



australian healthcare &
hospitals association

the voice of public healthcare®

annual report

2018–19

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

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From the Chair

DR DEBORAH COLE

It has been such an action-packed 12 months for AHHA and the AHHA Board.

The major highlight was our successful hosting of the October 2018 World Hospital Congress—judged by many of the 1000+ delegates as the ‘best ever’.

This was swiftly followed by an early Budget and the May 2019 federal election. We worked with AHHA members to assess the policy commitments of all parties and advocated strongly for those that supported equitable access and affordable healthcare.

Another highlight for the Board was AHHA's establishment of a new Australian Centre for Value-Based Health Care, aimed at building national momentum from rewarding volume to prioritising value.

The death of Professor John Deeble at the age of 87 in October 2018 was a sad occasion that brought tributes from many people from all walks of life and all sides of politics. There cannot be enough accolades for the ‘father of Medicare’ who had such deep connections with AHHA. We decided to further honour his legacy with an annual John Deeble Lecture, with the first to be held in October 2019.

This will be my last report as Chair of the AHHA Board. I will, however, continue to serve in the role of Immediate Past Chair, and as Chair of the Advisory Group for the Australian Centre for Value-Based Health Care. I very much value my association with AHHA, and thank my fellow Board members, and AHHA staff and members for your support. I also acknowledge the fantastic working relationship that I have shared with AHHA Chief Executive Alison Verhoeven.



Chief executive's report

ALISON VERHOEVEN

Welcome to AHHA's annual report for 2018–19. And welcome also to the new shorter 8-page format!

What a year it has been for AHHA staff, and an exhausting one at that! The 2018 World Hospital Congress involved over 12 months of detailed lead-up work and negotiations, followed by 3 days of frenetic all-hands-on-deck activity as the Congress was under way.

We could be forgiven for feeling a little tired in November and December 2018—but that coincided with heightened political activity on privacy provisions in the My Health Record legislation.

Early in the new year we were quickly into an early federal Budget—over a month earlier than usual. But, as usual, AHHA was able to deliver a Budget reaction on the night followed by a comprehensive Budget summary for our members the next morning.

Under two months later, the federal election was held. We issued 1–2 media releases a week every week in the election lead-up, drawing attention to key health issues relevant to the election, including compiling a Health Policy Assessment document summarising the approaches of the three major parties across seven key health domains.

Meanwhile, we issued 11 Deeble Institute policy briefs for the year, and six issues, respectively, of

our member magazine *The Health Advocate* and our academic journal the *Australian Health Review*, both as scheduled. We also continued to deliver our well-received *Healthcare in Brief* electronic newsletter to members every week.

We wrote 24 formal submissions to government and other bodies on healthcare issues of crucial concern to members. We also helped deliver an international prize-winning consensus statement on ethics in healthcare, and continued our ongoing face-to-face advocacy efforts.

We established the Australian Centre for Value Based Health Care to take the lead on education, research and best practice in this area of health reform—and issued the Centre's first three research papers.

And finally, we continued to deliver on the consulting projects that are fundamental in providing financial support for our advocacy and policy development activities.

I thank the Board for its wise counsel, and in particular wish outgoing Board Chair Deb Cole all the very best in her future endeavours. It's a pleasure to be leading such a productive organisation and an outstanding AHHA team. Together with them, I look forward to another successful year supporting you, our members, in 2019–20.

Governance

BOARD AND COUNCIL

AHHA full members form the AHHA Council and elect its Board. The Board met four times in 2018–19 as required by the AHHA Constitution. AHHA Board members and their affiliations as at 30 June 2019 were:

Dr Deborah Cole, Dental Health Services Victoria (Chair)

Dr Michael Brydon, Sydney Children's Hospital Network

Dr Paul Burgess, NT Health

Ms Gaylene Coulton, Capital Health Network (Primary Health Investment Advisory Group Chair)

Dr Paul Dugdale, Australian National University / ACT Health (Nominations Committee Chair)

Mr Nigel Fidgeon, Merri Health (Audit, Finance and Risk Committee Chair from 26 March 2019)

Mr Walter Kmet, Wentwest (Audit, Finance and Risk Committee Chair to 26 March 2019)

Mr Adrian Pennington, Wide Bay Health and Hospital Service

Ms Joy Savage, Cairns Health and Hospital Service (Board-appointed member from 11 June 2019)

Meetings held 4 September and 4 December 2018, 26 March and 11 June 2019.

