National AOD Workforce Development Strategy

Submission By: Australian Healthcare & Hospitals Association (ahha)

AHHA response to the Consultation for the Review of the National Alcohol and Other Drug Workforce Development Strategy (2015-2018)

February 2022

ahha
australian healthcare & hospitals association
the voice of public healthcare®

OUR VISION

A healthy Australia, supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective

Accessible

Equitable

Sustainable

Outcomes-focused.

OUR CONTACT DETAILS

Australian Healthcare and Hospitals Association

Unit 8, 2 Phipps Close
Deakin ACT 2600

PO Box 78
Deakin West ACT 2600

P. 02 6162 0780
F. 02 6162 0779
E. admin@ahha.asn.au
W. ahha.asn.au

facebook.com/AusHealthcare
@AusHealthcare
linkedin.com/company/australian-healthcare-&-hospitals-association

ABN. 49 008 528 470

ECAAS ISO 9001 CERTIFIED QUALITY MANAGEMENT

JAS-ANZ

REGISTERED CHARITY

TABLE OF CONTENTS

INTRODUCTION

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide feedback as part of the review of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy (the Strategy) (2015-2018).

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

A longstanding advocate for health sector workforce development, AHHA appreciates the opportunity to provide feedback on the Strategy as it supports our mission of creating a healthy Australia supported by the best possible health system. We recognised the pivotal role that the AOD workforce plays in the delivery of quality care and services provision and that urgent attention is needed to build this critical component of Australia's AOD response. AHHA recognises the importance of addressing alcohol and other drugs (AOD) issues through a health and social care lens within an integrated health system (including a skilled and supported AOD workforce) that is built around what matters to people and communities.

AHHA acknowledges the work of National AOD coalition, a collaboration of organisations from across the sector of the alcohol and other drug treatment fields, representing the diverse roles and experiences across the sector. This coalition includes alcohol and other drug service providers, consumer and carer representatives, professional societies and research centres, and state and territory alcohol and other drugs peak networks, representing hundreds of local and state based AOD treatment service providers.

As a member of this coalition, we endorse the positions and recommendations outlined in the Alcohol and Drug Workforce Capability Position paper 2020. and refers the Review team to the detailed position papers of the Coalition, as referenced throughout this submission.

AHHA's blueprint for health reform 'Healthy systems, healthy people' outlines a roadmap for health reform over the next 10 years through enabling person-centred, outcomes-focused and value-based health care. The blueprint outlines the need for leadership to proactively redefine traditional workforce models of healthcare delivery to prioritise person-centred care that is respectful of, and responsive to, the preferences, needs and values of individuals, their carers and families (ACSQHC, 2011).

This requires:

1. A nationally unified and regionally controlled health system that puts people at the centre.
2. Performance information and reporting that is fit for purpose.
3. A health workforce that exists to serve and meet population health needs.
4. Funding that is sustainable and appropriate to support a high-quality health system.

It is within this context, and in the context of the initiatives agreed to at all levels of government in the National Health Reform Agreement (NHRA) - Long-term health reforms roadmap, that AHHA provides feedback on the Strategy.

Q1. EMERGING WFD ISSUES

THE NEED TO BE FLEXIBLE AND RESPONSIVE

The COVID-19 pandemic has placed additional stress on AOD treatment services across Australia. Patterns of use have changed and there is evidence of increasing levels of harmful use. Services have reported increasing demand and increased treatment complexity as a result of co-occurring mental health concerns, financial concerns and family and domestic violence. These appear to be persisting with increasing demand for services likely to continue (National AOD Coalition, 2021). An AOD workforce is needed that can swiftly and flexibly respond to the pandemic and future events, including natural disasters (e.g., floods, bushfires, drought).

TELEHEALTH AND DIGITAL ACCESS

While telehealth and digital access to AOD services were rapidly adopted in response to the pandemic and were able to increase the reach of some services, they are not a replacement for all types of services or all people seeking support. High levels of digital exclusion were reported by people seeking services during the pandemic, including as a result of poverty, locational disadvantage and lack of access to a safe site. A workforce development strategy for the AOD sector must include investment in telehealth and digital access options for long-term flexibility, but not assume services can be sufficiently and equitably provided only using these modes (National AOD Coalition, 2020).

Q2. PRIORITY ACTIONS – STRUCTURES, SYSTEMS AND FUNDING

AHHA strongly advocates for the adoption of an outcomes-focused, value-based approach to health and social care system design that enables integrated health care that places people and communities at the centre of the care journey.

