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Centre for Health Service Development

Combining Realism with Rigour

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Director's Report 2003

In 2003 we entered a new phase in our own development as a health service research centre, with a plan to expand our infrastructure and take on new work. This was possible because we were recognised as one of 6 research units in NSW of Statewide significance due to our track record of innovation and excellence in conducting research in public health, primary health care, and health services research.

This resulted in 2003 in a \$500,000 per year grant under NSW Health's Capacity Building Infrastructure Grant (CBIG) scheme that aims to strengthen health system research and development. This grant was a milestone for CHSD both in terms of recognising its achievements in the health sector and because it offers the Centre the opportunity to consolidate its position over the next three years. We expect to do this by our plan for building health service research capacity and also for the transfer of knowledge based on our research findings.

The planning we undertook in 2003 was important as we are expanding and also because we are carrying over a large amount of continuing work into 2004 and beyond, particularly in emergency department (ED) research and in palliative care.

We also had our biggest ever turnover of staff in 2003, which reflected the need for additional people for new research, extra staff for specific commissioned work for ED and rehabilitation outcomes, and for the first time in many years, some people actually moved on to other jobs!

In purely income terms, 2003 was our biggest year yet and the Centre's income was up from \$1.3m last year to \$1.7m, reflecting a number of important projects that are in line with our long-term research agenda.

Common features across a number of projects continued to be the development of standardised tools that can be used across service settings, in order to understand questions of client complexity, urgency and priority of access.

The implications of standardising information in local systems continue to raise important policy and organisational questions for health and community care programs and for the financing and delivery of services. These systems are changing under the pressures for increased information sharing, incentives for consumer screening and assessment, computerisation, and better ways to measure population and patient needs and outcomes.

The aim of much of the Centre's work is to improve the design of funding models, such as episode funding for sub-acute care, intensive care and emergency department services. And at the other end of the care continuum our research is also helping to define better screening, referral and assessment processes in community support services, and planning in palliative care.

The move into the Faculty of Commerce, University of Wollongong continues to benefit both parties, with sharing of expertise in areas such as management, information systems and health economics.

From our base in Commerce our relationships within the Faculty of Health and Behavioural Sciences, the Faculty of Arts and the Faculty of Informatics (the School of Mathematics and Applied Statistics) were strengthened in 2003.

What we do

Taking stock at the end of 2003, the CHSD has 20 active projects to report, consistent with the range of activities undertaken over the Centre's past 10 years. We continued our health service research, development and evaluation projects, mostly directly commissioned, ranging in size and setting. This supported a core team of CHSD staff plus additional researchers who contribute specific skills required for each project.

Project funds were supplemented by our NSW Health CBIG infrastructure grant to support health research. This research also generates university grant funds through its contribution to the university research quantum.

As well as competitive and commissioned research, individuals from the CHSD give advice to a variety of government and non-government agencies and interest groups.

At a practical level the advice we give and the lessons we draw from our research are judged to be reliable and usually consistent. That is because we build on our experience and shape new research so it can contribute to resolving organisational issues of service continuity and care coordination. The perennially difficult nature of these problems is a consequence of Australia's multi-level funding and delivery systems.

Our core assumptions

We assume that classifying clients and measuring their needs, assessing in ways that can capture outcomes, examining the relationship to costs and service use, are interesting problems in themselves.

But the underlying purpose is to ensure that there are fairer, more valid and reliable ways to plan service interventions and allocate resources. We are particularly interested in the set of related questions of equity, priority of access and sustainability in the planning of service provision. As the project descriptions in this report show, we were able to build these questions into our various research projects, decision support tools and evaluation frameworks in 2003.

The CHSD research agenda is driven by assumptions that are consistent with the concerns of our industry partners. Good data help but are not sufficient for managing change. Qualitative, as well as quantitative, methods are necessary if service systems are to change.

Policy and funding models need to be informed by evidence, and that includes good quality data as well as an understanding of the context of the service system and its policy issues. That context demands that our work produce practical tools can help people manage change.

The themes we use to guide our research are unified by methods designed to improve data and reporting, by standardising and doing reliable screening and assessment, by better classification and coding of clients and their needs, and by training in the use of nationally agreed health outcome measures.

In 2003, in line with our longer-term strategy, we have increased the depth our work on benchmarking with the consequent ability to compare models of care by building a sustainable business model for AROC – the Australasian Rehabilitation Outcomes Centre.

Our focus on outcome measurement, testing models of care and benchmarking service facilities helps the rehabilitation industry and has great research potential because of the quality of the data set that AROC accumulates. It is a model that opens doors to systematic research that we expect will be useful in other areas such as mental health, palliative and community care.

Who we work with

In 2003 CHSD had research links outside the University of Wollongong, with Newcastle, NSW, Sydney, Queensland and Melbourne Universities. The common thread is a shared interest in data and classification issues, particularly where acute and community care overlap. The collaborations involved mental health integration, and training in the use of the nationally agreed mental health outcome measures, as well as remote and rural health issues.

We have strong connections to influential industry partners. These are government authorities and area health services, but also with non-government organisations (through local organisations as well as the Australian Council of Social Service), local government and industry groups like the Australian Healthcare Association, the NSW Aged and Community Services Association, private provider and health insurance groups.

Comings and goings

After 10 years in the Centre, David Cromwell left in mid 2003 to return to the UK and take up a new position with the UK Commission for Health Improvement. David has been a key figure in the history of the CHSD. In fact, we date the establishment of the Centre from the time of his arrival in November 1992.

David was on one of two UK researchers to take up short-term contract positions in operational research when the Centre was first established. He had previously worked in the UK and the Netherlands.

Over his ten years with us, David undertook numerous R&D projects, completed a PhD, moved into a tenured position and was promoted to Senior Research Fellow. David shaped the research themes of the Centre, forged links across the university and beyond, gained the respect of those he worked with and made lasting contributions to the CHSD and our team. He left the Centre looking forward to a new life in London and with the warm wishes of the team.

A number of new staff joined the Centre in 2003. Elizabeth Cuthbert joined the team as our full-time Business Manager. Sue Cragg, Alix Goodwin and Natasha Posner took up contract positions as Senior Research Fellows while Rebekkah Middleton began working on emergency department research. Fiona Jongsma came to the Centre at the beginning of 2003 for a year to run our front-desk operations while Darcy Morris joined at the end of 2003 to boost our general staff support. The team will be further increased in 2004 as we continue to roll-out our development plan.

Where we are going 2004

While 2003 was in many ways a watershed year, our overall direction has not changed a great deal. The Board of Management will guide us in the next year in much the same way as we have operated in the past. However, our collaborative research relationships, particularly with some of our fellow CBIG grant holders will lead us into new areas as we use our increased collective capacity to bid for competitive research funds, most likely through the National Health and Medical Research Council.

This year in the Annual Report we examine our activities at the level of the research projects, their aims, methods, and intended, recommended and implemented results. We have applied a number of practical tests to look at our own "outcomes", and focus on change in the system, which can depend on, but is not same as, a nice report.

The 2003 Annual Report revisits and revises our research themes and illustrates how the projects and activities undertaken in 2003 develop on them. The other sections, as in previous years, cover our inputs, outputs and system outcomes.

Acknowledgments

The CHSD's stability, experience and expertise provide a sound base for addressing the funding, managing and evaluation of health services. In spite of a year of changes, that base is still sound.

The CHSD gratefully acknowledges the continuing support of the University of Wollongong.

Particular thanks are due to Professor John Glynn Dean of Commerce, Professor Heather Yeatman, Head of the Graduate School of Public Health, and Professor Margaret Sheil, Pro-Vice Chancellor (Research). 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 each year go to our staff and associates for their excellent work in the year 2003. A number of people helped us with an outside perspective on the work we do, and this process also helped our various industry partners stay informed of our research agenda.

I would also like to publicly acknowledge the members of the CHSD Board for their guidance, advice and support. Our thanks go to all these individuals, and the organisations they represent. We also thank those service providers and consumers who collaborate in our projects, use our research products and help us to improve them.



Professor Kathy Eagar
Director

Our Research Themes and Priority-Driven Research in 2003

Each year the Centre undertakes about fifteen to twenty research and development projects, and in 2003 we had twelve funding sources: Commonwealth Health and Veterans; four States/Territories; three local health and community care authorities; one private health insurer; one non-government not for profit organisation; and the National Health and Medical Research Council.

This diversity of funding sources means we are not dependent on any one partnership or funder. It allows a level of independence that is helpful to the health system, and at the same time, it requires considerable collaboration and multiple partnerships at all levels.

Over time, the research undertaken by the CHSD has consolidated into six integrated themes, which are driven by our commitment to combine realism with rigour:

Casemix classification across settings
Health and community care financing
Care coordination and integration
Health care outcomes
Health service delivery and organisation
Management decision-making

Our research themes are shaped by the national, State/Territory and local health system environments, their strengths and weaknesses and the immediate research opportunities they generate. As a research unit, we are fortunate that Australia's Federal and State divisions of responsibilities, its differing regional priorities and its multiplicity of programs, creates ample

opportunity for research on themes of continuity, coordination and integration.