AUDIT, FINANCE AND RISK COMMITTEE

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

Meeting dates: 23 August and 13 November 2018, and 12 February and 22 May 2019.

PERFORMANCE AND REMUNERATION COMMITTEE

This Committee, comprising Board Chair (Deborah Cole), Audit, Finance and Risk Committee Chair (Walter Kmet) and Adrian Pennington, met once during the year.

Meeting date: 8 April 2019

Financial management

MR NIGEL FIDGEON, CHAIR, AUDIT, FINANCE AND RISK COMMITTEE

AHHA had a solid year financially in 2018–19. Revenue, at \$2,686,855 was less than for the previous year, but expenses, at \$2,628,522 were similarly reduced.

Consistent with our status as a not-for-profit company under the *Australian Charities and Not-for-profits Commission Act 2012*, and as a Health Promotion Charity under section 50–5 of the *Income Tax Assessment Act 1997*, we made

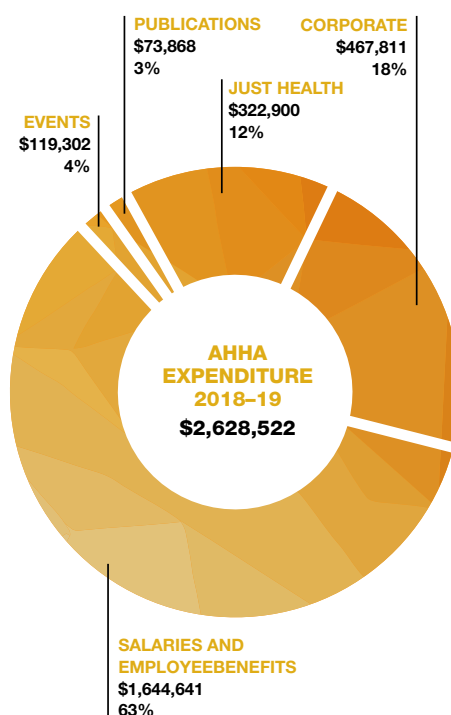
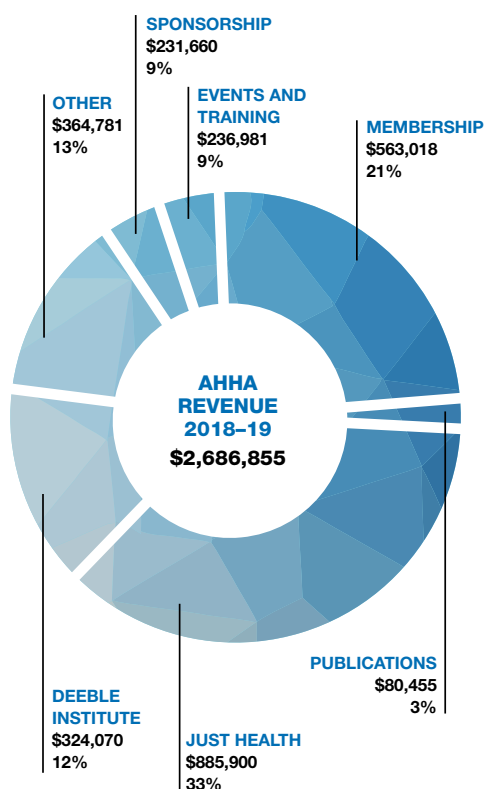
a modest surplus of \$58,333 and achieved an unqualified audit report.

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 2018–19.



