

Will you still need me, will you still
feed me, when I'm sixty four?

Professor Hal Swerissen

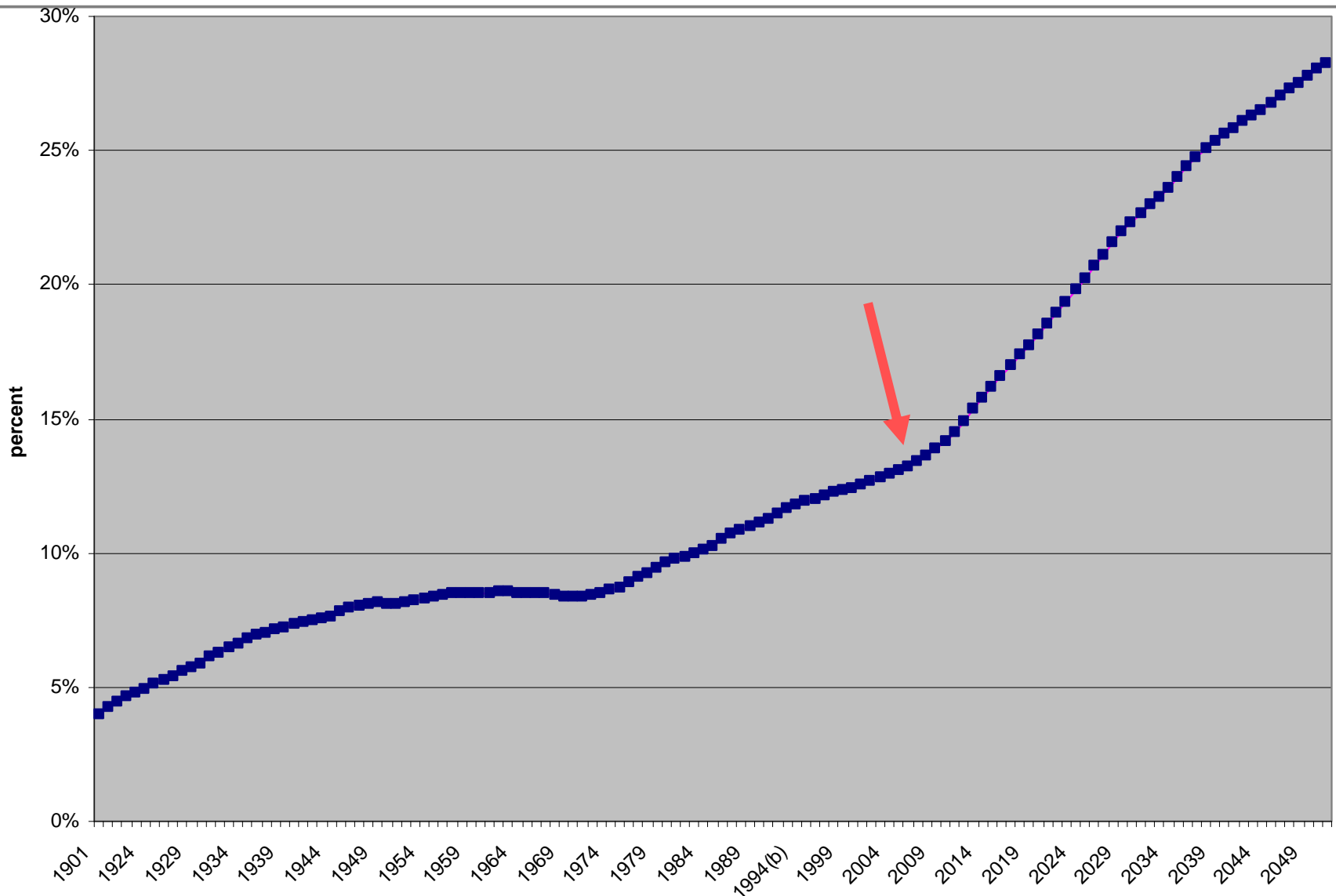
*Acting Dean, Faculty of Health Sciences,
Albury Wodonga, 10 October 2007*



