2020 p189
42 ABS 2019a. Apparent consumption of alcohol, Australia, 2017–18. ABS cat. no. 4307.0.55.001. Canberra: ABS
43 Ibid.
44 Ibid.
45 QUT, "Pedestrian Safety – A Factsheet of the Centre for Accident Research & Road Safety
46 Ibid.
47 Ibid.
48 Queensland Government 2018 *Queensland Road Fatalities – 2018 Summary Road Crash Report* p10
49 Ibid.
50 Ibid.
51 AIHW (2019). "Alcohol, tobacco and other drugs in Australia." https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol
52 AMA (2019) "National Alcohol Strategy a Missed Chance to Include Volumetric Tax." https://ama.com.au/media/national-alcohol-strategy-should-include-tax-reform

11.

REDUCE CARBON EMISSIONS IN HEALTH CARE SERVICES AND QUEENSLAND COMMUNITIES

Queensland experiences its fair share of natural disasters with floods, bushfires and heatwave conditions becoming more common. It is clear that the human health impacts from these natural disasters significantly impact the health system through significant increases in hospitalisations and deaths, increases in ambulance emergency cases and increases in heat related conditions.

AMA Queensland expects the incoming Queensland Government to commit to action to address the impacts of climate change in a bi-partisan manner. While the majority of the Queensland Government's efforts have been directed towards working with industry in a transition to a cleaner economy, more emphasis needs to be placed on engaging the community in the transition through increased employment opportunities and increased community efforts to address climate change including land management practices that restore soil, vegetation and water resources, developing local food markets and developing regional capacity to process agricultural produce and waste products.

The health care sector is responsible for at least 7% of emissions, with GP clinics contributing 4% and hospitals contributing 44% of that 7%.[53] The Queensland Government is aiming to reduce emissions by 30% by 2030 and reach zero emissions by 2050.[54] AMA Queensland has made environmental sustainability one of its top priorities for 2020, and will continue to advocate for more action. AMA has joined the Global Green and Healthy Hospital network as a health professional and academic organisation and wants to work with the Queensland Government towards a more sustainable Queensland healthcare system.

AMA Queensland acknowledges the Queensland Government for establishing a Climate Change Working Group and looks forward to being a part of it. AMA Queensland is also pleased to note that Queensland Health is looking to appoint a Director of Sustainability, dealing primarily with sustainable infrastructure. However, AMA Queensland also believes that an Office of Sustainable Healthcare (OSH) within Queensland Health should be established.

While the efforts of the Queensland Government are commendable, AMA Queensland is seeking the future government to implement the following policy actions:

1. **Establish an Office of Sustainable Healthcare (OSH)** to provide advice to the Health Minister, the Director-General and health services on how best to improve the health systems' performance on sustainability and climate change objectives. The OSH should undertake the following actions:
   - Set benchmarks and targets for sustainability in health services
   - Develop a plan to invest in green/sustainable infrastructure for hospitals
   - Establish a terms of reference for a review of procurement policies and practice, and
   - Establish an engagement strategy for clinicians, managers and other staff.
2. **Develop an online climate change clearinghouse** to store best practice evidence
3. **Undertake a pilot program** in environmental sustainability in six hospitals (three metropolitan and three rural/regional hospitals)
4. **Undertake a pilot program** in environmental sustainability in 10 GP clinics (five clinics in metropolitan areas and five in rural/remote area).

53 Malik, A., Lenzen, M., McAlister, S., McGain, F,. (2018) The Carbon footprint of Australian health care, Vol2 January 2018 The Lancet

54 Department of Environment and Heritage Protection, "Pathways to a Clean Growth Economy.", *4*. https://www.qld.gov.au/__data/assets/pdf_file/0026/67283/qld-climate-transition-strategy.pdf

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