Value-based reform is highlighted in the National Health Reform Agreement (NHRA) - Long-term health reforms roadmap (Health Ministers, 2021), and includes joint planning and funding at the local level to ensure care is provided in the right place, at the right time and by the right workforce.

Aligning with these approaches to reform, a commitment is needed from the Australian Government and State and Territory governments to fund AOD services in a manner consistent with other health programs. Funding should be allocated according to needs-based population planning. The Drug and Alcohol Services Planning Model (DAPSM) should be used to target investment to areas and people in greatest need (National AOD Coalition 2021). Existing structures of Local Hospital Districts (or equivalent) and Primary Health Networks for place-based planning and funding, with all funding sources and services combined in this process to be effective.

To support AOD workforce development, new and innovative funding models may then be introduced through regional coordinated commissioning approaches. Mixed, flexible funding models, incorporating elements of block, activity, and performance related funding measures, are likely to be required to balance adequately compensating for service activity, protecting equity (particularly in rural and regional areas and for vulnerable population groups), and rewarding and incentivising agreed performance standards and outcomes (Verhoeven et al., 2020).

AHHA commends the AOD workforce discussion paper's recognition of the importance of consumer involvement in system design and supports a move towards a strategic approach that embeds mechanisms to facilitate the co-design of systems, services and communication strategies.

AHHA also supports the need for developing and supporting structured career pathways for AOD professionals, including pathways into leadership and management roles. The design of these pathways should be based on evidence, as well as population and community needs.

Pathway progression must be supported by mechanisms that promote AOD workforce access to flexible and evidence-based education, training, and placement opportunities that promote the role of AOD workforce in team-based outcome-focused care delivery. AOD education programs and continuing professional development (CPD) requirements must foster capabilities in interprofessional practice, including the use of data in routine clinical practice and digital platforms to support team-based care. Learners, within the AOD workforce, must also be supported with opportunities to experience how high-functioning teams work.

Q5-8. PRIORITY GROUPS

AHHA recognises the need to prioritise the development of effective co-designed programs to increase Aboriginal and Torres Strait Islander participation in the health and social care workforce and to improve the capacity of the health workforce to address the needs of Aboriginal and Torres Strait Islander peoples. Efforts to address institutional racism and create culturally safe spaces in which training and care can be delivered is critical to enabling greater Aboriginal and Torres Strait Islander participation in the AOD workforce. Training on country should also be prioritised. To support this, the Strategy should aim to facilitate the involvement of identified priority groups (including Aboriginal and Torres Strait Islander, rural and remote communities, LGBTQI+, younger or older people, and people with complex needs) in the co-design of system and service reforms. This could be implemented through place-based planning and funding mechanisms.

Q9. INTEGRATED TEAM-BASED CARE

AHHA advocates for the updated Strategy to include objectives that prioritise and enable the development of integrated team-based models of care, across health and social care systems.

Team-based models of care can build capacity within a region or community by providing a workforce model that addresses population needs and goals. For example, the way people access health care and social services in rural and remote areas differs from those in metropolitan areas, with smaller facilities, less infrastructure and the need to provide a broader range of services to a more widely distributed population (AIHW, 2019).

Implemented appropriately, team-based models of care can help to ensure that people in regional and remote areas are still receiving high quality care from appropriately trained health and social care workforce inclusive of skilled AOD health professionals. Crucially, in regional and remote areas, AOD services have the potential to act as community hubs. Investment in this infrastructure can provide job opportunities and economic stimulus to regions (National AOD Coalition, 2020).

Areas that require sector-wide attention are outlined in the AHHA blueprint supplement 'Enabling person-centred, team-based care' (AHHA, 2020).

Q16. DIGITAL AND ONLINE PLATFORMS

AHHA contends that the implementation and delivery of digital an online platforms to support the delivery of AOD services within Australia should be underpinned by the principles and positions outlined in the document 'Supporting Digital Access, Tele-mentoring and Telehealth in the AOD Sector'(National AOD Coalition 2020). This includes ensuring that:

- Delivery of care is appropriate, patient-centred and flexible.
- Digital access options complement, rather than replace, traditional face-to-face services where appropriate.
- Patient outcomes, including the views of consumers, are evaluated to drive quality improvement.
- Clients and clinicians have access to suitable technology.
- A focus on equity of access to AOD treatment services for those living in regional, remote and rural Australia.
- Clinicians are supported by telehealth and digital guidelines and training.

