

ahha

australian healthcare &
hospitals association

the voice of public healthcare®

Annual Report 2015 – 16



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

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Chair's Report

DR PAUL DUGDALE
Chair



This year marks AHHA's 70th year, and I am pleased to report that our commitment to universal healthcare is as strong and engaged now as it was when our founders first began the important work of advocating for affordable care for all Australians.

This work is only possible through the engagement and contributions of all our members, our Council and Board, and our very professional Secretariat, and I thank you all for your support and work this year.

Following last year's endorsement of a new Constitution for AHHA, this year we agreed to a new Strategic Plan which will guide our work for the next five years. This annual report presents a summary of our achievements against the performance indicators outlined in the Strategic Plan, and I am pleased to note that these achievements demonstrate AHHA continues to be a high-performing for-purpose organisation, working for the benefit of its members and all Australians.

AHHA's work is guided by a Council-elected Board, and I thank resigning 2015–16 Board members Professor Gary Day and Ms Elizabeth Koff for their dedicated service to AHHA. On behalf of the Board and the wider Association I wish them well and am pleased to report that Professor Day will continue his sterling work as Editor-in-Chief of our peer-reviewed academic journal, *Australian Health Review*.

AHHA will welcome four new Board members in October 2017. Together with my fellow continuing Board members, I look forward to working with Dr Paul Burgess, Dr Michael Brydon, Ms Gaylene Coulton and Mr Jeff Cheverton. They will bring a wide range of skills and experience from across the health sector to the AHHA Board and their contribution will position AHHA well to advocate for a healthy Australia, with access to quality care for all Australians. I am also pleased to advise that the AHHA Board recently approved the reappointment of Chief Executive Alison Verhoeven for a further three year term with an option for a two-year extension.

AHHA's work in 2015–16 as the voice of public healthcare culminated in strong engagement and advocacy in the lead up to the 2016 Federal Election, held on 2 July. This election campaign saw AHHA build on the previous 12 months of its advocacy on issues such as the value of well-funded primary care, adequate and durable public hospital funding, policies for better integrated care and an agenda for reform and investment in public oral healthcare, with a move towards reform of and investment in oral health being part of the universal care framework.

As the election result and the reaction to the 2016 Budget showed, health is a major issue in the Australian electorate, and affordability is a particular concern for voters. The narrowness of the final election result emphasises the need for a strong, unified voice on public healthcare to help guide our elected representatives in their decisions on health.

The agreement on public hospital funding reached at the April 2016 meeting of the Council of Australian Governments partially reversed one of the most unpopular cuts introduced by the Coalition in the 2014 Budget, by providing for a maximum of \$2.9 billion in additional

Commonwealth funding for public hospitals in the three years from July 2017. The Turnbull Government also renewed a commitment to activity-based funding.

Both these initiatives are welcomed by the AHHA. However, the Budget provides only 44% of the funding required from July 2017 to maintain the current rate of the Commonwealth's contribution to public hospital service improvement growth (based on the Commonwealth's share of growth being 45%), or only 40% of what was expected through the 2011 COAG agreement (based on the Commonwealth's share of growth rising to 50%).

In summary, this year's Budget halves Commonwealth funding for service improvement in public hospitals from July 2017 onwards. The likely impact without policy action is that expenditure growth will be pushed onto consumers as out-of-pocket costs. This places a greater burden on the more vulnerable members of society which will further entrench health inequalities and access difficulties. Australian health expenditure already involves higher out-of-pocket costs than comparable countries (the US excluded). To avoid this, if the Commonwealth does not wish to continue providing its share of growth funding for public hospitals, it can re-regulate private health insurance to facilitate growth in private insurance payments to public hospitals.

More positively, there are some welcome reform initiatives under way in the primary care sector. If they are consistently supported and PHNs are ensured the freedom to achieve their potential, these initiatives bode well for a better integrated health system, although their success will be contingent on adequate funding and strong program design, engaging both Commonwealth and state governments, acute and primary care leaders, and consumers. These reforms need to be supported consistently through robust policy, ensuring Primary Health Networks are able to achieve their potential, and have the resources to lead reform at the regional level. Our Primary Health Network members are already forging new ways to do business, commissioning for quality outcomes in primary care, supporting trials to more effectively implement e-health, and contributing to the development of the recently-announced Health Care Homes.

AHHA is pleased to be able to work across the health system with our hospital members, Primary Health Networks, community health organisations, health service providers, academics, clinicians and health-related businesses to contribute to policy development and research to support a high quality health system.

Looking forward, the key issues facing AHHA in its 71st year are working with the 45th Parliament and the re-elected Turnbull Government on a range of challenges facing Australian health. Issues including public hospital funding post-2020, the private health insurance review and the Health Care Home trials are all priorities for health leaders and political representatives. AHHA looks forward to being a voice in that conversation.

Finance Report

DR DEBORAH COLE
Chair, Audit, Finance
and Risk Committee



The Audit, Finance and Risk Committee meets quarterly and subsequently reports to the Board. My fellow members are Walter Kmet, Nigel Fidgeon and two independent members, Bryan Stevens and Andrew Bailey. I thank them for their service to AHHA, and I would also like to record my thanks to the very professional business services team at the Secretariat, led by Murray Mansell, who have undertaken significant work over the past year to ensure business policies and processes are robust.

AHHA has recorded a successful year in 2015–16 with an unqualified audit report, and a surplus of \$65,744 against a budgeted surplus of \$15,552 for the 12 months. Overall revenue was maintained at \$3.3 million and expenses were reduced to produce the surplus of \$65,744, compared to \$7,787 in 2014–15.

