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## Director's Report 1999

The CHSD aims to undertake a continuing program of active research into methods to improve the management and provision of services. The goal is to improve the funding and delivery of public and private health and community care services in Australia.

Since its establishment, the CHSD has been essentially self-funding. Its chief sources of funds have been the Commonwealth and New South Wales Health Departments, but with additional significant contracts from other State and Territory health authorities, private sector organisations and New Zealand regional health authorities. Individuals have also undertaken extensive research and development work for the World Bank.

As well as project-based funding, the Centre receives external funding to support its core research activities and to provide advice and support to various sections and committees of NSW Health. In this way the CHSD is formally recognised by NSW Health as a research centre of 'statewide significance'. In 1999 the Centre assisted with the NSW Health Council agenda and advised on the continued implementation of the AN-SNAP (sub-acute and non-acute) casemix system.

Within the University, the Faculty of Health and Behavioural Sciences continued its reorganisation during 1999. The question of the integration of different research units within the Faculty, and the Centre's role as a separate research entity, will continue to be open to negotiation as the Faculty structure and its leadership role evolves in the next year.

While we are a separate structure, our work on research, service development, education and training projects links closely with a number of University of Wollongong and outside academic and industry collaborators with interests in health and community care.

In 1999 the Centre's work included significant collaboration with the Illawarra Institute of Mental Health on training in outcome measurement and evaluating mental health integration projects. As part of our evaluation of coordinated care, the information system and information management issues were examined with the assistance of the School of Informatics. Staff in the Centre also teach and consult with the Department of Statistics.

The University of Newcastle continues to lead a project where we have a supporting role (population groups planning), and the Social Policy Research Centre at the University of NSW shares our interest and some overlap of seminar and project work in coordinated care. We were part of a consortium led by the Centre for Health Economics Research and Evaluation at Sydney University that organised the first Health Services Research Conference in Sydney. At this successful international event we coordinated a stream on care coordination. We edited a set of papers and turned that conference session into a useful monograph from the CHSD.

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

We have strong connections to influential industry partners, particularly government authorities and area health services, but also with non-government organisations (ACOSS and the Salvation Army in 1999), and industry groups like the Australian Healthcare Association, and private health insurance groups. Our contributions include projects and reports, commissioned papers, presentations at conferences, policy advice and strategic planning sessions.

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

The clearinghouse and data quality enhancement work that is taking place through the structure of the Centre is evolving rapidly along with the technology and industry requirements. There is growing demand for a role that goes beyond the traditional one of researcher. This involves acting as data custodian, helping to achieve industry-wide benchmarking, and securing the necessary training to allow these activities. A more formalised approach to this work looks likely to evolve in both the rehabilitation and mental health outcomes areas.

The CHSD also continued its role in education as an important component of its core work. Our educational role in 1999 included both an internal role within the University and an external role in designing and providing programs for both clinicians and health managers.

The training of local staff and clinicians in collecting and handling data continued in 1999. Examples of this activity are the continual improvement of the SNAP software (now called SNAPshot), surveys of outpatient and community health activity, and the measurement of mental health outcomes. This work leaves behind useful skills and tools in local settings and improves the quality of the data we collect in our research projects, such that we can continue to learn from them after the final report is done.

Our projects with the Coordinated Care Trials, in mental health, with private rehabilitation services, with the NSW Ageing and Disability Department and with the local Division of General Practice are all in part about building the tools for examining continuity of care across settings.

Another strong theme running through most of our projects is the question of equity in the distribution of resources. Our research involves tools for classifying clients, measuring service use, needs and

costs, to better understand the balance of care and give managers a more rounded view of their service and the service users' characteristics.

## *The CHSD team*

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

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

In 1999 our staff consisted of:

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

In addition to core staff, the CHSD has a number of affiliates who collaborate with us on specific research projects and play a key role in forging links between the CHSD and the health industry. Affiliates in 1999 included Mr Bill Buckingham, Dr Philip Burgess, Ms Carla Cranny, Ms Libby Eagar, Dr Michael Epstein and Mr Alan Hodkinson.

