

## A time for reflection. . . then action

There was a time when health care was far simpler and less complex, but decidedly more dangerous. In fact you have to go back to the Middle Ages, when monastic infirmaries started to organise basic health care and shelter to treat the sick and injured. Health care in these times was simple, basic but high-risk. Move forward to the Renaissance years and you will find the first organised training of medical staff, as hospitals as we know them were starting to be established. Hospitals then started to form into organised healthcare systems by the late 19th century. The 20th century saw hospitals and healthcare shaped by two world wars and the beginnings of health consumerism. What has been stark is the previous 600 years of hospitals and healthcare bear little resemblance to the last 50.

As we embark into the 21st century, the complexity and associated cost of healthcare now becomes a central debate at various levels of government and is a divisive discussion point at each electoral cycle, while the end user laments the lack of access to some health services while contemplating the spiralling cost of insuring their lives against ill health and accidents and the relative value that insurance coverage provides.

Australia is now a country of 25 million people, with 15% of our population 65 years or older. Projections have our aging population at over 20% by mid century.<sup>1</sup> The Australian Institute of Health and Welfare<sup>2</sup> points to some sobering figures about our chronic disease burden with more than one in three preventable hospital admissions due to chronic illness and 7% of the total health burden in Australia due to overweight and obesity.

Our current spending on healthcare in Australia is such that without concerted efforts to contain costs or consumer expectations on the system, the cost of healthcare will challenge our capacity to support our current commitment to universal health care. Estimates put our current spending on health care at just under 25% of all government taxes, with economists arguing this could rise to 40% of government taxes by 2040.<sup>3</sup> Our quest for more complex treatments, technologies and interventions has come a long way since the humble beginnings of providing shelter and basic care in the church-run infirmaries; and yet we are seeking healthcare solutions that simplify care and reduce cost. Our health system now is complex, convoluted but still high-risk. We are at a point where health system and clinical research can provide the very answers to the better management and operation of health services and the clinical care that is provided.

It is timely with the world's healthcare focus on the International Hospital Federation Congress in Brisbane that fundamental questions about the sustainable future of health care is discussed and debated. As an important adjunct to this

gathering of health practitioners, policy makers and administrators, this issue highlights Australian research that underpins the quest to find answers to improving healthcare quality while reducing the overall cost to the system. Looking at better options for community or home-based care is a critical step in reducing the pressure and cost associated with in-hospital care. Equally, healthcare systems need to move to a more value-based proposition for health care delivery rather than just gross numbers. Finally, the healthcare system is awash with information and data, but how do we take this information and use it to make intelligent, evidence-based decisions around better health care.

While I would never suggest we should regress back into the Middle Ages to find the solutions to today's healthcare problems, I would suggest that history provides for some great learnings. Stripping back the complexity of today's systems to a simpler time may help us better understand the human rather than the technological aspects of care and find answers to how we can better mobilise people around some of the current intractable health problems. Similarly, past society was much more organised around small villages and townships with basic health care rather than megacities and quaternary health services. This look back in history provides insights about how we may be able to support larger number of home-based and primary care services in the local community, supported by wearable technologies

If there is any chance of cutting costs, while still providing safe, effective health care, collectively we need to explore avenues that better utilise data to support both health professionals and consumers to make informed decisions, and to look for opportunities to add real value to health care delivery, while keeping people closer to their homes and communities.

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### References

- 1 Australian Institute of Health and Welfare. Older People. 2018. Available at: <https://www.aihw.gov.au/reports-statistics/population-groups/older-people/overview> [verified 11 August 2018].
- 2 Australian Institute of Health and Welfare. Chronic Disease. 2018. Available at: <https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/chronic-disease/overview> [verified 11 August 2018].
- 3 Ellery, D. Australia's Spending on Healthcare Unsustainable, CSIRO Futurist Says. The Sydney Morning Herald. 2016. Available at: <https://www.smh.com.au/healthcare/australias-spending-on-healthcare-unsustainable-csiro-futurist-says-20160519-goys7x.html> [verified 11 August 2018].