

Disclosure: I am a public servant with the Tasmanian State Service.

Comments and views expressed in this response are fully mine as a private citizen and resident of Tasmania. I am also a Health Informatician with more than 20 years of experience in the Australian Health Care system. Any data and information I reference in my response are from the public domain and from materials presented in the “Our Healthcare Future” paper.

Background:

The Tasmanian health system has gone through many iterations or, to be more precise, numerous experimentations! Back in 2004 a report titled “Reforms for the 21st Century” by Jeff Richardson highlighted some key issues that the Tasmanian health system needed to address. Subsequent governments and bureaucracies did not fully address those issues raised in the report and instead just reshuffled and reorganized the problems through many restructures, amalgamations etc., partly highlighted in page 9 of the “Our Healthcare Future” paper. As a result, cumulative inadequate responses have impacted, stressed and made the Tasmanian health system directionless. Consequently, the Tasmanian community has not received the care it deserved and the health system’s potential is not realized.

The “Our Healthcare Future” paper is concerning in that it does not specify to the Tasmanian community what it is getting in terms of its health and welfare. Currently the paper has lots of “task(s) / initiatives / projects” that the health bureaucracy needs to carry out as operational requirements, that in most cases an organization of similar size would carry out as day-to-day business.

There are no specifics in the paper on how an individual Tasmanian’s health and well-being will be impacted, or how the Tasmanian community will assess the bureaucracy and the government of the day in the claims made in this paper. There needs to be clear targets and outcomes so that the public has full transparency on the progress through quarterly reports. It cannot be through announcement but through dedicated portals, like Tasmania used to have for “Tasmania Together”, a long term social and economic developmental plan where the government of the day reported on outcome of major performance indicators.

I think there is an opportunity, especially as we come to a manageable state of the pandemic, whereby the Tasmanian health system needs to align to meet Tasmanian community needs. Health systems around the country learned to build resilience in service delivery to achieve quality health outcomes. The Tasmania health system needs to move away from fragmented service delivery settings to a “center of excellence” setting. That is, not all services will be available everywhere, resulting in improved the quality of health care received by the community.

Tasmanian Health Charter:

This pandemic has highlighted the inadequacy in health care delivery across Australia. People of low socioeconomic group, low literacy, people of culturally and linguistically diverse (CALD) group, Indigenous population, elderly, people with disability (mental or physical), individuals from remote areas etc. have experienced some kind of issues and discrimination while receiving health care.

Tasmania needs to develop and implement a health charter that an individual can understand, navigate and take action on without being burdened with red tape and bureaucracy. Currently, there is no single document within the Tasmanian health system that an individual can access and know their rights while receiving health care in Tasmania. This is especially concerning when it comes to “adverse events” (such as procedures going wrong while receiving health care). Because of the population size of Tasmania, many professionals within the health system have multiple hats and multiple roles, and the health charter will prescribe an independent and unbiased approach and oversight to health care complaints. Therefore reducing “perceived” conflict of interest.

The “Australian Charter of Healthcare Rights” developed by the Australian Commission on Safety and Quality in Health Care (the Commission) is not adequate enough. It is a catch all, with statements that an individual needs to explore further. I am suggesting that a Tasmanian Health Charter understands the Tasmanian community needs and develops around it. The “Australian Charter of Healthcare Rights” must be updated to include cyber security.

The Tasmanian Health Charter must be developed and implemented within 12 months and must be clearly articulated to the Tasmanian community.

The Charter will also reduce the elitism and economic disparity in Tasmanian society, particularly in receiving health care. The Tasmanian health service is for everyone and we as a society must do everything to protect the most vulnerable in our community.

Indigenous Health

It is also disappointing to see that there is nothing mentioned in the “Our Healthcare Future” paper on indigenous health. To me this is worrying. I am not of indigenous background, but having worked in the Australian health industry for a long time, I can attest to the inconsistency in health care, in particularly to health care settings for the indigenous population. Tasmania has the opportunity to address some of these inconsistencies and develop an inclusive health care environment for the indigenous population. Racism, inequality in health, socioeconomic disadvantage, overcoming cultural barriers etc. are regular experiences faced by the indigenous population. The Tasmanian health system needs to address these issues and minimize the impact of disadvantage to the indigenous population of Tasmania. Further, there needs to be cultural training of the health workforce on indigenous affairs and health care delivery. This training must be transparent and must include all health care workers in Tasmania.

Cyber and information security

Cyber and information security is a real threat and a major risk to the health care industry. It is a tragedy that health care managers across Australia have not shown the determination to tackle this threat. It has always been left to the information technology departments within health care organization to handle cyber and information security threat.

Unfortunately, cyber and information security threat is an organization risk and it has to be managed and coordinated from the organizational executive branch. There are three major duties a health care manager in a public setting must do:

1. Whatever is necessary to ensure safe, equitable and efficient health care services for the public to access.
2. Manage the organizational day-to-day affairs.
3. Manage and safeguard the data and information of the consumer of the health care system.

The Tasmanian health system is no exception, it must demonstrate to Tasmanians how it is safeguarding the health information of Tasmanians. There needs to be twice-yearly audits on the processes and risk assessments. The outcomes of the audits must be reported back to the public, highlighting any breaches and non-compliance. The report must also include information on how the organization has addressed and rectified the issues.

Public health education and zoonotic disease.

In this pandemic I think the Premier of Tasmania and the public health officials have done and are doing an exceptional job. The Premier is articulate and humanistic in his delivery of public health messages. Public health officials are also doing an outstanding job.

Public health response is a “team” effort. Public health officials can advise, and the population has to carry out, the instructions given - resulting in good outcomes. In Australia, over the last two decades public health education has diminished substantially. Too much emphasis has been made on “cure” rather than “prevention”. Tasmania needs good and consistent public health education for the community. Because Tasmania is an island, it can develop and maintain a comprehensive prevention environment against outbreaks.

With climate change in action, zoonotic disease will become more prevalent.

Zoonotic diseases are diseases that pass from an animal or insect to a human. Some of these diseases do not make the animal sick but will cause sickness in a human. Therefore, public health education at every level of the population must be implemented in order to achieve prevention and maintain a healthy population.

Conclusion.

This response to “Our Healthcare Future” paper has not achieved what the title implies. In my humble opinion the content of the paper is a distraction to the title. Day-to-day operational and management matters need to be taken out and replaced with future goals of the public health system in Tasmania, which also need to be emphasized more. As a result, I have refrained from answering the copious amount of “day-to-day running of the organization” questions presented in this paper.

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