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Centre for Health Service Development

Combining Realism with Rigour¹

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¹ This phrase is borrowed, with thanks, from a paper by Neville Owen and Paul Magnus, Evaluations of Health Promotion: Combining Realism with Rigour. *Australian Health Review*, 1990, 13 (2), 144-150.

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Vale Linda Adamson

1954–2000

Linda Adamson was an extraordinary person who, in her quiet and dignified way, inspired us all. Linda's life was so full and yet so short. She died on November 27, 2000, aged just 46, leaving a strong legacy and a big hole in all our lives.

Linda came to the CHSD initially to work on the evaluation of the Illawarra Coordinated Care Trial, and worked on the planning of the second trials and the evaluation framework for chronic disease self-management projects. She was an expert on consumer research and a passionate advocate for health care consumers.

She had worked at the Australian Council of Social Service (ACOSS), the NSW Combined Pensioners Association (CPSA), and was executive officer for the Australian Pensioners and Superannuants Association (APSF). She was the second chair of the national



Consumers Health Forum (CHF), and was a strong supporter of the Older Women's Network (OWN). She made lasting contributions as a stronger consumer voice on older women's issues of superannuation, telecommunications and wellness, and as an advocate for a national approach to medicinal drugs through her reports, conferences and policy work. Copies of her many useful publications and the various bibliographies she constructed are held at the Centre's library.

She was working on a committee examining the licensing requirements of alternative and complementary medical practices, was the first non-medical chair of the NSW Medical Board's Professional Standards Committee, and just before she died attended the International Conference on Medical Regulation in Oxford.

Ironically, Linda was not in the Illawarra for very long before she herself became an active consumer of the health system we all aim to improve. As with everything else in her life, Linda managed that journey with intelligence, courage, love, dignity and a dry wit.

Linda was quietly outraged that her time should be so short. She loved being Alan's partner and Ruby's mother and she loved her work at the CHSD and her active contribution to public life and medical accountability in her role as a member of the NSW Medical Board. She wanted nothing more than to see her Ruby grow into adulthood.

Linda's contribution to our work at the Centre was enormous. She understood the complexity of the health system and the inevitable tensions between consumers and providers. Her sharp intellect and clear values allowed her to quickly work out what was important. She was a wiz at writing and engagingly crafted her reports and publications. She contributed insight, rigour, realism and wit to our work and to our team.

Our annual report is late this year because none of us were quite ready to write about Linda's death and what her loss means for us as a team. Linda believed that working in a team meant leaving enough behind to ensure your bigger work will be sustainable. We have been strengthened as a team by Linda's experience and contribution and can be happy and grateful for that. And the sadness and loss is another side of the equation. But our collective loss is shared in larger scale by Linda's partner and our colleague, Alan Owen, and their 7 year old daughter Ruby. None of our lives will ever be quite the same again.

Director's Report 2000

Since its establishment in 1993, the CHSD has been self-funding, through contracts for specific projects with the Commonwealth and New South Wales Health Departments, from other State and Territory health authorities, private sector organisations and New Zealand regional health authorities. Individuals have also undertaken research and development work for the non-government sector.

As well as project-based funding, the Centre receives external funding to support its core research activities and to provide advice and support to various sections and committees of NSW Health. In this way the CHSD is formally recognised by NSW Health as a research centre of 'statewide significance'. In 2000 the Centre's staff assisted with various aspects of the NSW Health Council and flexible rural health services agenda, mainly through work on episode-based funding and multi-purpose services. The Centre also continued to advise on the implementation of the AN-SNAP (sub-acute and non-acute) casemix system. At the local level, the Centre's advice included transport classification, general medical practice research and various issues of funding and strategic concern to the Illawarra Area Health Service.

Within the University, the Faculty of Health and Behavioural Sciences continued its strategic review of its operations, including the integration of different research units within the Faculty. The Centre contributed to this integration with a number of projects involving cooperation within the Faculty, in mental health, rural and population health.

During 2000 the Centre's role as a separate research entity also continued to evolve, by setting its own priorities and strategic directions and moving to establish a CHSD External Advisory Committee in 2001. At the time of writing, the Faculty remains in flux and remains unclear about how to make best use of the Centre's capabilities in health research. However, it is expected that the association between CHSD and the Faculty will change with the arrival of the new Dean (expected sometime in mid 2001).

In 2000, the Centre's links were stronger outside the Faculty, with working relationships with the Faculty of Arts and the Faculty of Informatics and common interests with the Faculty of Commerce and the Business School. CHSD also has strong research links outside the University of Wollongong, at Newcastle, UNSW and Melbourne Universities.

The Melbourne-based Mental Health Research Institute continues to be a partner that shares the CHSD interest in data and classification issues, particularly where aged care and psychiatry overlap. The MHRI was also closely involved in the mental health integration projects.

As its overall goal, the CHSD continues in its aim to improve the funding and delivery of public and private health and community care services in Australia. In 2000 this involved significant continuing work in outcome measurement tools and how they can be implemented, and evaluating mental health integration projects, as well as technical advice in the evaluation and planning of coordinated care.

We have strong links with influential industry partners, particularly government authorities and area health services, but also with non-government organisations (ACOSS, NCOSS and the Western Sydney Forum in 2000), and industry groups like the Australian Healthcare Association, the NSW Aged Services Association, private provider and health insurance groups. Our contributions include project proposals and reports, commissioned papers, presentations at conferences, policy advice and strategic planning sessions.

The Centre continued its management of the Australian Health Outcomes Collaboration during 2000 and once again supported its conference and symposium agenda as well as the distribution of tools for measuring outcomes, in particular the SF36 instrument.

As in 1999, the clearinghouse and data quality enhancement work of the Centre continued in 2000. The demand for the roles of data custodian, providing tools for benchmarking, and providing technical input to education, training and certification activities has grown. Strategies for developing more durable structures to support this activity have been strengthened by the research and development agenda we have at the Centre.

The areas where considerable interest was maintained and real progress was achieved in 2000 were in medical rehabilitation, mental health outcomes and home care and support services. Organisational structures in some of these areas are likely to be brought to operational levels in 2001.

The CHSD continued its role in education, both internally within the University, and externally in designing and providing programs and presentations for both clinicians and health managers. The synergy of this work with the industry partnerships we have forged has been very useful.

As an example, the continued implementation of the SNAP software (now called SNAPshot), remains a strong commitment of the Centre. In 2000 this included new versions of the software, more work in the private health and rehabilitation sector and a pilot of its use as a community health information tool.

Our work with the Home and Community Care Program, Coordinated Care Trials, in mental health, with private rehabilitation, and with the local Division of General Practice fit under several of our research themes – beyond casemix, financing, coordination, improving service delivery. They are also about building the tools for better understanding the continuity of care across settings.

Another strong theme in 2000 was the set of related questions of equity, fairness and sustainability in the distribution of resources. We have been looking at the availability of indicators and trying to build them into our various project evaluation frameworks – mental health, aged and disability services, palliative care – to better understand strategies for capacity building and getting a fair balance of care for different levels of individual need.

Our research on measures of function in community care is an example of improving tools for understanding need. It aims to give managers a more rounded view of their service and the service users' characteristics. Classifying clients, measuring service use, needs and costs, are interesting problems in themselves, but are mainly about getting better, fairer and more reliable and sustainable ways to allocate resources.

The CHSD team

Current members of the Centre provide a wealth of experience and expertise, and the contacts necessary to involve clinical expertise where necessary. The members provide experience in management, planning and research in health services, community services and consumer organisations; and experience as members and chairpersons of intra-government and inter-government committees and organisations.

