ahha
australian healthcare & hospitals association
the voice of public healthcare

annual report 2020–21

Contents

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

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Chair's overview

THE HON. JILLIAN SKINNER, CHAIR, AHHA BOARD

At the beginning of the financial year, I commenced my term as AHHA Board Chair, a role I was delighted to accept. Over the past year, against the background of the COVID-19 pandemic, AHHA's staff have been busy advocating for our shared vision of a healthy Australia supported by the best possible healthcare system. This vision is reflected in the refreshed Blueprint for Health Reform *Healthy People, Healthy Systems: A blueprint for outcomes focused, value-based health care*.

At the year's end, we were farewelling Alison Verhoeven who retired after an outstanding eight years leading the organisation. During her time as Chief Executive, Alison guided the organisation in the development of the Blueprint, the creation of the Australian Centre for Value-Based Health Care and the organisation's broader advocacy work on behalf of its members for a fit-for-purpose health system.

The advocacy role that AHHA played in dealing with the pandemic was well received and endorsed by the government. In particular the focus on innovative, funded virtual care, collaboration between primary and acute healthcare settings and team-based care. We also highlighted social determinants that need to be addressed including, housing, income, and employment support.

One of the final highlights of Alison's tenure as CEO of AHHA was the highly successful Value-Based Health Care conference held in Perth from 27–28 May in partnership with University of Western Australia. The number of effective value-based programs presented at the conference indicates, in my view, that this is a very important way forward in meeting the AHHA goal of enhancing national welfare through improved standards of healthcare in hospitals, primary and community healthcare, aged care and other health-related services.

On behalf of the Board of AHHA, I would like to wish Alison well for the future and thank her for an outstanding tenure as Chief Executive and the impact she has had on the health system.

As we farewell Alison, we welcome her successor John Gregg as Chief Executive. John comes to AHHA after a distinguished career in the health and community services sectors in Australia and internationally.

John is passionately committed to health reforms which will ensure a better integrated health system, and which aim to achieve both the outcomes that matter to patients, and high-quality safe healthcare which represents value for patients, governments, and society.

On behalf of the AHHA Board, staff, and members, I welcome John to AHHA and look forward to working with him to promote the benefits of a strong public health care sector for Australia.

Chief executive's report

MS ALISON VERHOEVEN, CHIEF EXECUTIVE, AHHA

Eight years ago, I was fortunate to be offered the role of Chief Executive at AHHA, a position which has truly been a career highlight for me. I have had the opportunity to work with many inspiring members, AHHA staff and Board directors, who have made enormous contributions to the wellbeing and good health of Australians.

Each day in this role has been a privilege – but also a personal and professional challenge to be a stronger voice for the many Australians who need and deserve better from our health system, and a stronger voice for AHHA members who are so committed to providing the best possible health services for their communities.

I am proud of the work we have undertaken together with our members and stakeholders to develop our Blueprint for Health Reform and our focus on value-based health care over the past several years – much of which is now reflected in the National Health Reform Agreement and in the policies of both government and opposition parties in the Commonwealth and state and territory governments.

After months of review, in January we launched the refreshed Blueprint for Health Reform, *Healthy People, Healthy Systems: A blueprint for outcomes focused, value-based health care*. With its refreshed focus on governance, funding, data and workforce reforms, the Blueprint is a solid foundation for policy work we are undertaking on some of the emerging issues of our time such as the impact of climate change on health, patient-centred care, team-based care, the use of telehealth and virtual health technologies, AI and genomics. Importantly, with its focus on health systems, the Blueprint also provides a platform for our work on equity and the social determinants of health.

The research, publication, education and professional development programs we have developed through our Australian Centre for Value-Based Health Care are connecting AHHA members with international leaders in this discipline and underpinning emerging practices and programs that are shifting our health system towards value, sustainability and a clear purpose to support patients to achieve the health outcomes that matter most to them.

AHHA has a longstanding commitment to research, and for more than 40 years has published the *Australian Health Review*, Australia's premier peer-reviewed journal for health policy research. In this past year of significant health system challenges, the journal's editorial team has ensured rapid publication of emerging research relating to COVID-19 across six informative issues. Likewise, our Deeble Institute for Health Policy Research has had an active publication program, issuing 16 health policy briefs.

This busy work program has been achieved by our small but committed and passionate team at AHHA, with the support of our very capable Board and each of you, our members. As I retire from my work at AHHA, I thank each of you for the very generous support, guidance and friendship you have offered me. I'll be watching from a beach somewhere as you continue the journey forward!

