

The logo for the Australian Healthcare & Hospitals Association (OHHA) is displayed in a large, blue, lowercase, sans-serif font. The letters are filled with a geometric, low-poly pattern. To the right of the logo, there is a stylized orange virus icon with a central circular core and several protruding spikes, resembling a coronavirus. The background is a warm yellow-to-orange gradient with a low-poly, geometric pattern.

ohha

australian healthcare &
hospitals association

the voice of public healthcare[®]

annual report
2017-18

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.



the voice of public healthcare®

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The AHHA is the national peak body for public and not-for-profit hospitals and healthcare providers in Australia. We have been a leading voice in the national health conversation for over 70 years.

It's a pleasure and a privilege to be writing this overview covering my first full financial year as Chair of the AHHA Board.

Our first priority is our members, who represent the broad spectrum of Australia's public and not-for-profit healthcare system, including the hospital, primary and community healthcare sectors, as well as academic institutions, private sector organisations, and individuals.

This broad and diverse membership places us in a strong and unique position as an independent national voice for universal high-quality healthcare that benefits the whole community. Our 'big picture' ambition differentiates us from advocacy groups focused on specific diseases and health conditions, or specific professions or groups.

AHHA's Board has oversight over AHHA advocacy and policy activities, provides general strategic direction to the association and iteratively reviews and evaluates AHHA to ensure it delivers on

the outcomes agreed in AHHA's 2016–2020 strategic plan.

AHHA's 2016–2020 strategic plan outlines outcomes measures against which the AHHA is able to critically self-reflect upon what success looks like. Elements include an engaged and growing membership reflective of Australia's health system, being a conversation initiator as well as commentator, influencing health debate to ensure members' issues are on the national policy agenda, and ensuring that research and evidence underpin our advocacy and policy activities.

What a successful year it has been, in all of these ways—and in terms of our governance and administration. The evidence is all here in this annual report, which has been restructured compared with previous years to reflect the aims of our 2016–2020 Strategic Plan and the activities and deliverables of our 2017–18 Business Plan.

AHHA achievements in 2017–18 prove that non-government organisations like

us can provide 'big picture' leadership as well as influencing sectional health debates. Two outstanding 'big picture' successes come to mind, among many others: development and dissemination of the *Healthy people, healthy systems* blueprint for a post-2020 National Health Agreement; and preparations for our hosting of the 42nd World Hospital Congress in October 2018.

The blueprint, requested by both the Minister for Health and the Leader of the Opposition, is a shared vision for the next national health agreement in Australia between the Commonwealth Government and the state and territory governments.

But, more than that, it provides a structured way forward to providing the outcomes-focused and value-based healthcare system that will be needed to meet 21st century healthcare needs and expectations. AHHA's Chief Executive Alison Verhoeven describes the processes involved, areas covered and the recommendations in more detail.



Dr Deborah Cole

“Our ‘big picture’ ambition differentiates us from advocacy groups focused on specific diseases and health conditions, or specific professions or groups.”

More information is also available in the blueprint ‘Spotlight’ on page 12.

The blueprint has been very warmly accepted throughout the health sector as the most strategic document currently setting out a future vision of

the Australian healthcare system, with evidence-backed recommendations on how to achieve it.

By hosting the 42nd World Hospital Congress in 2018, AHHA is bringing health leaders from around the world to Australia to share their views and experiences in addressing shared challenges in healthcare, with a focus on best practices and applicability in different contexts. AHHA had to bid for the hosting rights, and it is a credit to our bid, and our international standing, that we were successful.

The Congress will benefit Australian and world health leaders alike, which will flow through to the health systems they lead and administer. More information is available on page 15 and 19 of this report.

Further indications of AHHA’s standing as a thought leader, influencer and change-maker during the year include being a primary source of comment in the media on several issues, including

marriage equality, private health insurance, and digital health, as well as through invitations to participate in government inquiries and committees, and to address various national conferences. There are many examples of all of these activities in ‘Spotlight’ sections throughout this report, and in most of the major sections.

Finally, as shown in the Operations and Administration section of this report, AHHA is on a sound financial footing as a not-for-profit organisation. This is an essential foundation for the advocacy and professional development work that is at the core of 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’.

Together with my fellow Board members, and AHHA staff, stakeholders and supporters, we look forward to the coming year, and in particular to the October 2018 World Hospital Congress.

In 2017–18 AHHA built on the successes of the previous year with increased income, sustained advocacy and communication efforts, solid advances in our operations and administration infrastructure, strong membership engagement in our publications and events, and a growing research and policy platform.

As our Board Chair, Dr Deborah Cole, has indicated in her overview, this year's annual report has been structured to closely reflect the aims of our 2016–2020 Strategic Plan and the activities and deliverables of our 2017–18 Business Plan. There are many 'Spotlight' pieces highlighting the number and variety of AHHA activities for the year.

BLUEPRINT FOR HEALTH REFORM

One major project carried out during the year serves as an exemplar of the collaborative way AHHA currently works with, and in the interests of, its members as the 'voice of public healthcare'.

That project in 2017–18, more than any other, was undoubtedly the development of our *Healthy people, healthy systems* blueprint for a post-2020 National Health Agreement

During 2017, the Commonwealth Government and the state and territory governments were beginning negotiations for a new National Health Agreement to apply from 1 July 2020.

This agreement's primary focus is the arrangements for public hospital funding. However, in recognition of

roles and responsibilities for health outcomes being shared between the Commonwealth and the states and territories, with integrated systems and services in place, the agreement contains a much broader agenda—and is critically important to the entire health sector.

With these negotiations in mind, the Minister for Health, Greg Hunt, challenged AHHA to contribute ideas for a 10-year blueprint to reform the health system. Similar requests were received from the Leader of the Opposition, Bill Shorten, and the Shadow Minister for Health, Catherine King.

We responded by working with our members and stakeholders to identify the collective action needed to reorientate our system into a fit-for-purpose 21st century system that would meet the needs and expectations of Australians. It was also an opportunity to determine feasible steps that could be taken in the short, medium and long term to achieve this.

Members agreed that a focus on patient outcomes and value-based healthcare was essential in meeting current and future healthcare needs, and achieving

the AHHA vision of a healthy Australia supported by the best possible healthcare system.

While the blueprint's development drew on a strong understanding of local and international evidence for patient-centred and value-based healthcare, it was understanding the applicability of that evidence to different stakeholders in the Australian context that was fundamental in formulating recommendations.

Following a review of the evidence, AHHA prepared a discussion paper to facilitate input from AHHA's membership and expert advisors. Through this consultation:

- shared principles and values that would underpin reform were established
- areas requiring prioritisation for action in a national health agreement were identified
- the implications of specific actions, both positive and negative and for different stakeholders, were explored.

A national roundtable session was then held to coordinate reactions and further contributions, and to synthesise



Alison Verhoeven

the range of views. A collective view of healthcare reform was cultivated. The interest, engagement and contributions of leaders from across the health sector were fundamental to identifying and prioritising feasible actions. Perspectives from across the hospital, primary and community health sectors were heard, involving clinicians, academics, policy-makers, administrators and consumers. Examples of innovation in implementing patient-centred and value-based care were shared.

After conclusion of this process, patient-centred, outcomes-focused and value-based healthcare priorities were grouped under four shared objectives:

1. A nationally unified and regionally controlled health system that puts patients at the centre.
2. Performance information and reporting that is fit-for-purpose.
3. A health workforce that exists to serve and meet population health needs.
4. Funding that is sustainable and appropriate to support a high-quality health system.

MOBILISING SUPPORT FOR CHANGE

Members and stakeholders who had contributed to the blueprint's development collaborated to share news of its release. Members were encouraged and supported to use the blueprint in raising issues with elected representatives in their own electorates.

