



Submission to the 2010-11 Federal Budget

December 2009

Consumers Health Forum of Australia Submission to the 2010-11 Federal Budget

Introduction

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps influence Australia's health system by representing and involving consumers in health policy and program development.

CHF welcomes the opportunity to provide a submission to the Treasurer on the 2010-11 Federal Budget, particularly at a time of major health reform in Australia. The health reform agenda brings Australia an exciting opportunity to improve its health care system. Consumers want a system that is people-centred, navigable, affordable, accessible, safe and of high quality. To achieve this, the Australian Government must invest in the inclusion of consumers, with their unique and valuable perspectives, as partners in the health system.

Consumers, or potential consumers, are the key stakeholders of the health care system. There is a need for greater Government investment in strong, inclusive practices for consumer involvement at many levels, including governance structures, advisory bodies, programs and projects. This includes opportunities for broader consumer participation, such as input to policy development through appropriate, respected and credible channels.

Consumers want access to the most appropriate health services to address their conditions, no matter which health service gateways they choose. Consumers are also seeking better ways to navigate the health system. A practical, supportive approach for consumer access to appropriate and well-managed early intervention health services is essential.

This submission addresses a range of areas including preventative health, health funding, expansion of Medicare services, health governance, dental care, access issues for rural and remote consumers, frameworks for health consumer engagement and consumer representation. The recommendations we provide are based on extensive consultation with members, including our recent consumer consultation co-hosted with the Hon Nicola Roxon MP, Minister for Health.

CHF commends its recommendations to those developing the 2010-11 Federal Budget.

Summary of Recommendations

Ongoing Support for Preventative Health Measures

CHF calls on the Federal Government to commit additional funds to support preventative health initiatives recommended by the new Preventative Health Agency in the 2010-11 and 2011-12 financial years.

Improved Health Promotion

CHF calls for better promotion of healthy lifestyles, prevention, early intervention and consistent investment in holistic care for people with chronic conditions. This will require linkages with research on barriers to participation in healthy lifestyles.

Inclusion of Health Promotion in National Preventative Health Agency

CHF calls for the establishment of an independent national health promotion and prevention agency, broadening the focus of the proposed National Preventative Health Agency to also include a focus on health promotion.

Support for E-Health Infrastructure

CHF argues that if an e-health system incorporating electronic health records is to be effective in Australia, there must be measures in place to ensure that all Australians will have access to such a record.

Expansion of Medicare to Include a Broader Range of Services

CHF recommends that Medicare be broadened to include a wider range of services, but stresses that consumer consultation is essential in determining the scope of services to be delivered and in reviewing the universal service entitlement.

Health Funding Models

CHF is not providing a recommendation on which models of health funding should be adopted. However, CHF considers that any transfer of health functions to the Commonwealth Government should be based on improving health consumers' experience of the health system.

Improved Multidisciplinary Service Provision

CHF supports the funding of Comprehensive Primary Health Care Centres and Services as proposed by the National Health and Hospital Reform Commission (NHHRC). CHF also supports strategies to encourage health professionals to work together and collaborate for better health outcomes for their patients, with consumer involvement in the development of a new education framework.

Universal Access to Dental Care

CHF supports the concept of universal dental care in principle, particularly given the cost and timely access barriers faced by many people in their attempts to access dental care.

Scoping for Health Literacy

CHF recommends that scoping be undertaken to identify strategies to improve health literacy amongst Australians not in the education system.

Improved Transport Schemes for Rural and Remote Consumers

Travel assistance schemes across Australia must be consolidated and simplified, with a view to improving remuneration to rural and remote health consumers for travel.

National Framework for Health Consumer Engagement

CHF seeks funding to develop a National Framework for Health Consumer Engagement, including the development of core standards to separate roles and relationships; advocacy and service principles; a description of how advocacy will be delivered; and a description of who will access advocacy services.

Building a Stronger Consumer Representatives Program

CHF seeks Commonwealth funding to support, develop and improve the Consumer Representatives Program. This funding would resource secretariat management of the Program, development of resources and limited training workshops for consumer representatives.

Stronger Engagement with Under-Represented Groups

CHF would like to see stronger engagement with these groups so that their unique needs can be addressed in the development of health policy and programs.

