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AHHA acknowledges the Ngunnawal family groups as the traditional custodians of the land where we are located, and on which we conduct our business activities.

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Chair's overview

DR DEBORAH COLE,
CHAIR AHHA BOARD

Who knew that for the AHHA members, staff, Board and supporters—as well as the rest of Australia, and indeed the world—2019–20 would be the most unimaginable year in our lives so far?

The Australian bushfires in December–January, hailstorms in January, floods in February, followed by the current COVID-19 pandemic hitting Australia hard from late February onwards, has highlighted that we have very little excess capacity in our health system to meet the chronic care needs of a growing and ageing population.

Due to the COVID-19 pandemic, AHHA staff have been working from home since 16 March 2020. The organisation continues to function smoothly and achieve remarkable successes, which is a reflection of the leadership of our Chief Executive, Alison Verhoeven, and the adaptability and commitment of AHHA staff.

My term as Chair of the Board expired on 30 June 2020, and it was my pleasure a few days before then to announce former New South Wales Health Minister, Hon. Jillian Skinner, as the incoming Chair from 1 July 2020 (see page 4 for more information).

I am very proud of the blueprint for health reform that AHHA developed during my term as Chair. It reflected the views of all the members, and much of what it advocates has been taken up as part of the nation's COVID-19 response—for example widespread use of telehealth consultations.

Let's extend and refine the efficiency of that process and ramp up the 'caring' component of telehealth. Let's take out the fights over funding by putting such decisions in the hands of an independent body, as set out in our blueprint.

COVID-19 has shown that we can reimagine health. May this continue. Let's build on what we saw was achievable through the COVID response.

I wish AHHA all the very best as the organisation continues in its crucial role as the 'voice of public healthcare' in Australia.



Chief executive's report

MS ALISON VERHOEVEN,
CHIEF EXECUTIVE, AHHA

At year's end on 30 June 2020, we were saying farewell to our retiring Board Chair, Dr Deborah Cole, who has filled the role with such distinction for the last 4 years, as well as welcoming our incoming Chair, Hon. Jillian Skinner. We and the world were also living through the greatest challenge to our health for more than a century.

In her overview, Deb has alluded to how pandemics can reveal the cracks in society, including our health system. On the plus side, we are presented with opportunities to learn and adapt. Crises can also embolden governments to act quickly and decisively—as the Australian Government has with, for example, the expansion of access to telehealth services, and expanding the roles of nurses and other health professionals in the COVID-19 fight.

On the other hand, the impact of health inequities has been starkly highlighted with the onset of the COVID-19 pandemic. AHHA is a champion of equity in health. Universal healthcare, through our strong public hospital system and Medicare, is a highly-valued feature of our Australian way of life, and is built on equity principles—every Australian having equal access to quality healthcare based on medical need, not the size of their wallets.

It's therefore no coincidence that AHHA efforts over the last 12 months have focused on equity, value-based healthcare, patient-centred healthcare and

the opportunity to change funding and governance systems in health to better suit the chronic diseases of today rather than the acute care episodes of yesterday.

Through embracing the challenges highlighted by COVID-19, with an eye to a better, more equitable healthcare future, AHHA has stayed busy—and productive.

We issued 14 Deeble Institute policy briefs for the year, five issues of our member magazine *The Health Advocate* and six issues of our peer-reviewed academic journal, the *Australian Health Review*. We also continued to deliver our popular *Healthcare in Brief* electronic newsletter to over 6,000 members and supporters every week. Our monthly Value-Based Health Care newsletter has a readership of almost 2,000 and is growing.

We wrote 18 formal submissions to government and other bodies on healthcare issues of crucial concern to members, and continued our ongoing face-to-face advocacy efforts through 99 meetings with government departments and agencies, MPs and Senators. We also appeared at Royal Commissions, Senate Committees and similar inquiries. We held 17 events and webinars, and we continued to deliver on the consulting projects that are fundamental in supporting our advocacy and policy development activities.

Our work is only possible with the support of our members, and the contributions you make. We thank you all—and particularly those who have engaged in leadership roles in the organisation through our Board and on the Council. We remain a positive and future-focused organisation during trying times, and look forward to the new opportunities that 2020–21 will bring us.

