

Annual Report 2012-13

Australian Healthcare and Hospitals Association

Unit 8, 2 Phipps Close
Deakin ACT 2601

PO Box 78
Deakin West ACT 2061

P. 02 6162 0780

F. 02 6162 0779

E. admin@ahha.asn.au

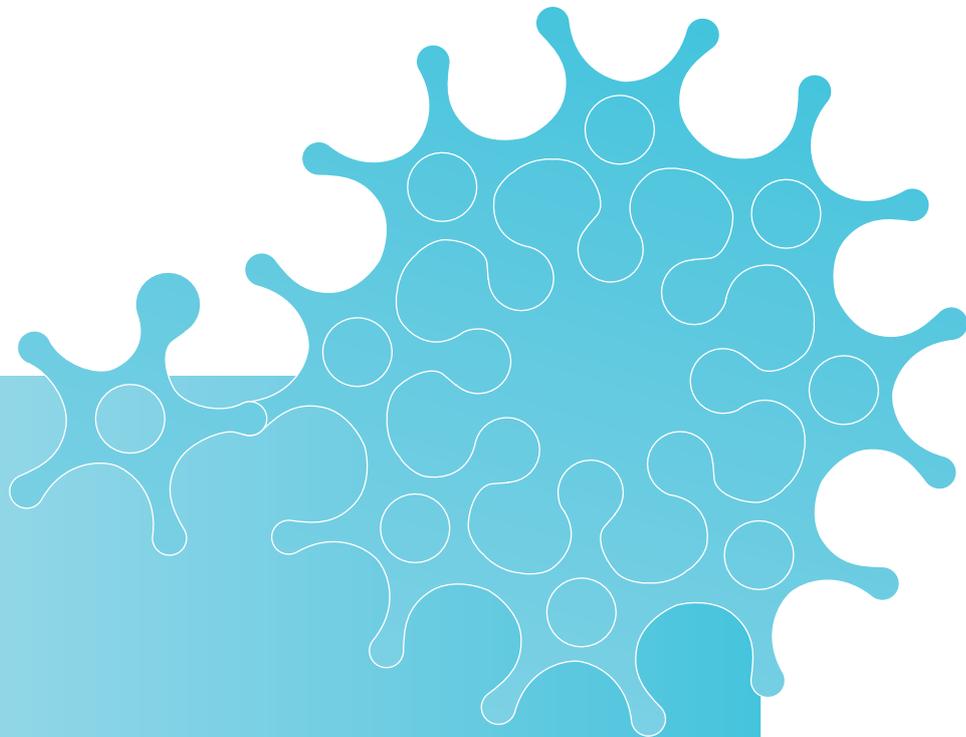
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Vision

Our Vision

**Equitable Access to Excellent and Efficient
Universal Healthcare for all Australians**

MISSION

- Advocating and enabling the delivery of high quality and equitable public healthcare.

PURPOSE

- AHHA exists for the public's benefit and our work benefits the whole community.
- We support hospitals and health care services to achieve excellence in clinical care through our advocacy, research and distribution of knowledge and evidence which underpins best practice.

VALUES

- Equity of access to a safe and responsive healthcare system.
- National policy that is socially, economically and environmentally sustainable.
- Services that are efficiently and adequately resourced.
- Efficient and effective coordination between all levels of governments.



Chair's Report

It is a pleasure to present my second Annual report as Chair of the Australian Healthcare and Hospitals Association. 2012–13 has been one of the busiest years for the AHHA since I became involved with the Association in 1997.

The political and economic environment has presented a range of challenges and opportunities to the AHHA and the broader health sector in the past year. With governments at all levels actively seeking to contain or reduce expenditure, health services have been under pressure to maintain service levels. Mid-year funding reductions arising from Treasury's Mid-year Economic and Fiscal Outlook report compounded this challenge. The AHHA was very active in challenging the Government's methodology and application of the funding cuts which contributed to decisions being reversed in some jurisdictions.

This year also saw the retirement of our Chief Executive, Ms Prue Power AM. In Prue's ten years with the AHHA, our organisation grew into one of the most significant in the health sector. Prue worked tirelessly to build both the reputation and financial stability of the AHHA to its current position as a vibrant, respected, growing and relevant Association with an exciting future.

Under Prue's leadership, the AHHA broadened its membership, developed strategic alliances with other key organisations and strengthened

our advocacy efforts to become a strong and influential voice for public health care and the health care system.

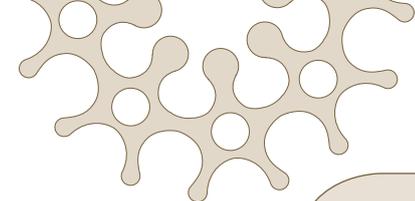
Prue has also been instrumental in adding new dimensions to the AHHA, such as the Deeble Institute, which strengthens our engagement with universities and the research sector, and AHHA's consulting arm Just Health Consultants. These exciting ventures complement our existing roles and contribute to the research base and practical health system experience of the AHHA.

It has also been a pleasure to welcome Ms Alison Verhoeven to the AHHA as our new Chief Executive. Alison joins the AHHA after a distinguished career in the health sector, most recently in senior executive positions with the Australian Institute of Health and Welfare.

Alison has a strong background in health and an excellent understanding of the issues impacting upon public health care today. She comes to the AHHA at a pivotal time for the health system with the implementation of the health reform agenda and the 2013 election of a new government.

Finally I would like to thank the Board and Council for their support and contribution to the AHHA over the past year.

Paul Scown
Chair



Chief Executive's Report

The past year has been a period of change for the AHHA. To strengthen the governance of the Association, a modernised Constitution was approved at a Special General Meeting in 2012 and an Audit, Risk and Finance Committee was established as a sub-committee of the National Board. In June 2013 we relocated to larger premises which have provided more suitable accommodation for our growing Association.