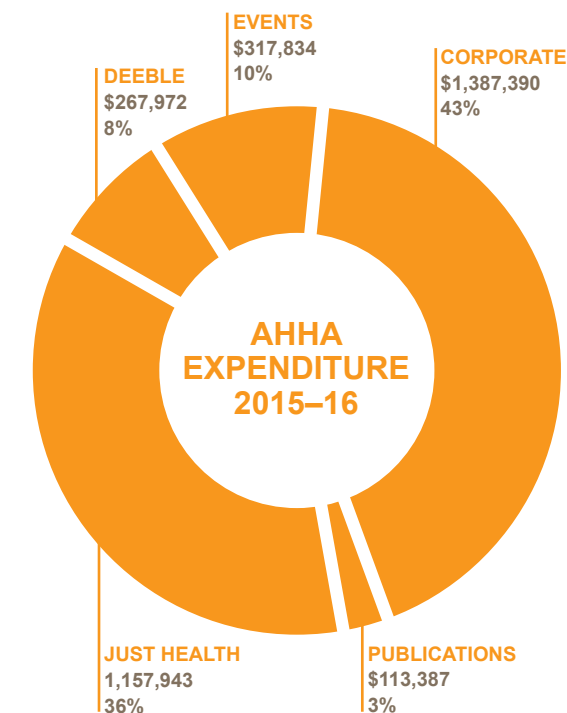
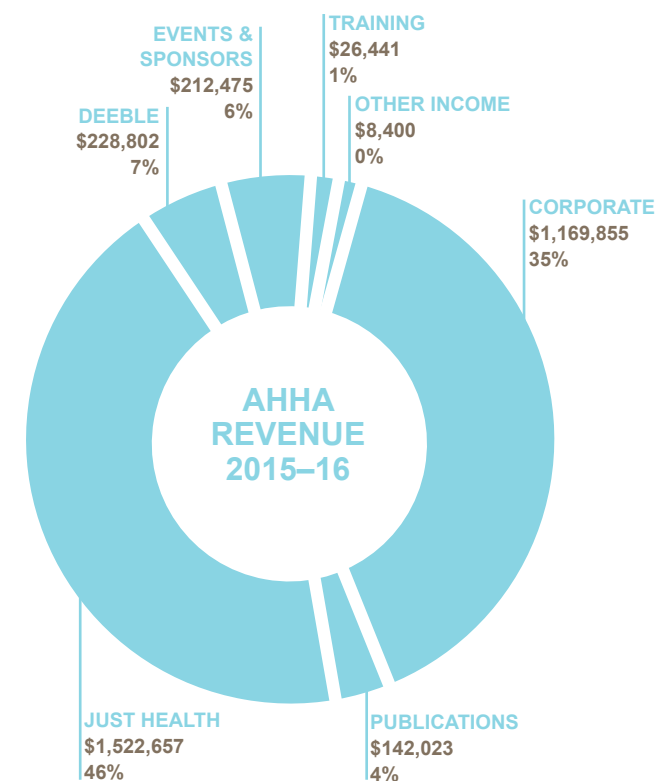
Considerable effort has been made to ensure diversified revenue sources. I am pleased to advise that we undertook several large consultancy projects during 2015–16 which assisted in reducing our reliance on membership fees, and have enabled us to reduce fees for most membership categories in 2016–17. These projects included development of the My Health Record training package under contract to the Australian Department of Health, and the provision of shared business services under Memoranda of Understanding to the Victorian Healthcare Association and the Society of Hospital Pharmacists of Australia. Sharing of back-of-house services with other like-minded organisations enables AHHA and our partners to invest in professional governance and administration services at a scale we might not be

able to achieve individually, ensuring our operation as a for-purpose, not-for-profit organisation is of the highest standard.

In keeping with our not-for-profit status, we have invested much of the revenue earned over the past 12 months back into services for our members, including quarterly meetings of Data, Innovation, and Mental Health networks which are free of charge to members, and many other events and workshops at below-cost price to members. We have increased the frequency of publication of our academic journal and our member magazine from five to six times per year: both are available to members without additional charge. We have also been able to expand our research, policy and advocacy teams and to continue investing in the Deeble Institute for Health Policy Research as a result of our increased revenue from our consultancy activities.

Risk for the organisation across the financial, governance, corporate, strategic and reputational areas is low to moderate with strong mitigation strategies in place to manage any emerging matters of concern. All legislative and regulatory requirements are being met in full, including the required public reporting to the Australian Charities and Not-for-Profit Commission.

Together with the Public Health Association of Australia, we formed a Primary Health Fund Investment Management Advisory Group which meets six monthly, and reports to our respective Boards. Acknowledging the organisations' shared commitment to primary health and better health outcomes for Australians, the Primary Health Fund Investment Management Advisory Group is tasked with managing funds which had been provided to AHHA following the closure of the Australian Medicare Local Alliance.



BOARD

Name	Meetings attended (4 max)
Paul Dugdale - Chair	4
Deborah Cole	3
Walter Kmet	3
Gary Day (Resignation received March 2016)	3
Adrian Pennington	3
Nigel Fidgeon	3
Elizabeth Koff (until Nov 2015)	1
Paul Scown (until Sept 2015)	1
Kathy Eagar (until Sept 2015)	1
Philip Davies (until Sept 2015)	1

AUDIT, FINANCE AND RISK COMMITTEE

Name	Meetings attended (4 max)
Deborah Cole - Chair	4
Paul Dugdale	2
Bryan Stevens	3
Andrew Bailey	4
Walter Kmet	3
Elizabeth Koff (until Nov 2015)	0
Nigel Fidgeon (from Nov 2015)	2

NOMINATIONS COMMITTEE

Name	Meetings attended (2 max)
Paul Dugdale	1
Walter Kmet	2
Paul Scown	2
Andrew McAuliffe	1

PRIMARY HEALTH INVESTMENT ADVISORY GROUP

Name	Meetings attended (2 max)
Deborah Cole (AHHA Board, Group Chair)	2
Alison Verhoeven (AHHA Secretariat)	2
Anne Brown (Public Health Association of Australia Secretariat)	2
David Templeman (PHAA Board)	2
Murray Mansell (AHHA Secretariat)	2
Richard Franklin (PHAA Board)	2

PERFORMANCE AND REMUNERATION COMMITTEE

Name	Meetings attended (2 max)
Paul Dugdale - Chair	2
Deborah Cole	2
Adrian Pennington	2

Chief Executive's Report

ALISON VERHOEVEN
Chief Executive



Throughout the 2015–16 financial year, the AHHA team has continued to work with members, health organisations and leaders, policymakers and political leaders to improve public healthcare in Australia.

AHHA celebrates its 70th anniversary this year, proudly advocating for a strong universal health system for all Australians. Our work remains highly relevant, particularly given reform processes under way aimed at addressing budget pressures. We renewed our commitment this year to this work with the adoption of a strategic plan which will guide us in our work until 2020.

Our advocacy agenda in 2015–16 has included meetings with key portfolio holders, including Commonwealth Health Minister Sussan Ley and Shadow Health Minister Catherine King, who spoke at AHHA's special 70th anniversary dinner on 12 April. During the 2016 Federal Election campaign, AHHA hosted meetings with leaders of other health peak bodies to discuss the election and develop coordinated advocacy strategies. Our work with other peak bodies helps strengthen our advocacy.

The AHHA team, together with a group of members, and in collaboration with the Board and Council, also developed a health policy scorecard assessing the policies of the major national parties across a range of criteria. The scorecard was well-received and formed the backbone of AHHA advocacy throughout the election campaign.

Further meetings are scheduled with members of the ministry and shadow ministry as well as key cross-benchers following the appointments in the 45th Parliament. We have also provided briefing materials outlining key AHHA policy positions to all members of parliament and senators.

While we acknowledge the need for our health system to be as efficient and effective as possible, we remain committed to ensuring all Australians have access to affordable, high quality care. This was the focus and the subject of keen debate at our April 2016 Think Tank, *Looking over the horizon: Where to next for the Australian health system?* AHHA will continue to make it a priority to provide opportunity for debate and presentation of evidence on optimising the health system at our public events and in our publications. We thank HESTA for their sponsorship of our Think Tank events.

In the past year AHHA has also supported health practitioners and organisations by hosting thought leadership events such as roundtables and workshops on issues such as social impact investing, commissioning in primary care and end of life care. We provided training in areas including palliative care, health economics, Lean for healthcare and quality improvement. Building on our expertise in developing online training products for healthcare providers, this year we worked with the Australian Department of Health to develop a new online training package to support general practice and allied health providers in using the My Health Record. AHHA is committed to advancing its position as a thought leader with its ongoing events

program, including an upcoming US Study Tour to examine the health care homes model in a US context.