Governance

BOARD AND COUNCIL

AHHA full members form the AHHA Council and elect its Board. The AHHA Board and Council met four times in 2019–20 as required by the AHHA Constitution. AHHA Board members and their affiliations as at 30 June 2020 were:

Dr Deborah Cole, CEO Dental Health Services Victoria to March 2020 (Chair)

Ms Yasmin King, SkillsIQ (Audit, Finance and Risk Committee Chair from 22 August 2019)

Mr Nigel Fidgeon, Australian and New Zealand College of Anaesthetists (Audit, Finance and Risk Committee Chair to 22 August 2019)

Dr Michael Brydon, University of Notre Dame (Board Member)

Dr Hwee Sin Chong, Darling Downs Health and Hospital Service (Board Member)

Ms Lynelle Hales, Sydney North Primary Health Network (Board Member)

Ms Chris Kane, Western Australia Primary Health Alliance (Board Member)

Dr Keith McDonald, South West Sydney Primary Health Network (Board Member)

Ms Susan McKee, Dental Health Services Victoria (Board Member)

Prof. Wendy Moyle, Menzies Health Institute, Griffith University (Board Member from March 2020)

Ms Joy Savage, Cairns Health and Hospital Service (Board Member)

Meetings held 2 September and 3 December 2019, 31 March and 23 June 2020.

AUDIT, FINANCE AND RISK COMMITTEE

This Committee met four times during the year, reporting to the AHHA Board after each meeting.

Meeting dates: 22 August and 19 November 2019, and 6 March and 9 June 2020.

PERFORMANCE AND REMUNERATION COMMITTEE

This Committee, comprising Board Chair (Deborah Cole), Audit, Finance and Risk Committee Chair (Yasmin King) and appointed Board member (Michael Brydon), met once during the year.

Meeting date: 4 March 2020.

Financial management

MS YASMIN KING, CHAIR, AUDIT, FINANCE AND RISK COMMITTEE

AHHA financial reporting is 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*.

Revenue, at \$2,702,819, was slightly more than for the previous financial year, but expenses, at \$2,761,450, were higher.

For the first time in several years, AHHA posted a small loss of \$58,631 for the 2019–20 financial year, as a result of the impact of the COVID-19 pandemic in the last 3 months of the financial year and changed accounting standards relating to depreciation.

Despite this loss and the ongoing economic and health system challenges, AHHA has a positive outlook for future activity. With an engaged and committed membership, limited reliance on government funding and events revenue, and multi-year contracts for a range of consultancy projects, the organisation is well positioned to manage a decrease in business activity over the next one to two years.

To remain sustainable into the future will require some adjustment to our work program and our way of doing business. Like most organisations, much of our work is now being done remotely and will continue this way for some time to come – we will travel less and engage with our members and offer events and training via webinars. And like many organisations, particularly in the not-for-profit sector, we will need to do more with less as belts are tightened right across the economy.

The AHHA's Audit, Finance and Risk Committee continues to monitor the risks associated with the financial environment, and will be

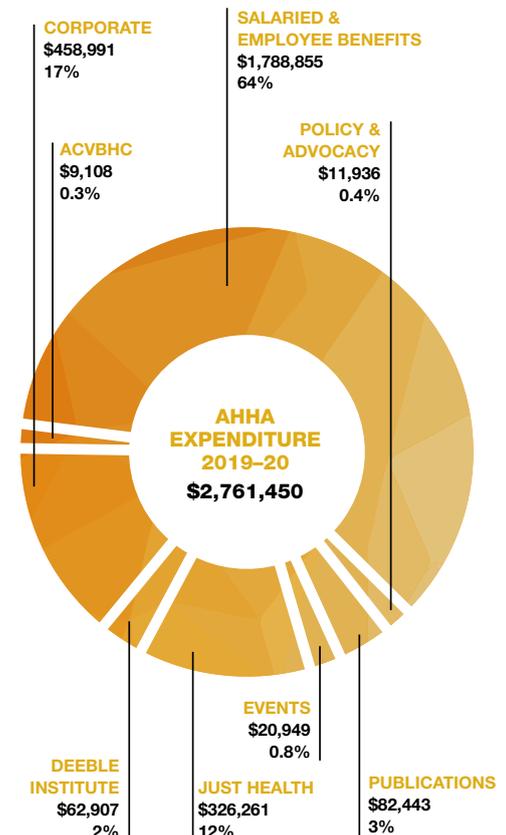
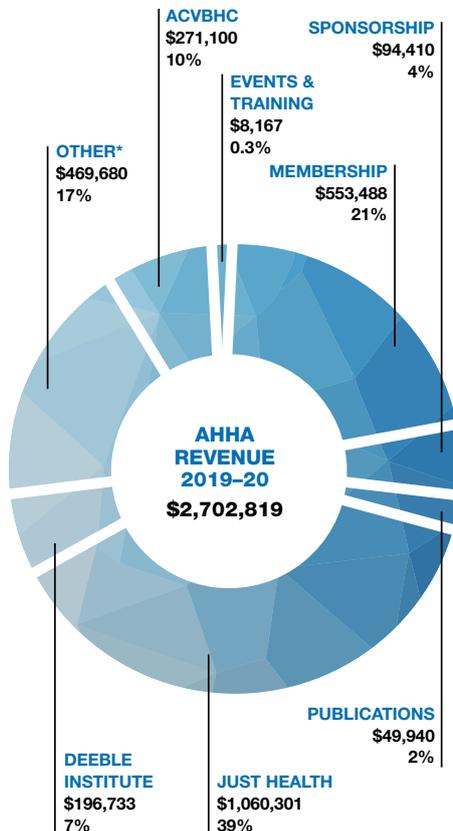
working with the Secretariat and the Board to ensure financial sustainability is prioritised, including exploring new options for funding and to expand our membership base. This will ensure our services for members will continue to offer a sound value proposition, and our research, policy and advocacy program can remain sharply focused on the serious policy challenges facing our health system.