The Centre's research and development pathway reflects how our work has built lasting structures that are priority-driven. It shows how we can use concepts from inpatient casemix (ie patient classes that are relevant to resource use and also clinically sensible) to focus on allocation issues in other sectors, such as rehabilitation and palliative care and to focus on care across settings and in the community.

Our themes interact with the priorities of our industry partners, and our goal is to undertake thematic research within a 'priority-driven' environment. We make our own research opportunities, but not in circumstances chosen by ourselves. We have many good examples in 2003 of how this works in discrete projects, and in AROC we can see how a research program on rehabilitation outcomes can make continuous progress over 10 years.

Another result of our thematic approach has been our contributions to R&D in the community care sector, where there is little experience with research or coherent strategies for service development. For example we have developed a suite of tools to examine ways that agreed client need indicators (organised under the domains of primary care) can be reliably screened at the entry point. This work has been conducted in four States and aims to help local planning and service delivery and decision-making.

CHSD Research in 2003: Description of research and development projects and their associated outputs

Overview of Research Projects in 2003

A summary of the year's activities is described in the following section in terms of how we built on our research themes. The project summaries that follow give an interested reader more detail of the projects and links to their associated products.

The listing of the 2003 projects in the table below does not include all the activities of team members. The table shows those projects where the Centre or its Director was the project manager.

Significant other projects and activities are included in the project summaries where relevant and in the consultation and advice section of this year's report.

The Annual Report is an opportunity to locate different projects inside a broader 'architecture' of research and development work. That bigger structure includes classification and costing systems, payment systems, triage and priority rating, care and service coordination and planning and the refining of a plethora of items collected for minimum data sets.

In 2003 we moved ahead into a significant new area of emergency department research, which is more closely related to the acute care sector than many other CHSD projects in the recent past. We also took on another new area in collaboration with insurance industry interests, which may lead on to a larger research project in 2004, looking at the costs and outcomes of care after catastrophic injury.

The Better Access to Services work for the primary care partnerships in Victoria was the first version of a community health and primary care suite of tools for collecting entry point data. In South Australia in 2003, the ERA (Equity, Responsiveness Access) pilots implemented a minimally revised version of the same tools in their five pilot sites as part of systems reform activity in HACC and community health.

In Queensland in 2003 the more refined suite of tools are being implemented in a system that is ongoing (ONI or Ongoing Needs Identification), rather than only being an initial or entry point focus. In the 2003 version we developed the new profile called the ONI Priority Rating. That work in turn was refined using data from NSW Home Care to give a priority rating system that is operating at their State intake and assessment level.

Other related work in NSW in 2003 was the evaluation of a set of regional pilots for a comprehensive assessment system, and design work for collecting data for the NSW Mid North Coast Aboriginal Coordinated Care Trial.

In this area we talk about an evolving approach to community care classification and our current "State of the Science" is characterised as a jigsaw. We were looking for the straight edges (standardised data items routinely collected) and corner pieces (useful applications of the improved data) in the projects we completed in 2003.

This type of evolution, as we have seen in rehabilitation, can be accelerated with a bit of intelligent design work, an ability to collect good quality data, a connection to a management decision-making system, and a good plan.

The Centre has been instrumental in guiding the development of a national casemix classification for sub-acute and non-acute care (AN-SNAP) and its implementation since 1996. During 2003 the Centre continued to work with NSW Health to develop a model for expanding episode-based funding to include designated sub-acute inpatient services on the basis of the AN-SNAP classification and cost weights.

The software to assist data collection, called SNAPshot, continues to be used by sub-acute units and facilities in both the public and private sectors. Private hospitals in Queensland, South Australia, NSW and Victoria use SNAPshot, and it is used by public facilities in NSW and South Australia.

CENTRE PROJECTS 2003	THEMES					
	Casemix classification across settings	Health and community care financing	Care coordination and integration	Health care outcomes	Health service delivery and organisation	Management decision making
SNAP Implementation	x	x	x	x	x	x
Australasian Rehabilitation Outcomes Centre	x		x	x		x
Australian Health Outcomes Collaboration & Conference				x	x	
Emergency Department Availability	x		x		x	x
Catastrophic Injury		x		x		
AHS Technical Support					x	x
Griffith Area Palliative Care	x		x	x	x	
Caring Communities Program			x		x	
Rural Palliative Care Program			x		x	
Community Care Screening and Assessment			x		x	x
HACC Reform in Queensland			x		x	x
Mid North Coast Aboriginal Coordinated Care Trial		x	x	x	x	x
NSW Assessment System Pilots		x		x	x	
Home Care Service Priority Rating				x		x
ATLAS Data and Program Management	x	x				x
Southern ATLAS Service Planning in Autism					x	
Medications in the Community			x		x	
Mental Health Projects		x	x	x	x	
Small Areas Statistics						x
Continence		x		x		
NSW PADP Priority Rating		x			x	x

AN-SNAP Implementation

The Centre has been instrumental in guiding the development of a national casemix classification for sub-acute and non-acute care (AN-SNAP) and its implementation since 1996. During 2003 the Centre continued to work with NSW Health to develop a model for expanding episode-based funding to include designated sub-acute inpatient services on the basis of the AN-SNAP classification and cost weights.

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Australasian Rehabilitation Outcomes Centre (AROC)

AROC was established as a sub-centre of the CHSD on July 1, 2002 and has five roles:

1. A national 'data bureau' that receives and manages data on the performance of rehabilitation services in Australia.
2. The national 'benchmarking centre' for medical rehabilitation.
3. The national certification centre for the Functional Independence Measures (FIM) (instruments designed to measure functional needs and outcomes).
4. An education and training centre for the FIM and other rehabilitation outcome measures.
5. A research and development centre that develops research and development proposals and seeks external funding for its research agenda

AROC illustrates how partnerships at the individual project level can develop into partnerships at the institutional level. The Australasian Faculty of Rehabilitation Medicine (AFRM) worked closely with the CHSD in the design and conduct of the SNAP study. One result has been a partnership between the CHSD, the AFRM, and seven foundation members (two Commonwealth agencies, the States/Territories, public and private hospitals, insurers and third party payers). CHSD houses the Centre and undertakes its day to day management.

The benchmarking and outcome data that AROC collects are recognised as an important information source to drive future policy and practice within the rehabilitation industry. During 2003 an AROC business plan and marketing strategy aimed at securing a sustainable base for AROC for the next four years was developed. Currently more than 90 of the 130 designated rehabilitation units in Australia are routinely collecting and submitting data to AROC.

More information on AROC is included in the AROC website.

www.uow.edu.au/commerce/aroc

The Australian Health Outcomes Collaboration (AHOC)

The Australian Health Outcomes Collaboration of the Centre for Health Service Development convened the 9th Annual National Health Outcomes Conference *Health Outcomes 2003: The Quest for Practice Improvement*. It was held in conjunction with Centre for Advances in Epidemiology and Information Technology, Canberra Hospital and the Canberra Clinical School, University of Sydney.

The sponsors in 2003 were: Mental Health and Suicide Prevention Branch, Department of Health and Ageing; NZ Mental Health Research and Development Strategy; Health Priorities Branch and Community Care Branch, Department of Health and Ageing; Eli Lilly Australia Pty Ltd; The Pharmaceutical Alliance; Health Services Branch, Department of Veterans' Affairs; NSW Health; Primary Health Care Research and Information Service (PHCRIS); International Society for Quality of Life Research (ISOQOL) and AstraZeneca.

The conference received a very positive evaluation. Most participants commented very favourably on the diversity and quality of papers presented and the professionalism of the conference organisation. A number of participants expressed their congratulations and indicated we should continue holding the conference each year. The ratings for the conference overall were slightly above those in recent years. The conference proceedings were published on CD-ROM¹. Preparation for the 10th conference, titled *Planning for Health Outcomes 2004: Perspectives on Population Health* commenced.

The AHOC also continues to provide an information service for the research community on health outcomes measurement and research and to undertake research consultancies for the government and the private sectors. A joint project with Oxford Outcomes in the UK involved undertaking follow up interviews throughout Australia on the consumer's desired outcomes for drug treatment of premature ejaculation. The AHOC continues to work with the Community Care Branch of DHA and the National Continence Management

Strategy Advisory Committee concerning the supervision of a range of outcomes projects associated with the strategy. Staff members of the AHOC also participate in other Centre projects.

More information on AHOC is included in the AHOC website.

www.uow.edu.au/commerce/ahoc

Emergency Department Research

As part of a strategy to support health service research, funding became available in 2002 through the NHMRC and the States/Commonwealth Research Issues Forum (SCRIF) to address health service system priorities. The research examines the relationship between the use of Emergency Department (ED) services by primary care patients and the availability of various types of community-based primary care services, including local GP practices and after hours home visiting medical services.

The research began in 2003 with negotiations on the study sites and access to data, ethical approval and the recruitment of researchers. The quantitative component of the research will analyse 5 years of emergency department data.

Catastrophic Injury

The work the Centre does on classification and service costing in rehabilitation has relevance to people who have suffered traumatic and catastrophic injury and who face the prospect of long term care and support.

In 2003, the Centre was contacted to undertake a feasibility study in this area by a large general insurer.