We have a truly multidisciplinary team with team members having qualifications and expertise in psychology, statistics, economics, public health, management, operational research, education, pharmacy, human geography, nutrition, occupational therapy and communications. The team's experience and expertise provides a sound base for addressing the issues of funding, managing and evaluating services.

In 2000 our staff consisted of:

Kathy Eagar, Director
Roy Harvey, Principal Fellow (Health Economics)
Jan Sansoni, Senior Research Fellow (Health Outcomes)
Gary Eckstein, Senior Research Fellow (Medical Demography)
Alan Owen, Senior Research Fellow (Community Care Research)
Robert Gordon, Senior Research Fellow (Financial Management)
David Perkins, Senior Lecturer, Public Health
Heather Yeatman, Senior Lecturer, Public Health
David Cromwell, Research Fellow (Operational Research)
Janette Green, Research Fellow (Applied Statistics)
Linda Adamson, Research Fellow
Karen Quinsey, Research Fellow
Dave Fildes, Research/Administrative Assistant
Allison Aylward, Research/Administrative Assistant
Lorna Tilley, Research/Administrative Assistant

In addition to core staff, the CHSD has a number of affiliates who collaborate with us on specific research projects and play a key role in forging links between the CHSD and the health industry. Affiliates in 2000 included Dr Ros Poulos, Mr Bill Buckingham, Dr Philip Burgess, Mr Tim Coombs, Ms Carla Cranny, Ms Libby Eagar, Dr Michael Epstein and Mr Alan Hodkinson.

It is with incredible sadness that I report that the Centre lost the contributions made by our colleague and friend Linda Adamson in November 2000. Linda passed away too soon at the age of 46, having contributed much to the Centre on its work on the evaluation of coordinated care, chronic disease self management and functional measures. As the NSW Minister acknowledged in his letter of condolence, Linda was also a very valuable member of the NSW Medical Board and chaired its Professional Standards Review Committee. She is greatly missed, especially by her partner Alan and daughter Ruby. A tribute to Linda's contribution is included at the front of this report.

Acknowledgements

The CHSD gratefully acknowledges the continuing support of the University of Wollongong. Particular thanks are due to Professor Chris Brink Pro-Vice Chancellor (Research), Professor John Patterson, Acting Dean of Health and Behavioural Science and Professor Dennis Calvert, Head of the Graduate School of Public Health.

The Centre also gratefully acknowledges the continuing support of our major funding bodies, especially the NSW Department of Health and the Commonwealth Department of Health and Aged Care.

As Director of the CHSD, my thanks go to our staff and associates for their excellent work in the year 2000. My personal thanks also go to Mr Dermot Casey and Ms Liz Lowrie at the Commonwealth level, Ms Carol Beaver and Ms Helen Morton at Territory Health Services and Mr Jim Pearse and Associate Professor Steven Boyages at NSW Health for their support of our work.

Ms Tineke Robinson, Dr Chris Poulos and Dr Tony Sherbon of the Illawarra Area Health Service, and Ms June Williams from the Department of Ageing, Disability and Home Care, continue to help guide and ground our activities by their continuing contact over a range of local health system and community care issues.

This year again I want to thank Mr Alan Hodgkinson (Visasys) for the technical excellence he provides us in designing the software products we use. As our role as a data custodian develops in 2001, we will be even more in need of tools that can maintain the quality of the data we ask people to collect.



Professor Kathy Eagar
Director

Centre for Health Service Development Staff

15 core staff were employed by the CHSD during 2000. They were:

Kathy Eagar, Professor and Director

The University contributes a fractional salary which covers Directorship of the Centre and a teaching role in the Faculty of Health & Behavioural Science as Course Coordinator of the Masters level course in Health Services Planning and Evaluation. All other funding for this position is dependent on externally funded research and development, some of which is contracted back through her professional practice company.

Source of funding: 0.25 Graduate School of Public Health, 0.75 external (project-based) funding

Roy Harvey, Principal Fellow (Health Economics)

Roy Harvey's position is externally funded (project funding) and focuses on outcomes and health financing research.

Source of funding: external

Jan Sansoni, Senior Research Fellow (Health Outcomes)

Jan Sansoni's position is currently externally funded on a fractional basis. This fractional appointment covers Jan's role as Director of the Australian Health Outcomes Collaboration.

Source of funding: external

Gary Eckstein, Senior Research Fellow (Medical demography)

Dr Gary Eckstein holds part-time positions with the CHSD and the Health Services Research Group, University of Newcastle. Gary participates as a senior researcher developing projects in health demography, undertaking

sophisticated statistical analyses and managing large data sets.

Source of funding: external

Alan Owen, Senior Research Fellow (Community Care Research)

Alan Owen's full-time position is externally funded (0.25 from NSW infrastructure and 0.75 from project-based funding). His research includes work on disability and aged care, post-acute care outcomes, mental health and community health.

Source of funding: external

Robert Gordon, Senior Research Fellow (Financial Management)

Robert Gordon's full-time position supports several research projects, particularly in classification development, clinical benchmarking and outcome measurement. In addition, Rob undertakes the financial management of the Centre.

Source of funding: external

David Perkins, Senior Lecturer

Dr David Perkins is a Senior Lecturer in the Graduate School of Public Health responsible for the Masters programs in Health Policy and Health Management. His current centre activities include the Coordinated Care Trial evaluation, the development of the Mental Health Integration Project, and a collaborative project with the Illawarra Division of General Practitioners designed to develop a local research capability and improve the quality of primary care in the region.

Source of funding: 0.8 Graduate School of Public Health and 0.2 external

Heather Yeatman, Senior Lecturer

Dr Heather Yeatman joined the Centre in 1998 but continues her role in the Graduate School of Public Health. Her role there includes teaching, the supervision of postgraduate students and participation in major research projects. Within the Centre, Heather will have a key role in work on healthy public policy, with a specific focus on food policy.

Source of funding: Graduate School of Public Health

David Cromwell, Research Fellow (Operational Research)

David Cromwell currently holds a UPA(I) Scholarship to complete his PhD research in the Centre. Prior to being awarded the scholarship, David's full-time position was externally funded. David provides the Centre with expertise in operational research and supports research on health service delivery and financing. He will be returning to his externally funded position when his PhD is submitted (2000).

Source of funding: external

Janette Green, Research Fellow (Applied Statistics)

Janette Green's full-time position supports projects in classification development, benchmarking and outcome measurement. She provides the Centre with expert statistical skills.

Source of funding: external

Karen Quinsey, Research Fellow

Karen Quinsey is currently on secondment from the Illawarra Area Health Service and is working on the evaluation of the Coordinated Care Trial. She also is working at Southcare Aged and Extended Care Service advising on

improvements to their management and information systems and Occupational Health and Safety issues.

Source of funding: external

Dave Fildes, Research/Administrative Assistant

Dave Fildes is the Centre's full-time administrative and research assistant. He is the public face and front-line of the CHSD and also advises on the use of the SNAPshot software. He is externally funded using NSW Health Infrastructure funding.

Source of funding: external

Allison Aylward, Research/Administrative Assistant

Allison Aylward is the Centre's part-time administrative and research assistant and manages the Centre's finances. She is externally funded using project funding.

Source of funding: external

Lorna Tilley, Research/Administrative Assistant

Lorna Tilley supports the Australian Health Outcomes Collaboration and is externally funded.

Source of funding: external

Linda Adamson, Research Fellow (Consumer Research)

Linda Adamson worked on the evaluation of the Coordinated Care Trial. Her research interests included self-management strategies, chronic disease, complementary medicines and medical licensure.