ISO 9001 ACCREDITATION

We maintained our accreditation for managing our business effectively to ISO 9001 standards.

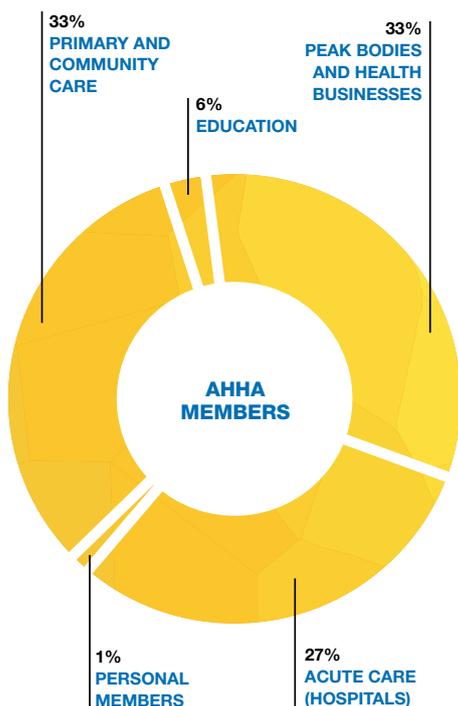
CONTRACT AND PROJECT MANAGEMENT

Folio risk management software was operational across all AHHA projects in 2019–20.



* Includes COVID-19 Government Subsidies

Our members



Representing our members

The AHHA represents its members on a range of national committees, working groups, associations and alliances as well as two international bodies.

This enables AHHA to advocate on behalf of its members to influence healthcare policy and service delivery across Australia.

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 emails to Council members.

For a complete list of committees, working groups, associations and alliances, visit www.ahha.asn.au/representation.



In the first half of the 2020 calendar year, in response to COVID-19, there was unprecedented cooperation among stakeholders at all levels of the Australian health sector.

Ethical collaboration and interaction among healthcare sector organisations, and those who work within them, can benefit patients, consumers, communities, populations, healthcare systems and the healthcare sector.

The experience of COVID-19 so far has demonstrated the importance of the substantive and procedural principles developed by the Australian Ethical Health Alliance in its *Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector*.

As a member of the Alliance, AHHA played a substantial role in drafting the Consensus Framework, which has over 70 signatories across the entire health sector, including industry, government, and professional and consumer organisations.

Our people

Ms Alison Verhoeven Chief Executive

Mr Murray Mansell Chief Operating Officer

Dr Linc Thurecht Senior Research Director

Ms Lisa Robey Engagement and Business Director

Ms Kylie Woolcock Policy Director

Dr Chris Bourke Strategic Programs Director

Dr Rebecca Haddock Deeble Institute Director

Mr Nigel Harding Public Affairs Manager

Ms Katharine Silk Integration and Innovation Manager

Ms Sue Wright Office Manager

Ms Renée Lans Secretariat Officer

Ms Emma Hoban Policy Analyst

Mr Lachlan Puzey Policy Officer

Ms Terri McDonald Communications Officer

Consultants: **Mr Andrew McAuliffe**

Most staff availed themselves of professional development opportunities during the year, from seminar attendances to formal professional courses.

ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP

AHHA's Aboriginal and Torres Strait Islander leaders include **Ms Joy Savage** (AHHA Board) and **Dr Chris Bourke** (executive team member).

Our year in numbers



AUSTRALIAN HEALTH REVIEW
Peer-reviewed journal
6 issues



THE HEALTH ADVOCATE
Member magazine
5 issues
6,900 subscribers
50 member stories



HEALTHCARE IN BRIEF
e-Newsletter
46 issues
6,900 subscribers



MEDIA RELEASES
46 media releases



HEALTH ADVOCATE PODCASTS
12 podcasts recorded and published



BOARD AND COUNCIL UPDATES
Weekly email from AHHA Chief Executive
50 issues sent



AHHA WEBSITE
205,000 page views
112,000 total sessions
23,000 downloads



PALLIATIVE CARE
Online training website
7,650 new enrolments
62,000 total enrolments since 2013