The launch of the Deeble Institute in September 2012 has confirmed the AHHA's important linkage role between policy makers, health service providers and academics. The research role of the Deeble Institute and the consultancy services of Just Health combine with the advocacy and membership services of AHHA to provide a comprehensive package to members and other stakeholders in the health sector.

The ongoing roll-out of the Medicare Local structure has increased awareness of the importance of service integration across the primary and acute care sectors. The AHHA has welcomed Medicare Local members and promoted the important role they are playing. Assistance has also been provided through consultancy services provided by Just Health.

The AHHA has continued to focus on collaborative activities this year and has worked with a wide range of colleagues as part of our advocacy and events program. This has included joint activities with the National Rural Health Alliance, the Australian College of Healthcare Standards, the Climate and Health Alliance, the Australian Medicare Local Alliance, *beyondblue*, the National Heart Foundation, Australian Council of Social Services, Public Health Association of Australia, and many others.

The Federal Election will result in further change and new opportunities for the AHHA to establish relationships and influence the policies and approaches of Government.

In 2013–14 the AHHA will be focusing on maximising membership value, improving the accessibility and content of our publications and engaging with the next Government and well as strengthening relationships with Local Hospital Networks, Medicare Locals and other corporate level members.

I join AHHA at an exciting time for the organisation. As a result of the hard work and dedication of former Chief Executive Prue Power, AHHA is well-positioned to meet the challenges and opportunities presented by the national health reform agenda and a new Commonwealth government. Her vision in growing the organisation and ensuring its permanent home in our new Canberra office is much appreciated.

I would like to acknowledge Andrew McAuliffe for his leadership of the AHHA in the months prior to me assuming my position, and particularly in the busy lead up to the federal election. I extend my thanks also to the AHHA Board and staff for their support and welcome.

The AHHA's most important stakeholders are its members: I look forward to meeting you at our events and representing your views and interests, making your voice count.

Alison Verhoeven
Chief Executive

Awards

Sidney Sax Medal 2012

The AHHA awards the annual Sidney Sax Medal to an individual, active in the health services field, who has made an outstanding contribution to policy, organisation, delivery and research.

At the Sydney 2012 Congress, the AHHA announced Andrew Wilson as the 2012 Sidney Sax Medallist. Andrew's distinguished career began as a public health physician whose research interests have focused on the application of epidemiology to inform decision making in clinical medicine, public health and health service policy and planning. His specific interests are in the prevention and management of chronic disease, evaluation of the effectiveness and responsiveness of health care systems and the impact of social environment on health and health care behaviour. He has authored over 100 papers and reports. In August 2012, Andrew was appointed as the new Director of the Sydney node of the Menzies Centre for Health Policy.

Andrew is also the Editor-in-Chief of the AHHA's Australian Health Review and has consolidated its position as a leading peer-reviewed health journal, both nationally and internationally.

He was integral to the establishment of the AHHA's Deeble Institute for Health Policy Research, signing the Queensland University of Technology up as a founding partner, and actively participating in the development of the Institute as a Board member.

Andrew's contribution to Australia's healthcare system has been, and continues to be, significant and influential. He achieves much with intelligence, vision, good humour and compassion.



Life Membership

Honorary Life Membership of the Australian Healthcare and Hospitals Association is awarded in recognition of a significant, long-term contribution to the Association and to healthcare in Australia.

GORDON GREGORY

Gordon Gregory has been Executive Director of the National Rural Health Alliance since its inception in August 1993. He has a BA (Hons) in Economics and Economic History from the University of Durham and a Master of Philosophy from the University of Nottingham.

Gordon was no stranger to rural life when he joined the NRHA. In fact, his devotion to the country spans 30 years and he well understands the 'tyranny of distance'. Before 1993 Gordon worked at the Rural Development Centre at the University of New England. Nor was Gordon a stranger to the inner workings of politics, having spent nearly eight years on the personal staff of the Federal Minister for agriculture and rural affairs in Canberra as an adviser on rural affairs, horticulture and fisheries.

Therefore, he had just the right attributes and experience to take up this role. And he has certainly not disappointed anyone since—over 20 years now. At the time of his appointment, the NRHA was in its infancy and needed someone like Gordon to coordinate the wide diversity of community and health groups into a coherent and strong voice.

The Association is now widely recognised as the peak non-government body working to improve the health of people throughout rural and remote Australia.

In 2009 the nation recognised Gordon's achievements when he was awarded the Order of Australia Medal (OAM) for services to rural health and the National Rural Health Alliance.

At the 2012 Congress the AHHA recognised Gordon's contribution as one of the most tireless and committed people working to improve health outcomes of people in Australia's rural and remote areas and awarded him Honorary Life Membership of the AHHA. He has been a good friend to the AHHA for many years and together we have worked on many issues of importance and scored numerous victories for the "forces of good."





DR MARTIN DOOLAND

Dr Martin Dooland was awarded Honorary Life Membership of the AHHA in May 2013.

Martin's contributions were further recognised when, as part of the Queen's Birthday 2013 Honours List, he was appointed a Member in the General Division of the Order of Australia for services to public dental health.

Both awards are a well-deserved recognition of Dr Dooland's longstanding commitment to improving public dental services in Victoria and South Australia. They are testament to the significant influence he has had on oral and dental health policy and service provision at the state and national level for nearly 20 years.

In 1992, he authored a National Health Strategy paper, *Improving Dental Health in Australia*, which became the blueprint for the Commonwealth Dental Health Program in 1994. He was a member of the National

Advisory Committee on Oral Health, 1993–1996 and 2002–2004; and was instrumental in the development of Australia's first National Oral Health Plan, *Healthy Mouths Healthy Lives 2004–2013*.