### ***Acknowledgements***

The CHSD gratefully acknowledges the continuing support of the University of Wollongong. Particular thanks are due to Professor Len Storlien, Dean of Health and Behavioural Science, Professor Dennis Calvert, Head of the Graduate School of Public Health, Professor Christine Ewen, Pro-Vice Chancellor (Academic) and Professor Chris Brink 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 go to our staff and associates for their excellent work during 1999. My personal thanks also go to Mr Dermot Casey and Ms Liz Lowrie at the Commonwealth level, Ms Carol Beaver and Ms Helen Morton at Territory Health Services and Mr Jim Pearse and Associate Professor Steven Boyages at NSW Health for their support of our work during 1999.

This year again I want to personally thank Mr Alan Hodkinson (Visasys) for the technical excellence he provides us in designing the software products that maintain the quality of the data we ask people to collect.



Professor Kathy Eagar  
Director



## CHSD Research, Evaluation and Strategic Review Projects in 1999: Described by Service Development Themes

The goal of the CHSD is to make a significant contribution to improving the funding and delivery of health services in Australia. In applying a broader and strategic view to our own work program, the Centre addresses the themes developed in our previous annual reports.

This framework enables our sponsors to identify areas where the Centre may be of assistance, and in so doing attracts research to the Centre that maintains and develops our expertise and skills in these overall strategic directions.

The consistent themes are:

- **Casemix classification development across settings;**
- **Health and community care financing;**
- **Care coordination;**
- **Health service delivery and organisation;**
- **Tools for management decision-making.**

Within these themes, which are used to describe the projects in 1999, most of the Centre's work can be summarised as:

*Practical, priority-driven research for the health and community care industries by -*

- creating opportunities to incorporate research findings into administrative and clinical practice in health and community care settings;
- the development of funding models, the promotion of clinical best practice and methods of information management that can be built into the routine systems of Health Areas and other related health and community care service providers;
- and the provision of additional technical advice and the development of quality research and evaluation projects for government and non-government agencies.

*The development of tools that help to integrate effort across national and state and*

*area boundaries, and across professions and sectors through -*

- the promotion of collaborative work within the University of Wollongong, and with other research centres in other Universities; and
- the maintenance and promotion of good links within the broader health and community care sector, including non-government and industry groups, health insurance funds and the private sector.

As in previous years, the Centre pursued its aims by undertaking a mix of primary research, evaluation studies, service development and organisational reviews.

The primary research - in the sense of collecting and analysing raw data and producing reports based on that analysis - was in the areas of classification related projects and locally-based reviews and surveys. The Centre's evaluation projects were mainly on the theme of integration and coordinated care. By being focussed on establishing and using a series of client-based tools and outcome measures, the evaluation research also generates data bases that can be subject to further analysis.

Our work on service development and organisational reviews, and management decision-making tools overlap considerably with other themes of coordination and classifying and costing the needs of clients.

The review of projects in the main section of the Centre's 1999 Annual Report is organised under the five service development themes. Having a relatively small number of research themes is one way of organising the breadth of different projects and topics that vary considerably in their specific content and location from year to year.

# 1. Casemix Classification Development Across Settings

Projects undertaken by the Centre since its beginning have focussed on developing casemix classification systems. Since 1998, these have moved into a new phase with the completion of the SNAP and MH-CASC (mental health) studies after three years of solid effort, and further work on community care classification. The implementation side of this work is also covered in the description of software and MDS applications in Section 5.3 below.

An understanding of the cause of variation is fundamental to understanding outcomes. In research terms, we must be able to control for one type of cause of variation in order to understand the other.

The Centre's work has led to the creation of a national classification of Sub-Acute and Non-Acute patients (AN-SNAP Version 1), which is being adopted by a number of State health authorities as the basis for their information systems and funding models. Casemix classifications, including AN-SNAP, are important tools that help to control for variations between patients. By controlling for variations between patients we have the potential to produce information which helps us to understand the differences between providers.

