

ahha

australian healthcare &
hospitals association

the voice of public healthcare®

annual report
2016-17



OUR VISION

A healthy Australia, supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective
Accessible
Equitable
Sustainable
Outcomes-focused.

OUR CONTACT DETAILS

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chair's report

DR DEBORAH COLE

It was an honour to be appointed Chair of the AHHA Board in November 2016, and to build on the valuable work of outgoing Chair Dr Paul Dugdale. Paul has continued to serve as an AHHA Board member providing us with his expert knowledge and insights as we work towards universally accessible, high quality healthcare in Australia.

During the year, we were privileged to welcome Gaylene Coulton, Jeff Cheverton, Paul Burgess and Michael Brydon to the AHHA Board. Sadly, in March 2017, Jeff Cheverton passed away unexpectedly. His passing was a huge loss for the primary health care community and we send our continued love and support to Jeff's partner Rod and his family. In May 2017, Jill Davidson filled the casual vacancy on the Board as a result of Jeff's passing.

We chose to honour Jeff's memory through the creation of the Jeff Cheverton Memorial Scholarship, in partnership with the Brisbane North Primary Health Network and North Western Melbourne Primary Health Network. Focused on issues close to Jeff's heart, the six-week scholarship is open to postgraduate tertiary students, early career researchers and individuals working in primary health, mental health, aged care, Aboriginal and Torres Strait Islander health, and LGBTQI health.

During 2016–17 the Board continued to support AHHA Chief Executive Alison Verhoeven and staff in advocating for best practice, efficient, universal healthcare, supported by adequate and ongoing funding.

As the 'voice of public healthcare', we played a leading role in health advocacy, education and research, so that the healthcare system can achieve better outcomes, better patient and provider experiences, and greater equity and sustainability.

In Australia, like the rest of the world, we are facing monumental challenges. These include an ageing population, rising rates of chronic disease, rising costs of providing quality care along with value-for-money issues in private health insurance, and a lack of service integration. We need to find innovative ways to integrate services and provide person-centred care that achieves better health outcomes for all Australians.

Collaboration and strong partnerships are essential. AHHA's cross-sector care simulation event in Brisbane on 20 October 2016 was an outstanding example of how AHHA works to bring people together to pool ideas, test them using a knowledgeable and engaged audience, and generate solid recommendations for government and the healthcare sector.



"The opportunity to influence health funding arrangements for the coming decade is a great one for AHHA. It is a strong indication that both the government and alternative government place a very high value on our perspectives on healthcare services and hospitals in Australia."

Based on the premise that the Australian healthcare and social welfare sectors are under-prepared to deal with rising rates of chronic disease, disability and an ageing population, the simulation tested policy initiatives at the interface between the disability, aged care, community and health sectors.

Leaders and innovators represented various players in Australia's health and social welfare sectors and simulated their way through three scenarios involving people with complex health and social needs. The simulation considered the impacts of policies relating to Health Care Homes, the National Disability Insurance Scheme, individual funding packages in aged care, and hospital funding.

We challenged health and social welfare leaders, including academics, healthcare providers, insurers and consumers, to think about positive changes to develop better cross-sector care.

Following the simulation, recommendations were developed which highlighted the need for thoughtful and focused leadership, along with clear, defined and shared policy objectives to optimise outcomes for people requiring services

across the disability, aged and health sectors. There is also a need to consider new funding models that focus on health outcomes, rather than treatment volume, to deliver person-centred, effective and efficient care.

Other issues that came to the fore leading into the May 2017 Budget, were public dental funding, the use of private health insurance in public hospitals, end-of-life care, the My Health Record, and Aboriginal and Torres Strait Islander health. The 2017 Budget was in many ways a defining event, given that it was Minister Greg Hunt's first health budget.

The Budget partly overturned what we termed the 'horror budgets of the past'. But there was a risk that the Budget would reward an increased volume of services and products, rather than incentivising a shift to greater value-based care and better health outcomes, particularly for the most vulnerable members of our community.

The Minister's pursuit of a more strategic approach to health policy is welcome, but we have advocated that more attention needs to be paid to primary care, aged care, Indigenous health, and better health outcomes.

In 2016 the Commonwealth and the states and territories agreed to finalise their next health funding agreement, in theory for 2020–2025, but perhaps for 2020–2030, by the end of 2018.

In March 2017, AHHA was asked by both the Government and the Opposition to contribute ideas for a 10-year health agreement blueprint.

AHHA's 10-year blueprint will have value-based care at its centre, aiming to be visionary, yet feasible, with clear recommendations about the steps that can be taken in the short term to achieve medium- and longer term goals.

This work will continue into 2017–18 and we will, as always, be engaging with our members with a view to finalising the blueprint by the end of 2017. The opportunity to influence health funding arrangements for the coming decade is a great one for AHHA. It is a strong indication that both the government and alternative government place a very high value on our perspectives on healthcare services and hospitals in Australia.

Finally, AHHA's international reputation was given a boost during the year when we were awarded hosting rights by the International Hospital Federation for the October 2018 World Hospitals Congress, to be hosted in partnership with Queensland Health. This will be a significant focus of AHHA activity in the coming year, and I look forward to working with the Secretariat, our members, and our international partners to ensure the Congress is an outstanding success.

finance report

WALTER KMET, CHAIR, AUDIT, FINANCE AND RISK COMMITTEE

The Audit, Finance and Risk Committee meets quarterly and subsequently reports to the Board. My fellow members are Michael Brydon, Deborah Cole, Gaylene Coulton and Nigel Fidgeon, as well as independent member Andrew Bailey, and, until January 2017, Bryan Stevens. I am pleased to welcome Michael and Gaylene as new additions to the Committee in 2016–17 and I thank all Committee members for their diligent and insightful service to AHHA. I would also like to thank the AHHA Secretariat for their ongoing work over the past twelve months to drive efficiency, sustainability and responsible risk management.

AHHA has had an excellent year in 2016–17 with an unqualified audit report, and a surplus of \$75,824 against a budgeted surplus of \$49,097 for the past financial year. Overall revenue increased by 10% while expenses increased by 9%.

AHHA has undertaken a number of projects throughout 2016–17 in order to better secure its financial position and ongoing sustainability. I am pleased to advise that funding for the Palliative Care Online Training Program has been renewed for a further three years, enabling AHHA to continue delivering this important free training. AHHA has also received funding for expansion of the Lighthouse project over the next three years in partnership with the Heart Foundation, aimed at improving the care of Aboriginal and Torres Strait Islander people with



acute coronary syndrome. Additional short-term consulting projects, business support services and sponsorships support AHHA work. Most importantly, AHHA is channelling these funds towards ensuring greater value for its members, through membership fees which have remained at or below fees charged over the past 5 years, while at the same time expanding our research, policy and advocacy program.