CHSD Research in 2000: Description of main research projects organised by themes

The CHSD has found itself offered more research that it can undertake in recent years and so has identified a number of themes, which represent its core competence. These themes are used to determine which research areas are pursued and which have to be passed to others within the University or, where necessary skills are not available, encouraged to be pursued elsewhere.

The themes are:

- [Casemix classification across settings](#)
- [Health and Community Care Financing](#)
- [Care Coordination](#)
- [Health Service Delivery and Organisation](#)
- [Management Decision-Making](#)

Projects tend to fall across boundaries but have been placed in one category for convenience.

The Australian Health Outcomes Collaboration and the provision of core infrastructure funding are important foundations to the Centre's research and development work on these themes.

1. Casemix classification across settings

The Centre's beginnings were in developing casemix classification systems. An understanding of the cause of variation in health system activities and outcomes is essential to sound management decision-making.

One of our guiding assumptions has been that a system for describing client variation is fundamental to understanding outcomes. In research terms, we must be able to control for one type of cause of variation (the client mix), in order to understand the other (differences in activities and outcomes).

The Centre's work led to the development of a national classification of Sub-Acute and Non-Acute patients (AN-SNAP Version 1), which is being adopted by a number of State health authorities as the basis for their information systems and funding models. In 2000 the Centre's work on rehabilitation outcomes and classification systems extended earlier studies into the private rehabilitation sector.

In mental health our work has built on the national classification and service costs study (MH-CASC) and has involved developing useful tools for the evaluation of local models of improved care.

In community and primary care we have been involved in developing various building blocks for a more systematic approach to understanding variation in these complex and inter-related sectors. There is growing demand for assessment tools and classification systems that can help us better understand how continuity of care works and how clients living in community settings might be more adequately described.

There is much to be done in this field, in both basic research and in applications and implementation issues. The development of technical tools and their application across settings is a continuing process, and the Centre is attracting increasing interest in its long-standing research work in this area.

2. Health and Community Care Financing

NSW Health sponsored two major reviews of the health system in the year 2000, represented by the Health Council and Rural Health Services reports. A major feature of this changing landscape was the introduction of episode funding models in different areas, an area where the centre has particular expertise.

In 2000 the Centre provided preliminary advice on the design of NSW Emergency Department and Intensive Care 2001/2002 funding models, and the lessons from the SNAP implementation and software for the introduction of episode funding in community health.

In rural health we continued work on the Flexible Rural Health Services Program, examining the data collected by Multi-Purpose Services and producing a model for the identification and examination of benchmark costs. Funds pooling is a major feature of these more flexible approaches. The technical work undertaken by the Centre in this area for the design and evaluation of coordinated care and mental health projects has proved useful to those contemplating its wider application.

3. Care Coordination

The completion of the evaluation of the Commonwealth's Illawarra Coordinated Care Trial was a major piece of work for the Centre in 2000. Round 2 of the trials was being planned in 2000, and CHSD has worked with the local consortium in the design of the Care Connect Illawarra trial and has submitted an expression of interest in the state evaluation of NSW trials in partnership with the University of NSW. We also supported the planning of the Mid-North Coast Aboriginal Trial.

Mental Health Integration Projects continued in 2000 under the auspice of the National Mental Health Strategy. As the National Design Team, the CHSD worked for the Commonwealth and key stakeholders in developing projects in Melbourne, Illawarra, and Far West New South Wales in Stage 1, and projects are expected to begin under Stage 2 in other States in 2001. The MHIP National Reference Group guides the Centre's work in this area.

The Murrumbidgee Division of General Practice engaged the Centre to assist them in developing a project in Palliative Care. The project addresses the question 'Can the National Palliative Care Strategy work in a rural area?' The evaluation of this project, in collaboration with the University's Institute of Social Change and Critical Inquiry within the Faculty of Arts, is expected to be completed over 2 years.

4. Health Service Delivery and Organisation

A major piece of work in 2000 was the Victorian Mental Health Outcomes Project, completed in collaboration with the University of Melbourne, the Illawarra Institute of Mental Health and Victorian-based independent researchers. This project concerned the introduction of routine outcome measurement in mental health.

The ACT Cross Border Service Utilisation Study was an extension of the work done in northern NSW on the use of emergency and outpatient services by residents of different jurisdictions. It was jointly commissioned by the ACT Department of Health and Community Care, and the NSW Department of Health.

The centre designed a national evaluation framework for a series of Commonwealth projects based on Kate Lorig's Stanford-based chronic disease theories. The Shared Health Care Projects, originally called chronic disease self-management projects, were expected to commence in a series of local settings in 2001.

5. Management Decision-Making

Work began in 2000 on a number of related projects, which we expect to be completed in 2001. These included the development of agreements with the Illawarra Area Health Service and the Illawarra Division of General Practice to formalise the advice and technical support the Centre provides on an ongoing basis, as well as specific projects.

A study on Small Areas Statistics Research addresses the use of novel statistical approaches to health needs analysis, planning and resource allocation, working with staff from the University of Wollongong's School of Mathematics and Applied Statistics in the Faculty of Informatics.

The 'General Practice Epi-Beacon' study, with the Graduate School of Public Health and the Illawarra Division of General Practice, was funded by the General Practice Branch of the Commonwealth in 2000. It examines the use of epidemiological information collected routinely by GPs through clinical management software.

6. Australian Health Outcomes Collaboration

AHOC is part of the Centre for Health Service Development at the University of Wollongong but is located with the Clinical Health Outcomes Centre and the ACT Epidemiology Unit in Canberra. AHOC is completely self-funded and its role is to:

- disseminate information about health outcomes research,
- maintain a database of health outcomes projects and instruments,
- provide advice on the selection of measures for health outcomes assessment,
- provide health outcomes education and training,
- organise national and international conferences and seminars on health outcomes and
- distribute measures and instruments used in health outcomes assessment.

7. Core and Infrastructure funding

NSW Health provides a research infrastructure grant to support our activities and enable an active contribution to the policy process, as well as advice and support on technical issues and the development of research projects both locally and at State and national levels.

The University of Wollongong funds the equivalent of 0.45 a salary. This is made up of 0.25 FTE for Professor Kathy Eagar 0.2 FTE for Dr David Perkins. All other salaries are funded from project funding or from NSW Health infrastructure funding.

The goal of the CHSD is to make a significant contribution to improving the funding and delivery of health services in Australia. Our new

advisory committee, to be established in the first half of 2001, will be made up of academic and industry representatives and will help us review our activities and provide valuable outside advice on trends and policy directions. In applying a broader and strategic view to our own work program, the Centre will be assisted to address the themes developed in our previous annual reports.

The framework of research themes, infrastructure support and outside advice helps set our overall direction. This then enables our sponsors to identify areas where the Centre may be of assistance, and in so doing attracts research to the Centre that maintains and develops our expertise and skills in these overall strategic directions.

CHSD Research in 2000: Description of projects and associated outputs

Project List 2000

1. ACT Cross Border Service Utilisation
2. Classification of Community Care
3. Care Net Illawarra Coordinated Care Trial Evaluation and Phase 2 planning.
4. Design of the national evaluation of Chronic Disease Self Management Projects
5. Measuring functional dependency in Home and Community Care clients
6. Design of National Demonstration Projects in Mental Health Integration, national evaluation framework and Phase 1 and Phase 2 planning
7. Multi Purpose Services Minimum Data Set and Benchmark Costs project
8. Private Rehabilitation Research Project Phase 2
9. Sub-acute and Non-acute Care Project (SNAP)
10. Victorian Mental Health Outcomes Project
11. Australian Health Outcomes Collaboration

1. ACT Cross Border Service Utilisation

The CHSD conducted research using data from two hospitals in the ACT and 15 hospitals in NSW, between March and June 1999. The purpose of the study was to provide an independent analysis of cross border emergency and outpatient services undertaken between the ACT and NSW. The final report was produced in January 2000.

