



2001 ANNUAL REPORT

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Centre for Health Service Development



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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.

Director's Report 2001

We have presented this year's Annual Report in a format that is consistent with the themes we have developed over the Centre's lifetime. And we have 'pushed the envelope' a bit as well.

2001 represented an important year in the life of the CHSD. Now in our 8th year, and after a difficult year in 2000, we decided to continue our core work but take on fewer externally funded projects in 2001. 2001 would be a year to consolidate our work to date, to resolve our position within the university, to complete a number of outstanding publications, and to strengthen our research agenda and direction for the future. I am delighted to report that, by the end of 2001, we had achieved what we set out to do.

Casemix classification across settings, health and community care financing, service delivery and organisation issues of integration, care coordination and the relationships between health needs, health system outputs and consumer health outcomes remain our main research areas. The projects conducted in 2001 reflect these themes and represent new and sometimes different 'building blocks' of research that also help to set our direction for future work at CHSD.

As its overall goal, the CHSD continues in its aim to make a significant contribution to improving the funding and delivery of public and private health and community care services in Australia. The themes also reflect the fact that the health and community care industry recognises our strengths in specific areas.

This recognition has grown as a result of the Centre having a coherent research agenda, and delivering useful products.

In 2001, this aim involved continuing work in outcome measurement tools and how they can be implemented. Evaluating mental health integration projects, as well as continuing to plan for a rehabilitation outcomes clearinghouse role, were part of this theme. We also provided technical advice on the evaluation and planning of chronic disease self-management strategies and shared care, and started to evaluate a rural palliative care project, which grew out of our work on care coordination involving GPs.

Some challenging work in 2001 grew out of our themes of improving management information tools and using these as building blocks in casemix development. Late in 2000, we were asked by national Home and Community Care and Aged Care Officials to develop a national approach to the measurement of function. We are now seen as the national experts in this type of work, involving literature reviews, instrument design and evaluation. By the end of 2001, we were expecting to be given the opportunity to continue this work through projects in SA and NSW, as well as Victoria.

As well as this developmental work, the Centre continued to advise on the implementation of the AN-SNAP (sub-acute and non-acute) casemix system.

Supporting the SNAP software (now called *SNAPshot*) remains a strong commitment of the Centre, as does promoting the results of this work in the private health care and rehabilitation sectors.

The Centre has a consistent and strong interest in informatics and community health information tools. At the local level, the Centre's advisory role included community transport classification, general medical practice research and various issues of funding and strategic concern to the Illawarra Area Health Service, and its many and varied facilities and services.

Within the University, 2001 signified an important milestone with a decision in late 2001 that the Centre will move from the Faculty of Health and Behavioural Science to the Faculty of Commerce in 2002. This move is an exciting one for the CHSD and reflects the reality that the Centre's links have always been stronger across faculties than within any one faculty.

Commerce, with its expertise in areas such as management, information systems and health economics, is a logical home for the CHSD. At the same time, we expect that our working relationships within the Faculty of Health and Behavioural Sciences, with the Faculty of Arts (especially the Institute for Social Change and Critical Inquiry) and the Faculty of Informatics (especially the School of Mathematics and Applied Statistics) will continue and be strengthened by our move to Commerce.

At the time of writing, discussions are continuing with a view to the CHSD becoming an inter-faculty research and development centre managed within the Faculty of Commerce.

This position would allow the Centre to strengthen its strategic partnership arrangements with the Faculty of Informatics and the Institute for Social Change and Critical Inquiry.

CHSD also has strong research links outside the University of Wollongong, particularly with Newcastle, UNSW, La Trobe and Melbourne Universities. The Melbourne-based Mental Health Research Institute (MHRI) is a partner that shares the CHSD interest in data and classification issues, particularly where aged care and psychiatry overlap. The MHRI is also closely involved in the mental health integration projects and training in the use of the nationally agreed mental health outcome measures.

We continue to have strong connections to influential industry partners, particularly government authorities and area health services, but also with non-government organisations (ACOSS and NCOSS), local government and industry groups like the Australian Healthcare Association, the NSW Aged and Community Services Association, private provider and health insurance groups.

The strength of our relationship with the health sector was evidenced by an invitation for me to participate as one of Australia's two academic representatives at an OECD conference in Ottawa, Canada, in November 2001. The Australian delegation, led by the head of the Commonwealth Department of Health and Aged Care, consisted of 9 participants representing the perspectives of the key constituencies in the health system, including health systems managers, providers, academics, and a consumer representative.

The purpose of the 'Measuring Up: Improving Health Systems Performance in OECD Countries' conference was to:

- learn about best practices in, and challenges to, health system performance measurement in OECD countries;
- share experiences about how the main constituencies - citizens, providers, governors and managers - can best work together to use performance measures to improve health systems; and
- contribute to the launching of the OECD's health program.

For me, attending this important international meeting was one of the highlights of 2001 but, more importantly, it also reflected on the reputation that the CHSD has in the broader health sector. This reputation is not based solely on our research work but also on our contributions more broadly including help with project proposals and reports, commissioned papers, presentations at conferences, help with instruments and information systems design, policy advice and strategic planning sessions.

The Centre continued its management of the Australian Health Outcomes Collaboration during 2001 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 previous years, we can report that the demand for the Centre to provide technical advice and help initiate strategic projects has grown. Systems for data management, tools for benchmarking, and practical input to education, training and certification activities are the products that people are looking for.

Various strategies for developing more durable structures to support this level of activity have been strengthened by the research and development agenda we have at the Centre.

We are interested in the set of related questions of equity, fairness and sustainability in the distribution of resources. We have been looking at the available 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.

Classifying clients and measuring service use, needs and costs, are interesting problems in themselves. But they are mainly about getting better, fairer and more reliable and sustainable ways to allocate resources.

The CHSD team

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

In 2001 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)
- 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 honorary fellows and affiliates who collaborate with us on specific research projects and play a key role in forging links between the CHSD and the health industry. Honorary fellows and affiliates in 2001 included Dr Roslyn Poulos, Mr Tim Coombs, Dr Philip Burgess, Dr Tom Trauer, Ms Carla Cranny, Dr Michael Epstein, Mr Alan Hodgkinson, Mr Bill Buckingham, Ms Carolyn Graham and Dr Tom Callaly.

Current members of the Centre provide a wealth of experience and expertise, and the contacts necessary to involve clinical expertise across numerous specialties 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.

The CHSD Advisory Committee

In 2001, the CHSD Advisory Committee was formed to provide an outside perspective on the work we do, and to help various industry partners stay informed of our research agenda. As well as the Director, representatives of the Centre staff and honorary fellows, the CHSD Advisory Committee includes:

- Ms Tineke Robinson, Director of Health Services Development, Illawarra Area Health Service
- Dr Chris Poulos, Director of Aged and Rehabilitation Services, Illawarra Area Health Service
- Professor John Bern, Director, South East Arnhem Land Collaborative Research Project and Director, Institute for Social Change and Critical Inquiry
- Mr Paul Sadler, CEO, Aged & Community Services Association (NSW)
- Mr Dan Hook, Australian Health Management Group
- Professor David Steele, School of Mathematics and Applied Statistics and University of Wollongong Representative
- Dr Michael Fine, School of Sociology, Macquarie University
- Professor John Glynn, Dean of Commerce.

