

Consultation Paper – Call for implementation of a flexible framework to allow development of commonly agreed and sustainable international clinical and ethical standards

The purpose of this consultation paper is to obtain feedback on a new solution that we have developed in order to solve many of the issues currently facing the local and international healthcare sector pertaining to negotiating a socially responsible and sustainable funding of the healthcare industry.

Our motives for providing this solution to the industry are explained in the video link below. Please like the video and, more importantly, provide feedback to pa@healthandlife.com.au.

A video overview can be found at https://www.youtube.com/watch?v=Wg_ZhQAS4_g

Why are we doing this and who are we? Health and Life

[Health and Life](#) is a national Australian Health, Accounting and Tax advisory firm, which has been providing solutions to the Healthcare sector for over 25 years. We propose a solution to many of the issues arising or existing within the sector, which we are providing pro bono for patients and providers to consider.

This model has been developed from our experience in advising and observing over 1200 medical practices that include general practice, specialists, allied health, public hospitals, State and Federal Government agencies and the pharmaceutical industry. We have also been invited and have participated in national and international research.

What is the Problem? No internationally commonly agreed clinical standards or ethics.

Herein we provide a synopsis outlining a solution for international healthcare self-regulation. This will further empower patients and providers and minimise unnecessary third party interference. This solution has precedence and has the potential to increase trust between patients and their providers, whilst sustainably maintaining clinical and consumer sovereignty and unnecessary third party funding.

The absence of a commonly internationally agreed set of clinical and ethical standards or framework is at the core of many current problems in the healthcare system. This is akin to a railway system operating with no standard rail gauge. Such an approach is sub optimal as there is no clear internal or external accountability. This undermines confidence in the system.

In absence of any such openness and transparency funding for healthcare services are being severely curtailed as Governments wrestle with their national budgets in a stagnant domestic and international economy. ***Healthcare funding in the absence of accountability becomes an easy target for policy makers.***

This proposal offers a more effective approach to meeting sustainable health outcomes for any country in the world by creating a singular collation and delivery mechanism for health information. Any savings can be shared amongst shareholders from any efficiency gains generated. Furthermore this will release new and immediate self funding opportunities through international licensing of intellectual property.

The Business Case

By improving the efficiency of the health care system, public spending savings would be large, approaching 2% of GDP on average in the OECD (see OECD 2010, “Health care systems: Getting more value for money”, OECD Economics Department Policy Notes, No. 2). ***Extrapolation from the OECD’s report, Australia could save up to \$6.5 billion p.a.*** with an internationally co-ordinated standards and ethics system. Currently, no such system exists in the world.

The key is to harmonise the existing but fragmented health standards and ethics amongst the disparate and discrete stakeholders that currently input into clinical research, innovation, training and practice.

Key influencers

Health and financial literacy are key influencers to ensure optimal engagement amongst all key stakeholders. At the present time, health and financial literacy are considered discrete domains, only meeting when dictated via statutory reporting requirements. We argue that in order to address the current challenges facing health, we need to develop a better understanding of how to appropriately harness the funding opportunities and sustainably harmonise current revenues and expenses in the healthcare sector with commonly agreed standards and ethics.

Together, these opportunities will address the ever burgeoning request for health funding in government budgets. Ideally, funding should be directed where services are needed.

Reduce fragmentation by improving openness and transparency

Unfortunately, we only have a fragmented understanding of the precise areas where such services are over-regulated, over provided or duplicated. This large unmet gap is primarily due to a lack of commonly agreed, international healthcare and ethical standards. Unless the healthcare profession can openly, transparently demonstrate that these standards exist and provide mechanisms for monitoring performance in accordance with these standards, it is impossible to educate and empower the public by instilling in them a sense of confidence in the healthcare profession as a whole.

There is no singular and authoritative international healthcare body that centralises the world’s sustainable best practice in one central location. This results in a misallocation of resources, duplication of research efforts and reduces innovation. Furthermore, unnecessary government and harmful for profit interventions may allow vested interests to interfere with the sacrosanct provider/patient relationship.