AHHA's other projects in 2015–16 included a partnership with Novartis, the Tasmanian Primary Health Network (PHN) and the Tasmanian Department of Health and Human Services, to support a project aimed at improving care of heart failure patients in the state. AHHA also continued its work on the Lighthouse project, in partnership with the Heart Foundation, to improve care of Aboriginal and Torres Strait Islander peoples with acute coronary syndrome.

“Our work with other peak bodies helps strengthen our advocacy.”

Our publications program continues to be a key part of the AHHA communications strategy. Our bi-monthly magazine *The Health Advocate* has been a way for AHHA to showcase the latest in health research, events and analysis, with the introduction in 2015–16 of themed issues leading to an opportunity for more in-depth focus and advocacy. In February 2016, our Close The Gap issue allowed us to work with a range of leading Aboriginal and Torres Strait Islander organisations to show the work being done to improve Indigenous health and underscore the urgent need for Australia to improve on its past record. Other themes explored in *The Health Advocate* this year included chronic disease – featuring an article by Commonwealth Minister for Health Sussan Ley – and innovation in health. Under the editorship of Professor Gary Day, AHHA's peer-reviewed academic journal *Australian Health Review* has received an improved impact factor, rising from 0.73 to 0.82 in 2015, with a five-year impact factor of 1.109. The journal is now being printed six times a year. AHHA's twice-weekly e-newsletter, *Healthcare in Brief*, continues to be a popular publication, reaching more than 5,000 readers.

AHHA strongly values and invests in research to inform evidence-based policy. In the past year, the Deeble Institute for Health Policy Research has published seven Issues Briefs and supported the work of a number of talented postgraduate tertiary students through the Deeble Summer Scholar program. The work of the Deeble Institute is partly supported by a three-year funding grant from the Commonwealth Department of Health.

With the Turnbull Government returned to office in July 2016, and its ongoing work in health reform, 2016–17 will provide many opportunities for AHHA and its members to contribute to the development of a strong health system. Together with the AHHA team, I am pleased to have the opportunity to work with our members, health service providers, policymakers and health leaders to provide a leading voice for public healthcare. In closing, I would like to thank AHHA's dedicated staff, our Board and our members for their work and support in the past year.

70th Anniversary



The Australian Health Review through the ages

70 years making a difference

AHHA celebrated its 70th anniversary as a national voice for public healthcare in 2016. To commemorate the event, the Association held a celebratory dinner in Melbourne in April attended by Shadow Minister for Health Catherine King.

“70 years is an amazing length of time for an organisation to have been advocating for high quality healthcare in Australia,” Ms King said in her speech on the night.

“It's essential that we continue to have organisations like the Australian Healthcare and Hospitals Association putting forward high quality, respected and representative advocacy for universally accessible, high quality healthcare in Australia. This is especially true at a time when so many voices in the health sector are under so much pressure.”

To commemorate its 70th anniversary, the AHHA also published a series of articles in *The Health Advocate* which examined the Association's history and its role in the current and future healthcare system.

Founded as the Australian Hospital Association in 1946 by Dr H.H. Schlink (later Sir Herbert Schlink), the AHHA has become a perennial fixture in the national health conversation, maintaining its vision for an effective, innovative and sustainable health system where all Australians have equitable access to healthcare of the highest standard when and where they need it. The AHHA has always been a strong advocate of a high-performing health system, undertaking research into new methods of funding, new approaches to patient care, and ensuring a focus on innovation, safety and quality.

In its early years the Australian Hospital Association's membership was formed by the large teaching hospitals in Melbourne and Sydney. Over the years that membership base diversified and the organisation was renamed the Australian Healthcare Association in 1996, to reflect both the wider variety of members and the emerging government policies focusing on out-of-hospital services. In 2006, the name was changed to the Australian Healthcare and Hospitals Association, as an acknowledgement of the organisation's heritage and its broader focus.

In his foundational address as the Association's inaugural President, Dr Schlink laid out the ethos the AHHA adheres to even today. “The Australian Hospital Association wishes to serve the welfare of the nation by developing methods and programmes for making better hospital care available to all,” he said.

The Association's early editorials in its first journal, *The Australian Modern Hospital* (published 1949–1955) reflect that just as the Association's mission has remained consistent over its long history, so have many of the issues plaguing the Australian health system.

“Due to rising costs and neglect in forward planning, the financial position of Australian hospitals has never been worse,” one early editorial read.

“An additional reason for their present difficult situation is the political difference of policy between the various Governments – Federal and State.”

These issues are ones the healthcare sector continues to grapple with today, and in the 70 years since its foundation, the AHHA has continued to advocate for essential reform to increase efficiency throughout the sector and improve outcomes for patients. As Australia moves further into the 21st century the challenges facing healthcare continue to evolve, with an ageing population, rising rates of chronic and complex conditions, and expensive new medical technology placing new challenges for the health system.



National Aboriginal Community Controlled Health Organisation Chair Matthew Cooke, Shadow Minister for Health Catherine King, and AHHA Chief Executive Alison Verhoeven.

Advocacy

A strong voice for public healthcare

Our advocacy activities throughout 2015–16 promoted and supported universally accessible healthcare in Australia for the benefit of the whole community. This work was guided by the overarching principles that healthcare in Australia should be effective, accessible, equitable, sustainable and outcomes focused.

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

AHHA actively engaged in the Commonwealth's Reform of the Federation and Tax System processes by leading a broad, consultative research program resulting in the publication of the *Pathways to Reform* research paper series. Leveraging the policy proposals put forward in the papers, AHHA conducted a targeted advocacy program with Ministers, members of the opposition, members of the House of Representatives Standing Committee on Health, crossbench senators, Senior Executives at the Commonwealth Treasury, Department of Prime Minister and Cabinet and Department of Health, and state health departments.

AHHA ensured its members' voices were heard through its submissions responding to the Commonwealth Budget, the various reviews undertaken by the House of Representatives Standing Committee on Health and the Senate Select Committee on Health as well as the multiple review processes undertaken by the Commonwealth in mental health, primary care, renewal of the Medicare Benefits Schedule, private health insurance, and the strategic direction of the Medical Research Future Fund, among others.

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

A voice at Parliament

AHHA sought an opportunity for two of our members, North and West Remote Health (Qld) and Marathon Health (NSW), to meet with the Commonwealth Parliamentary Friendship Group for Rural and Remote Allied Health at Parliament House in Canberra to discuss issues and propose solutions in the area of rural and remote allied health.

Connecting AHHA members with elected representatives allows members to flag concerns and advocate for solutions, based on their experience in health service delivery, with a view to improving health policy.

"All in all I found the experience thoroughly rewarding and would like to thank the attendees for their obvious engagement and questions on the matters presented. I recommend this experience to others who are passionate about rural and remote health issues."— Evelyn Edwards, Chief Executive Officer, North and West Remote Health

Support for grassroots advocacy

In the lead up to the 2016 Federal Election, AHHA developed a *Health Sector Advocacy Handbook* for members and the broader health sector. AHHA encourages members to advocate for the issues that matter to them with their elected representatives.