In late 2001, the CHSD Advisory Committee (AC) resolved that a CHSD Consultative Committee (CC) should be established as a sub-committee of the Advisory Committee. This will occur in early 2002.

While the AC meets once a quarter, the CC will meet on a more regular basis and focus on operational and project-level issues. It will include both IAHS and university representatives as part of various formal agreements. As a sub-committee of the Advisory Committee, it will have some overlap of membership to help integrate the local project learning into the broader agenda.

Acknowledgments

The CHSD gratefully acknowledges the continuing support of the University of Wollongong in 2001. Particular thanks are due to Professor Gerard Sutton, Vice-Chancellor and to Professor John Glynn, Dean of the Commerce Faculty, for facilitating our planned move to Commerce in early 2002.

Without our continuing good relations with local agencies, we would have difficulty being useful. Ms Tineke Robinson, Dr Chris Poulos and Dr Tony Sherbon of the Illawarra Area Health Service, Ms June Williams from the Department of Ageing, Disability and Home Care and Mr Andrew Dalley from IDGP, all deserve our thanks. They continue to ground our activities by their continuing contact over a range of local health system and community care issues.

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

My personal thanks also go to Mr Dermot Casey, Mr Mick O'Hara, Ms Suzy Saw, Mr Warwick Bruen, Ms Shona McQueen and Ms Katherine McHugh at the Commonwealth level. At the State level, my thanks go to Mr Andrew Clark at the NSW Department of Ageing, Disability and Home Care and Mr Jim Pearse, Mr Rick Sondalini and Ms Bronwyn McNamara at NSW Health for their support of our work.

As Director of the CHSD, my thanks primarily go to the CHSD team for their personal support and excellent work in the year 2001. As a team, we are moving into 2002 with a clear agenda and with energy and enthusiasm for the year ahead.



Professor Kathy Eagar
Director

CHSD Research in 2001: Description of research and development projects and associated outputs

Active Research Projects in 2001

Australian National Sub-Acute and Non-Acute Care Patient classification (AN-SNAP)

Private sector rehabilitation payment model (Phase 2)

Australasian Rehabilitation Outcomes Centre

Design of the national evaluation of Chronic Disease Self Management

Sharing Health Care (Stage 2 of Chronic Disease Self Management)

Griffith Area Palliative Care Service (GAPS)

Victorian Mental Health Outcomes Project

Development of a national measure of function for the Home and Community Care Program

Victorian Better Access to Services (BATS)

Design of National Demonstration Projects in Mental Health Integration (Phase 2)

IAHS Planning Agreement

GP Epi-Beacon

Review of 2nd tier benefit levels for private hospitals' inpatients

Evaluation of IDGP Consumer Consultation Mechanisms

Design of the NSW funding model for emergency department (ED) and intensive care (IC) services

Community health classification

Lessons in Coordinated Care

Australian Health Outcomes Collaboration

AN-SNAP and SNAPshot

AN-SNAP has been part of the core business of CHSD since 1996 and has generated over \$2 million in research funding since its inception. AN-SNAP is now a national classification running in parallel with the AN-DRG system. It involves ongoing work for the Centre as software collecting patient data is constantly being updated and developed. The Centre receives financial help to support this process from NSW Health.

SNAPshot and AN-SNAP Implementation

The different States have varied in their approaches to using the AN-SNAP classification. NSW has formally adopted it and has a three year implementation plan. Implementation in community settings is complex and it is expected eventually that AN-SNAP will be built into a version of the CHIME software for community health. Implementation of AN-SNAP has been accelerated in the past twelve months by the appointment of a full-time AN-SNAP coordinator in the Health Department.

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 classifying and reporting on patients in the private rehabilitation sector.

Why AN-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.

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. It is a useful 'front end' to assembling related data on clients. Versions 3.2 and 3.3a were produced in 2000, and Version 3.4 in 2001.

There are growing numbers of staff with experience in using AN-SNAP in hospitals and in other rehabilitation settings, aged care assessment, and home and community care.

SNAPshot is being adapted to act as an addition to the CHIME system and as a client information and referral record. In addition to collecting AN-SNAP data, *SNAPshot* also includes a system to collect mental health measures and data on measures of function. These various applications are being explored in a number of pilot centres and other related research studies.

Other Centre research projects such as those associated with the evaluation of palliative care, mental health integration projects, the development of an MDS for multipurpose services, and work on assessment tools and 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 forms an ongoing work agenda for the Centre.

The extended role of *SNAPshot* is being explored further by the Centre in its NSW-based research on community care assessment and classification and research on screening tools, including for 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 outcome

NSW Health has formally adopted the AN-SNAP classification and is making progress with implementation, which 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.

Private sector rehabilitation payment model (Phase 2)

In August 1999, the Commonwealth DHAC and the National Private Rehabilitation Working Group (PRWG) commissioned the CHSD to develop a national classification and payment system for private rehabilitation services in Australia.

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

The key issue in designing a new system is how to most fairly share the risks between purchasers, providers and consumers. As a result, the study recommended a classification that is setting specific because, when we modelled the effects, a cross-setting classification and payment system created perverse incentives.

The elements of a system that has built-in incentives for rehabilitation include 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.

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 outcomes and function for rehabilitation settings.

Associated publications in 2001

Eagar K, Gordon R and Green J (2001) *The National Private Rehabilitation Project and the Australasian Rehabilitation Outcomes Centre – the next stage of the journey*. Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra

Eagar K, Gordon R and Green J (2001) *Designing a Classification and Funding Model for Private Sector Rehabilitation Services*. Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Health system outcome

The AN-SNAP classification developed by the CHSD was adopted as the national standard for private rehabilitation services. The proposed national payment model was field-tested, with an independent evaluation report recommending that it be adopted as the national standard and be implemented nationally.

Australasian Rehabilitation Outcomes Centre (AROC)

The Australasian Rehabilitation Outcome Centre (AROC) is a joint initiative of the Australian rehabilitation sector (providers, funders, regulators and consumers) and, in 2001, planning for its establishment in 2002 was completed. With the support of the rehabilitation sector, AROC is to be established by the Australasian Faculty of Rehabilitation Medicine (AFRM) of the Royal Australasian College of Physicians (RACP) and the CHSD. An AROC Planning Group, consisting of representatives from across the sector, worked together during 2001 to plan for the establishment of AROC as a not-for-profit self-funding organisation. The AFRM will be the data custodian of the AROC data set and has appointed the CHSD to manage the AROC data set on its behalf and to undertake the day to day management of AROC.

There are approximately 150 rehabilitation units in Australia and the goal is for all of them to be submitting data to AROC by the second year.

Other positives to come out of the AROC project in 2002 are likely to include a clearer understanding of the potential for this approach in other areas eg, cardiology, home and community care, and residential care.

Associated publications in 2001

AROC Planning Group (2001). *Australasian Rehabilitation Outcome Centre Business Plan*.