¹ *Conference Proceedings - Health Outcomes 2003: The Quest for Practice Improvement*, Canberra 20-21 August, 2003 is available from CHSD Uni of Wollongong, on CD ROM ISBN 0 9577767 3 X

The aim was to examine the compensation arrangements and costs of long term care for people with traumatic brain injury and spinal cord injury.

The numbers of people in this group are relatively small and they have a high level of need for support services. Examining ethical approval, estimating the likely population and expected sample size, getting reliable data on service utilisation and costs and gaining informed consent, were all important issues to resolve before starting a major study.

Area Health Technical Support

The aim of this work in 2003, as in previous years, was to develop a 'joint' quantitative analysis team, particularly with Illawarra Health, working together to manage the workload of reporting, organising data for planning purposes and the analysis of strategic issues for area health services. We were invited to reflect on the lessons from this work in an international journal².

In practical terms this included planning tools to assist with activity projections, waiting lists management, improving effectiveness of waiting list reports, preparing service utilisation reports for senior managers, and helping to devise projections for flow reversal planning.

In 2003 the plan attached to the CHSD Capacity Building grant (CBIG) built on that earlier experience³. It includes five strategies:

1. Develop research transfer plan, including consultation with international experts and key stakeholders
2. Participation in NSW activities
3. Knowledge transfer strategy
4. Additional statistician to support AHS
5. Practitioner Fellowship.

These directions were mapped out in 2003 and will continue as the framework for activities in 2004 as part of our commitments under own CBIG plan.

Griffith Area Palliative Care Service

This research was funded from 2001-2003 under the National Framework for Palliative Care Service Development of the National Palliative Care Strategy, as part of the Australian Health Care Agreements.

The Murrumbidgee Division of General Practice, the Greater Murray Area Health Service and the CHSD worked together to test whether the National Palliative Care Strategy can work in rural Australia.

The final report on the project and various conference papers were completed in 2003⁴. The Commonwealth built the results into its work program under the National Strategy and that in turn gave rise to the Rural Palliative Care Program, as described below.

² Eagar K, Cromwell D, Owen A, Senior K, Gordon R and Green J (2003) Health Services Research and Development in Practice: an Australian experience. *Journal of Health Services Research and Policy*. Volume 8, Suppl 2, Pages 366.1 – 366.7.

³ *The CHSD Capacity Building and Research Transfer Plan*, November 2003.

⁴ Cromwell D, Senior K, Owen A, Gordon R, and Eagar K (2003) *Can the National Palliative Care Strategy be translated into a model of care that works for rural Australia? An answer from the Griffith Area Palliative Care Service (GAPS) experience*. Centre for Health Service Development, University of Wollongong.

Caring Communities Program

One of the aims of the National Palliative Care Strategy (NPCS) is to “improve the knowledge and skills of families, carers and community groups so they can better support relatives, loved ones or individuals within the community who are dying, and work optimally through their bereavement”.

The Centre was appointed by the Commonwealth Department of Health and Ageing in 2003 to undertake the national evaluation of the Caring Communities Program as part of the NPCS. The 37 projects are in all States and Territories, and the evaluation activities will continue in 2004.

The first task was to develop and get agreement on a national evaluation framework that could cover the range of the projects' activities. Workshops, an Evaluation Bulletin, a program web page and a series of progress reports were completed in 2003, and these helped establish a sense of common purpose. Other tasks completed in 2003 included researching and finalising a set of tools for evaluation that could be used by the projects to collect data and monitor their progress towards their goals⁵.

Rural Palliative Care Program (RPCP)

The Australian Division of General Practice has been funded by the Department of Health and Ageing (2003–2006) to trial seven projects implementing the Rural Palliative Care model (based on the Griffith GAPS

model) in a range of rural and remote settings.

The role of the CHSD is to evaluate each of the projects and the program as a whole, using the evaluation framework and tool kit shared with the CCP evaluation. The Centre has also developed a minimum data set and database for projects to use for the evaluation.

The first national workshop was held in Adelaide, in October 2003 with representatives from each of the RPCP project sites to introduce the program and its evaluation, and to discuss the minimum dataset and the evaluation tools.

Community Care Screening and Assessment

The CHSD has developed a number of standardised screening tools that prompt assessment, referral and the identification of a broad range of needs⁶. These tools have been implemented in a series of projects, beginning with functional screening and assessment in Home and Community Care and Aged Care Programs.

Further developments have taken place in Victoria, South Australia, NSW and Queensland, where the functional screen is part of ongoing needs identification in primary care. The suite of screening tools was called the "INI" (Initial Needs Identification) in Victoria and South Australia, and "ONI" (Ongoing Needs Identification) in New South Wales and Queensland.

⁵ Eagar K, Senior K, Fildes D, Quinsey K, Owen A, Yeatman H, Gordon R and Posner N (2003) *The Caring Communities: Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects*. Centre for Health Service Development, University of Wollongong

⁶ Eagar K and Owen A (2003) Community Care Assessment Jigsaw Puzzle: Progress towards a Federated Solution. *Agendas*, 28, 6–7, Summer 2003.

In NSW, different applications of the functional screening items plus assessment level tools (Tier 2), have also been tested by the Adult Training, Learning and Support (ATLAS) reform project.

The various versions of the tools have their associated reports, guidelines and manuals and these can be accessed on the CHSD web site.

www.uow.edu.au/commerce/chsd/screening.html

The suite of tools is being used in the Mid North Coast coordinated care trial. The most recent version of the ONI suite of tools was compiled for Queensland Health in 2003.

HACC Reform in Queensland

In Queensland in 2003 the functional screen was introduced and training materials adapted to local purposes including changes to carer items and the development of a priority rating profile⁷. The Queensland version of the ONI suite of tools now makes better use of the HACC functional screen and the associated prompts for further assessment.

The implementation experience in Queensland has reinforced the value of a clear policy agenda to drive change in this sector. Agencies are organised as a distributed network of autonomous groupings, collaborations of historical and administrative convenience. They need to see good evidence for why established practices should change.

⁷ Eagar K and Owen A (2003) *Ongoing Needs Identification in Queensland Community Care: How and Why*. Centre for Health Service Development, University of Wollongong

Mid North Coast Aboriginal Coordinated Care Trial

The Centre helped the Aboriginal coordinated care trial on the Mid North Coast of NSW to design its funding and spending models, and provides advice when requested. The Trial agreed to use a suite of tools for screening the needs of clients based on the previous work done by the Centre.

This included a variation of the Centre's Ongoing Needs Identification tools to keep the standard items plus adaptations of new items to suit local needs. This included an environmental profile, and new service arrangements items.

www.uow.edu.au/commerce/chsd/screening.html

NSW Assessment System Pilots

This research was part of a range of separate projects in 2003, all sponsored by the NSW Department of Ageing, Disability and Home Care (DADHC). The assessment system pilots project was a continuation of the ONI implementation work going on in other States, where the evaluations have been independent of the Centre's design role.

The NSW Assessment System Pilots involved the design, implementation and evaluation of the efforts of local areas in introducing standard screening and assessment tools for HACC and primary care clients⁸.

⁸ Eagar K, Senior K and Owen A (2003) *Evaluation Plan for the NSW Comprehensive Assessment Pilots*. Centre for Health Service Development, University of Wollongong.

Home Care Service NSW

Home Care NSW has a metropolitan call centre where screening and prioritisation of client needs is carried out. This project was related to the implementation of standardised screening tools in NSW and explored one large (ie, 50% of the HACC budget in NSW) agency's role in screening with a focus on determining a priority rating system.

By using the functional screen and trialing how to introduce it into the call centre, Home Care got a more reliable working system for the allocation of resources on the basis of client need. The analysis of the data collected along the way shaped the final product and the report recommended a way that decisions about priority can be made more reliably⁹.

ATLAS

The ATLAS (Adult Training, Learning and Support) program for young school leavers used the HACC standardised screening and assessments for understanding their needs. This work is important DADHC as they are moving towards a more equitable distribution of money for disability support services.

CHSD did the data analysis of the scores for three cohorts of young people with disabilities. This was used to assist in program planning and became the basis for a proposal to do more work on the costs of care and support for this group¹⁰.

⁹ Stevermuer TL, Owen A and Eagar K (2003) *A priority rating system for the NSW Home Care Service: Data Driven Solutions*. Centre for Health Service Development (CHSD), University of Wollongong.

¹⁰ Gordon R, Eagar K and Owen A (2003) *The NSW ATLAS Program: Understanding the Relationship between*

An important development in 2003 saw DADHC and the education sector, which includes the Department of Education and Training, the Catholic Education Commission and Association of Independent schools, jointly trialing electronic registration and referral through the Human Services Net (HSNet)¹¹.

This electronic process is designed to stream students with a disability, about 700 in all, into the most appropriate post school pathway and services. The registration process determines each student's support needs for the purpose of access to the ATLAS program, or to employment.

Schools now have the option of making an electronic referral via HSNet or making a paper-based referral. Support teachers have already received training in HSNet and the early indications are that the majority of referrals will be electronic.