In 1999 the Centre's work on rehabilitation outcomes and classification systems was extended to private rehabilitation services. Other new work in 1999 that extended earlier studies included mental health work in New Zealand based on the national classification and service costs study (MH-CASC).

Population based and economic evaluation approaches are in many ways more useful for planning than just service-based analyses. A framework for product classification and costing for the Northern Territory explored the way that Health Benefit Groups and Health Resource Groups can be used when a chronic disease register is in place.

The Centre also extended its approach to community care classification in 1999. We undertook another round of research on community health in the Northern Rivers Area in NSW.

This project used a survey tool based on the State of Origin Clinical Codes. There is growing demand for classification systems that can help us better understand how continuity of care works and how clients living in community settings might be more adequately described. The research developing a strategy for a common NSW community care classification was another example of this activity.

Much more needs to be done in this field, in both basic research and in applications and implementation issues. The development of technical tools and their application across settings is a continuing process, and these new studies and further analyses of existing data in 1999 helped the Centre make progress in its long standing research work in this area.

## ***1.1 A national classification system and payment model for private rehabilitation services***

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

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

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

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

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

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

#### **Associated reports, publications, papers:**

Eagar K, Green J, Gordon R. (1999) *A national classification system and payment model for private rehabilitation services*. Centre for Health Service Development, University of Wollongong.  
[http://www.health.gov.au/pubs/circfinl/consult/fin\\_rep\\_prwg\\_ke.pdf](http://www.health.gov.au/pubs/circfinl/consult/fin_rep_prwg_ke.pdf)

Eagar K (1999) The Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) Casemix Classification. Australian Health Review, Vol 22, No 3, 180-195, 1999.

Lowthian P, Disler P, Ma S, Eagar K, Green J and de Gfaaff S (1999) The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP) Casemix Classification as a predictor of functional outcome after Rehabilitation for Stroke. Clinical Rehabilitation Issue 14, 1.

Eagar, K. and Gordon, R, (1999) *The implementation of the AN-SNAP classification - issues and experiences one year on*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999.

## **1.2 Mental Health Classification and Service Costs**

The Centre was closely involved in National Mental Health Program-sponsored work from 1996-1998 to develop a national casemix classification for mental health. The national classification and service costs study (MH-CASC) analysed socio-demographic and service use data to identify clinically logical relationships between patients and resource use. The study sample included 25% of Australia's specialist mental health sector. The final MH-CASC Report was published by the Commonwealth as a systematic description of mental health clients and clinical service types, as part of the National Mental Health Strategy.

The databases created for the SNAP and MH-CASC projects remain a substantial resource for further research and have been used for a series of supplementary analyses, particularly in psychogeriatrics (see our 1998 Annual Report).

In 1999 the resources and research networks from MH-CASC were used to assist the development of mental health services in New Zealand, as well as inform the strategy for evaluating the mental health demonstration projects (see 3.2), and mental health outcomes training in Victoria (see 4.1 below).

#### **Associated reports, publications, papers:**

Burgess P, Pirkis J, Buckingham W, Eagar K and Solomon S. (1999) Developing a casemix classification for specialist mental health services. Casemix, Volume 1, Number 4, 31<sup>st</sup> December 1999.

Buckingham B and Eagar K (1999) *Developing a Casemix Classification for New Zealand Mental Health Services*. Report to the New Zealand Health Research Council Mental Health Research and Development Strategy.

### **1.3 Northern Territory Health Services. Health Benefit Groups and Healthcare Resource Groups**

This project is part of the Centre's ongoing advice and support role to the Territory Health Services (THS) to assist them in building tools for effective management.

In 1999 this included a community based product classification model and information framework, linking needs to resource requirements. The Territory has population data, a chronic disease register, with cases classified by ICPC codes (International Classification of Primary Care), as well as morbidity and financial data. As the Territory examines the range of services that it provides, there is a severe shortage of data let alone information on services and their costs in the primary health and public health care sector.