Data on community health activity are not currently collected in a way that would allow for an analysis of cross-border flow, so these were excluded from the study. The inclusion of community health activity would require prospective data collection like that described in earlier studies in northern NSW in 1997 and 1999. Ways of examining this issue are described in last year's annual report.

In total, \$36m in ambulatory hospital-based care was costed in the study. A set of 14 recommendations set out the implications of the findings for the sponsoring departments.

Health system outcome:

Key findings from the ACT/NSW Cross Border Service Utilisation were incorporated in the cross-border purchasing agreement between the ACT and NSW.

Associated report:

Gordon R, Green J, Eagar K (2000). Cross Border Flow over the ACT/NSW Border – a State of Origin Study into Emergency and Outpatient Services. Centre for Health Service Development University of Wollongong.

2. Classification of Community Care

This research was mainly carried out in 1999 and its implications and refined versions of the final report continued to be discussed by the co-sponsors of the project – the NSW Ageing and Disability Department (ADD) and the NSW Health Department in 2000.

The purpose of study was to investigate the need for a single classification instrument for community care and support in NSW and advise on the feasibility of its introduction. The secondary purpose, and the subject of further work with the Departments, was to propose a strategic framework for the development, testing and implementation of the necessary tools.

The Centre's earlier survey work in the Northern Rivers Area showed that a minimal number of systematic descriptions and comparisons of community health and community care clients and activity was difficult but possible. In NSW, community care programs fund a range of different non-institutional, and to some extent substitutable service types. Because of the large number of separate funding programs, each with their own accountability and reporting requirements, arriving at a manageable set of data that can describe community health and community care will always be a complex task.

We reviewed 32 relevant classification instruments and projects on community care and support needs. The aim of the review was to highlight the pros and cons of the different approaches tried to date.

The project tested the feasibility of a single classification instrument and proposed an incremental way forward, over several 'generations', starting with five client types.

Health system outcome:

A building block in the longer-term development and implementation of classification methods in community care.

Associated reports, publications, papers:

Eagar K, Owen A, Quinsey, K, (1999) Developing a Classification of Community Care and Support Services' Consumers in NSW. Centre for Health Service Development, University of Wollongong.

Eagar K, and Owen A (2000). An Evolving Approach to Client-Based Classification and Performance Indicators in Community Health and Community Care. Centre for Health Service Development, University of Wollongong. Working Paper 3.

3. Care Net Illawarra Coordinated Care Trial Evaluation

This Trial aimed to assess whether actively coordinating the care of frail elderly clients improves their overall health status, while costing a similar amount.

During 2000 the evaluation research reports that make up the final evaluation of the Illawarra Coordinated Care Trial were completed. These will form the basis of a series of peer-reviewed journal articles and book chapters from 2001. We also helped in local planning for the next phase of the Trial, based on the evaluation results in the mid term and final reports.

Health system outcome:

The evaluation of the Care Net Trial provided qualitative and quantitative evidence on the effects of funds pooling and implementing a care coordination model. These results provide important lessons locally and have implications more broadly. At the local level, the findings formed a key source of information in the design of a subsequent trial.

Associated reports, publications, papers:

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Illawarra Coordinated Care Trial – what it was and how it was managed. Report 1 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN 0 86418 616 9

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Intervention. Report 2 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 622 3

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) Care Coordination in the Care Net Trial. Report 3 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for

Health Service Development, University of Wollongong. ISBN Number 0 86418 628 2

Cromwell, D. The Use of IT in the Care Net Trial. Report Number 4: of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 629 0

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) Client Experiences in the Care Net Trial. Report 5 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 635 5

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – Impact on General Practitioners. Report 6 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 641 x

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – Impact on Health and Community Care Providers. Report 7 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 647 9

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – Impact on the Wider System. Report 8 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 653 3

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – Value for Money? Report 9 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 659 2

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – The Evaluators Conclusions. Report 10 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 665 7

Lessons in Coordinated Care

We took our research findings about care coordination to the Health Outcomes Conference held in Canberra 2–3 August and the Australian College of Health Service Executives' annual conference at stadium Australia in Sydney in June. The Conferences provided a forum for the exchange of ideas and experiences by health services researchers, policy analysts, administrators and decision-makers.

At the more local level the lessons from the evaluation of coordinated care were used to assist in the planning for a possible second round of the Trials in the Illawarra, called 'Care Connect', and an Aboriginal trial on the Mid-North Coast.

Associated papers, presentations and reports:

Cromwell, D (2000). Illawarra Care Connect: Fund Pool Methodology, Centre for Health Service Development, University of Wollongong.

Eagar K (2000) Health Outcomes: Best Bets and Best Buys. Opening Address of the

Health Outcomes for the Nation: Best Bets and Best Buys Conference. Australian Health Outcomes Conference, Canberra August 2000, ISBN 0957776713.

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) Illawarra Care Connect – The Illawarra Coordinated Care Trial Model of Care: defining consumer needs, community care interventions and care packages. Centre for Health Service Development, University of Wollongong.

Owen A, Perkins D, Eagar K, Adamson L, Quinsey K, Harvey R and Green J (2000) Illawarra Care Connect: Evaluating the Illawarra Care Connect Trial. Centre for Health Service Development, University of Wollongong.

Perkins D & Owen A (2000) Controlled trials of service systems – what can we control and what variation can we measure? Conference Proceedings, Health Outcomes for the Nation: Best Bets and Best Buys, Australian Health Outcomes Conference, Canberra, August 2000, ISBN 0957776713

Perkins D, Owen A, Eagar K, Adamson L, Quinsey K, Harvey R and Green J (2000) Illawarra Care Connect: Illawarra Coordinated Care Trial: Organisation and Management. Centre for Health Service Development, University of Wollongong.

Perkins D & Owen A (2000) Learning from Coordinated Care Trials. Australian College of Health Service Executives National Congress: Choices for Health Care in the New Millennium, Stadium Australia, Sydney June, 2000. Accepted for publication.

4. Design of the national evaluation for the Chronic Disease Self Management Program

The 1999 Commonwealth Budget provided funding for the Enhanced Primary Care Package, one component of which was the Chronic Disease Self-Management Initiative. The Centre was contracted by the Commonwealth Department of Health and Aged Care to develop the Evaluation Framework.

The Centre participated in the National Chronic Disease Self-Management Conference (31 July – 1 August 2000) as part of the preparation of a paper for stakeholders. The initiative was renamed the Sharing Health Care initiative and expressions of interest were called for projects to be funded. The evaluation framework was used to establish criteria for project selection.

The Sharing Health Care Initiative was intended to have the following components:

- A series of locally based projects to trial a number of service delivery models.
- Education modules and guidelines for GPs, allied health professionals, nurses and Aboriginal health workers on how to use self-management principles when working with patients.
- Accreditation guidelines for consumer self-management education courses.
- A database/website of accredited self-management/self-help programs.
- A communication strategy.

Health system outcome:

The evaluation model developed for the National Chronic Disease Self-Management/Sharing Health Care Program was adopted for national implementation.

Associated report:

Harvey R, Eagar K, Perkins D, Owen A, Sansoni J, Adamson L (2000) National Evaluation Framework for the Sharing Health Care Initiative. Centre for Health Service Development, University of Wollongong.