Southern ATLAS

This is a small project based in the Illawarra where service coordination planning is being investigated by a case study of the service planning efforts for two young people with high support needs.

The focus of the final report is on the organisational and funding questions and the planning that is needed to improve the

Cost and Need. Centre for Health Service Development, University of Wollongong

¹¹ Eagar K (2003) *The HSNet ATLAS initiative - bridging the gap between Disability, Home and Community Care, Health and School Education*. Human Services Better Service Delivery Program, Office of Information Technology, NSW Department of Information Technology and Management.

<http://www.hsnw.gov.au/bsdsp>

system. This work is expected to be completed in mid 2004.

Medications in the Community

This project investigated risk management strategies in community care for helping consumers manage their medicines. Kiama and Shellharbour Councils were funded at regional level under the NSW HACC Program and CHSD assisted the writing of the report, along with a local advisory group that included representatives of pharmacy, general practice and nursing groups, consumer and support service agencies.

The evaluation of the project included examining support strategies around the safe use of medicines. The findings have clear indications for how to manage risk in medications usage in the community and reliably prompt the Home Medications Review jointly conducted by the GP and pharmacist. The report included recommendations for practical solutions to complex medico-legal issues that were analysed in terms of client, organisational and system risks.

Mental Health Projects

The CHSD was the national design team commissioned by the Commonwealth under the 2nd National Mental Health Plan, to establish a series of national demonstration projects in integrated mental health care (MHIP). The role of the CHSD in 2003 was to continue supporting the projects as they wound down. The Far West and Illawarra Regions of NSW, and the inner city of Melbourne, were the national demonstration sites and they completed their final evaluation reports in 2003.

The lessons from the planning, implementation and wind down phases and

the findings of the independent evaluations were put together in a summary document¹². By adding in the analysis of the finances of the projects, an overall synthesis of the findings will be available in 2004. Associated reports and papers can be found at:

<http://www.health.gov.au/hsdd/mentalhe/pubs/nihs.htm>

Other work in mental health in 2003 included a large casemix and outcomes study in New Zealand¹³.

Small Areas Statistics

Using statistical information related to a small group, such as a small geographic area, can be problematic in two different ways. Firstly, it may be difficult to maintain the privacy and confidentiality of individuals within the group. Secondly, the precision of estimates of statistics such as prevalence rates may be quite low, resulting in a danger of "over-interpretation" by attention being focussed on the estimates themselves without due regard to their precision.

The aim of this project, funded by the NSW Department of Epidemiology and Surveillance, is to develop guidelines for best practice for small area analysis and reporting. A set of guidelines was developed in draft form in 2003 and it is expected that a final report with a recommended format will be completed in 2004.

This project is a joint research interest with Wollongong University School of Mathematics

¹² Eagar K., Owen A, Burgess P and Harvey R (2003) *National Mental Health Integration Program (MHIP): National Evaluation Synthesis*, Centre for Health Service Development, University of Wollongong.

¹³ Eagar K, Burgess P and Green J (2003) *Results of the New Zealand Casemix and Outcomes Study (NZ-CAOS)*. Centre for Health Service Development, University of Wollongong

and Applied Statistics and the Graduate School of Public Health, as well as researchers from the National Centre for Social and Economic Modelling (NATSEM) at the University of Canberra.

Continence

This was continuing research undertaken in 2002-2003 as part of the National Continence Strategy. One of the strategic areas of research was the development of a framework for economic and cost evaluation of the impact of continence conditions¹⁴.

As part of a bigger project, the CHSD used the SNAP database to assess the cost of continence in sub-acute care, by separating out the effects of age and function. The research also involved a technique called multi-level modelling that was used as a way to adjust for the effects of data coming from different types of hospitals.

PADP

The Centre was commissioned by NSW Health to develop an assessment tool for the Program of Appliances for Disabled People (PADP) to assist in determining the priority of funding and the allocation of equipment, aids and appliances based on clinical need.

CHSD produced a consultation paper in 2003¹⁵ and the consensus was that it would be feasible to modify existing functional dependency tools, and then pilot test a more standardised approach. The pilot testing will take place in 2004.

¹⁴Green J, Smoker I, Ho MT, Moore K (2003) Urinary incontinence in subacute care – a retrospective analysis of clinical outcomes and costs. *The Medical Journal of Australia*, Volume 178, Number 11, Pages 550-553.

¹⁵Eagar K, Sansoni J, Harvey R and Owen A (2003) *A PADP Assessment Tool to Assist in Determining Priority of Funding and the Allocation of Equipment, Aids and Appliances based on Clinical Need: Consultation Paper*. Centre for Health Service Development, University of Wollongong.

CHSD Inputs in 2003: External Funding

The past year has been a successful period for the Centre from a financial perspective. Total income for 2003 was \$1,741,883 as shown in the table below. This included \$330,000 as part of the NSW Health Department's Research Infrastructure Grant.

The Centre received funding from 12 sources in 2003 including two Commonwealth government departments, four State/Territories, two local health authorities, a health insurer and a non-government not for profit organisation.

Income 2003

Project	Source	Income 2003
NSW Health Infrastructure grant	NSW Health	\$330,000
Australasian Rehab Outcomes Centre	various	\$195,993
Australian Health Outcomes Collaboration	various	\$195,000
National CCP evaluation	Dept of Health and Ageing	\$172,139
Rural Palliative Care	Dept of Health and Ageing	\$139,361
Mental Health Integration Project Phase 2	Dept of Health and Ageing	\$128,566
ED Availability	SCRIF/ NHMRC	\$99,410
Small Areas	NSW Health	\$71,543
SNAP implementation NSW	NSW Health	\$66,000
Catastrophic injury project	NRMA	\$52,723
Queensland HACC reform	Queensland Health	\$52,103
NSW HACC assessment project	Dept of Ageing, Disability & Home Care	\$50,284
Publication grant	Commerce	\$50,000
PADP - develop assessment tool	NSW Health	\$46,840
NSW Home Care prioritisation	NSW Home Care	\$45,760
ATLAS	Dept of Ageing, Disability & Home Care	\$16,489
GAPS Palliative Care evaluation Phase 2	Murrumbidgee Div of GP	\$14,643
Southern DADHC Autism project	Dept of Ageing, Disability & Home Care	\$8,029
Illawarra pharmacy project	Kiama Council	\$7,000
Total income 2003		\$1,741,883

The lessons we draw from the description of our funding sources are that we have managed to spread the risks associated with too much reliance on any one source of funds.

With current infrastructure funding over a full year representing about 20% of total costs, we are now in a good position to increase external R&D project funding beyond our current levels. That

means we can be more confident in making longer term offers of work when we are taking on new staff.

We considered these issues as part of our strategic planning processes in 2003, and we built the ideas into our NSW Health Capacity Building Infrastructure Grant (CBIG). Our Centre capacity building strategy includes current staff career development, doctoral supervision, academic secondment positions and the appointment of a Business Manager.

In addition, and as part of our grant conditions, we also developed a Knowledge Transfer strategy. That includes participation by CHSD staff in NSW Health committees, inserts of information on our work in suitable journals or industry publications and website development.

We also proposed a Practitioner Fellowship secondment program from the NSW health system and ways of providing analytical support for Area Health Services - either by co-locating a position or by workshops/short courses with potential to articulate into a Masters level degree.

In summary, the combination of the extra support we have received from the Commerce Faculty coupled with our NSW Health infrastructure grant has been instrumental in putting the Centre on a sound financial footing in 2003.

As a result, 2003 saw the Centre placed in a good position to bid for more long term research program support, and we took a number of steps towards making our work better known. This is shown by the significant number of publications (92 in all) produced in 2003. These publications are listed in the following section.

The CHSD Board meetings in 2003 involved discussions about ways of getting additional long term support for the Centre's research agenda. Board members provide useful insights into the Centre's strengths and weaknesses and help work out our strategic direction.

A number of groups who had previously worked on joint projects, plus others who expressed an interest in working with CHSD, were encouraged to collaborate on developing a bid for an NHMRC program grant. The focus of the bid is proposed NHMRC funding of \$2 million per year for five years for up to four consortia to investigate health economics and financing.

Our intention at the end of 2003 is to make a major bid with a consortium to include both academic colleagues and industry partners. The main activities will then be undertaken in 2004 with a view to writing an expression of interest and, if successful at the first stage of the NHMRC process, to go on to a full research proposal.

CHSD Outputs 2003: Publications

Book Chapters

1. Underwood P, Ali M, and **Owen A** (2003) *First Contact Care in Developing Health Care Systems*. Chapter in Jones R, Volume 1: The Nature of Primary Medical Care, Oxford Textbook of Primary Medical Care, Oxford University Press: Oxford. 0-19-263219-1.
2. Gordon R and Eagar K (In press) *Output based funding and activity based costing*. In Courtney, M. and Briggs D (Ed) Financial Management in Health Services. MacLennan & Petty, Sydney.