As executive secretary, National Oral Health Plan Monitoring Group, he coordinated regular progress reports to the Australian Health Ministers' Council.

In 2011, he was an appointed member of the Prime Minister's National Advisory Council on Dental Health, the recommendations of which have formed the basis for the new *Grow Up Smiling* children's dental benefit program.

Dr Dooland has been an active member of the AHHA for many years and a member of National Council since 2007. He has led the activities of the AHHA Oral and Dental Health Network including preparing policy papers and submissions and representing the AHHA at government committee hearings.



MS PRUE POWER

At the dinner farewelling Prue on her retirement from the AHHA, the Board awarded her Honorary Life Membership.

After completing nursing training at the Alfred Hospital in Melbourne in the late 1960s, Prue subsequently relocated to Canberra in the 80s where she became involved in union activities and was eventually elected Secretary of the ACT Branch of the Australian Nurses Federation (ANF). Alongside her co-workers, Prue was in the news headlines for weeks on end, picketing the Canberra Hospital about the dire state of nurses' pay and working conditions. In the end, the nurses won, and even today, ACT nurses are the best trained and highest paid in the country.

As a follow up, Prue researched and presented a successful National Career Structure case before the Full Bench of the Australian Industrial Relations Commission, achieving significant increases in the terms and conditions for nurses in the ACT and other areas under Federal jurisdiction. The ANF made her a Life Member in recognition of her work.

For three years from 1990, Prue was an adviser to the then Minister for Health and Deputy Prime Minister, Brian Howe. After a brief stint as manager of the Nurse Education Transfer Assistance Program, which shifted responsibility for nurse education from the states to the Commonwealth, Prue joined the Australian Hospitals Association (the forerunner of the AHHA) as Deputy Director for three years.

She then took up a position at the Australian Medical Association (AMA) as Director of its General Practice and e-Health areas where she established the GP Campaign, which created an extensive network of doctors throughout Australia for lobbying politicians in all electorates.

In 2002, she helped establish the Medical Informatics Forum. This allowed the whole medical profession to monitor the development and implementation of information management technologies in all areas affecting medical practice in Australia, including surgeries, hospitals and diagnostics.

In recognition of these achievements, the Royal Australian College of General Practitioners awarded her Associate Membership of the College—a rare honour for someone who is not a doctor.

Prue took up the position of CEO of the AHHA in 2003 and in the ten years since, Prue turned the AHHA into a leader in healthcare that is respected and admired across the country.

On Australia Day 2012, the nation recognised her contribution to public health and made her a Member of the Order of Australia.

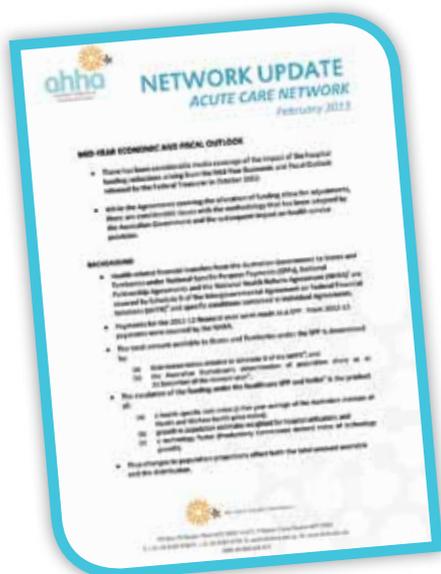
She has made a major contribution to the improvement of public health in Australia and has contributed selflessly to community causes for over 30 years.

Advocacy Highlights

Funding

The reductions to hospital funding arising from the Mid-Year Economic and Fiscal Outlook released by the Federal Treasurer in October 2012 raised a range of issues for health services and gained significant media attention.

To assist members to respond to this issue the AHHA produced a summary of key points including the background to the allocations and interpretation of the relevant legislation and agreements.



The AHHA also sought to shed light on the claims of the the Australian Government, state and territory governments and other stakeholders. While the Australian Government was accurate in its statement that, despite the reductions, it was still providing a significant increase in funding to jurisdictions, the states were also accurate when claiming that funding for the current and previous years was being reduced.

As well as highlighting the challenges for health services arising from mid-cycle

funding cuts, the AHHA also raised concerns about the inconsistency between the ABS's approach to managing variations to population estimates and the approach adopted by Federal Treasury. Overall the issue highlighted how little progress had been made to reduce the blame-game between the states and the Commonwealth.

Advocacy undertaken by the AHHA included media releases and interviews, meetings with State Health Ministers, consultation with state and territory health departments and appearing as a witness at the Senate Inquiry into the National Health Reform process.

Oral and Dental

Many years of advocacy for improved access to dental services bore fruit in 2012–13 with major policy commitments by the Australian Government. Following the allocation of additional funding in the 2012–13 budget, the Minister for Health, in conjunction with the Greens, made further policy announcements in August 2012. This included the incorporation of Medicare funded dental services for children and further funding allocations to public dental providers to address adult service demand.

The AHHA worked closely with both the Minister and the Greens to inform and influence the investment in oral health services and the resulting commitments were welcomed by members and the wider dental sector.

The AHHA provided submissions to, and appeared as a witness before, inquiries by the Senate and the House of Representatives. In collaboration with other peak bodies the AHHA ran a media campaign highlighting inequities in oral health outcomes and access across Australia.

Hyperbaric Oxygen Therapy

The provision of Medicare funding for the use of hyperbaric oxygen therapy (HBOT) in the treatment of non-diabetic problem wounds has been a long standing advocacy program of the AHHA. In the 2012–13 Commonwealth Budget, this funding was withdrawn on the advice of the Medical Services Advisory Committee (MSAC).

The AHHA strongly opposed this action on the basis that the recommendation by MSAC ignored local evidence formulated in response to earlier intervention by MSAC and further concerns that the cost-benefit analysis undertaken by MSAC was flawed.