5. Measuring functional dependency in Home and Community Care clients

This nationally-funded research has grown out of earlier work in NSW on community care classification (see the 1999 Annual Report and associated publications). It has a finish date of May 2001 to coincide with the workplan and meeting cycle of the commissioning authorities – the steering committee of National HACC and Aged Care Officials.

The first stage completed in 2000 was a review of literature and current practice, a recommended set of forms for a screening tool and set of second-tier assessment instruments. The domains of function covered self-care, domestic, cognitive and behavioural attributes of clients. The recommendations for field testing and valuation research in stage 2 were accepted by the steering committee.

Empirical field testing and a final report will be completed in 2001.

Health system outcome:

None at this stage. The second and final stage will be completed in 2001.

Associated report:

Eagar, K., Owen, A., Cromwell, D., Poulos, R. and Adamson, L. Stage 1 Report of the HACC Dependency Data Items Report. 2000, Centre for Health Service Development, University of Wollongong.

6. Design of National Demonstration Projects in Mental Health Integration, National Evaluation Framework and Phase 1 and Phase 2 Planning.

The research and development agenda of the National Mental Health Strategy and the second National Mental Health Plan includes the aim of testing models for integrating private psychiatrist services and public sector mental health services, including the use of pooled budgets. Under this aim of the national strategy, the CHSD has been contracted to design the national evaluation strategy, work with local evaluators and project managers to build evaluation in from the planning stage and write guidelines for helping the projects achieve their objectives in line with the national strategy.

The team that has been brought together for the project is headed by Professor Kathy Eagar, and involves the CHSD working with Dr Michael Epstein (a private sector psychiatrist) and Associate Professor Philip Burgess (Mental Health Research Institute, university of Melbourne). The team has been

providing technical support to the areas selected for trialing the integration models.

The MHIP projects will continue into 2001/2 and the Centre's technical assistance has been used in drafting Tripartite Agreements (between local projects, State Health Authorities and the Commonwealth). We have a continuing brief to help design the local arrangements so that they are capable of being evaluated, and with careful attention to the incentives involved for all participants. The guidelines for the projects have been included on the Commonwealth's mental health website, as well as being published as a series of eight papers by the CHSD, as detailed in the 1999 Annual Report.

Phase 1 of the projects saw initiatives developed in NSW, Victoria and South Australia, not all of which successfully navigated the planning stage. Phase two sees the continuation of projects in Melbourne, Illawarra and Far West NSW, and new projects likely to develop in other States.

Health system outcome:

The first national demonstration project in integrated mental health went live in 2000 and a further two will commence in 2001. Each is being independently evaluated. The CHSD will continue as the national design team until at least 2002.

Associated reports and papers:

Owen A, Perkins D, Burgess P and Eagar K (2000) National Evaluation Framework for National Demonstration Projects in Integrated Mental Health Care. Centre for Health Service Development, University of Wollongong.

The MHIP discussion paper series contains the following papers:

- 1: Planning issues in designing national demonstration projects in integrated mental health.
 - 2: Issues in the establishment of the funding pool.
 - 3: Payment options for private providers.
 - 4: Payment options for public providers.
 - 5: Clinical issues and planning for patient care.
 - 6: Evaluation guidelines.
 - 7: Guidelines for managing the project in the live phase.
 - 8: MHIP is not Managed Care.
 9. Planning Guidelines
- <http://www.health.gov.au/hsdd/mentalhe/pubs/nihs.htm>

7. Multi Purpose Services Minimum Data Set and Benchmark Costs Project

Multipurpose services are part of the Flexible Rural Health Service Program in NSW. Small rural facilities incorporating pooled funding and co-located services, (inpatient, residential aged care and community services) are part of a stronger response to rural needs under the influence of the Sinclair Report on rural health services, published in 2000.

CHSD was contracted by NSW Health to assist in developing a minimum data set for multipurpose services and to propose a set of benchmarks, including benchmark costs. A field survey of MPS staff examined the issues from their perspective – multiple reporting requirements for small numbers of people, counting anomalies, overlap and duplication of data items.

The project used the Department's Rural Forum to get feedback on data items, and volunteers for a three-month trial of the

MDS, plus a benchmark costing exercise. The project was scheduled to end in December 2000.

Health system outcome:

None at this stage. The second and final stage will be completed in 2001.

Associated report:

Gordon, R (2000) Development of a Minimum Data Set for Multi Purpose Services: Flexible Rural Health Services Program. Centre for Health Service Development, University of Wollongong.

8. A national classification system and payment model for private rehabilitation services

This project was initially funded in 1999 through the National Private Rehabilitation Working Group to develop a recommended national classification and payment system for private rehabilitation services in Australia.

It involved a literature review, consultation with key industry stakeholders, an analysis of the public and private sectors, a statistical analysis leading to a recommended classification system and the development of a payment model.

Several important building blocks were recommended for a system that has built in incentives for rehabilitation.

These included a move away from only classifying programs to an approach that involves the classification of rehabilitation patients, and using the episode of care as the preferred level of reporting and purchasing.

The key issue in designing a new system is how to most fairly share the risks between purchasers, providers and consumers. As a result, this project recommends a classification that is setting specific because a single classification and payment system is not realistic and creates perverse incentives.

This work is of interest to the Centre because the payment model in the private sector is different and innovative, it is interesting statistically, has implications for the Commonwealth and for State government authorities, and involves recommended measures of outcome and function for rehabilitation settings.

Health system outcome:

The AN-SNAP classification developed by the CHSD was adopted as the national standard for private rehabilitation services and was implemented nationally on 1 July 2000. The proposed national payment model is being field-tested, with an independent evaluation due to report in 2001.

Associated reports, publications, papers:

Eagar, K (2000) The National Private Rehabilitation Project. Proceedings of the NSW Health Insurance Association Annual Conference, Sydney, March 2000

Green, J. (2000) SNAP-the Project and its Aftermath. Proceedings of the 15th Australian Statistical Conference, Adelaide, July 2000.

Green, J (2000) Cedar Court Non-Admitted Rehabilitation Service Trial - Preliminary Data Analysis. Centre for Health Service Development, University of Wollongong.

Green, J (2000) Sample Size for a Clinical Trial for Stroke Victims. Centre for Health Service Development, University of Wollongong.

Green, J (2000) Benchmarking of Allied Health Time Data. Centre for Health Service Development, University of Wollongong.

Gordon, R (2000) Brain Injury Rehabilitation Program: Review of Schedule of Fees. Centre for Health Service Development, University of Wollongong and Phillipa Milne and Associates.

9. Sub-Acute and Non-Acute Care Patients (SNAP)

The SNAP study was a three-year patient classification project conducted by the Centre between 1995 and 1998. In terms of the resources applied to gathering primary data, it was the largest casemix study carried out to date. The study captured extensive data for three months (and up to 6 months for spinal and brain injury patients) from a range of settings. It involved 104 hospitals and community health services, 14,742 staff and over 38,216 episodes of care, including 18,221 community episodes.

The Project's National Steering Committee and the Australian Clinical Casemix Committee recommended the adoption of AN-SNAP as a national classification to run in parallel with the DRG system.

SNAPshot Implementation

SNAPware, and its latest version SNAPshot, grew out of the data collection software developed for use in local settings as part of the SNAP study. As it develops through new versions, it has proven to be a very useful 'front end' to assembling related data on clients. Versions 3.2 and 3.3a were produced in 2000.

There are growing numbers of staff with experience in its use in aged care assessment, home and community care, as an addition to the client information and referral record, and as a way of integrating mental health and data on measures of function. These various applications are being explored in a number of pilot centres and other research studies.

Other Centre research projects such as those associated with the evaluation of coordinated care and mental health integration projects, the development of an MDS for multipurpose services, and work on assessment tools measures of function, are also influenced by developments in the SNAPshot software.