Journal Articles

3. **Bomba D** and Land T (2003) *A Case Study of Patient Attitudes Towards the Use of Computerised Medical Records and Unique Identifiers in Four GP Practices*. The Journal on Information Technology in Healthcare. Volume 1 (1), pages 17-25.
4. **Cromwell D, Eagar K** and Poulos R (2003) *The performance of an instrumental activities of daily living scale in screening for cognitive impairment in elderly community residents*. Journal of Clinical Epidemiology, Volume 56, Issue 2, February 2003, Pages 131-137.
5. **Eagar K** (2003) *Book review: Hospital in the Home: principles and practice. Michael Montalto 2002*. Australian and New Zealand Journal of Public Health, Volume 27 (5), pages 568-569.
6. **Green J**, Smoker I, Ho MT, Moore K (2003) *Urinary incontinence in subacute care – a retrospective analysis of clinical outcomes and costs*. The Medical Journal of Australia, Volume 178, Number 11, Pages 550-553.
7. Khan S, Henry R and **Hurst T** (2003) *Outcome evaluation of early discharge from hospital with asthma*. Respirology, Volume 8, Pages 77-81.
8. Michael S, Barakate PG, Bannon CF, Hughes MD, Horton AC and **Hurst T** (2003) *Emergency surgery after unsuccessful coronary angioplasty: a review of 15 years' experience*. Annals of Thoracic Surgery, Volume 75, Pages 1400-1405.
9. **Eagar K, Cromwell D, Owen A, Senior K, Gordon R and Green J** (2003) *Health Services Research and Development in Practice: an Australian experience*. Journal of Health Services Research and Policy. Volume 8, Suppl 2, Pages 366.1 – 366.7.
10. Williams P, **Yeatman H**, Zakrzewski S, Aboozoid B, Henshaw S, Ingram K, Rankine A, Walcott S, and Ghani F (2003) *Nutrition and related claims used on packaged Australian foods – implications for regulation*. Asia Pacific Journal of Clinical Nutrition Volume 12 (2), pages 138-150.
11. **Yeatman H** (2003) *Food and nutrition policy at the local level: key factors that influence the policy development process*. Critical Public Health, Volume 13 (2), pages 125-138.
12. Mullan J, Crookes P and **Yeatman H** (2003) *Rain, fog, smog. It's not always about the weather*. Accepted for publication. Journal of Pharmacy Practice and Research. Volume 33 (4) pages 584-285.
13. **Eagar, K, Green, J and Gordon R** (In press) *An Australian Casemix Classification for Palliative Care: Technical Development and Results*. Palliative Medicine.
14. **Eagar K, Gordon R, Green J and Smith M** (In press) *An Australian Casemix Classification for Palliative Care: Lessons and Policy Implications of a National Study*. Palliative Medicine.
15. Burgess P, Pirkis J, Buckingham B, Burns J, **Eagar K and Eckstein G**. (In press) *Adult mental health needs and expenditure in Australia*. Social Psychiatry and Psychiatric Epidemiology.

16. Shorten A, Chamberlain M, **Shorten B** and Kariminiad A (In press) Making choices for childbirth: development and testing of a decision-aid for women who have experienced previous caesarean. Patient Education and Counselling.

Conference Papers

17. **Eagar K** (2003) *Outcomes Assessment for Practice Improvement: Promises and Pitfalls*. 9th Annual National Health Outcomes Conference, Canberra, August 2003.
18. **Eagar K** (2003) *Exploring Options*. Key note paper, NSW Palliative Care Conference: Exploring Options, Griffith NSW, Nov 2003
19. **Eagar K** (2003) *Can the National Palliative Care Strategy be translated into a model of care that works for rural Australia? An answer from the Griffith Area Palliative Care Service (GAPS) experience*. Divisions of General Practice Network Forum, Brisbane, Nov 2003
20. **Eagar K** (2003) *The Australian health care system: updates and developments*. ACHSE Professional Update, Wollongong, April 2003.
21. **Eagar K** (2003) *To be Inefficient is to be Unethical*. Annual Scientific Meeting of the Royal Australasian College of Physicians, Hobart, May 2003
22. **Eagar K** (2003) *Evaluation of the National Palliative Care Caring Communities Program*. Caring Communities National Workshop, Canberra, May 2003
23. **Eagar K** (2003) *ATLAS consumers and their prospects*. NSW Support Teachers Conference, Sydney, August 2003.
24. **Eagar K** (2003) *Creating Connections - Health, Community and Residential Care Assessments*. ACS 2003 Residential Care Conference, Sydney, August 2003
25. **Eagar K** (2003) *When performance measurement isn't enough - towards national benchmarking for Australia's mental health services*. 9th Annual National Health Outcomes Conference, Canberra, August 2003
26. **Eagar K** (2003) *ATLAS consumers and their prospects*. NSW ATLAS Conference, Albury, August 2003
27. **Eagar K** (2003) *Diversity in Health - structural threats and opportunities*. Diversity in Health 2003: Innovation, Creativity, Harmony, Darling Harbour, Oct 2003
28. **Green J** (2003) *Providing a service for the medical rehabilitation sector*. 9th Annual National Health Outcomes Conference, Canberra, August 2003
29. **Pearse J**, Mazevska D and Gibbs A (2003) *Private Health Insurance reform and population ageing*. Third Health Services and Policy Research Conference, The Health Services Research Association of Australia and New Zealand, Melbourne, November 2003
30. **Pearse J**, Gibbs A, Jayashina H and Mazevska D (2003) *Access to Hospital Care and Geographic Flows of Patients*. Third Health Services and Policy Research Conference, Melbourne, November 2003
31. Walker A, Thurecht L, **Pearse J** and Harding A (2003) *Hospitalisation rates and costs by socioeconomic status, New South Wales, 1996-97 and 2000-01*, Third Health Services and Policy Research Conference, Melbourne, November 2003
32. Thurecht L, Walker, A, **Pearse J** and Harding, A (2003) *NSW Hospitals: Are They 'Pro-Rich' or 'Pro-Poor'?*. 9th Annual Health Outcomes Conference, Canberra, August 2003.
33. Thurecht L, Walker A, **Pearse J** and Harding A (2003) *Projecting the Fiscal Impact of Population Ageing on the Hospital System: A Distributional Analysis*. Conference of Economists, Canberra, Australia, September 2003
34. Lidgard D and **Yeatman H** (2003) *Messages in the media - Portrayal of Food and Nutrition in Popular Women's magazines*. Poster presentation, *Food choice - why we eat what we eat*. Society for Nutrition Education 36th Annual Conference, Philadelphia USA, July 26-30 2003. Printed as peer-reviewed abstract in Conference Proceedings, Volume 36, No. 1, p. 41.

35. Mellsop G, **Eagar K** et al (2003) *Analysis of New Zealand Mental Health Clinical Outcomes Data*, 9th Annual National Health Outcomes Conference, Canberra, August 2003
 36. **Sansoni, J** (2003) *Health outcomes assessment for practice improvement*, panel presentation, 9th Annual National Health Outcomes Conference, Canberra, August 2003.
 37. **Sansoni J** (2003) *Health outcomes: An overview*, workshop, 9th Annual National Health Outcomes Conference, Canberra, August 2003.
 38. **Sansoni J** (2003) *Outcomes projects for continence conditions*, National Continence Management Advisory Committee, March, Canberra.
 39. **Sansoni J** (2003) *Outcomes projects for continence conditions: An update*, National Continence Management Advisory Committee, August, Melbourne.
 40. **Sansoni J and Tilley L (eds)** *Health Outcomes 2003: The Quest for Practice Improvement*, Conference Proceedings of the 9th Annual National Health Outcomes Conference, University of Wollongong, December 2003
 41. **Senior K** (2003) *How does a rural palliative care program work: an anthropological approach*, invited paper, NSW Palliative Care Conference, November, Griffith.
 42. **Senior K** (2003) *Boyfriends, Babies and Basketball, current lives and future selves of Young women in Ngukurr, North Australia* Research Unit seminar series 'Current Indigenous Issues', 6th June, Darwin.
<http://rspas.anu.edu.au/papers/naru/Senior.rtf>
 43. **Senior K** (2003) *Walkin' about at night: young women and their relationships in a remote Aboriginal community*, Australian Institute of Aboriginal and Torres Strait Islander Studies, Seminar Series: Health and Society, an Indigenous Perspective, 13th October, Canberra.
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 45. **Shorten B** & Shorten A (2003) *Impact of private health insurance incentives on obstetric outcomes in NSW hospitals*. 9th Annual National Health Outcomes Conference, Canberra, August 2003.
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46. **Cromwell D, Gordon R** (2003). *Compensation for Visiting Medical Officers under fee for service and sessional payment models. A report for Illawarra Health*. Wollongong. Centre for Health Service Development. [commercial report, not for public dissemination]
 47. **Cromwell D, Senior K, Owen A, Gordon R, and Eagar K** (2003) *Can the National Palliative Care Strategy be translated into a model of care that works for rural Australia? An answer from the Griffith Area Palliative Care Service (GAPS) experience*. Centre for Health Service Development, University of Wollongong.
 48. **Eagar K** (2003) Commentary on Choices for Change: In *Choices for Change: The Path for Restructuring Primary Healthcare Services in Canada*. Lamarche PA, Beaulieu MD, Pineault R, Contandriopoulos AP, Denis JL and Haggerty J. University of Montreal and the Canadian Health Services Research Foundation.
 49. **Eagar K** (2003) *The HSNET ATLAS initiative – bridging the gap between Disability, Home and Community Care, Health and School Education*. Human Services Better Service Delivery Program, Office of Information Technology, NSW Department of Information Technology and Management.
<http://www.hsnet.nsw.gov.au/bsdip>