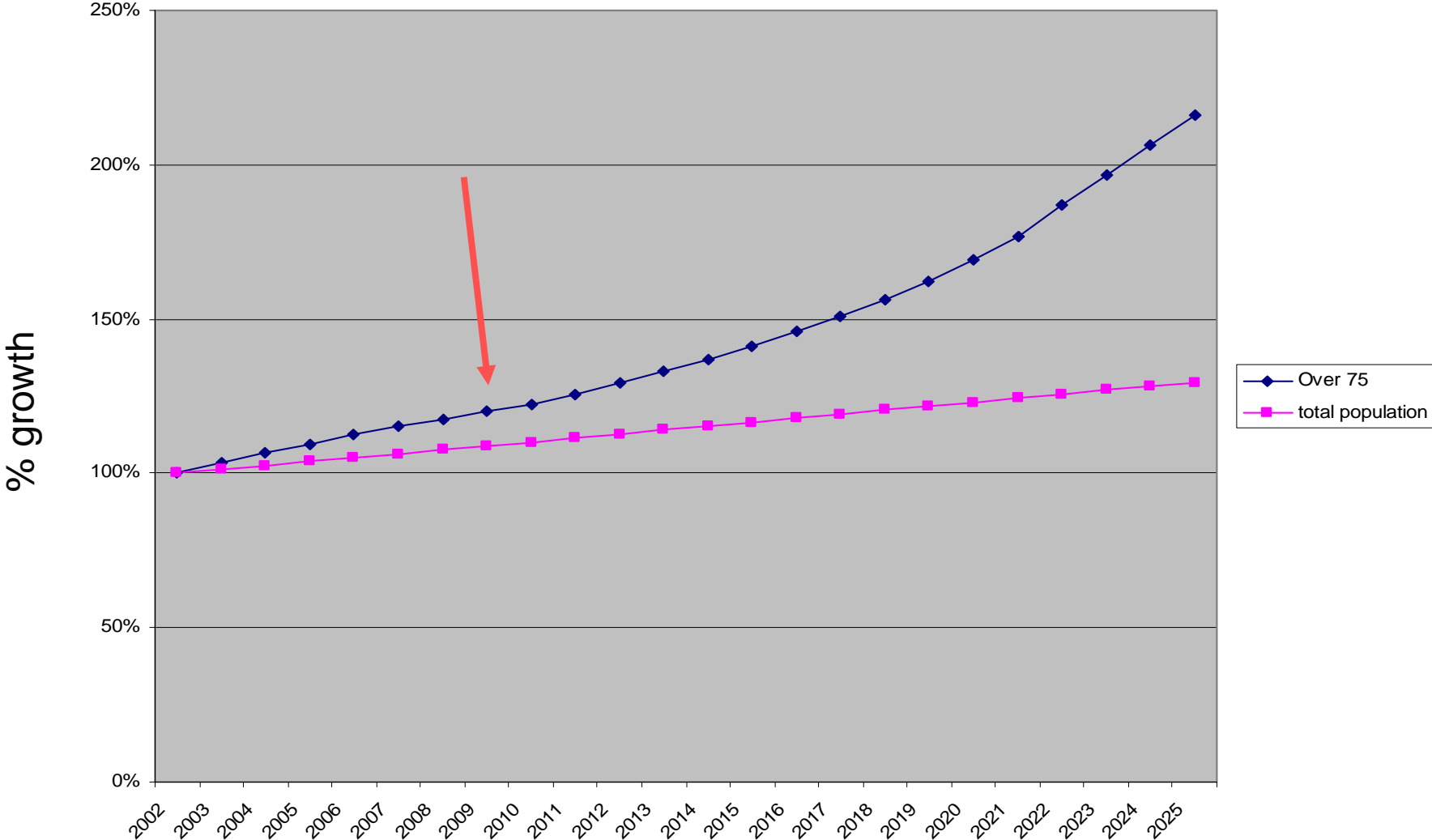
What am I going to say?

- Australia is getting older
- The pattern of illness and disease is changing
- Demand for health and aged care will grow
- The health and aged care system needs renovation
- Some suggestions