AHHA held meetings with health ministers at the national and state and territory levels, across the political spectrum, with senior health executives, and health sector leaders.

We initiated and sustained media activity across traditional, online and social media platforms, with an emphasis on Twitter.

Public speaking opportunities at conferences and workshops, and media interviews, were seen as opportunities to refer back to the blueprint, its key messages and its recommendations.

AHHA continued to work with members and stakeholders to publish case studies about their work, where it exemplified the recommendations in the blueprint. These case studies provide current examples of

innovative and best practice in Australia, which may be appropriate if applied or scaled up in other parts of the country, or at the jurisdictional or national level.

REACTIONS SO FAR

Reactions from Ministers, the Opposition, state and territory governments, and other health groups have been very positive, with many reiterating recommendations from the blueprint in their own calls for future action—including the importance of patient-centred and value-based healthcare, going further than tinkering around the edges, reconfiguring the health workforce, and building national capability in health performance information and reporting.

Another common reaction is that there is no other document like the blueprint available—it is the first, and so far the most comprehensive, document of its kind.

AHHA will continue to promote the blueprint in the second half of the 2018 calendar year, and will assess reactions and their implications for future health policy.



Walter Kmet
Chair, Audit, Finance and Risk Committee

AHHA had a very healthy year financially in 2017–18

Revenue was up by \$197,094 compared with the previous year to total \$3,233,395. Expenses rose by \$108,849 compared with the previous year to \$3,069,326. Overall, consistent with our status as a not-for-profit company under the Australian Charities and Not-for-profits Commission Act 2012, and as a Health Promotion Charity under section 50–5 of the Income Tax Assessment Act 1997, we made a modest surplus for the year of \$164,069, and achieved an unqualified audit report.

All legislative and regulatory requirements were met in full, including statutory reporting to the Australian Charities and Not-for-profits Commission.

ISO 9001:2015 ACCREDITATION

AHHA is an ISO 9001 accredited organisation, and works to ISO standards to manage its business effectively using continuous improvement, and maintained its accreditation during the year.

AUDIT, FINANCE AND RISK COMMITTEE

The Board's Audit, Finance and Risk Committee met four times during the year, with subsequent reports to the AHHA Board.

My fellow committee members are Michael Brydon, Gaylene Coulton and Nigel Fidgeon, Deborah Cole (ex officio), and independent member Andrew Bailey.

The Committee oversees and provides advice to the Board and Chief Executive on the Association's financial operations and ensures that strong risk mitigation strategies are in place covering finances, governance, operations, reputation and business planning.

Quarterly audit and financial reports were delivered to, and accepted by, the AHHA Board's Audit, Finance and Risk Committee during the year, which subsequently provides the reports to the AHHA Board.

OTHER FINANCIAL MANAGEMENT RELATED COMMITTEES

The Performance and Remuneration Committee comprises the Board Chair (Deborah Cole), the Audit, Finance and Risk Committee Chair (Walter Kmet), and an appointed Board member (Adrian Pennington). Its function is to advise and make recommendations to the Board on matters related to the performance, remuneration and professional development of the AHHA Chief Executive and AHHA Secretariat

staff. The Committee met once during the year.

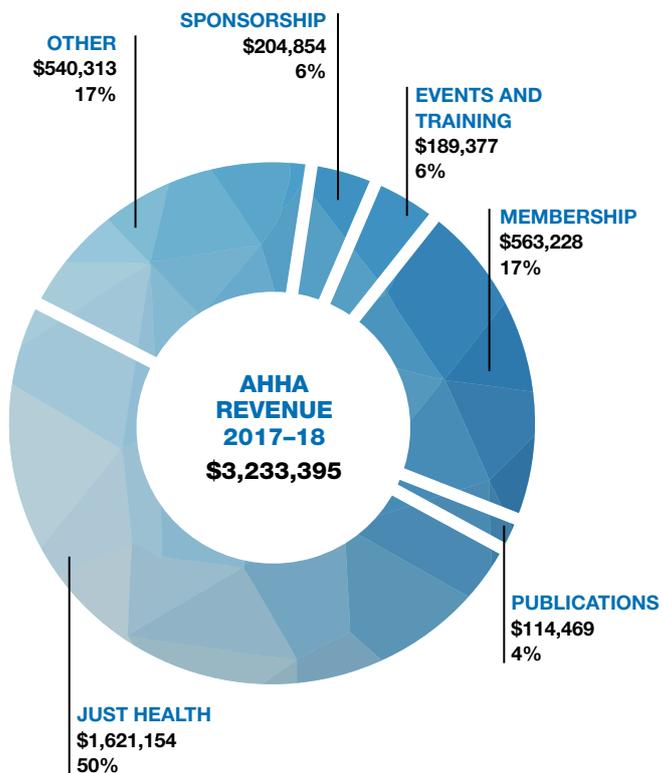
The Primary Health Fund Investment Management Advisory Group is chaired by AHHA Board member Gaylene Coulton. This Group, which includes representatives from the Public Health Association of Australia, provides advice to the AHHA Board regarding the management of funds distributed to AHHA following the wind-up of the Australian Medicare Local Alliance. The Group met twice during the year.

CONTRACT AND PROJECT MANAGEMENT

AHHA finance and administration staff act as a centre of expertise within the organisation for contract and project management. Assistance is given to staff in budget preparation for tenders, business planning and monitoring, and ensuring compliance with legislated governance requirements. All projects and programs have agreed individual budgets prior to commencement.

During the year 'Folio' risk management software, covering contracts, risk, compliance and reporting, was introduced to AHHA staff, and will be fully rolled out and operational across all projects in the coming year.

AHHA staff (30 June 2018)



- | | |
|--|--|
| Ms Alison Verhoeven
Chief Executive | Dr Rebecca Haddock
Deeble Institute for Health Policy Research Manager |
| Mr Murray Mansell
Chief Operating Officer | Mr Nigel Harding
Public Affairs Manager |
| Dr Linc Thurecht
Senior Research Director, Acting Deeble Institute for Health Policy Research Director | Ms Katharine Silk
Integration and Innovation Manager |
| Ms Susan Killion
Senior Adviser | Ms Sue Wright
Office Manager |
| Dr Chris Bourke
Strategic Programs Director | Mr Daniel Holloway
Web /Project Officer |
| Mr Krister Partel
Advocacy Director | Ms Freda Lu
Assistant Accountant |
| Ms Lisa Robey
Engagement and Business Director | Ms Malahat Rastar
Events Officer |
| Ms Kylie Woolcock
Policy Director | Mr Matthew Tabur
Executive Officer |
| | Ms Odette Fuller
Administration Officer |

All facets of human resources management, payroll and office operations were administered smoothly throughout the year to meet budget and executive staff requirements.

Professional development is a key component of staff management, with most staff availing themselves of development opportunities ranging from seminar attendances to formal professional certificate-level courses.



AHHA staff members Freda Lu and Suhi Sudhakar receive their Certificate III in Business Administration from Jessica Garnet of YWCA Canberra, with AHHA Chief Operating Officer Murray Mansell also attending.

BOARD AND COUNCIL

The AHHA Board and Council met four times throughout 2017–18 as per the requirements of the AHHA Constitution.

In addition, the Board's Audit, Finance and Risk Committee met four times. The Primary Health Fund Investment Management Advisory Group met twice, and the Performance and Remuneration Committee met once during the year.

