



ahha

australian healthcare &
hospitals association

Annual Report 2021-22

*The Australian Healthcare and
Hospitals Association*



The Australian Healthcare and Hospitals Association (AHHA) is Australia's national peak body for public and not-for-profit hospitals and healthcare providers.

Our vision is for a healthy Australia supported by the best possible healthcare system.

Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national advocate for universal high-quality healthcare to benefit the Australian community.

Founded as the Australian Hospital Association in 1946, 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.

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



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THE HON. JILLIAN SKINNER,
CHAIR, AHHA BOARD

The past few years have seen all aspects of life impacted by what some are calling a 'new normal' for our future. One in which we will need not only to navigate the continuing effects of the COVID pandemic, but also the pressures on our healthcare system that have built over time.

Health services and stakeholders, our members, have had to respond with incredible agility to a constantly changing environment.

The pressures on the health system are not new. However, health inequities have been further exacerbated across our communities. And our workforce has carried much of the burden in responding to increasingly complex health needs.

Providing high-quality care will continue to be challenging if we do not address these pressures together, whole-of-system.

While AHHA was originally established to represent hospitals, as the conditions people experience have changed and innovation has allowed people to receive care closer to home, our focus has expanded to include the broader primary and not-for-profit health sectors.

The rapidly growing diversity in services and technologies supporting people to improve their health, means that how we as a society define universal health care has become increasingly important.

Professor John Deeble was a steadfast defender of universal health care, prompted by seeing people refused cancer treatment they could not afford.

Often dubbed the 'father of Medicare', John co-authored, with Dr Dick Scotton, the original proposals for universal health insurance in Australia. He is the namesake of our research arm, the Deeble Institute for Health Policy Research, and as the health system strains under pressure, we at AHHA see maintaining John Deeble's legacy as more critical than ever.

We must continue to ensure that all Australians, including our most vulnerable populations, have access to the care they deserve, when and where they need it.



MS KYLIE WOOLCOCK,
CHIEF EXECUTIVE, AHHA

It is an honour to have been appointed Chief Executive of the Australian Healthcare and Hospitals Association in June 2022.

Providing a national voice that brings the many parts of health care together, and upholding the values and principles of the public healthcare system in Australia, is a responsibility I do not take lightly.

Tracing through the organisation's 76-year history, from its establishment as the Australian Hospital Association, through to its broadening of focus, reflected in its name change in 2006. It's a history filled with luminaries of the Australian health system over time. From the patron of our research institute, John Deeble, to the Sidney Sax medal recipients, Board Directors and Council members leading diverse health services across Australia, AHHA has brought them together to drive and support health transformation.

Our health system has continued to evolve as a result of changes in the health conditions that people experience and advancements in the ways care can be delivered. And with that, AHHA must evolve as well to meet the changing needs of Australians.

A health system that delivers the outcomes that

matter to people and communities, that are sustainable and equitable, needs to draw from an ever-broadening base of expertise. At all levels of the system, we will need to increasingly draw from experts in data analysis, technology, environmental science, finance, academics, just to name a few. Expertise that complements the clinical expertise of our workforce, all the while keeping people at the centre of our focus.

These changes will no doubt challenge professional identities and powers. Accordingly, AHHA needs to ensure we understand and respect the many perspectives of members and stakeholders to develop a roadmap that leads to our shared vision of the best possible health system which meets the needs of all Australians

AHHA provides a nexus for such collaboration – a place where expertise across our members and stakeholders can come together and develop a new vision. A vision where we can showcase success, explore what 'different' ways of working can look like, connect with global innovators and be supported in implementing and driving meaningful change. It is a new phase for the organisation and I look forward to working with members and stakeholders as we pursue a health system built for our future.

Governance

BOARD AND COUNCIL

AHHA full members form the AHHA Council and elect its Board. The Board met five times in 2021-22 as required by the AHHA Constitution.