Our people

Ms Alison Verhoeven Chief Executive

Mr Murray Mansell Chief Operating Officer

Dr Linc Thurecht Senior Research Director

Mr Krister Partel Advocacy 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 Andrew McAuliffe Project Director

Mr Nigel Harding Public Affairs Manager

Ms Katharine Silk Integration and Innovation Manager

Ms Sue Wright Office Manager

Ms Freda Lu Assistant Accountant

Ms Renée Lans Secretariat Officer

Mr Lachlan Puzey Administration Officer

Ms Terri McDonald Communications Officer

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).

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.



SPOTLIGHT

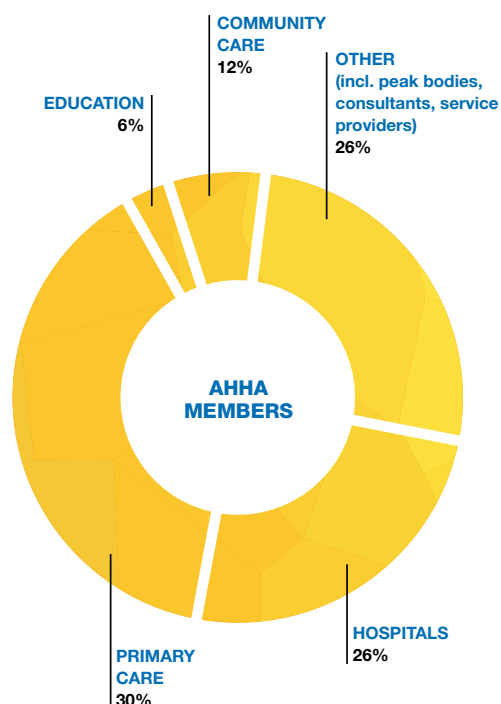
AHHA welcomed the International Foundation for Integrated Care (IFIC) as an AHHA member in January 2019. Under a knowledge partnership agreement, AHHA and IFIC are working together to share knowledge and research, and conduct events that advance our common interests.



SPOTLIGHT

Since 2017 AHHA has chaired the Health Sector Group (HSG) as part of the Department of Home Affairs' efforts to improve critical infrastructure resilience. Negotiating with governments, the health sector and the security sector, AHHA leads the HSG to develop and implement a work plan addressing strategic threats to Australia's health infrastructure. AHHA also represents HSG on the Attorney-General's national Critical Infrastructure Advisory Council.

Our members



Communications

PRINT AND ELECTRONIC MEDIA



THE HEALTH ADVOCATE

BI-MONTHLY PUBLICATION

6,500 subscribers
40 member stories



HEALTHCARE IN BRIEF

WEEKLY E-NEWSLETTER

6,500 subscribers



WEBSITE

167,000 page views
89,000 sessions



MEDIA RELEASES

62 media releases issued (6 more than previous year)



COUNCIL UPDATES

WEEKLY CHIEF EXECUTIVE EMAIL TO NATIONAL BOARD AND COUNCIL MEMBERS

50 issues sent



PODCASTS

12 podcasts recorded

SOCIAL MEDIA



@AUSHEALTHCARE

9,500 followers



@AUSHEALTHVALUE

340 followers



@DEEBLEINSTITUTE

1,300 followers



@ALISONVERHOEVEN

3,500 followers



LINKEDIN

1000 followers



FACEBOOK

1,400 followers

What a World Hospital Congress that was!

'All those who joined us at the World Hospital Congress will agree that the connections made will benefit us for a long time to come'

AHHA Board Chair Dr Deborah Cole said in December 2018.

Dr Cole was reacting to various reflections from conference participants and volunteers.

Day 1 focused on value-based healthcare; Day 2 on integrated care and coordination; and Day 3 on data and technology.

All these aspects of modern healthcare have proven to be highly topical in 2019.

AHHA thanks the International Hospital Federation, the Congress scientific and organising committees, and the many sponsors—particularly the Queensland Health Clinical Excellence Division and Novartis Australia. At the Congress conclusion, thanks were also conveyed to the expert speakers, session chairs and timekeepers, volunteers, and AHHA and Iceberg (conference logistics) staff, as well as all 1,000+ participants.

A special tribute was given at the Congress to AHHA staff and its Congress organiser, AHHA Engagement and Business Director Lisa Robey, who 'lived and breathed' the event for over 12 months before it finally happened.