MEETINGS ATTENDED	Meeting type and number of meetings attended in 2016–17:			
	Board (4 meetings)	Audit, Finance and Risk Committee (4 meetings)	Primary Health Fund Investment Management Advisory Group (2 meeting)	Performance and Remuneration Committee (1 meeting)
Name				
Deborah Cole (Board Chair)	3	0	NA	1
Michael Brydon	3	4	NA	NA
Paul Burgess	4	NA	NA	NA
Gaylene Coulton (Chair, Primary Health Fund Investment Management Advisory Group)	4	3	2	NA
Jill Davidson	3	NA	NA	NA
Paul Dugdale	2	NA	NA	NA
Nigel Fidgeon	3	4	NA	NA
Walter Kmet (Chair, Audit Finance and Risk Committee)	3	4	NA	1
Adrian Pennington	2	NA	NA	1
Andrew Bailey	NA	4	NA	NA

The AHHA Chief Executive and staff participate in the activities and meetings of two international committees and several national committees, as set out below.



AHHA STRATEGIC PLAN 2016–2020

The Strategic Plan sets out the AHHA's vision, mission, guiding principles and goals.

It also sets out what success will look like, how we work, our culture and what we offer to our members.



AHHA BUSINESS PLAN 2017–18

Development of the 2017–18 Business Plan was undertaken before the start of the 2017–18 year. The Business Plan sets out the work program for the year in terms of business area, revenue/cost, activity, applicable dates/timing and key performance indicators/deliverables.

All activities in the Business Plan have a strategic intent that is linked to the Strategic Plan.

AHHA staff are continually seeking out opportunities to participate in relevant national committees and related advisory structures to advance shared goals. Board and Council members are consulted regularly on appropriate input, and summaries of meeting outcomes are communicated to members using regular communications channels such as the Chief Executive's weekly Council reports.

Accounts of Parliamentary meetings and related group and committee activities are provided in the Policy and Advocacy section of this report.

INTERNATIONAL COMMITTEES

International Hospital Federation—Governing Council

WHO Integrated Care Indicator Expert Review Group

2018 IHF World Hospital Congress Scientific Committee

Department of Health Breastfeeding Expert Reference Group

Department of Health Trusted Information Sharing Network Health Sector Group (Chair)

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

NATIONAL COMMITTEES

All-Can (Australia) Steering Group

Australian Consensus Framework on Ethics in Healthcare Leadership Group

Australian Council on Healthcare Standards (Board member)

Australian Human Rights Commission Child Safe Organisations Implementation Advisory Group

Australian Institute of Health and Welfare Out-of-Pocket Costs Report Advisory Committee

Australian Institute of Health and Welfare Advisory Committee on Access to Care

Australian Institute of Health and Welfare Hospital Statistics Advisory Committee

Climate and Health Alliance

Close the Gap Steering Committee

Department of Veterans' Affairs Health Consultative Forum

GAP Taskforce on Australia's Health 2040

HESTA—Trustee (Board member)

Independent Hospital Pricing Authority Stakeholder Advisory Committee

National Aged Care Alliance

National Mental Health Commission Advisory Committee—National Emergent Leadership Program National Oral Health Alliance (Chair)

National Osteoarthritis Strategy Leadership Group

National Prescribing Service

National Primary and Community Health Network

National Rural Health Alliance

Standards Australia Technical Committees



The Health Advocate

BI-MONTHLY PUBLICATION



5,000

ONLINE SUBSCRIBERS

750 COPIES PRINTED FOR: MEMBERS CONTRIBUTORS PARLIAMENTARIANS PROMOTIONAL PURPOSES

All six editions of *The Health Advocate* magazine in 2017–18 were published on time, early in their scheduled month of issue. The magazine is available in printed form and online. The readership includes health administrators and other professionals, clinical staff, academics, researchers, politicians and a broad range of health organisations of all kinds.

During the year we experienced a very sharp increase in interest from potential contributors, particularly among our members. The magazine continues to attract positive feedback from readers, with the most common compliments being the interesting range and depth of topics covered.

The June 2018 edition was particularly well-received as it focused on digital healthcare—a highly topical issue in advance of the Australian Government’s introduction of its new ‘opt out’ model for the My Health Record.

Article topics included: ‘Improving outcomes with digital health’ (by Australian Minister for Health, Greg Hunt); ‘Already beyond expectations—going fully digital in Queensland hospitals’ (by Queensland Health); ‘My Health Record—the start of a lifelong journey’ (Australian Digital Health Agency); and ‘The technology behind the Victorian Heart Hospital’ (Victorian Health and Human Services Building Authority).



Healthcare in Brief

TWICE-WEEKLY

5,000

5,000 READERS

CLICK RATE OVER TWICE THE INDUSTRY AVERAGE

AHHA’s free twice-weekly electronic newsletter, *Healthcare in Brief* received very strong positive feedback from readers throughout the year, including from senior health bureaucrats, ministers’ and shadow ministers’ offices, cross-bench Senators and commercial organisations active in the health sector. The editorial pieces have been particularly well-received as perceptive and entertaining, while also being even-handed.

One healthcare IT CEO described *Healthcare in Brief* as the best source of health news available, which included paid subscriptions.

In addition to the editorial, the content of the newsletter consists of specially 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.

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



Website

The AHHA website is our main vehicle for communication with members as well as the public. AHHA’s communications support staff continued to manage and update the AHHA website in conjunction with outsourced IT providers. Developments in 2017–18 included refreshing and re-launching the Palliative Care Online Training portal following funding renewal by the Australian Government Department of Health, updating position statements, and reorganising content to align with our work on a blueprint for health reform.



Media releases

56 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. Three fewer releases were issued in 2017–18 compared with the previous year.

Social media

AHHA continued its active social media presence—primarily on Twitter, although Facebook and LinkedIn were also used regularly.



1,100 TWEETS

to 8,620 followers, with 3,300 retweets and 2,800 'likes'.

Chief Executive has 3,000 additional followers
Deeble Institute has 1,000 followers.



51 FACEBOOK POSTS

were seen by 1,100 followers



62 LINKEDIN POSTS

were seen by 622 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, reports and publications of interest, and the latest news on health issues and policy.



MEDIA RELEASE

ABC 4 Corners program on out-of-pocket health costs

On 28 May 2018, the Australian Broadcasting Corporation's *4 Corners* program covered out-of-pocket health costs, which for some patients had reached alarming five-figure levels.

Such findings are of considerable concern to AHHA, given our Strategic Plan goal of promoting and supporting universally accessible healthcare for the benefit of the whole community.

Accordingly, we were quick to issue a media release on our reaction to the program: *4 Corners sounds warning bell on health costs: is government listening?*

'Last night's *4 Corners* program on out-of-pocket health costs is a warning bell that our political leaders should heed,' AHHA Chief Executive Alison Verhoeven said.

'People's first-hand accounts of the significant costs incurred in managing their health cannot be ignored, nor brushed over with statements about high bulk-billing rates, a few rogue specialists, and planned insurance reforms which will do little, if anything, to address the problem.

'While the Australian Government is undertaking a review of out-of-pocket costs, it must give a clear assurance to all Australians that it prioritises investment in the public health sector so that quality health care is available to all Australians'.

'As a starting point, the Government could task the MBS Review Taskforce with investigating options for bundled payments for high-need patients, such as those requiring treatment for cancer. This would assist in addressing variation in doctors' fees, as well as the unanticipated and sometimes unaffordable bills that land in the patient's lap throughout their care journey.

'For example, although many specialists do provide details of the fees they will charge for their services, a person may be required to see several different health service providers for their condition. Many tests and treatments are performed outside a hospital and may not be claimable on health insurance.

'With each provider charging for their services and no clear idea on the claimability or benefits payable on the various items, either from private health insurance or Medicare, the overall amount of money the patient is required to spend can add to something significantly more than first anticipated.

'As the private system and its out-of-pocket costs and confusion continue to run away from us, we reiterate our call for a Productivity Commission review of the health system, including an appropriate and affordable balance between private and public healthcare that is patient-centred rather than provider-centred,' said Ms Verhoeven.