@AUSHEALTHCARE
11,000 followers

@DEEBLEINSTITUTE
1,500 followers

@AUSHEALTHVALUE
630 followers

@ALISONVERHOEVEN
3,800 followers



LINKEDIN
1,800 followers



FACEBOOK
1,600 followers

18 Submissions to government

17 events and webinars with 1,622 registrations

70 meetings with Australian Government departments and agencies

29 meetings with MPs, Senators and staff

5 appearances at Royal Commissions, Standing Commissions, Senate Committees, Taskforce hearings

Blueprint refresh roundtable



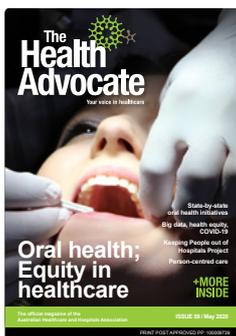
Since developing with health leaders, for health leaders, a blueprint in 2017 on how to transform our healthcare system into a fit-for-purpose 21st century system that will meet the needs and expectations of Australians, the

Council of Australian Governments agreed a number of health reforms aligning with the recommendations put forward in the AHHA's *Healthy people, healthy systems* document (www.ahha.asn.au/blueprint).

In 2019, AHHA brought together AHHA members and Australian health leaders at a roundtable event to evaluate the progress made to date against this blueprint and to tease out key policy issues that need to be addressed in order to implement outcomes-focused, value-based care in Australia.

Two key objectives, each centred on meeting people's needs, arose from the roundtable: the *equitable and sustainable adoption of technology*, and *enabling integrated team-based care*. These were explored further through dedicated working groups, and as the COVID-19 pandemic continues to unfold worldwide, the priorities and recommendations for action continue to underpin AHHA policies and advocacy.

Public dentistry



Public dentistry across Australia was featured in the May 2020 edition of *The Health Advocate*. Articles covered areas such as:

- A successful population-based risk approach, in

addition to individual risk assessment, for preventive dental treatment.

- A Special Needs Dentistry network to meet the oral health needs of people with spectrum of disability, medical complexity or social issues that can cause difficulties in accessing mainstream dental services.
- Oral health service delivery for remote Aboriginal communities in the Northern Territory.
- Teledentistry for residents of rural aged care facilities.

Inaugural John Deeble Lecture and Panel Discussion



AHHA and the Deeble Institute for Health Policy Research hosted this event at Parliament House, Canberra, on 18 October 2019. Over 130 people registered.

This annual lecture commemorates the contribution to health policy by the late Professor John Deeble, AO, co-architect of Medicare.

Event partners were the Australian National University College of Health and Medicine and Crawford School of Public Policy, the Australia New Zealand School of Government, and the Centre for Health Systems and Safety Research, Macquarie University.

The lecture, 'Why good health policy goes bad—and how to fix it' was presented by **Professor Nigel Edwards**, Chief Executive of the Nuffield Trust, UK.

Nigel was joined by Professor Ian Frazer, Hon. Nicola Roxon and Mr Romlie Mokak to discuss, with an enthusiastic audience, the levers that have helped to shape some of Australia's most important public health policies.

The discussion was moderated by Deeble Institute Advisory Board Chair Professor Johanna Westbrook.

Sid Sax Medal 2019 awarded to Aboriginal heart health advocate and leader Vicki Wade



Registered specialist cardiac nurse **Vicki Wade** has had an outstanding career in Aboriginal health, particularly heart health, for over 30 years. She is a Nyoongar woman from

rural south west Perth.

For many years Vicki led the National Aboriginal Health Unit at the National Heart Foundation and played a key role in the Lighthouse Hospital Project, an initiative of AHHA and the Heart Foundation.

She has been highly influential in her field, and is renowned for her strong advocacy on behalf of Aboriginal people, and her quiet respectful guidance.

Vicki is currently Senior Cultural Advisor with Rheumatic Heart Disease Australia.

New independent Board Chair appointed



As advised to AHHA members on 2 April 2020, the AHHA Board at its 31 March 2020 meeting agreed a by-law to the Constitution enabling the appointment of an Independent Chair.

Following a recruitment process conducted by the Board, **the Hon. Jillian Skinner** accepted an invitation to take up the role of AHHA Chair, effective from 1 July 2020, for a three-year term.

Jillian is well-known to the AHHA community and the health sector as a former NSW Health Minister and long-time advocate for a strong public health system that aims to achieve the best possible health outcomes for all Australians.

Working from home due to pandemic



In line with medical advice from the Commonwealth and ACT governments, AHHA implemented a 'work from home' policy for all staff, from 16 March 2020.

All staff members kept in touch using Microsoft Teams messaging for internal communications, and Zoom videoconferencing.

All staff were assisted to ensure that all had a workplace that complied with relevant occupational health and safety standards.