Given the healthcare workforce shortages in rural areas (including in AOD service provision) evidence based digital enablement will be critical to the delivery of integrated team-based care. AHHA recommends the updated AOD strategy support the development of a coordinated interdisciplinary, cross-sector approach to digital enablement, in contrast to isolated, profession-specific policy changes. Cross sector digital coordination will allow learnings from innovations in other industries to be leveraged and adopted in areas within the health system where evidence demonstrates they can generate value and improve care for people and communities.

As noted in the discussion paper, realising the benefits of adopting digital technologies will require the existing and future health workforce to have digital health capabilities. Therefore, embedding relevant skills in education and training pathways should be prioritised in the updated strategy, along with the development and implementation of governance and funding models that facilitate virtual care adoption.

Further detail on what is needed to facilitate coordinated system-wide digital enablement is outlined in the AHHA blueprint supplement 'The effective and sustainable adoption of virtual health care' (AHHA, 2020).

Q17. DATA SYSTEMS, MONITORING AND EVALUATION

AHHA recognises the importance of accurate data to inform workforce planning and development. Current workforce data collection is fragmented, with joint roles and responsibilities divided across all levels of government.

In contrast to profession-specific approaches to data collection, AHHA advocates for the development of coordinated and consistent systematic approaches to workforce data collection. An integrated and outcome-focused health and social care system must be supported by workforce data that includes the number and distribution of health professionals, as well as information about accessibility, responsiveness, acceptability, quality, and appropriateness. The need for common data standards and reporting frameworks should be supported in the revised Strategy.

Also important is the integration and linking of data across sectors, for example, through the work of the Australian Institute of Health and Welfare (AIHW) to develop a Primary Health Care Information System (including a Data Collection, previously referred to as a Data Asset). The Information System provides an opportunity to move our health and social systems in a direction that can better inform our understanding of population health and people's care journeys to focus on the outcomes that people and communities value most. Outcomes should be viewed comprehensively to include clinical, service, patient reported outcomes and experience measures (PROMS and PREMS), and the inclusion of input from all services, sectors and disciplines involved in the delivery of a person's care. The unique position of the AOD workforce would allow them to offer great insights and value to the development of a Primary Health Care Information System.

REFERENCES

Australian Commission for Safety and Quality in Health Care (ACSQHC) (2011) 'Patient-centred care: improving quality and safety through partnerships with patients and consumers'. Available at: https://www. safetyandquality.gov.au/sites/ default/files/ migrated/PCC_Paper_August.pdf (Accessed: 7 January 2022).

Australian Healthcare and Hospital Association (AHHA) (2020) 'Enabling Person-Centred Team-Based Care'. Australian Healthcare and Hospital Association. Available at: https://ahha.asn.au/supplement-enabling-person-centred-team-based-care.

Australian Healthcare and Hospital Association (AHHA) (2021) 'Healthy people, healthy systems: A blueprint for outcomes-focused, value-based health care'. Australian Healthcare and Hospital Association. Available at: https://ahha.asn.au/sites/default/files/docs/policy-issue/healthy_people_healthy_systems_-_a_blueprint_for_outcomes_focused_value-based_health_care_1_1.pdf.

Australian Institute of Health and Welfare (2019) *Primary health care data development, Australian*, *Primary health care*. Available at: https://www.aihw.gov.au/reports-data/health-welfare-services/primary-health-care/primary-health-care-data-development.