The release resulted in several media requests for interview and comment from AHHA.

our year



HEALTHY PEOPLE, HEALTHY SYSTEMS—STRATEGIES FOR OUTCOMES-FOCUSED AND VALUE-BASED HEALTHCARE: A BLUEPRINT FOR A POST-2020 NATIONAL HEALTH AGREEMENT

Throughout 2017, AHHA, in response to requests from Commonwealth Health and Shadow Health Ministers, and together with Australian health leaders, mapped out how to transform our healthcare system into a fit-for-purpose 21st century system that will meet the needs and expectations of all Australians.

Through substantial consultation with, and input from, AHHA's Board, broad membership and stakeholders across the hospital, primary and community health sectors—including clinicians, academics, policymakers, administrators and consumers—a blueprint was developed.

Healthy people, healthy systems, released in December 2017, includes, including a range of short, medium and long term recommendations on how to reorientate our healthcare system to focus on patient outcomes and value rather than throughput and vested interests.

With patients at the centre, these recommendations are grouped to achieve:

1. A nationally unified and regionally controlled health system;
2. Data and reporting that is fit-for-purpose;
3. Health workforce reform; and
4. Sustainable funding that is dependable yet innovative.

In 2018, AHHA again drew from the work and experience of members and stakeholders to identify current examples of innovative work and best-practice in Australia in governance, data, workforce and funding. AHHA advocates that scaling up the work and best-practice showcased in these examples would help move Australia along the path of outcomes-focused and value-based healthcare.

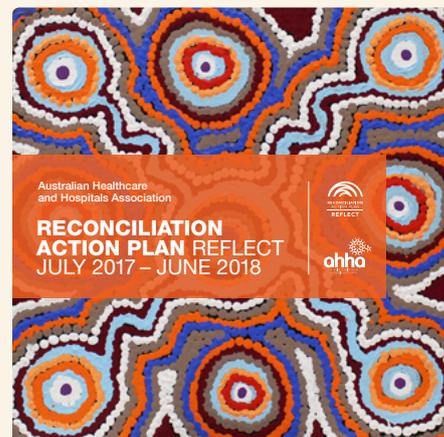
The blueprint and case studies can be accessed at <http://ahha.asn.au/Blueprint>



Professor Stephen Duckett (Grattan Institute) at the March 2018 Blueprint 'Town Hall' session on case studies to support the blueprint's recommendations.



RECONCILIATION ACTION PLAN 2017-18



In 2017-18 AHHA committed to its inaugural Reconciliation Action Plan (RAP), a framework of objectives and deliverables designed to foster relationships and empower AHHA to more effectively engage with Aboriginal and Torres Strait Islander peoples. In so doing, AHHA considered its own vision for reconciliation and aimed to develop concrete mechanisms to make its workplace more culturally safe and diverse.

AHHA built its RAP around one key principle: to work with and support Aboriginal and Torres Strait Islander peoples in the development of health public policy through its programs of advocacy, research, education, publications and events.

The Plan has been endorsed by Reconciliation Australia, AHHA staff and the AHHA Board. Over the past 12 months AHHA has achieved its RAP deliverables, notably through the development of Indigenous scholarships for the World Hospital Congress, implementation of Aboriginal and Torres Strait Islander cultural leave and employment policies, and improved awareness of culturally safe and respectful practices among our staff.

We look forward to continuing to work with Aboriginal and Torres Strait Islander people to improve health outcomes in 2018-19 and beyond.



CLOSE THE GAP CAMPAIGN

CLOSETHEGAP

AHHA is committed to the Close the Gap Campaign, along with Australia's peak Aboriginal and Torres Strait Islander and other non-Indigenous health bodies, health professional bodies and human rights organisations.

The purpose of the Campaign is to improve the health, well being and life expectancy of

Aboriginal and Torres Strait Islander people compared with non-Indigenous Australians.

AHHA is represented on the Steering Committee for Indigenous Health Equality (Close the Gap Campaign), and provides in-kind support, including staff time, travel, communications, advertising and joint advocacy.



EXPERIENCE BASED CO-DESIGN TOOLKIT

Healthcare systems around the world are working toward achieving the quadruple aim of improving clinical outcomes, the unit cost of care, staff experience and patient experience.

Good design of healthcare service delivery is essential to achieving this quadruple aim, and needs to be in partnership with consumers (co-design).

The Experience Based Co-Design Toolkit, commissioned by AHHA and the Consumers Health Forum, was released in December 2017.

It provides a convenient on-line reference to equip people working in the health sector with tools and approaches to bring

consumers and health workers together in an authentic and equal partnership to co-design care.

Development of the toolkit was supported by PwC Australia. The toolkit was prepared by Prestantia Health, drawing on resources from the United Kingdom and New Zealand.

The Experience Based Co-Design Toolkit is available free of charge on the AHHA website.



JEFF CHEVERTON MEMORIAL SCHOLARSHIP



In memory of AHHA Board member Jeff Cheverton, who died suddenly in March 2017, a six-week scholarship for 2018 was announced for 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. All of these areas were close to Jeff's heart.

In September 2017 AHHA announced two winners of the scholarship for the inaugural 2018 year:

Dr Mikaela Jorgensen, from Macquarie University, to conduct a review of local and international research and produce a Deeble Institute for Health Policy Research Issues Brief on the impact of policy reforms first introduced by the Australian Government in 2012—these reforms were aimed at creating a sustainable, consumer-driven and market-based aged care system.

Ms Madelaine Thorpe, from Brisbane South Primary Health Network, to produce a Deeble Institute for Health Policy Research Issues Brief on the establishment of a Primary Health Care National Minimum Data Set. While over 400,000 visits are made each day to general practitioners in Australia, there is a paucity of data to inform us about why they went to a general practice, what care they received and the outcome of that care.



LIGHTHOUSE HOSPITAL PROJECT

Coronary heart disease is the leading cause of death among Aboriginal and Torres Strait Islander people, yet they are less likely to receive appropriate care when hospitalised.

The Lighthouse Hospital Project, a joint initiative of the Heart Foundation and AHHA, aims to drive change in hospitals with quality improvement activities that deliver better care and outcomes for Aboriginal and Torres Strait Islander people with acute coronary syndrome.

The project is funded by the Australian Government through the Indigenous Australians' Health Programme.

AHHA delivered quality improvement implementation workshops to all 18

Lighthouse Hospital Project Phase 3 sites by April 2018. The workshops were well received at all hospitals, with an overall satisfaction rating of 85%.

AHHA also delivered a second training workshop for Heart Foundation staff in December 2017, and provided advice to the Heart Foundation in the preparation of the National Lighthouse Hospital Project Forum, as well as conducting sessions on Patient Journey Mapping, and Recruiting Aboriginal and Torres Strait Islander staff.

AHHA will continue to work in partnership with the Heart Foundation on this project in 2018–19.



Lighthouse Hospital Project training workshop, AHHA and Heart Foundation, December 2017



END OF LIFE DIRECTIONS FOR AGED CARE (ELDAC)

End of Life Directions for Aged Care (ELDAC) is a project that seeks to improve the access and quality of palliative and advance care planning for older Australians.

It is funded by the Australian Government Department of Health, and is being delivered by a consortium of three universities and five national peak bodies.

As a consortium partner, AHHA is focusing on three streams of work:

1. Capacity building through development of a palliative care toolkit for the primary care setting.
2. Better understanding of issues affecting access and quality of palliative care through policy briefings and meetings.
3. Service and sector development through capacity building and linkage of local and regional primary care, aged care and palliative care services.

AHHA developed the ELDAC *Primary Care Toolkit* with palliative care experts to provide relevant information and resources. The toolkit leads primary healthcare practitioners and teams through the various steps involved in supporting advance care planning with patients and their families, including considerations for people of various religious and cultural backgrounds. There are links to fact sheets, guides, discussion starters,



patient resources and podcasts. Users can also access materials on assessing palliative care needs, providing palliative care, managing dying and bereavement.