AHHA Board members during 2021-22:

The Hon Jillian Skinner
Chair

Dr Michael Brydon
Member

Ms Lynelle Hales
Member

Ms Christine Kane
Member

Ms Yasmin King
Member

Dr Keith McDonald
Member

Ms Susan McKee
Member

Professor Wendy Moyle
Member

Ms Joy Savage
Member
(resigned effective 1 April 2022)

AUDIT, FINANCE AND RISK COMMITTEE

Members of the Audit, Finance and Risk Committee (AFRC) during 2021-22:

- The Hon. Jillian Skinner
- Ms Yasmin King - Chair, AFRC
- Ms Cassandra Bennett - independent
- Dr Michael Brydon
- Ms Lynelle Hales
- Ms Susan McKee
- Ms Joy Savage (resigned effective 1 April 2022)

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

Audited financial statements are available to members on request.



Our members

Our members are made up of a diverse range of organisations encompassing primary and community care, education, acute care, peak bodies and health businesses. Personal and supporter members also uphold AHHA's vision for a healthy Australia, supported by the best possible healthcare system.

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

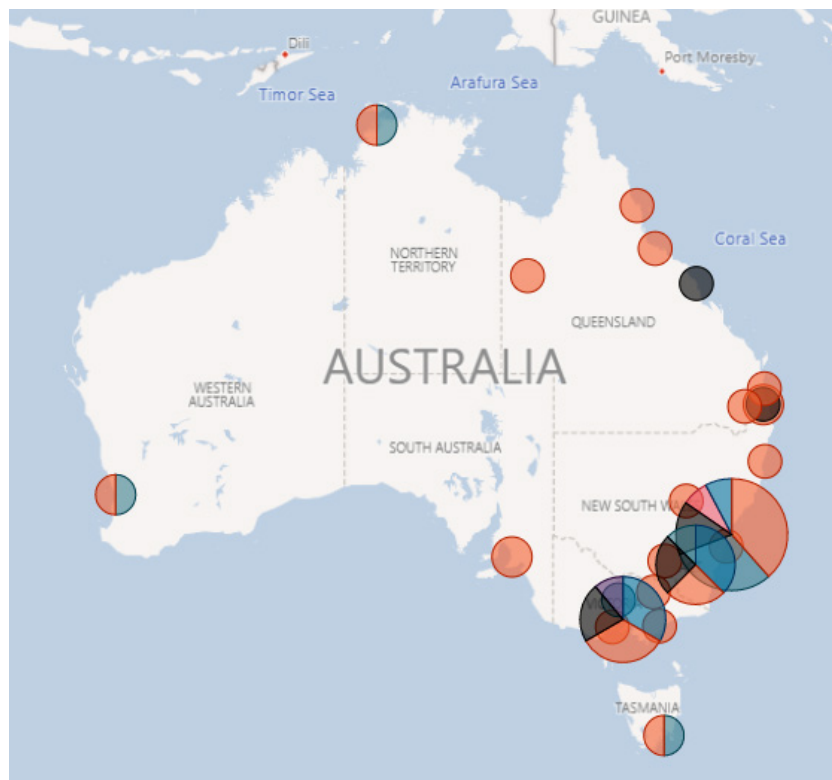
This enables AHHA to advocate on behalf of its

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.

MAPPING OUR MEMBERS



- Acute Care (Hospitals)
- Education sector
- Healthcare provider
- Primary and Community Care
- Peak Body
- Research

Media and communications

AHHA connects with members, stakeholders, governments and the wider community on key issues affecting the state of public health care in Australia.

Our magazine, The Health Advocate, celebrates member stories in public healthcare, and contains the thoughts and opinions of Australia's leading health service managers, academics and clinicians.

The Health Advocate issues in 2021-22 covered topics including value-based healthcare, emotional wellbeing, primary care and prevention, Close the Gap and grassroots health care.

AHHA also provides a weekly CEO update to members and a healthcare news bulletin Healthcare in Brief that goes out to over 5,000 subscribers each week.

In addition to these publications, our peer-reviewed journal the Australian Health Review explores health policy and management including health care delivery systems, clinical programs and health financing. The Australian Health Review published six issues in 2021-22.



OUR YEAR IN NUMBERS



Publications

4 issues of The Health Advocate
6 issues of the Australian Health Review



Media releases

32 media releases sent



Webinars

12 AHHA webinars held



AHHA website

169,658 page views
98,104 total sessions
78,198 users



Email newsletters

50 issues of Healthcare in Brief
51 weekly updates to AHHA Board members and National Council.