Elected representatives at federal, state and territory level want to be kept informed on issues in their electorate, and local Member of Parliament and state/territory Senators want reliable and expert sources of information on healthcare

The handbook is a convenient reference to inform and equip members to advocate for universal, high quality and affordable healthcare to benefit the whole community.

Contributing to policy debate

As Australia's national peak body for public healthcare providers and supporters, and with membership from all parts of the health sector, AHHA responds to the changing political environment during periods such as the Commonwealth's 2016–17 Budget announcements and the 2016 federal election.

Budget 2016–17

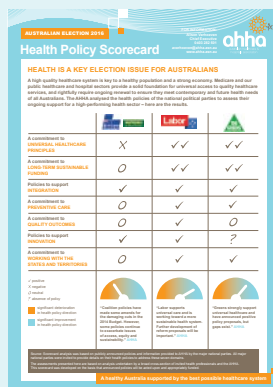
AHHA provided members, the broader health sector and media with rapid, detailed analysis and commentary on the health budget measures via AHHA's Federal Budget 2016 webpage, direct member updates, a rolling series of media releases and an active social media program. AHHA called on the Government to ensure budget policy measures were shaped by a clear strategy and vision for health.

Election 2016

The vision articulated in our strategic plan for a healthy Australia supported by the best possible healthcare system was the basis of our Election 2016 advocacy campaign.

Working with our members, AHHA updated policy positions and developed election statements in advance of the campaign. AHHA's *Election 2016 Health Policy Scorecard*, released on 20 June 2016, provided commentary on how each of the major national parties shaped up on health policy assessed against seven domains:

- A commitment to universal healthcare principles
- A commitment to long-term sustainable funding
- Policies to support integration
- A commitment to preventive care
- A commitment to quality outcomes
- Policies to support innovation
- A commitment to working with the states and territories



Representation

Parliamentary meetings

The Hon Sussan Ley MP, Minister for Health

The Hon Fiona Nash, Minister for Rural Health

The Hon Ken Wyatt AM, MP, Assistant Minister for Health

The Hon Christian Porter MP, Minister for Social Services

The Hon Catherine King MP, Shadow Minister for Health

Senator Katy Gallagher, Shadow Minister for Mental Health

Stephen Jones, Shadow Assistant Minister for Health

Senator Janet Rice, Greens spokesperson for Mental Health

The Hon Dr David Gillespie MP, Standing Committee on Health

Dr Andrew Southcott MP, Standing Committee on Health

Dr Andrew Laming MP, Standing Committee on Health

Senator Glenn Lazarus

Meegan Fitzharris, ACT Assistant Minister for Health

Roger Cook, Western Australian Shadow Minister for Health

Submissions

Finance and Public Administration References Committee: Inquiry into the outcomes of the 42nd meeting of the Council of Australian Governments held on 1 April 2016

Australian Medical Research Advisory Board's consultation for the development of the related Priorities for the Australian Medical Research and Innovation Strategy for the disbursement of the Medical Research Future Fund, 2016

Tasmanian House of Assembly's Standing Committee on Community Development's inquiry into palliative care in Tasmania, 2016

2016-17 Pre-Budget Submission to Treasurer, 2016

House of Representatives Standing Committee on Health Inquiry into Chronic Disease Prevention and Management in Primary Care, 2015

Primary health care advisory group: Better outcomes for people with chronic and complex health conditions through primary care, 2015

Medicare Benefits Schedule Review Taskforce Consultation, 2015

National Health Performance Authority Indicators Review, 2015

Department of Health's Private Health Insurance Consultations, 2015

Senate Select Committee on Health: Big data and the use of integrated health data to inform decision making, 2015

Committees

International

APEC Silver Economy Project Steering Group

Asian Hospital Federation – Council

Global Green & Healthy Hospitals Network – Founding Member

International Hospital Federation – Governing Council

International Federation of Community Health Centres

National

Alliance for Sharps Safety and Needlestick Prevention – Member

Australian Council on Healthcare Standards – Board & Council

Australian Institute of Health and Welfare Hospital Statistics Advisory Committee – Member

Australian Research Alliance for Children and Youth (ARACY) – Member

Climate and Health Alliance – Member

Close the Gap Steering Committee – Member

Department of Health and Ageing Health Sector Group (HSG) Trusted Information Sharing Network (TISN) – Member

Department of Veterans' Affairs Health Consultative Forum – Member

Heart Foundation Acute Coronary Syndrome Implementation Working Group – Member

HESTA – Trustee

Independent Hospital Pricing Authority (IHPA) Stakeholder Advisory Group – Member

National Aged Care Alliance – Member

National Alliance for Action on Alcohol – Member

National Oral Health Alliance – Member

National Prescribing Service – Member

National Primary and Community Health Network – Executive

National Rural Health Alliance – Member

NDIS Cross Sector Working Group – Member

Social Determinants of Health Alliance – Member

Standards Australia (various committees) – Member

Events

AHHA as a thought leader

AHHA aims to inform and influence health debate and policy development, promote research, highlight best practice and build specialist skills. In 2015–16 we led several targeted, highly topical events and workshops, engaging health leaders in strategic conversation with follow up research, advocacy and communications, demonstrating our commitment to thought leadership in health policy.

Participants in our events include members and other stakeholders from across the not-for-profit, clinical, corporate, government and academic sectors. In recognition of the geographic spread of our members, AHHA has delivered events around the country, with a focus on taking events outside of the capital cities where possible and continuing to make resources available on our website after the activity.

Throughout the year AHHA's events have attracted record audiences and new attendees. This, together with the interest in the post-event communiques has indicated the topical nature of the issues covered.

PERTH, WA

AHHA Member Breakfast Briefing
Deeble Institute Knowledge Translation and Exchange Short Course

ONLINE EVENTS

Global Green and Healthy Hospitals
Webinar in partnership with Climate and Health Alliance

ADELAIDE, SA

Data and Innovation Collaboration
Network Meeting

MELBOURNE, VIC

Think Tank: Looking Over the Horizon - where to next for the Australian health system?
AHHA 70th Anniversary Dinner
Deeble Institute Workshop: End of Life Care
Think Tank: Greening the Health Care Sector (in partnership with Climate and Health Alliance)
Roundtable: Social Impact Investing in Health
Lean Thinking Yellow and Green Belt Courses

TOWNSVILLE, QLD

Data and Innovation Collaboration
Network Meeting

BRISBANE, QLD

Think Tank: Sustainable Funding of Public Hospitals
Forum: Bundled Care Options for Primary Health
Sidney Sax Medal Dinner
Deeble Institute Knowledge Translation and Exchange Short Course
Lean Thinking Yellow and Green Belt Courses
Mental Health Network Meeting

CALOUNDRA, QLD

Data and Innovation
Collaboration Network Meeting

NEWCASTLE, NSW

Mental Health Network Meeting

CANBERRA, ACT

General Practice Liaison Officer
National Conference (in partnership with Capital Health Network)
PHN Commissioning Workshops

PENRITH, NSW

Data and Innovation
Collaboration Network Meeting

SYDNEY, NSW

AHHA Member Breakfast Briefing
Workshop: Forming Effective Clinical Councils and Community Advisory Committees
Health Law Seminar: Dealing with Death in Health and Aged Care (in partnership with ACHSM and Holman Webb Lawyers)
Deeble Institute Roundtable: International Perspectives and Australian Experiences on Patient Engagement and End of Life Care
Lean Thinking Yellow and Green Belt Courses
Roundtables: Social Impact Investing in Health

Events

Social Impact Bonds

During 2015–16, AHHA explored the emerging use of social impact bonds and opportunities for outcomes-oriented investment in primary and acute care.