Provision of Consumer Input to the Development of a Single Code of Conduct for the Pharmaceutical Industry

CHF seeks \$75,000 to provide consumer input into consultation on a single code of conduct for the pharmaceutical industry.

Reform of the Health System

Investing in Prevention

Currently, there is a strong focus on investment in the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and public hospital system. However, to achieve optimal health outcomes, consumers will need incentives to access health services early in the health to illness trajectory. This has been consistently identified, including the recent National Health and Hospital Reform Commission (NHHRC) report.¹ The current system provides perverse financial incentives which encourage access to services at the acute end of the continuum, rather than at the preventative end.

A study commissioned by the Department of Health and Ageing in 2003 reported long-term returns on investment in tobacco control programs, road safety programs and programs preventing cardiovascular disease, measles and HIV/AIDS. For example, the report estimated that the 30% decline in smoking between 1975 and 1995 had prevented over 400,000 premature deaths.²

Good quality early intervention and life skills services could result in the impact of some chronic health conditions being lessened or avoided. These services could include a range of prevention services, such as nutrition, income management, and related stress management, communication and exercise. Currently, some people have access to these services in an ad hoc way, if they are available and they can afford to pay for them, while others miss out. Those without the means to gain essential life skills and better health status may need to rely on those who do, particularly financially through the welfare system, and in their later years, through both the welfare and the health systems. Collaboration across sectors is essential to achieving optimal health outcomes for individuals.

Individuals and families need access to preventative services before issues become crises affecting physical and mental health. Urgent consideration by governments working with a range of stakeholders is needed to address the underlying determinants of health outcomes. Prevention and early intervention approaches must recognise the social determinants of health and underlying issues leading to poor health, and the importance of evidence-based and innovative approaches to address issues early. Some people with chronic health conditions are not only bearing the high health costs associated with their conditions, but may have to stay on welfare benefits rather than take on the part-time or intermittent work as they are able and want to do.

Currently, financial incentives attract people to the services for which rebates from Medicare and private health insurance are available. These may be more affordable for individuals, but come at a higher cost to the health system as most of these services treat or manage illness and injury, rather than preventing them. The cost to individuals may also be higher in the longer term, and optimal health outcomes are unlikely to be achieved. While individual choice, particularly regarding lifestyle, is

¹ NHHRC (2009) *A Healthier Future For All Australians: Final Report of the National Health and Hospitals Reform Commission*. Commonwealth of Australia: Canberra.

² Collins, D. and Lapsley H. (2008) *The Avoidable Costs of Alcohol Abuse in Australia and the Potential Benefits of Effective Policies to Reduce the Social Costs of Alcohol*. Department of Health and Ageing: Canberra.

important, there must be positive incentives for consumers to make those choices. This has been acknowledged by the NHHRC, which reported:

... healthy choices are not always easy choices. For some, the 'lottery of life' delivers special challenges to health and wellbeing and living with a disability, chronic disease or disadvantage can be a hard reality.³

Ongoing Support for Preventative Health Measures

Cost: Variable, in addition to \$797.77 million already committed through the National Partnership Agreement on Preventative Health

Description: The Federal Government and the Council of Australian Governments (COAG) have already committed funds to support a national preventative health agency. CHF supports the establishment of such an agency, although we note that the COAG funding will be allocated in six appropriations from the current financial year through to 2014-15. CHF does not believe the 2010-11 allocation will allow the agency to implement any measures agreed to by the COAG after establishment costs. CHF calls on the Federal Government to commit additional funds to support preventative health initiatives recommended by the new agency in the 2010-11 and 2011-12 financial years. The agency must be provided with appropriate financial support to lead initiatives that will make a genuine difference to health outcomes in Australia.

Redirecting Health Funding

CHF strongly supports the principle of universal access to health care. However, this funding approach conflicts with the need for a greater focus on optimising consumer health. Health service usage is strongly correlated with consumer capacity to pay. As long as medical services are the main focus of health service funding, consumers will continue to use those services in preference to services provided by allied health providers or prevention services. Although these services are currently often more costly to consumers, they are ultimately less costly to the health system. CHF would like to work with government to create health promotion strategies for consumers and for health professionals about the benefits of early intervention services for optimising the management of chronic conditions.