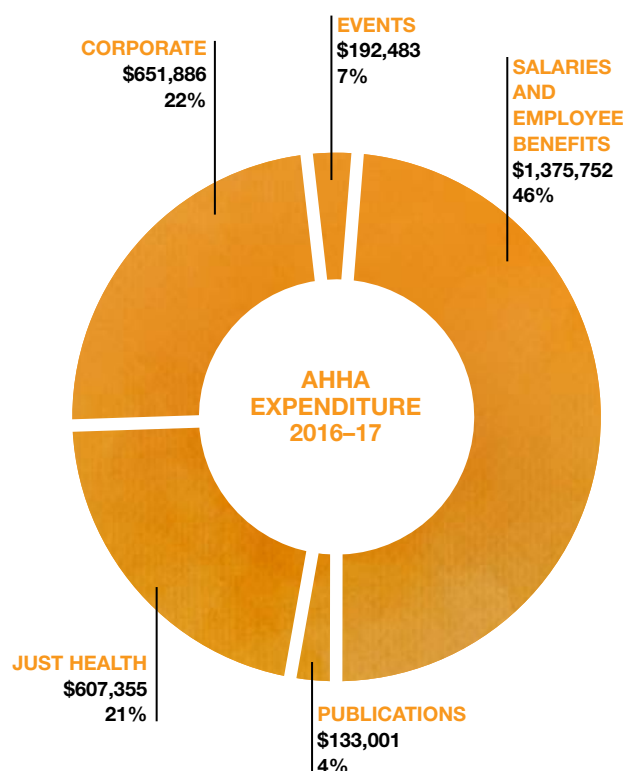
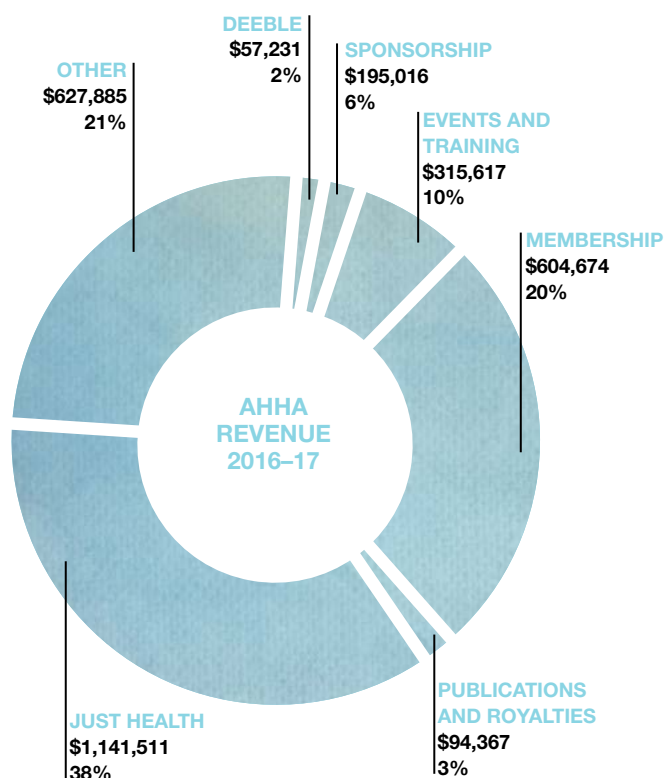
In keeping with our purpose of providing best possible value to members, AHHA has invested a significant portion of revenue into delivering a number of free and subsidised events. These include meetings of Data, Innovation, and

Mental Health networks, the 2016 Cross-Sector Care Simulation, and a host of other workshops, think tanks and roundtables. Additionally, AHHA continued to develop research and commentary for members through publications such as the peer-reviewed journal, the *Australian Health Review*, the health sector magazine, *The Health Advocate* and a range of issues briefs from the Deeble Institute for Health Policy Research.

Together with the International Hospital Federation and the Queensland Department of Health, AHHA has been devoting resources to the development of the 2018 World Hospital Congress, to be held in Brisbane in October 2018. This conference will constitute a coup for AHHA's national and international reputation and its member outreach, as well as representing a significant budget item.

Risk and expenses are being monitored closely by the Audit, Finance and Risk Committee to ensure that AHHA is well equipped to meet the challenges posed by such a major undertaking.

Strong mitigation strategies are in place to deal with financial, governance, physical, operational, reputational and strategic risk. Risk is considered to be low to moderate, with particular attention being given to the implications of the World Hospital Congress in 2018. All legislative and regulatory requirements are being met in full, including statutory reporting to the Australian Charities and Not-for-Profit Commission.



governance

BOARD AND COMMITTEES



Meeting type and number of meetings attended in 2016–17:	Board (4 meetings)	Audit, Finance and Risk Committee (4 meetings)	Nominations Committee (1 meeting)	Primary Health Fund Investment Management Advisory Group (1 meeting)	Performance and Remuneration Committee (1 meeting)	World Hospitals Congress Committee (2 meetings)
Deborah Cole (Board Chair)	4	2	NA	1	1	NA
Michael Brydon (from 19 October 2016)	3	2	NA	NA	NA	0
Paul Burgess (from 19 October 2016)	3	NA	NA	NA	NA	2
Gaylene Coulton (from 19 October 2016)	3	2	NA	NA	NA	NA
Jeff Cheverton (19 October 2016 to 1 March 2017)	1	NA	NA	NA	NA	NA
Jill Davidson (from 22 May 2017)	1	NA	NA	NA	NA	NA
Paul Dugdale	3	1	1	NA	NA	1
Nigel Fidgeon	3	2	NA	NA	NA	1
Walter Kmet (Chair, Audit Finance and Risk Committee)	3	4	1	NA	1	NA
Adrian Pennington	3	NA	NA	NA	1	1
Andrew Bailey	NA	2	NA	NA	NA	NA
Bryan Stevens (to 22 December 2016)	NA	1	NA	NA	NA	NA
Andrew McAuliffe	NA	NA	1	NA	NA	NA
Paul Scown	NA	NA	1	NA	NA	NA

chief executive's report

ALISON VERHOEVEN, CHIEF EXECUTIVE

AHHA made great strides in the first half of the year in finalising our governance arrangements to ISO 9001 standard. This was done in accord with our 2016–2020 Strategic Plan and 2016–17 Business Plan commitments to undertake all of our work in a culture mindful of membership interests, investments and trust.

Our ISO 9001 accreditation was subsequently re-affirmed in the annual audit conducted during February 2017.

Financially, AHHA continues to perform well, with strong membership retention supplemented with commissioned project work that aligns with the organisation's values and allows us to invest in our advocacy, policy and membership programs. We attracted funding for additional new projects, as well as continued and renewed funding for projects that we were already leading, which enabled us to bring added expertise and value to our core work. We had a small surplus for the year slightly in excess of budget, and our fundamentals in terms of revenue and outgoings are very sound.

Membership of AHHA is split almost evenly across the acute and primary care sectors, and continued to expand during 2016–17, particularly to include more organisations providing services to, or on behalf of, public sector health organisations. Membership fees have been maintained at a constant or discounted level for the past five years, as we have built more sustainable revenue sources for our work.

Our networks of members and other stakeholders interested in data, mental health and consumer engagement have been active and successful during 2016–17, with well-attended meetings and interesting speakers across both primary and acute sectors.

Similarly, our events program, which included a simulation on cross-sector care, workshop on



end of life care, and a think tank on preventable hospitalisations, has focused on thought leadership that meets the needs of both primary and acute sector members, and demonstrates the value of a well-integrated health system.

A highlight for the year was AHHA's leadership of a US Study Tour for Health Executives, which explored the progress achieved in the United States in developing patient-centred medical homes. We travelled to Washington DC and Boston, attending the Patient-Centred Primary Care Collaborative annual conference, as well as visiting community health centres and patient-centred medical homes. A US Study Tour Blog, available on the AHHA website, kept interested observers up to date on what we had learned, as well as providing direct links to relevant resources and presentations.

We continue to partner actively with other like-minded organisations as opportunities arise—our 2017 consumer engagement workshops, for example, are being conducted in partnership with the Consumers Health Forum, and with financial support from Price Waterhouse Cooper

which allows us to provide the workshops at low cost to members.

Another example of our working with like-minded organisations is our membership of groups such as the Climate and Health Alliance. In late June 2017 we were pleased to actively assist in the release by the Alliance of its Framework for a National Strategy on Climate, Health and Wellbeing for Australia. The Framework aims to encourage the Australian Government to take a leadership role in protecting the health and wellbeing of Australians from climate change.

Engagement with Ministers and Shadow Ministers has been active and positive during 2016–17. As outlined by our Board Chair, Dr Deborah Cole, earlier in this report, we have been invited by both major parties to provide input to their national health policy platforms as they plan for the next Healthcare Agreement between the Commonwealth and the states and territories, as well as for future federal elections. We also engage regularly with Commonwealth and state and territory health departments and other agencies on a wide range of issues.

Throughout 2016–17 we have undertaken regular reviews of AHHA policy position statements, and have developed a number of position statements and submissions to address new issues, particularly those emerging as a result of Commonwealth health reform processes.