Eagar K, Gordon R and Green J (2001). *The National Private Rehabilitation Project and the Australasian Rehabilitation Outcomes Centre – the next stage of the journey*. Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Marosszeky J E and Eagar K (2001). *The Australasian Rehabilitation Outcome Centre (AROC)*. Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Health system outcome

None at this stage. However, in addition to fulfilling it's role in rehabilitation, AROC is expected to provide a benchmarking model that will be useful in other areas like mental health and community care.

Design of the National Evaluation framework for the National Sharing Health Care Initiative

The Centre was commissioned by the Commonwealth Department of Health and Aged Care to design the Evaluation Framework for the Chronic Disease Self-Management Initiative (CDSM). This was part of the package of Budget initiatives announced with the Enhanced Primary Care strategy. In particular, it sought to address the growing burden of chronic disease in the Australian community. Most of the work was undertaken in 2000 and the final stage completed in 2001.

The Centre was contracted to design the framework to encourage collaboration between individuals, their families and health care professionals in the management of chronic conditions. The Evaluation Framework was to 'allow the key aspects of the evaluation (including the data requirements) to be built into the demonstration projects, the education modules and the communication strategy'.

Associated publications in 2001

Harvey R (2001). *Coordinated Care and Chronic Disease Self Management – Substitutes, Complements or Alternatives?* Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Health system outcome

Local projects and local evaluation efforts both used the national evaluation framework developed by the Centre.

Griffith Area Palliative Care Service (GAPS)

This research is funded under the National Palliative Care Strategy (under the Australian Health Care Agreements) and its National Framework for Palliative Care Service Development. The Murrumbidgee Division of General Practice, the Greater Murray Area Health Service and the CHSD are working together to test whether the National Palliative Care Strategy can work in rural Australia.

The CHSD role is in evaluating the model of care developed by the Murrumbidgee Division of General Practice, the Greater Murray Area Health Service and their local partners.

The baseline report on the project and various conference papers were completed in 2001. The emphasis in this work is increasingly on questions of information management (related to AN-SNAP) and how to assess the sustainability of the project.

Associated publications in 2001

Owen A, Perkins D, Senior K and Eagar K (2001). *The Griffith Area Palliative Care Service: a baseline assessment of its evaluability, sustainability and generalisability*. Centre for Health Service Development, University of Wollongong

Perkins D, Owen A and Fildes D (2001). *Indicators of Fairness and Sustainability in Palliative Care*, Proceedings of Health Outcomes 2001 - The Odyssey Advances: 7th Annual national health outcomes conference - 27/28 June 2001, Canberra.

Health system outcome

The first evaluation report identified the areas for closer attention as the model develops and the report has been used to inform the Greater Murray Area Palliative Care Plan.

Victorian Mental Health Outcome Project

This was a very practical project involving the training and preparation of Victorian Mental Health workers for the implementation of health status and consumer outcome measurement in Victoria's public adult mental health services. Most of the work was undertaken in 2000 and the final stage completed in early 2001.

Associated publications in 2001

Eagar K, Buckingham B, Coombs T, Graham C, Trauer T and Callaly T (2001). *Final report on the Implementation of Outcome Measurement In Adult Area Mental Health Services in Victoria*. Centre for Health Service Development, University of Wollongong.

Graham C, Coombs T, Buckingham B, Eagar K, Trauer T, and Callaly T (2001). *The Victorian Mental Health Outcomes Measurement Strategy: Consumer Perspectives on Future Directions for Outcome Self-Assessment. Report of the Consumer Consultation Project*. Centre for Health Service Development, University of Wollongong.

Eagar K, Buckingham B, Coombs T, Graham C, Trauer T and Callaly T (2001). *Victorian Mental Health Outcomes Measurement Strategy: Framework For Agency-Level Standard Reports*. Centre for Health Service Development, University of Wollongong.

Trauer T, Coombs T and Eagar K (2001). *Training in Routine Mental Health Outcome Assessment: The Victorian Experience*. Australian Health Review, Vol 24, No 4, 125-131.

Health system outcome

The four Stage 1 agencies in Victoria successfully began the routine collection of health outcome data in 2000. Implementation throughout the rest of Victoria awaits IT problem solving before routine implementation is possible (expected in 2002). Implementation of routine mental health outcome measures in all other States and Territories is also expected to commence in 2002 as part of the National Mental Health Information Strategy. Other States and Territories, and New Zealand, will be able to make use of the training materials, data collection protocols and the data reporting model developed by the CHSD.

Development of a national measure of function for the Home and Community Care Program

The HACC dependency data items project began in 2000 and was completed in 2001. It recommended a screening tool and the use of validated and reliable instruments for measuring the dependency of people eligible for Home Community Care (HACC) services.

The research tested whether or not screening and assessment instruments chosen after a review of the literature were appropriate for the HACC and aged care target population when administered by HACC funded staff.

The two reports on the project have formed the basis for regional, State and national training and conference presentations and the dependency screen has been widely discussed and used in various different settings, in surveys and in trials. The strategy of using the HACC screening tool as part of a more standardised and comprehensive approach to screening in primary care was adopted and tested by the Department of Human Services in Victoria in 2001 (see BATS project below).

Associated publications in 2001

Eagar K, Owen A, Cromwell D, Poulos R and Adamson L (2001). *Towards a National Measure of Functional Dependency for Home and Community Care Services in Australia: Stage 1 report of the HACC dependency data items project*. Centre for Health Service Development, University of Wollongong

Eagar K, Owen A, Green J, Cromwell D, Poulos R, Gordon R, Quinsey K, Adamson L and Fildes D (2001). *A National Measure of Functional Dependency for Home and Community Care Services in Australia: Stage 2 report of the HACC dependency data items project*. Centre for Health Service Development, University of Wollongong

Eagar K, Green J and Adamson L (2001). *Clinical, functional and social assessment as a predictor of costs and outcomes*. In press

Health system outcome

The two-tiered functional screening and assessment model developed by the CHSD has been adopted as the national standard, as have the four functional domains developed in the project. The adopted functional items will be incorporated into the next version of the HACC Minimum Data Set (MDS).

Victorian Better Access to Services (BATS)

Primary Care Partnerships in Victoria are a State-wide initiative and are supported by the Better Access to Services (BATS) Project. The role of the CHSD is to develop tool templates for Initial Needs Identification and Care Planning.

This is a research project in which the CHSD is in consortium with the Health Issues Centre, HDG Consulting and La Trobe University's Australian Institute of Primary Care (AIPC). Our contribution includes a literature review and review of current practice, and the assessment of existing forms in common use. This analysis guided the design of tools that are now being evaluated by AIPC. The project will be completed in 2002.

Associated publications in 2001

Owen A, Poulos R and Eagar K (2001). *Using the evidence to develop best practice models for identifying initial primary and community care needs*. Centre for Health Service Development, University of Wollongong
www.wrhs.sa.gov.au

CHSD (2001). *Pilot Testing of Tools: Guidelines for Undertaking Initial Needs Identification and Developing a Service Coordination Plan*. Centre for Health Service Development, University of Wollongong and Australian Institute for Primary Care, La Trobe University.
<http://aipc.latrobe.edu.au/pcpssc/>

Health system outcome

None at this stage. The tools and associated guidelines developed by the CHSD are being field tested in 2001 and an evaluation report will be released in 2002. The work is

provoking considerable interest in other States, particularly South Australia and NSW, and has already generated additional work for 2002 (see page 28).