Attendees

890 total webinar attendees

AHHA news highlights

PROF JEFFREY BRAITHWAITE RECOGNISED AS OUTSTANDING HEALTH LEADER

In October 2021 AHHA announced it will award the 2021 Sidney Sax Medal for outstanding contributions to the development and improvement of Australia's healthcare system to leading health services and systems researcher and Founding Director, Australian Institute of Health Innovation at Macquarie University, Professor Jeffrey Braithwaite.

Professor Braithwaite is a world-renowned researcher who has dedicated his career to improving the delivery and safety of the Australian healthcare system and the experiences of patients and providers within the system.



[Watch the 2021 Sidney Sax Medal Presentation](#)

NATIONAL RESEARCH NETWORK TO ADDRESS HEALTH IMPACTS OF CLIMATE CHANGE

The AHHA is proud to be part of the [Healthy Environments And Lives \(HEAL\) network](#), addressing the current and future health impacts of climate change.

The network brings together Aboriginal and Torres Strait Islander knowledge, sustainable development, environmental epidemiology, and data science and communication to address climate change and its impacts on health.



The network, led by the Australian National University, brings together policymakers, researchers and communities to work on issues such as urban health, bushfires, air, soil and water pollution, food security, heatwaves and other extreme events, and biosecurity.

AHHA CALLS ON AUSTRALIAN GOVERNMENT TO DELIVER HEALTH SYSTEM AUSTRALIA DESERVES

In February 2022, AHHA called for the Australian Government to lay the foundations for a health system that delivers the outcomes that matter to people and communities, sustainably and equitably.

In an election statement, AHHA outlined key priority areas for health system reform in the lead up to the 2022 Federal Election:

'The COVID-19 pandemic exposed and exacerbated inequities in Australia's health. Our most vulnerable Australians have not had access to the care they deserve. Health services were required to manage escalating workloads without timely support and resources, exhausting the health workforce.

Shifting to outcomes-focused, value-based health care requires a government that will measure and report what matters'. [Read AHHA's full 2022 Federal Election Statement.](#)

AHHA news highlights



2022 BUDGET: AUSTRALIANS LOOKING FOR INVESTMENT IN THEIR HEALTH

In the federal budget released in March 2022, Australians were looking for an investment in their health.

Over the past two years, the pandemic has disrupted health care. The health and financial impacts of missed opportunities for early diagnosis and treatment on the health system are likely to be long-term, and waiting lists have grown.

In this budget, resources should have been dedicated towards catching up on the high numbers of patients for whom care was delayed due to COVID-19. It is not just the size of the investment, but the terms of that investment. Longer term funding approaches are necessary in rural and remote regions for health care models to be successful and sustainable.

Reorienting the health system to value over volume is dependent on a national strategy to consolidate health information, promote cross-sector linkages, and promote efficient, timely and consistent data collection and reporting.

Critical investment is lacking to drive innovation in primary and community care. Without it, problems of affordability for individuals and the system will continue to grow. This budget did little to address these issues.

PRESTIGIOUS FELLOWSHIP TO HONOUR THE WORK OF MEDICARE COCREATOR

AHHA awarded the inaugural Deeble Institute Fellowship to Professor Henry Cutler, Director, Macquarie University Centre for the Health Economy (MUCHE).



Professor Henry Cutler - 2022 Deeble Institute Fellow

Named in honour of Professor John Deeble AO (1931-2018), health economist, co-architect of Medicare, founding director of the Australian Institute of Health and Welfare, and namesake of the Deeble Institute for Health Policy Research (AHHA), the Fellowship is awarded to an outstanding mid-career researcher with a background in health economics and whose research commitment reflects Professor Deeble's legacy of universal healthcare through affordable, quality healthcare for all.

Measuring our outcomes

During the year, we began a journey to adopt a framework for evaluating our advocacy and policy work. The framework is informed by the existing literature on outcome-based planning and evaluation in the non-profit and public sectors.