The AHHA was successful in triggering a Senate inquiry into the decision, appearing as an inquiry witness and having subsequent meetings with members of the inquiry committee.

Unfortunately the decision to cut funding has not been overturned but the AHHA continues to monitor the situation and MSAC processes more broadly.

We have major concerns that results from this huge national data collection (over 400 cases during a 7+ year period) have been ignored. This situation has resulted in a massive waste of ANZHMG's time and resources and potential loss of valuable patient data.

Submission to Senate Finances and Public Administration References Committee—Inquiry into Medicare funding for Hyperbaric Oxygen Treatment

Aboriginal Health

The AHHA continued its collaboration with the National Heart Foundation to highlight and address the inequities experienced by Aboriginal and Torres Strait Islander peoples with acute coronary syndrome. There is clear evidence that this patient group have lower rates of timely hospital care, fewer investigations, fewer surgical interventions and poorer overall health outcomes.

The AHHA and the National Heart Foundation have sought to address this through a Lighthouse Hospital Program approach. Supported by OATSIH, this has involved identifying hospitals and health services across Australia that demonstrate high quality processes and outcomes and developing a best practice model of care. The next stage of the program, to be commenced in 2013–14, will be to facilitate the implementation of the model of care across a range of settings.





Submissions

The AHHA provided submissions to a range of government and non-government agencies and departments and to Senate and House of Representatives Committees:

Australian Commission on Safety and Quality in Health Care—Draft Accreditation Resources

Australian Commission on Safety and Quality in Health Care—Open Disclosure Standard

Australian Competition and Consumer Commission—Report to Senate on Private Health Insurance costs

Australian Government—Strategic Review of Health and Medical Research (McKeon)

Australian Treasury—2013–14 Pre-budget submission

Cultural and Health Ministers' Working Group—Draft National Framework on Arts and Health

Department of Health and Ageing—Aboriginal and Torres Strait Islander Health Plan

Department of Health and Ageing—Grow Up Smiling Child dental benefits scheme

Department of Health and Ageing—National Primary Health Care Strategic Framework

House of Representatives Standing Committee on Health and Ageing—Inquiry into Adult Oral Health

Independent Hospital Pricing Authority—2013–14 Pricing Framework

Independent Hospital Pricing Authority—2012–13 Work Plan

Medical Services Advisory Committee—Applicants' Response to the Medical Services Advisory Committee (MSAC) reconsideration of Application 1054.1

National e-Health Transition Authority—Supply Chain National Product Catalogue Data Set Review Process

National Health Performance Authority—Independent review of NHPA establishment and implementation

Office of the Australian Information Commissioner—PCEHR mandatory data breach notification guidelines

Queensland Government Health and Community Services Committee—Inquiry into palliative and home and community care services

Senate Finances and Public Administration References Committee—Inquiry into Medicare funding for Hyperbaric Oxygen Treatment

Senate Finances and Public Administration References Committee—Inquiry into Implementation of the National Health Reform Agreement

Senate Standing Committee on Community Affairs—Inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"

Senate Standing Committee on Community Affairs—Inquiry into the Dental Benefits Amendment Bill 2012

Representations

The AHHA represents its members on a range of national and international Committees, Working Groups, Associations and Alliances. This enables the AHHA to advocate on behalf of its members to influence health care policy and service delivery across Australia.

International

Asian Hospital Federation—*Council*

Global Green & Healthy Hospitals Network—*Founding member*

International Hospital Federation—*Governing Council*

National

Alliance for Sharps Safety and Needlestick Prevention—*Member*

Australian Council on Healthcare Standards—*Board & Council*

Australian Health Care Reform Alliance—*Executive*

Australian Institute of Health and Welfare—Hospital Statistics Advisory Committee—*Member*

Australian Medical Telehealth Alliance—*Member*

Climate and Health Alliance—*Member*

Department of Health and Ageing, Health Sector Group Trusted Information Sharing Network—*Member*

Heart Foundation, Acute Coronary Syndrome Implementation Working Group—*Member*

HESTA—*Trustee*

Health Workforce Australia, Oral Health Workforce Project Reference Group—*Member*

Health Workforce Australia, Oral Health Clinical Advisory Group—*Member*

Independent Hospital Pricing Authority, Stakeholder Advisory Group—*Member*

JAS ANZ, Healthcare Technical Committee (Procedure 31)—*Member*

National Advisory Committee on Dental Health—*Member*

National Aged Care Alliance—*Member*

National Alliance for Action on Alcohol—*Member*

National Arts and Health Policy Framework, Ministerial Working Group—*Member*

National Prescribing Service—*Member*

National Primary and Community Health Network—*Executive*

National Rural Health Alliance—*Member*

National Taskforce: Secondary prevention of coronary disease in Australia—*Member*

Protecting Children from Tobacco Alliance—*Member*

Social Determinants of Health Alliance—*Member*

Standing Council on Health, National Oral Health Plan 2014–2023 Development Group—*Chair*

Standards Australia, HE-028—Quality management and corresponding general aspect for medical devices—*Member*

Standards Australia, IT-014—Health Informatics—*Member*

Standards Australia, SF-046 Non Diving Work in Compressed Air and Hyperbaric Treatment Facilities—*Member*



Deeble Institute

The AHHA's Institute for Health Policy Research was launched as the Deeble Institute in September 2012.

Since its inception, the Deeble Institute has been working with its founding academic partners to complete a number of collaborative research projects on health policy topics of national importance, such as:

- Indigenous health
- Aboriginal community controlled healthcare organisations
- social marketing in health care
- workforce redesign, and
- health service utilisation.