In an endeavour to make sense of the whole of the Department's workload and responsibilities, THS has been working on HBG/HRG development in such areas as chronic diseases, sexually transmitted diseases, paediatric and more recently in the child health and care and protection area.

The work to date has proved to be useful and has been well received by management and clinicians. There is further clarification needed, as to whether the HBG/HRG is a product classification framework, similar to the AR-DRG model or whether it be more useful as a planning or management tool?

#### **Associated reports, publications, papers:**

Eagar, K. Beaver, C and Zhao Y (1999) *Development of Health Benefit Groups for Older People*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999.

Eagar, K. and Flavell, C. (1999) *The Cost of Rehabilitation Services in the Northern Territory*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999.

### **1.4 Measuring and Classifying Primary and Extended Care Services in the Northern Rivers**

This project had its origins in the work begun by the Centre in 1997 to help the Northern Rivers Area Health Service (NRAHS) plan its community health activities. The first 'State of Origin' Study looked at cross-border flows of non-inpatient services to help negotiate with Queensland over funding adjustments.

A useful outcome of this study was increased awareness of the issues around primary and extended care services. The 1999 study used a refined version of the State of Origin community health codes to look at patterns of service provision across the whole of the NRAHS.

The major limitation of the study was its reliance on counting occasions of service, which was inevitable in a time-limited survey method. This limits the ability to look at multiple services to the same individual, across an episode of care.

The study involved local consultations to review the methodology used and compile a comprehensive list of services. The survey instrument was then used in training staff to collect data during a three week period. The data were recorded and quality checks undertaken. The resulting database was used to produce a final report to the participating services and the NRAHS.

Several findings were of interest beyond the comparisons between the different geographic sectors within the Area. Those over 75 years received 21% of services, and health promotion was the largest single area of community health activity, representing 13% of all community health investment.

### Associated reports, publications, papers:

Eagar K, Gordon R, Eckstein G and Eagar L (1999) *Measuring and Classifying Primary and Extended Care Services in the Northern Rivers*. Centre for Health Service Development, University of Wollongong.

## 1.5 NSW Community Care Classification

The Centre's survey work in the Northern Rivers Area showed that a minimal number of systematic descriptions and comparisons of community health and community care clients and activity was difficult but possible. 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.

In NSW, community care programs fund a range of different non-institutional, and to some extent substitutable service types. A NSW Community Care and Support Services' Consumers Classification project was completed in 1999 with a report to the sponsors, NSW Health and the NSW Ageing and Disability Department. We reviewed 32

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

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

### Associated reports, publications, papers:

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

Owen A. (1999) *'The Future of Community Care'*. NSW Council of Social Service Conference. Connections in Community Care: The interface between HACC and Health Services. Sydney, August 3, 1999.

Owen A. (1999) *'The Future of Community Care: Coordinating services and measuring populations, people and their needs'*. Different Sides of the Fence Conference, Canley Vale, NSW, November 19, 1999.

## 2. Health and Community Care Financing

The research projects described under the theme of health and community care financing have grown out of the Centre's work on costing and classification, but are more broadly based in their scope.

They are ordered in terms of the international, national and State levels. The international level involved World Bank funds, and Roy Harvey has been part of a consortium providing high level advice and technical support to a number of governments. This research is for the Australian Health Insurance Commission's international consulting arm, and its funding comes direct from that source.

At the national level research was completed for the Australian Healthcare Association and the Pharmacy Guild in 1999. In NSW the development of financing models for the Health Council and continuing work on population group planning models have been ongoing research projects to inform resource allocation. Economic analyses like those being undertaken for the Northern Territory (described under 1.3 above) are also as much about health and community care financing as they are about classification. What these different projects have in common is that they involve methods of improving data quality and recommending ways to fund services in more informed ways.

### 2.1 International

Roy Harvey has been involved in a number of overseas consulting projects that have resulted in a number of conference papers and reports for government in Slovenia, Bulgaria, Indonesia, and the Philippines. He was also a consultant during 1998-1999 on the development of the Egyptian Health Financing Reform Model. This was a joint project with the Health Insurance Commission, Harvard School of Public Health and USAID.