Work-from-home arrangements were still in place at year's end (30 June 2020) and have proven successful in enabling AHHA to continue as a functioning and productive organisation.

Australian Centre for Value-Based Health Care (ACVBHC)



The Australian Centre for Value-Based Health Care (ACVBHC), established in 2018–19, has continued a program of activities to build knowledge, and support thought leadership and advocacy, in value-based health care.

AHHA continues to hold discussions with parties interested in future engagement with the Centre, including government organisations, academics, health services and commercial companies including pharmaceutical companies, software developers, and device manufacturers.

Activities through the year included a series of 12 webinars, a Deeble Institute Issues Brief,

Equity, social determinants and value-based care, a monthly newsletter (number of subscribers rose by 1,000 in 2019–20), and an active LinkedIn social media account.

The site also provided links to best practice case studies that showcase value-based health care initiatives in the Australian context.

In addition, we launched our Healthcare Transformation Leadership Program—the first time an education program focused on value-based health care has been offered in Australia.

Health Care Transformation Leadership Program

AHHA officially launched the Health Care Transformation Leadership Program in May 2020.

The online launch, hosted by Dr Deborah Cole, Chair, Australian Centre for Value-Based Health Care Advisory Committee, featured all partners involved in the program, including Elizabeth Teisberg, Scott Wallace and Alice Andrews live from the Value Institute for Health & Care in Austin, Texas.

Also appearing at the online launch were Russell Gruen, Dean of the Australian National University College of Health and Medicine, and Alison Verhoeven, Chief Executive, AHHA.

The program involves four different learning opportunities including online tutorials, a two-day workshop, facilitated learning sets and tailored mentoring programs. The program aims to build the skills and knowledge of health services leaders, managers, clinicians and patients to successfully lead change and deliver high-value health care in Australia.

The online tutorials will commence in July 2020 with over 30 participants enrolled.

ACVBHC webinar series

The Australian Centre for Value-Based Healthcare held a series of 12 webinars during the year:

The state of patient safety and quality in Australian Hospitals in 2019 — Australian Commission on Safety and Quality in Health Care, A/Prof. Amanda Walker, Clinical Director, August 2019.

Can we increase the uptake of shared decision making in Australia? — NSW Agency for Clinical Innovation, Tara Dimopoulos-Bick, Regin Osten and Lyndal Trevena, October 2019.

Value-based health care: meeting the evolving needs of a population — Dr Sally Lewis, National Clinical Lead for Value-Based and Prudent Healthcare, NHS Wales, November 2019.

Healer, leader, partner: a manual for effective physician leadership — Dr Jack Cochran, *The role of the physician-leader in leading change in healthcare*, November 2019.

Improving the patient experience: how to develop a strategy by using data and digital solutions to advance person-centred care — Dr Avnesh Ratnanesan, November 2019.



Value-based radiology: a practical approach — Carlos Francisco Silva, MD, December 2019.

Outcomes-based commissioning: diabetes practical case study — Jay Rebbeck, Rebbeck Consulting, December 2019.

Lessons from a nation-wide study on relationships between quality management systems and patient factors — Jeffery Braithwaite, Robyn Clay-Williams & Natalie Taylor, Australian Institute of Health Innovation, Macquarie University, February 2020.

Managing the intersection of digital healthcare innovation in value-based healthcare systems — Dr Singithi Chandrasiri, Epworth Healthcare and Harvard Business School, March 2020.

Innovation and value in New York: Medicaid and beyond — Kalin Scott, Helgerson Consulting, April 2020.

Delivering value-based health care: Victoria's HealthLinks experience: early successes, learnings and achieving scale — Tanya Sowards, Principal Project Officer, Department of Health and Human Services Victoria & Jo Stevens, Manager, Chronic and Complex Care, Barwon Health, May 2020.

Patient Activation Measure: vital sign for value-based healthcare — A/Prof. Michael Greco, Griffith University, and CEO, Patient Opinion Australia, June 2020.

Palliative Care Online Training Portal



The Palliative Care Online Training Portal offers free non-clinical interactive training for carers, community and aged care workers, students, volunteers, family members and clinicians who want to build their skills in caring for someone with a life-limiting illness.

Developed by AHHA in 2013, the Portal is currently in its third iteration. The Portal currently consists of 6 modules and a resource library covering topics such as: the needs of people and their families as they approach end-of-life; assessment skills; end-of-life conversations; self-care and building resilience; pain management; and recognising deteriorating patients.

Over 61,000 people have undertaken the Portal's high-quality training to date, with more than 7,600 new enrolments occurring in the 2019–20 financial year.

User evaluations indicate that more than 80% of users identify as being more confident in their ability to deliver best-practice palliative care services following completion of the training.

