



Speech By  
**Christian Rowan**

**MEMBER FOR MOGGILL**

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**HEALTH AND AMBULANCE SERVICES COMMITTEE: REPORT, MOTION TO  
TAKE NOTE**

 Dr ROWAN (Moggill—LNP) (12.25 pm): Madam Deputy Speaker—

**Opposition members:** Genius!

**Dr ROWAN:** I take the interjection! I rise to speak to report No. 2 of the Health and Ambulance Services Committee related to personal health promotion interventions using telephone and web based technologies. I thank the hardworking parliamentary secretariat staff for their diligence and commitment in preparing all of the required documentation, facilitating submissions from stakeholders and arranging public briefings and a public hearing in relation to this inquiry. In particular I thank Mr Brook Hastie, Ms Kathleen Dalladay, Ms Emily Booth and Ms Clare Keyes. I also acknowledge the chair of the Health and Ambulance Services Committee, the member for Nudgee, Leanne Linard MP; the deputy chair, the member for Mudgeeraba, Ros Bates MP; and my fellow committee members in terms of the preparation of this parliamentary report.

There is certainly a strong evidence base that a number of personal health promotion interventions using telephone and web based technologies can assist in achieving optimal clinical outcomes in a cost-effective manner for many patients with chronic and complex conditions. However, the implementation of such technologies requires significant planning, appropriate consultation with relevant stakeholders, resourced education programs as a part of implementation processes, and appropriate certification mechanisms of such technologies in order to ensure safety and maintain high standards of clinical care.

In order for the Queensland government to invest in individual technologies, there must absolutely be clinical efficacy, a rigorous evaluation process, clinician support and an evaluation of long-term individual and community outcomes. There is certainly significant scope for the government to develop partnerships with the private and not-for-profit sector, individual universities and research institutions as well as primary healthcare providers in order to maximise taxpayer investment in translational technological outcomes related to personal health promotion interventions using telephone and web based technologies. However, one area that would need absolute clarity is the intellectual property related to taxpayer investment in such technologies.

I support the development of standards and guidelines, and there is scope for the Minister for Health and Minister for Ambulance Services to pursue a national scheme through collegiate cross-jurisdictional processes such as the COAG Standing Council on Health. There is potentially a role for the Australian Commission on Safety and Quality in Healthcare to develop a national standard around this.

There is no doubt that promoting healthy lifestyles improves the overall physical, mental and emotional wellbeing of communities across Queensland. Many chronic complex diseases are often caused by or exacerbated by obesity, physical inactivity, excessive alcohol consumption and tobacco usage, despite the overwhelming evidence of physical harms. We must do more to address these issues, which can reduce quality of life metrics and lead to poorer overall wellbeing for Queenslanders.

It must also be remembered that these technologies cannot augment and enable enhanced clinical care without a sustainable health workforce, and the continuing challenges related to medical, nursing, allied health and midwifery staff will need to be addressed in an ongoing way by successive Queensland governments given the decentralised nature of our state and the existence of many rural and remote communities. Further work in relation to identifying target and at-risk populations, identifying unmet needs and how personal health promotion interventions fit into the broader health promotion statewide strategy should be a priority of the current government.

As a doctor and as a former president of the Australian Medical Association of Queensland and the Rural Doctors Association of Queensland, I have a detailed understanding and professional appreciation of the importance of health promotion and preventative medicine in our state and the capacity of these technologies to deliver true clinical improvements, particularly amongst some of our vulnerable populations, those of Indigenous backgrounds and others who are socioeconomically disadvantaged.

In conclusion, I also thank the Department of Health for their contribution, the individuals who appeared at the public hearing and the various organisations that provided written submissions. Without all of this input, such a comprehensive report would not have been achieved. In fact, there were 23 submissions. I commend this report to the House.