Design of National Demonstration Projects in Mental Health Integration (MHIP Phase 2)

The CHSD is the national design team commissioned by the Commonwealth (as part of the 2nd National Mental Health Plan) to establish a series of national demonstration projects in integrated mental health care.

The role of the CHSD is to work with providers of mental health care, consumers, carers and other service providers to create a more flexible, integrated framework for the delivery of mental health services. The Illawarra region is one of the national demonstration sites. The CHSD maintained this role in MHIP in 2002 and will enter into a new (Stage 3) contract with the Commonwealth for the 2002/2003 year.

The research and development agenda of the 2nd 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 plan, the CHSD designed the national evaluation framework, worked with local evaluators and project managers to build evaluation in from the planning stage, and wrote guidelines for helping the projects achieve their objectives in line with the national strategy. Associated reports and papers can be found at:
<http://www.health.gov.au/hsdd/mentalhe/pubs/nih.htm>

Health system outcome

The Centre's technical expertise on service integration will be used in drafting policy-level advice for the Commonwealth to inform the proposed 3rd National Mental Health Plan. Phase two of MHIP in 2002 will see the continuation of projects in Melbourne, Illawarra and Far West NSW, and there are likely to be new short-term projects to be initiated in areas of strategic significance.

IAHS Planning Agreement

The IAHS entered into an agreement with the CHSD in 2001 to fund one FTE at the CHSD for 2 years to provide advice on statistical, operational and health systems issues. A draft proposal was agreed in 2001 to be in place in early 2002. The main aim of the work is the analysis and reporting of statistical and epidemiological information for the IAHS to use in planning and population health.

The research component of this agreement builds on collaboration between CHSD and the University of Newcastle, which has long had a role in statistical analysis for NSW Health. The School of Applied Mathematics and Statistics, the Graduate School of Public Health and the School of Geosciences in the University of Wollongong share an interest with CHSD in managing small area data.

Health system outcome

This agreement has not been in place long enough to see outcomes. The achievement in reaching this specific agreement, in conjunction with the University-wide role of the conjoint (UOW-IAHS) Director of Research position, indicate improved integration of the

university with one of its key industry partners.

The GP Epi-Beacon

The CHSD collaborated with staff from the Graduate School of Public Health and the Illawarra Division of General Practice to assess the feasibility of using data that GPs routinely collect on their clinical management software to provide them with local epidemiological information. The project was funded by the General Practice Branch of the Commonwealth Department of Health and Aged Care.

The study enrolled a sample of Illawarra GPs who had indicated that they would like to use the data collected on the computers for epidemiological purposes. A focus group meeting was held to identify information needs and agree data privacy protocols for the study. De-identified data were then extracted from their computerised patient databases, and analysed.

Reports containing the results of the analysis were given to the GPs, and another focus group was held in which they commented on the benefits and limitations of the report. The report contained statistics on, among other things, immunisation rates and prescription profiles for antibiotics, cardiovascular drugs and central nervous system drugs.

Overall, the reaction to the information was positive, and suggestions were made to improve the structure of the report. However, data quality and completeness was a concern. These issues, as well as concerns about privacy, meant that creating such reports on a routine basis was not yet considered to be feasible.

Associated publications in 2001

Cromwell D, Arora M, Dalley A and Kreis I (2001). *The Epi-Beacon: A feasibility study on providing local epidemiological information to general practices*. Melbourne: 11th RACGP conference on medical informatics, August 2001. Reviewed abstract.

Cromwell D, Arora M, Dalley A and Kreis I (2001). *The Epi-Beacon: A feasibility study on providing local epidemiological information to general practices within the Illawarra derived from routinely collected, computerized data. 1. A first report into the literature and needs*. Report for Commonwealth Dept of Health and Family Services, pp 49. Wollongong: Centre for Health Service Development.

Cromwell D, Arora M, Dalley A and Kreis I (2001). *The Epi-Beacon: A feasibility study on providing local epidemiological information to general practices within the Illawarra derived from routinely collected, computerized data and A second report on data analysis and GP reaction*. Report for Commonwealth Dept of Health and Family Services, pp 45. Wollongong: Centre for Health Service Development.

Health system outcome

None at this stage. Recommendations were made to the Commonwealth Department that would overcome barriers to the use of GP data for epidemiological purposes

Evaluation of IDGP Consumer Consultation Mechanisms

The Illawarra Division of General Practice (IDGP) has used the Centre to expand their research capacity. The aim is to facilitate the production of research bids, the evaluation of local health programs, the publication of results from local projects and the

development of a research culture and associated skills within the Division.

In 2001, as a continuation of this role, a study of the consumer consultation strategies of the IDGP was conducted using interviews and survey data. CHSD also assisted the Division in achieving its own local aims by supervising students, and by advising in an ad hoc way on projects and submissions,

Health system outcome

Developing research culture and expertise in General Practice.

Design of the NSW funding model for emergency department (ED) and intensive care (IC) services

As part of her advisory role on health system funding issues, Kathy Eagar was engaged by NSW Health to develop the funding model and to determine NSW benchmark costs for ED services and for IC services. The ED and ICU projects are part of the broader introduction of a new funding model for NSW. The Department of Health engages the CHSD at various levels on an ongoing basis to provide advice on these types of funding reforms.

This work proved to be useful for the Centre in preparation for two related bids for national research funding that were submitted at the end of 2001. Both research proposals were accepted and are part of the work plan for 2002 (see page 29).

Associated publications in 2001

Eagar K (2001). *NSW Emergency Department Episode Funding Guidelines for Area Health Services 2001/02*. NSW Health Department Sydney

Eagar K (2001). *NSW Intensive Care Episode Funding Guidelines for Area Health Services 2001/02*. NSW Health Department

Eagar K, Sondalini R, Bennett D and Mazevska D (2001). *The NSW Emergency Department Funding Model*. Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Eagar K, Sondalini R, Bennett D and Mazevska D (2001). *The NSW Intensive Care Funding Model*. Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Health system outcome

NSW Health implemented its new ED and ICU funding models from 1 July 2001. The full funding models will be progressively implemented over 3 years.

Community Health Classification

The Centre's earlier survey work in Western Sydney and 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.

Our earlier work in NSW in 1999 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 Centre did not undertake any community health survey work in 2001, but the community health classes were used to develop population weights for community health for inclusion in the NSW Resource Distribution Formula (RDF).

Health system outcome

Population weights for primary and community care developed by the CHSD are being incorporated into the next version of the NSW Resource Distribution Formula (RDF).

Lessons in Coordinated Care

In 2000, the CHSD completed the evaluation of the Illawarra Coordinated Care Trial, Care Net. The refinement of the results from the evaluation provided a number of useful 'spin-offs' in 2001. The evidence on client needs and how these can be taken into account when implementing a care coordination model was used as one element in the design of a suite of tools for measuring function in the HACC and aged care sectors. The chronic disease self-management framework was used to guide national and project-based developments. The results and lessons from coordinated care, the various evaluation frameworks developed by the Centre, were discussed at a number of national and international conferences and have broad implications for service development.