Also in 1999 Kathy Eagar continued to advise the New Zealand government on health financing issues, including a specific report on mental health research and development for their Health Research Council, as described in 1.2 above.

#### Associated reports, publications, papers:

Harvey R (1999) *Health Sector Reforms: A Conceptual Framework for Model Development*. Presentation at the Fifth Conference of World Bank Project Co-ordination Units and PHARE Health Finance and Information Conference. Sarajevo September 1999.

Harvey R (1999) *Sustainability of Health Insurance Institute Slovenia*. Paper for the HIC as part of the World Bank Slovenia National Health System Modernization Project: *Trends in costs and use of health services in Slovenia 1992-1997 and options for modelling*.

Harvey R (1999) *Model of projected revenues and expenditure in the health sector in Slovenia 1998-2005*.

Harvey R (1999) *Bulgaria Health Sector Reform Support*. Project Team Leader for Health Insurance Commission team - World Bank funded project in support of the Bulgarian National Health Insurance Fund. April - August 1999.

Harvey R (1999) *Report on the Hospital Reform (Financing) Consultancy to the Philippines Department of Health*. World Bank funded technical assistance. August, 1999.

Harvey R (1999) *Evaluation of Indonesian Rural Health Insurance*. World Bank, Jakarta. July- August 1998.

Harvey R, Akal A, Kumar N (1999) *National Health Accounts and the Health Sector Finance Reform Model - A Framework*. Paper for the Health Insurance Commission in cooperation with the Data for Decision-Making Project of the Department of Population and International Health, Harvard School of Public Health.

## 2.2 National

The international perspective gained from research on health financing and costs, and in particular the World Health Organisation's 1999 *World Health Report - Making a Difference*, helped inform a position paper prepared by the Centre for the Australian Healthcare Association on health financing models in Australia.

National level research in 1999 produced some useful reports, for example Roy Harvey completed research for the Pharmacy Guild on labour force projections. Other research resulted in the preparation of supporting documentation to agreements between different jurisdictions, for example tri-partite agreements between the Commonwealth, States and Local Areas (see 3.3 below).

In recognition of the accumulated experience and expertise within the Centre about integrated care and funds pooling, there has been an evolving role in helping the Commonwealth with research on these technical matters.

For example, the Department of Health and Aged Care used the Centre to negotiate funds pooling arrangements with the States, and to advise the Department in discussions with the Health Insurance Commission over the appropriate data to support these negotiations.

### **Associated reports, publications, papers:**

Eagar K and Harvey R (1999) *The New Universalism - a health financing model for Australia*. Invited paper for the Australian Healthcare Association. Centre for Health Service Development University of Wollongong.  
[http://www.aha.asn.au/pages/new\\_universalism.htm](http://www.aha.asn.au/pages/new_universalism.htm)

Harvey, R (1999) *Demand for pharmacy labour force to 2010*. Chapter in a Report on Pharmacy Labour Force Projections to Pharmacy Guild of Australia. 1998 -1999.

## 2.3 New South Wales

### **Population Group Planning for Older People and People with Disabilities**

The Centre has collaborated in this area with the Health Services Research Group, University of Newcastle in a team led by Dr Gary Eckstein. A population group planning (PGP) model was developed for the Ageing and Disability Department in NSW in 1997 and 1998. A series of papers were written and consultations held in Areas to receive feedback from other Departments and the ageing and disability sectors on the conceptual and policy issues. A revised model was produced, including a need index. The main recommendations were about ways to improve data quality, and as a result improve the usefulness of the model in the longer term.

As a central planning tool, the PGP model seeks to improve equity in the allocation of new resources for older people and people with disabilities. It relies on having improved data and that is where this project links with the research on classifying community care clients (see 1.5 above).

In 1999 the implementation phase of PGP included building in Commonwealth data on residential and community-based aged care provision, and disability employment programs. Data from programs funded by NSW Health that support older people and people with disabilities were also incorporated.