Percent over 65



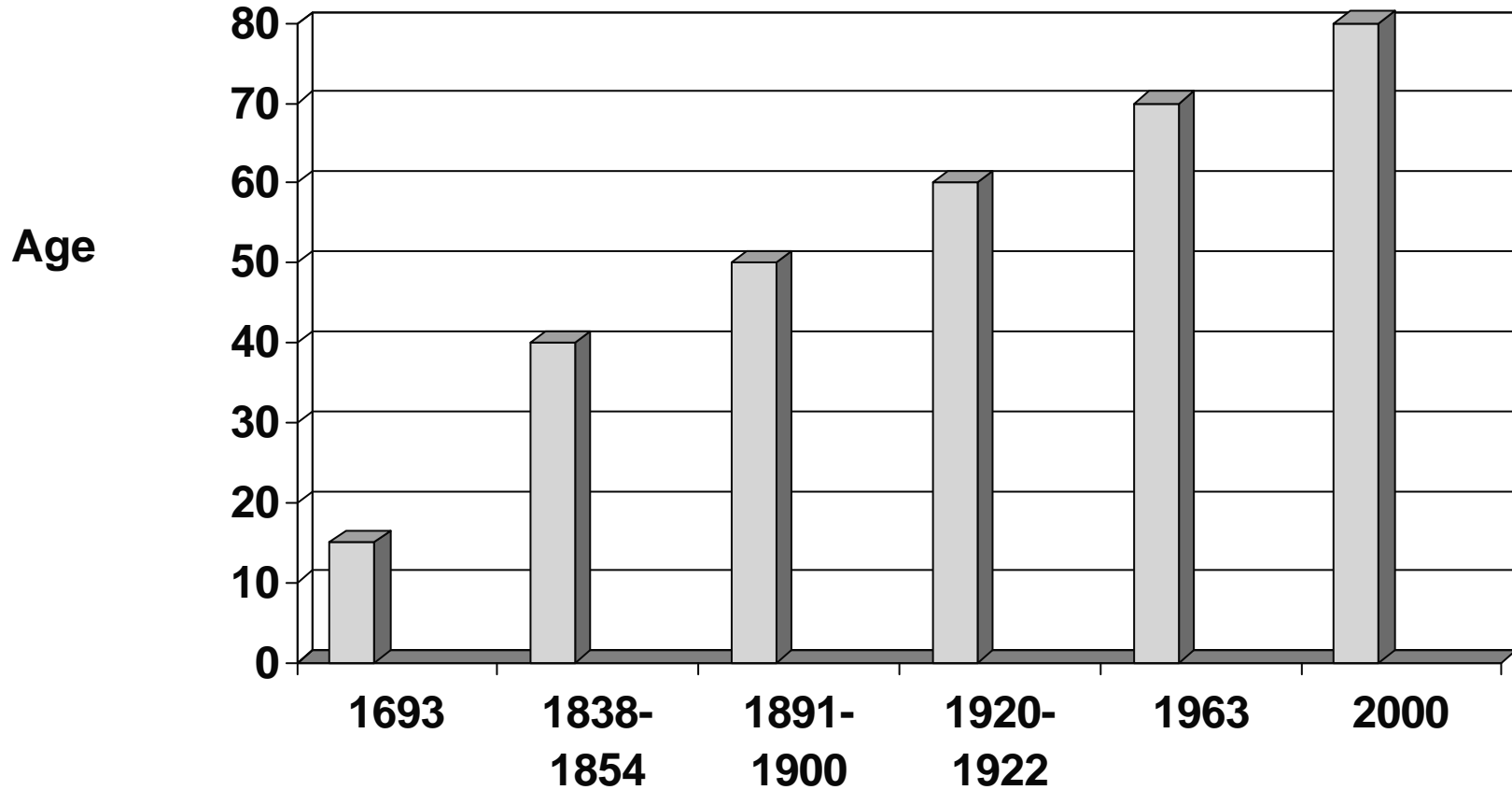
Growth in over 75s





Changing pattern of health & illness

Age at which 50 percent are dead UK



Adapted from McKeon

Period	Life expectancy effect
1700-1900	Decreased adult incidence/prevalence of infectious disease
1920-1980	Decreased infant incidence/prevalence of infectious disease
1960-2000	Decreased adult incidence/prevalence of CVD disease

National Health Priorities

- Asthma
- CVD
- Diabetes
- Cancer
- Mental Health
- Injuries

Chronic illness

- Long term
- Progressive
- Limited treatment options
- Significant social & personal impact