Governance

AHHA full members form the AHHA Council and elect its Board. The Board met four times in 2020-21 as required by the AHHA Constitution. AHHA Board members and their affiliations as at 30 June 2021 were:

The Hon. Jillian Skinner
Independent Board Chair, from 1 July 2020 (Chair)

Ms Yasmin King
SkillsIQ (Audit, Finance and Risk Committee Chair)

Dr Michael Brydon
University of Notre Dame

Ms Joy Savage
Cairns Health and Hospital Service

Ms Susan McKee
Dental Health Services Victoria

Ms Lynelle Hales
Sydney North Primary Health Network

Ms Chris Kane
Western Australia Primary Health Alliance

Dr Keith McDonald
South West Sydney Primary Health Network

Prof Wendy Moyle
Menzies Health Institute, Griffith University

Meeting dates: 15 September and 1 December 2020, 22 March and 22 June 2021.

Two additional meetings of the Board were held to discuss and confirm the AHHA CEO recruitment. *Meeting dates: 16 February and 12 May 2021.*

AUDIT, FINANCE AND RISK COMMITTEE

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

Meeting dates: 1 September and 17 November 2020, and 9 March and 18 May 2021.

PERFORMANCE AND REMUNERATION COMMITTEE

This Committee comprises of the Board Chair (Jillian Skinner), the Audit, Finance and Risk Committee Chair (Yasmin King) and one appointed Board member (Michael Brydon). No meetings of the Committee occurred during 2020–21.

Financial management

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

AHHA financial reporting is consistent with our status as a not-for-profit company under the *Australian Charities and Not-for-profits Commission Act 2012*, and as a Health Promotion Charity under section 50–5 of the *Income Tax Assessment Act 1997*.

AHHA had a strong financial year in 2020–21. Revenue was at $2,836,434, and expenses were at $2,687,603 which resulted in an operational surplus of $148,831. AHHA achieved an unqualified audit report.

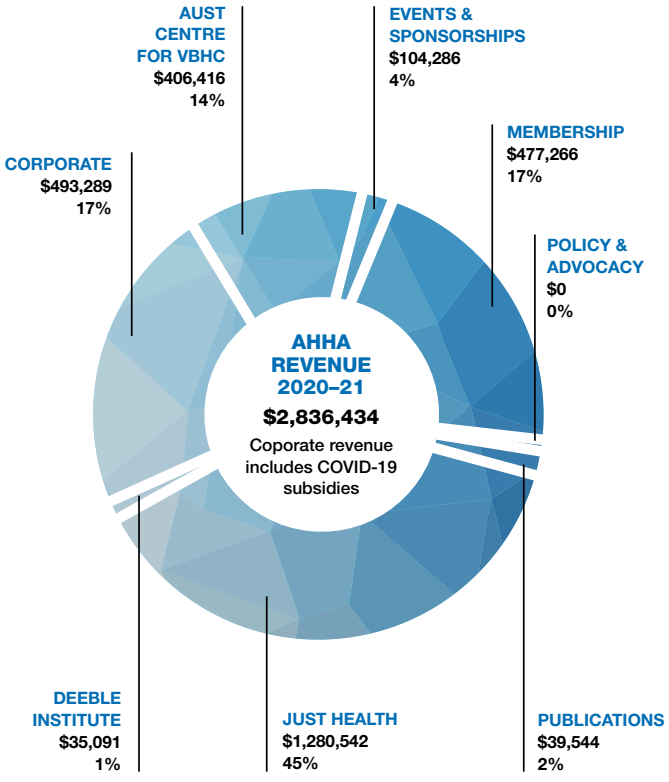
As AHHA continues to experience the ongoing economic and health system challenges of the COVID-19 pandemic, the Audit, Finance and Risk Committee will continue to monitor risks associated with the financial environment, and will be working with the Secretariat and the Board to ensure the ongoing financial viability to AHHA.