Sidney Sax Medal 2018 winner—Dr Paul Scown



The Australian Healthcare and Hospitals Association's 2018 Sidney Sax medal was awarded to Dr Paul Scown at the 42nd IHF World Hospital Congress gala dinner in Brisbane.

A University of Queensland medical graduate, Dr Scown worked clinically before moving into medical administration and senior leadership roles. He held senior and chief executive positions in public health services in Queensland, New South Wales, South Australia and Victoria. He is currently Chair of Nexus Primary Health, a Victorian community health service.

Dr Scown is a former AHHA Board Chair and currently a member of AHHA's Deeble Institute for Health Policy Research Advisory Board. He represents AHHA on the Australian Council on Healthcare Standards and was elected to their Board for a 3-year term in early 2018.

Vale Professor John Deeble—'father of Medicare'



It was with great sadness that AHHA reported the October 2018 death of Professor John Deeble AO at the age of 87. AHHA was entrusted by the Deeble family to inform the Australian community of John's passing.

Often dubbed 'the father of Medicare', John co-authored, with Dr Dick Scotton, the original proposals for universal health insurance in Australia in 1968, when they worked together at the Melbourne University Institute of Applied Economic Research.

The original proposals led to the establishment of Medicare's forerunner Medibank during the term of the Whitlam Government.

Professor Deeble was subsequently closely involved as the architect of the reintroduction of universal healthcare in Australia, by then known as Medicare, in 1984.

AHHA has established an annual lecture to commemorate John's life and achievements as a distinguished scholar, health economist and health policy leader. The first lecture will be held on 18 October 2019.

My Health Record—getting it right

On 13 November 2018 AHHA, with other organisations and parliamentarians, urged the Australian Government to extend the opt-out period for My Health Record to get privacy and security settings right first. We argued that ensuring public and clinician trust was more important than a rush to end the opt-out period.

We appreciated the response of Health Minister Greg Hunt in extending the opt out deadline to 31 January 2019.

Launch of Australian Centre for Value-Based Health Care

On 11 June 2019 AHHA launched the Australian Centre for Value-Based Health Care (ACVBHC).

The Centre aims to highlight work being undertaken by AHHA members and partners to maximise value in health care, and build on work being led by the Commonwealth and state and territory governments and the private sector in moving health policy focus from volume to value.

The launch included the release of two AHHA papers, *Value-Based Health Care: Setting the scene for Australia* by AHHA Policy Director Kylie Woolcock, and *Re-orienting funding from volume to value in public dental health services* by Dental Health Services Victoria's Dr Shalika Hegde.

The ACVBHC website is at valuebasedcareaustralia.com.au.

Victorian assisted dying legislation

On 19 June 2019 Australia's first enduring voluntary assisted dying legislation came into effect in Victoria.

In 2018 two research papers on this topic were published in AHHA's *Australian Health Review—Documenting the process of developing the Victorian assisted dying legislation* (author team led by Professor Margaret O'Connor, Monash University), and the *Future of assisted dying reform in Australia* (by Professors Ben White and Lindy Willmott, Queensland University of Technology). Professor White has since joined as an Associate Editor with the *Australian Health Review*.

The authors were called on for expert opinion by several media outlets.

End of Life Directions in Aged Care (ELDAC)

The End of Life Directions for Aged Care (ELDAC) project is a national specialist palliative care and advance care planning advisory service.

AHHA is one of 8 ELDAC project partners. We developed the ELDAC website's Primary Care Toolkit in 2018. In 2019, the AHHA team focused on:

- improving linkages between aged care services and palliative care services in primary care;
- improving palliative care skills and advance care planning expertise;
- improving the quality of care for aged care recipients; and
- promotion of ELDAC resources.

The ELDAC website is at www.eldac.com.au.

Australian Consensus Statement on Ethics in Healthcare wins international award

In 2018 AHHA played a leading role in developing an Australian Consensus Statement on Ethics in Healthcare. With more than 70 health organisations as signatories, it is the largest initiative of its type in the world.