The Deeble Institute has also published and distributed five Health Policy Evidence Briefs with the following titles:

- How often should you have dental visits?
- Alcohol warning labels: are they effective?
- Are our policies and laws leading to treatment delays for people with schizophrenia?
- Does case management improve outcomes for people with schizophrenia?
- Accreditation of health care services: is it money and time well spent?

We are now collaborating with our academic partners and developing research proposals on a wide range of health policy and health services topics. A key focus in all our work is to ensure that research findings are easily accessible and understood by policymakers and practitioners.

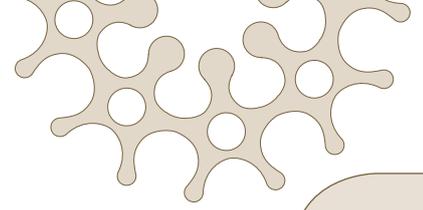
Commissioned Work

The Deeble Institute has recently begun working on a project commissioned by the Secretariat of the National Lead Clinicians Group. The project, a horizon scanning exercise, is seeking feedback from clinicians about the important emerging issues that are likely to affect the clinical delivery of care in the near future. A number of Evidence Briefs will be commissioned on emerging clinical issues and used to inform the ongoing work of the National Lead Clinicians Group.

The Deeble Institute has also been collaborating with its partners and AHHA members on a number of research projects this year. Topics include:

- the nursing workforce
- short-term contracting in the hospital sector
- workforce substitution, and
- health reform.

The output from these research projects has been used to inform policymaking; as part of key reports for government and non-government organisations; and to inform the AHHA's policy and advocacy agenda.



Membership and Board

The Founding Partners of the Deeble Institute are:

- Australian National University
- Griffith University
- La Trobe University
- Queensland University of Technology
- University of Canberra
- University of Western Australia
- University of Wollongong.

The Inaugural Chair of the Deeble Institute Board was Professor Vivian Lin (November 2011 to July 2013).

She is succeeded by Professor Sandra Leggat. Deeble Institute Board members are:

- Professor Gabriele Bammer
- Professor Allan Cripps
- Professor Karen Dodd
- Professor Julie Hepworth
- Professor Frances Shannon
- Professor Christobel Saunders/
Assistant Professor Claire Johnson
- Professor Kathy Eagar
- Mr Graeme Houghton
- Dr Nigel Lyons



Just Health

justhealth consultants

Just Health had another positive year with a steady stream of successful tender applications and directly commissioned work.

A highlight of the year was the success of the Guidelines for a Palliative Approach to Aged Care in the Community Setting—Pilot Package.

A four module, interactive online training package was developed to support the use of the Guidelines for a Palliative Approach to Aged Care in the Community. The Pilot Package was marketed extensively and more than 500 people registered to test the modules in the pilot phase. This exceeded the numbers needed for a valid trial and demonstrated the high level of interest in the product.

Over 400 people completed all four modules with participants coming from a diverse range of occupations, positions, age groups and education backgrounds. Despite this, the package was considered to be relevant, easy to use, somewhat challenging, and engaging by large numbers of participants. Over 90% said they would recommend the package to their colleagues.

It is noted that 85% of participants had no suggestions for improvement, and many participants took the opportunity of the free text to provide compliments and thanks regarding the package. Overall this package has been evaluated as having considerable reach across a range of palliative settings in both aged care and the community, and being very effective in increasing the knowledge of a palliative approach.

It has achieved extremely positive satisfaction rates, particularly given the diversity of participants. In particular it appears to have significantly increased the level of understanding of the Guidelines for a Palliative Approach to Aged Care in the Community with over 80% rating their understanding of the Guidelines as being excellent or greatly improved after completing the package.

Funding for the program has since been extended allowing the online modules to be available free of charge throughout 2013–14.

The quality of the program was recognised at the 2013 Asia Pacific LearnX Awards where it received a Platinum award for the Best Online eLearning Model.



Events

Quantum Leap Conference

In 2012, the Australian Healthcare and Hospitals Association partnered with colleagues from the Australian Council on Healthcare Standards and Women's and Children's Healthcare Australasia to host four intense and brilliant days at the Quantum Leap Conference, held from 24 to 27 September 2012 in Sydney.

The support of our sponsors, NSW Health, HESTA and the Australian Commission on Safety and Quality in Health Care, is gratefully acknowledged.

The conference, with the theme *Measurement: Redefining health's boundaries* explored changes in the health sector following the national health reforms of 2011. While measurement of outcomes and results has been a constant necessity for patient care, assessment of organisational performance is now taking on an added imperative, as is redefining health's boundaries in terms of safety and efficacy.

The collaboration of the three Australian peak organisations brought together politicians, influential groups of clinicians, executives and academics in Australian healthcare across both public and private sectors to discuss our vision for an evidence based, high performing healthcare system.

Participants were challenged and informed by a series of workshops, keynote addresses and concurrent presentations. Delegates also enjoyed the jungle-themed dinner at Taronga Zoo and the trade display featuring 20 exhibitors.





The conference took a leap into the social media world with the regular tweets at @AusHealthcare featuring the #tql hashtag and a sizable increase in our Twitter followers. The conference program was also available as a smart phone app complete with live feedback and in-session voting options.



Oral and Dental Health

'A healthy mouth for every Australian' was the catch-cri at a meeting of health advocates in Canberra in August 2012 jointly hosted by the AHHA, NRHA, ACOSS and AHCRA. Representatives from around 60 health consumer and provider organisations came together to agree on how best to secure better dental health care in Australia.

Those at the meeting were encouraged by the commitments made in the 2012–13 Budget and were determined to continue to work together for a much-improved

national oral health system. It was recognised that the economic environment required incremental progress to the ultimate goal: a universal scheme for oral health for all Australians and that in the meantime, the additional resources promised by the Federal Government should be directed to those most in need including low and middle income families, Aboriginal people and Torres Strait Islanders, and people in rural and remote areas.