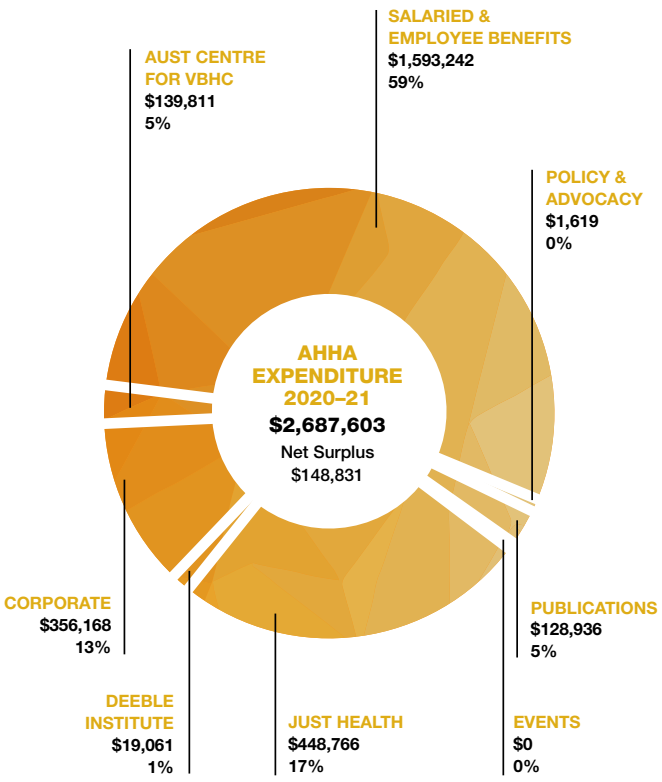
ISO 9001 ACCREDITATION

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

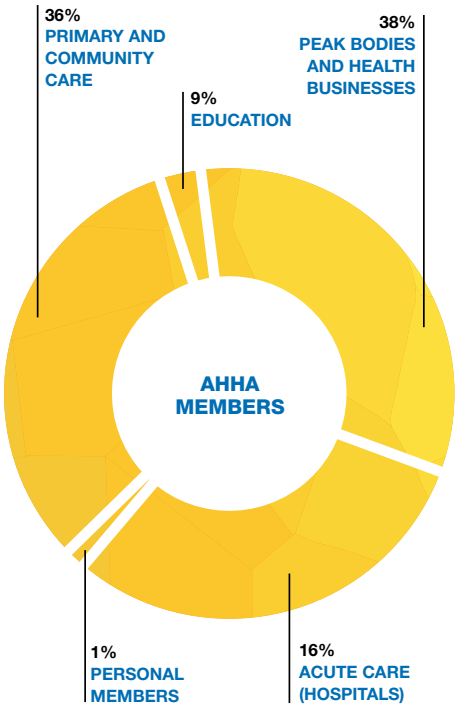
CONTRACT AND PROJECT MANAGEMENT

Folio risk management software was operational across all AHHA projects in 2020–21.





Our members



Representing our members

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

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

Board and Council members are consulted regularly on appropriate input, and summaries of meeting outcomes are communicated to members using regular communications channels such as the Chief Executive's weekly emails to Council members.

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

SPOTLIGHT

During 2020–21, a review of the AHHA membership model was conducted. This resulted in an updated membership structure that was introduced from late 2020. The new membership structure simplified the membership categories and expanded the personal membership category into three subsets, opening membership up to a broader range of stakeholders. The new membership structure has been well received and has resulted in a greater uptake of membership at a personal and supporter level.

Our people

Mr John Gregg
Chief Executive

Mr Murray Mansell
Chief Operating Officer

Dr Rahul Bhoyroo
Executive Director, Australian Centre for Value-Based Health Care

Dr Linc Thurecht
Senior Research Director

Ms Lisa Robey
Engagement and Business Director

Ms Kylie Woolcock
Policy Director

Dr Rebecca Haddock
Deeble Institute Director

Ms Sue Wright
Office Manager

Ms Malahat Rastar
Communications Manager

Ms Renée Lans
Secretariat Officer

Ms Emma Hoban
Policy Analyst

Mr Lachlan Puzey
Policy Officer

Ms Annie Ryan
Administration Officer

Consultants: **Mr Andrew McAuliffe**

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

AHHA would also like to acknowledge staff who have since left AHHA for their contributions during the 2020–21 financial year.

Ms Alison Verhoeven
Chief Executive

Dr Chris Bourke
Strategic Programs Director

Mr Nigel Harding
Public Affairs Manager

Ms Katharine Silk
Integration and Innovation Manager

Ms Terri McDonald
Communications Officer

ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP

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

Our year in numbers

AUSTRALIAN HEALTH REVIEW
Peer-reviewed journal
6 issues

THE HEALTH ADVOCATE
Member magazine
4 issues
30 member stories

HEALTHCARE IN BRIEF
e-Newsletter
49 issues
5,900 subscribers

MEDIA RELEASES
48 media releases

HEALTH ADVOCATE PODCASTS
6 podcasts

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

AHHA WEBSITE
211,500 page views
118,500 total sessions
23,500 downloads

PALLIATIVE CARE
Online training website
6,250 new enrolments
67,000 total enrolments since 2013