Whilst still refining and implementing this framework, the outcomes we seek to measure are:

CAPACITY

Looking inwards at the skills and structures of AHHA to strengthen our ability to effect change

ALLIANCES

Evaluating how we partner and collaborate to achieve shared goals

BASE OF SUPPORT

Assessing the strength of our support network and interest in our work

POLICY

Recognising improvements in public policy reform

OUTCOMES THAT MATTER

Improvements to the health and wellbeing of people and communities. These are often long term outcomes and there may not be significant change over a year period in which this report is delivered.

Throughout this report, we have highlighted some of these key outcomes, identified through the application of this framework such as the capacity outcome below:

CAPACITY OUTCOME

During his Fellowship with AHHA, Professor Henry Cutler will examine and deliver a report on the shifts in financial risks associated with advancing value-based healthcare in Australia.



Australian Centre for Value-Based Health Care

Established in 2019, [The Australian Centre for Value Based Health Care](#) (ACVBHC) offers thought leadership and fosters collaboration on value-based health care (VBHC) implementation in the Australian context.

By bringing together Australian and international experts and coordinating knowledge sharing with a focus on practical actions and examples, the ACVBHC supports members and services to implement value-based health system transformation.

This year the ACVBHC focused on the fundamental VBHC principle of measuring outcomes that matter to people and communities.



BASE OF SUPPORT OUTCOME

We have seen substantial growth in the reach and engagement of the ACVBHC, with social media engagement more than doubling within the 2021-22 financial year and increasing rates of attendance at events and webinars.

CAPACITY OUTCOME

Olivia Pantelidis was appointed Executive Director of the ACVBHC, on secondment from her role as Senior Manager, Value Based Health Care at the Transport Accident Commission in Victoria.

**A PERSPECTIVE FROM
OLIVIA PANTELIDIS:**
Executive Director
Australian Centre for
Value-Based Health Care



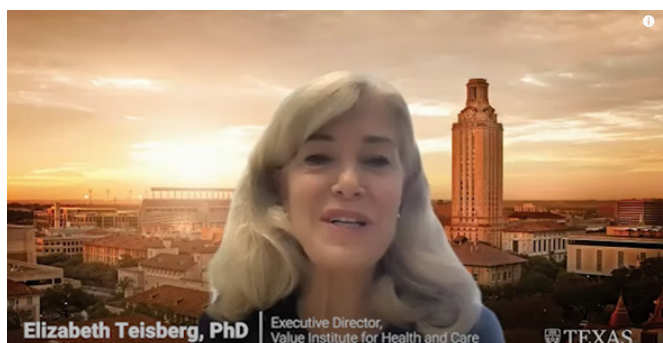
I recently had the opportunity to work for the ACVBHC under their secondment program. At the time I was working at the Transport Accident Commission (TAC) in Victoria. This unique opportunity allowed me to work alongside thought leaders and policy makers within the AHHA and its broad network of stakeholders to learn and progress VBHC transformation.

The expertise and culture of the team at AHHA and the ACVBHC provided me with a positive learning environment whereby I could participate in key pieces of work, such as the development of the Allied Health Framework for Value-Based Health Care for Queensland Health, as well as the development of case studies and webinars used to educate and inform VBHC implementation approaches.

The most valuable part of this role has been the enduring connections I have made across the sector with likeminded executives and clinicians committed to transforming health care. Working alongside such passionate and committed people has energised me and led me to my current role as Executive Director at the Victorian Department of Health, Public Health division.

I look forward to continuing working alongside and with the AHHA and ACVBHC. I speak highly of the deeply enriching learning and collaborative environment the team created for me during my secondment.

MEASURING WHAT MATTERS EVENT SERIES



In June 2022, AHHA hosted the *Measuring what matters* three-part event series alongside international VBHC pioneer Elizabeth Teisberg, and her team from the Dell Medical School at the University of Texas. Joined by senior health executives, managers, policy makers and clinicians across the hospital, primary and community care sectors, we explored the evidence and best practice examples of outcome focused data collection and measurement.

In two workshops participants engaged with Elizabeth and her expert team, analysing case studies and learning the concepts of VBHC measurement and the implementation process. A policy roundtable followed, with system reformers and clinicians coming together to create a shared understanding of what it means to measure what matters in Australia. Participants also identified key areas to enable meaningful person-centred outcome measurement in the Australian health system. A policy paper will be released in the second half of 2022.