A report on this next phase of the model with its expanded data quality requirements, is expected in mid-2000.

### **NSW Health Council**

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

During 1999, a major re-examination of strategic funding issues in NSW was undertaken by an independent body called the NSW Health Council.

Under the reform agenda expected to arise from the Health Council, Area Health Services will be required to implement episode funding for acute inpatient services from 1 July 2000. But they will also be required to consider a clearer alignment between the funding provided and the expected levels of service delivery for the full range of services, and not just focus on acute inpatient care. The Centre expects to assist the Department with guidelines for achieving those objectives.

Linking funding to standardised measures of output requires the implementation of agreed classifications for given services. There are good classifications for acute inpatients and emergency departments and a classification for sub and non-acute care is mid way through being implemented. However, classifications for other services have not yet been implemented, and that is the field where CHSD is undertaking important work (see 1.5 above).

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.

### 3. Care Coordination

The research that the Centre has undertaken on this theme began with Care Net Illawarra (the Illawarra Coordinated Care Trial) in 1997. The Centre's role has expanded as the experience of the research has accumulated. CHSD produced an initial evaluation, a mid-term evaluation report and numerous smaller pieces of work on assessment tools, care coordination models and funding pool estimates. In 1999 this role involved considerable effort in giving clear information for local planning as the wind-down stage approached, and in preparing the final report of the local evaluation, due in 2000.

This experience of combining detailed local research and higher-level analysis also assisted the Centre in providing advice to the Wilcannia Community Coordinated Care Trial, and in providing various levels of technical support to a set of national demonstration projects through the Mental Health Integration Projects.

#### 3.1 Care Net Illawarra Local Evaluation

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

During 1999 the Centre continued to collect its primary data, both quantitative and qualitative, and sought to improve the data quality. We also helped in local planning for both the wind-down of phase one and the next phase of the Trial, based on the evaluation results in the mid term report.

The evaluation research reports that make up the final evaluation of the Illawarra Coordinated Care Trial will be completed in early 2000 and will be available on the Centre's website. They will be described in more detail in the next Annual Report.

#### Associated reports, publications, papers:

Cromwell D. (1999). *Second revision of the financial contribution to the Illawarra Coordinated Care Trial by the Illawarra Area Health Service. Report to Care Net Illawarra.* Wollongong: Centre for Health Service Development.

Eagar K and Woods K (1999) *Client assessment - the starting point for coordinating care.* Chapter 3 in Department of Health and Aged Care The Australian Coordinated Care Trials: Methodological issues in trial design and evaluation. ISBN 0642 39383 4  
[www.health.gov.au/hsdd/cocare/pdf/cctbook2.pdf](http://www.health.gov.au/hsdd/cocare/pdf/cctbook2.pdf)

Cromwell D, Eagar K and Owen A (1999) *Filling a pool: Estimating the cost of care for the Illawarra Trial.* Chapter 14 in Department of Health and Aged Care The Australian Coordinated Care Trials: Methodological issues in trial design and evaluation. ISBN 0 642 36786 8  
[www.health.gov.au/hsdd/cocare/pdf/cctbook2.pdf](http://www.health.gov.au/hsdd/cocare/pdf/cctbook2.pdf)

Cromwell DA, Owen A. (1999). *Funds pooling in the Coordinated Care Trials: benefits and risks.* Sydney: Health Services Research Conference, August, 1999.

#### 3.2 Lessons in Coordinated Care

We took our research findings about care coordination to the main Australian forum for health services research in 1999, the 1<sup>st</sup> Australian & New Zealand Health Services Research Conference held in Sydney 8-11 August. The Conference provided a forum for the exchange of ideas and experiences by health services researchers, policy analysts and decision makers from around the world. It presented a unique opportunity to examine the state of health services research and health policy in Australia and New Zealand, against a backdrop of developments in the US, UK and Canada.

As well as assisting with the conference organisation, we presented papers and chaired sessions, and afterwards edited a double session on coordinated care into a monograph from the Centre. That monograph has eight papers by colleagues from other Centres involved in the Trials' evaluation and an introduction by Kathy Eagar.