The most difficult issue in implementing AN-SNAP and its associated data collection tools, is how to refine and develop the current system for use in community settings. This issue is being explored further by the Centre in its NSW-based research on community care assessment and classification and research on measures of functional dependency.

A complete list of reports, publications and papers published in relation to AN-SNAP and its associated software is contained on the Centre's website.

Health system outcomes:

The different States have varied in their approaches to using the AN-SNAP classification. NSW has formally adopted the AN-SNAP classification and has a three year plan where by July 2001 all Areas will be expected to have a system to implement AN-SNAP in both their inpatient and their community services. Implementation in community settings relies on the arrival of a useable version of the expected CHIME software for community health that is linked to the Centre's SNAPshot software.

Implementation has also commenced in South Australia and Queensland. Other States continue to show interest in using the system, either for more detailed data collection on sub-acute and non-acute clients, or as part of a funding system. AN-SNAP is now the national standard for private sector rehabilitation.

Associated papers and reports:

Eagar K (2000) The State of Play in Contemporary Healthcare Payment Systems – Acute, Sub-Acute and Non-Acute Care. Proceedings of National Congress 2000 – Health Reform, Rhetoric or Evolution. National Congress of the Australian Healthcare Association, Adelaide, July 2000.

Eagar K (2000) Rehabilitation Classification and Funding. Proceedings of the 8th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine: Rehabilitation – New Millennium, Melbourne, August 2000

Green, J. (2000) SNAP-the Project and its Aftermath. Proceedings of the 15th Australian Statistical Conference, Adelaide, July 2000.

10. Victorian Mental Health Outcomes Project

This project, led by the CHSD, included a number of Victorian collaborators and team members from the University of Wollongong's Illawarra Institute for Mental Health. Its aims are to provide training and operational support for the introduction of outcome measures in adult area mental health services, to consult with consumers on self-assessment and outcome measurement, and to provide a framework for the analysis and reporting of outcome data.

Training material including workshops and an instructional video are part of Victoria's objectives to implement outcome measures on all patients seen by adult mental health services. The aim is to have in place the information systems to store, analyse and report on the data.

Health system outcomes:

The four Stage 1 agencies in Victoria successfully began the routine collection of health outcome data in 2001. Implementation throughout the rest of Victoria is expected to commence progressively from 2001. Implementation of routine mental health outcome measures in all other States and Territories is also expected to commence in 2001 as part of the National Mental Health Information Strategy. Negotiations are in progress to make the training materials, data collection protocols and data reporting model developed by the CHSD available for use across Australia. New Zealand will begin testing the same suite of measures in 2001.

Associated reports and presentations:

Earlier products included a 'Train the Trainer' workshop and video package.

Eagar K, Burgess P and Buckingham B (2000) Towards National Benchmarks for Australian Mental Health Services. Mental Health Research Institute, Melbourne.

Eagar K, Buckingham B, Coombs T, Trauer T, Graham C, Eagar L and Callaly T (2000) Outcome Measurement in Adult Area Mental Health Services: Implementation Resource Manual. Department of Human Services Victoria. ISBN 0 86418 648 7

Eagar K (2000) Best Bets for Mental Health: there's more to it than just cost. Health Outcomes for the Nation: Best Bets and Best Buys Conference. Australian Health Outcomes Conference, Canberra August 200, ISBN 0957776713.

11. Australian Health Outcomes Collaboration

The Australian Health Outcomes Collaboration (AHOC) has the following goals and functions:

- To disseminate information about health outcomes research;
- To maintain an active network of collaborators in health outcomes research;
- To maintain a database of health outcomes projects and instruments;
- To facilitate health outcomes research throughout Australasia;
- To provide advice on the selection of measures for health outcomes assessment;
- To provide health outcomes education and training;

- To organise national and international conferences and seminars on health outcomes; and
- To distribute measures and instruments used in health outcomes assessment

AHOC supports the Centre's research interest in the development of health outcome measures. The work of AHOC provides a base for the dissemination of useful measurement tools as well as the organisation of seminars and conferences.

CHSD manages the Australian Health Outcomes Collaboration and supports its conference and symposium agenda, as well as the distribution of tools for measuring outcomes, in particular the SF-36 instrument. AHOC is part of the CHSD but is located with the Clinical Health Outcomes Centre and the ACT Epidemiology Unit in Canberra.

Funding for the AHOC comes from project consultancies, training seminars and the revenue from the annual health outcomes conference. The 2000 conference, Health Outcomes for the Nation: Best Bets and Best Buys took place in Canberra in August 2000 and the proceedings are available on CD-ROM.

The Australian Health Outcomes Collaboration currently distributes the SF-36, SF-12, and CHQ instruments and their associated manuals and publications. An order form for these publications can be found on our web site at www.health.act.gov.au/epidem/ahoc.html.

Health system outcome:

The AHOC's dissemination of health outcome information and instruments is increasing the application of health outcome measures into routine clinical practice. The next section has a description of the Collaboration's conference and networking activities in 2000.

Associated reports, publications, papers:

Sansoni, J. and Tilley, L. Conference Proceedings, Health Outcomes for the Nation: Best Bets and Best Buys, Australian Health Outcomes Conference, Canberra, August 2000, ISBN 0957776713

Eagar K (2000) Health Outcomes: Best Bets and Best Buys. Opening Address of the Health Outcomes for the Nation: Best Bets and Best Buys Conference. Australian Health Outcomes Conference, Canberra August 2000, ISBN 0957776713.

Eagar K (2000) Best Bets for Mental Health: there's more to it than just cost. Health Outcomes for the Nation: Best Bets and Best Buys Conference. Australian Health Outcomes Conference, Canberra August 2000, ISBN 0957776713.

Education, Advice and Consultation

Health Outcomes for the Nation: Best Bets and Best Buys, Australian Health Outcomes Conference, Canberra, August 2000

This Conference was organised by the Australian Health Outcomes Collaboration (AHOC), Centre for Health Service Development, University of Wollongong, in conjunction with the Epidemiology Unit and Clinical Health Outcomes Centre of the ACT Department of Health and Community Care, and the Canberra Clinical School, University of Sydney. Three hundred and forty delegates attended the conference, which was held in Canberra on August 2–3, 2000.

AHOC has produced the Conference Proceedings on compact disk to provide delegates and other interested parties with rapid and direct access to both the papers and the visual presentations delivered at the conference (ISBN 0957776713). Readers seeking further information are encouraged to contact the relevant author(s) directly. Contact details for conference speakers and conference delegates are provided on the disk.

The Conference Proceedings are compiled and edited by Jan Sansoni and Lorna Tilley and published by the Australian Health Outcomes Collaboration. For further information or to obtain additional copies, contact:

The Australian Health Outcomes Collaboration c/- Epidemiology Unit, ACT Health and Community Care, GPO Box 825, CANBERRA, ACT 2601, AUSTRALIA Tel: (+61) 02 6205 0869

Email: Jan.Sansoni@act.gov.au

or

Allison Aylward/Dave Fildes, Centre for Health Service Development, University of Wollongong, NSW 2522, AUSTRALIA

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Email: chsd@uow.edu.au

NSW Health Council

The Centre's advice based in its research program has been used by NSW Health to assist in health financing reform. This role is expected as part of our responsibilities under the agreement for the infrastructure funding we receive from that source.