50. **Eagar K** (2003) *Measuring need, risk and priority for community care by use of the Ongoing Needs Identification (ONI) tool*. Centre for Health Service Development, University of Wollongong.
51. **Eagar K** (2003) *Training Manual for the Queensland Demonstration Projects in Tier 1 Assessment Reform of the HACC Program*. Centre for Health Service Development, University of Wollongong.
52. **Eagar K** (2003) *Training Manual for the NSW Comprehensive Assessment Pilots*. Centre for Health Service Development, University of Wollongong.
53. **Eagar K**, Burgess P and Buckingham B (2003) *Towards National Benchmarks for Australian Mental Health Services*. ISC Discussion Paper No 4. Commonwealth Department of Health and Ageing, Canberra.
54. **Eagar K**, Burgess P and **Green J** (2003) *Results of the New Zealand Casemix and Outcomes Study (NZ-CAOS)*. Centre for Health Service Development, University of Wollongong
55. **Eagar K.**, **Owen A**, Burgess P and **Harvey R** (2003) *National Mental Health Integration Program (MHIP): National Evaluation Synthesis*, Centre for Health Service Development, University of Wollongong.
56. **Eagar K and Hurst T** (2003) *Evaluation of the Illawarra Community Health Asthma Program (CHAP)*. Centre for Health Service Development, University of Wollongong
57. **Eagar K, Gordon R and Green J** (2003) *NSW ATLAS Consumers and their Prospects*. Centre for Health Service Development, University of Wollongong.
58. **Eagar K and Owen A** (2003) *Community Care Assessment Jigsaw Puzzle: Progress Towards a Federated Solution*. *Agendas*, 28, 6-7, Summer 2003. Aged and Community Services Australia.
59. **Eagar K and Owen A** (2003) *Ongoing Needs Identification in Queensland Community Care: How and Why*. Centre for Health Service Development, University of Wollongong
60. **Eagar K and Owen A** (2003) *ATLAS Reform Project Functional Screening and Behavioural Assessment: How and Why*. Centre for Health Service Development, University of Wollongong.
61. **Eagar K and Owen A** (2003) *Supplementary Guide on Establishing Priority for Service*. Centre for Health Service Development, University of Wollongong
62. **Eagar K, Quinsey K, Gordon R, Senior K, Yeatman H, Owen A and Fildes D** (2003) *Caring Communities Palliative Care Program First Evaluation Progress Report*, Centre for Health Service Development, University of Wollongong.
63. **Eagar K, Sansoni J, Harvey R and Owen A** (2003) *A PADP Assessment Tool to Assist in Determining Priority of Funding and the Allocation of Equipment, Aids and Appliances based on Clinical Need: Consultation Paper*. Centre for Health Service Development, University of Wollongong.
64. **Eagar K, Senior K, Fildes D, Quinsey K, Owen A, Yeatman H, Gordon R and Posner N** (2003) *The Caring Communities: Evaluation Tool Kit: A compendium of tools to aid in the evaluation of palliative care projects*. Centre for Health Service Development, University of Wollongong
65. **Eagar K, Senior K and Owen A** (2003) *Evaluation Plan for the NSW Comprehensive Assessment Pilots*. Centre for Health Service Development, University of Wollongong.
66. **Fildes D** (2003) *The Caring Communities Program: An Introduction from the National Evaluators*. Evaluation Bulletin, Number 1, April 2003. Centre for Health Service Development, University of Wollongong.
67. **Fildes D** (2003) *The Caring Communities Program: The Literature Review*. Evaluation Bulletin, Number 4, August 2003. Centre for Health Service Development, University of Wollongong.

68. Gaines P, Bower A, Buckingham W, **Eagar K**, Burgess P. and **Green J** *New Zealand Mental Health Classification and Outcomes Study: Final Report*. Health Research Council of New Zealand: Auckland, 2003
 69. **Gordon R, Eagar K and Owen A** (2003) *The NSW ATLAS Program: Understanding the Relationship between Cost and Need*. Centre for Health Service Development, University of Wollongong
 70. **Green J P, Stevermuer T L and Gordon R** (2003) *DataMatters. Information Bulletin*, Volume 1 Number 2, January 2003. Australasian Rehabilitation Outcomes Centre.
 71. **Green J P, Stevermuer T L and Gordon R** (2003) *DataMatters. Information Bulletin*, Volume 1 Number 3, November 2003. Australasian Rehabilitation Outcomes Centre.
 72. **Green J P** (2003) *Allocating ATLAS School Leavers to Assistance Programs*. Centre for Health Service Development, University of Wollongong.
 73. **Green J P, Stevermuer T L and Gordon R** (2003) *AROC Reports for Anywhere Hospital July 2000 - June 2003*. Australasian Rehabilitation Outcomes Centre.
 74. **Green J P, Hurst T L and Gordon R** (2003) *AROC Reports for Any Health Fund (AHF) July 2000 - September 2002*. Australasian Rehabilitation Outcomes Centre.
 75. **Pearse J** (2003) *Performance Agreements: A Public Discussion Paper Prepared for the Health Reform Committee*. WA Government October 2003.
 76. **Quinsey K, Senior K and Gordon R** (2003) *Report to Caring Communities Program National Reference Group*. Centre for Health Service Development, University of Wollongong
 77. **Senior K** (2003) *The Caring Communities Program: Indigenous Issues in Palliative Care*. Evaluation Bulletin, Number 5, August 2003. Centre for Health Service Development, University of Wollongong.
 78. **Senior K** (2003) *The Caring Communities Program: An Introduction to Ethics*. Evaluation Bulletin, Number 2, June 2003. Centre for Health Service Development, University of Wollongong.
 79. **Senior K** (2003) *The Caring Communities Program: Qualitative Research Methods*. Evaluation Bulletin, Number 3, July 2003. Centre for Health Service Development, University of Wollongong.
 80. Steel D, **Green J** and Brown L (2003) *Best Practice in Small Area Analysis and Reporting - Literature Review and Guidelines*. Centre for Health Service Development, University of Wollongong.
 81. **Stevermuer TL, Owen A and Eagar K** (2003) *A priority rating system for the NSW Home Care Service: Data Driven Solutions*. Centre for Health Service Development, University of Wollongong.
- ### Papers submitted for publication
82. **Bomba D**, Fulcher J and Dalley A (2003) *An Australian Case Study of a Patient-GP Diabetes I-Key Innovation Project*. Submitted to The International Journal of Medical Informatics
 83. **Bomba D** (2003) *Information Technology in General Practice: A Survey of Illawarra GP Attitudes Towards Computerisation*. Submitted to The Australian Family Physician.
 84. Bern J, **Senior K** and Perkins D (2003) *The dynamics of managing subsistence in a remote Aboriginal Community in Australia's Northern Territory*. Submitted to Human Organization.
 85. **Cromwell DA** (2003). *Waiting time information services: the potential of clearance time statistics to forecast a patient's wait?* Submitted to Social Science and Medicine.
 86. **Eagar K, Owen A, Cromwell D** and Poulos R (2003) *Towards a national measure of function for Australian Home and Community Care Services: the first stage in the journey*. Submitted to Australian Health Review.

87. Khan MSR, O'Meara M, **Hurst T** and Henry RL (2003) Bridging the Gap between Asthma in Hospital and in the Community—a randomised-controlled trial of asthma education by telephone after discharge from an Emergency Department. Medical Journal of Australia.
88. Kriflik L and **Yeatman H** (2003) *The Environment As A Consideration In Food Choices*. Submitted to Social Science and Medicine, June 2003.
89. Kriflik L and **Yeatman H** (2003) *Food Safety and the Environment; Consumer Views*. Submitted to Australian and New Zealand Journal of Public Health, July 2003.
90. O'Sullivan R, Karantanis E, **Stevermuer TL**, Allen W, Moore KH (2003) *The definition of mild, moderate and severe incontinence on the 24-hour pad test*. Submitted to British Journal of Obstetrics and Gynaecology, September 2003.
91. **Senior K** (2003) *Walking about at night: Young women and their relationships in a remote Aboriginal community*. Submitted to Youth and Society, October 2003.
92. **Shorten B** and Shorten A (2003) Impact of private health insurance incentives on obstetric outcomes in NSW hospitals. Submitted to Australian Health Review

CHSD Outputs 2003: International, national, state and local advice, consultation and committees

National and international contacts

The CHSD has a strong national reputation and a growing international reputation, and the CHSD has been commissioned to undertake R&D projects by almost every health authority in Australia. At national level, the CHSD received recognition of its role by being selected through a competitive process to be on the Commonwealth Department of Health and Ageing panel of program evaluators and reviewers for the Health Services Division for the period October 2003 to June 2005.