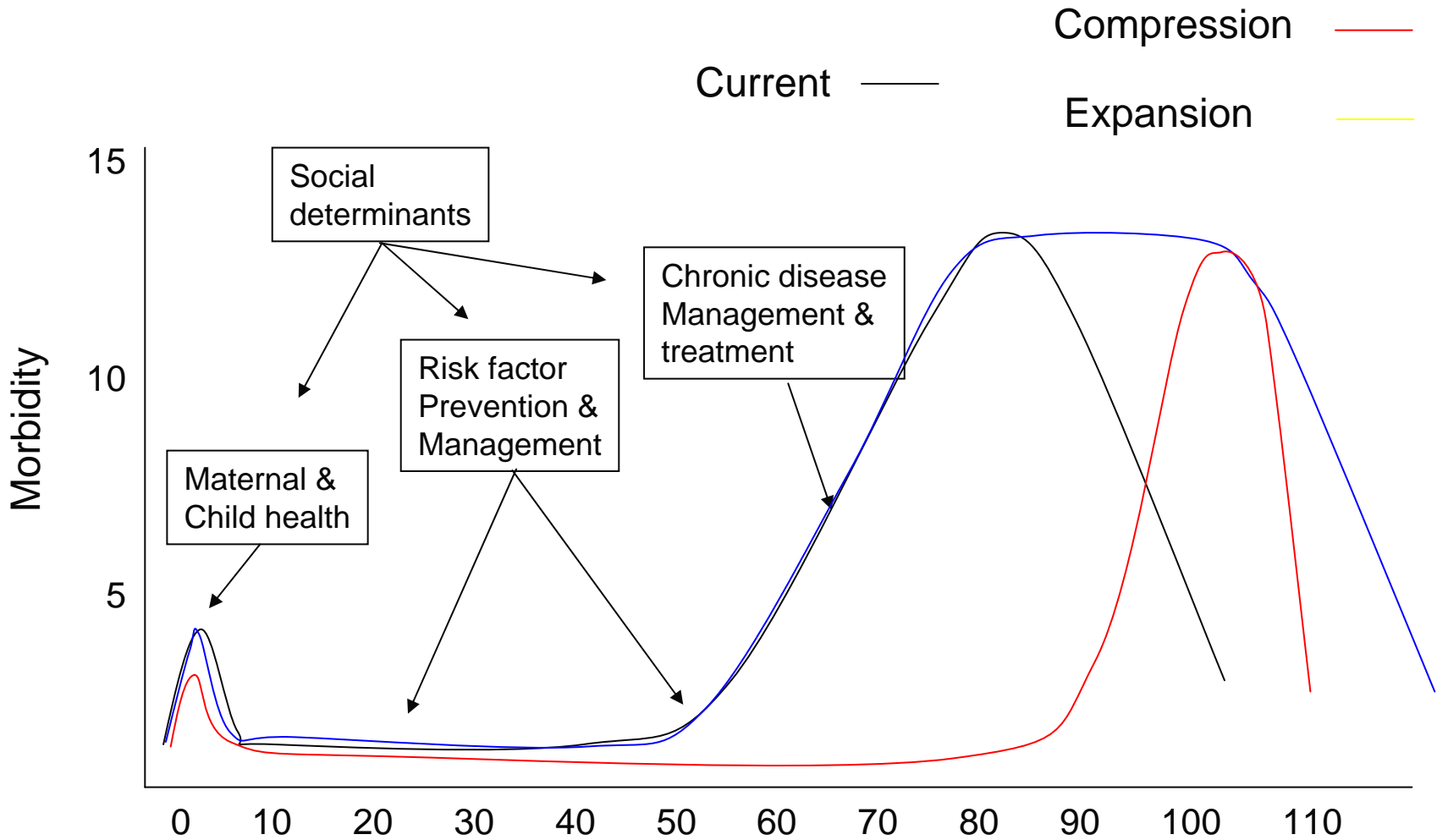
- Over 65 4 x greater than < 65
- Over 80 6 x greater than < 65

- Currently 12% > 65 & 45% of health cost

- Over 75s will double in two decades

- Will costs go up?

Morbidity compression or expansion?



Treatment revolution?