This paper establishes an urgent need for a self funding international standards and ethics body. There is a significant first mover opportunity for an internationally respected body that will overcome the many practical day to day problems that providers and patients face when interacting with the healthcare system.

We predict that this solution will depoliticise healthcare funding reforms, including setting and monitoring clinical standards. This will maintain clinical sovereignty within the professions and should therefore encourage a more effective process of framework development and adoption for Patients, Providers, Government, whilst still encouraging discrete and

constructive public engagement. Such a process has a net benefit in engaging in this better co-ordinated solution.

Providers should benefit from additional funding from a reduction of wages and more opportunities to reduce costs and alternate sources of funding without increasing Government funding.

What is the solution? Establish and International Healthcare Standards and Ethics Board (IHSEB)

A precedent exists

Harmonising the international trading practices for products and services has been recognised for over a decade as a strategy to improve trade in the EU (See Egan, M Setting Standards: Strategic Advantages in International Trade 2002 Business Strategy Review 13(1) pg 51-64; <http://onlinelibrary.wiley.com/doi/10.1111/1467-8616.00202/abstract>). This solution is based on similar international models in other professions.

We believe that the lessons learnt in the implementation of the international framework for Accounting can be harnessed to provide a practical solution that can commence implementation today in the Healthcare sector. With increasing globalisation, we believe that now is the time to harness the trend of harmonising international best practice, which here in Australia is practiced by the Accounting profession (since 1973) see International Federation of Accountants <https://www.ifac.org/> and the sustainable fisheries industry see Marine Stewardship Council <https://www.msc.org/>.

1. Why: International Healthcare Standards and Ethics Board (IHSEB)

Globally, healthcare is a multi trillion dollar industry growing at a greater rate than the GDP of any country see 25 years of health expenditure in Australia: 1989–90 to 2013–14 <http://www.aihw.gov.au/publication-detail/?id=60129554398>.

Maintaining a sustainable and socially responsible healthcare system represents a huge challenge and opportunity for any Government. Current research demonstrates that individuals with higher incomes have longer life expectancy and better health <http://www.nber.org/reporter/spring03/health.html>.

Strong health and financial literacy programs have been proposed as important in addressing this inequality in health outcomes (<http://www.nber.org/reporter/spring03/health.html>).

High quality healthcare can be viewed as providing practical health care literacy and is the greatest opportunity to ensuring an individual person can make a valuable contribution to society, no matter what challenges they may face. Importantly, we need increased recognition and understanding that there is a mutual interdependence between money and healthcare, rather than continuing to understand these two items as separate and unrelated issues.

The link between money, and health needs to be better integrated into our current understanding and practice. This will allow us to develop rational approaches to address funding shortfalls in health as well as to contextualise the problem and consequences of poor health.

Misallocation of resources

Increasingly, the misallocation of healthcare resources are unnecessarily adding to the financial burden of healthcare for both patients and Governments. For example, recent media reports explain that up to 60 procedures provided primarily by GPs may have little evidence for improving patient health, and may actually expose patients to harm for no benefit. Up to 60 unnecessary procedures such as imaging for acute lower back pain or X-ray for bronchitis have been identified in the “Choosing Wisely” campaign that brings together many medical colleges and professional associations (<http://www.abc.net.au/news/2016-03-16/unnecessary-medical-tests-and-treatments-may-harm-patients/7248234>). As we discuss below, it is precisely this collaborative, team-oriented approach that needs to be encouraged and harnessed as an effective solution to the current climate of potential health care misuse.

A central cause of this issue is that the public funding of health care has created a culture of overuse. This is known as a “dead weight loss” in economic theory. Providers request more tests or procedures than necessary for diagnosis or treatment of the problem, and patients provide little resistance to the over testing or treatment because it does not affect their personal finances. However, observation of the privately funded system in operation in the US patently demonstrates that this is not a tenable solution either, due to issues of inequity and loss of clinical sovereignty for providers. Regardless, there are signs that the Australian healthcare system may be headed toward a model that resembles the US.