In 2019–20 AHHA renewed arrangements with the Australian Government Department of Health to continue funding the project until 2023. Throughout this next phase of work, AHHA plans to develop two additional training modules to supplement existing resources.

The Portal will also receive a significant update to the Learning Management System, creating a more streamlined experience for users. Development of the new Learning Management System is nearing completion, with a planned launch in July 2020.

Visit the Portal at www.pallcaretraining.com.au.

End of Life Directions for Aged Care (ELDAC)

AHHA is a member of the ELDAC consortium led by the Queensland University of Technology, Flinders University and the University of Technology Sydney, and including Palliative Care Australia, Aged and Community Services Australia, Leading Age Services Australia, and Catholic Health Australia.

AHHA continued to be involved in the development of the ELDAC website (www.eldac.com.au), and in particular the site's Primary Care toolkit, which leads healthcare workers and primary care 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. In addition, links are provided to various fact sheets, guides, discussion starters, patient resources and podcasts.

Close the Gap

DHSV Reconciliation Action Plan



Dental Health Services Victoria launched its Reconciliation Action Plan at the Innovate level on 28 November 2019.

Dr Chris Bourke, AHHA Strategic Programs Director, chaired the DHSV RAP working group to this successful outcome over the preceding 12 months.

The DHSV RAP focused on:

- strengthening relationships between staff, consumers, stakeholders and the wider community
- ensuring employees are culturally aware, sensitive and confident to engage respectfully with Aboriginal and Torres Strait Islander peoples
- providing employment and development opportunities for Aboriginal people
- putting the right governance in place to make this all happen.

Aboriginal and Torres Strait Islander health workforce policy

Aboriginal and Torres Strait Islander health workforce policy was examined by a team of researchers from the Australian National University and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), led by AHHA Strategic Programs Director, Dr Chris Bourke.

In an *Australian Health Review* article the author team reported that a strengths-based approach, building on what is known to work in diversity management, could improve Aboriginal and Torres Strait Islander representation in the health workforce, with better outcomes for patients.

Primary healthcare coaching in remote communities

AHHA actively lobbied Minister Hunt and the Commonwealth Department of Health to fund a primary healthcare coaching project for remote communities.

We were delighted when Commonwealth funding under the Indigenous Australians' Emerging Priorities program was awarded to a Northern Territory consortium that we had been working with to lead the development of an innovative curriculum for Aboriginal Health Coaches.

Health Coaching is an evidence-based way to help clients better manage their own self-care needs.

Cancer Australia

AHHA undertook a review for Cancer Australia of the cultural appropriateness of their Aboriginal and Torres Strait Islander Cancer Monitoring and Reporting Framework website.

A modified Delphi process was used to meet the project time constraints and COVID-19 pandemic restrictions.

Addressing racism to improve healthcare outcomes

AHHA presented a free webinar in Reconciliation Week focused on the Deeble Institute for Health Policy Research paper, *Addressing racism to improve healthcare outcomes for Aboriginal and Torres Strait Islander people: a case study in kidney care*.

Institutional racism measurement in South Australia

AHHA continued working with the South Australian Health Performance Council to undertake stakeholder validation, with subsequent adjustments, of a customised institutional racism measuring and monitoring tool that will be used to assess the 10 South Australian local health networks.

A modified Delphi process was developed to meet COVID-19 pandemic restrictions to enable individual webinars with a panel of non-Indigenous and Aboriginal health professionals, administrators and consumers.

Rural allied health

In 2019, AHHA was identified as a required stakeholder for consultation with the National Rural Health Commissioner in developing recommendations to the Australian Government on effective and efficient strategies that will improve the distribution of the rural allied health workforce, and improve access to, and quality of, allied health services in regional, rural and remote Australia.

This drew on our work with members to support their activities in regionally-responsive health workforce development—for example, with Queensland Health where, directed by a cross-jurisdictional committee, we developed an accreditation system for the education components of the Allied Health Rural Generalist Pathway. We have also worked with Primary Health Networks to progress cross-sector regional workforce strategies.

We worked closely with the Commissioner in developing policy options for rural allied health workforce reform, bringing together the expertise and experience of our broad membership to inform his recommendations, which were published on 19 June 2020.

Value-based health care

With the establishment of the Australian Centre for Value-Based Health Care, AHHA has continued to pursue the creation of a system where health care is funded and delivered with a prime focus on outcomes achieved, at an affordable cost for patients and the health system.

The transition to value-based health care requires a whole-of-system approach. We continue to bring Australian and international leaders in the field together, such as through partnering with the Value Institute at the University of Texas and the Australian National University to deliver the Health Care Transformation Leadership program (see page 5).