In 2003 individual CHSD staff members were invited to present papers at international, national and local conferences:

- National Continence Management Advisory Committee, Canberra, March
- Australian College of Health Service Executives, Professional Update, Wollongong, April
- Caring Communities National Workshop, Canberra, May
- Annual Scientific Meeting of the Royal Australasian College of Physicians, Hobart, May
- North Australia Research Unit seminar series 'Current Indigenous Issues', Darwin, June
- Society for Nutrition Education 36th Annual Conference, Philadelphia USA, July 26-30.
- 9th Annual National Health Outcomes Conference, Canberra, August.
- NSW Support Teachers Conference, Sydney, August.
- ACS 2003 Residential Care Conference, Sydney, August
- NSW ATLAS Conference, Albury, August
- National Continence Management Advisory Committee, Melbourne, August.
- Conference of Economists, Canberra, Australia, September
- Diversity in Health 2003: Innovation, Creativity, Harmony, Darling Harbour, Sydney, October
- Australian Institute of Aboriginal and Torres Strait Islander Studies, Seminar Series: Health and Society, an Indigenous Perspective, Canberra, October
- Annual International Society for Quality of Life Research (ISOQOL) Convention, Prague, October
- Third Health Services and Policy Research Conference, the Health Services Research Association of Australia and New Zealand, Melbourne, November
- Beijing Labour and Social Security study tour, Canberra, November
- NSW Palliative Care Conference: Exploring Options, Griffith NSW, November
- Divisions of General Practice Network Forum, Brisbane, November

Professor Kathy Eagar maintained close collaboration with the Canadian health service research community and during 2003 was the international reviewer for the Canadian Health Services Research Foundation Policy Synthesis on Primary Healthcare.

The International Journal of Health Services Research and Policy in collaboration with the Canadian Health Services Research Foundation (CHSRF) produced a special international edition on "collaborative research" and "partnerships in research" in 2003.

The CHSD was invited to present the Australian perspective in this special edition¹⁶.

Dr David Cromwell's research on the use of waiting list information has attracted international interest. In 2003, Dr Cromwell moved back to the UK to work at the NHS Executive, UK Department of Health.

Rob Gordon represented the Centre at the inaugural meeting of the International Rehabilitation Outcomes Network (IRON), held in conjunction with the 2nd World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM) in Prague, Czech Republic, May 18-22, 2003.

Jan Sansoni presented a poster at the Annual Convention of the International Society for Quality of Life Research in Prague in October 2003. She also visited colleagues at the National Centre for Health Outcomes Development, Oxford University, and at Oxford Outcomes Pty Ltd. A joint project with Oxford Outcomes was a set of follow up interviews on the desired end points from the consumer perspective for treatment of premature ejaculation.

Roy Harvey has been involved in consultancies and development projects on health financing for the World Bank, AusAID and the World Health Organisation (WHO). In 2003, he undertook work for WHO on social health insurance development in Asia and the Pacific. This was a 14-country study of the national experiences with pre-payment for health services. AusAID also funded development and planning work in Xianyang

Province in China. This was work for the Bin County Public Health Bureau reviewing their systems for the introduction of health insurance. Roy is health policy for the Australian Council of Social Service (ACOSS) and a social policy adviser for ACTCOSS.

Alan Owen has a long-standing collaboration on international health with Dr Peter Underwood now at Curtin University, WA. In 2003 they wrote a chapter (with Dr Mohammed Ali from Bangladesh) entitled 'First Contact Care in Developing Health Care Systems, which was published in the Oxford Textbook of Primary Medical Care in 2003. He attended the National Health Summit held in Canberra in August 2003 as a health policy adviser for the Australian Council of Social Service.

David Bomba has established a collaboration in health informatics with the Department of Family Medicine, Uppsala University, Sweden and with the Centre for Clinical Computing, Harvard Medical School.

Advisory bodies and committees

During 2003 CHSD staff participated in a range of activities in a number of committees, task forces, community associations and statutory bodies. This usually involved membership of bodies providing formal decisions and informal advice, in meetings or by phone, through providing workshops or by being active on committees:

- Australian College of Health Informatics
- Australian College of Health Service Executives
- Australian Statistics Society (NSW Branch Council)
- Strategic Planning Society
- Food Standards Australia New Zealand (formerly Australia New Zealand Food Authority, ANZFA)
- Therapeutic Goods Authority (TGA) Committee (CMEC)

¹⁶ Eagar K, Cromwell D, Owen A, Senior K, Gordon R and Green J (2003) Health Services Research and Development in Practice: an Australian experience. *Journal of Health Services Research and Policy*. Volume 8, Supplement 2, Pages 366.1 – 366.7

- Safe Food Production Advisory Committee (NSW),
- National Management Group for BSE and foot and mouth disease
- Steering Committee, Strategic Review for the National Registration Authority for Agricultural and Veterinary Chemicals
- National Contingence Strategy, Steering Committee for Outcomes Projects
- Australian Consumers Association (ACA)
- Australian Public Health Association
- Australian Council of Social Service (ACOSS)
- Australian Pharmaceutical Advisory Committee (APAC)
- General Practice Partnership Advisory Council Access Taskforce
- 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
- NSW Council of Civil Liberties
- Institute for Health Research
- Illawarra Area Health Service
- Southern Region, Department of Ageing, Disability and Home Care
- Illawarra Area Child Care Services Board
- Medley Community Incorporated Refuge, Liverpool, NSW
- Health and Productivity Research Centre

CHSD Outcomes in 2003: Outcomes for the Health System

This section of the Annual Report is where we try to measure and give some account of more than just how busy we all are, or what funds we brought in. Each year CHSD sets goals relating to income, outputs (including publications) and outcomes. A core goal of the CHSD for the period 1999-2003 was that 'more than 50% of projects we do result in changes to either health policy or practice within 3 years'.

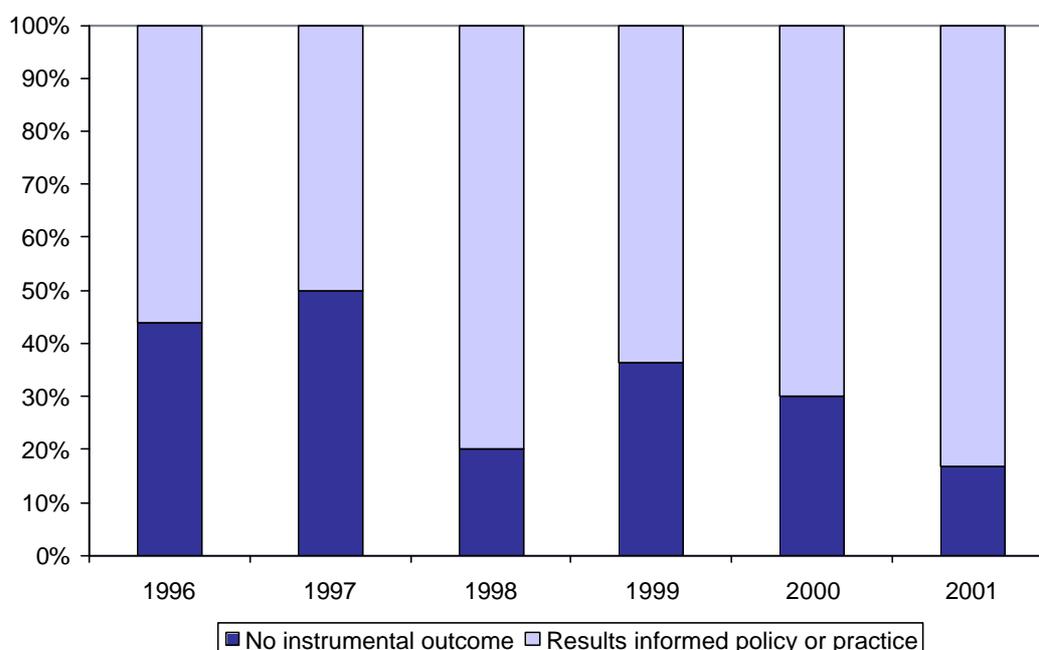
As shown in Figure 1, our internal assessment in each of these years is that we have met or exceeded this goal. We track each project we complete over the years and we consider our conclusions to have face validity. But the question of the reliability of our conclusions requires some more independent judgement.

An R&D project is considered to have a good outcome if it results in changes to either policy or practice at any level of the health system. The impact varies between projects, and some have had more significant health system outcomes than others.

We apply a number of practical tests to judge what we do, because the outcomes and recommendations of our work must not be too big, or too small, or too simplistic, or too ambitious, but just right for their context.

When we looked at the outcomes for projects undertaken in the four years 1999 to 2003, about two-thirds of external funding was spent on projects that result in changes in either health system/service policy and/or practice, while a further 10% was core infrastructure funding.

Figure 1 CHSD outcomes 1996-2001



Core funds moved up to 20% when 2003 was looked at alone. Taking out the core funding, our analysis showed only about 6% of total external income resulted in no outcome for the health system in the time period examined.

In 2003 the Centre's health services research output covered the familiar spectrum from clinical assessment tools, outcome measurement, evaluating palliative care and psychosocial interventions, collecting evidence in trials and demonstrations.

We see evidence of our policy advice being used and different jurisdictions taking up our strategies of standardising the measurement of need. We also see our evaluation frameworks being adopted in new programs.