During 2000, strategic funding issues in NSW were related to the report of the NSW Health Council. Under the reform agenda, Area Health Services will be required to implement episode funding for acute inpatient services from 1 July 2000. But they will also be required to consider a clearer alignment between the funding provided and the expected levels of service delivery for the full range of services, and not just focus on acute inpatient care. During 2000 the Centre assisted the Department with advice and technical reports, presentations to committees and assisted in drafting guidelines for achieving those objectives.

Linking funding to standardised measures of output requires the implementation of agreed classifications for given services. There are good classifications for acute inpatients and emergency departments and a classification for sub and non-acute care is mid way through being implemented. However, classifications for other services

have not yet been implemented, and that is the field where CHSD is undertaking important work through various projects related to community care classification.

The Centre's primary research agenda is well suited to advance this set of funding reform strategies. The system needs to prepare for the roll out of classifications developed for the full range of services and the incorporation of these approaches in the mainstream funding models.

Illawarra Division of General Practice

The Illawarra Division of General Practice (IDGP) is an organisation that aims to support local General Practitioners. There are 229 GPs practicing in the Illawarra region. The IDGP is funded through the General Practice Strategy, Federal Department of Health and Aged Care.

In 2000 the IDGP used the CHSD's research expertise to facilitate the production of research bids and help in the evaluation of local health programs. The CHSD saw this as a way to facilitate local research in general practice and primary care, building on its existing track record in primary, community and sub-acute care.

An agreement between the CHSD and IDGP was signed in late 1999 to provide a firm basis to assist local projects and to assist in the development of a research culture and associated skills within the Division.

Illawarra Area Health Service

At the local level the CHSD is called on as outside technical consultants to review a service or carry out a survey, provide specific advice and make presentations to staff. The Centre contributes ideas on the broader level

of strategic planning to complement local or area management's necessarily more reactive and tactical viewpoint. Often more is needed in a local service system than just a one-off piece of research or a valid tool for a particular job.

These review projects or presentations also serve to keep the Centre's work "close to the ground", and allow for the testing of some of the Centre's ideas (particularly about the classification of clients) in collaboration with local service providers. Health service management is a complex endeavour and it has as much to do with population and environmental health, as it has to do with the use of health services.

To formalise the advice and consultation role provided to the IAHS, and to accommodate more specific strategic planning tasks, the Centre began discussions in 2000 towards placing CHSD's contributions clearly within a broader agreement with the University.

Data Clearinghouse Roles

When there are agreed national measures of function and outcome measures, there are then ways of making meaningful comparisons between services, such as those available from the (US) National Uniform Data Centre for Medical Rehabilitation.

During 2000 there were continuing discussions with the Australasian Faculty of Rehabilitation Medicine for moving in the direction of a data clearinghouse with an emphasis on outcome measures. Similar potential exists in mental health and community care services.

The clearinghouse role and data quality enhancement work that is taking place through the structure of the Centre is

evolving rapidly along with the available technology and industry requirements. There is growing demand in the health and community care industries for a technical role that includes research, acting as data custodian and manager of large data sets, working on cost data for benchmarking between services, and training trainers to promote the use routine outcome measures.

Health Informatics

In 2000 David Cromwell continued his PhD research designed to improve the management of waiting lists. In particular, his research aims to improve the accuracy of waiting list statistics so that they give greater assistance to surgeons, GPs and patients. He also worked on better ways to use GPs' routine clinical data for epidemiological purposes.

David's areas of expertise have also been used in the estimates of fund pooling contributions and the evaluation of the information management strategies and systems used in the Illawarra coordinated care trial. In 2000 this also included papers for planning the second round of coordinated care.

Education

The CHSD views education as a vital component of its core work. The demands placed on clinicians and health managers are great and the effectiveness of the health system is dependent upon the skills and knowledge of those who work within it. The Centre believes that it can assist in the development of health managers by providing relevant management subjects, and that feedback from these activities is helpful in maintaining the quality and focus of these activities.

The CHSD has a formal responsibility with the University of Wollongong to teach in the Graduate School of Public Health. It also aims to involve students in its research activities, and support the development of staff by encouraging them to attain higher degrees.

Staff provided a number of workshops over the year 2000 to health and community care professionals. These included workshops on approaches to costing health services, client assessment tools, care coordination, population planning tools, the development of indicative casemix classes for community health clients, and measurement tools and research issues in the study of health and community care outcomes.

Coursework for the University of Wollongong

The Centre has had a number of education responsibilities within the post-graduate program of the Department of Public Health.

Kathy Eagar teaches a post-graduate subject on health care planning and evaluation. Janette Green teaches survey design and analysis in the Department of Statistics. David Cromwell and Alan Owen assist teaching in public health, namely in the post-graduate statistics and in introduction to public health subjects. Alan Owen provides occasional lectures in public health. David Perkins and Heather Yeatman carry full teaching loads in the Graduate School of Public Health.

Advice and Consultation

The Centre has supported many departments and institutions by providing informal advice through brief consultations. These may have been provided through meetings or by phone, through workshops or committees.

During 2000 CHSD staff participated on a range of committees and were active in a number of associations and statutory bodies including:

Institute of Health Services Management
Australian College of Health Service Executives
Strategic Planning Society
Society for Social Medicine
Australia New Zealand Food Authority (ANZFA)

Complementary Medicines Evaluation Committee (CMEC),
Therapeutic Goods Authority (TGA)
Australian Consumers Association
Australian Public Health Association
Australian Council of Social Service
Aged Services Association (NSW)
NSW Council of Social Service
NSW Health Resource Distribution Formula Working Party
NSW Funding Implementation Committee
NSW Casemix Policy Standards Committee
NSW Research and Development Committee
NSW SNAP Implementation Committee
NSW Community Health Association
NSW Guardianship Tribunal
NSW Mental Health Review Tribunal
NSW Medical Board
NSW Medical Tribunal

CHSD Inputs in 2000: Funding

Project	Funding Source	Amount
2000 funding - Graduate School of Public Health (approximate)	University of Wollongong	\$75,000
2000 Research Infrastructure Grant	NSW Health Dept	\$150,000
ACT Cross Border Service Utilisation	ACT Dept of Health	\$22,535
Classification of Community Care	Ageing & Disability Dept NSW	\$30,000
Care Net Coordinated Care Trial Evaluation	Commonwealth Dept of Health and Aged Care	\$41,952
Design of the national evaluation of Chronic Disease Self Management	Commonwealth Dept of Health and Aged Care	\$56,581
Coordinated Care Trial Phase 2	Commonwealth Dept of Health and Aged Care	\$40,338
Measuring functional dependency in Home & Community Care clients	Commonwealth Dept of Health and Aged Care	\$29,304
Design of National Demonstration Projects in Mental Health Integration (Phase 1)	Commonwealth Dept of Health and Aged Care	\$60,000
Design of National Demonstration Projects in Mental Health Integration (Phase 2)	Commonwealth Dept of Health and Aged Care	\$48,524
Multi Purpose Services Minimum Dataset Project	NSW Health Dept	\$15,411
Private Rehab Research Project Phase 2	Commonwealth Dept of Health and Aged Care	\$31,818
Sub-acute and Non-acute Care Project (SNAP)	NSW Health Dept	\$172,813
Victorian Mental Health Outcomes Project	Victorian Department of Human Services	\$141,036
Australian Health Outcomes Collaboration	various sources	\$175,923
Total 2000		\$1,081,235

CHSD Outputs in 2000: Publications, Reports, Conference Proceedings, Abstracts and Seminars 2000