@AUSHEALTHCARE
11,300 followers

@DEEBLEINSTITUTE
1,700 followers

@AUSHEALTHVALUE
925 followers

LINKEDIN
2,300 followers

FACEBOOK
1,600 followers

19 submissions to government

19 events and webinars

1,613 registrations

97 meetings with Australian Government departments and agencies

Blueprint refresh

After months of review, in January 2021, AHHA released its refreshed Blueprint, *Healthy People, Healthy Systems: A blueprint for outcomes focused, value-based health care.* The first iteration launched in 2017, as Australian state and territory governments were preparing for a new national health funding agreement. It identified a series of a series of actions to achieve four critical features:

- A nationally unified and regionally controlled health system that puts patients at the centre
- Performance information and reporting that is fit-for-purpose
- An integrated health workforce that exists to serve and meet population health needs
- Funding that is sustainable and appropriate to support a high quality health system

The issues identified are just as relevant today, but with all Australian governments having signed the Addendum to the National Health Reform Agreement 2020–25, important opportunities for new thinking about the way health is delivered have been established. 2020 also brought new challenges, with natural disasters and the COVID-19 pandemic shining on a light on the systemic weaknesses of our health system, while simultaneously presenting new opportunities for innovation.

The refreshed Blueprint reflects the current Australian health policy landscape, and has been supplemented by an in-depth examination of two critical areas for reform: effective adoption of virtual care models (released July 2020) and enabling team-based care (released October 2020).

The Blueprint and its supplements have been well received by AHHA members and the broader health policy community. Policymakers have continued to make ongoing reference to these pieces of work, which has further cemented AHHA as a respected thought leader in Australia.

The Inaugural Value-Based Health Care Conference

The AHHA and the Continuous Improvement in Care Cancer Project hosted the inaugural Value-Based Health Care Conference in Perth and online from 27–28 May 2021.

The conference, themed Patients First, featured keynote presentations from an array of local and international VBHC leaders including Prof Elizabeth Teisberg (US), Julie McCrossin (AUS), Dr Daphne Khoo (Singapore) and Joseph Conte (US).

In addition to the keynote presentations, the conference featured over 50 speakers examining topics from measuring what matters to patients, to changing culture, implementation approaches and VBHC enablers. The presentations provided practical examples, lived experiences and pragmatic advice.

The conference closed with the presentation of the inaugural Value-Based Health Care Awards honouring three programs – two from NSW Health and one from Dental Health Services Victoria – that represented the best of innovation, effective implementation, and collaboration.

Feedback from the conference has been excellent with almost all (93.75%) of those who responded to the conference survey indicating that their attendance had met or greatly exceeded their expectations and 81.5% of respondents rated attendance as 'Valuable' or 'Very valuable' to their current work.

Importantly 76% respondents indicated that they would anticipate implementing changes to their practice or future projects because of information learned, and almost 65% indicated that potential collaboration opportunities had been identified as a result of attending the VBHC Conference.

New Chief Executive for AHHA

In May, AHHA announced the appointment of John Gregg as the new Chief Executive following the retirement of current Chief Executive Adj Prof Alison Verhoeven. AHHA Chair, the Hon. Jillian Skinner noted, 'On behalf of the Board of AHHA, I would like to thank Alison Verhoeven who is retiring after an outstanding eight years as Chief Executive and welcome John Gregg.'

John comes to AHHA after a distinguished career in the health and community services sectors in Australia and internationally, and most recently as Chief Executive of the North Queensland Primary Health Network.

He has experience working across many areas of health and community services provides him with an excellent understanding of the contemporary issues facing AHHA members and health policy makers.

Health leaders honoured with Sidney Sax Medal 2020

Pat Turner and Jillian Skinner and Arnagretta Hunter, Jillian Skinner and Robyn Lucas

The ANU College of Health and Medicine's Bushfire Impact Working Group, and Patricia Turner, CEO of the National Aboriginal Community Controlled Health Organisation (NACCHO) were jointly awarded the 2020 Sidney Sax Medal for outstanding health leadership.

During the 2019–20 bushfires, the ANU College of Health and Medicine's Bushfire Impact Working Group, chaired by Professor Robyn Lucas and Dr Arnagretta Hunter, responded to immediate health needs related to the physical and mental health effects of bushfires and smoke in communities in the ACT and South Coast of NSW.

As the COVID-19 pandemic began to impact Australia's health system and communities, Patricia Turner, Chief Executive of the National Aboriginal Community Controlled Health Organisation, played a significant leadership role in ensuring that Commonwealth and state/territory governments took urgent action to protect Aboriginal and Torres Strait Islander communities, closing down access and prioritising safety to prevent community transmission of COVID-19.