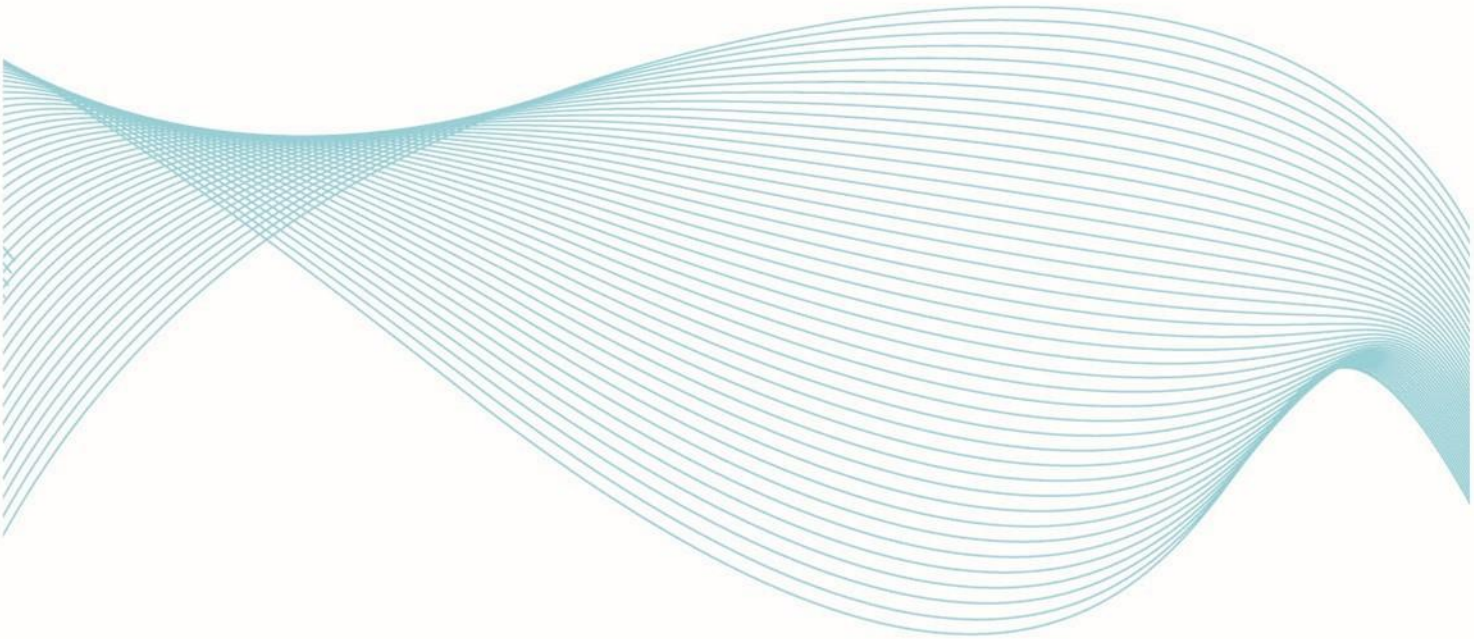
Health Ministers (2021) 'National Health Reform Agreement (NHRA) Long- term Health Reforms Road Map'. Australian Department of Health. Available at: https://www.health.gov.au/sites/default/files/documents/2021/10/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap_0.pdf (Accessed: 7 January 2021).

National AOD Coalition 2020, 'Supporting Digital Access, Tele-mentoring and Telehealth in the AOD sector', Available at: https://odyssey.org.au/wp-content/uploads/2020/12/3.-Supporting-Digital-Access-Tele-mentoring-and-Telehealth-in-the-AOD-Sector.pdf

National AOD Coalition 2020, 'Supporting Investment in Alcohol and Other Drug Services Across Regional, Rural and Remote Australia in Response to COVID-19', Available at: https://odyssey.org.au/wp-content/uploads/2020/12/2.-Supporting-Investment-in-Alcohol-and-Other-Drug-Services-Across-Regional-Rural-and-Remote-Australia-in-Response-to-COVID-19.pdf

National AOD Coalition 2021, 'Alcohol and other Drugs: Responding to the Impact of COVID 19 and Beyond', Available at: https://odyssey.org.au/wp-content/uploads/2020/12/1.-Alcohol-and-Other-Drugs-Responding-to-the-impact-of-Covid-19-and-beyond-2021-22-Budget-Submission.pdf

Verhoeven, A. *et al.* (2020) 'Can value-based health care support health equity?', *Deeble Institute for Health Policy Research* [Preprint], (34). Available at: https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_34_can_value-based_health_care_support_health_equity.pdf.



ahha
australian healthcare & hospitals association
the voice of public healthcare

OUR CONTACT DETAILS

Australian Healthcare and Hospitals Association

Unit 8, 2 Phipps Close
Deakin ACT 2600

PO Box 78
Deakin West ACT 2600

P. 02 6162 0780
F. 02 6162 0779
E. admin@ahha.asn.au
W. ahha.asn.au

facebook.com/AusHealthcare
@AusHealthcare
linkedin.com/company/australian-healthcare-&-hospitals-association

ABN. 49 008 528 470

ECAAS ISO 9001 CERTIFIED QUALITY MANAGEMENT

JAS-ANZ

REGISTERED CHARITY