WHAT IS VALUE BASED HEALTH CARE?

This year we took on the challenge of succinctly explaining VBHC. Our YouTube video, What is value-based health care, has been viewed over 900 times and received widespread positive feedback. The video is now being used by other organisations as educational content.

POLICY OUTCOME

The Queensland Health Allied Health Framework for Value-Based Health Care marks a significant shift for allied health services.

PARTNERSHIP: QUEENSLAND HEALTH ALLIED HEALTH FRAMEWORK FOR VALUE BASED HEALTH CARE

Over the 2021-22 financial year AHHA partnered with the Allied Health Office Allied Health Professions' Office of Queensland (AHPOQ), Clinical Excellence Queensland to develop an Allied Health Framework for Value-Based Health Care.

Informed by local and international evidence, the Framework is a tool to support health professional to implement VBHC, providing a structure for working with consumers and communities to transform the way care is delivered. Case studies are used throughout to contextualise the Framework to Queensland Health's allied health community.

Significant interest has been generated across Australia. A webinar on the Framework was one of AHHA's most subscribed, with over 300 registrants. The recording also continues to receive strong engagement.

Read the case study on the Allied Health Professions' Office of Queensland's (AHPOQ) VBHC framework on the [The Australian Centre for Value Based Health Care](#) website and watch the webinar on our [Youtube channel](#).



Healthcare for Older Australians

The Royal Commission into Aged Care Quality and Safety identified palliative and end of life care as in need of urgent reform to ensure the delivery of quality health care services to older Australians.

Throughout 2021-22, AHHA has actively supported this reform agenda through our engagement in the Australian Government's national palliative care projects.



END OF LIFE DIRECTIONS FOR AGED CARE

AHHA is a partner of the ELDAC consortium led by the Queensland University of Technology, Flinders University, and the University of Technology Sydney. Other consortium members include Palliative Care Australia, Aged and Community Care Providers Association, and Catholic Health Australia.

Throughout 2021–22, AHHA continued to manage the ELDAC Primary Care Toolkit, which leads healthcare workers and primary care teams through the various steps involved in supporting advance care planning with patients and their families. The toolkit contains links to clinical tools and resources, education, training and quality improvement strategies, and information on palliative care and end of life localised palliative care and end of life HealthPathways.

Recently, AHHA consulted with PHN staff from Palliative Care, Primary Care, Aged Care and HealthPathways teams across Australia see how ELDAC can support the palliative care priorities of PHNs.

ALLIANCES OUTCOME

We continue to work closely with ELDAC consortium members and engage with stakeholders to develop, raise awareness of and implement the ELDAC tools and resources.

PALLIATIVE CARE ONLINE TRAINING PORTAL

Developed by AHHA in 2013, 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 to build their skills in caring for someone with a life-limiting illness.

Over 70,000 people have now participated in the training program, with over 4,500 new enrolments occurring in the 2021–22 financial year. User evaluations continue to demonstrate that the training program successfully improves the confidence of participants and supports them to deliver best-practice palliative care in the community.



Access the free training program at www.palliacaretraining.com.au.

Advocating for a better healthcare system

POLICY OUTCOME

One of the major policy outcomes in the 2021-22 financial year was the endorsement of the National Health Reform Agreement Long Term Reforms Roadmap (the Roadmap) by all Australian Health Ministers, followed by its subsequent publication in October 2021. The Roadmap aligns closely with our advocacy and policy work. Specifically, the objectives of funding and data reform.

FEDERAL ELECTION AND THE NEW HEALTH REFORM AGENDA

The 2022 Federal Election gave us the opportunity to draw attention to four structural issues in the health system, advocating for action aligned with the AHHA Blueprint, [Healthy people, healthy systems](#), and informed by our partnerships and research.

The four asks in the 2022 AHHA Election Statement were:



In the lead up to the election, an accompanying explainer videos were produced for each of these four areas and promoted across our communications channels. Since the election, the newly elected Australian Labour Party (ALP) government has signalled a focus and commitment on these four areas of health reform. AHHA continues to consult with government, the public sector, and NGOs across Australia to build alliances and progress reform on these pressing policy issues.