The contributions of both the ANU Bushfire Impact Working Group and NACCHO CEO Patricia Turner will continue to make Australia a better, safer and healthier country for all its residents.

ACVBHC Highlights

Participants from the Australian National University recognised for completing the Health Care Transformation Leadership Program. Back row (LtoR): Dr Julia Ellyard, Dr Arnagretta Hunter, Ms Sally Hall, Professor Emily Lancsar, Professor Russell Gruen. Front row (LtoR): Professor Tracy Smart, Associate Professor Louise Stone

The Australian Centre for Value-Based Health Care continued its mission to build knowledge and support leadership and advocacy in value-based health care throughout the year.

In addition to the VBHC Conference, 12 webinars were held in the ongoing webinar series. They examined topics including the use of patient reported outcome measures (PROMs), VBHC and mental health care delivery, rapid discharge pathways following surgery, digital solutions and several webinars examining COVID-19 from a VBHC perspective. Recordings of all webinars are made available on the Centre's website.

In partnership with the Value Institute for Health and Care from the Dell Medical School at the University of Texas Austin, two workshops were held to build the skills of health leaders in VBHC. The Health Care Transformation Leadership Program took place in a series of 6 interactive sessions that brought together more than 40 health leaders to consider aspects of VBHC and how to apply them in the Australian context. In the lead up to the VBHC Conference the Measuring Outcomes That Matter workshop took a deeper dive into the skills required to measure health outcomes.

The Centre continues to support the dissemination of research through its monthly newsletter whose subscription numbers continue to rise and by active promotion of VBHC relevant briefs released by the Deeble Institute.

The Centre's secondment program provides a rewarding and challenging opportunity for a high-achieving individual from a member or partner organisation to temporarily join the Australian Centre for Value-Based Health Care for a 6-month period. It has been designed to build leadership and knowledge in the areas of value-based health care and policy advocacy. Anna Flynn, the Centre's first secondee finished her secondment in August 2020 and Rahul Bhoyroo commenced in April 2021.

Dr Rahul Bhoyroo

Rahul joined us from Northern Territory Primary Health Network (NT PHN), where he leads value-based commissioning. He has worked in the primary health sector as a Medical Practitioner before following his passion in public health. Rahul has a Master's in Public Health (MPH), a Master's in Health Administration (MHA) and is an Associate Fellow with the Australian College of Health Service Management.

Given the complexities around the health of our Aboriginal and Torres Strait Islander people in the NT, Rahul has enjoyed working closely with the local Aboriginal Community Controlled Health Organisations to improve the health outcomes and experiences of local remote communities. He is passionate about achieving positive health outcomes for all by driving the health sector towards patient-centred care and value-based health care.

Better Futures Australia

AHHA was an active participant on the Better Futures Australia (BFA) Health Sector Working Group. The BFA initiative brings together climate champions across all sectors of society and the economy to drive ambitious action on climate change. As part of the BFA Health Sector Working Group, AHHA assisted in organizing
a roundtable which:

- Showcased the leadership and ambition of the health sector in taking climate action
- Aimed to develop a shared advocacy agenda for the health sector ahead of international climate negotiations (UNFCCC 26th Conference of the Parties – COP26) in November 2021 and in preparation for the next federal election
- Resulted in a letter sent to the Prime Minister, the Leader of the Opposition and other relevant ministers calling for stronger action on climate change which received national media attention.

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 who want to build their skills in caring for someone with a life-limiting illness.

In 2019–20, AHHA renewed arrangements with the Australian Government Department of Health to continue funding the project until 2023. In 2020–21, AHHA has successfully updated the Learning Management System of the portal and launched a new, modernised version of the website.

Throughout the last year, AHHA has continued to actively engage with the community to promote the training. Over 67,000 people have registered for the Portal's high-quality training since 2013, with over 6,250 new enrolments occurring in the 2020–21 financial year. User evaluations continue to show that over 80% of users identify as being more confident in their ability to deliver best-practice palliative care following the completion of the training.

AHHA is currently developing two new training modules which will supplement existing module resources. This work will be completed during the 2021–22 financial year.

Access the training at www.pallcaretraining.com.au.

End of Life Directions for Aged Care (ELDAC)

AHHA is a member of the ELDAC consortium led by the Queensland University of Technology, Flinders University and the University of Technology Sydney. Throughout 2020–21, AHHA continued to be involved in the development of the ELDAC website (www.eldac.com.au), and in particular the site's Primary Care toolkit, which leads healthcare workers and primary care teams through the various steps involved in supporting advance care planning with patients and their families, including considerations for people of various religious and cultural backgrounds. In addition, links are provided to various fact sheets, guides, discussion starters, patient resources and podcasts.