Best practice examples, theory and research continue to be shared, such as the experiences of Dental Health Services Victoria and the Continuous Improvement in Care – Cancer (CIC Cancer) project, as they navigate the creation of value through mechanisms such as routine clinical and patient-reported outcome measures, data and IT systems that provide analytics and visual support to clinicians, and new funding models.

With the recently-released National Health Reform Agreement reflecting that long-term health system reform will prioritise improving value, our collaborations and partnerships continue to support shared action to implement value-based health care in Australia, equitably and sustainably.

Telehealth during COVID-19



On 20 March 2020 our message to the Australian Government was to expand the availability of telehealth services by lifting all current restrictions on its use.

‘Specifically, we must lift current Medical Benefits Schedule item restrictions that require a face-to-face consultation for patients—including those provided by specialists, nurses and other health professionals’, AHHA Chief Executive Alison Verhoeven said.

‘We must also remove all the current telehealth item restrictions that are limited to those having confirmed COVID-19, or who are in the 70-and-over high-risk group, who have seen the GP previously...’ Known barriers to care can be exacerbated in a crisis—we have a crisis, and this is a good opportunity to remove the barriers to telehealth services.’

On 23 March Health Minister Greg Hunt announced that telehealth provisions would be expanded to allow vulnerable general practitioners and health professionals currently

authorised to use telehealth item numbers to use telehealth for all consultations with all their patients.

Minister Hunt also signalled an intention to proceed to ‘best practice expansion of telehealth items for all patients, with or without COVID-19, to see any general practitioner, medical specialist, mental health or allied health professional during the COVID-19 health emergency’.

AHHA then issued a joint release with the Consumers Health Forum, the Australasian Institute of Digital Health and the Australian Primary Care Nurses Association urging the Government to expand telehealth items to nurses to reduce COVID-19 infection risks and support care of chronically ill people at home.

The release was ultimately successful with the Government agreeing to extend the telehealth provisions as promised, and to include services provided by primary care nurses.

Rising out-of-pocket costs

Official Medicare data released in January 2020 in response to an October 2019 Senate Estimates Question on Notice revealed what we called ‘a shocking truth about out-of-pocket costs to see specialists in Australia’.

For example, anyone in the ACT will pay an average of over \$100 out of their own pocket every time they see a specialist. In New South Wales, 28 electorates out of 45 have average costs of over \$90 per visit, with eight electorates above the \$100 per visit mark.

AHHA has pursued rising out-of-pocket costs vigorously in 2019–20, drawing attention also to out-of-pocket costs data of this kind being available for several years but never published.

‘How can we claim to have a universal health system when bulk-billing rates for specialists are so low and out-of-pocket costs so high?’ AHHA Chief Executive Alison Verhoeven said publicly in January 2020.

Public dental care

On World Oral Health Day (20 March 2020), and again on 26 May, AHHA publicly called on the Australian Government to ‘come out from under the COVID doona’ to devote some attention to worsening adult dental health and the worsening affordability of much-needed dental care.

We drew attention to the fact that the Commonwealth’s National Partnership Agreement with the states and territories on adult public dental health was set to expire in June, and there had been no word on renewal.

On 28 May, Health Minister Greg Hunt stated publicly that he was ‘confident that there will be continuing Commonwealth funding for adult public dental services’.

On 10 June the Minister announced that funding had been extended for 12 months.



Australian Health Review

The *Australian Health Review* (AHR) is AHHA's peer-reviewed journal, published six times a year. All issues were published on schedule in 2019–20.

The journal explores major national and international issues in healthcare policy and management, healthcare delivery systems, the health workforce and financing. It is circulated to key stakeholders and members, with 'open access' articles promoted through the media and AHHA's other communications channels. Published articles help inform AHHA's policy and advocacy program.

The top 5 most-read papers in the journal were:

A wake-up call for physical activity promotion in Australia: results from a survey of Australian nursing and allied health professionals (N Freene et al.)

Financial costs associated with monopolies on biologic medicines in Australia (D Gleeson et al.)

Bullying and sexual harassment of junior doctors in New South Wales, Australia: rate and reporting outcomes (A Llewellyn et al.)

Bridging existing governance gaps: Five evidence-based actions that boards can take to pursue high quality care (S Leggat & C Balding)

Disparities in access to health care in Australia for people with mental health conditions (L Corscadden et al.)

The journal's most recent one-year Impact Factor (2018) was 1.23, and its five-year Impact Factor is 1.33. Submissions increased for the most recent calendar year (284 new submissions for 2019 compared with 255 in 2018). Website visits increased considerably to 235,599—up from 181,905 in 2018.

Dr Sonj Hall remained Editor-in-Chief, assisted by 4 Associate Editors and a 7-member Editorial Advisory Board.