Improved Health Promotion

Cost: Variable

Description: Better promotion of healthy lifestyles, prevention and early intervention and consistent investment in holistic care for people with chronic conditions will require linkages with research on barriers to participation in healthy lifestyles. The Government's work in areas such as research related to those with chronic conditions, including the out-of-pocket costs of interventions and barriers such as isolation of individuals and communities, will be informative in this respect.

³ NHHRC (2009) *A Healthier Future For All Australians: Final Report of the National Health and Hospitals Reform Commission*. Commonwealth of Australia: Canberra.

Inclusion of Health Promotion in National Preventative Health Agency

Cost: \$100 million per annum

Description: The NHHRC final report recommended the establishment of an independent national health promotion and prevention agency, broadening the focus of the proposed National Preventative Health Agency to also include a focus on promotion. The NHHRC identified that the cost of these additional functions would be \$100 million per annum. CHF would strongly support the inclusion of promotion in the remit of the National Preventative Health Agency, to support improved health promotion in Australia.

Innovative models of health care delivery are also required, including expanding e-health approaches, such as telehealth and electronic health records, identifying how primary health services can be effectively delivered, and supporting consumers at the local level to work with regional or metropolitan-based health professionals and health services to improve health outcomes for communities. The NHHRC's final report identified the need to 'strengthen the leadership, governance and level of resources committed by governments to giving effect to the planned National E-Health Action Plan'.⁴ CHF supports this recommendation and calls on the Federal Government to provide the additional funding recommended by the NHHRC to support the successful establishment of e-health systems across Australia and equitable consumer access to these.

Support for E-Health Infrastructure

Cost: \$1185-1865 million, based on the costings developed by the NHHRC

Description: CHF has been largely supportive of the development of e-health initiatives in Australia, including personal electronic health records. However, if an e-health system incorporating electronic health records is to be effective in Australia, there must be measures in place to ensure that all Australians will have access to such a record, and to ensure that individual consumers and health practitioners are able to use e-health systems and records effectively.

Expanding Medicare Services

As part of the health reform agenda, a number of changes to Medicare have been proposed to:

- Improve access to health services;
- Promote integrated and comprehensive primary health care services;
- Create continuity and better coordinated care;
- Respond more effectively to chronic disease;
- Provide greater emphasis on prevention, early intervention and self-management;
- To support new and effective ways of providing more responsive health services; and
- To improve the quality of health services, among other goals.

⁴ NHHRC (2009) *A Healthier Future For All Australians: Final Report of the National Health and Hospitals Reform Commission*. Commonwealth of Australia: Canberra.

CHF members have varying perspectives on whether an expansion of Medicare would deliver better health outcomes for consumers. Some welcome proposals aimed at broadening Medicare to include a wider range of health professionals, and consider that the move to more self-managed care and prevention would be cost effective and empowering for consumers. However, others consider that increasing access to services such as multidisciplinary care and support for self-management would have no value until consumers' views about how these services should be delivered effectively are taken into account. The need for consumer consultation in determining the universal service entitlement was emphasised, particularly around issues of affordability for consumers and the health system in general. In recognition of this, CHF is undertaking consultation with consumers to inform our contribution to the Quality Framework for the Medicare Benefits Schedule (MBS).

Expansion of Medicare to Include a Broader Range of Services

Cost: Variable, depending on the scope of expansion.

Description: CHF recommends that Medicare be broadened to include a wider range of services. We stress that consumer consultation is needed in determining of the scope of services to be delivered and in reviewing the universal service entitlement. CHF has been active in the ongoing development and implementation of the Quality Framework for the MBS, and is undertaking consultation with members to ensure consumer involvement.

Commonwealth and State Health Governance

In *A Healthier Future for All Australians*, the NHHRC argues that the current governance and funding arrangements in health, with split responsibilities between Commonwealth and state governments, 'results in fragmented, poorly integrated care, and a lack of accountability for patient outcomes'.⁵ To facilitate the 'one health system' approach, the Commission recommended that a number of functions be funded and governed at the national level to ensure a consistent approach.