Close the Gap

NAIDOC Week 2020

AHHA was pleased to present a free webinar during NAIDOC Week 2020 which discussed better healthcare in hospitals for Aboriginal and Torres Strait Islander peoples. The webinar, sponsored by HESTA and facilitated by AHHA, brought together representatives from notable research institutions to examine how hospitals can deliver better care to Indigenous peoples in Australia and North America. This highly popular webinar was attracted an audience of over 120 people and has been watched ~400 times since the event.

Reconciliation Action Plan

The AHHA strongly supports reconciliation and is committed to working towards it. In 2017, AHHA launched our inaugural Reconciliation Action Plan (RAP) which set out AHHA's commitment towards reconciliation. AHHA renewed this commitment in February 2021 through the publication of our new 2021–22 RAP.

The 2021–22 RAP reflects on AHHA's progress since 2017 and sets out future actions which will direct our path to reconciliation. Throughout the coming year, AHHA will continue to advocate for a future without personal and institutional racism and work in partnership with Aboriginal and Torres Strait Islander peoples and their organisations to develop health policy which contributes to the achievement of a diverse and supported health system that provides culturally safe and responsive health care.

View the AHHA 2021–22 RAP at https://ahha.asn.au/governance.

Close the Day

18 March 2021 marked National Close the Gap Day 2021 and the release of the 2021 Close the Gap campaign report. AHHA issued a media release titled *Community-led action – the key to Close the Gap*. In the media release, we noted:

'While Aboriginal and Torres Strait Islander peoples continue to show resilience in the face of poorer health outcomes, the effectiveness of strength-based, community-led action could not be clearer.

The case studies in this year's report showcase the leadership of Aboriginal and Torres Strait Islander peoples, communities and organisations throughout some of the biggest challenges of 2020, from bushfires to pandemics.'

Closing the Gap Medicines Reform

Over the past several years, AHHA has lobbied the Australian Government Department of Health to make changes to the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Copayment Program, to ensure Aboriginal and Torres Strait Islander patients being discharged from hospital can be provided with medicines under the CTG program. The reforms for which we advocated have now been implemented and AHHA has worked with the Department of Health to develop communication materials outlining the reforms.

Delivering improved health outcomes for Aboriginal and Torres Strait Islander patients

In March, AHHA Strategic Programs Director Chris Bourke recorded a podcast with St Vincent's Health Network Sydney, Emergency Department Director, Dr Paul Preisz and Aboriginal Health Manager, Scott Daley, to discuss how St Vincent's Health Network Sydney has improved health outcomes for Aboriginal and Torres Strait Islander patients. The two representatives from St Vincent's shared the strategies implemented to reduce hospital wait times and deliver culturally appropriate care to Aboriginal and Torres Strait Islander patients.

The Health Advocate February 2021

In February 2021, we published the annual Close the Gap themed issue of the AHHA magazine, *The Health Advocate*. This issue highlighted community-led programs that are making a difference in closing the gap in health inequity experienced by Aboriginal and Torres Strait Islander peoples. Articles in this issue focused on co-design in oral health, rapid service design and cultural safety and learning through healing for Indigenous mental health workers.

Value-Based Health Care and the early development of the Australian Cancer Plan

On 22 April 2021, Cancer Australia hosted a Ministerial Roundtable to inform the development of the next Australian Cancer Plan. AHHA Chief Executive Alison Verhoeven presented the value-based health care perspective and focused on designing, measuring, delivering and paying for outcomes that matter to patients, and opportunities to embed a value-based approach to cancer care in Australia. Participants agreed that the next Australian Cancer Plan should be person-centred with a focus on what is important to consumers and should strive for equitable cancer outcomes across all population groups.

Telehealth

AHHA has continued to advocate for the equitable provision of telehealth services access across Australia by contributing to the public debate through media commentary and the publication of the Deeble Institute for Health Policy Research briefs *Telehealth in coaching in oral healthcare*, *Providing telehealth in general practice during COVID-19 and beyond* and *Moving towards value-based, patient-centred telehealth to support cancer care*.

In July 2020, Health Minister Greg Hunt announced that GP providers would be required to have an existing relationship with a GP–defined as seeing that GP in the last 12 months—to receive MBS-funded telehealth services.

AHHA's response was swift, highlighting the access barrier this created for rural and remote communities with limited access to any GP; and to services for sensitive matters like sexual and reproductive health, where patients might want or need to see someone other than their regular GP.

