LESSONS LEARNED: Health reform commissions in Australia, England, USA and Canada

Sigma Theta Tau International
24th International Nursing Research Research Congress
Prague, Czech Republic 22-26 July 2013

Professor Mary Chiarella and Professor Jill White AM

SYDNEY NURSING SCHOOL
"It was the best of times, it was the worst of times; it was the age of wisdom, it was the age of foolishness; it was the epoch of belief, it was the epoch of incredulity; it was the season of Light, it was the season of Darkness; it was the spring of hope, it was the winter of despair; we had everything before us, we had nothing before us; we were all going directly to Heaven, we were all going the other way."

Dickens C A Tale of Two Cities
Background to the project
The Australian health reforms
National case studies - UK, USA, Canada
Similarities and differences
Lessons to be learned
Questions to be asked
Actions to be taken
THE STORY SO FAR....
EDUCATION

SERVICE / PRACTICE

POLICY

RESEARCH
International Health Research & Policy Roundtable 2
Ottawa, Canada, September 2012,
The national case studies and reports

- Australia – A healthier future for all Australians – National Health and Hospitals Reform Commission (2009)
- United Kingdom – Prime Minister’s Commission on the Future of Nursing and Midwifery in England (2010)
- Canada – The health of our nations – the future of our health system: A national expert commission (2011)
Getting to Reform in Australia:

- National Health and Hospitals Reform Commission (Report 2009)
- Maternity Services Review (Report 2010)
- Primary Health Care Review (Report 2009 & 2011)
- Preventative Health Taskforce (Report 2011)
- National Registration and Accreditation Scheme
- COAG National Partnership Agreement: (HWA June 2011; IGA on Funding 2011)
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Getting to Reform – Nursing Input:

- Australian Nursing Federation
- Royal College of Nursing Australia
- The College of Nursing
- Australian Nursing and Midwifery Council (ANMC)
- State and Territory Regulatory Authorities (e.g. NMB)
- Council of Deans of Nursing and Midwifery (A&NZ)
- Council of National Nursing Organisations
- Council of Chief Nurses of Australia and NZ
Post Reform

Successes:
Medicare Locals (integrated community services)
MBS PBS for Eligible Midwives and Nurse Practitioners
PII for Midwives in Private Practice (NOT homebirth)
National registration and accreditation scheme
Front Line Care

Pushing Forward the Boundaries

Report by the Prime Minister's Commission on the Future of Nursing and Midwifery in England 2010
THEMES FROM THE REPORT:

1: high quality, compassionate care
2: health and wellbeing
3: caring for people with long-term conditions
4: promoting innovation
5: nurses and midwives leading services
6: careers in nursing and midwifery
Actions for Transformation

1. Champion 5 in 5
2. Expanded scope of practice
3. A national health promotion partnership
4. Nursing best practices for first nations’ health
5. Research to action for seniors
6. Health in all policies
7. Quality safety agenda
8. Center for Health Policy
9. National nursing education taskforce
10. Maximize technology for better care
1. All practitioners should practice to the full extent of their education and training
2. Physicians, nurses and other health professionals work in a team-based model of care delivery
3. Models of care maximize time that providers can spend on their respective roles and responsibilities to patients
4. Increase the proportion of nurses with BSN and higher degrees
5. Increase the number of nurses with doctorates
6. Implement nurse residency programs
7. Promote lifelong learning
Similarities in the reports

- All four reports identified the lack of sustainability of the current acute care focused health system
- All recognised the need to focus more of preventative and primary health care
- All acknowledged as pressing issues the ageing population, the increasing chronicity of disease, the need for more integration of health services
Similarities in the reports

- All identified that nurses could play a significant role in addressing these issues and needs
- All recommended (to varying degrees) that the scope of practice for nurses and the way in which they were educated would need some adjustment if they were to be able to do so
- All countries troubled and affected to some degree by GFC
Similarities and differences in process

Face to face consultations:
- With the professions
- With management and administration
- With governments and decision makers
- With the public

Use of media:
- Websites
- Webinars
- Facebook, Twitter, Blogs
- Surveys, postcards,
All nurse leaders present …

› Wanted to improve the health of their respective countries (and indeed other countries in the developing world, but we need to start somewhere)

› Felt that nurses and nursing knowledge could contribute significantly to the improvement of health outcomes
Believed that nurses had both the local track record (at grass roots) and the potential nationally to lead key aspects of health reform if given the opportunity

Reflected (to a lesser or greater degree) that they needed more political skills and acumen to drive health reform agendas

Conceded that more nurses needed to develop the requisite policy knowledge and skills if we were going to be more effective in influencing health reform in the future
Differences

The governments

› Australia – hung Parliament
› Canada – relatively stable
› UK – change of government after report came out – coalition
› US – shift of power in mid-term elections

The nurse supply

› Australia and UK currently in over-supply
› Canada and US still in under-supply
The Commissions:

- Australia – one nurse only, health reform focused, government initiated
- UK – all nursing, nursing and midwifery focused, government initiated
- US – majority non-nursing, but strongly supported by nursing secretariat, health reform and focused on the question “what is the opportunity OF nursing for health reform”, independently initiated (RWJF)

## IMPLEMENTATION PLAN

- Canada – majority nursing, but key non-nurse membership including co-chair – health reform focused, CNA initiated
• More collaboration with consumers
• A stronger sense of entitlement
• Better coordination of the nursing voice
• More Face to face time with staffers and the Minister
• Better research base from which to argue
• Better media coverage and public information
• Less time appeasing the Doctors Union (AMA) and more time working on potential interprofessional coalitions
• We got the emphasis right - on health outcomes NOT nursing needs

What would you do differently or the same next time?
Towards an age of WISDOM........