The Consensus Statement won a prestigious APEC (Asia-Pacific Economic Cooperation) Business Ethics Lighthouse Award in July 2018.



Minister for Health Greg Hunt congratulates the Australian Consensus Statement on Ethics in Healthcare leadership group

Health Budget 2019 and May 2019 federal election

Two highlights of the year were an earlier-than-usual federal Budget on 5 April 2019, followed by a federal election on 18 May—see 'Spotlight' in the 'Policy and advocacy' section on page 7 for more details.

While welcoming new spending initiatives in Health Budget 2019, we also cautioned that a 'cash splash without long-term vision ensured that entrenched problems stayed entrenched'.

We also suggested that the Government had got 'double bang for its buck' by re-announcing previous promises as new Budget 2019 commitments.

Once the 18 May election was announced, our first message to electors and candidates was that whichever party formed government, it had to prioritise secure, effective, accessible, equitable and affordable healthcare focused on quality outcomes.

AHHA issued 12 election-related media releases during and immediately after the campaign.

Ten days before the election we released our Health Policy Assessment, in which we analysed the publicly-announced policies of the three major parties according to seven health domains.

Our final release, on the Monday after the election, included the following AHHA sentiments that were widely published by several media outlets:

Last night, the Prime Minister asked how good is Australia, and in our view, the answer is that it can only be as good as the health of all its people.

Large, structural reforms are needed to deliver better healthcare access and affordability for all Australians.

Close the Gap

Lighthouse Hospital Project—conclusion of Phase 3

The Lighthouse Hospital Project was a joint initiative of the Heart Foundation and AHHA, aimed at driving change in hospitals to deliver better care and outcomes for Aboriginal and Torres Strait Islander people with coronary heart disease.

In 2017 the Department of Health provided \$7.98 million to support Phase 3, which concluded in July 2019.

Phase 3 used resources developed and knowledge gained from the earlier phases to implement quality improvement in 18 hospitals across Australia, reaching nearly half of all cardiac admissions for Aboriginal and Torres Strait Islander peoples. The greatest achievement of the Lighthouse Hospital Project has been the change it has influenced in the National Safety and Quality Standards for healthcare. The best practice this project demonstrated should now be standard practice for care in every hospital and health service across Australia. Every Aboriginal and Torres Strait Islander person should have access to culturally safe and quality care wherever they live and whatever their diagnosis.

AHHA delivered quality improvement implementation workshops to all 18 Lighthouse Hospitals, with an overall satisfaction rating of 85%. AHHA was also instrumental in engaging with and developing networks between hospitals and local Primary Health Networks,

Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services and cultural leaders in the community.

Lean healthcare training for Aboriginal Medical Services

'Lean' methodology is used worldwide to provide greater efficiency for organisations as well as better service for customers. It is about improving processes through the continuous elimination of activities that do not add value.

Northern Queensland PHN (NQPHN) approached AHHA to develop customised Lean training for Aboriginal Medical Services (AMSs) and Aboriginal Community Controlled Health Services (ACCHOS) in North Queensland.

AHHA held a comprehensive two-day co-design workshop in Cairns with Aboriginal and Torres Strait Islander representatives from AMSs and ACCHOs. The workshop findings led to development of a 1-day Lean Healthcare Foundations course, completed in December 2018, that equips attendees with tools to improve service delivery and practice activity flows.

Proper partnership for Closing the Gap refresh

On 20 November 2018 AHHA supported 13 Aboriginal and Torres Strait Islander peak bodies that had written to Council of Australian Governments (COAG) First Ministers seeking a

full partnership between Indigenous people and governments in refreshing the Closing the Gap Strategy for Indigenous health. To that point, the organisations felt their inclusion in the process was not true partnership.

In December 2018 the Government publicly committed to a full partnership process.

Reconciliation Week 2019

On 28 May we issued a media release and special podcast based on the Reconciliation Week 2019 theme, 'Grounded in truth. Walking together with courage.'

We said:

'We need to atone by acting together to improve the statistical outcomes of Aboriginal and Torres Strait Islander peoples under a range of indicators such as health, education, employment, housing and culture.