The toolkit provides primary care teams with information on quality improvement, engaging with other organisations to develop meaningful partnerships, and using relevant systems such as the Medicare Benefits

Schedule (MBS) and My Health Record. The toolkit also encourages the use of local HealthPathways—it includes maps of all palliative care and advance care planning HealthPathways, and resources for people developing HealthPathways.

The *Primary Care Toolkit* is available free of charge on the ELDAC website (www.eldac.com.au).



US STUDY TOUR 2018—LEARNING MORE ABOUT PATIENT-CENTRED MEDICAL HOMES

Following the success of the US Study Tour for Health Executives in October 2016, in 2018 AHHA invited primary health leaders to explore progress in the United States in developing patient-centred medical homes.

National health leaders participating in the tour first attended the 2018 Institute for Healthcare Improvement Summit on Improving Patient Care, in San Diego, California. The focus of the Summit was ‘Primary Care for the Whole Person’.

The group then travelled to Portland, Oregon to meet with leaders of patient-



centred medical homes and participate in site visits, presentations, and networking and discussion sessions. The group then travelled to San Francisco to meet health leaders there.

Dr Jack Cochran, former Executive Director of the Permanente Federation at

Kaiser Permanente, led discussions on health leadership, moving from volume to value in healthcare, lessons from the US experience of patient-centred medical homes and accountable care organisations, and how these learnings might be applied in Australia.



WHC SPEAKER ANNOUNCEMENTS – 'BEST OF THE BEST'

In October 2018, AHHA will 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). Each year, many of the world's most senior hospital and health service leaders, and influential system thinkers, gather at the World Hospital Congress to discuss and develop excellence in healthcare.

2018 will be the first time in 20 years that the World Hospital Congress has come to Australia and AHHA has booked the 'best of the best' in healthcare from around the globe to come down under and explore how healthcare can evolve to meet 21st Century demands.

The 42nd World Hospital Congress keynote speakers include:

Professor Elizabeth Teisberg (USA), co-author of *Redefining Health Care: Creating Value-based Competition on Results*. Professor Teisberg is an internationally recognised author and professor, and recipient of the Wachovia Award for outstanding research, the Frederick S. Morton Award for Leadership, and the Book of the Year Award from the American College of Health Care Executives.

Chris Pointon (UK), co-founder of the #hellomynameis movement. Chris champions the cause of patient-centred, compassionate care and the importance of communication in care. Chris' story of the creation of a social movement towards a more compassionate health system grew out of sadness and adversity when his late wife was diagnosed with a terminal illness.

Nigel Edwards (UK), Chief Executive of the Nuffield Trust. Nigel brings a wealth of knowledge from his extensive experience in health policy. He is currently working with the WHO Regional Office for Europe and the European Observatory on Health Systems and Policies.

Dr Daphne Khoo (Singapore), Deputy Director Medical Services, Ministry of Health, Singapore. Daphne oversees all national patient safety, clinical performance management, quality improvement, and utilisation review programs. She is also the founding Executive Director of the Agency for Care Effectiveness, Singapore's national health technology assessment agency.

Nagwa Metwally (Egypt), advocate for the World Health Organization's Patients for Patient Safety (PFPS) program, which aims to incorporate the patient, family and community voice into all levels of health care through engagement and empowerment. Nagwa currently chairs the Egyptian Red Crescent group dedicated to improving services for patients at Ain Shams University Faculty of Medicine

Educational Hospital, and other public hospitals.

Professor Claire Jackson (Australia), co-author of *Achieving Effective Health Care Integration – the Essential Guide*. Claire was heavily involved in the development of the Australian Divisions of General Practice, Medicare Locals, and Primary Health Networks. Her current primary area of research interest is in health system reform involving primary care, a topic on which she has published and presented internationally.



INDIGENOUS SCHOLARSHIPS

The AHHA, industry super fund HESTA, and the Lowitja Institute are proud to support early career Aboriginal and Torres Strait Islander health professionals with the opportunity to attend the 42nd World Hospital Congress through a scholarship program, which launched in May.

The scholarships will provide Aboriginal and Torres Strait Islander health professionals with the opportunity to network with health professionals from around the world by fully participating at the 42nd World Hospital Congress.

Each scholarship includes Congress registration fees and reimbursement of up to \$1,750 for travel expenses associated with attending the Congress.



AHHA aims to inform and influence health debate and policy development, promote research, highlight best practice, create connections and build specialist skills.

In 2017–18 we produced a series of targeted, highly topical events and workshops, and offered a range of training activities focused on quality improvement and skills development. Events and training activities also attract new members to AHHA and provide opportunities for AHHA to expand its network of experts and health leaders.

Participants in our events and training included our members and other stakeholders from across the not-for-profit, clinical, corporate, government and academic sectors. AHHA continued to offer events at the lowest possible cost to members

wherever possible as part of our membership benefits program. All training and events in 2017–18 were managed within agreed budgets.

AHHA's events program slowed in the fourth quarter of 2017–18, however, to allow the secretariat team to focus on delivering the World Hospital Congress. This will be a highlight of 2018–19, offering a quality program to all of our members, including those not directly involved in the hospital sector through its focus on value and integrated care.



TRAINING TO SUPPORT OUR MEMBERS

AHHA offers our members exclusive discounts to a suite of online training resources, made available through the AHHA website.

The **Online Training Portal** features courses on a wide range of topics, including key issues such as bullying and harassment, dealing with workplace conflict, fraud awareness and keeping children and vulnerable people safe. These courses can be purchased individually and are designed to help our members easily keep their teams up to date on the latest information and training.

The **Lean Thinking in Healthcare** portal provides training in the 'Lean' philosophy, which requires the continuous elimination of waste or non-value-added elements from processes so that customers or patients are given ever-greater value.

The **Palliative Care Online Training** portal was refreshed and re-launched in October 2017. It provides links to six free training modules designed to build the skills and abilities of aged and community care workers, carers, volunteers, family members and health professionals in providing palliative care.



AHHA AND INTERNATIONAL EXPERTISE

While Australia is renowned for its quality health system, there is much we can learn from the experiences of others around the globe. In 2017–18 AHHA sought to provide opportunities for our members and the broader health sector to learn from international experts.

Two internationally renowned advocates for the role of consumers in health, **Melissa Thomason** and **Chris Pointon**, visited Australia and took part in AHHA events. Patient advocate Melissa Thomason was a keynote speaker at the second workshop in the Partnering with Consumers series, talking about creating meaningful engagement and a culture of collaboration. Chris Pointon, co-founder of the #hellomynameis movement, joined a number of events and activities to talk about the impact of compassionate care.

Dr David Pencheon, former head of the NHS (National Health Service, UK) Sustainable Development Unit, visited



Australia to share the lessons—successes and mistakes—of his experience in working to move the NHS towards becoming a sustainable and resilient system that makes better use of resources and capital.

We also engaged with international experts by travelling to them—AHHA Chief Executive Alison Verhoeven led a **US Study Tour** comprising Australian health leaders to learn more about the development of patient-centred medical homes in the United States. Participants attended the Institute for Healthcare Improvement

Annual Summit, undertook site visits to patient centred medical homes in Portland and San Francisco, attended high-level policy meetings, and engaged with primary health leaders and academics.

In 2018–19 AHHA is bringing the world to Australia with the **World Hospital Congress** and will continue to look for opportunities for our members to access the world's best thought leaders? contemporary developments in healthcare service delivery?



BUILDING ON SHARED STRENGTHS—2017 PARTNERING WITH CONSUMERS WORKSHOP SERIES

In September 2017, AHHA and the Consumers Health Forum of Australia were pleased to present the second of two workshops in our 2017 Partnering with Consumers series.