CLIMATE AND HEALTH

AHHA continued its strong focus on climate and health, amplifying the issue and engaging in joint advocacy. Our key activities were:

- AHHA is an active member of the Better Futures Australia Health Sector Working Group, raising the profile of the health sector's role in climate action and advocating for ambitious national action on climate change. Key actions include an advocacy campaign in the lead up to the COP26 UN Climate Change Conference in November 2021 and the development of strategic and collaborative approaches following the 2022 election.
- AHHA joined 600+ organisations representing 46 million health workers worldwide in signing the Healthy Climate Prescription letter to elevate protecting health as a key element of COP26.
- In November 2021, AHHA hosted a panel session at the World Hospital Congress on embedding environmental sustainability in VBHC models.
- AHHA facilitated a webinar in partnership with Hesta on how organisations can recognise and assess climate risks.
- In early 2022, AHHA in partnership with the International Hospital Federation hosted another webinar on the topic of 'Value- Based Health Care and environmental stewardship: a global approach to a global problem'.

ALLIANCES OUTCOME

Our partnership with the Climate and Health Alliance, Better Futures Australia and other climate and health networks was strengthened in 2021-22, with recognition of AHHA's expertise in sustainable healthcare growing amongst stakeholders.

The Deeble Institute for Health Policy Research

[The Deeble Institute for Health Policy Research](#) is the research arm of AHHA. It develops, promotes and conducts rigorous and independent research that informs national health policy. It is supported by an Advisory Board chaired by Professor Anna Peeters (Institute for Health Transformation, Deakin University).

You can search through a complete list of our Health Policy Issues, Evidence and Perspectives Briefs on the [AHHA website](#).



RESEARCH OUTPUTS

DEEBLE HEALTH POLICY ISSUES BRIEFS

No. 44: *Reducing diagnostic errors related to medical imaging*

Dr Sean Docking, Adj AProf Rebecca Haddock

No. 45: *Ensuring the quality of palliative care in Australia's prisons*

Ms Isabelle Schaefer, Adj AProf Rebecca Haddock

No. 46: *Integrating shared care teams into cancer follow-up care models*

**Dr Fiona Crawford-Williams,
Adj AProf Rebecca Haddock**

No. 47: *Hospital-treated self-harm: Improving care through improved data*

Dr Katie McGill, Adj AProf Rebecca Haddock

No. 48: *Decarbonising clinical care in Australia*

Dr Kristen Pickles, Adj AProf Rebecca Haddock

DEEBLE HEALTH POLICY EVIDENCE BRIEFS

No. 23: *Quality of life tools to support measurement of aged care quality*

**Dr Joyce Siette, Mr Gilbert Knaggs,
Adj AProf Rebecca Haddock**

No. 24: *Avoiding hospital readmissions: the models and the role of primary care*

Dr David Chua, Ms Tracey Johnson

DEEBLE PERSPECTIVES BRIEFS

No. 18: *Universal Healthcare in Australia: Prof John Deeble's legacy more relevant than ever.*

Adj AProf Rebecca Haddock

No. 19: *What enabled health service innovation during the pandemic? Crisis, staff, system or management?*

**Dr Pim Kuipers, Ms Jennifer Finch,
Dr Belinda Gavaghan, Ms Gretchen Young,
Adj AProf Rebecca Haddock**

No. 20: *Transforming the genomics workforce to sustain high value care*

Dr Janet C. Long, Prof Clara Gaff, Ms Chrissy Clay

No. 21: *Shared or brokered care: A paradigm shift for clinical governance frameworks*

Ms Sandy Thompson

No. 22: *Informing COVID service responses that impact on rehabilitation care*

**Dr Pim Kuipers, Ms Jennifer Finch
Dr Belinda Gavaghan, Dr Elissa Farrow
Ms Liza-Jane McBride, Dr Michele Foster**

No. 23: *Value-based healthcare in psychology private practice: Paving the way for improved client value*

Dr Nathan Castle

RESEARCH IMPACTS

NO. 47: HOSPITAL-TREATED SELF-HARM: IMPROVING CARE THROUGH IMPROVED DATA

Self-harm is a public health priority. It usually occurs in the context of psychological distress and is frequently associated with suicidal intent, psychosocial stressors and for many, mental ill health. Routine care for hospital-treated self-harm is variable and can be substandard. Many people report that they experienced stigmatising, judgemental and invalidating responses when presenting to health services for help after self-harm or when in suicidal crisis. [Read this Brief](#) on the AHHA website.