We have a very active media program, including social media. Our publications are widely read and respected, and combined with our public engagement activities, e.g. through events, think tanks and workshops, we are very well-positioned as a leading health commentator. This is again in line with our 2016–2020 Strategic Plan and 2016–17 Business Plan.

During 2016, we worked with an external facilitator to run a series of workshops aimed at team-building and enhancing staff engagement. This was the subject of a report to the AHHA Board in late 2016. This work has informed professional development activities for staff over the past several months, as well as the development of policies such as the Parental Leave Policy, which the Board approved in May 2017.

Every staff member in AHHA contributes to the success of the organisation, and I am very grateful to have the opportunity to work with a very dedicated, committed and highly professional team, supported by a very strong and engaged Board. The coming year will be extremely busy and active as we take on the extra responsibilities of hosting the 2018 World Hospitals Congress. But, as a team with our partner Queensland Health, we are confident of doing Australia and AHHA members proud.



In November 2016, AHHA primary health leaders visited community health centres and patient-centred medical homes in the United States

our people

PROFESSIONAL AND COMMITTED

AHHA STAFF (30 JUNE 2017)

Ms Alison Verhoeven
Chief Executive

Mr Murray Mansell
Chief Operating Officer

Dr Linc Thurecht
Senior Research Leader

Mr Krister Partel
Advocacy Director

Ms Susan Killion
Deeble Institute Director

Ms Lisa Robey
Engagement and Business Director

Ms Claire Bekema
Lighthouse Project Manager

Mr Nigel Harding
Public Affairs Manager

Mr Daniel Holloway
Project Officer

Ms Amanda Jones
Deeble Institute Research Manager

Ms Freda Lu
Accounts Officer

Ms Kate Silk
Policy Adviser

Ms Suhi Sudhakar
Administration Officer

Mr Matthew Tabur
Executive Officer

Ms Kylie Woolcock
Policy Manager

Ms Sue Wright
Office Manager

JEFF CHEVERTON AND THE JEFF CHEVERTON MEMORIAL SCHOLARSHIP



Established in partnership between AHHA, Brisbane North Primary Health Network, and North Western Melbourne Primary Health Network, the Jeff Cheverton Memorial Scholarship honours the memory of Jeff Cheverton, who demonstrated excellence in health leadership throughout his career.

It was with great shock and sadness that the health and human services community learned of Jeff's sudden and unexpected death on 1 March 2017. He was 49 years old.

As a member of AHHA's Board and as a national thought leader, Jeff's enthusiasm, drive, 'can do' attitude and continuing unwavering contribution to improving health and human services are not easily found or replaced.

Focused on issues close to Jeff's heart, the Jeff Cheverton Memorial Scholarship is open to postgraduate tertiary students, early career researchers and individuals working in primary health, mental health, aged care, Aboriginal and Torres Strait Islander health, and LGBTQI health.

This six-week scholarship supports the development of an issues brief on one of these topics throughout January and February 2018. It also provides the opportunity to spend six weeks working with AHHA in Canberra, and to establish connections with policymakers and practitioners working in their field of research.

The successful scholar will be announced on 18 September 2017.

SIDNEY SAX MEDAL 2016 WINNER

The Sidney Sax Medal for 2016 was awarded to Professor Helena Britt for leadership and dedication in health research, particularly general practice research.

Professor Britt's work in the GP sector spanned 37 years. She was until June 2016 the Director of the Family Medicine Research Centre at the School of Public Health of the University of Sydney. As Director of the Centre, she led the design, establishment and conduct of the Bettering the Evaluation and Care of Health (BEACH) program. The program entailed a continuous national study of general practice clinical activity in Australia, for nearly 20 years.

Professor Britt continues to be involved in supporting ongoing BEACH analyses in other parts of the University of Sydney following the Centre's closure, providing invaluable data on Australian general practice. She has written more than 200 published journal articles, and 37 books on general practice clinical activity, with topics including adverse patient events, multimorbidity, disease prevalence, and primary care clinical terminology and classification.



LAUNCH OF LIGHTHOUSE HOSPITAL PROJECT PHASE 3

The Lighthouse Hospital Project is a joint initiative of the Australian Healthcare and Hospitals Association and the Heart Foundation.

On 10 February 2017, the Minister for Aged Care and Indigenous Health, Ken Wyatt, announced that Phase 3 of the Lighthouse Hospital Project had been awarded nearly \$8 million in Commonwealth funding. This announcement followed a joint submission by AHHA and the Heart Foundation through the Indigenous Australians' Health Programme.

Results from the eight pilot sites involved in Phase 2 (2013–2016) indicate that significant improvement can be made to the health outcomes of Indigenous Australians by providing culturally safe integrated services, with a visible Aboriginal and Torres Strait Islander workforce, to ensure continuity and delivery of patient-centred care. Phase 3 of the project includes 18 hospitals across Australia capturing about 40% of all cardiac separations for Aboriginal and Torres Strait Islander people and thereby expanding the impact of the project.

Key to the success of the project will be a focus on a quality improvement (QI) methodology. AHHA is leading QI training and ongoing support.

AHHA is also working with our member networks to enhance relationships among hospitals, Aboriginal Controlled Community Health Organisations and Primary Health Networks to improve the patient journey across the care continuum.



The 2016–17 year began with a tight federal election result on 2 July 2016.

While the Liberal–National Coalition Government was elected for a second term, its numbers in Parliament were reduced, and a strong message from voters was that primary health, hospitals and Medicare were of great concern.

AHHA conducted an advocacy outreach program throughout July and August 2016, providing Members and Senators with briefings on key issues facing Australia's public healthcare system.

AHHA called on the re-elected Turnbull Government and the 45th federal Parliament to work together constructively and commit to a long-term vision for healthcare, including the provision of appropriate funding commitments to support primary, acute, aged and disability care, to ensure all Australians can access quality care regardless of their income or where they live.

Throughout 2016–17, we maintained ongoing engagement with federal Members and Senators, Ministers and Shadow Ministers responsible for the policy oversight and design of Australia's healthcare system, in order to advocate for AHHA's vision of universally accessible healthcare in Australia for the benefit of the whole community.

AHHA's advocacy work continues to be guided

by the overarching principles that healthcare in Australia should be effective, accessible, equitable, sustainable and outcomes-focused.

We met regularly with senior political leaders and public servants in Canberra and other capital cities to discuss issues affecting AHHA's members and the broader health sector, as well as discussing and promoting the AHHA's research and events programs.

On 14 October 2016, AHHA met with Prime Minister Malcolm Turnbull to discuss a range of key issues including public hospital funding post-2020 and the Health Care Home trial.

On 5 December 2017, the AHHA Board met with Minister Ley and had the opportunity to discuss issues including dental funding, Health Care Homes, proton therapy and preventive health.

AHHA met with Health Minister Greg Hunt and his office shortly after he assumed the role of federal Minister for Health on 24 January 2017, and we accepted the Minister's challenge to contribute ideas through a proposal for a 10-year National Health Agreement blueprint. AHHA developed a discussion paper for member and stakeholder consultation, and will workshop a draft blueprint in late 2017.

The final blueprint proposal will be shared with all parties and timed to allow consideration in the lead-up to COAG Health Council negotiations on longer term arrangements

for health and hospital funding, to apply from 1 July 2020. The COAG negotiations are expected to begin in the second half of 2017, with the new funding arrangements agreed in 2018.

During the year AHHA also actively engaged in the Productivity Commission's inquiry on introducing competition and informed user choice into human services. Through a number of submissions and appearances at public hearings, AHHA advocated strongly for public hospital services, public dental services and end-of-life care, as well as for services provided in remote Indigenous communities, and services provided more generally to families and the community.

We participated in several health sector alliances and working groups including: a cross-sector group responding to the roll-out of the National Disability Insurance Scheme; the National Oral Health Alliance supporting policy development for affordable oral health care; and the Close the Gap Campaign Steering Committee encouraging initiatives to close the gap in Aboriginal and Torres Strait Islander health.