The workshop, sponsored by PwC Australia, focused on the theme ‘Consumers as Agents of Change’. Presenters examined how consumers have been able to effectively influence and create change, and provided the audience with an understanding of

how to harness this powerful and effective group.

More than 100 participants heard powerful presentations from consumers whose stories and experiences had help effect change, and from the organisations who had supported them.

The day also saw the launch of the Experience Based Co-Design Toolkit, a free resource available on the AHHA website (see Experience Based Co-Design highlight article on page 13 of this report).



EVENTS 2017-18

AUG /17

Data and Innovation Network Meeting
BRISBANE

Health Law Seminar
SYDNEY

SEPT /17

#hellomynameis Seminar
SYDNEY

Sidney Sax Medal Dinner and Presentation
SYDNEY

10 Year Health Agreement Blueprint Roundtable
SYDNEY

2017 Partnering with Consumers Workshop Series: Consumers as Agents of Change—with Consumers Health Forum, sponsored by PwC Australia
SYDNEY

NOV /17

Collaboration, Complexity and Capability workshop
MELBOURNE

DEC /17

Data and Innovation Collaboration Network Meeting
DUBBO

Mental Health Network Meeting
DUBBO

MAR /18

Blueprint for a Post-2020 National Health Agreement Town Hall
CANBERRA

APR /18

#hellomynameis ACT Breakfast Forum
CANBERRA

Primary Health Study Tour
USA

MAY /17

The Practicalities and Challenges of Sustainable and Resilient Healthcare—
CANBERRA

ENGAGED MEMBERS ACROSS THE HEALTH SECTOR

AHHA’s broad and engaged membership allows us to continue to be a strong voice for public healthcare. 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 our academic partners, other peak bodies and organisations whose activities support the healthcare sector.

The continued growth and diversification of our membership base indicates the

ongoing value organisations derive from their membership.

Members have access to AHHA’s advocacy, consulting and training services, as well as the latest information and research. They receive our publications—*Australian Health Review*, *The Health Advocate*, and *Healthcare in Brief*—and are able to access discounted or free registration for our events, training courses and seminars. Members also contribute to the development of AHHA position statements and submissions.

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 with no better example than member input to the development of the *Healthy people, healthy systems* blueprint (see Spotlight on page 20 of this report).

AHHA’s strength as an organisation is built on a collaborative and dynamic approach to all of its activities that facilitates strong cross-sector engagement among clinicians, academics, policy-makers, administrators and politicians. We look forward to another busy and productive year in 2018–19.

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

Since its inception, JustHealth Consultants has sought to support the Australian healthcare system at national, state, hospital and community levels to meet the demands of an ever-changing, complex environment through the provision of high quality, expert consulting services 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.

Over the past year AHHA has undertaken a diverse range of projects including

developing training programs and materials, re-launching our palliative care online training portal, undertaking research, facilitating the development of consensus statements, conducting post-implementation reviews of health programs and initiatives, and building member capacity in governance and internal administration. Our ability to deliver quality outcomes for all of these projects is testament to the flexible nature of our teams and our close ties with the broader health sector that have enabled effective consultation and piloting of projects.

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.



AN ACCREDITATION SYSTEM FOR RURAL GENERALIST EDUCATION FOR THE ALLIED HEALTH PROFESSIONS

The concept of a national Allied Health Rural Generalist (AHRG) Pathway has been advancing since 2013. It is a workforce and service development initiative pursued through collaboration across state and territory health services.

There are three main components to the AHRG Pathway. These are:

- **Service delivery strategies and models** that ensure equitable access to high quality multi-disciplinary services for rural and remote communities;
- **Workforce/employment structures** that support recruitment and retention, and facilitate progress from graduate level through to proficient rural generalist and into extended scopes of practice; and
- **Education and training**, supporting skills and capability development in allied health professionals in order to meet the challenges of delivering services in rural and remote areas.

During 2018, AHHA won a Queensland Health tender to develop an accreditation system for rural generalist education for the allied health professions.

In doing so we drew on existing profession-specific and inter-professional frameworks, outcomes from previous stages of the rural generalist strategy, and extensive consultation with stakeholders in the education and health care sectors and wider community.

We developed the following resources to support the accreditation system:

1. Competency Framework for rural generalist practice in the allied health professions
2. Allied Health Rural Generalist Education Framework
3. Program Accreditation Standards and Evidence Guide
4. Program Accreditation Handbook
5. Governance and business model resources to establish a new entity to implement the accreditation system.

More information is available at ahha.asn.au/allied-health-rural-generalist.



ARTHRITIS AUSTRALIA AND NEW MODELS OF CARE

Arthritis Australia commissioned AHHA to assess the scope, activities and benefits in terms of patient experience and outcomes, and health systems efficiencies and costs, of rheumatology nurses in the management of people with chronic inflammatory arthritis in Australia.

Around 1.7 million Australians live with chronic, inflammatory forms of arthritis and internationally, models of care involving rheumatology nurses for people with severe and inflammatory forms of arthritis are considered best practice. Currently there are very few rheumatology nurses in Australia and limited recognition of rheumatology nursing as a speciality.

The project undertaken by AHHA sought to examine the impact of developing a rheumatology nursing workforce and involved: a literature review of the benefits of rheumatology nurses internationally; a workforce and patient survey and interviews to understand lived experience and need; and economic modelling to compare costs and outcomes for the addition of rheumatology nursing to the traditional rheumatologist-only model in an outpatient hospital clinic over a four-year period.

Arthritis Australia launched the final report *Rheumatology nurses: Adding value to arthritis care* at a Parliamentary Friends of Arthritis Breakfast in October 2017, during which the Minister for Health, Greg Hunt, committed to developing a National Strategic Action Plan for Arthritis that would include support for rheumatology nursing.

The report and supplementary materials are available on the Arthritis Australia website.

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

In 2016, AHHA was proud to secure the rights to host the 42nd International Hospital Federation (IHF) World Hospital Congress following a competitive bidding process, during which the AHHA proposal was lauded as the 'best ever submitted'.

Work immediately began to plan and develop the event, which will be delivered in October 2018.

Planning the World Hospital Congress (WHC) has been a collaborative process where AHHA has worked closely with the International Hospital Federation, our host partner Queensland Health, and a scientific committee comprised of international representatives from around the world. Throughout the process AHHA has worked to ensure that despite the name of the event, the themes and issues discussed are relevant to all our members, including those from the primary and community care sectors.

The result we believe will be an event that not only offers excellent learning and networking opportunities for participants, but that will also positively impact the future of health service delivery in Australia.



(L-R) Kylie Woolcock, Alison Verhoeven, Krister Partel and Katharine Silk at the AHHA World Hospital Congress exhibition booth at IHF WHC Taipei 2017.

Congress themes are selected to reflect both a focus on the future and that AHHA's membership is broader than just hospitals. The theme Innovate | Integrate | Inspire—How can healthcare evolve to meet 21st century demands? looks to examine major trends and impacts on healthcare with three sub-themes: 'From volume to value', 'From four walls to the neighbourhood' and 'From information to intelligence'.

AHHA is awarded IHF WHC 2018 at the 2016 IHF WHC, Durban, South Africa.

Preliminary program is announced featuring over 150 speakers from more than 30 countries.

NOVEMBER 2016

DECEMBER 2017

APRIL 2018

OCTOBER 2018
42nd IHF Brisbane World Hospital Congress takes place in Brisbane, Queensland.

NOVEMBER 2017

AHHA launches IHF WHC Brisbane 2018 at IHF WHC 2017 Taipei, Taiwan, and opens registration along with the call for abstracts.

FEBRUARY 2018

Abstracts close. 533 abstracts are received from 38 countries.

