



Submission to the

Senate Select Committee on Health

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Introduction

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide a submission as part of the Senate Select Committee on Health processes, which are focused on health policy, administration and expenditure. The current set of hearings is focused on big data and the use of integrated health data to inform decision making. It is this issue to which this submission responds.

The AHHA is Australia's national peak body for public hospitals and health care providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, and individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

Strategic vision

The AHHA would like to highlight the need for the Commonwealth Government and the States and Territories to take a more strategic approach to data stewardship in the health system. The use of big data should identify areas for significant improvement and be used to recommend strategies across a range of areas where there are current review processes under way, for example, reviews of the MBS, primary health care review, and antimicrobial use; as well as with regard to mental health.

Data Limitations

The recently released *Australian Atlas of Health care Variation* published by the Australian Commission on Safety and Quality in Healthcare also provides a spotlight on the limitations of Australia's health data collections. The recommendations in regard to data improvement need to be addressed urgently if there is to be any improvement in the management of our health system and resources. The lack of a national minimum data set on primary care should be dealt with as a priority, and there must be greater opportunities and support for data linkage, investment in and better use of clinical registries, and development of MBS data focused on persons rather than episodes, if we are to have a thorough understanding of how Australians use the health system.

The majority of Australians receive most of their health care in primary health settings, yet data sources are inadequate and not purpose built to answer questions about: who is attending GP and other services; the reasons for attending; what investigations and treatments did they receive; and did these achieve the desired outcomes? Only through in depth research and data linkage can we discover what care is being accessed across the health system for specific at risk population groups. For example, at the moment there is no data source for mental health treatment rates in primary care. We cannot determine whether this care is leading to improved health outcomes. Data linkage is a useful way of understanding populations or individuals flow through the health system, given our current data systems, but because we don't have unique identifiers, it is a work-around that is costly and time consuming.

A focus on health outcomes is also urgently required, and this should include patient-report outcome and experience measures if the health system is to be truly patient-centred.

Recommendations

1. A national minimum data set on primary care is developed as a priority
2. That data linkage activities are supported with an easing of restrictions
3. That MBS data is based on persons rather than episodes

4. That NPS Medicine Wise, both in its Choosing Wisely campaign and its broader activities and data collections regarding use of medicines including antimicrobials, need to be brought more purposefully into the work being led by the Australian Commission on Safety and Quality in Healthcare and the Commonwealth Department of Health.
5. Health outcomes are measured using patient reported outcome measures (PROMs) and patient reported experiential measures (PREMs).

Conclusion

Senate Select Committee on Health's inquiry into big data is an important task and the AHHA welcomes the opportunity to support its work. The AHHA commends the recommendations outlined in this submission and hopes they will be taken into account as Australia strives toward building a modern, 21st century health system founded on evidence.