We provide a solution that protect the current world class provision of healthcare services that Australia enjoys. **We note an international Oxford study reported that Australia has the only healthcare system that is sustainable** see *International Journal for Quality in Health Care* 2003; Volume 15, Number 5: pp. 377–398.

We do not advocate for changing existing arrangements, but instead encourage better co-ordination based on a minimum set of internationally agreed standards that allows local customisation.

The lack of commonly agreed clinical standards and ethics is unsustainable

Looking at this above issue from an economic and accounting perspective, at the core of this problem is an absence of commonly agreed standards and ethics shared by the global healthcare profession. Furthermore, there is an absence of a framework that allows multi-disciplinary care that a patient can understand, no matter where they are in the world. As one case in point, the National Health Performance Authority recently published a report stating that it could not produce a systemic comparison on hospital mortality data due to differences in coding systems between States and hospitals: <http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Hospital-mortality>. The conclusion of the report called for accurate and consistent coding across healthcare.

At the level of clinical care for patients, a lack of an international shared vision on how healthcare services should be provided is alarming and is the source of the problem of regulation of health care for Governments, hospitals, providers and patients. Notably, it has been reported that barriers to implementation of clinical practice guidelines by providers in the US include lack of awareness, lack of familiarity, lack of agreement, lack of belief in ability to perform to guideline, lack of motivation and external barriers preventing implementation (see Cabana MD et al., Why Don't Physicians Follow Clinical Practice Guidelines? A Framework for Improvement. 1999. JAMA, 282(15) pg 1458 – 1465).

We note that the international solution presented herein will address the awareness, familiarity, agreement and lack of belief in ability by implementation of the clinical practice framework into training. Motivation and external barriers will be addressed by harmonisation of existing regulation into a commonly agreed flexible framework. Finally, we note that harmonisation will also allow the creation of a central international final ruling body or repository of information that is easily accessible, user friendly, evidence based and authoritative.

The politics of healthcare – where there is confusion there is opportunity

Politically, healthcare is a high-profile political liability, and Governments are either spending too much or not enough. Due to a lack of harmonisation and the fragmentation of healthcare, they endure great difficulty in defending their record. A Government encouraging corporatisation of healthcare will have the unintended consequence uncheck of putting profits before patients. This is in conflict with a provider's ultimate moral, legal and ethical duty of care to their patient. This can breed an unhealthy and irreversible culture as reported in the US managed care system, which providers are very vocal about.

The current system in Australia is set for a major collision of ideology with a practical reality that can never work. Failure to appreciate that the current fundamental gap in the healthcare industry is a lack of harmonisation of operational and clinical standards or guidelines has led Governments to view privatisation as a possible politically neutral solution in order to assist with reigning in health care costs.

Profits before patients healthcare?

Concerns surrounding the privatisation of the health care system include the loss of the patient being the primary and central focus of care due to vested interests. Understandably, the faceless parties involved in such deals seek to protect their influence and incomes. Currently, self regulation is required when these vested interests are in conflict with what a patient needs, but there is no oversight of these vested interests. A second concern is that this false economy can only defer the problem and will not solve it. This proposal seeks to redress this fundamental gap by providing a solution that is open and transparent, which will build confidence for all stakeholders, whilst retaining sovereignty of patient care in an ethical and sustainable manner.

The concept outlined below has in principle support of the Australian Patient Safety Foundation founded by the eminent [Professor Bill Runciman](#) (see Attachment 1: Runciman Letter of Support).

2. The proposal: Establish International Healthcare Standards and Ethics Board (IHSEB)

This proposal involves the establishment of an international solution, initially based in Adelaide (a geo-politically safe environment) and ideally hosted by Australian Patient Safety Foundation at the South Australian Health and Medical Research Institute (SAHMRI). The body will ultimately be responsible for harmonising the current standards and clinical bodies into flexible, commonly agreed international standards and ethics in healthcare. This includes, but is not limited to, clinical and non-clinical standards such as funding, IT and governance issues (see Attachment 2: A Self Funded Model).