'And we need a process of truth-telling that will lead to a treaty and voice for Aboriginal and Torres Strait Islander peoples protected by the Australian constitution—as called for in the Uluru Statement.

Reconciliation Action Plan

AHHA developed a Reconciliation Action Plan in 2017–18. Work on the 'Reflect' stage of the Plan continued in 2018–19.

Engagement and business

REDEFINING HEALTHCARE



Ahead of the World Hospital Congress in October 2018 over 70 health leaders attended a two-day, highly-interactive workshop convened by AHHA on

creating and implementing value-based health care. The workshop was led by Professor Elizabeth Teisberg, co-author of *Redefining Health Care*, and her colleagues Profs. Scott Wallace and Alice Andrews from the Value Institute for Health and Care at the University of Texas.

The workshop focused on organising care around medically-relevant patient segments, identifying opportunities to improve current services, measuring meaningful outcomes, accelerating learning in clinical teams, and succeeding with new payment models. Implementation cases from around the world were explored and discussed.

The Australian Centre for Value-Based Health Care is now working with the Value Institute for Health and Care to develop further training in 2019–2020 optimised for the Australian health care environment.

LEADING EFFECTIVELY DURING POLITICAL CHANGE PERIODS



This series of three workshops, hosted by the AHHA's Deeble Institute for Health Policy Research and the Harvard Club of Australia, were held in Sydney, Canberra and Melbourne respectively.

They were led by Professor John McDonough (Professor of Public Health Practice, Harvard TH Chan School of Public Health). John is also a former member of the Massachusetts House of Representatives.

The workshops were aimed at helping hospital and healthcare executives to prepare for, understand, anticipate and respond to health system challenges in the context of political change, ideological shifts, and health care funding instability in Australia and overseas.



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, the Portal first launched in 2013. It now 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 52,000 people have undertaken the Portal's high-quality training, with evaluation reports suggesting 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.

The Portal continues to attract in excess of 10,000 users each year, demonstrating the ongoing need for high quality training resources due to both the high turnover of staff in the aged care sector and the lack of training materials for nurse students, volunteers and carers.

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

AN EVALUATION FRAMEWORK FOR PERSON-CENTRED CARE

During the year AHHA led the collaborative development of an evaluation framework for a person-centred care model and initiatives being introduced by a PHN.

The framework is underpinned by a number of different approaches to evaluation that support ongoing learning and iterative adaptation. It also draws on elements of these approaches that are strengths-based, and embeds monitoring and evaluation of one's own performance.

By measuring what matters, meaningful information is reported and communicated in a timely manner. The information gathered is designed to be practical and responsive to the way the model and initiatives operate, and realistic given the time, resources and expertise available.

2018 World Hospital Congress



AHHA was honoured to host the 42nd World Hospital Congress (10–12 October 2018) in Brisbane—the first time the Congress had been held in Australia in 20 years.

Over the 3 days, more than 1,000 delegates from over 40 countries heard from 179 speakers across 47 sessions and enjoyed an exhibition hall featuring 38 exhibitors and over 100 poster presentations.

Highlights included:

- 10 compelling keynote addresses, including Prof. Elizabeth Teisberg (USA), Chris Poynton (UK), Nigel Edwards (UK), Dr Daphne Khoo (Singapore) and Prof. Claire Jackson (Australia)
- every keynote session including an expert consumer speaker
- four scholarships for emerging Aboriginal and Torres Strait Islander health leaders
- a day-long 'Design Jam' where students, clinicians and technologists worked together to create innovative solutions to healthcare problems
- a special edition of the *Australian Health Review* featuring research on value-based, integrated care, supported by data and technology
- Australian organisations winning major International Hospital Federation Awards: Dental Health Services Victoria, Metro South Hospital and Health Service (Qld), Wide Bay Hospital and Health Service (Qld), Queensland Health and Metro South Hospital and Health Service, Western Health (Vic)
- the 2018 Sidney Sax Medal being awarded to Dr Paul Scown during the gala dinner.

