



Special Commission of Inquiry into Healthcare Funding

Submission Number: 139
Name: Dr Peter Lipski
Date Received: 11/10/2023

From:

[REDACTED]

To:

[Submissions - Healthcare Funding Inquiry](#)

Subject:

Health Funding Inquiry submission form

Date:

Wednesday, 11 October 2023 1:34:28 PM

[REDACTED]

Name

Dr Peter Lipski

Email

[REDACTED]

Message

Dear Commission,

I wish to submit evidence to the Commission about the biggest change in the health system in 40 years with massive cost savings for Governments and spectacular improvements in health outcomes for older patients.

My submission is completely evidence-based and backed up by published research papers in peer reviewed medical journals and recognised medical scientific meetings.

My Submission was recognised by the NSW Director General of Health in 2007 as the best improvement in NSW Health ever. However nothing was done.

My Submission was also recognised by State and Federal Ministers for Health and Ageing around Australia, but again nothing further was done.

My evidence and White Paper on NSW Health reforms are in my published Book "Your Ageing Parents Failing Health. Is It Ageing Or A Treatable Condition. Third Edition. (available online)

The cost savings from my White Paper health system reforms are \$6 billion per year.

The cost savings since 2007 up to today were \$98 billion.

I wish to give my evidence in person.

Yours sincerely,

Dr Peter Lipski

Geriatrician. MB, BS. MD. FRACP. ANZSGM

Brisbane Waters Private Hospital

[REDACTED]

Upload document

DR PETER S LIPSKI
MB BS MD (Syd) FRACP FANZSGM
Consultant Physician in Geriatric Medicine
Director of Geriatric Medicine – Brisbane Waters Private Hospital
Conjoint Associate Professor Newcastle University

27 October 2023

PL:mcs

Shalini Muguntharajah
Paralegal
Special Commission of Inquiry into Healthcare Funding
GPO Box 5341
SYDNEY NSW 2001

Dear Shalini,

As requested here is my book "Your Elderly Parents Failing Health. Is it Ageing or a Treatable Condition?".

My book is completely evidence based and contains the principles of my submission particularly the chapter on "The White Paper" starting page 27. Please note that the cost savings from my White Paper were based on 2007 figures so the cost savings are at least doubled now.

Some key points are:

1. Get rid of all Medical Specialists (single organ Doctors) and all Doctors to practise holistic general medicine. The medical merry-go-round of one patient seeing multiple single organ doctors is not cost effective and does not produce the best outcome for frail complex older patients. These multiple medical consults can cost the Government up to 1000% more than a comprehensive holistic general medical consultation by a single Geriatrician or General Physician with better health outcomes and shorter length of hospital stay.
2. All Doctors must do at least 10% of their medical practice as home visits to access Medicare.
3. All nursing homes to be attached to public hospitals who must provide senior and junior medical staff, ward rounds and medical care of nursing home patients.
4. Why should Australians in nursing homes have second rate medical care. Better medical care in nursing homes will stop the unnecessary medical crises and presentations to Public Hospital Emergency Departments.
5. All Surgeons operating on patients over 70 years-of-age to work in a multidisciplinary team with a Geriatrician, and have training in Geriatric Medicine.
6. All patients admitted to hospital over 70 to have cognitive assessment and delirium screening.
7. Medicare incentive payments for GP's to do comprehensive medical assessments and provide evening medical services up until midnight 7 days a week. GP

surgeries closing at 5pm is not practical with the ageing population as most of these patients tend to present with acute medical problems late in the evening when everyone has gone home. This will reduce the huge number of after-hours Public Hospital ED presentations.

8. Incentive payments for Private Hospitals who provide holistic comprehensive multidisciplinary medical and surgery care for older patients. Award payments should be Merit Award A 50% more than current payment for each patient, Merit Award B 25% more, and Merit Award C 10% more to encourage private hospitals to provide better and more efficient care for older patients. Please note that Brisbane Waters Private Hospital at Woy Woy meets the A criteria as a centre of excellence for this model of care, which both reduces length of stay and health care costs while providing spectacular health outcomes in frail older patients.
9. GP surgeries must provide larger slots for seeing acutely unwell older patients. Patients cannot predict when they will become acutely unwell and should not have to wait for an appointment to see a GP otherwise, they will simply end up waiting hours in the Public Hospital ED.
10. Attention and focus on key Geriatric Syndromes including delirium, dementia, malnutrition, postural hypotension, adverse drug reactions, fall, gait and balance disorders will save huge health dollars and prevent Public Hospital ED presentations.
11. Blood pressure taken incorrectly by Doctors, Nurses and Hospitals resulting in huge numbers of preventable falls and injuries to older patients costing the health system huge amounts.
12. The medical system is generating a generation of new Doctors who are incapable, or unwilling to manage complex frail older patients. With the rapid ageing of the Australian population there will be huge numbers of complex frail older patients seeking medical care from a system that cannot provide it and costing up to a 1000% more than it needs to.
13. Health System to prioritise and focus on malnutrition in the elderly, the single biggest challenge to the health system that results in falls, delirium, infections, adverse drug reactions, prolonged and much more expensive hospital stays but is completely preventable by early screening and intervention and better food delivery services with high quality food. For every dollar spent on nutritional services, \$10 is saved on health care costs.
14. By focusing on community preventative care, we can produce better health outcomes, reduce hospital admission rates, and build less hospitals. The current Australian medical system focuses too much on acute hospital medical care rather than community care.
15. The cost saving for my White Paper on new health reforms are \$6 billion per year or \$98 billion since 2007.



Dr Peter Lipski
Geriatrician