The benefits of such a commonly agreed set of standards include reduced litigation, conflicts of interest, misallocation of resources, reduced red tape, bureaucracy, duplication and conflicting public policy objective. Most importantly, such a solution will improve patient and public confidence when using or assisting loved ones in using their own healthcare system.

The body would seek international political backing and is not limited to national or local clinical body support. Due to the openness and transparency inherent in the model, it is flexible and would not alienate any existing agency, but only integrate existing agencies into a commonly agreed and shared vision. Indeed, the purpose of the international healthcare collaborative is to establish a commonly agreed international health standards and ethics board with local representation in each country. Existing bodies will continue to exist, but within an international context that can be voluntarily customised and harmonised at a local level. The process will involve the establishment of a flexible framework providing the incentive for providers/stakeholders to develop and implement patient-centered guidelines that meet the broader community expectations. This must be an implicit and voluntary process.

3. Evidence that it will work: there is precedent for this model

Since 1973, due to many international financial scandals, the Accounting fraternity has been using this model. See <https://www.ifac.org>.

Encourage competition amongst professional bodies

Specifically in Australia, there are competing bodies called CPA Australia and Chartered Accountants Australia and New Zealand (CA) responsible for training, professional membership and Standards compliance. The national Australian Accounting Standards and Ethics Board, currently chaired by Nicola Roxon (former Federal Health Minister) jointly oversees these organisations, and many other like-minded professional bodies. Through these bodies they also support the joint work (i.e. national joint standing committees) with the Federal Tax Office and national Tax Agents Board.

The competing bodies CPA and CA voluntarily franchise these international standards and ethics (customised to Australia) to their members. These bodies actively market their brand to the public, which is why there is public brand recognition of Chartered Accountants. The members of these organisations are committed to their training and teaching programs and are involved in continuing professional development.

Teach Standards and Ethics at University and throughout their Professional Life

Build the right culture and attitude when a student enters their vocational course and maintain this throughout their professional life.

Self funding and membership retention opportunity

The Australian Accounting Standards are part of both local and international University curricular and the curricular developed by CA and CPA for professional training. Continuing membership with CA and CPA is dependent upon complying with the standards. Ongoing compliance with the standards are assured by audits of members every 5 years (or more frequently if there is non compliance). This is paid for by the membership in the organisations. Interstate members fly in their equivalent peer to ensure there is no conflict of interest. Hence, this model provides instant kudos to existing professional bodies and an ability to on sell quality continuing and contemporary education and accreditation to their members including practices. This assists these agencies with membership retention.

International Professional Brand Franchising Opportunity

As a result, in the Accounting profession, CA or CPA is the most sought after post graduate qualification. At the present time, CPA Australia is the largest international professional body in the southern hemisphere and both CPA and CA have expanded rapidly into Asia-Pacific, USA and Europe with mutual recognition programs in place.

Group purchasing and collaboration

Other advantages of combining training and compliance allows existing agencies to be used and better co-ordinated, resulting in optimisation of other opportunities, such as entering into industry group purchasing and better customised arrangements. For example, the provision of professional indemnity insurance at lower rates is possible because open and transparent standards and ethics are more attractive to insurers. Furthermore, it is possible for the professional bodies can generate an annual income stream from such an arrangement. Many more self funding opportunities exist for these competing bodies. If only implemented at a national and not international level, it is unlikely that such activities will succeed as they require international support and access to a recognised international network and an embedded local network.

4. How to establish and operate IHSEB

Establish the Framework First

Participants/organisations and members would agree in principle to operate within a commonly agreed international framework. This would be promoted with an international logo so the public as well as stakeholders could easily discriminate between complying and non-complying providers, whether they be clinicians, insurance companies or healthcare device providers see Attachment 2: A Self Funded Model.