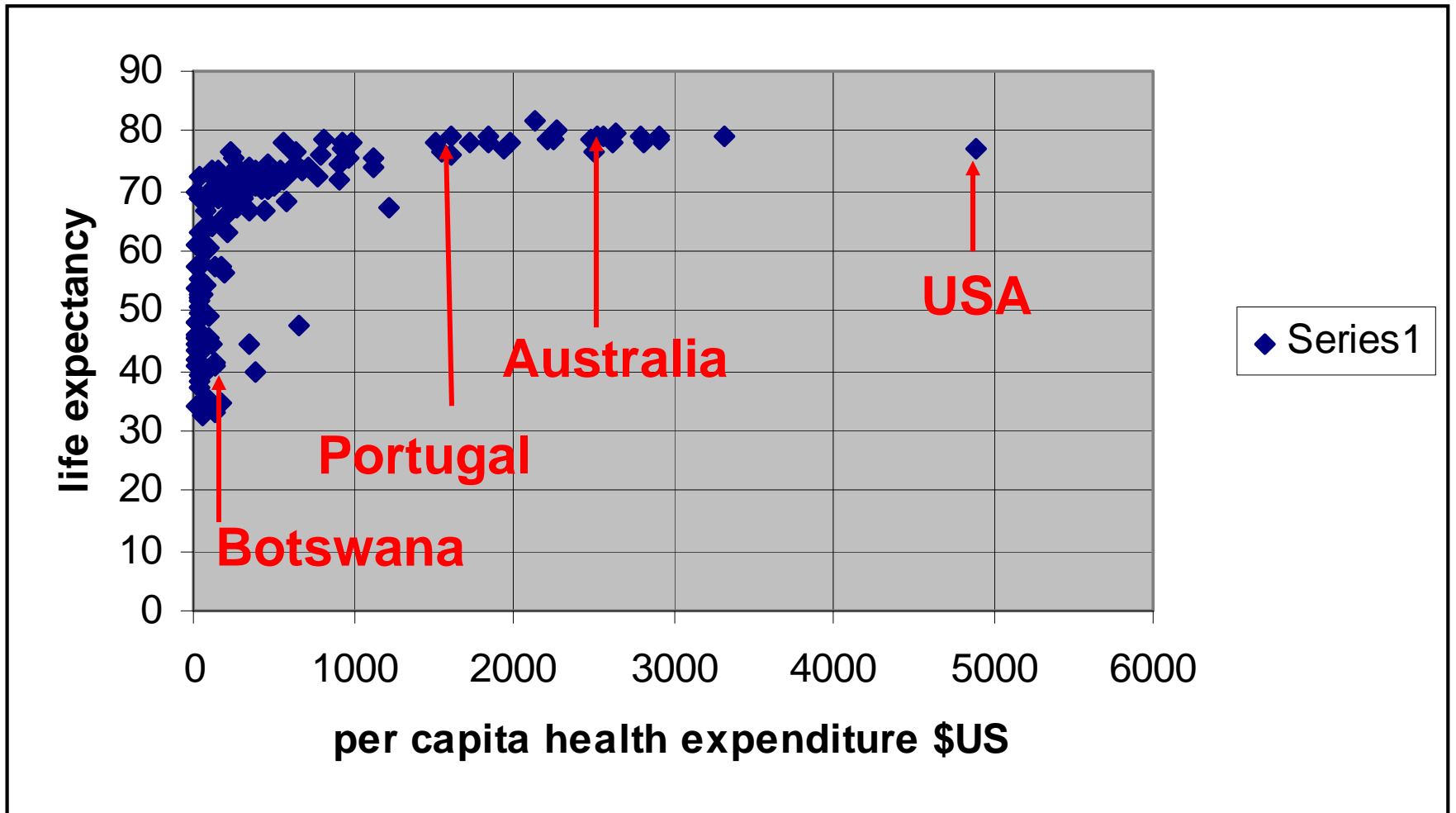
- Genomics?
- Proteinomics?
- Nano technology?

Significant cost increase

- 45% increase in health care costs as a proportion of GDP
- More than doubling cost of aged care as a proportion of GDP

Policy choices

Money isn't everything



- Demography is not destiny
- Healthy ageing
- Ageing in place

Changing pattern of care

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- Declining family size
 - Changing role for women
 - Social rights

 - Significant reduction in informal care
 - Increased primary care and community support

How good is our health and support system

- Designed for a different time
 - Focus on episodic care
 - Focus on hospitals
 - Overly specialised workforce
 - Overly focused on technology
- Under investment in prevention, early intervention, & self management
- Under investment in multidisciplinary community care
- Poorly developed end of life care
- Inequities (e.g. geographic)

Future directions

- Health for enrolled or geographic populations
- Primary & secondary prevention of chronic disease
- Service integration particularly in primary & community care sector

Service system organisation

- Flexible funding for outcomes & populations
- Network agencies (governance & partnerships)
- Integrated service pathways
- Clinical information & data systems
- Clinical decision & support systems
- Workforce roles

Service continuum for populations

- Health promotion (primary prevention)
- Screening & risk prevention
- Early intervention for disease markers
- Self management
- Care coordination & management
- Community rehabilitation
- Hospital & residential care
- Home based care



What does this mean in rural settings?

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- Revised role for rural health and aged care services
 - Integrated & networked health & aged care
 - Expanded local early intervention, coordination, & rehabilitation
 - New workforce roles & responsibilities
 - More work needed on pressures and options

Conclusions

You better still feed me....

- Population will age
- Significant increase in chronic disease
- Health system will have to respond
- Increased capacity & additional resources
- New integrated population health approach needed
- National leadership needed but ...