There was strong agreement on the need for a greater focus on oral health promotion, including through public health measures relating to fluoridation and food and nutrition. The energy for change displayed at the meeting is founded on the inequity faced by the oral health sector compared with the rest of primary care. Despite the fact that poor oral health has a pervasive effect on general health and wellbeing, oral health has always been the poor cousin in terms of public funding.

Immediately following the meeting, a delegation met with Health Minister Tanya Plibersek to discuss the meeting outcomes.



Greening the Health Sector

The AHHA, in conjunction with the Climate and Health Alliance (CAHA), convened the first Greening the Health Sector Policy Think Tank (PTT) in Sydney on 22 August 2012.

The PTT was attended by over 50 enthusiastic participants representing health facilities, state departments, industry and universities and achieved the aim of starting an important conversation about how hospitals and healthcare providers can reduce their own carbon footprints (mitigation), and in doing so can provide a leadership role in terms of educating the community and informing public policy and debate. The Australian health system can be strengthened through the promotion of greater sustainability and environmental health. The need is for the health sector to build capacity to deal with the impact of climate change on health services (adaptation).

The keynote speaker was Professor Peter Orris from the USA, Senior Advisor to the international organisation Health Care Without Harm who discussed the approach that has been taken in the USA and internationally to reduce carbon emissions in the health sector and research undertaken to



demonstrate cashable savings arising from a sustainable approach to health service delivery and facilities management.

The PTT coincided with the launching of the Global Green and Healthy Hospitals Network (GGHHN) in Australia and the induction of the AHHA as a founding partner of this international network of over 3,500 hospitals and health services dedicated to reducing their ecological footprint and promoting public environmental health.



Participants at the PTT recommended a range of strategies to inform the AHHA and CAHA policy development, advocacy campaign and research. A summary of the recommendations was developed to align with the GGHHN agenda and covered actions including:

- seeking Government funding for the establishment of a national coordination unit similar to the UK's National Health Service Sustainable Development Unit
- development of national standards for sustainable healthcare



- reducing waste through a life-cycle analysis of consumables and processes
- establishing a nationally consistent approach to the development and management of energy cogeneration and trigeneration programs.



Aboriginal Health

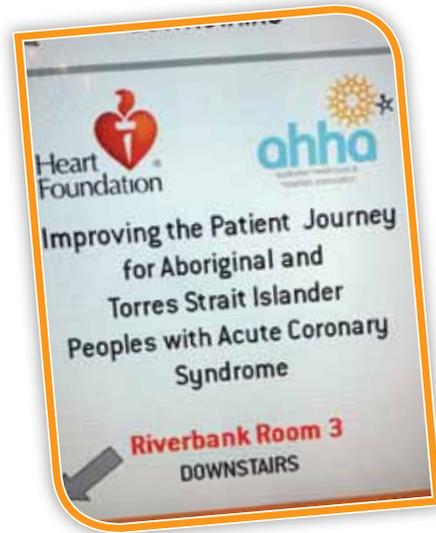
The AHHA has been working with the National Heart Foundation for over five years to reduce hospital disparities for Aboriginal and Torres Strait Islander peoples, particularly in the area of chronic heart disease.

There is clear evidence that Aboriginal and Torres Strait Islander peoples experiencing Acute Coronary Syndrome do not receive the same level of care or achieve the same clinical outcomes.

It is equally clear that there are services that are addressing this issue at the local level. With support and collaboration the successes of these services can be spread to improve health outcomes for the whole population.

The joint Policy Think Tank held in May 2013 reviewed best practice models for Aboriginal and Torres Strait Islander peoples experiencing Acute Coronary Syndrome, with the objective

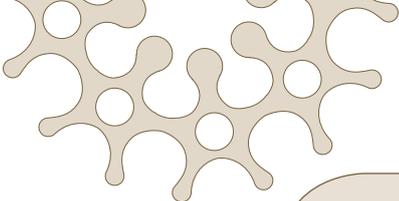
of developing a structured collaboration program to translate effective programs to other hospital and health services.



Rural and Remote Health

Participants representing acute care services, Medicare Locals, professional associations, peak organisations and universities, came together from around Australia to discuss the opportunities and challenges to integrated rural health care. The Policy Think Tank hosted in collaboration with the National Rural Health Alliance and the Australian Medicare Local Alliance was held as a pre-conference workshop at the National Rural Health Conference in Adelaide.

Presentations covered topics including funding approaches and the implications of activity-based funding and block funding on health services, contrasting overviews of the structure and role of the Medicare Locals in different parts of Australia and the interactions and interconnections between the primary care and acute sectors.



A consistent theme was the need for localised strategies and approaches to effectively engage and utilise service providers in order to address local needs. The involvement of the community and all service providers in the planning and delivery of health services was seen as critical to improving health outcomes in rural areas.

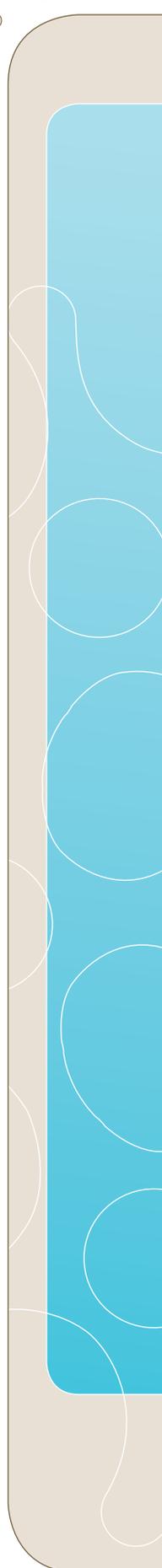
The coordination and integration of services and care provided by the primary, community and acute sectors, by public, non-government, private and community controlled health services was also seen as critical to improving the effectiveness and efficiency of rural and remote health services.