Associated publications in 2001

Cromwell D, Bomba D, Hang T and Dalley A (2001). *Dividends for care coordination from investments in information technology*. In press

Cromwell D (2001). *Falling in the water: Funds pooling in the Illawarra Coordinated Care Trial*. In The Australian Coordinated Care Trials: reflections and lessons. Commonwealth Department of Health and Aged Care, Canberra. ISBN 0 642 44745 4

Eagar K, Green J and Adamson L (2001). *Clinical, functional and social assessment as a predictor of costs and outcomes*. In press

Perkins D and Owen A (2001). *Learning from Coordinated Care Trials* in Fine M, Perkins D, Owen A, and Warner M. (2001), Coordinated care on trial: Background to the emergence of the national coordination agenda in health care, Australian Studies in Health Services Administration, (ASHSA), No. 90, UNSW, Sydney.

Owen A and Perkins D (2001). *The Impact of Care Net Illawarra on the Wider System*, In press

Perkins D and Owen A (2001). *Lessons in governance from Care Net Illawarra*, in The Australian Coordinated Care Trials: Reflections and Lessons. Commonwealth Department of Health and Aged Care, Canberra. ISBN 0 642 44745 4

Perkins D and Owen A (2001). *GPs and the Care Net Trial*. In press

Perkins D, Owen A, Cromwell D, Adamson L, Eagar K, Quinsey K and Green J (2001). *The Illawarra Coordinated Care Trial: better outcomes with existing resources?* Australian Health Review, Vol 24, No 2, 163-173, 2001

Harvey, R (2001). *Coordinated Care and Chronic Disease Self Management – Substitutes, Complements or Alternatives?* Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Health system outcome

At the local level, the lessons from the evaluation of coordinated care were used in 2001 to assist in the planning for a possible second round of the Trials. Planning was carried out in the Illawarra, and assistance was provided to an Aboriginal trial on the Mid-North Coast. Coordinated care lessons were also used in the Commonwealth's Sharing Health Care initiative, as well in planning for the evaluation of NSW HACC-sponsored, comprehensive assessment pilot projects.

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 is part of the CHSD but is co-located with the Centre for Advances in Epidemiology and Information Technology at the Canberra Hospital. 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 supports the AHOC conference and symposium agenda, as well as the distribution of tools for measuring outcomes, in particular the SF-36 instrument.

Funding for the AHOC comes from project consultancies, training seminars and the revenue from the annual health outcomes conference. The 2001 conference, *Health Outcomes 2001: the Odyssey Advances* took place in Canberra in June 2001 and the proceedings are available on CD-ROM (see next section).

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 in routine clinical practice.

Education, Advice and Consultation

Health Outcomes 2001: Canberra, 27-28 June 2001, The Odyssey Advances - Conference Proceedings

The Australian Health Outcomes Collaboration has produced the Health Outcomes 2001: The Odyssey Advances 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.

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 associated CD-ROM. The program as represented on this CD incorporates all relevant amendments to the published conference program.

The Conference Health Outcomes 2001: The Odyssey Advances (27 - 28 June 2001, Canberra) was convened by the Australian Health Outcomes Collaboration, Centre for Health Service Development, University of Wollongong, in conjunction with the Clinical Epidemiology and Health Outcomes Centre, ACT Department of Health and Community Care and the Canberra Clinical School, University of Sydney.

The Conference, pre-conference Workshop and Discussion Group speakers and delegates, including the speakers from overseas all contributed to the Australian debate on health outcomes measurement.

The Conference Proceedings is compiled and edited by Jan Sansoni and Lorna Tilley and published by the Australian Health Outcomes Collaboration.

For further information, contact:

The Australian Health Outcomes Collaboration
Building 8, The Canberra Hospital
PO Box 11
WODEN ACT 2606
Tel: (+61) 02 6205 0869
Email: jansan@atrax.net.au or
lorna.tilley@act.gov.au

To obtain additional copies of the CD please contact Dave Fildes at the CHSD.
Email: dfildes@uow.edu.au

Associated publication in 2001

Sansoni J and Tilley L. (2001). Editors
Proceedings of Health Outcomes 2001 - The Odyssey Advances: 7th Annual national health outcomes conference - 27/28 June 2001, Canberra. ISBN 0 957776721

Advising the NSW Health system

The Centre's advice based in its research program continued to be used by NSW Health to assist in health financing reform.

The Areas in NSW are responsible for the full range of services, and not just required to focus on acute inpatient care. During 2001 the Centre assisted the NSW Department with advice and technical reports, presentations to committees and assisted in drafting guidelines for achieving their health system objectives.

Area Health Services were required to implement episode funding for acute inpatient services from 1 July 2000 and episode funding for Emergency Departments and Intensive Care from 1 July 2001.

Linking funding to standardised measures of output for the remaining services requires the implementation of agreed classifications for given services.

In 2001, with the AN-SNAP classification for sub- and non-acute care mid-way through being implemented, CHSD undertook important educational 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. The IDGP is funded through the General Practice Strategy, Federal Department of Health and Aged Care.

In 2001, the IDGP continued to use the CHSD's research expertise to facilitate the production of research bids and help in the evaluation of local health programs, and to assist in the development of a research culture and associated skills within the Division.

Illawarra Area Health Service (IAHS)

At the local level, the CHSD has close working relationships with the IAHS and 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 depth of advice is needed in a local service system than just a one-off piece of research or a valid tool for a particular job. These items are important, but should be linked to wider strategies.

Health service management is a complex endeavour and it has as much to do with population and environmental health, as with the use of health services. Helping local management to review its data and projects keeps the Centre's work "close to the ground", and allows the Centre's ideas to be tested with local service providers. The advice and consultation role provided by the Centre was separately funded in 2001 and will be formalised by an agreement with the IAHS in 2002.

Managing health outcomes data

When there are agreed national measures of function and outcome measures, it is possible to make meaningful comparisons between services.

During 2001, plans were finalised with the Australasian Faculty of Rehabilitation Medicine for the establishment of the Australian Rehabilitation Outcomes Centre (AROC) in 2002.

There continues to be growing demand in the health and community care industries for a technical role that includes research, being a data custodian, working on cost data for benchmarking between services, and training trainers to promote the use routine outcome measures.

Professional 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.

In 2001, the CHSD had 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.

CHSD staff provided a number of workshops and invited conference sessions to health and community care professionals in 2001. These included presentations in both metropolitan and rural settings. The topics covered approaches to episode-based funding, costing health services, client assessment tools in aged care services, 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. In 2001, Kathy Eagar taught a post-graduate subject on health care planning and evaluation. Janette Green taught survey design and analysis in the School of Mathematics and Applied Statistics. David Perkins coordinates the postgraduate health management program and Heather Yeatman carries a full teaching load in the Graduate School of Public Health.