The body would ensure any services or products have been internationally approved via clinical trials, tests for clinical appropriateness and financial sustainability. It will be optional for each country to adopt some or all of the standards. Clearly, countries will be organically incentivised to ensure compliance.

Start with and end in mind: International Comparative Healthcare League Table

As a result of harmonisation of approaches, the publication of an international league table for compliance could be published annually, so that countries and policy makers could compare their progress based on comparable data see Attachment 3: Valuing Healthcare.

This may allow national risk ratings, thereby influencing the price of insurance, service and products offered to the international market. An additional advantage is the identification of those countries or regions that provide the best quality and value for money healthcare for their citizens. It should clearly demonstrate what is achievable for other lagging countries to follow, and will provide clear justification for more funding to lagging countries.

This self funded model in the Accounting profession encourages and does not limit innovation and competition. The body works harmoniously with existing local legal enforcement agencies and professional bodies. The body will integrate and consolidate the many different aspects of a multi-disciplinary healthcare system. The process would be

open, transparent and conducted in a non confrontational manner. This should ensure public and political confidence beyond reproach.

Importantly, evidence demonstrates that adoption of international standards has resulted in increases in provision of quality accounting information in the US (<http://onlinelibrary.wiley.com/doi/10.1111/j.1475-679X.2008.00287.x/full>).

The Role of the Tacit Regulator

Another function of the international body would be to assist in acting as a primary (and possibly a final international filter) for any regulatory agency. Unresolvable issues unable to be dealt with impartially and justly at the national level could be referred to this agency for resolution to ensure that any professional or ethical differences are dealt with impartially and in accordance with international guidelines. This two stage approach affords due process for any regulatory issue. At the local level, the authors note that many issues are resolved with a simple phone call, avoiding the need for an expensive and drawn out legal dispute for more routine matters between patients and/or between providers.

This approach could replace the current Australian, US and other systems, which can be at times quite adversarial and expensive, and most importantly provides a clear mandate for regulation, which at the present time is currently lacking in Australia. The present uncertainty is unnecessarily harming the health of Australians, and may also harm the reputation of a provider unnecessarily. We also note that in the current system, innovation is hampered by funding and regulatory red tape, resulting in stifling of the progress of innovation. We note that Practitioners that operate outside the professions perceived “norm” become targets for regulatory investigation.

Encourage and do not demonise healthcare innovation

Within the framework, there is a need to harness innovation in a safe manner. For example, the work of Christiaan Barnard, who is widely recognised the father of the heart transplant, would be demonised using the current “outside normal operation” grounds. This undoubtedly would have been a great loss to society. The development of a framework allowing a balanced and safe environment for research and innovation in Medicine is required.

5. How would this affect my professional body or organisation?

The same approach as has been applied in the Accounting profession can be applied to the healthcare profession and or organisational body. Ideally, within an Australian context and considering General Practice alone, this could be led by the Royal Australian College of General Practice (RACGP) and Australian Rural and Remote Medicine (ACCRM).

Other clinical, accreditation and research agencies will also be involved in the harmonisation process. Indeed, the more organisations that join this voluntary solution the more benefit there will be for all parties. As this is a voluntary scheme, organisations would only join if they believe this would enhance the quality of their organisation by increasing in membership and or engagement, as well as increases in public confidence and recognition of their charter and brand.

The circuit breaker: Joint Standing Committees

Like in the accounting profession, collective decision making via joint standing committees between the competing professional bodies regarding harmonisation of standards and ethics

will ensure a local solution tailored to the circumstances in operation at each locality. This would act as a circuit breaker.

6. The money shot: how is this self-funded?

The professional bodies, for example the RACGP, pay a small, sustainable part of their annual membership subscriptions to the national and international body for international research, teaching and funding reform. In compensation, the international body will make their intellectual property resource and networks available to complying bodies (see Attachment 2: A Self Funded Model).