JUNE 2018

Early Bird registration closes with more than 500 people already registered.

policy and advocacy

AN INDEPENDENT NATIONAL VOICE FOR UNIVERSAL, HIGH QUALITY PUBLIC HEALTHCARE

AHHA brings perspectives from health leaders across the healthcare system together to influence health debate through advocacy and policy activities underpinned by research and evidence.

As highlighted previously, AHHA released its *Healthy people, healthy systems blueprint for a post-2020 National Health Agreement* on 18 December 2017, following extensive consultation with members, the broader health sector and governments. The blueprint and its thought leadership continues to form the basis of AHHA's advocacy throughout 2017–18 and beyond.

In addition to the 11 submissions provided by AHHA on a range of issues in 2017–18, senior staff made representations to governments and parliamentarians on a number of member issues as well as participated in numerous consultations and advisory groups on issues such as competition and user choice in human services, modernising payment systems, mental health commissioning, My Health Record and the Medical Research Future Fund.



(L–R) Alison Verhoeven, Hon Ken Wyatt AO MP, Krister Partel and Kylie Woolcock at federal Parliament discussing AHHA's blueprint *Healthy people, healthy systems*, the Lighthouse Project, provisions under Close the Gap arrangements for medicines when Aboriginal patients are discharged from hospital, and training and employment of Aboriginal health practitioners.



ADVOCATING FOR OUTCOMES FOCUSED, VALUE-BASED HEALTHCARE



Following the development of *Healthy people, healthy systems*, AHHA's blueprint for outcomes-focused and value-based healthcare in Australia, AHHA coordinated the blueprint's public release with key stakeholders to ensure consistent and sustained messaging from the health sector to advocate for implementation of its recommendations. AHHA gave an exclusive advance copy to the *Australian*, which resulted in an article published coinciding on the public launch.

AHHA held meetings with health ministers at the national and state and territory levels, across the political spectrum, with senior health executives and health sector leaders briefing on the recommendations.

Media activity across traditional, such as print and online articles, and web 2.0 media platforms, such as social media with an emphasis on Twitter, was strong and sustained. Public speaking opportunities at conferences, workshops, forums or with media were seen as opportunities to refer back to the blueprint, its key messages and recommendations.

Members and stakeholders who had contributed to the blueprint's development collaborated to share news of its release. Members were encouraged and supported to use the blueprint in raising issues with elected representatives in their own electorates.

AHHA continues to work with members and stakeholders to publish case studies about their work, where it exemplified the recommendations in the blueprint. These case studies provide current examples of innovative and best practice in Australia, which may be appropriate if applied or scaled up in other parts of the country, or at the jurisdictional or national level.



HEALTH CARE HOME OUT-OF-POCKET COSTS

We held discussions with the office of the Minister for Health and the Commonwealth Department of Health on out-of-pocket costs for patients enrolled in the Health Care Home (HCH) trial. We sought reversal of a decision that these costs would not be eligible for inclusion towards the Original and Extended Medicare Safety Nets. We were ultimately successful, with the Minister and Department agreeing to reverse the decision through introduction of a new MBS item to enable HCH patients' out-of-pocket expenses to contribute towards their Medicare Safety Net threshold.



BETTER DATA TO INFORM POLICY

AHHA made representations to the Commonwealth Minister for Health regarding funding for an *Australian Health Survey* in 2021 (it was last conducted in 2011–13). The Minister wrote to AHHA confirming that in response to our advocacy he had requested his Department to explore funding options for the survey. Separately, the Australian Bureau of Statistics contacted AHHA seeking a meeting on the survey.



'YES!' TO MARRIAGE EQUALITY



On 8 December, Royal Assent was given to the bill legalising marriage equality. AHHA had continually supported the 'Yes' campaign through public commentary, media releases and an evidence-based position statement.

When the overwhelmingly 'Yes' result was released by the Australian Bureau of Statistic on 15 November 2017, AHHA was one of the first health organisations to call on the Australian Parliament to pass the required legislation.

Chief Executive Alison Verhoeven said, 'Today's marriage equality survey result shows Australians are committed to ending discrimination and supporting greater wellbeing for all Australians.'

'At AHHA we are pleased that our position statement on marriage equality and health, which highlights the overall health benefits of all healthy, safe and respectful relationships, including marriage, is now closer to legal reality for same-sex couples who wish to take that step.'

'Bringing an end to the negative impacts of marriage inequality, and marriage denial, on the health of LGBTIQ people is an important step towards greater wellbeing for all Australians.'



AHHA AT THE WORLD HEALTH ORGANIZATION

Chief Executive Alison Verhoeven represented the International Hospital Federation as an official observer at the 68th session of the World Health Organization (WHO) Regional Committee for the Western Pacific, in Brisbane.

AHHA was one of only four non-government organisations invited by WHO to make a spoken statement at the Brisbane meeting. AHHA highlighted the need for better integration across primary and acute care in system design and governance, as well as in approaches to financing. AHHA proposed that a shift in focus from volume to value, and to patient-centred outcomes and optimal workforce use was required for more sustainable health funding — but had to be underpinned by a commitment to universal healthcare and equity. AHHA noted that many countries across the region, including Australia, still lack adequate data infrastructure to do this well.

2017–18 MEETINGS WITH ELECTED REPRESENTATIVES AND DEPARTMENTAL SECRETARIES

Hon Greg Hunt MP, Minister for Health

Hon Ken Wyatt AO MP, Minister for Indigenous Health and Minister for Aged Care

Hon Catherine King MP, Shadow Minister for Health

Senator Richard Di Natale, Leader of the Australian Greens

Parliamentary Friends of the Close the Gap Campaign

Parliamentary Friends of End of Life Group

Glenys Beauchamp PSM, Secretary of the Australian Government Department of Health

Hon Brad Hazzard MP, New South Wales Minister for Health

Hon Tanya Davies MP, New South Wales Minister for Mental Health

Elizabeth Koff, Secretary of New South Wales Health

Hon Dr Steven Miles, Queensland Minister for Health

Hon Roger Cook MLA, Western Australia Minister for Health

Hon Katrine Hildyard MP, South Australia Minister for Disabilities

Meegan Fitzharris MLA, Australian Capital Territory Minister for Health and Wellbeing; Chair of COAG Health Council

SUBMISSIONS

Senate Community Affairs Reference Committee's Inquiry into the Value and Affordability of Private Health Insurance and Out-of-Pocket Medical Costs

MBS Review on After Hours Services

Productivity Commission Inquiry into Competition and Informed User Choice in Human Services

Australian Government Independent Review of Health Providers' Access to Medicare Card Numbers

Public Consultation on Funding for Private Patients in Public Hospitals (Australian Government)

Commonwealth's Advisory Panel Review of PHN Mental Health Commissioning (participant in facilitated advisory group discussion)

Public Consultation on the Development of a Framework for the Secondary Use of My Health Record Data

2018–19 Pre-Budget submission

Senate Community Affairs References Committee Inquiry into the Availability and Accessibility of Diagnostic Imaging Equipment around Australia

Senate Select Committee on Red Tape

Independent Hospital Pricing Authority (IHPA) Public Consultation on the Development of the Australian Non-Admitted Care Classification (ANACC)

Senate Select Committee into the Obesity Epidemic in Australia (in progress, due 6 July 2018)



AUSTRALIAN HEALTH REVIEW

The *Australian Health Review* (AHR) is the peer-reviewed academic journal of the Australian Healthcare and Hospitals Association. In it we publish research that explores major national and international health issues and questions. Topics covered include all aspects of health policy and management, healthcare delivery systems, workforce, health financing and other matters of interest to those working in healthcare.

In 2017 the AHR Impact Factor fell to 1.036 from 1.343 in 2016—it was still the second highest Impact Factor in recent years. The five-year Impact Factor rose to 1.251 from 1.179 in 2016.