Some CHF members have welcomed the increased consistency that would come from a national approach to health funding, particularly in relation to education, registration, accreditation and issues such as e-health, as well as better integration between state and territory health services. However, some members argue that variations in local or state need or circumstances would need to be considered if a national approach is adopted. Others consider that transferring functions to the Federal Government would not result in significant changes or improvements in health consumers' experience of the health system.

⁵ NHHRC (2009) *A Healthier Future For All Australians: Final Report of the National Health and Hospitals Reform Commission*. Commonwealth of Australia: Canberra.

Health Funding Models

CHF is not providing a recommendation on which model of health funding should be adopted. However, CHF considers that any transfer of health functions to the Commonwealth Government should be based on improving health consumers' experience of the health system.

Improved Service Provision and Coordination

The Government is considering the widespread development of Comprehensive Primary Health Care Centres and Services to provide multidisciplinary primary care services in one setting with better coordination of patient care. These are envisaged as one-stop-shops, with access to an expanded range of services.

CHF members generally support the concept of Comprehensive Primary Health Care Centres and Services, considering that these would increase access to a broader range of services for consumers and would allow for greater care coordination. They have stressed, however, that consumers should be consulted to ensure that services meet the needs of people in the local area, and that the view of primary health care must be broader than just GP services and GPs as gatekeepers.

Strategies must also be developed for the health workforce to support multidisciplinary health care delivery and better communication and interaction between the health professions. A new education framework supporting this approach through inter-professional learning across the health professions would also be welcomed.

Improved Multidisciplinary Service Provision

Cost: Variable

Description: CHF supports the funding of Comprehensive Primary Health Care Centres and Services, provided that consumers are consulted in the development and design of these services. Services must also be based on a broad view of primary health care that goes beyond GP services, and GPs as gatekeepers. CHF also supports strategies to encourage health professionals to work together and collaborate for better health outcomes for their patients, with consumer involvement in the development of a new education framework.

Universal Access to Dental Care

Universal access to dental care through a new 'Denticare Australia' scheme was a widely publicised recommendation of the NHHRC report. Universal access was widely supported by consumers throughout consultations, including CHF's recent consultation with Minister Roxon.

The proposed Denticare model draws on both public dental services and private health insurance. In consultations, CHF members were concerned about whether this approach would provide equitable access to dental care, particularly given that people able to afford private dental treatment would continue to face shorter waiting times than those accessing the public system.

Some members also considered that Denticare would continue to fail minority groups and people facing socioeconomic disadvantage, and that the equity issues would be difficult to address in this model. Providing more dental services through Medicare, or the proposed Medicare Select model, was viewed by some as a better option. An alternative option proposed was that measures to improve access to dental care need not target all Australians, but only those who are least able to pay. The majority of our members consider any moves to improve access to dental care to be worthwhile.

Universal Access to Dental Care

Cost: \$3.6 billion per annum, based on the costings developed by the NHHRC. A comparable amount is currently spent on dental care through private health insurance and directly by consumers.

Description: CHF supports the concept of universal dental care in principle, particularly given the cost and timely access barriers faced by many people in their attempts to access dental care, and the links between poor dental health and other chronic conditions. However, more consideration of the Denticare Australia model is needed to ensure that access to dental care is improved for those who are currently least able to afford it. Consumers would need to be involved in the development of any universal model.

Health Literacy

According to the NHHRC, 60 per cent of Australians cannot participate effectively in their health care due to a lack of basic health literacy⁶. Increasing health literacy will empower consumers to play a greater role in their own health care and to make informed decisions about their health. Over the past year, a number of proposals have been made aimed at increasing health literacy, with strategies including making health literacy part of the National Curriculum, and encouraging all relevant groups to provide health information.

Throughout our consultations, CHF members have agreed that making health literacy part of the National Curriculum would have long term benefits, although there are also concerns from some members that this strategy would not adequately address the health literacy needs of older Australians, many of whom are frequent users of health services. On this basis, CHF welcomes the proposed inclusion of health literacy in the National Curriculum, but argues that additional initiatives are required to increase health literacy throughout the population. Health literacy initiatives must also encompass health professionals, as well as consumers.