In response to successive telehealth extension announcements, AHHA also called out the Australian Government's lack of strategy or vision for telehealth services as 'disappointing' and called for the Government to have some vision, forethought, and the courage to change to a better system of virtual healthcare that can deliver better value'

In the 2021–22 Budget, the government announced a short-term extension to telehealth items (until 31 December 2021) which AHHA highlighted as a missed opportunity to leverage some of the innovations in virtual health care service delivery achieved during 2020. However, AHHA's advocacy on removing the requirement to have an existing relationship with a GP to access telehealth was successful.

Preventive health

In September, AHHA made a submission in response to the Australian Government Department of Health's Consultation Paper to inform the development of a 10-year National Preventive Health Strategy. The submission called for a cross portfolio approach to adoption, recognising the interconnected nature of 'social services, education, environment, mental health, transport, infrastructure, energy, population, cities, agriculture and regional development' in the promotion of health.

AHHA also strongly emphasised within its submission that 'Climate change must be addressed within a preventive health strategy' and in conjunction with 30 health groups AHHA issued a joint statement calling on the federal Health Minister to recognise climate change in the National Preventive Health Strategy.

This advocacy was successful with the release of the *Draft Preventive Health Strategy 2021–2030* emphasising the interplay of factors that play an integral role in determining the health of society – social, environmental, structural, economic, cultural, biomedical and commercial, and explicitly recognising the impacts of a changing climate on health and the importance of the natural environment in shaping the health and wellbeing of Australians.

Climate and Health Paper

Recognising the increasing pressure placed on health systems by climate change, AHHA authored the Deeble Institute for Health Policy Research issues brief, Transforming the health system for sustainability: environmental leadership through a value-based health care strategy. The brief examines how value-based health care can provide a guide for supporting the consideration of climate change and its impacts on health and health care. Attention is given to both patient level processes and the different framework requirements at each level of the health system.

The brief has been received very positively within the health service, research and policy community with AHHA invited to present on the brief at the Global Green and Healthy Hospital Alliance Pacific Regional Members Meeting. A number of prominent climate and health experts reached out to AHHA in response to the brief which has led to the creation of an AHHA climate and health policy steering group to guide further action on the interplay of climate, sustainability and VBHC. This brief has also been widely accessed by national policymakers and academics looking to develop policies and programs of research that address health and sustainability.

Translating aged care reform recommendations into action

In a perspectives brief published by AHHA's Deeble Institute for Health Policy Research, AHHA asserted the view that 'Every older person should be able to live well, with dignity and independence, as part of their community and in a place of their choosing.' It was in this brief, titled, *Translating aged care reform recommendations to action*, that AHHA called for the Australian Government to ensure the findings of the Royal Commission into Aged Care Quality and Safety are translated to action highlighting the May 2021 Commonwealth Budget as an opportunity to start the shift from a market-oriented approach to aged care to the human rights approach advocated by the Royal Commission.

The outcome of the May Budget was a $17.7 billion commitment to aged care over 5 years, about half of the investment recommended as being necessary by the Royal Commission. AHHA noted this money 'will make a difference, but attention will be required to ensure this investment makes a difference to the care of older people, not just to profit margins for private providers.'

Young people in nursing homes

In the October 2020 Budget, AHHA welcomed the federal government's commitment of $9.65 million funding for navigation initiatives, including funding for the training and employment of system coordinators to support younger people at risk of or living in residential aged care to access more suitable care and accommodation. This announcement followed AHHA's long-term advocacy for young people in nursing homes, both in partnership with the Young People in Nursing Homes National Alliance, and through our role in government's Strategy Reference Group, and a pre-budget submission.

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 2020–21.

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 communication channels. Published articles help inform AHHA's policy and advocacy program.

During 2019-20, hardcopies of the journal were no longer printed with all articles able to be accessed electronically. This change was associated with a 30% increase in the number of pages published in each issue of the journal.

The top 5 mostdownloaded papers in the journal were:

1. *Profile of the most common complaints for five health professions in Australia (Walton et al)*
2. *Going digital: a narrative overview of the effects, quality and utility of mobile apps in chronic disease self-management (Scott et al)*
3. *Serious misconduct of health professionals in disciplinary tribunals under the National Law 201017 (Millbank)*
4. *'We get so task orientated at times that we forget the people': staff communication experiences when caring for Aboriginal cardiac patients (Kelly et al)*
5. *Recent estimates of the out-of-pocket expenditure on health care in Australia (Yusuf and Leeder)*

The journal's one-year Impact Factor in 2020 was 1.99, an increase from 1.32 in 2019. The fiveyear Impact Factor in 2020 was 1.909, an increase from 1.410 in 2019. In 2020 there were 365 manuscripts submitted to the journal for consideration to be published, an increase from 284 submissions in 2019. Downloads of articles (both pdf and HTML) increased considerably in 2020 to 391,707 from 235,599 in 2019.