Membership fees, accreditation and licensing revenue

Through appropriate accreditation and licensing arrangements, alternative funding would be used to fund the International activities as well. For Example, Microsoft and or Google could pay an annual licencing fee to establish a common 10 digit standard patient number code for all medical software for a GP's medical record, or Fit Bit could pay for a healthcare application device. Another example is to require pharmaceutical companies to provide funding for obligatory randomised, double bind clinical trials conducted by the international agencies for their proposed new treatments. Once licensed by the international agency, they would be free to market their drug or product internationally. An annual fee could then be applied for any company that wishes to licence their product in any of the 130 signatory countries. As can be observed, this will reduce much unnecessary waste internationally by having a single, international source of expertise for testing and licensing pharmaceuticals internationally. This reduction in bureaucracy and waste will result in a win-win for all stakeholders, whilst also addressing current shortfalls in clinical research, which at the present stage is conducted by the pharmaceutical companies themselves, who have clear vested interests in their development.

Governance: Zero tolerance to conflicts of interests

Currently, the international accounting standards and ethics board does not receive any direct Government funding for any of its bodies. It maintains a key role in establishing and ensuring internationally agreed financial reporting systems in 130 countries for their local practitioners and the communities they serve are being complied with. They have clear charter to manage any conflicts of interest and protect openly and transparently. Any member with an undeclared conflict must resign immediately with penalties sanctioned.

The international body solely operates in the interest of the public. This results in a solution where integrity is protected.

This can easily be applied in a health industry context. Very few complaints about the malfeasance of Accountants appear on the six o'clock news. Instead, the international exchange rate and weather appears, for good reason. Both of these items have credibility and importance in the eye of the public. In the future, we would like to see a quality standardised healthcare index reported in the local news in the same way (see Attachment 3: Valuing Healthcare) on the six o'clock news.

7. What next?

Australia has an opportunity to be the stage for this international solution. This solution is sound public policy, which is cost effective and efficient and retains patient sovereignty at its core. We have already referred to this model as it would have provided a solution in a 2011

Senate Enquiry to PSR. See:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/profservrev/report/index.

Unfortunately, at that time no further action was taken. Due to both economic and political pressures that are mounting in the health care system as a whole that may lead to unchecked privatisation of health on a global scale, we now believe that the time is right to begin seeking in principle support for this solution.

No matter how rich or poor you or your loved ones are, we all use the healthcare system. Our desire is to build a sustainable system that we can all trust.

We would like to open this consultation paper for public scrutiny and debate. We welcome any constructive feedback to pa@healthandlife.com.au.

Mr David Dahm

BA (Acc.), CA.,FCPA,CTA, FFin, CPM, FAAPM, FAIM, FGLF, Registered Tax Agent,
Former AGPAL Surveyor 10 years of service
CEO & Founder of Health and Life

AND

Dr Eleanor F Need, B.Sc (Hons.), Ph.D
Senior Advisor, Accountant and Clinical Lecturer

4 May 2016

“Great decisions are well informed”

“Celebrating 25 years advising the healthcare industry”

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Steven Marshall MP
State Liberal Leader

19 July 2016

Mr David Dahm
CEO
Health & Life PTY LTD
Level 5 - 108 King William Street
ADELAIDE SA 5000

Dear Mr Dahm

In Principle Support for a Proposal for an International Healthcare Standards and Ethics Board

Thank you for taking the time to meet with me and my colleague the Hon. Stephen Wade.

We were very interested to hear about your plans to form an International Healthcare Standards and Ethics Board, to exist within a network of National Boards and based upon the governance model of the International Federation of Accountants.

I believe that the research being done by your team to develop an inclusive wiki-based approach to developing clinical standards in Australia has the potential to be highly relevant to medical practitioners in this country.

I believe that it is important that we look at all new and innovative methods of ensuring that quality health care is delivered in an efficient way Australia wide.

I wish you the best of luck in your endeavours.