The Commonwealth Budget for 2017–18 was announced on 9 May 2017. AHHA attended the Department of Health budget lock-up, and provided a detailed briefing to members that evening, followed by strong media commentary.

CASE STUDY: RENEWED COMMITMENT TO RHEUMATIC HEART DISEASE STRATEGY

AHHA worked closely with Rheumatic Heart Disease Australia and the Telethon Kids Institute during 2016–17 to develop a policy position for renewal of Commonwealth funding for rheumatic heart disease programs. This included facilitating a policy roundtable, and developing briefing documents for engagement with the Department of Health.

This resulted in the Commonwealth's May 2017 Budget commitment to continue support for these programs in Queensland, Western Australia, the Northern Territory and South Australia. This included improved clinical care, best practice secondary prevention treatment, and education and training activities, as well as strengthening data collection and reporting systems. Additional funding was provided for focused prevention activities in high-risk communities. The total cost of the measure was \$18.8 million.

CASE STUDY: ADVOCATING FOR PUBLIC ORAL HEALTH CARE

The previous federal Budget had indicated in May 2016 that funding for the Child Dental Benefits Schedule as well as the National Partnership Agreement on adult public dental services would be wound up and replaced by a new Child and Adult Public Dental Scheme. However, required legislation for the replacement scheme was not passed in the Parliament. Hence the public oral health sector faced federal funding ceasing for adult services on 31 December 2016.

Throughout 2016–17, AHHA, in partnership with the National Oral Health Alliance, led a strong push at Parliament House for a way forward that would ensure, at a minimum, continuation of funding for public dental services until a long-term solution was agreed.

In mid-December, the Commonwealth advised the states and territories of a large cut to funding for adult public dental services and signalled its intent to reduce the funding eligible through the Child Dental Benefits Schedule per child from \$1,000 to \$700 over two years.

Along with colleagues at the National Oral Health Alliance and the Australian Dental Association, AHHA argued strongly that the children most affected by the reduction in funding would be those with the greatest dental need. Members of the Senate were persuaded to give notice of motion to disallow the cuts, which subsequently saw the Commonwealth Government announce restoration of the \$1,000 dental funding cap for Australian children.

This decision will help parents to continue to provide needed dental care for their children rather than delaying treatment because of a lack of money. Attending to problems early will help reduce dental care needs and costs for these children in the longer term.

AHHA continues to work with members and the National Oral Health Alliance to advocate for the government applying the same principle to adult public dental health services.

representation

INFLUENCING HEALTH DEBATE



2016–17 PARLIAMENTARY MEETINGS

The Hon. Malcolm Turnbull MP, Prime Minister

The Hon. Greg Hunt MP,
Minister for Health and Minister for Sport

The Hon. Sussan Ley,
Minister for Health and Aged Care

The Hon. Ken Wyatt AM, MP,
Minister for Aged Care and Indigenous Health

The Hon. Dr David Gillespie MP,
Assistant Minister for Health

Senator the Hon. James McGrath,
Assistant Minister to the Prime Minister

The Hon. Catherine King MP,
Shadow Minister for Health and Medicare

The Hon. Julie Collins MP, Shadow Minister
for Ageing and Mental Health

Senator Carol Brown,
Shadow Minister for Disability and Carers

Senator Richard Di Natale,
Leader of the Australian Greens

Senator Rachel Siewert,
Australian Greens Whip

Ms Cathy McGowan AO, MP

Ms Rebekha Sharkie MP

Senator Stirling Griff

Senator Skye Kakoschke-Moore

Senator Jacqui Lambie

Senator Malcolm Roberts

The Hon. Natasha Fyles MLA,
Northern Territory Minister for Health

The Hon. Roger Cook MLA,
Western Australian Deputy Premier;
Minister for Health; Mental Health

COMMITTEE MEMBERSHIP

International

Global Green & Healthy Hospitals Network—
Founding Member

International Hospital Federation—
Governing Council

International Federation of Community
Health Centres

WHO Integrated Care Indicator Expert
Review Group

National

Australian Council on Healthcare Standards

Australian Institute of Health and Welfare
Hospital Statistics Advisory Committee

Australian Research Alliance for Children
and Youth

Australasian Society for HIV and Sexual
Health Medicine, Viral Hepatitis Project
Advisory Committee

Climate and Health Alliance

Close the Gap Steering Committee

Department of Health and Ageing
Breastfeeding Expert Reference Group

Department of Health and Ageing
Health Sector Group Trusted Information
Sharing Network

Department of Health and Ageing Modernising
Health and Aged Care Payments Services
Program—Stakeholder Advisory Group

Department of Veterans' Affairs Health
Consultative Forum

HESTA—Trustee

Independent Hospital Pricing Authority
Stakeholder Advisory Group

International Day of People with Disability

National Aged Care Alliance

National Disability Insurance Scheme
Cross-Sector Working Group

National Oral Health Alliance

National Prescribing Service

National Primary and Community
Health Network

National Rural Health Alliance

Standards Australia Committees
(Health Care Facilities; Health Contact
Centres; Health Informatics; Quality
Management for Medical Devices; Sharps and
Waste Disposal; Vendor Credentialing; Wiring
in Hospitals)

SUBMISSIONS

Productivity Commission Inquiry on
Competition and Human Services

Senate Economics Legislation Committee
inquiry into the provisions of the Budget
Savings (Omnibus) Bill 2016

Inquiry into the National Cancer Screening
Register Bill 2016 and the National Cancer
Screening Register (Consequential and
Transitional Provisions) Bill 2016

Review of Pharmacy Remuneration
and Regulation

Productivity Commission Inquiry on
Competition and Human Services
preliminary report

Independent Hospital Pricing Authority
Consultation Paper on the Pricing
Framework for Australian Public Hospital
Services 2017–18

Department of Health Consultation Paper on
Redesigning the Practice Incentives Program

AHHA Pre-Budget Submission to
Treasury 2017–18

Australian Government Treasury Social
Impact Investing Discussion Paper

Joint Standing Committee on the National
Disability Insurance Scheme (Provision of
services under the NDIS for people with
psychosocial disabilities related
to a mental health condition)

Health Practitioner Regulation National Law

Draft Australian National Breastfeeding
Strategy: 2017 and Beyond Discussion Guide

events

INITIATING CONVERSATIONS

AHHA AS A THOUGHT LEADER

AHHA aims to inform and influence health debate and policy development, promote research, highlight best practice and build specialist skills. In 2016–17 we led a range of targeted, highly topical events and workshops, engaging health leaders in strategic conversation with follow up research, advocacy and communications, demonstrating our commitment to thought leadership in health policy.

Participants in our events included members and other stakeholders from across the not-for-profit, clinical, corporate, government and academic sectors. In recognition of the geographic spread of our members, AHHA delivered events around the country and continued to make resources available on our website after the activity.

We aim to offer events at low or no cost to members wherever possible as part of our membership benefits program.

Throughout the year AHHA's events have attracted record audiences and new attendees. This, together with strong interest in the post-event communiqués, indicates that the issues we covered were topical and attractive.