Dr Sonj Hall remained Editor-in-Chief, assisted by 8 Associate Editors and an 11 member Editorial Advisory Board.

Deeble Institute for Health Policy Research

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

RESEARCH OUTPUTS

DEEBLE HEALTH POLICY ISSUES BRIEF

No. 37: Measuring value in new health technology assessments
Ms Anna Flynn, Ms Alison Verhoeven

No. 38: Optimising healthcare through specialist referral reforms
Ms Samantha Prime
Ms Christie Gardener
Dr Rebecca Haddock

No. 39: Improving the uptake of the Baby Friendly Health Initiative in Australian hospitals
Ms Andini Pramono

No. 40: Managing the long-term health consequences of COVID-19 in Australia
AProf Martin Hensher
Ms Mary Rose Angeles
Dr Barbara de Graaff,
Dr Julie Campbell
Prof Eugene Anthan
Adj AProf Rebecca Haddock

No. 41: Transforming the health system for sustainability: Environmental leadership through a value-based health care strategy
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No. 42: Reablement interventions for community dwelling people living with dementia
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Ms Michelle Tran
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DEEBLE HEALTH POLICY EVIDENCE BRIEF

No. 21: Developmental Language Disorder and the NDIS
Ms Caroline Walker
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No. 22: Supporting school aged children with Developmental Language Disorder
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DEEBLE PERSPECTIVES BRIEF

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Mr Jack Naylor
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No 14: The Value Based Health Care landscape
AProf Bruce Shadbolt
Ms Mary Rose Angeles
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Ms Chantelly Low
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Ms Tamara Shadbolt
Ms Lachlan Viali

No 15: Victoria's response to COVID-19 laboratory testing: A public pathology perspective
Ms Jenny Sikorski

No 16: Translating aged care reform recommendations to action
Dr Chris Bourke
Adj Prof Alison Verhoeven

RESEARCH IMPACTS

No. 38: Optimising healthcare through specialist referral reforms
Ms Samantha Prime
Dr Rebecca Haddock. Jeff Cheverton Memorial Scholarship (with support from North West Melbourne and Brisbane North PHNs)

The specialist referral system is a key operational component of the Australian health system. It is designed to manage access to subsidised specialist services and remunerate MBS Providers at referred service rates. It is also designed to affirm the central role of primary healthcare services.

The regulatory requirement for consumers to obtain repeat referrals when already under the care of a specialist has received limited scrutiny since the 1970s.

Bringing the referral rules in line with contemporary health needs and service structures will require a well-co-ordinated, effective and efficient referral system that facilitates the evidence based and linear transfer of care from one clinician to another within a highly interoperable and collaborative healthcare system.

Impact: This paper, and an accompanying piece in The Conversation (Specialist referral rules haven't changed much since the 70's, but Australia's health needs sure have), generated more than 70,000 comments across a number of media and social media platforms.

No. 40: Managing the long-term health consequences of COVID-19 in Australia
AProf Martin Hensher
Ms Mary Rose Angeles
Dr Barbara de Graaff,
Dr Julie Campbell
Prof Eugene Anthan,
Adj AProf Rebecca Haddock

In Australia, the immediate urgency of responding to the pandemic and the pressing need to respond operationally has moved attention away from health system reform. This situation will not persist indefinitely, and Australian governments should now consider an effective and proportionate value-based response to COVID-19, Long COVID and its other longer-term consequences, that considers both patient health outcomes and costs.

Impact: This paper has been widely accessed by national and international policymakers and academics looking to develop policies and programs of research that address the impact of Long COVID on health and the health system.

No. 41: Transforming the health system for sustainability: Environmental leadership through a value-based health care strategy
Ms Emma Hoban
Adj AProf Rebecca Haddock
Ms Kylie Woolcock

Sustainability is a complex, multifaceted concept that continues to evolve depending on the perspectives of different sectors and professions and their respective expertise and interests. Fundamental in all conceptualisations, though, is the challenge to shift thinking away from humans and nature being separate in the world, and their activities and effects being compartmentalised.

Transforming the health system for sustainability requires consideration of the systemic and complex nature of climate change as a determinant of health, for today's and future generations. This will require attention to both patient level processes and different framework requirements at each level of the health system.

The strategic framework for value-based health care transformation provides a guide for supporting the consideration of climate change and its impacts on health and health care.

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