Yours sincerely

Steven Marshall MP
State Liberal Leader



7 April 2016

Mr David Dahm
CEO & Founder
Health & Life Pty Ltd
Level 5, 108 King William Street,
ADELAIDE SA 5000

Dear David,

In Principle Support for a Proposal for an International Healthcare Standards and Ethics Board

Two recent studies, one in the USA and one in Australia, have shown that patients are offered “recommended” or “appropriate” care for common conditions not much more than half the time. Also, there are many problems with existing clinical guidelines and with how they are developed.

There is growing support for developing accessible, transparent clinical standards and for keeping them up-to-date. Our research group is working on proof-of-concept of an inclusive wiki-based approach to developing clinical standards and indicators embodied in electronic tools (apps) for common conditions to:

- inform patients and healthcare providers
- guide care
- document what has, or has not, been done and why
- facilitate electronic audit and multi-level feedback

Given the exceptionally complex and diverse arrangements for delivering healthcare, it has been difficult to envisage what a coherent, comprehensive but adaptable system would look like.

David Dahm is proposing the formation of an International Healthcare Standards and Ethics Board, and a network of National Boards, based on the governance model of the International Federation of Accountants.

These Boards would seek to draw together the many initiatives with similar aims which are being undertaken by healthcare organisations, professional bodies, government departments and consumer organisations – not least the Commission for Safety and Quality in Healthcare in Australia. It would seek to suggest and co-ordinate synergies, efficiencies and collaborations in areas where there is much replication of under-powered, small projects.

As healthcare costs continue to increase faster than the cost of living, a bold initiative seems timely. “More of the same” will simply result in “more of the same”; progress at the “coal-face” is too slow, and the interfaces between the healthcare systems, such as many are, and patients have been chaotic on the digital front.

The Australian Patient Safety Foundation supports this proposal in principle, as it recognizes that different, adaptive oversight governance and funding models will be needed at an international level.

Best wishes



W B Runciman

Professor of Patient Safety

Centre for Population Health Research - University of South Australia

Visiting Professor – Macquarie University - NSW

Clinical Professor – Joanna Briggs Institute - The University of Adelaide

President - Australian Patient Safety Foundation

Professor Paul Komesaroff
Professor of Medicine, Monash University

Re: Letter of Support

Dear David,

Thanks for your message and the conversation yesterday. I am supportive of your broad project and would be particularly interested to continue our discussion about complementary medicines.

If you would like additional information about the work we have already undertaken in this area I will be happy to provide it to you.

When you are ready to proceed to the next step and have a formal proposal I will be pleased receive it. Regarding the other matters we discussed, please let me know if I can help.

Kind regards,

Paul

Professor Paul Komesaroff
Professor of Medicine, Monash University
Executive Director, Global Reconciliation
Director, Centre for Ethics in Medicine and Society
7 June 2016”

What little thing can you do to make a really big difference ?

If you agree, show you care....make a big difference by simply Sharing and Liking Us!



Please like and share our new facebook page
<https://www.facebook.com/healthandlife.com.au/?fref=ts>

For more information ...

1. Watch our video



This is a video link of the new concept called A Fair go to patients and practitioners
https://www.youtube.com/watch?v=Wg_ZhQAS4_g&feature=youtu.be .

We were invited to present this solution at a recent high profile healthcare conference HPARA <https://www.facebook.com/Health-Professionals-Australia-Reform-Association-HPARA-873027696065598/>. The co-founder is Australian of the Year Charlie Teo AM neurosurgeon. The model addresses many of the national concerns raised at the recent 2016 Sydney conference, that have made national media headlines. For more information see the live recordings see <https://www.youtube.com/channel/UCOlmjIVtIV2M7OAv1A9dKqA> .