Advice, consultation, committees and community work

The Centre supports staff roles in providing informal advice to many professional and community groups, departments and institutions in meetings or by phone, through workshops or by being on committees. During 2001 CHSD staff participated on a range of committees and were active in a number of departmental committees, associations and statutory bodies including:

- Australian College of Health Service Executives
- Australian Statistics Society (NSW Branch Council)
- Strategic Planning Society
- Society for Social Medicine
- Australia New Zealand Food Authority (ANZFA)
- Therapeutic Goods Authority (TGA) Committee (CMEC),
- National Incontinence Strategy, Steering Committee for Outcomes Projects
- Australian Consumers Association
- Australian Public Health Association
- Australian Council of Social Service
- NSW Council of Social Service
- NSW Health Resource Distribution Formula Working Party
- NSW Casemix Policy Standards Committee
- NSW Research and Development Committee
- NSW SNAP Implementation Committee
- NSW Guardianship Tribunal
- NSW Mental Health Review Tribunal
- Wollongong City Council, Reference Group for Health Related Transport Project
- Illawarra Area Health Service – various projects and plans
- Illawarra Division of General Practice, Committee on GP Registrar Training
- Southern Region, Department of Ageing, Disability and Home Care – various projects
- Illawarra Area Child Care Services Board
- Medley Community Incorporated Refuge, Liverpool, NSW

CHSD Inputs in 2001: External Funding

Project	Funding Source	Amount
2001 Research Infrastructure Grant	NSW Health Dept	\$100,000
Sub-acute and Non-acute Care Project (SNAP)	NSW Health Dept	\$60,000
Private Rehab Research Project Phase 2	Commonwealth Dept of Health and Aged Care (PRWG)	\$44,158
Australasian Rehabilitation Outcomes Centre	Commonwealth Dept of Health and Aged Care	\$43,000
Design of the national evaluation of Chronic Disease Self Management	Commonwealth Dept of Health and Aged Care (Primary Care)	\$22,633
Sharing Health Care Stage 2	Commonwealth Dept of Health and Aged Care	\$30,298
Western Riverina - Griffith Area Palliative Care Service (GAPS)	Commonwealth Dept of Health and Aged Care	\$59,902
Measuring functional dependency in Home & Community Care clients	Commonwealth Dept of Health and Aged Care (Aged and Community Care)	\$84,999
Victorian Better Access to Services (BATS)	Victorian Department of Human Services	\$28,908
Victorian Mental Health Outcomes Project	Victorian Department of Human Services	\$1,888
GP Epi-Beacon	Commonwealth Dept of Health and Aged Care (GP Branch)	\$23,959
Quantitative Research	Illawarra Area Health Service	\$65,000
Design of National Demonstration Projects in Mental Health Integration (Phase 2)	Commonwealth Dept of Health and Aged Care (Mental Health Branch)	\$127,326
Review of 2nd tier benefit levels for inpatients treated in private hospitals	Commonwealth Dept of Health and Aged Care	\$5,280
Evaluation of Consumer Consultation Mechanisms	Illawarra Division of General Practice	\$2,727
Australian Health Outcomes Collaboration	various sources	\$111,811
Total 2001		\$811,889

CHSD Outputs in 2001: Publications, Reports, Conference Proceedings, Abstracts and Seminars

Books - author

Eagar K, Garrett P and Lin V (2001). *Health Planning: an Australian perspective*. Allen and Unwin, Sydney.

Books - author of chapter

Blandford J, Perkins D and Stoelwinder J (2001). *Towards Integrated Service Delivery Systems*, in MG Harris et al, Health Service Management Practice, McClennan and Petty, Sydney. In press.

Cromwell D, Bomba D, Hang T and Dalley A (2001). *Dividends for care coordination from investments in information technology*. In press.

Cromwell D (2001). *Falling in the water: Funds pooling in the Illawarra Coordinated Care Trial*. In The Australian Coordinated Care Trials: reflections and lessons. Commonwealth Department of Health and Aged Care, Canberra. ISBN 0 642 44745 4.

Eagar K, Green J and Adamson L (2001). *Clinical, functional and social assessment as a predictor of costs and outcomes*. In press.

Perkins D and Owen A (2001). *Learning from Coordinated Care Trials* in Fine M, Perkins D, Owen A, and Warner M. (2001), Coordinated care on trial: Background to the emergence of the national coordination agenda in health care. Australian Studies in Health Services Administration, (ASHSA), No. 90, UNSW, Sydney.

Owen A and Perkins D (2001). *The Impact of Care Net Illawarra on the Wider System*, In press.

Perkins D and Owen A (2001). *Lessons in governance from Care Net Illawarra*, in The Australian Coordinated Care Trials: Reflections and Lessons. Commonwealth Department of Health and Aged Care, Canberra. ISBN 0 642 44745 4.

Perkins D and Owen A (2001). *GPs and the Care Net Trial*. In press.

Peer-reviewed journal articles

Eagar K (2001). *On learning to say 'sorry' and other strategies for quality improvement*. Australian Health Review, Vol 24, No 3, 9-11.

Trauer T, Coombs T and Eagar K (2001). *Training in Routine Mental Health Outcome Assessment: The Victorian Experience*. Australian Health Review, Vol 24, No 4, 125-131.

Harvey, R (2001). *And on the cover of the guide were two words in red--don't panic*. Australian Health Review, Vol 24, No 4, 15-20.

Perkins D, Owen A, Cromwell D, Adamson L, Eagar K, Quinsey K and Green J (2001). *The Illawarra Coordinated Care Trial: better outcomes with existing resources?* Australian Health Review, Vol 24, No 2, 163-173, 2001.

You J, Zhao Y, Beaver C, Hoy W and Eagar K (2001). *End Stage Renal Disease in the Top End: Current Treatment and Future Costs*. In press (MJA).

Conference papers

Cromwell D, Arora M, Dalley A and Kreis I. (2001). *The Epi-Beacon: A feasibility study on providing local epidemiological information to general practices*. Melbourne: 11th RACGP conference on medical informatics, August 2001. Reviewed abstract.

Cromwell DA, and Griffiths DA (2001). *Forecasting a patient's wait for surgery: Are waiting time statistics accurate enough?* Journal of Epidemiology and Community Health. 55, suppl. 1, A5. Oxford: Joint conference of the Society for Social Medicine and International Epidemiological Association European Group, September 2001. Reviewed abstract.

Cromwell DA, and Griffiths DA (2001). *How well do waiting time statistics predict a patient's wait for elective surgery?* Reviewed abstract. Melbourne: Weighting the wait: managing access to elective surgery conference, April 2001.

Eagar K, Gordon R and Green J (2001). *The National Private Rehabilitation Project and the Australasian Rehabilitation Outcomes Centre – the next stage of the journey.* Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Eagar K, Sondalini R, Bennett D and Mazevska D (2001). *The NSW Emergency Department Funding Model.* Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Eagar K, Sondalini R, Bennett D and Mazevska D (2001). *The NSW Intensive Care Funding Model.* Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Marosszeky J E and Eagar K (2001). *The Australasian Rehabilitation Outcome Centre (AROC).* Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Eagar K, Gordon R and Green J (2001). *Designing a Classification and Funding Model for Private Sector Rehabilitation Services.* Proceedings of Health Care in Perspective 2001 – Incorporating the 13th National Casemix Conference: 16-19 September 2001, Hobart.