Beginning with the publication of a Deeble Institute for Health Policy Research issues brief by the University of Melbourne's Associate Professor John Fitzgerald on options for financing in primary care in Australia, a series of events brought Australian health leaders together in Melbourne and twice in Sydney to discuss the potential role private investors could play in delivering outcome-focused improvements in public healthcare through social impact investing.

Governments in Australia are actively looking at how social impact investing can help them tackle significant societal challenges, and private investment is currently funding two New South Wales interventions in the welfare sector. Using social impact investing to drive positive health outcomes for specific conditions or populations is very much in its infancy in Australia, and more work is needed to determine the applicability of social impact investing to the Australian primary and acute care environment.

AHHA actively engaged in this space to build an evidence base to better inform the debate. Both roundtables in Sydney brought together Primary Health Networks (PHNs) and Local Health



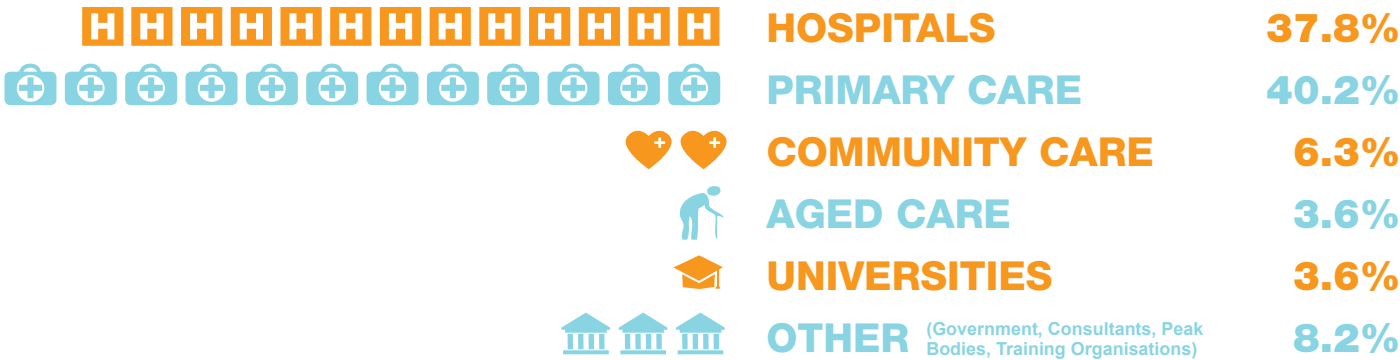
Districts (LHDs) along with officials from Commonwealth, state and territory health departments and treasuries to unpack how PHNs and LHDs can engage in impact investments in order to respond more directly and creatively to local health needs with a focus on outcomes while mitigating financial risk to governments.

A funding emphasis on better health outcomes rather than simply focusing on payments based on activity is consistent with the commissioning role envisaged for PHNs. The Commonwealth and state and territory governments will be keeping a close eye on the success of efforts.

Dr Sarah Meachem from the Australian Society for Medical Research speaks at AHHA's Think Tank on redesigning the health system in April 2016.



Membership



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 academic partners, other peak bodies and organisations whose activities support the healthcare sector.

During 2015–16, building on our strength as an association which brings representatives from across the sector together, we have formed networks of health practitioners, administrators, researchers and policy makers on topics including data, innovation and mental health. AHHA members have hosted the meetings, which has enabled us to deliver these in locations across Australia, free of charge for members and for a small fee to non-members. Presentations from the network meetings are hosted on the AHHA website. Members and other partners have embraced the opportunity to meet with colleagues and to share their work.

Data Collaboration Network

The primary objective of the Data Collaboration Network is to seek opportunities for better use of health data in Australia, including promoting the potential for cross-sector collaboration.

Meetings in 2015–16 have been held in Adelaide, Townsville, Penrith and the Sunshine Coast. Presentations were made by speakers including Australian Health Policy Collaboration Director Rosemary Calder on a scorecard for chronic disease; Queensland Department of Health's Chief Data Officer Dr Stephen Chu on use of 'big data' in health; Professor Helena Britt and Associate Professor Graeme Miller from the University of Sydney Family Medicine Research Centre on BEACH; and several Primary Health Network leaders spoke about innovative data work being led at regional level.

Innovation Collaboration Network

The Innovation Collaboration Network provides opportunities to present new and innovative ideas and technologies. The network examines both technological as well as system innovation and projects in their early stages.

Meetings in 2015–16 have been held in Penrith and the Sunshine Coast. Speakers have included Neil Sharwood of the Australian 3D Manufacturers Association, William Moorhead from the National Rural Health Student Network and Peter O'Halloran, CIO of the National Blood Authority.

Mental Health Network

The Mental Health Network held its first meeting in March this year in Brisbane, with a subsequent meeting in Newcastle. The network was established to provide opportunities to share information and expertise around mental health initiatives with a focus on primary healthcare. Speakers have included National Mental Health Commission CEO David Butt, Mental Health Australia CEO Frank Quinlan, Australian College of Mental Health Nurses Executive Officer Kim Ryan, and Primary Health Network leaders from Queensland, New South Wales and Victoria discussing commissioning in mental health.



Sidney Sax medal

The Sidney Sax Medal is awarded to an individual who has actively engaged in the AHHA's work and made an outstanding contribution to the development and improvement of the Australian healthcare system in the field of health services policy, organisation, delivery and research. In 2015 the medal was awarded to Professor Len Notaras (pictured), then

Chief Executive Officer of the Northern Territory Department of Health.

In announcing the award, AHHA Chair Dr Paul Dugdale noted that Professor Notaras had worked tirelessly to address Aboriginal and Torres Strait Islander health issues in the Northern Territory, and had led the disaster response to the Bali bombings and the establishment of the National Critical Care and Trauma Response Centre (NCCTRC) in Darwin.

Under the leadership of Professor Notaras, the NCCTRC has become a national leader in disaster management, and has reached out to regional neighbours including Timor-Leste and Indonesia to provide vital medical training and support. In recent years, the centre has become a regional hub of disaster management, having provided aid to the Solomon Islands during a dengue outbreak in 2013, and to the Philippines following the destruction wrought by Typhoon Haiyan that same year.

Communications

Sharing our vision

In accordance with the Strategic Plan, AHHA's communications strategy aims to provide value to our members, inform and influence the national health discussion and deliver the Association's research, advocacy and member voice to health leaders, media and policymakers across the nation. A centrepiece of AHHA's communications strategy in 2015–16 was the 2016 Federal Election. As well as regular social media updates to our more than 6,000 Twitter followers and a focus in our editorials in the twice-weekly e-newsletter *Healthcare in Brief*, AHHA's advocacy team published media releases twice a week during the two month election campaign period focusing on key areas of healthy policy including preventive care, universal care, innovation, integration and more.