An outstanding Welcome to Country on opening day, and Australian animals brought in for a meet-and-greet on the final day, added to the memorable occasion.

The highly successful Congress was delivered by an organising committee comprising AHHA Board and Secretariat members and Queensland Health (our host partner). An international Scientific Committee guided program development. A Board-approved risk management plan and a strong marketing campaign were also essential components of the success of this event.

An independent national voice for universal, high quality public healthcare

AHHA draws together perspectives from our members and other health leaders across the healthcare system to influence health debate through advocacy and policy activities—underpinned by research and statistical evidence.

In addition to 24 written submissions to parliamentary and other government bodies on healthcare-related issues, our senior staff also made several personal representations to governments and key parliamentarians.

We also participated in numerous official consultation processes, and served on

advisory groups covering issues such as the Medicare Benefits Schedule Review, a national primary healthcare data asset, private health insurance, My Health Record and the Medical Research Future Fund.

To read AHHA's submissions, visit www.ahha.asn.au/publication/submissions.

A selection of Policy and Advocacy 'Spotlights' is set out below, culminating in the earlier-than-usual federal Budget on 5 April 2019 followed by the federal election on 18 May.



MBS REVIEW

Submissions were made to the MBS Review on several discussion papers and reports, including the Specialist and Consultant Physician, Allied Health, and General Practice and Primary Care reports. Medicare is the basis of Australia's universal health system, and must be modernised to ensure that it reflects best practice health care, appropriately remunerates services provided by clinicians, and supports universal access to affordable care. This important review must result in focused reforms which prioritise affordability and the interests of consumers as well as clinicians, enabling our health system to incentivise value over volume.



ROYAL COMMISSION INTO AGED CARE

AHHA provided input to the Commonwealth Department of Health's consultation on the Terms of Reference for the Royal Commission into Aged Care, noting that consideration should be given to the funding, regulation, training and workforce contexts in which services are provided.

In our submission to the Royal Commission, AHHA also recommended specific consideration of preventable hospitalisations and access to primary health services, including general practice, oral health, palliative care and allied health, for people living in residential aged care. AHHA highlighted the impact of staffing levels—and notably the availability of appropriately qualified staff after-hours—on the provision of quality healthcare in residential aged care.



ALLIED HEALTH SERVICES IN REGIONAL, RURAL AND REMOTE AUSTRALIA



The Australian Government's Statement of Expectations for the National Rural Health Commissioner was released on 8 February 2019 and directed the Commissioner to work with AHHA as one of the lead stakeholder organisations, specifically in relation to policy options to improve the quality, accessibility and distribution of allied health services in

regional, rural and remote Australia. This has provided AHHA members with an opportunity to contribute to policy concepts to be put forward by the Commissioner, including AHHA's proposal for an allied health rural generalist pathway.

Photo: Consultation on policy options for rural allied health with National Rural Health Commissioner Professor Paul Worley.



BUDGET NIGHT AND FEDERAL ELECTION 2019

2019 saw an earlier-than-usual 5 April Commonwealth Government Budget night followed by an 18 May Federal Election.

AHHA rapidly compiled a Budget night analysis on the night itself, which was distributed to members through AHHA's National Council. The majority of the health items were re-announcements of previous commitments and rewarded service volume and attendant rising costs rather than shifting the system towards value-based, outcomes-focused care.

As part of our election activities, AHHA staff and members analysed the health policies of

the major national political parties up to 8 May 2019 and published an *Election 2019 Health Policy Assessment* aimed at encouraging debate on the health policies of the major parties—through the lens of whether or not the policies support an effective, accessible, equitable and sustainable public healthcare system focused on value and outcomes for all Australians. The assessment was based on published statements by the major parties, as well as detailed responses to questions we provided to each party.

Significant interest in AHHA's election 2019

activities saw visits to our website increasing by almost 100% over the period of the campaign, and many new followers on our social media accounts.

AHHA provided briefing packs to all members and senators of the 46th Australian Parliament and later in the 2018–19 year began a program of face-to-face briefings with members and senators on key issues facing Australia's public healthcare system.