IMPACT

This paper was positively received by policymakers and academics for highlighting a significant gap in current health data collection and providing practical solutions. Dr McGill was seconded to the Department of Health and Aged Care to drive implementation of the paper's recommendations.

NO. 23: QUALITY OF LIFE TOOLS TO SUPPORT MEASUREMENT OF AGED CARE QUALITY

Despite years of cyclical care reforms for service providers and shifting regulations, aged care services quality and accountability remains a significant concern to both the Government and the Australian public. To break this cycle, it is essential that Australia establish a set of long-term and comprehensive indicators of quality in aged care.

It has been recommended that the Australian Government Department of Health mandate the collection and publication of quality-of-life outcomes in aged care to provide a minimum set of standards and provide transparency in aged care quality. [Read this Brief](#) on the AHHA website.

IMPACT

This paper has been widely accessed and well-regarded by the aged care sector and government. Since publication, the National Aged Care Mandatory Quality Indicator Program has expanded to include quality-of-life indicators from 2023.

THE AUSTRALIAN HEALTH REVIEW

[The Australian Health Review \(AHR\)](#) is AHHA's peer-reviewed journal, explores major national and international issues in healthcare policy.

The top three most downloaded papers in the journal were:

1. Riding the waves: lessons learnt from Victoria's COVID-19 pandemic response for maintaining effective allied health student education and clinical placements (Brack et al.)
2. Outcomes of rapid digital transformation of large-scale communications during the COVID-19 pandemic (Strong et al.)
3. Remoteness, models of primary care and inequity: Medicare under-expenditure in the Northern Territory (Zhao et al.)

The journal's one-year Impact Factor in 2021 was 1.84, up from 1.99 in 2020 and 1.41 in 2019. The five-year Impact Factor in 2020 was 2.1, an increase from 1.909 in 2020. In 2021 there were 303 manuscripts submitted to the journal for consideration, after 365 submissions in 2020 and 284 in 2019.

Downloads of articles (both pdf and HTML) increased considerably in 2021 to 455,036 from 391,707 in 2020.

Dr Sonj Hall remained Editor-in-Chief, assisted by seven Associate Editors and an eleven member Editorial Advisory Board.

Become an AHHA member

‘All Australians, no matter where they live or what they earn, should have access to the best possible healthcare.’

AHHA welcomes all individuals and organisations committed to our vision of a healthy Australia, supported by the best possible healthcare system. Membership of AHHA provides access to a broad range of events, research and services and supports our work in ensuring healthcare in Australia is effective, accessible, equitable, sustainable and outcomes-focused.

WHY BECOME A MEMBER?

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

MEMBERSHIP BENEFITS INCLUDE

- Capacity to influence health policy
- A voice on national advisory and reference groups
- An avenue to key stakeholders including governments, bureaucracies, media, like-minded organisations and other thought leaders in the health sector
- Access to and participation in research and knowledge translation
- Access to networking opportunities, including quality events
- Access to education and training services
- Access to affordable and credible consultancy services at discounted rates
- Access to online publications and sector updates, including the Australian Health Review

Our members also have access to the services provided by our academic research arm, the Deeble Institute for Health Policy Research.

KEEP IN TOUCH

Sign up to our mailing lists

Healthcare in Brief

Weekly email newsletter full of interesting and relevant stories, breaking news and research in health.

[Sign up here](#)

Events and Publications

Monthly email newsletter with all the latest AHHA events and publications.

[Sign up here](#)

Value-Based Health Care Newsletter

Monthly email newsletter with all the latest updates in the Australian value-based health care space.

[Sign up here](#)

Value-Based Health Care Newsletter

Monthly email newsletter with all the latest updates in the Australian value-based health care space.

[Sign up here](#)

Deeble Newsletter

A quarterly email newsletter from the Deeble Institute for Health Policy Research.

[Sign up here](#)

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