LINKEDIN & FACEBOOK
Immediate social media presence for media releases, announcements and events



TWITTER
867 POSTS TO
6000+ FOLLOWERS



MEDIA RELEASES
91



COUNCIL UPDATES
AHHA's weekly Council Updates, sent by email to Council members each Friday, cover AHHA's advocacy and engagement, events, publications of interest by AHHA and others, and updates on health issues and policy.



SIX ISSUES PUBLISHED 2015–16

THE HEALTH ADVOCATE

In 2015–16 AHHA published six editions of the *The Health Advocate*, for an audience of leading health workers, researchers, politicians and health organisations. The magazine is also published online and reaches a wide audience through articles being published in the AHHA's twice-weekly e-newsletter *Healthcare in Brief*.



The February 2016 issue featured the Close the Gap campaign and innovations and programs to improve Aboriginal and Torres Strait Islander health. April's issue delved into chronic disease, featuring an article by Minister for Health Sussan Ley. This was followed by an article from Shadow Minister for Health Catherine King in the June issue, which highlighted innovation in health.



ONE-YEAR IMPACT FACTOR RISES TO 0.82



AUSTRALIAN HEALTH REVIEW

Under the leadership of Editor-in-Chief Professor Gary Day, AHHA's peer-reviewed academic journal *Australian Health Review (AHR)* has increased its Impact Factor from 0.73 to 0.82.

The five-year Impact Factor is 1.109 – comparing favourable to the five-year Impact Factor cited in the 2014–15 Annual Report, which was 0.958.

This increased Impact Factor highlights the growing value of the journal as a place for both researchers and practitioners to publish. Another indication of the growing regard in which the journal is held is its increasingly strong pipeline of articles which are accepted for publication but not yet allocated to a printed issue. These articles are published in the Online Early section of the *AHR* website for perusal and for the benefit of the writers, and will see print in future issues.

The *AHR* has also increased its publication schedule to six times a year from 2016. Members are entitled to receive print copies of the journal, which can also be accessed online through the AHHA website.



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

HEALTHCARE IN BRIEF

AHHA's twice-weekly newsletter *Healthcare in Brief (HiB)* is issued every Tuesday and Thursday to an audience of more than 5,000 subscribers. Anecdotal evidence also indicates it is widely read and appreciated not only by direct recipients, but by others within their organisations. Reportable data indicates the click rate for the newsletter is nearly twice the industry average, demonstrating a high level of engagement with subscribers among the health sector, and providing value for money for advertisers – many of whom are members or like-minded health organisations.

CASE STUDY

Think Tank communique

In April 2016, AHHA held a Think Tank titled "Looking over the Horizon: Where to Next for the Australian Health System". The Think Tank provided an opportunity for guests attending to hear presentations from those within the health sector, to talk to experts, hear about insights and opinions from our panel presenters, and contribute to a discussion about how to work together on the challenges likely to be faced in healthcare just over the horizon.

A communique, prepared by AHHA member and Monash University final year medical student Connor Rochford outlined the key messages from the Think Tank.

Mr Rochford found that reimagining the Australian health system will require re-centering the health system around patients; redesigning workforce and professional roles; reducing silos and exploring strategic partnerships. This will require a whole-of-system approach inspired by a culture change and increased use of technology and data.

The Think Tank encouraged participants to consider the bigger picture and participate in an open dialogue that facilitates the recognition of priorities and motivations of different stakeholders. The communique noted that if all parties come to this challenge with a commitment to collaboration, we can develop a pathway to ensure Australia's health system continues to deliver effective and efficient health care, improve outcomes for disadvantaged groups, support the effort of health professionals and be future-oriented to continue providing for future generations.

Deeble Institute for Health Policy Research

Our investment in health policy research

The Deeble Institute for Health Policy Research was established by the AHHA to bring together academics, clinicians and health policy makers to contribute to the development of health policy research in Australia. Susan Killion was appointed as Director of the Deeble Institute for Health Policy Research in August 2015. In the past year, the Deeble Institute has published seven Issues Briefs and supported the work of a number of talented postgraduate tertiary students through the Deeble Summer Scholar program.

The Deeble Institute's work is guided by an Advisory Board, chaired by Professor Johanna Westbrook, of the Australian Institute of Health Innovation at Macquarie University.

The Deeble Institute's work is guided by the principles of the

overarching AHHA Strategic Plan. The Issues Briefs published throughout 2015–16 reflect that, focusing on issues such as preventive care in dementia, options for primary care finance, innovation in hospitals, implementing the My Health Record, and Aboriginal and Torres Strait Islander health.

The Institute held a number of events throughout the year, including workshops on end of life care and two research translation short courses, to aid academics in presenting their research to a wider audience.

New members were also welcomed in 2015–16, including Macquarie University, and the University of Sydney's Family Medicine Research Centre.

DEEBLE INSTITUTE FOR HEALTH POLICY RESEARCH LEADERSHIP



Chair Professor Johanna Westbrook

The AHHA's Deeble Institute for Health Policy Research welcomed Professor Johanna Westbrook as the new chair of its Advisory Board in late 2015.

Professor Westbrook came to the Deeble Institute as a long-time leader in the health sector. She is currently

the Director of the Centre of Health Systems and Safety Research at the Australian Institute of Health Innovation. Her research career has centred on the design and execution of complex multi-method evaluations in the health sector, with a particular focus on the effective use of information and communication technologies.

In the course of her work, Professor Westbrook established the largest health informatics evaluation research team in Australia, conducting world-first research. Recent work includes delving into the effectiveness of electronic medication management systems to reduce medication errors in hospitals. This ground-breaking work has expanded on international studies and led to improved hospital practices after identifying several design features in the systems that led to errors in medication.

Professor Westbrook has also conducted research in the aged care sector, examining how information technology could support the integration of services and improve service quality in the sector. Her advice is often sought by government health departments and she has represented Australia at landmark international events, including the Asia-Pacific Economic Cooperation (APEC) e-Health Technical Forum in Korea in 2008.

Through her research, she has advocated for an evidence-based approach to the use of information technology in health and has influenced government policy. Her sector-leading work has

attracted more than \$38 million in research funding, including 14 research grants in the past five years.

As Chair of the Deeble Advisory Board, Professor Westbrook is involved in the Institute's sector-leading research that helps inform the national conversation about health policy. Given the need for funding and service reform in the sector, it is vital the debate around health remain guided by best practice research. Professor Westbrook's leadership is integral to that process, and the Deeble Institute for Health Policy Research has benefited from her expertise and dedication.



Director Susan Killion

Susan Killion joined the AHHA in July 2015 as Director of the Deeble Institute for Health Policy Research. Susan has enjoyed an extensive career in health for over thirty years, both in Australia and the United States. Her experience includes holding health leadership roles in

policy and strategic planning, hospital and community health funding, clinical operations, university lecturing, research and publishing.