Conference Publications

- Cromwell, D. (2000) Waiting List Statistics: Are they More Than lies, Damned Lies? Conference Proceedings, Evidence Based Management in Health Care: A European Perspective, Perth, 2000.
- Eagar, K (2000) The National Private Rehabilitation Project. Proceedings of the NSW Health Insurance Association Annual Conference, Sydney, March 2000
- Eagar, K (2000) National Demonstration Projects in Integrated Mental Health Care - overview and developments. Proceedings of Looking Outward: Culture, Creativity & Psychiatry, the 35th Royal Australian and New Zealand College of Psychiatrists Congress, Adelaide, April 2000
- Eagar K (2000) The State of Play in Contemporary Healthcare Payment Systems - Acute, Sub-Acute and Non-Acute Care. Proceedings of National Congress 2000 - Health Reform, Rhetoric or Evolution. National Congress of the Australian Healthcare Association, Adelaide, July 2000.
- Eagar K (2000) Health Outcomes: Best Bets and Best Buys. Opening Address of the Health Outcomes for the Nation: Best Bets and Best Buys Conference. Australian Health Outcomes Conference, Canberra August 2000, ISBN 0957776713.
- Eagar K (2000) Best Bets for Mental Health: there's more to it than just cost. Health Outcomes for the Nation: Best Bets and Best Buys Conference. Australian Health Outcomes Conference, Canberra August 200, ISBN 0957776713.
- Eagar K (2000) Rehabilitation Classification and Funding. Proceedings of the 8th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine: Rehabilitation - New Millennium, Melbourne, August 2000
- Green, J. (2000) SNAP-the Project and its Aftermath. Proceedings of the 15th Australian Statistical Conference, Adelaide, July 2000.
- Morton H and Eagar K (2000) Health Benefits Groups/ Healthcare Resource Groups Framework: is it a Product Classification System or an Information Framework? Proceedings of the Twelfth Casemix Conference in Australia, Cairns, August 2000
- Nove T, Yeatman H, (2001) "One Health Service Attempts to Reorient Health Services: What were the Barriers? How were the Barriers Overcome? What was Learnt? " 12th National Health Promotion Conference, Melbourne, 2000, Abstracts p. 9.
- Perkins D & Owen A (2000) Controlled trials of service systems - what can we control and what variation can we measure? Conference Proceedings, Health Outcomes for the Nation: Best Bets and Best Buys, Australian Health Outcomes Conference, Canberra, August 2000, ISBN 0957776713
- Perkins D & Owen A (2000) Learning from Coordinated Care Trials. Australian College of Health Service Executives National Congress: Choices for Health Care in the New Millenium, Stadium Australia, Sydney June, 2000. Accepted for publication.
- Sansoni, J. and Tilley, L. Conference Proceedings, Health Outcomes for the Nation: Best Bets and Best Buys, Australian Health Outcomes Conference, Canberra, August 2000, ISBN 0957776713

Reports

Burgess P, Pirkis J, Buckingham B, Burns J, Eckstein G, and Eagar K (2000) Mental Health Needs and Expenditure in Australia. Mental Health Research Institute, Melbourne

Cromwell, D. Report Number 4: The Use of IT in the Care Net Trial. 2000, Centre for Health Service Development, University of Wollongong.

Cromwell, D (2000). Illawarra Care Connect: Fund Pool Methodology, Centre for Health Service Development, University of Wollongong.

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Illawarra Coordinated Care Trial – what it was and how it was managed. Report 1 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN 0 86418 616 9

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Intervention. Report 2 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 622 3

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) Care Coordination in the Care Net Trial. Report 3 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 628 2

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) Client Experiences in the Care Net Trial. Report 5 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 635 5

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – Impact on General Practitioners. Report 6 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 641 x

Eagar K, Owen A, Perkins D, Adamson L, Quinsey K, Harvey R and Green J (2000) The Care Net Trial – Impact on Health and Community Care Providers. Report 7 of the Final Evaluation of the Care Net Illawarra Coordinated Care Trial. Centre for Health Service Development, University of Wollongong. ISBN Number 0 86418 647 9

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CHSD Outcomes in 2000: Outcomes for the Health System

Like both the health and university sectors more broadly, we aim to measure our outcomes, and not just our outputs.

While conventional ways of disseminating the results of our work remain important, there is increasing recognition that producing and counting conventional academic outputs is not enough. This is particularly so in the health sector, where there is increasing evidence that the results of research rarely get translated into practice and that conventional ways of disseminating research findings (such as peer-reviewed journal articles) rarely reach their mark.

We are further developing our web-site and using it to disseminate the results of the work we do. But, more importantly, we are increasingly focusing on measuring the outcomes of the work we do. Implementation of our work is, for us, the measure of our success. The outcomes for 2000 included:

1. Key findings from the ACT/NSW Cross Border Service Utilisation were incorporated in the cross-border purchasing agreement between the ACT and NSW.
2. The evaluation of the Care Net Trial provided qualitative and quantitative evidence on the effects of funds pooling and implementing a care coordination model. These results provide important lessons locally and have implications more broadly. At the local level, the findings formed a key source of information in the design of a subsequent trial.
3. The evaluation model developed for the National Chronic Disease Self-Management/Sharing Health Care Program was adopted for national implementation.
4. The first national demonstration project in integrated mental health went live in 2000 and a further two will commence in 2001. Each is being independently evaluated. The CHSD will continue as the national design team until at least 2002.
5. The AN-SNAP classification developed by the CHSD was adopted as the national standard for private rehabilitation services and was implemented nationally on 1 July 2000. The proposed national payment model is being field-tested, with an independent evaluation due to report in 2001.

6. NSW has formally adopted the AN-SNAP classification developed by the CHSD and is midway through implementation. Implementation has also commenced in South Australia and Queensland. Other States continue to show interest in using the system, either for more detailed data collection on sub-acute and non-acute clients, or as part of a funding system.
7. The four Stage 1 agencies in Victoria successfully began the routine collection of health outcome data in 2001. Implementation throughout the rest of Victoria is expected to commence progressively from 2001. Implementation of routine mental health outcome measures in all other States and Territories is also expected to commence in 2001 as part of the National Mental Health Information Strategy. Negotiations are in progress to make the training materials, data collection protocols and data reporting model developed by the CHSD available for use across Australia. New Zealand will begin testing the same suite of measures in 2001.
8. The AHOC's dissemination of health outcome information and instruments is increasing the application of health outcome measures into routine clinical practice.

Plans for 2001

- I. Advice on the planning and evaluation of proposed second round NSW Coordinated Care Trials.
- II. Using the coordinated care databases and further analysis of data on measures of functional dependency.
- III. Technical assistance in the implementation of the private rehabilitation services classification and payment model.
- IV. Continuation of technical design role in the National Demonstration Projects in Integrated Mental Health.
- V. SNAPshot and AN-SNAP implementation in several States. Further pilot studies of the use of these tools in community settings.
- VI. Further work on NSW Health's Multi Purpose Services minimum data set design and estimates of benchmark costs.
- VII. Advice to NSW Health on the technical detail of the Health Council's implementation of the episode funding model, including emergency department services and intensive care.
- VIII. Development of population weights for community health for inclusion in the NSW Resource Distribution Formula.
- IX. Health financing advice and mental health information strategy – New Zealand.
- X. Implementation advice including the design of pilot studies and evaluation strategies arising from the NSW Community Care Classification study.
- XI. Work with the Australasian Faculty of Rehabilitation Medicine in establishing a National Benchmarking Centre for Medical Rehabilitation.
- XII. Community Health Product Classification and Information Systems Design, Northern Territory.
- XIII. Design of tools for capturing initial needs information for primary care services in Victoria.
- XIV. Guidelines for best practice in the analysis and reporting of statistical and epidemiological information for small geographic areas.
- XV. Advice to the Illawarra Area Health Service on statistical, operational and health systems issues.

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