#### **Associated reports, publications, papers:**

*The Australian Coordinated Care Trials: Local Experience and Technical Observations.* Centre for Health Services Development Discussion Paper No 1 December 1999.

Perkins, D.A. *Australian coordinated care trials: new species of health service?* In The Australian Coordinated Care Trials: Local Experience and Technical Observations. Centre for Health Services Development Discussion Paper No 1 December 1999. pp 11-21.

Perkins, D A (1999), *Commentary on, Philip Davies, Making Sense of Integrated Care in New Zealand, Australian Health Review*, Vol 22, No 4 pp 45-47 ISSN 0156-5788.

Perkins, D A (1999), *What can we learn from the Coordinated Care Trials?* Paper presented at the Society for Health Administration Programs in Education (SHAPE), Melbourne, 1999.

### **3.3 National Demonstration Projects in Integrated Mental Health**

The research and development agenda of the National Mental Health Strategy includes the aim of testing models for integrating private psychiatrist services and public sector mental health services, including the use of pooled budgets. Under this aim of the national strategy, the CHSD was successful in winning a project to provide technical support to the areas selected for trialing integration models.

The team that was brought together for the project is headed by Kathy Eagar, and involves the CHSD working with Dr Michael Epstein (a private sector psychiatrist) and Associate Professor Philip Burgess (Mental Health Research Institute, university of Melbourne). Through a local expression of interest, the Centre is also involved in supporting the role of the Illawarra Institute for Mental Health in the design and local evaluation of the Illawarra project.

The projects will continue into 2000/2001 and the Centre's role is to help design the local arrangements so that they are capable of being evaluated, and with careful attention to the incentives involved for all participants.

The technical work in drafting Tripartite Agreements (between local projects, State Health Authorities and the Commonwealth) is part of the CHSD role. The guidelines for the projects have been included on the Commonwealth's mental health website, as well as being published as a series of eight papers by the CHSD.

#### **Associated reports, publications, papers:**

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper Number 1: Planning issues in designing national demonstration projects in integrated mental health.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 2: Issues in the establishment of the funding pool.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 3: Payment options for private providers.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 4: Payment options for public providers.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 5: Clinical issues and planning for patient care.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 6: Evaluation guidelines.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 7: Guidelines for managing the project in the live phase.*

CHSD (1999) *National Demonstration Projects in Integrated Mental Health Care, Discussion Paper 8: MHIP is not Managed Care.*

Perkins D A (1999) *Towards Integrated Mental Health Services in Rural and Remote Australia* in Leaping the boundary fence: using evidence and collaboration to build healthier rural communities: Proceedings of the 5th National Rural Health Conference, Adelaide, 14-17 March, 1999. ISBN 0 9585263 8 9 pp 486-492

CHSD and the Department of Health and Aged Care. (1999) *Planning Guidelines for National Demonstration Projects in Integrated Mental Health Care.* Commonwealth of Australia, Canberra. <http://www.health.gov.au/hsdd/mentalhe/pubs/nihs.htm>

### 3.4 Illawarra Division of General Practice

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

In 1999 the IDGP used the CHSD's research expertise to facilitate the production of research bids and help in the evaluation of local health programs. The CHSD saw this as a way to facilitate local research in general practice and primary care, building on its existing track record in primary, community and sub-acute care.

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

## 4. Health Service Delivery and Organisation

The CHSD is called in as outside technical consultants to review a service or carry out a survey, or provide specific advice. The Centre contributes ideas on the broader level of strategic planning to complement local or area management's necessarily more reactive and tactical viewpoint. Often more is needed in a local service system than just a one-off piece of research or a valid tool for a particular job.

The organisational review style of projects tend to be smaller in scale and more numerous, and mainly helped to give service management and staff better information about the clients they see and the different ways they might respond to problems.

These smaller review projects also serve to keep the Centre's work "close to the ground", and allow for the testing of some of the Centre's ideas (particularly about the classification of clients) in collaboration with local service providers.