Susan has strong links to the health sector across national, state, university and peak health organisations, developed through her work with ACT Health, the ACT Chief Minister's Department, the University of Canberra, Southern NSW Local Health and Calvary Healthcare. As head of the Health Group at the Australian Institute of Health and Welfare, Susan was managing editor for the biennial Australia's Health, and led the publication of over 30 reports per year on health priority diseases. She led collaborations with universities with specialist health statistical expertise and jointly published on perinatal and maternal indicators, immunisation surveillance and primary care. Susan holds a Master's degree in Nursing from the University of Canberra.

Deeble Institute Short Courses

The Deeble Institute for Health Policy Research is committed to promoting best-practice research so that it can be used in developing health policy and practice.

In March 2016, in partnership with the Australian Centre for Health Services Innovation at the Queensland University of Technology, a three day research translation and implementation short course was run in Brisbane. Participants engaged in research translation activities including presenting evidence to policymakers, stakeholders and the media. Frameworks and practical implementation techniques were also utilised.

Course sessions covered a range of topics including:

- Why research translation is becoming more important for academic researchers, and the various ways it can be done;
- The realities of the policymaking process and the environment in which policymakers work;
- Engaging effectively with the media and non-academic audiences, and;
- Identifying research that is suitable for implementation.

Combining theory with a strong practical focus, participants had the opportunity to apply the principles presented in practical sessions that included translating a piece of their own research into a policy backgrounder and develop an implementation plan for an established piece of evidence.

The course was a success with 100% of participants noting that they would recommend it to their colleagues.

Deeble Institute Summer Scholars

Caitlin Shaw and Tan Nguyen were the Deeble Institute Summer Scholars for 2016. Both scholars spent time in the AHHA offices throughout January and February and attended meetings with policymakers and academics to help focus their research.

Tan Nguyen has successfully completed a Master of Public Health degree from the University of Melbourne. During the course of his scholarship, Tan has developed a paper exploring the strengths and limitations of current child oral health policy and provided recommendations for child dental reform.

Caitlin Shaw is currently studying a Bachelor of Medicine/Bachelor of Surgery at James Cook University. During the course of her scholarship, Caitlin has reported on the involvement of Aboriginal Health Workers in reducing the instances of discharge against medical advice amongst Aboriginal and Torres Strait Islander patient populations in rural and remote hospitals.

Along with the Summer Scholars, Deeble writing prizes were awarded to two researchers in 2015–16.

Jennifer Browne of LaTrobe University was awarded for her policy issues brief on food and nutritional safety in Aboriginal and Torres Strait Islander programs.

Katherine Silk from Calvary Healthcare (now employed at AHHA) received a writing prize for her policy issues brief on National Emergency Access Targets (NEAT).

End of Life Care Workshop

The conversation around better end of life care is gaining momentum in Australia, and in April 2016 the Deeble Institute brought together researchers, practitioners, policy makers and consumers to discuss how the health system should respond to the growing evidence that many Australians want to spend the last part of their lives at home, but are not able to.

The discussion focused on how Primary Health Networks, hospitals, palliative care and other health providers can work together to adapt services to cope with the increased demand for home based services.

Guests included keynote speakers Professor Hal Swerissen from the Grattan Institute, and Dr Ranjana Srivastava from Monash Health. Professor Swerissen's keynote speech, *Dying Well*, looked at where people die, what they die of and why they don't die well. The workshop reviewed the factors that exacerbate poor quality deaths and what policy changes are needed to improve the quality of dying.

End of life care is evolving into a contentious policy issue in Australia. Factors such as our ageing population, rising rates of chronic disease, and innovations in life-extending medical technology, make it more important than ever to discuss what constitutes a good death and how the health sector can help all Australians access the best end of life care possible.

The workshop built on the seminar held by the Deeble Institute in Sydney in November 2015, *International Perspectives on End of Life Care*, which examined the results of the International Hospitals Federation survey. That survey provided a perspective on end of life care in University hospitals and compared practices internationally.



A sustainable organisation, making a difference

Through the JustHealth Consultants arm, AHHA produces training programs, reports and reviews for government and health bodies including the Commonwealth Department of Health. The work AHHA undertakes through JustHealth Consultants is conducted independently and with a view to engaging and supporting the broader health sector, in accordance with the Association's Strategic Plan.



My Health Record online training package

The AHHA's strong record of training development, reputation and industry knowledge resulted in its appointment by the Commonwealth Government to develop a training package for general practice, hospitals and allied health service providers to use the My Health Record system, previously known as the Personally Controlled Electronic Health Record. The Department of Health required design and development for a nationally consistent, integrated and targeted education and training package for healthcare providers to integrate eHealth and the My Health Record system in their practices, with the aim of achieving greater uptake and use of the system by healthcare providers.

The training package targets clinical and non-clinical staff employed in general practices, community pharmacies, residential aged care facilities, medical specialist, allied health and hospital settings.

This project has resulted in the delivery of an online user-friendly, practical and engaging training platform, complemented with a resource package designed to support clinical and non-clinical staff to understand the uses and functions of the My Health Record System.

The AHHA recognised that sector engagement was critical to the success of this project. The team conducted a desktop review and stakeholder survey to identify priority training needs of the different groups of health providers to inform the design and development of the My Health Record education and training package.

Following extensive development, the My Health Record online training portal was launched in April 2016 and, as of 30 June 2016, over 1,200 self-registrations have been recorded. The feedback to date has been overwhelmingly positive, with many users indicating their confidence regarding the use of the My Health Record system has been markedly improved following the course.

Palliative care online training

Among the ongoing work JustHealth Consultants undertook in 2015–16 was an update and extension of AHHA's free palliative care online training and information portal, supported by the Australian Government's National Palliative Care Projects funding. Two extra modules were added to the portal in July 2015 to provide a more comprehensive education for those working in the palliative care sector.

The portal is designed to improve the skills, confidence and expertise of all members of the multidisciplinary teams involved in caring for people nearing the end of life, and is aligned with the goal of increasing awareness and understanding of timely, appropriate palliative care. The training is designed principally for community and aged care workers, and has provided a valuable opportunity for carers and volunteers to learn about strategies that optimise the provision of evidence-based palliative care.

Over 28,000 people have registered for the training since the program's inception in 2012. Evaluation results demonstrate the training has made a significant contribution toward building and enhancing the capacity of the health and human services sectors to provide quality palliative care.

The evaluation feedback provides valuable insights into the planning of future health education initiatives, information about best practice in online learning, insights into the knowledge translation process, and guidance about effective strategies for sustaining quality improvement across the Australian palliative care workforce.