Scoping for Health Literacy

Cost: Variable

Description: CHF recommends that scoping be undertaken to identify strategies to improve health literacy amongst Australians not in the education system.

⁶ Ibid.

Enhancing Access for Rural and Remote Communities

Throughout our consultations, including CHF's recent consultation with Minister Roxon, rural and remote consumers and their families have highlighted the need to be supported to cope with situations where the best care involves attending city or regional services through appropriate support for transport, accommodation and other family needs. In particular, an ongoing concern for consumers is the application process for state-based travel assistance schemes. These can be very difficult to complete, and the remuneration provided under the schemes is often inadequate for city accommodation rates and the cost of petrol.

Flexible approaches for delivering better health outcomes for rural and remote communities are needed. A range of supports might include outreach services, telehealth services, 24 hour telephone and internet services and support from larger health services for smaller rural health services.

Improved Transport Schemes for Rural and Remote Consumers

Cost: \$85 million in additional costs, based on the costings developed by the NHHRC.

Description: Travel assistance schemes across Australia must be consolidated and simplified, with a view to improving remuneration to rural and remote health consumers for travel. The time requirements for consumers, together with their families and carers, travelling to necessary health care services also needs to be taken into account in terms of what supports are needed.

Consumer Engagement: Our Contribution

National Framework for Health Consumer Engagement

The Commonwealth Government recently funded a National Carer Recognition Framework, providing more than \$430,000 this year to Carers Australia to work with carer organisations across the country to host activities, work with carers and support advocacy. While this is a welcome step, CHF believes this highlights a gap for similar scheme recognising health consumers.

A National Framework for Health Consumer Engagement would complement many of the recommendations of the NHHRC, National Quality and Safety Framework, National Primary Health Care Strategy and National Preventative Health Strategy. The Framework would consolidate many of the NHHRC recommendations, including those relating to consumer engagement, health literacy and preventative health.

Health consumers remain the largest untapped resource, as well the most important stakeholders, to resolve many of the issues facing the Australian health system. A broad infrastructure to support engagement would ensure a broad, representative, health consumer perspective and enrich policy debates. A National Framework for Health Consumer Engagement would support this infrastructure.

National Framework for Health Consumer Engagement

Cost: \$430,000, based on the funding provided to Carers Australia to implement the National Carer Recognition Framework.

Description: CHF seeks funding to develop a National Framework for Health Consumer Engagement, including the development of core standards to separate roles and relationships; advocacy and service principles; a description of how advocacy will be delivered; and a description of who will access advocacy services and how.

Building a Stronger Consumer Representatives Program

CHF's Consumer Representatives Program contributes enormous value to health policy debates and programs in Australia. Currently, the CHF secretariat does not receive the funding required to give the program the attention that it deserves, support representatives, develop better communications within the program and externally, work with stakeholders to improve committee secretariat support of consumer representatives, and identify areas for improvement so that the program can continue to grow as an increasingly valuable resource.

Existing consumer representatives would benefit from the opportunity to enhance their skills and knowledge and to network with other consumer representatives. CHF proposes annual capability development forums for consumer representatives including communications and media training and key areas identified by the representatives themselves as areas in which they would benefit from training and education.

In addition to annual forums, CHF proposes the development of regular position statements and fact sheets on topical health policy areas to be distributed to consumer representatives to ensure they are aware of current issues.

CHF also proposes a Consumer Representatives Mentoring Program that would allow for new consumer representatives to benefit from the knowledge of those with years of experience. The program could be integrated into the activities above. Annual Forums could include sessions on mentoring as well as sessions for mentors and protégés to network and interact. Orientation workshops could also incorporate sessions on mentoring.

Building a Stronger Consumer Representatives Program

Cost: \$634,900. A detailed breakdown can be provided on request.

Description: Discrete Government funding to support, develop and improve the Consumer Representatives Program ceased in 2007. This funding previously resourced secretariat management of the Program, development of resources and limited training workshops for consumer representatives. Unfortunately, this program was funded on a year by year basis and lacked both developmental and evaluation components. For this reason, two years of funding is sought with a focus on building consumer representative capacity over the medium term.