Participants identified a clear need for flexibility in the service models and funding arrangements for rural health services to most effectively respond to the community's needs. Reduction in administrative and reporting burdens was also a priority.

The development of these themes and the identification of practical examples of their impact on service coordination and delivery contributed to the development of the AHHA advocacy program in response to the Coalition's intention to review the role of Medicare Locals.

Performance Management

In June 2013, the Deeble Institute collaborated with the Menzies Centre for Health Policy to host a Think Tank on the topic of performance monitoring in health care. The event was very well attended and stimulated robust discussion about Australia's current performance monitoring arrangements. Participants also came up with many ideas for research, which the Deeble Institute will be pursuing with its academic partners over the coming year.



Publications

Australian Health Review

In 2013, the *Australian Health Review* (AHR) committed to publishing one extra edition, lifting the number to five per year. The number of papers submitted to the journal continues to rise with a record number of submissions received in 2012–13. The AHR's Impact Factor (a measure of citations) increased to 0.698 in 2012, which was an improvement of 28% on 2011's value of 0.545. Subscriptions to the AHR also increased.

During the year, the AHR successfully transitioned to a new manuscript managing system, Scholar One. The AHR Board adopted a policy on ethics approval and publication in the journal, and has been considering how to expand readership through the publication of virtual special issues.

The AHHA would like to thank its publisher, CSIRO, and the editorial team for the contribution they have made to the success of the journal, in particular, Editor-in-Chief, Professor Andrew Wilson, Associate Editors, Dr Simon Barraclough and Professor Peter Brooks. And of course, no journal can function without the invaluable contribution of the many reviewers who diligently perform the task of peer-reviewing submissions.



The Health Advocate

In 2012–13, *The Health Advocate*, the magazine of the AHHA, has continued to provide a voice on topical issues affecting healthcare providers and consumers in Australia. Released five times each calendar year, *The Health Advocate* provides opportunities for senior management and front-line staff from all sectors to provide insight into their work, opinions, and priorities as part of the broader health system.

In early 2013, the AHHA contracted a new Sydney publisher, Engage Media, to produce *The Health Advocate* and to increase its readership. Formerly a print run of 2000, *The Health Advocate* is now circulated to 3500 recipients, including state and federal health ministers.



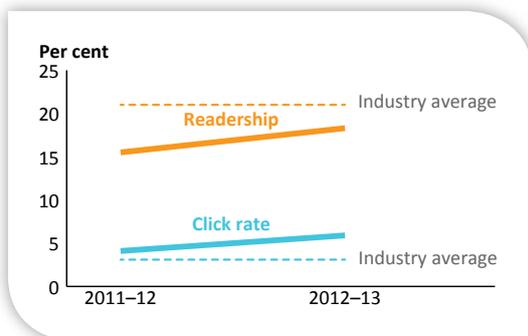
The AHHA e-healthcare brief

The AHHA e-healthcare brief is a bi-weekly internet newsletter that provides an overview of issues of importance for professionals working in healthcare. It is prepared within the AHHA from local, national and international sources and provides a valuable resource for people interested or working in the healthcare industry. It has a wide and growing interest from people in Australia and overseas and is read by numerous influential leaders in healthcare.

Distribution of the brief has increased from around 3000 in 2012 to over 5000 recipients in 2012–13. While not every recipient will read every edition, the average number of readers has increased in recent years and at the end of 2012–13 was at 18.3%, just below the worldwide industry average of 21%.

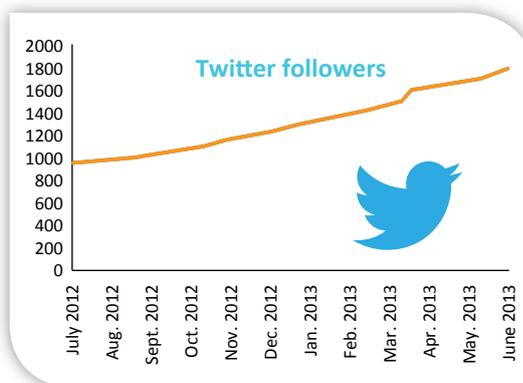
The click rate indicates the proportion of recipients who opened at least one of the article links in the brief. Since 2011 the click rate has been above the industry average of 3.1% and in 2012–13 reached a rate of 5.9%.

In 2013–14 the format and content of the brief will be reviewed to further increase the readership and value to members.



Twitter

Twitter provides a mechanism to promote AHHA events, media releases, publications and to comment on current and emerging issues. The use of Twitter to communicate with members and the broader public has increased steadily through the year with a corresponding increase in followers. Our Twitter hashtag is @AusHealthcare.



Facebook

The AHHA's facebook page, facebook.com/AusHealthcare is used to communicate media releases, promote events and exchange views.

Unpromoted posts routinely reach around 150 people.

Media releases

The AHHA issued 80 media releases in 2012–13, an increase of more than 50% on the previous year and a record for a non-election year. The releases received widespread coverage and generated follow-up interviews with print, radio, television and web media outlets.



Board Members



Dr Paul Scown

Chair

From 2000–05, Paul was Chief Executive of Melbourne Health, a major Melbourne public health service of \$600+M, 1200 beds and 7000 staff. Paul previously worked in Queensland, New South Wales and South Australia before moving to Victoria. He was a practising clinician and medical administrator before moving into general management in 1993.



Ms Siobhan Harpur

Deputy Chair

Siobhan is Transition CEO Population Health, Tasmanian Department of Health and Human Services. Siobhan has managed primary health, mental health, oral health, aged care and rural and community health services in Australia and England.



Mr Felix Pintado

Treasurer

Felix is the Chief Executive of Royal Freemasons Ltd, operating a statewide network of accommodation, services and facilities in independent and retirement living, community home care and residential aged care. He previously held senior executive positions in specialist and general hospitals in Victoria and New Zealand, including Chief Executive of Dental Health Services Victoria and Latrobe Regional Hospital.