We see evidence for positive outcomes when partnerships at the individual project level can develop into ongoing collaborations at the institutional level. For example, the Australasian Faculty of Rehabilitation Medicine (AFRM) worked closely with the CHSD in the design and conduct of the SNAP study and a close collaboration has continued. During 2003, the Australasian Rehabilitation Outcomes Centre (AROC) was well established at the CHSD. It is a partnership between the CHSD, the AFRM, two Commonwealth agencies, the States/Territories, public and private hospitals, insurers and third party payers.

The benchmarking and outcome data that AROC collects are recognised by all parties as an important information source to drive future policy and practice. We take that feedback as an indicator of positive outcomes from our activities.

Our goal is to undertake thematic research within a 'priority-driven' environment. The challenge is to ensure discrete projects form links that become a "thematic" chain. This is possible because many of our projects have practical implications for more than one health policy/management issue. The research themes also help CHSD staff members to maintain and develop their knowledge and skills.

The Centre's strategic decision-making is reflected in the selection of projects – and this presupposes a capacity for choice, assumes some level of infrastructure and ability to plan. Having a recognised track record and history of useful projects means that we have some ability to shape the choices that are on offer.

Centre for Health Service Development Staff

The Centre works as a multidisciplinary team and the staff has qualifications and expertise in about fifteen disciplines. About half of the team has previous experience working in policy, management and clinical positions in the health system. There is a commitment to blending quantitative and qualitative approaches and to producing outputs that are easily understood, and that can be of practical use to decision makers in health and community care.

There were 27 team members employed by the CHSD during 2003, 15 full time and the remaining part time.

Kathy Eagar, Professor and Director

Kathy Eagar manages to have a hand in most projects, but most usefully in negotiating the practical politics of the health system to ensure that we do is helpful to decision-makers. She has a fractional university salary that covers the Directorship of the Centre and a teaching role in supervising research students in the Faculty of Commerce.

Robert Gordon, Deputy Director (Operations)

Robert Gordon's full-time position is as Deputy Director (Operations) of the CHSD. Rob manages and supports several research projects, particularly in classification development, clinical benchmarking and outcome measurement.

Don Lewis, Professor (Health Economics)

Don Lewis obtained his PhD from Washington State University and has been at the University of Wollongong since 1976. He has been a Professor of Economics since 1991 and is currently the Associate Dean (Education) for the Faculty of Commerce. He was President of the Australian Health Economics Society from

1994 to 1999. His research interests in health economics include environmental health, program evaluation and private health insurance. His other research interests include women in the economy and the economics of education.

Roy Harvey, Associate Professor (Health Economics)

Roy Harvey's research interests focus on outcomes data and its use in benchmarking, and health financing research. Roy is also a health policy adviser for ACOSS and in that capacity contributes submissions to government inquiries and is a member of the Australian Pharmaceutical Advisory Committee.

Dr Ben Marosszeky, Associate Professor and Clinical Director of AROC

As well as his AROC role, Ben Marosszeky is the Director of the Department of Rehabilitation Medicine at Westmead Hospital, a Clinical Senior Lecturer in the Department of Medicine at University of Sydney and is a Councillor of the World Forum of Neurological Rehabilitation.

Jim Pearse, Associate Professor (Health Economics)

Jim Pearse commenced with the Centre on a fractional basis from August 2003. He comes to the Centre after long tenure in the position as Director of Funding and Structural Reform for NSW Health. He worked on the catastrophic injury project and contributed his experience to our thinking on the direction of our research program.

Heather Yeatman, Associate Professor (Public Health)

Heather Yeatman is Head of the Graduate School of Public Health and undertakes her research as a member of the CHSD. Within the Centre, Heather has a key interest in healthy public policy, with a specific focus on food policy, and how this translates into standards and regulation, and works with us on evaluation of palliative care.

Sue Cragg, Senior Research Fellow (Emergency Department Research)

Sue Cragg was appointed on a fractional basis to undertake the qualitative component of our Emergency Department Research Program. At the end of 2003, Sue left for Alice Springs.

David Cromwell, Senior Research Fellow (Operational Research)

David Cromwell's full-time position provided the Centre with expertise in operational research and research on health service delivery and financing. He left the CHSD in June 2003 to take up a position in the Commission for Health Improvement in London.

Gary Eckstein, Senior Research Fellow (Medical Demography)

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, mainly for the Centre's work on planning and resource allocation models.

Alix Goodwin, Senior Research Fellow (Consultant to AROC)

Alix Goodwin worked on a short term contract in 2003 after leaving a senior post in

the NSW Home Care Service. She interviewed the sponsors and users of AROC and prepared a business plan that was accepted by the AROC Board. Alix then moved to a position of senior advisor in the Chief Minister's Department in the Northern Territory.

Janette Green, Senior 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 is active in professional academic associations and helped organise an international statistical methods conference held in Wollongong.

Alan Owen, Senior Research Fellow (Community Care Research)

Alan Owen works 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. Alan is also a health policy adviser for ACOSS and in that capacity in 2003 was a member of the General Practice Partnership Advisory Council (GPPAC) Access Taskforce Committee.

Natasha Posner Senior Research Fellow (Health Service Research)

Natasha Posner joined the Centre in late 2003 from the Social Policy Research Centre (University of NSW) where she coordinated the evaluation of the Illawarra Mental Health Integration Project. She has a research interest in health outcomes and community care of people with chronic disease, disability and the frail aged. She is working on the evaluation of the Rural Palliative Care Program.

Jan Sansoni, Senior Research Fellow and Director, AHOC

Jan Sansoni's position is as Director of the Australian Health Outcomes Collaboration. Jan is active in a number of national and international collaborations concerning health outcomes measurement and organises the Annual National Health Outcomes Conference held each year in Canberra. Her expertise greatly assists the centre's work on understanding the evidence behind measurement tools.

Karen Quinsey, Research Fellow (Rehabilitation and Palliative Care)

Karen Quinsey rejoined CHSD in 2002 on a part-time basis to manage AROC's function as the Australasian manager of the Functional Independence Measure. Karen had previously worked in the Centre on secondment from Illawarra Health. Karen's background is in Occupational Therapy, Community Health Management and Health Service Improvement.

Kate Senior, Research Fellow (Ethnographic Research)

Kate Senior rejoined the Centre in 2002 after completing her PhD studies. She had previously worked for AHOC, has extensive experience working in Aboriginal communities and she also provided important ethnographic and qualitative research skills to the CHSD team through her involvement in the Griffith palliative care evaluation. Kate gained her PhD research in 2003 and, at the end of 2003, accepted a new position teaching anthropology in Darwin.

Tara Stevermuer (Hurst), Research Fellow (Applied Statistics)

Tara Stevermuer is a full time member of CHSD, joining CHSD at the beginning of 2002 as the AROC Data Manager. Over the last couple of years Tara has also worked on many CHSD projects including a number of community health and community care surveys, an evaluation of an asthma program (CHAP), and building a database to assist prioritisation for service for NSW Home Care.

Rebekkah Middleton, Research Fellow (Emergency Department Research)

Rebekkah Middleton has extensive experience in nursing and in particular in emergency nursing. Her interests in education and research led to her recruitment as a researcher on the project examining the relationship between primary care services and emergency departments.

David Bomba Research Associate (Health Informatics)

David Bomba is a Lecturer in the School of IT and Computer Science, and joined the Centre for his research work in 2003. His research areas are health informatics, GPs, computerised patient record and consumer health information systems. David's students are able to work on important information technology aspects of the Centre's research and operations.

Brett Shorten, Research Associate (Health Economics)

Brett Shorten is an Associate Lecturer in the School of Economics and Information Systems, and a member of the CHSD. His current research interests focus on health outcomes and cost-effectiveness of obstetric and maternity interventions, including the role played by health insurance.

Elizabeth Cuthbert, Business Manager

Elizabeth Cuthbert was appointed as the CHSD Business Manager in 2003, taking up the position on a full-time basis in September. Elizabeth's role is very important for the Centre as it expands and implements new systems.

Dave Fildes, Research Assistant

Dave Fildes is the Centre's full-time research assistant, advising on the use of the SNAPshot software. He is involved in a variety of projects including palliative care and community care screening and assessment.

Lorna Tilley, Research/Administrative Assistant

Lorna Tilley supports the Australian Health Outcomes Collaboration in its many roles, including organising the annual AHOC conference.

Allison Aylward, Administrative Assistant

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

Fiona Jongsma, Administrative Assistant

Fiona Jongsma is the Centre's full-time administrative assistant and manages the Centre's day to enquiries and assists with the finances.

Other Affiliates

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 associates in 2003 included Dr Chris Poulos, Mr Tim Coombs, Dr Philip Burgess, Dr Andrew Bezzina, Dr Peter Smith, Ms Carol Beaver, Dr Stephen Wilson, Dr Jane Pirkis, Dr Tom Trauer, Ms Carla Cranny, Dr Roslyn Poulos, Dr Michael Epstein, Mr Alan Hodkinson, Mr Keith McDonald, Ms Mary Ellen Burke and Ms Denise Reedy.

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