To read AHHA's election commentary and the health policy assessment, visit www.ahha.asn.au/election.



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 2018–19.

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:

- *Future of assisted dying reform in Australia* (B White et al.)
- *Transforming institutional racism at an Australian hospital* (C Bourke et al.)
- *Shared decision-making implementation: a case study analysis to increase uptake in New South Wales* (T Dimopoulos-Bick et al.)
- *Recent trends in the use of linked data in Australia* (A Young et al.)
- *Documenting the process of developing the Victorian voluntary assisted dying legislation* (M O'Connor et al.).

The one-year Impact Factor for AHR for calendar year 2018 was 1.23—up from 1.04 in 2017, and similar to the five-year average to December 2017 of 1.25.

During the 2018–19 year Dr Sonj Hall succeeded Professor Gary Day as Editor-in-Chief. We sincerely thank Prof. Day for his many years of editorial guidance that have underpinned the journal's growth and research impact.

Deeble Institute

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

The Deeble Institute published several health policy briefs during 2018–19, as listed below.

Health Policy Issues Briefs

Prof. Claire Johnson et al.
Integrated information networks to support end-of-life care in general practice.

Dr Mikaela Jorgenson, Dr Rebecca Haddock
The impact of home care reforms on the older person, the aged care workforce and the wider health system.

Dr Amy Finlay-Jones
Reducing harms related to alcohol use in pregnancy: Policy and practice recommendations.

Ms Madelaine Thorpe, Ms Sharon Sweeney
Call for the establishment of a primary health care national minimum data set.

Ms Stefanie Puszka
Improving access to housing for Aboriginal and Torres Strait Islander renal patients with complex care needs.

Ms Kylie Woolcock
Value Based Health Care: Setting the scene for Australia.

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

Health Policy Evidence Briefs

Mr Ryan Swiers, Dr Rebecca Haddock
Assessing the value of accreditation to health systems and organisations.

Health Policy Perspectives Briefs

Mr Chris Pointon
The #hellomynameis story: Through adversity comes legacy.

Prof. Claire Jackson
Funds pooling in Australia: could alliance contracting hold the key?

All Deeble research is available at ahha.asn.au/deebleinstitute

RESEARCH IMPACT

Assessing the value of accreditation to health systems and organisations

Mr Ryan Swiers, NHS England and South Eastern Sydney LHD.
Deeble Summer Scholarship (with support from the Australian Council on Healthcare Standards)

Accreditation in Australia is mandatory against the Australian National Safety and Quality Health



Deeble Institute for Health Policy Research

Service (NSQHS) Standards. This Brief adopts the Quadruple Aim framework to assess the value of accreditation to health services and calls for the need to develop a research-based approach to develop a common narrative on what constitutes value, so that value relating to interventions such as accreditation can be more appropriately assessed.

Impact: This paper has received national and international attention from leading accreditation agencies.

Improving access to housing for Aboriginal and Torres Strait Islander renal patients with complex care needs

Ms Stefanie Puszka, Charles Darwin University and Australian National University.
Jeff Cheverton Memorial Scholarship (with support from North West Melbourne and Brisbane North Primary Health Networks)

Aboriginal and Torres Strait Islander people living in remote Northern Territory communities experience extremely high rates of end stage kidney disease. Most patients must relocate permanently to urban areas for treatment. And despite improving access to remote services, it is likely that some patients with complex care needs will continue to need to relocate.

However, as a consequence of social housing shortages in urban areas, patients experience housing exclusion and risk of homelessness.

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

Re-orienting funding from volume to value in public dental health services

Dr Shalika Hegde, Dental Health Services Victoria.
Deeble Summer Scholarship (with support from HESTA)

Australia's public oral healthcare system is relentlessly impacted by uncoordinated funding reforms at both the Commonwealth level and within individual jurisdictions. Re-orienting current fee-for-service public dental funding models to support 'outcomes over outputs' and 'value over volume' has many potential benefits, including improved value for money, financial sustainability and care coordination for governments, and better oral health outcomes for patients and the community.

Impact: This paper has been widely accessed by policy-makers developing hospital and oral health funding policy.