DARWIN

Data and Innovation Network Meeting
Mental Health Network Meeting

ADELAIDE

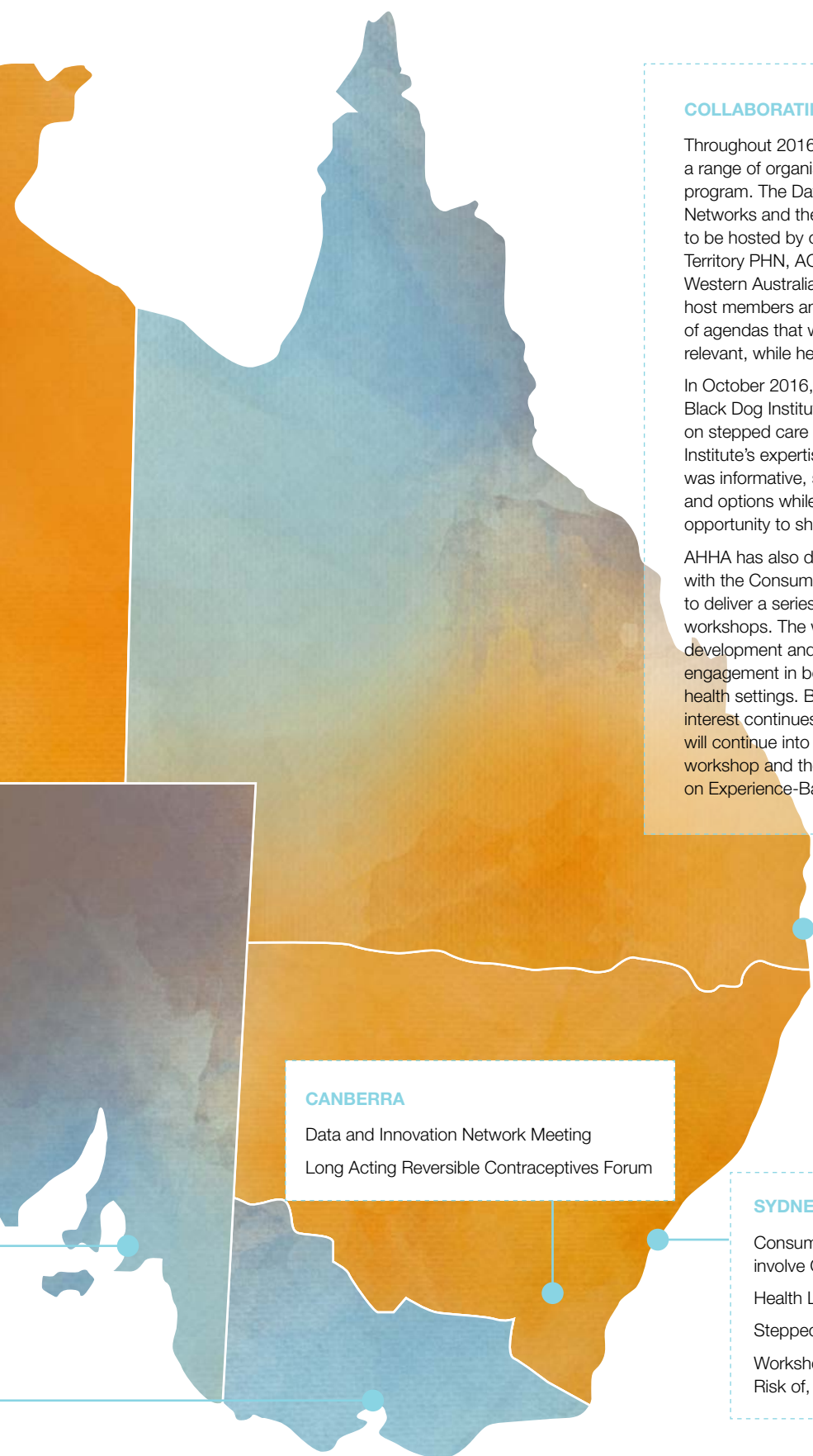
Data and Innovation Network Meeting
Rheumatic Heart Disease Workshop

PERTH

Data and Innovation Network Meeting
Mental Health Network Meeting

MELBOURNE

End-of-Life Care Workshop
Think Tank on Hospital Preventable Hospitalisations
AHHA Council Dinner
Partnering with Consumers: an Experience Based
Co-design Masterclass



COLLABORATING WITH HEALTH LEADERS

Throughout 2016–17 AHHA worked closely with a range of organisations to deliver our events program. The Data and Innovation Collaboration Networks and the Mental Health Networks continue to be hosted by our members. This year, Northern Territory PHN, ACT Health, Adelaide PHN and the Western Australia Primary Health Alliance were host members and supported the development of agendas that were both locally and nationally relevant, while helping to keep delegate costs low.

In October 2016, AHHA collaborated with The Black Dog Institute to deliver a detailed workshop on stepped care models for mental health. The Institute's expertise helped to shape a program that was informative, showcasing a wide variety of views and options while providing attendees with the opportunity to share meaningful information.

AHHA has also developed a strong partnership with the Consumers Health Forum of Australia to deliver a series of Partnering with Consumers workshops. The workshops aim to provide skills development and practical resources for consumer engagement in both primary care and hospital health settings. Both workshops were sold out, and interest continues to be strong. This partnership will continue into 2017–18 with at least one more workshop and the development of a free resource on Experience-Based Co-Design.

BRISBANE

Sidney Sax Medal Dinner
Cross-sector Care Simulation
PHN Clinical Governance Workshop

CANBERRA

Data and Innovation Network Meeting
Long Acting Reversible Contraceptives Forum

SYDNEY

Consumer Engagement: How can PHNs and LHNs involve Consumers in Co-creation Workshop
Health Law Seminar
Stepped Care Models for Mental Health Workshop
Workshop on Stigma and Discrimination for People at Risk of, or Living with, HIV, Hepatitis B and Hepatitis C

HOBART

Chronic Conditions Education Symposium

CROSS-SECTOR CARE SIMULATION



In October 2016, AHHA held a full-day cross-sector care simulation that tested policy initiatives at the interface between the disability, aged care, community and health sectors, with the overall aim of developing recommendations to support greater integration and patient-centred care.

Over 80 invited participants—representing health departments, primary health networks, hospitals, disability, allied health and aged care service providers, clinicians, workforce and training specialists, health technology companies and consumers—took part in the day. They engaged in interactive scenarios focused on funding mechanisms, timeliness and appropriate access for patients, service delivery models and workforce issues, technology to improve patient outcomes, and developing a shared planning mechanism.

The final outcome of the day was a set of recommendations which, while welcoming innovations such as Health Care Homes, sought to encourage a less fragmentary approach to system reform with a focus on providing comprehensive and integrated person-centred care across the entirety of the patient journey.

A key to the success of the day was the participation of health consumers nominated by the Young People in Nursing Home National Alliance, funded through a grant from the Commonwealth Department of



Social Services. These participants and their carers brought their first-hand experiences and understanding of a system that can be difficult to navigate, and which is often seen as delivering services to, rather than for, consumers. They challenged the ideas of many of the other participants, and helped ensure that the discussions and scenarios remained focused on the consumer.

The simulation report has been provided to a broad range of stakeholders, including health bureaucrats and politicians, and continues to inform AHHA's advocacy program and work.

CONSUMER ENGAGEMENT: HOW CAN HEALTH ORGANISATIONS INVOLVE CONSUMERS IN CO-CREATION TO IMPROVE CARE?

In August 2016 AHHA, in conjunction with the Consumers Health Forum (CHF), presented an interactive one-day workshop in Sydney on consumer engagement in innovation and value creation in healthcare.

Subsequently the AHHA's Deeble Institute for Health Policy Research and the CHF published an Evidence Brief, *Consumer co-creation in health: innovating in Primary Health Networks*.

'Value' in healthcare is measured by health outcomes rather than by volume of services delivered. The benefits of involving consumers in value creation in health care planning and delivery ('co-creation') are well-documented. Co-creation leads to increased efficiencies in health services, improved health outcomes, reduced health care costs to the patient and the health system, and increased patient satisfaction. Value can be co-created for the individual consumer, clinical practices, health care organisations and providers, and governments.

Taking consumer engagement to the next level is a practical first step in value co-creation for many Primary Health Networks and Local Hospital Networks. Accordingly, workshop participants discussed how to build capacity for meaningful engagement with consumers and the community. The day focused on practical knowledge exchange and developing communities of practice.

Deeble Institute Director Susan Killion noted that moving towards a consumer-centred health system is not a simple task, and doing so effectively will require more attention being paid to change management than is currently the case.