Ms Kathy Byrne

Kathy is Chief Executive of Clinical and Statewide Services Division, Queensland Health with responsibility for a wide range of statewide clinical supports and services and executive lead for the development of the statewide services response to National Health Reform. Prior to her appointment in Queensland Health Kathy was the General Manager of I-MED Network Ltd (Queensland) and was Chief Executive of Bendigo Health Care Group in Victoria.



Dr Deborah Cole

(from September 2012)

Deborah is Chief Executive of Dental health Services Victoria. She has held CEO positions at Calvary Health Care and Yarra City Council as well as senior executive positions at Mercy Health and St Vincent's Health. Deborah was Director of The Royal Dental Hospital of Melbourne from 1995–1999 and previously held senior positions at the South Australian Dental Service.



Prof Kathy Eagar

Kathy is Professor of Health Services Research and Director of the Australian Health Services Research Institute (AHSRI) at the University of Wollongong. She has over thirty years experience in the health and community care systems, including as a clinician, a senior manager and a health academic. She has authored over 350 papers on management, quality, outcomes, information systems and funding of the Australia and New Zealand health and community care systems.



Dr David Panter

Past President (to September 2012)

David held senior executive and chief executive roles in a number of National Health Service bodies over 15 years, including the UK's first Primary Care Trust. In October 2004 David was the inaugural Chief Executive of the Central Northern Adelaide Health Service, the largest of the SA health regions. In May 2005 David was also appointed Associate Professor of Psychology at the University of Adelaide. He is currently Chief Executive of the North Adelaide Local Hospital Network.



Adj/Prof Annette Schmiede

Personal member representative

Annette has held leadership roles across a number of public, private and non government organisations in the health and aged care sectors in Australia. She was recently appointed to the Northern Sydney Local Health Network Governing Council and is an adjunct associate professor at the Menzies Centre for Health Policy.



	Meeting Attendance	
	Eligible	Attended
Dr Paul Scown [President]	14	13
Ms Siobhan Harpur [Vice President]	14	12
Mr Felix Pintado [Treasurer]	14	11
Ms Kathy Byrne	14	8
Dr Deborah Cole	12	10
Prof Kathy Eagar	14	11
Dr David Panter (Past President)	3	2
A/P Annette Schmiede	14	8

Senior Staff

Chief Executive	Prue Power (<i>to May 2013</i>)
	Andrew McAuliffe (<i>acting May–June 2013</i>)
	Alison Verhoeven (<i>from July 2013</i>)
Senior Director, Policy, Networks and Media	Andrew McAuliffe
Director, Business Services	Terrie Paul
Director, Deeble Institute	Dr Anne-marie Boxall

Council Members

ACT

Mr Ross O'Donoghue

Ms Barbara Reid

Ms Joan Scott

QLD

Ms Kathy Byrne

Ms Lesley Dwyer *(from May 2013)*

Mr Graem Kelly

Prof Keith McNeil *(to Jan 2013)*

Dr Annette Turley

SA

Ms Helen Chalmers

Dr Martin Dooland

Ms Sinead O'Brien *(from Sept 2012)*

Dr David Panter

NSW

Dr Patrick Bolton *(to Sept 2012)*

Ms Rosio Cordova *(to July 2012)*

Ms Kerrie Field

Ms Sheila Holcombe *(from Sept 2012)*

Mr Walter Kmet *(from Sept 2012)*

Ms Elizabeth Koff

A/P Annette Schmiede

NT

Ms Penny Fielding

TAS

Ms Siobhan Harpur

Mr Graeme Houghton

Mr Michael Pervan

VIC

Dr Deborah Cole *(from Sept 2012)*

Dr Paul Scown

Mr Lyndon Seys *(from Sept 2012)*

Mr John Smith

Mr Mark Sullivan *(to July 2012)*

Mr Felix Pintado

WA

Ms Learne Durrington *(from Sept 2012)*

Mr Chris McGowan

Ms Sandy Thompson *(to Sept 2012)*

Academic Member Representatives

Prof Kathy Eagar

Mr Robert Wells

Associate Member Representative

Dr Yvonne Luxford

Personal Member Representative

Ms Anna Fletcher



Honour Roll

Honorary Life Membership

1982	Sir Alastair Stephen
1982	Dr Sidney Sax
1983	Sir John Frew
1984	Dame Patricia McKinnon
1985	Mr Joseph Griffith OBE
1986	Mr Royce Kronborg
1991	Mr Keith Bagley
1991	Mrs Susan Rankine AO
2009	Professor John Deeble AO
2010	Professor Kathy Eagar
2011	Dr Bill Coote
2012	Mr Gordon Gregory
2013	Dr Martin Dooland Ms Prue Power

Sidney Sax Medallists

1986	Professor James Lawson
1987	Dr Donald Child
1988	Dr Ian Brand
1990	Dr Bernie Amos
1991	Professor John Blandford
1992	Dr Diana Horvath
1993	Mr Allan Hughes
1994	Professor John Deeble AO
1995	Dr Rex Joyner
1996	Dr John Yu
1997	Dr Owen Curteis
1998	<i>Not awarded</i>
1999	Mr Ron Tindale
2000	Dr David Watson
2001	Dr Jon Mulligan
2002	Dr Jack Sparrow
2003	Professor Stephen Duckett
2004	Professor Helen Lapsley
2005	Professor Brendon Kearney
2006	Professor Bruce Barraclough
2007	Dr David Filby
2008	Professor William (Bill) Runciman
2009	Professor Stephen Leeder
2010	Ms Gillian Biscoe
2011	Adjunct Professor Mick Reid
2012	Professor Andrew Wilson