2. Read our consultation paper (for those that like detail)

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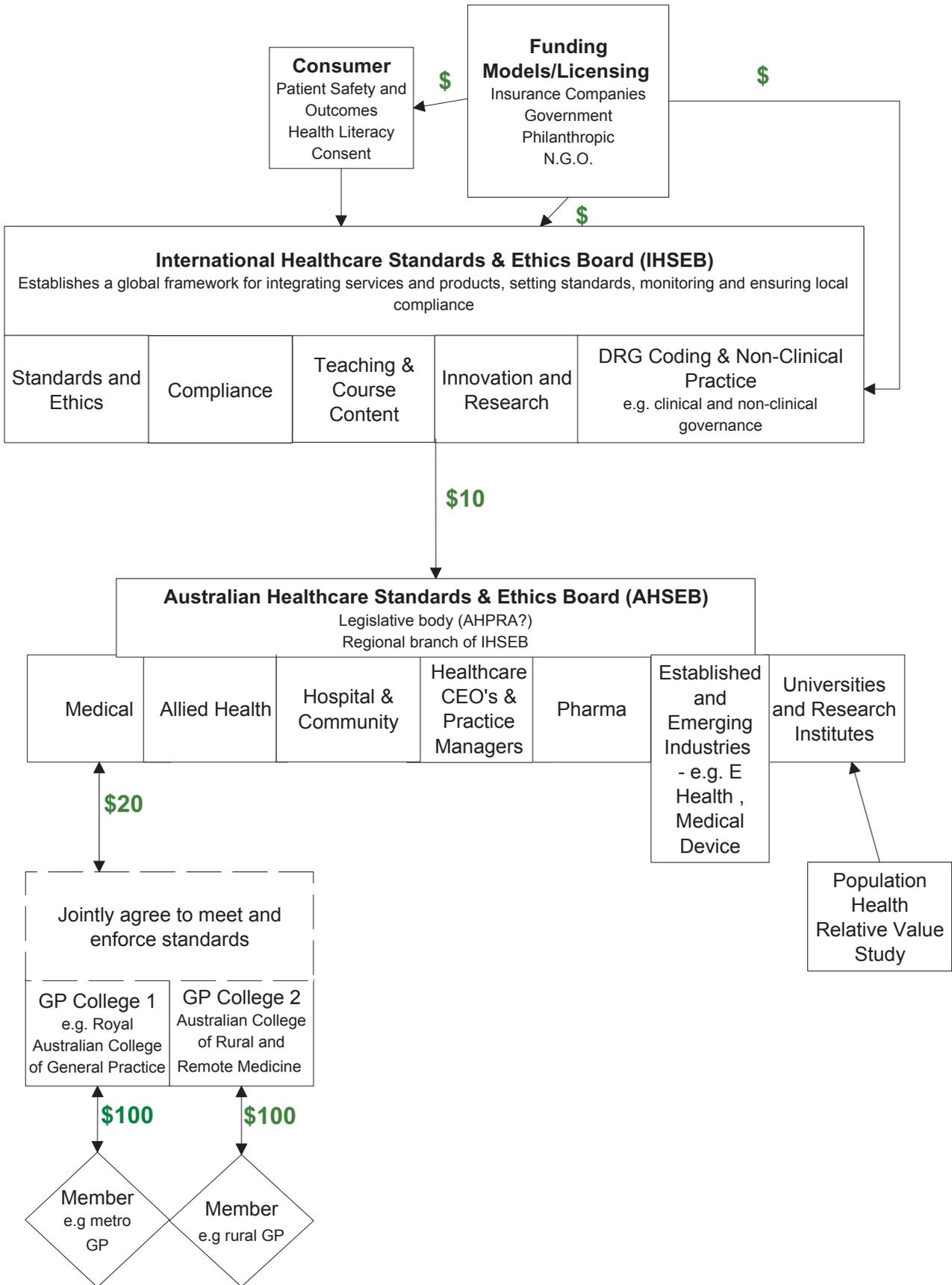
This is the full Consultation Paper with a detailed synopsis

<http://www.healthandlife.com.au/wp-content/uploads/2016/05/0.-Consultation-Paper-IHSEB-Synopsis.pdf> .

3. Make a real difference and show you care by send a Letter of Support today!

Join our growing list email us your letter of support to pa@healthandlife.com.au giving us permission to publish your support. We do reserve the right not to publish your support if it does not align with the objectives of this initiative.

A self-funded model



Attachment 3