'There is a need to move away from deciding, announcing and defending our practices, and towards effectively managing this change by focusing efforts on workforce training, and engaging consumers with professional colleges, regional bodies charged with commissioning services (PHNs) and hospitals in the design and delivery of services', Ms Killion said.

Exemplars were drawn from emerging models of community engagement in PHNs such as WentWest, the Western Australia Primary Health Alliance, Capital Health Network in the ACT, and Brisbane North PHN.

membership

ENGAGED MEMBERS ACROSS THE HEALTH SECTOR

AHHA members stretch across the health sector from community health services and Primary Health Networks to hospitals and aged care providers, and range in size from whole state health departments to our highly engaged individual members. They include academic partners, other peak bodies and organisations whose activities support the healthcare sector.

Members have access to AHHA's advocacy, consulting and training services, as well as the latest information and research. They receive

our publications the *Australian Health Review* and *The Health Advocate*, contribute to the development of position statements and submissions, and are able to access discounted or free registration for our events, and training courses and seminars.

Just as importantly, AHHA members form a community of health sector thought leadership. By engaging with AHHA, members contribute to improving and shaping Australia's health system. AHHA has a collaborative and dynamic

approach to all of its activities that facilitates cross-sector engagement among clinicians, academics, policymakers, administrators and politicians. We have created networks that support knowledge sharing, service improvement and policy development.

Membership continues to grow year-on-year, and we especially welcome the diversity and level of engagement among our members and member organisations. We look forward to another busy year in 2017–18.

CASE STUDY: TASMANIAN HEART FAILURE PROJECT



Tasmanian Heart Failure Project team

The Tasmanian Heart Failure Project is a collaboration coordinated by AHHA and led by Primary Health Tasmania and the Heart Foundation, with support from Novartis Australia and the Tasmanian Department of Health and Human Services. The goal of the project is to reduce preventable hospital re-presentations through improved management of people with chronic heart failure in primary care settings.

Heart failure has a huge social and economic burden in Australia, and with an ageing population this will continue to rise. Despite significant advances in the medical management of heart failure, prevalence remains high and outcomes sub-optimal.

Phase 1 of the project aimed to improve the alignment between patients requiring heart failure management and local system capacity by ensuring clinicians are equipped to manage patients on the chronic disease spectrum. This was achieved through the delivery of a statewide chronic conditions education symposium held on 11–12 February 2017 in Hobart, targeting general practitioners and practice nurses.

A particular focus of the symposium was early recognition of deterioration, and improving responsiveness.

Evaluation of the symposium suggests that it assisted in building awareness of resources and services available to general practitioners in Tasmania. The multidisciplinary nature of the symposium also assisted in improving the confidence of practice nurses in the management of heart failure in primary care.

Phase 1 also included targeted engagement with General Practice in priority communities. This aimed to identify gaps in the provision of best-practice heart failure care, and support quality improvement through targeted General Practice education, and General Practice use of the quality improvement methodology 'Plan, do, study, act' (PDSA) to monitor and continue to improve care delivery.

Phase 2 expands the cohort of practices and patients involved in the project, and will provide more intensive education and resources, and a focus on transfer of care.

CASE STUDY: CLINICAL GOVERNANCE FOR PRIMARY HEALTH NETWORKS

What are the clinical governance roles and responsibilities of Primary Health Networks (PHNs), which don't directly deliver health services but are responsible for commissioning them?

During the year, AHHA worked with have also been developed to:

- develop shared understandings of the roles and responsibilities PHNs have in clinical governance;
- identify preferred options for clinical governance principles and frameworks;
- consider practical ways that PHNs can implement clinical governance frameworks; and
- identify and develop resources to support PHNs in developing their clinical governance capabilities.

In undertaking this work, we drew on the expertise of other AHHA members across the primary, community and acute sectors.

The outcome has been publication of a Deeble Institute Issues Brief—*Clinical governance for Primary Health Networks*—in collaboration with the Queensland PHNs. The brief is available on the AHHA website.

Resources to support implementation of a Clinical Governance Framework have also been developed.

This work is an excellent example of the opportunities that AHHA members have to collaborate on projects of shared interest, and to draw on the expertise and experience of other members. We appreciate the support of our PHN members in agreeing to make this work publicly available.

communications

SHARING OUR WORK

Through our communications activities we aim to be a primary source of comment and advice to government and the media. We also offer our members regular and easy access to our electronic and print publications, and sector updates.



MEDIA RELEASES

59 RELEASES ISSUED 2016–17

AHHA media releases are a primary source of comment for leading health and political journalists, as well as for Ministers, politicians, academics and other AHHA stakeholders.



SIX ISSUES
PUBLISHED
2016–17



THE HEALTH ADVOCATE

We published six editions of our bi-monthly magazine *The Health Advocate* in 2016–17. The readership includes health administrators and other professionals, clinical staff, academics, researchers, politicians and a broad range of health organisations of all kinds.

The magazine is available in printed form and online.

During the year we experienced an increase in interest from potential contributors, along with several instances of positive feedback from readers.

The June 2017 edition was particularly well-received as it focused on Patient-Centred Care—a highly topical issue in healthcare at present. Article topics included: Health Care Homes; Using Telehealth for Patient-Centred Care; the advantages of Comprehensive Community Controlled Healthcare; and the problems with defining 'Futile Treatment'.

AHHA's perspective on the 2017 Federal Health Budget was also published in this edition, as well as initial details of the 2018 World Hospital Congress to be hosted in Brisbane by AHHA and our partner Queensland Health.



ONE-YEAR IMPACT
FACTOR RISES TO ALL-
TIME HIGH OF 1.343



AUSTRALIAN HEALTH REVIEW

6 ISSUES PUBLISHED 2016–17

The peer-reviewed academic journal of the Australian Healthcare and Hospitals Association, the *Australian Health Review* (AHR), increased its Impact Factor to 1.343 in 2016 from 0.82 the year before. The five-year Impact Factor also rose, to 1.179.

This is the highest impact rating the AHR has ever achieved and demonstrates the importance and growing value of the journal to researchers, policy-makers and practitioners.

The AHR continues to have a strong pipeline of articles that have been accepted for publication but are yet to be allocated to a printed issue. This reflects both the number and quality of submissions being received by the journal. These papers are available for early access online.

AHHA acknowledges the contributions of Dr Lucio Naccarella from the University of Melbourne who recently stepped down from his role as Associate Editor (Workforce) with the AHR. AHHA thanks Dr Naccarella for his four years of dedicated service to the *Australian Health Review*.

We also thank Editor-in-Chief Prof. Gary Day, Associate Editors Dr Simon Barraclough (Policy), Prof. Christian Gericke (Models of Care), Prof. Sonj Hall (Health Systems), and Dr Linc Thurecht (Financing and Utilisation), as well as our many peer reviewers, for their contributions and support this year.

SOCIAL MEDIA

AHHA's social media engagement activity rose by about 33% in 2016–17 compared with 2015–16. Highlights were:



AHHA staff created 3,500 tweets to 10,830 followers, with 2,000 retweets and 1,500 likes.



51 Facebook posts were seen by around 1,100 followers.



COUNCIL UPDATES

AHHA National Council members receive a weekly Council Update by email every Friday. These updates cover AHHA's advocacy and engagement efforts for the week, event notifications and reports, publications of interest, and the latest news on health issues and policy.



**TWICE-WEEKLY TO
5,000 READERS**
**CLICK RATE OVER TWICE
THE INDUSTRY AVERAGE**

HEALTHCARE IN BRIEF

AHHA's free twice-weekly electronic newsletter, *Healthcare in Brief*, was upgraded during the year to include a written editorial opinion piece with every issue.

In addition to the editorial, the content of the newsletter consists of selected current news items relevant to healthcare and hospitals, and to AHHA members and supporters, with electronic links to the original articles should readers want to follow up any of the items in more detail. Notifications and advertisements are included for upcoming events in health, and there is also a job vacancies section.