Deeble Institute for Health Policy Research

The Deeble Institute for Health Policy Research is the research arm of AHHA. It develops, promotes and conducts rigorous and independent research that informs national health policy. It is supported by an Advisory Board chaired by Professor Johanna Westbrook (Australian Institute of Health Innovation, Macquarie University).

RESEARCH OUTPUTS

HEALTH POLICY ISSUES BRIEFS

Data collection for community-based allied health chronic disease management

—**Mr Jon Foo, Dr Rebecca Haddock**

Integration of general practice pharmacists into primary healthcare settings for chronic disease management—**Ms Caitlin Shaw**

Can value-based health care support health equity?—**Ms Alison Verhoeven, Ms Kylie Woolcock, Dr Linc Thurecht, Dr Rebecca Haddock, Ms Anna Flynn, Mr Nick Steele**

Reforming for value: opportunities for outcome focused national health policy—**Dr Kate Raymond**

Re-orienting funding from volume to value in public dental services—**Dr Shalika Hegde, Dr Rebecca Haddock**

Value-based health care: setting the scene for Australia—**Ms Kylie Woolcock**

HEALTH POLICY EVIDENCE BRIEFS

Developmental Language Disorder: a disability, health and education challenge—

Ms Caroline Walker, Dr Rebecca Haddock

Developing an assessment tool for Australian general practices transforming to a Patient-Centred Medical Home model of care

—**Mr Anthony Elliott, Ms Sharon Sweeney, Dr Amy Langford, Ms Alicia Bruce, Ms Suzzie Harvey, Ms Kate Silk**

HEALTH POLICY PERSPECTIVES BRIEFS

Providing telehealth in general practice during COVID-19 and beyond—**Dr Chris Bollen, Dr Rebecca Haddock**

Addressing racism to improve healthcare outcomes for Aboriginal & Torres Strait Islander people—**Dr Chris Bourke, Dr Mandy Truong, Ms Yomei Jones, Mr Jonathon Hunyor, Dr Paul Lawton**

The use of Delphi method for remote consultations—**Ms Kylie Woolcock**

Dental Health Services Victoria: journey to value-based healthcare—**Dr Kate Raymond, Dr Shalika Hegde**

The inaugural John Deeble Lecture 2019—**Prof. Nigel Edwards**

Towards value-based healthcare: Lessons learnt from implementing outcomes measures—**Prof Christobel Saunders, Dr Angela Ives, Dr Neli Slavova-Azmanova, Prof Matthew Bellgard, Prof. Jim Codde**

RESEARCH IMPACT

CAN VALUE-BASED HEALTH CARE SUPPORT HEALTH EQUITY?

Ms Alison Verhoeven, Ms Kylie Woolcock, Dr Linc Thurecht, Dr Rebecca Haddock, Ms Anna Flynn, Mr Nick Steele

This Issues Brief explores equity in the context of value-based health care strategies and health care reforms currently being implemented or considered in Australia. It draws on international experience and research and proposes matters for more detailed consideration by health policy makers as reforms are developed and implemented. It considers whether value-based health care strategies can strengthen health equity in Australia and reviews the tools available to policy makers to implement equity-focused health reform. Recommendations are provided to support the achievement of greater public value for health investment as hospitals, health services and governments implement value-based health care reforms.

Impact: There is ongoing advocacy to address the policy failures identified in this paper.

ADDRESSING RACISM TO IMPROVE HEALTHCARE OUTCOMES FOR ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE

Dr Chris Bourke, Dr Mandy Truong, Ms Yomei Jones, Mr Jonathon Hunyor, Dr Paul Lawton

Action is being taken at multiple levels to reduce the poorer healthcare outcomes provided by non-Indigenous health professionals and healthcare organisations to Aboriginal and Torres Strait Islander peoples. This Perspectives Brief identifies four key intersecting domains of cultural safety, reducing institutional racism, the NSQHSS and race discrimination law that can guide and support improvements to the provision of kidney care for Aboriginal and Torres Strait Islander patients by non-Indigenous health professionals and healthcare organisations.

Impact: This paper has been widely accessed by policy-makers, academics and PHNs developing policies to address institutional racism embedded in health services and health organisations.

INTEGRATION OF GENERAL PRACTICE PHARMACISTS INTO PRIMARY HEALTHCARE SETTINGS FOR CHRONIC DISEASE MANAGEMENT

Ms Caitlin Shaw—Jeff Cheverton Memorial Scholarship (with support from North West Melbourne and Brisbane North PHNs)

General practice pharmacists (GPPs) are pharmacists integrated into a primary care team who provide clinical services to improve quality use of medications for the practice population. GPPs currently have a very limited role in primary healthcare in Australia. Integration of GPPs should be more widely adopted.

Impact: This paper received national attention from PHNs and pharmacy peak bodies in the lead up to the publication of the seventh Community Pharmacy Agreement (7CPA).