The AHR continues to have a strong set of articles that have been accepted for publication but have not yet to be allocated to a printed issue. The number of manuscripts submitted for consideration to be published was also maintained in 2017. These both reflect the quality of submissions being made to the AHR and the strong desire of authors to publish their research in the journal.

The number of AHR articles downloaded in 2017 increased by 9.7% to 241,321. In the final nine months of 2017, there were over 650 mentions in the public sphere of articles published in the AHR (e.g. in Twitter, Facebook, blogs or the news).

AHHA thanks Editor-in-Chief Professor Gary Day for the continued success of the AHR under his leadership in 2017. We also thank Associate Editors Dr Simon Barraclough, Prof. Christian Gericke, Prof. Sonj Hall, and Dr Linc Thurecht for their ongoing contributions and support, and also welcome Dr Ann Dadich to the editorial team.

The Deeble Institute for Health Policy Research is the research arm of AHHA. It develops and promotes rigorous and independent research that informs national health policy. Its goal is to make evidence the cornerstone for health policy development in Australia.

ADVISORY BOARD

The Deeble Institute for Health Policy Research is guided by an Advisory Board comprising nominated representatives from our member organisations, all of whom are recognised leaders in the health research and healthcare sectors. The Advisory Board is chaired by Professor Johanna Westbrook (Australian Institute of Health Innovation, Macquarie University) and meets tri-annually.

INSTITUTE PARTNERS

Australian Centre for Health Services Innovation, Queensland University of Technology

Australian Institute of Health Innovation, Macquarie University

Australian Society for Medical Research

Centre for Health Stewardship, Australian National University

Menzies Health Institute Queensland, Griffith University

University of Western Australia

The Australian Society for Medical Research and the George Institute for Global Health are affiliate members.

HEALTH POLICY BRIEFS

The Deeble Institute published several Health Policy Issues Briefs and Evidence Briefs during the year. A new series of output was also introduced—Perspectives Briefs—designed to provide health leaders, policy-makers and health practitioners with personal and business insights on a particular area of health practice or health management. All briefs issued during 2017–18 are listed below.

• ISSUES BRIEFS

Elizabeth McCourt (Deeble Summer Scholar), School of Pharmacy, Queensland University of Technology.

Improving pharmacist involvement in pandemic influenza planning and response in Australia.

Brock Delfante (Deeble Summer Scholar), Health and Medical Sciences, University of Western Australia.

The impact of Australian hospital medicines funding on achieving the objectives of the National Medicines Policy.

Victoria McCreanor (Deeble Summer Scholar), Australian Centre for Health Services Innovation (AushI), Queensland University of Technology.

Active disinvestment in low-value care in Australia will improve patient outcomes and reduce waste.

• EVIDENCE BRIEFS

Carol Bennett, CEO, Painaustralia.
Power through knowledge: Patient education and self-management keys to successfully managing chronic pain.

Rebekah Eden and Andrew Burton-Jones, University of Queensland, Ian Scott, Andrew Staib and Clair Sullivan, Princess Alexandra Hospital.

The impacts of eHealth upon hospital practice: synthesis of the current literature.

Nigel Harding and Kylie Woolcock, Australian Healthcare and Hospitals Association, Andrew Harvey (CEO), Tim Smyth (Chair), Kim Whiteley and William (Smiley) Johnstone (Aboriginal Health Council Chair), Western NSW Primary Health Network, Jamie Newman, CEO, Orange Aboriginal Medical Service, and Bob Davis (CEO), Maari Ma Health Aboriginal Corporation.

'What works' in partnering to deliver effective Aboriginal health services: The Western New South Wales Primary Health Network experience.

• PERSPECTIVES BRIEFS

Nigel Fidgeon, CEO, Merri Health.
Planning and enacting a business continuity and disaster recovery strategy successfully in a health service.

SCHOLARSHIPS PROGRAM

The Deeble Scholarships Program provides high-achieving postgraduate students and early career postdoctoral researchers with an opportunity to gain a better understanding of how to translate academic research into evidence that is relevant to policy-makers and practitioners through the development of a health policy Issues Brief.

• SUMMER SCHOLARSHIPS

The Deeble Institute awarded two Deeble Summer Scholarships in 2017–18:

Elizabeth McCourt, School of Pharmacy, Queensland University of Technology.
Building pharmacist presence and strengthening communication between pharmacists' and health systems during pandemic influenza.

Amy Finlay-Jones, FASD (Fetal Alcohol Spectrum Disorder) Research Australia—NHMRC Centre for Research Excellence, Telethon Kids Institute.
Policy and practice recommendations for the Australian health sector. (Paper forthcoming)

• JEFF CHEVERTON MEMORIAL SCHOLARSHIP

This scholarship was established by AHHA, Brisbane North Primary Health Network (BNPHN) and North Western Melbourne Primary Health Network (NWMPHN) to honour the memory of Jeff Cheverton (see Spotlight on page 13 of this report).

Two scholarships were awarded in 2018, to:

Mikaela Jorgensen, Australian Institute of Health Innovation (AIHI), Macquarie University.
Community aged care reforms: current state of the evidence.

Madelaine Thorpe, Brisbane South Primary Health Network.
Call for a Primary Health National Minimum Data Set to change how PHNs collect and share data. (Paper forthcoming)

During their time in Canberra, these scholars were supported by AHHA staff in establishing connections with senior policy-makers and practitioners working in their fields.

'Firstly, my time at the Deeble Institute for Health Policy Research has taught me the value of evidence-based health policy and its importance for the health and wellbeing of the population. Secondly, I learnt how to communicate, collaborate and work with various stakeholders to focus on relevant issues and create policy recommendations that were feasible to implement. Thirdly, I learnt how to promote research, and engage with key individuals and the public who are able to move the research forward.'

'It was an amazing experience to work with so many people who are passionate about the health and wellbeing of the Australian community and a great honour to learn from them.'

Elizabeth McCourt



Elizabeth McCourt, Deeble Summer Scholar 2018, PhD Candidate and Associate Lecturer, School of Pharmacy, Queensland University of Technology

'The opportunity to work with the staff at the Deeble Institute for Health Policy Research and AHHA was invaluable, not just in learning how to turn research into actionable policy recommendations, but also through facilitating connections with policy-makers and stakeholders working in aged care.'

Mikaela Jorgensen



Dr Mikaela Jorgensen, Jeff Cheverton Memorial Scholar 2018, Research Fellow, Australian Institute of Health Innovation, Macquarie University

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 represents all sectors of the Australian health system, including the primary, community, allied health and acute care sectors, as well as academic institutions and private sector organisations. Both individual and organisation memberships are available.

Membership provides the opportunity to join this community of health sector thought leaders as they grow and shape Australia's health system. It also gives access to a wide range of services and resources designed to help meet the challenges of this rapidly evolving sector.

www.ahha.asn.au/membership

MEMBER BENEFITS:

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

Representation on AHHA Council (full members only)

Free ad listings on AHHA Jobs Board

Australian Health Review journal subscription

The Health Advocate magazine subscription

World Hospitals and Health Services Journal online access

Members-only and by-invitation events

Discounted event attendance

Discounted advertising in AHHA publications

Discounted training access

Discounted JustHealth consultancy services

Discounted media monitoring services

Access to the members-only section of AHHA website

Thanks

AHHA extends its sincere thanks to its generous 2017–18 partners and sponsors whose support have contributed to AHHA being able 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

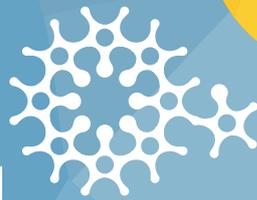
research. It demonstrates support of, and commitment to, improving the health of all Australians, while also enabling communication with AHHA's membership base.

Our partnership approach to sponsorship means we work together with our partners to identify and achieve mutually beneficial outcomes. 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. To discuss ways that you could be involved, please contact AHHA.





ahha

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