Feedback from readers has been overwhelmingly positive, including from senior health bureaucrats, ministers' and shadow ministers' offices, cross-bench Senators, and commercial organisations active in the health sector.

The newsletter has around 5,000 subscribers. The 'click rate' has risen over the past year to be well above the industry average, which again demonstrates a high level of engagement with readers and good value for our advertisers.

CASE STUDY: PREVENTABLE HOSPITALISATIONS THINK TANK COMMUNIQUÉ

In May 2017 the Deeble Institute for Health Policy Research, the research arm of AHHA, facilitated a one-day Think Tank in Melbourne, bringing together health system thought leaders and Deeble Institute academic members to answer the question, *How should the health system respond to the growing pressure to reduce the rates of potentially preventable hospitalisations?* There were 10 presentations and ensuing discussions.

The event included an opening video address by the Commonwealth Minister for Health, Greg Hunt, and keynote speakers including Professor Richard Reed from Flinders University, Professor Stephen Jan from the University of Sydney, Jodi Briggs from Eastern Melbourne PHN and presentations from our partner academics.

Preventing unnecessary hospital admissions is a specific objective of healthcare reform in Australia, with the aim of improving patients' outcomes, reducing pressure on hospitals, and enhancing health system efficiency and cost-effectiveness. This process is generally referred to as hospital avoidance.

In our communiqué we concluded that there is no panacea to solving this issue—actions need to be multifaceted, integrated and innovative. Indeed, the way we currently define potentially preventable hospitalisations in Australia may result in underlying contributing factors being disregarded, which reduces our ability to address these factors and consequently minimise potentially preventable hospitalisations.

The Australian Commission on Safety and Quality in Health Care's second *Australian Atlas of Healthcare Variation* includes data on potentially preventable hospitalisations as they relate to chronic disease and 18 clinical conditions—and notes that the Australian healthcare system must shift to better integrated primary care with a focus on coordinated care.

While primary care and greater system integration are part of the solution, the Think Tank demonstrated that we must also acknowledge and address health and social inequalities, better utilise data and technology, promote better engagement between clinicians and patients, increase attention on discharge and discharge summaries, focus more on advanced care planning, shift the system toward value-based care focused on outcomes, and be open to novel funding mechanisms such as social impact investing.

Deeble Institute for Health Policy Research

RESEARCH AND EVIDENCE UNDERPINNING ADVOCACY

The Deeble Institute for Health Policy Research was established by AHHA to enhance national health policy development by building stronger collaborations between policymakers, practitioners and researchers.

In the past year, the Deeble Institute has continued its work in supporting high quality independent research. Six Issues Briefs have been published examining health policy issues of national importance, presenting research findings that are easily accessible and understood by policy-makers and practitioners.

The Issues Briefs published throughout 2016–17 have focused on a range of subjects and contributed to wider national debate and policy development.

Improving end-of-life care in Australia has been an ongoing advocacy area for the Institute, culminating this year in a round

table event held in collaboration with Palliative Care Australia in Melbourne in May. Event presentations highlighted the challenges in end-of-life decision-making, with a panel discussion on end-of-life legislation harmonisation and opportunities for national reform.

The Health Care Homes brief examined a model of primary healthcare being trialled by the Australian Government, and brought together Australian thought leaders in primary health care to highlight the work that still needs to be done to ensure that the Health Care Home trial paves the way for enduring reform in the delivery of primary healthcare. Our work to support clinical governance for Primary Health Networks has focused the network nationally on the challenges of delivering safe, quality care when commissioning community-based health services.

“In the past year, the Deeble Institute has continued its work in supporting high quality independent research. Six Issues Briefs have been published examining health policy issues of national importance, presenting research findings that are easily accessible and understood by policy-makers and practitioners.”

DEEBLE ISSUES BRIEFS 2016–17

Dr Julie Gordon, Associate Professor Graeme Miller, Professor Helena Britt (University of Sydney)

Reality check—reliable national data from general practice electronic health records

Jennifer Browne (PhD Candidate, La Trobe University), Associate Professor Karen Adams, Petah Atkinson (Monash University)

Food and nutrition programs for Aboriginal and Torres Strait Islander Australians: what works to keep people healthy and strong?

Amanda Jones, Kate Silk (AHHA)

Improving end-of-life care in Australia

Tan Nguyen (Summer Scholar)

Is the current model of public dental care promoting the oral health of young children in Australia?

Amanda Jones, Susan Killion (AHHA)

Clinical governance framework for Primary Health Networks

Dr Linc Thurecht, Kylie Woolcock, Kate Silk, Krister Partel, Alison Verhoeven (AHHA)

Health Care Homes: principles and enablers for their implementation in Australia

DEEBLE BOARD AND PARTNERS

The work of the Deeble Institute is guided by an Advisory Board made up of nominated representatives of our member organisations. The Board is chaired by Professor Johanna Westbrook, of the Australian Institute of Health Innovation at Macquarie University. The Board acknowledges the continued strong leadership of Deeble Institute Director Susan Killion.

2016–17 Deeble Institute Partners

- Australian Centre for Health Services Innovation at Queensland University of Technology
- Australian Institute of Health Innovation at Macquarie University
- Family Medicine Research Centre at the University of Sydney
- Menzies Health Institute at Griffith University
- University of Western Australia
- Victorian Healthcare Association
- Australian Society for Medical Research

CASE STUDY: HEALTH CARE HOMES

Health Care Homes hold the potential for significant patient-centred reform—but without shared principles for success there is the risk of failure. The Issues Brief, developed following a workshop held at the 2016 National Primary Care Conference, built on Australian participation in a similar workshop hosted by the US Patient-Centered Primary Care Collaborative. The US workshop examined coordinated models of care from Australia and overseas to outline shared principles for stakeholders, including:

- A holistic view of health and wellbeing.
- Patient- and family-centred healthcare.
- Continuous and collaborative relationships.
- Comprehensive team-based approach.
- Shared decision-making with patients.
- Coordinated care across the system.
- Accessible, affordable, equitable and appropriate care.
- High-value, evidence-based, safe and quality care.
- Well-supported health care workforce and workplaces.
- Sustainable funding, including alignment of the business model and the care model.

Some of these principles require change that will take time, up-front investment and strong leadership at all levels of the health system.

The Deeble Institute Issues Brief outlined the opportunities that exist in ensuring stakeholder and consumer engagement, and adding voice to much-needed debate about the type of health system we want in Australia.

“Sustainable funding, including alignment of the business model and the care model.”

SUMMER RESEARCH SCHOLARSHIP PROGRAM

In 2016–17 the Deeble Institute supported the work of two early career researchers through the Deeble Institute Summer Research Scholarship program. The purpose of the program is to provide postgraduate students with an opportunity to gain a better understanding of how to translate academic research into evidence that is relevant to policy-makers and practitioners.

Victoria McCreanor and Brock Delfante were the Deeble Institute Summer Scholars for 2016–17. Both scholars spent time in the AHHA offices throughout January and February 2017, and attended meetings with policy-makers, peak bodies and industry groups to help focus their research.

Victoria has developed a paper exploring current barriers to the implementation of evidence-driven disinvestment in low-value care. She is currently undertaking a PhD in health economics and works as a research associate at the Australian Centre for Health Services Innovation (AusHSI) at Queensland University of Technology.

Brock Delfante is researching the use of patients' own medications in hospitals and how this could contribute to the objectives of the National Medicines Policy and Quality Use of Medicines initiative. He is a PhD candidate at the University of Western Australia and his previous research has included improving the safety and cost-effectiveness of the medicines supply process in Western Australian hospitals.

‘The overriding message from policy-makers and the Deeble Institute, as a knowledge translation organisation, was that information intended for policy-makers must be concise, evidence-based and give clear direction... and all in language that a non-expert can easily understand. Translating research is much more difficult than it sounds. However, if we as researchers want changes to be made based on our findings, these communication skills are essential.’