Eagar K (2001). *Learning how to fund what when.* New Zealand/Australia Health Services and Policy Research Conference 2-4 December 2001, Wellington, NZ.

Harvey R (2001). *Coordinated Care and Chronic Disease Self Management – Substitutes, Complements or Alternatives?* Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Perkins D, Owens A and Fildes D (2001). *Indicators of Fairness and Sustainability in Palliative Care,* Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Sansoni J, and Costi, J (2001). *SF-36 Version 1 or Version 2: The Need for Australian Normative Data,* Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra.

Sansoni J (2001). *Health Outcomes: Made to Measure,* Proceedings National Health Summit, AIC Conferences, March 2001.

Sansoni J and Tilley L (2001). Editors Proceedings of Health Outcomes 2001 – The Odyssey Advances: 7th Annual national health outcomes conference – 27/28 June 2001, Canberra. ISBN 0 957776721.

Reports²

Cromwell D and Gordon R. (2001). *Review of proposed 2nd Tier Benefit Levels for Private Health Care Report for the Commonwealth Dept of Health and Family Services*, pp 17. Wollongong: Centre for Health Service Development.

² Copies of all CHSD reports are available on the CHSD website

- Cromwell D, Arora M, Dalley A and Kreis I (2001). *The Epi-Beacon: A feasibility study on providing local epidemiological information to general practices within the Illawarra derived from routinely collected, computerized data. 1. A first report into the literature and needs.* Report for Commonwealth Dept of Health and Family Services, pp 49. Wollongong: Centre for Health Service Development.
- Cromwell D, Arora M, Dalley A and Kreis I (2001). *The Epi-Beacon: A feasibility study on providing local epidemiological information to general practices within the Illawarra derived from routinely collected, computerized data and A second report on data analysis and GP reaction.* Report for Commonwealth Dept of Health and Family Services, pp 45. Wollongong: Centre for Health Service Development.
- Eagar K, Buckingham B, Coombs T, Graham C, Trauer T and Callaly T (2001). *Final report on the Implementation of Outcome Measurement In Adult Area Mental Health Services in Victoria.* Centre for Health Service Development, University of Wollongong.
- Eagar K (2001). *NSW Emergency Department Episode Funding Guidelines for Area Health Services 2001/02.* NSW Health Department Sydney.
- Eagar K (2001). *NSW Intensive Care Episode Funding Guidelines for Area Health Services 2001/02.* NSW Health Department Sydney.
- Graham C, Coombs T, Buckingham B, Eagar K, Trauer T, and Callaly T (2001). *The Victorian Mental Health Outcomes Measurement Strategy: Consumer Perspectives on Future Directions for Outcome Self-Assessment.* Report of the Consumer Consultation Project. Centre for Health Service Development, University of Wollongong.
- Eagar K, Buckingham B, Coombs T, Graham C, Trauer T and Callaly T (2001). *Victorian Mental Health Outcomes Measurement Strategy: Framework For Agency-Level Standard Reports.* Centre for Health Service Development, University of Wollongong.
- Eagar K, Owen A, Cromwell D, Poulos R and Adamson L (2001). *Towards a National Measure of Functional Dependency for Home and Community Care Services in Australia: Stage 1 report of the HACC dependency data items project.* Centre for Health Service Development, University of Wollongong.
- Eagar K, Owen A, Green J, Cromwell D, Poulos R, Gordon R, Quinsey K, Adamson L and Fildes D (2001). *A National Measure of Functional Dependency for Home and Community Care Services in Australia: Stage 2 report of the HACC dependency data items project.* Centre for Health Service Development, University of Wollongong.
- Harvey, R (2001). *Bazhong (China) Rural Health Improvement Project – Health Financing Status Report* for Hassalls and Associates, Australian Managing Consultant for the AusAID Bazhong Rural Health Improvement Project, December 2001.
- Owen A, Poulos R and Eagar K (2001). *Using the evidence to develop best practice models for identifying initial primary and community care needs.* Centre for Health Service Development, University of Wollongong
www.wrhs.sa.gov.au
- CHSD (2001) *Pilot Testing of Tools: Guidelines for Undertaking Initial Needs Identification and Developing a Service Coordination Plan.* Centre for Health Service Development, University of Wollongong and Australian Institute for Primary Care, La Trobe University.
<http://aipc.latrobe.edu.au/pcpscc/>
- Owen A, Perkins D, Senior K and Eagar K (2001). *The Griffith Area Palliative Care Service: a baseline assessment of its evaluability, sustainability and generalisability.* Centre for Health Service Development, University of Wollongong.

CHSD Outcomes in 2001: Outcomes for the Health System

The goal of the CHSD is to make a significant contribution to improving the funding and delivery of public and private health and community care services in Australia, and not simply to produce academic outputs. Given this goal, implementation of our work is the best measure of our success.

Conventional ways of disseminating the results of our work, while necessary and important, are not sufficient. Likewise, producing and counting conventional academic outputs is not enough. The results of research rarely get translated into practice and conventional ways of disseminating research findings (such as peer-reviewed journal articles) rarely reach health decision-makers (funders, managers, providers and consumers).

As a 'Research' and 'Development' Centre, we are as equally committed to the 'Development' role as we are to the 'Research' role. Both need to be underpinned by effective dissemination strategies if our outputs are to be translated into outcomes for the health system.

Outcomes for 2001 included:

1. NSW Health has formally adopted the AN-SNAP classification and is making progress with implementation, which 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.
2. The AN-SNAP classification developed by the CHSD was adopted as the national standard for private rehabilitation services. The proposed national payment model was field-tested, with an independent evaluation report recommending that it be adopted as the national standard and be implemented nationally.
3. Local projects and local evaluation efforts both used the national evaluation framework for chronic disease self-management/sharing health care developed by the Centre.
4. The first evaluation report of the GAP project identified the areas for closer attention as the model develops and the report has been used to inform the Greater Murray Area Palliative Care Plan.
5. The four Stage 1 agencies in Victoria successfully began the routine collection of mental health outcome data in 2000. Implementation throughout the rest of Victoria awaits IT problem solving before routine implementation is possible (expected in 2002). Implementation of routine mental health outcome measures in all other States and Territories is also expected to commence in 2002 as part of the National Mental Health Information Strategy. Other States and Territories, and New Zealand, will be able to make use of the training materials, data collection protocols and the data reporting model developed by the CHSD.

6. The two tiered functional screening and assessment model developed by the CHSD has been adopted as the national standard, as have the four functional domains developed in the project. The adopted functional items will be incorporated into the next version of the HACC Minimum Data Set (MDS).
7. NSW Health implemented its new ED and ICU funding models from 1 July 2001. The full funding models will be progressively implemented over 3 years.
8. Population weights for primary and community care developed by the CHSD are being incorporated into the next version of the NSW Resource Distribution Formula (RDF).
9. At the local level in 2001 the lessons from the evaluation of coordinated care were used to assist in the planning for a possible second round of the Trials. Planning was carried out in the Illawarra, and assistance was provided to an Aboriginal trial on the Mid-North Coast. Coordinated care lessons were also used in the Commonwealth's Sharing Health Care initiative, as well in planning for the evaluation of NSW HACC-sponsored, comprehensive assessment pilot projects.
10. The AHOC's dissemination of health outcome information and instruments is increasing the application of health outcome measures into routine clinical practice.