Stronger Engagement with Under-Represented Groups

Cost: Variable, depending on the model adopted.

Description: CHF's Consumer Representatives Program is strong in some areas, but is currently not in a position to provide dedicated consumer representatives with experience in issues facing younger health consumers, Indigenous health consumers and consumers from culturally and linguistically diverse (CALD) backgrounds. CHF would like to see stronger engagement with these groups so that their unique needs can be addressed in the development of health policy and programs.

CHF can provide costings for possible models upon request.

Health Financing Models: Assessing Consumer Perspectives

Recent months have seen much discussion of health financing models, particularly following the release of the NHHRC Final Report. A central element that must be considered in these debates is the likely impact on health consumers of different models of health financing. Major changes to health funding may result in fundamental shifts in how consumers access services, and their needs and perspectives must be considered in the decision-making process. CHF would welcome the opportunity to ensure that the consumer voice is heard in the current health funding debate. Options to do this could include:

- Formal consultations with health consumers to assess their views on different issues and models of health financing, such as:
 - Changes to the Medicare Safety Net;
 - The mix of financing through Medicare, state funding and consumer out-of-pocket costs;

- What should be included in the Universal Service Entitlement; and
- Alignment of work value to health funding
- Formal consultations with health consumers specifically seeking their views on proposed new financing initiatives such as Medicare Select and Denticare;
- Formal consultations with health consumers on the impact of out-of-pocket expenses on the quality of their health care;
- Commissioning an external consultant with expertise in health funding to research and write a report assessing the risks and benefits to consumers of different health financing models.

Assessing Consumer Perspectives on Health Financing Models

Cost: \$85,000

Estimated costs would be approximately \$85,000, including the distribution of an information paper and analysis of responses, a national workshop and employment of a consultant to research and write a report on health financing.

Pharmaceutical Industry Code of Conduct

There has been considerable discussion about the need for a robust, accountable and transparent code of conduct covering the pharmaceutical industry in recent months. CHF has been involved in the discussions through ongoing dialogue with the Parliamentary Secretary for Health, the Hon Mark Butler MP and the Therapeutic Goods Administration Industry Consultative Committee. CHF has a long history of involvement in medicines policy, dating back to the early 1990s.

Recent media reports have highlighted the limitations of the current myriad of industry codes of conduct. CHF has long supported an independent, single code covering therapeutic and promotional issues, a robust monitoring and complaints mechanism and suitable sanctions for inappropriate industry behaviour. CHF acknowledges that some of the current industry codes provide a higher benchmark than others. For instance, CHF has been closely involved in the development and implementation of the Medicines Australia Code and the Medical Technology Association of Australia (MTAA) Code.

CHF is of the view that unless a more robust, transparent, accountable system that provides the highest benchmark for ethical conduct is put into place for the pharmaceutical industry, public confidence in Australia's regulatory system will continue to be compromised.

CHF notes that the Parliamentary Secretary has indicated his willingness to consult widely on this issue, including with consumer groups. CHF would welcome the opportunity to undertake consultation with its members to provide quality input to this process. CHF could undertake a process similar to that proposed for health financing models.

Provision of Consumer Input to the Development of a Single Code of Conduct for the Pharmaceutical Industry

Cost: \$75,000

Description: This proposal seeks \$75,000 to provide consumer input into consultation on a single code of conduct for the pharmaceutical industry.

Conclusion

Consumers want a system that is people-centred, navigable, affordable, accessible, safe and of high quality. Our submission addresses:

- Investing in prevention;
- Redirecting health funding;
- Expanding Medicare services;
- Commonwealth and state health governance and funding;
- Improved service provision and coordination;
- Universal access to dental care;
- Health literacy;
- Enhancing access for rural and remote consumers;
- Frameworks for health consumer engagement; and
- Accessing consumer perspectives on a range of issues.

CHF has drawn on extensive consultation with members, including our recent consumer engagement with Health Minister Nicola Roxon, in the preparation of this submission.

CHF welcomes the opportunity to provide this submission to the Treasurer, and we look forward to the inclusion of funding for these initiatives in the 2010-11 Federal Budget.



The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.