Victoria McCreanor Research Associate and PhD Candidate,
Australian Centre for Health Services Innovation

‘Working with the Deeble Institute has provided me with a better foundation knowledge in public health policy that will result in changes to the way I approach my research, which will hopefully result in meaningful improvements in patient care and service delivery.’

Brock Delfante Associate Lecturer, PhD Candidate,
University of Western Australia

JustHealth Consultants

A SUSTAINABLE ORGANISATION, MAKING A DIFFERENCE

AHHA's consulting arm—JustHealth Consultants—had another strong year, providing quality support to our members and stakeholders.

Over the past 7 years, JustHealth Consultants has developed a reputation for being able to bring highly skilled and experienced teams together to deliver targeted, quality outcomes at an affordable price. We do this by calling on both our skilled internal staff and a broad pool of consultants, many of whom are well-known leaders in the health sector.

This year AHHA has undertaken a diverse range of projects including developing training programs and materials, undertaking research, facilitating the development of consensus statements, and building

member capacity in governance and internal administration. In addition to our free palliative care online training program, AHHA also continued to provide access to a wide range of courses for front line health staff through our online training portal, and to Lean Healthcare Training through our partnership with the LEI Group.

Lean is a philosophy that requires the continuous elimination of waste or non-value-added elements from processes using space, time and capital investment, staff and materials efficiently to improve the 'flow' of tasks from beginning to end. Many of AHHA's members have been able to make significant budget savings and outcomes improvement through incorporation of Lean principles in their planning and activity design. In 2016–17

a new online training platform for Lean was introduced which allows organisations to purchase a corporate training licence, providing a cost effective way to train large numbers of staff.

Undertaking these consulting and training activities contributes to ensuring a sound financial base for the AHHA, providing the sustainability that enables the Association to explore a full range of advocacy, research and member support activities. Just as importantly, it enables our members to access high quality, value-for-money consulting services and training courses and provides business opportunities for those members and stakeholders who work with us on consulting projects.

CASE STUDY: WORKING WITH VULNERABLE CHILDREN TRAINING PROJECT

AHHA has developed a strong reputation for developing quality training materials. Among the variety of training-focused projects completed this year was the work AHHA undertook developing online resources content to support staff working in child and adult community-based and primary health services in Victoria. The work was focused on early identification and responses to vulnerable children at risk of child abuse and neglect.

This project, commissioned by the Victorian Government Department of Health and Human Services, and undertaken in partnership with e3 Learning, involved an extensive consultation period with key stakeholders. Consultation was conducted using a mixed-methods approach, featuring an online survey, face-to-face interviews and teleconferences. Findings from these consultations were synthesised, and major recurring themes were used to inform the structure and content of the training.

AHHA then developed content which was used by our partner, e3Learning, to develop web-based training modules for the mental health, community health, drug and alcohol, and general practice settings to complement existing modules for hospital-based settings.

CASE STUDY: ADDRESSING STIGMA AND DISCRIMINATION TO INCREASE ACCESS TO THE HEALTH SYSTEM FOR PEOPLE AT RISK OF OR LIVING WITH HIV, HEPATITIS B AND HEPATITIS C

Australia is a leader in its response to HIV, and most recently, hepatitis C—embracing the latest research, building evidence-based responses founded on multisector collaboration, and offering universal access to treatments.

However, stigma and discrimination within the health system towards those at risk of or living with HIV, hepatitis B and hepatitis C may hinder patient access to health care. The impact can be considerable, not just on the individual involved, but on efforts to effectively and efficiently reduce disease prevalence.

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) is leading a comprehensive and coordinated response to reduce levels of this stigma and discrimination.

Interventions and supporting resources were identified at various levels—patients and consumers, the health workforce, health services, and the health system more broadly.

As part of this work, AHHA brought together health services, health sector peak bodies, research and communication partners, community collaborators and subject matter experts to workshop how the interventions and resources could be integrated into their own work systematically and sustainably to achieve the greatest impact.

As an independent party, AHHA worked with stakeholders to develop a strong and actionable report. An issues brief will be published in late 2017.

“Stigma and discrimination within the health system towards those at risk of or living with HIV, hepatitis B and hepatitis C may hinder patient access to health care. The impact can be considerable, not just on the individual involved, but on efforts to effectively and efficiently reduce disease prevalence.”

World Hospital Congress 2018

BRINGING THE WORLD TO AUSTRALIA

In October 2018, AHHA will bring the world to Australia as we host the 42nd World Hospital Congress in Brisbane, supported by our host partner, Queensland Health.

The World Hospital Congress is the annual meeting of the International Hospital Federation (IHF). AHHA has been an IHF member since 1949. Each year the World Hospital Congress brings together many of the world's most senior hospital and health service leaders, and influential system thinkers.

Such a significant international gathering offers great opportunities to learn and be across the latest thinking and developments in hospitals and healthcare services. AHHA appreciates that many of our members do not have the capacity to regularly attend international events. Having the event on home ground in 2018 is therefore an opportunity not to be missed.

In the past seven decades AHHA has previously hosted three highly successful meetings of the World Hospital Congress—in 1971, 1981 and 1997. The two decades that have passed since the last time the Congress was held in Australia has seen rapid evolution in the sector, both here and overseas. At AHHA we felt that it was an

ideal time to bid to bring this great event back to our shores in 2018.

Hosting the World Hospital Congress is determined through a highly competitive bidding/submission process. AHHA competed against Paris and Oman to secure the 2018 event. In announcing Australia as the successful bidder, IHF CEO Eric de Roodenbeke commended the quality of the AHHA submission as 'the best ever received'.

In hosting WHC 2018, AHHA will be supported by our major host partner, Queensland Health.

Dr John Wakefield, Deputy Director-General, Clinical Excellence Division, Queensland Department of Health said "We look forward to welcoming our international colleagues to Brisbane to showcase the best of Australian healthcare and hospitals."

The 2018 World Hospital Congress will be a once-in-20-years opportunity to engage with global health leaders. AHHA looks forward to a Congress that will inform and inspire, as well as providing opportunities to forge valuable long-term international connections.

2018 IHF BRISBANE
42nd World Hospital Congress
10-12 OCTOBER 2018 BRISBANE AUSTRALIA



sponsors

SHARING THE COMMITMENT

AHHA extends its sincere thanks to its generous 2016–17 sponsors and partners, whose support made it possible for AHHA to deliver its breadth of activities while keeping fees to a minimum.

Sponsorship of AHHA events and activities provides opportunities for organisations to link their brand with thought leadership in health policy and research. It demonstrates

support of, and commitment to, improving the health of all Australians, as well as enabling communication with AHHA's membership base.

We have a partnership approach to sponsorship, where we work together to identify and achieve outcomes of mutual benefit. This approach, in turn, provides benefits for AHHA members in delivering

outcomes and discounts that would not otherwise be available.

AHHA welcomes opportunities to explore partnership and sponsorship options with organisations that share our commitment to universal and equitable access to high quality healthcare in Australia. Please contact AHHA to discuss ways that you could be involved.



join the AHHA

STRENGTH THROUGH MEMBERSHIP

Help make a difference to health policy,
share innovative ideas and get support on
issues that matter to you—join the AHHA.

AHHA MEMBER BENEFITS INCLUDE:

Representation on AHHA Council (full members only)

Free ad listings on AHHA Jobs Board

Australian Health Review journal subscriptions

The Health Advocate magazine subscriptions

International Hospitals Federation Journal online access

Members-only and by-invitation events

Discounted event attendance

Discounted advertising in AHHA publications

Discounted training access, including Lean training

Discounted JustHealth consultancy services

Discounted media monitoring services

Access to the members-only section of AHHA website

www.ahha.asn.au/membership

Join health leaders from around the world to discuss the future of innovative health service delivery as the AHHA hosts the 42nd World Hospital Congress.

2018 IHFB **BRISBANE**
42nd World Hospital Congress
10-12 OCTOBER 2018 **BRISBANE AUSTRALIA**