Projects Planned for 2002

The descriptions below contain brief outlines of the expected issues in the work program in 2002.

IAHS Quantitative Research

We are proposing to move towards a 'joint' quantitative analysis team working together to manage the workload (ourselves and IAHS). This will raise questions about the best way of managing quantitative analysis over two teams, and questions about data confidentiality (which are being addressed for AROC). It will provide a good opportunity for a 'train the trainer' approach with both IAHS and CHSD quantitative staff, which will help with internal skills development.

Community Health Study (Southern Area Health Service)

This research will build on earlier work carried out in Western Sydney, the ACT and the Northern Rivers of NSW. It will describe patterns of community health service provision and client characteristics in Southern Area Health Service (SAHS). SAHS want to have a better understanding of their service utilisation and client flows. They have approximately 500 CH staff and the research is aimed at establishing who they see and what service they provide and where.

CHSD is interested in improving the tools for understanding who the clients are, and refining the community health code set, which has now been modified over four surveys.

NSW HACC Assessment

This is research sponsored by the NSW Department of Ageing Disability and Home Care. The project will involve the design, implementation and evaluation of standard screening and assessment tools for HACC clients.

This project links with the national HACC functional dependency project as the NSW Department is proposing to use the screening tool that CHSD developed. Work is expected to commence in March 2002. We also anticipate providing similar technical support in South Australia.

Illawarra Pharmacy

This is an initiative funded under HACC from Kiama and Shellharbour Councils who are investigating risk management for helping consumers manage their medicines. An evaluation of support strategies will include a HMR (Home Medications Review) jointly conducted by the GP and pharmacist. It involves medico-legal issues which are being analysed in terms of client, organisational and system risks. The aim is to develop a set of risk management strategies for the service system, and it is expected it may lead to further research and will also be timed to link to the proposed local assessment system pilots.

Emergency Department Research

As part of a strategy to support health service research, funding became available through the NHMRC and the States/Commonwealth Research Issues Forum (SCRIF) to address health service system priorities.

CHSD submitted two of the 38 bids made to SCRIF. Both bids were well received and CHSD succeeded in getting funding for both, for a period of three years through SCRIF and through the Department of Health and Ageing.

Measuring complexity in the emergency department

The aim is to develop a national measure of ED patient complexity. This measure will complement the existing measure of ED urgency (the Australasian Triage Scale). Funding is for three years from the Department of Health and Ageing.

This research has grown out of the Centre's work on Emergency Department funding system design. The co-researchers are the Co-Chair of the NSW Health ED Clinical Implementation Group and the Manager, Casemix Policy, NSW Health.

Study on the relationship between the usage of ED services and the availability of community-based primary care services

The aim is to examine the relationship between the use of Emergency Department (ED) services by patients in triage categories 4 and 5 and the availability of various types

of community-based primary care services, including local GP practices, after hours home visiting medical services and Hospital in the Home services. The quantitative component of the research will analyse 5 years of emergency department data. Funding over three years from the State/Commonwealth Research Issues Forum (SCRIF). The principle researchers are from the CHSD, Informatics and Wollongong Hospital.

SNAP Costing Study

Between March and June 2002, a revised set of cost weights for the AN-SNAP classification will be developed. Financial and service utilisation data will be obtained from a sample of sub-acute and non-acute services across NSW. These data will be used to identify changes that have occurred in cost structures since 1996. The revised cost weights will also reflect changes in clinical practice that have occurred during this period.

AROC

We expect that the Australasian Rehabilitation Outcomes Centre will be established in 2002. Under the AROC business plan, AROC will be in the development stage for the first three years. CHSD will house the Centre and undertake its day to day management.

AROC has huge research potential because of the data set. It opens doors for benchmarking models that will be useful in other areas like mental health and community care.

Carelink AHMG

This is a research initiative by the Australian Health Management Group to investigate the outcomes of risk assessment and case management. AHMG want an independent review of their data. A review of evidence based practice is also expected to be involved.

PRA Virtual Adolescent Program

This is a mental health project funded through MHIP in the Illawarra and uses planning resources given to the Psychiatric Rehabilitation Association to develop a sustainable funding model for adolescent mental health services. The present aim is to develop a common understanding and formal arrangements and a model that integrates a range of activities across funding programs, including Commonwealth enhanced primary health care initiatives, in a virtual program.

PADP

This is a proposal from the Centre to develop an Assessment Tool for the Program of Appliances for Disabled People (PADP) that will assist in determining the priority of funding and the allocation of equipment, aids and appliances based on clinical need. This is another project related to standardised functional dependency tools, but more connected to the need for larger capital equipment items.

Centre for Health Service Development Staff

14 core staff were employed by the CHSD during 2001. They were:

Kathy Eagar, Professor and Director of the CHSD

The University contributed a fractional salary (which covered 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 (in 2001). 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.

Roy Harvey, Principal Fellow (Health Economics)

Roy Harvey's position is externally funded (by project funding) and his research interests focus on outcomes data and its use in benchmarking, and health financing research. Roy also undertakes consultancies for various overseas aid projects in areas related to health financing, insurance and pharmaceuticals.

Jan Sansoni, Senior Research Fellow (Health Outcomes)

Jan Sansoni's position is externally funded on a fractional basis. This fractional appointment covers Jan's role as Director of the Australian Health Outcomes Collaboration. Jan also has various international contacts, contracts and workshop presentations on health outcome measurement as part of her role.

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.

Alan Owen, Senior Research Fellow (Community Care Research)

Alan Owen's full-time position includes research work on tools for measuring client characteristics in disability and aged care, mental health and community health. He also provides assistance on local evaluation plans and surveys.

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.

David Perkins, Senior Lecturer

Dr David Perkins is a Senior Lecturer in the Graduate School of Public Health and undertakes his research as a member of the CHSD. His research interests focus on integration and coordination of care and the sustainability of new models of service delivery.

Heather Yeatman, Senior Lecturer

Dr Heather Yeatman is a Senior Lecturer in the Graduate School of Public Health and undertakes her research as a member of the CHSD. Within the Centre, Heather has the key role in work on healthy public policy, with a specific focus on food policy.

**David Cromwell, Research Fellow
(Operational Research)**

David Cromwell spent 2001 completing his PhD research. David's full-time position 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 (2002).

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 and also teaches and contributes to research in the School of mathematics and Statistics.

Karen Quinsey, Research Fellow

Karen Quinsey is on secondment from the Illawarra Area Health Service and works on SNAP and coordinated care. 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.

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.

Allison Aylward, Research/Administrative Assistant

Allison Aylward is the Centre's part-time administrative and research assistant and manages the Centre's finances.

Lorna Tilley, Research/Administrative Assistant

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

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