The course can be accessed at: www.palliativecareonline.com.au

The Guidelines for a Palliative Approach to Aged Care in the Community (COMPAC)

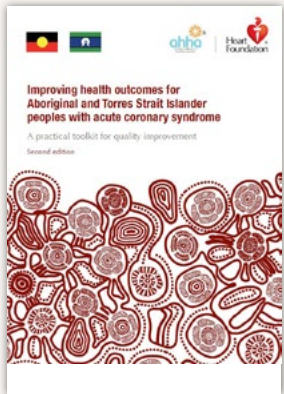
Introduction	Module 1	Module 2
Introduction to Palliative Care Guidelines Course >	A Palliative Approach to Care Course >	Planning and Assessment Course >
Module 3	Module 4	
Providing Care to Clients and Carers Course >	Delivering a Palliative Approach for Aged Care in the Community Setting Course >	

Learn about Palliative Care Skills

Introduction	Module 5	Module 6
Introduction to the Skills Modules and Supporting Resources Course >	Pain Management Course >	Recognising Deteriorating Clients Course >

Case studies

The Lighthouse Project



Lighthouse is a project that is jointly delivered by the Heart Foundation and the Australian Healthcare and Hospitals Association. Its aim is to drive change in the acute care setting through the implementation of quality activities that improve care and outcomes for Aboriginal and Torres Strait Islander peoples experiencing coronary heart disease. There are disproportionate numbers of deaths from coronary heart disease in Aboriginal and Torres

Strait Islander peoples. It is the leading cause of death among this population, who are 60% more likely to die from this condition.

Work on Phase 2 of the project finished on 1 June 2016. Phase 2 aimed to drive change in eight pilot hospitals through the implementation of a toolkit to lead to quality improvement activities across four domains that improve care for Aboriginal and Torres Strait Islander peoples experiencing acute coronary syndrome.

The toolkit provides health practitioners with practical activities that can drive change, address disparities and improve outcomes for Aboriginal and Torres Strait Islander people who present to hospital with ACS. Eight hospitals across Australia were recruited as pilots to test the toolkit including Liverpool Hospital, Coffs Harbour Health Campus and Tamworth Hospital in New South Wales, Bairnsdale Regional Health Service and St Vincent's Hospital in Victoria, Princess Alexandra Hospital in Queensland, Royal Perth Hospital in Western Australia and Flinders Medical Centre in South Australia.

A Health System that Supports Contraceptive Choice

A Health System that Supports Contraceptive Choice, a May 2016 report by AHHA's JustHealth Consultants, which was funded by MSD in Australia, found that inadequate Medicare rebates are one of the key reasons women are not offered more effective and less user-dependent methods of contraception.

It identified unplanned pregnancy as a key health issue for women in Australia. It called for increased Medicare funding for contraception services, including the extension of Medicare items to include nurses working in GP clinics who insert and remove different types of long-acting reversible contraceptive devices.

The report noted that the current Medicare Benefits Schedule review process was an opportunity to foster greater contraceptive choice among women and ensure that MBS items reflect best contemporary practice.

The report also recommended:

- Greater education of Australian women on contraception choice, including materials adapted for those with low literacy, or addressed to specific population groups.
- A single 'gold standard' guideline across all health professions and practice environments to support use of appropriate contraception methods.
- Increased training and involvement of nurses in the provision of contraception services, including the insertion and removal of long-acting reversible contraceptive devices.
- An increased role for pharmacists in providing counselling on contraceptive options, most notably when dispensing emergency contraception (i.e. the morning-after pill).



Memoranda of Understanding

Working collaboratively with others

AHHA has agreed Memoranda of Understanding (MoU) with like-minded organisations whose goals and activities are considered to be complementary. These MoUs provide an opportunity to maximise use of resources and enhance value to members through a collaborative approach to our work.

In November 2015, AHHA agreed formal MoU arrangements with the National Aboriginal Community Controlled Health Organisation

(NACCHO) and the Queensland-based primary care organisation, CheckUp. In April 2016, AHHA agreed an MoU with the Society of Hospital Pharmacists. These MoUs articulate ways in which AHHA collaborates on issues of mutual interest, and build on the successful pre-existing MoUs AHHA has developed with the Public Health Association of Australia and the Victorian Healthcare Association.

Case study



AHHA Chair Paul Dugdale and NACCHO Chair Matthew Cooke sign a Memorandum of Understanding.

agencies, other peak bodies and health care providers on issues related to Aboriginal and Torres Strait Islander health policy and programs, as well as health system reform. The NACCHO Secretariat also administers several national Aboriginal and Torres Strait Islander-specific health programs in conjunction with other specialist providers.

Through this agreement AHHA and NACCHO can be a more effective united voice in speaking out together to improve the design and delivery of health services to Aboriginal people.

Memorandum of Understanding with NACCHO

A national agreement signed by AHHA and Australia's largest Aboriginal health body has provided a powerful example of the importance of partnerships to improving Aboriginal and Torres Strait Islander Health.

Under the agreement the National Aboriginal Community Controlled Health Organisation (NACCHO) and the AHHA will work together on policies, research, and public health campaigns to address health issues in Aboriginal communities.

NACCHO represents more than 150 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country. ACCHOs provide a wide range of culturally appropriate, holistic primary health care services to Aboriginal and Torres Strait Islander and non-Indigenous Australians in urban, rural and remote locations across the country.

NACCHO provides advice to Commonwealth departments and

This agreement strives for a whole of sector approach to better link primary, community, aged and acute care with the valuable work of the Aboriginal community controlled sector to improve the health of Aboriginal peoples.

As well as policy development and joint advocacy, AHHA and NACCHO will also collaborate on research into best practice healthcare for Aboriginal and Torres Strait Islander health.

Both organisations aim to collaborate on projects from policy development and advocacy, to national and state forums and submissions to governments, including parliamentary and other inquiries.

The partnership allows AHHA and NACCHO to maximise resources and value-add for members through a collaborative approach to identified areas of service delivery relating to Aboriginal and Torres Strait Islander health in the community and primary care sector.

Join the AHHA

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

AHHA member benefits include:

- Representation on AHHA Council (full members only)
- Access to the members only section of AHHA website
- Free ad listings on AHHA Jobs Board
- *Australian Health Review* Journal subscriptions
- *The Health Advocate* Magazine subscriptions
- International Hospitals Federation Journal Online Access
- Member only and by-invitation events
- Discounted event attendance
- Discounted advertising in AHHA publications
- Discounted training access
- Discounted JustHealth Consultant Services
- Discounted Media Monitoring Services

Sponsors

AHHA extends its sincere thanks to its generous 2015–16 sponsors and partners. Their support made it possible for AHHA to deliver the breadth of activities while keeping fees to a minimum.

AHHA's events and activities throughout 2015–16 have been supported by a wide range of organisations. Each has played an important role in ensuring that AHHA could deliver quality events, research and other activities while keeping the cost to our members to a minimum.

Sponsorship of AHHA events and activities provides the opportunity for organisations to link their brand with the leading thinking in health policy and research. It demonstrates their support of and commitment to the improvement of the health of all Australians and allows them to communicate with AHHA's broad membership base.

AHHA has a partnership approach to sponsorship, where sponsors and the AHHA work together to identify and achieve outcomes of mutual benefit. This partnership approach provides further benefits for AHHA's members by delivering outcomes and discounts that would not otherwise be available.

AHHA welcomes the opportunity to explore the options for partnership and sponsorship with a wide range of organisations. To identify ways you could be involved don't hesitate to contact the AHHA.

2015–16 MAJOR SPONSORS



2015–16 EVENT SPONSORS