Work undertaken at Southcare by Karen Quinsey, assisted this community health aged care service in South East Sydney with organisational and data-related advice as well as occupational health and safety issues. Advice was also provided to the Commonwealth's Office of Hearing Services and a Salvation Army crisis aged care service in the ACT.

Not all the Centre's projects under this theme are small, but include the big (training Victorian mental health workers in using outcome measures in routine clinical practice), and the complicated (cross border flows between the ACT and NSW).

### 4.1 *Burrangiri Salvation Army Project*

Burrangiri is a 15 bed Centre offering planned and emergency respite care for persons over 60. About half the patients have some level of cognitive impairment.

This project aimed to evaluate the suitability of AN-SNAP as a tool for classifying the range of residential services provided, and recommend an equitable funding system for the Centre.

#### **Associated reports:**

Gordon R. and Green J. (1999). *Report to the Burrangiri Crisis Aged Care Centre*. Centre for Health Service Development, University of Wollongong.

### 4.2 *Multi Purpose Services*

Multipurpose services are small rural facilities incorporating pooled funding and co-located services, inpatient, residential aged care and community services. CHSD was contracted by NSW Health to assist in developing a minimum data set for multipurpose services and to propose a set of benchmarks, including benchmark costs.

A field survey of MPS staff examined the issues from their perspective – multiple reporting requirements for small numbers of people, counting anomalies, overlap and duplication of data items.

The project will use the Department's Rural Forum to get feedback on data items, and volunteers for a three-month trial of the MDS, plus a benchmark costing exercise. The project is scheduled to end in December 2000.

### 4.3 *State of Origin ACT/NSW*

In order to provide an independent analysis of cross border emergency and outpatient services undertaken between the ACT and NSW, CHSD conducted research using data from two hospitals in the ACT and 15 in NSW, between March and June 1999.

Data on community health activity are not currently collected in a way that would allow for an analysis of cross-border flow. In total, \$36m in ambulatory hospital-based care was costed in the study.

**Associated report:**

Gordon R, Green J, Eagar K (1999). *Cross Border Flow over the ACT/NSW Border – a State of Origin Study into Emergency and Outpatient Services*. Centre for Health Service Development University of Wollongong.

#### **4.4 Victorian Mental Health Outcomes Project**

This is a large project that includes the CHSD, a number of Victorian collaborators and Tim Coombs, Gordon Lambert and Lindsay Oades from the University of Wollongong's Illawarra Institute for Mental Health.

Its aims are to provide training and operational support for the introduction of outcome measures in adult area mental

health services, to consult with consumers on self-assessment and outcome measurement, and to provide a framework for the analysis and reporting of outcome data.

Training material including workshops and an instructional video are part of Victoria's objectives to implement outcome measures on all patients seen by adult mental health services by July 2001. The aim is to have in place the information systems to store, analyse and report on the data.

**Associated reports:**

Centre for Health Service Development University of Wollongong (1999). 'Train the Trainer' workshop and video package. *Implementation of Health Status and Consumer Outcome Measurement in Victoria's Area Mental Health Services*. Department of Human Services, Victoria.

## 5. Management Decision-Making

Health service management is a complex endeavour and it has as much to do with population and environmental health, as it has to do with the use of health services.

After our initial work with the *DRAGON* and *Illawarregon* projects, which looked at tools for complex management decision-making, the Centre has continued to develop its research in this area, with several research proposals in development. One that we expect to produce particularly important findings is the evaluation of the information system deployed by the coordinated care trial (Care Net Illawarra).

The coordinated care trial has created a database with measures of function and some outcome data. Such a resource opens up opportunities to do further research refining our approaches to measures of client function and dependency.

With agreed measures of function and outcome measures, there are then ways of making meaningful comparisons between services, such as those available from the (US) National Uniform Data Centre for Medical Rehabilitation. There is interest from the Australasian Faculty of Rehabilitation Medicine for moving in this direction in 2000, and similar potential exists in mental health.

The clearinghouse role and data quality enhancement work that is taking place through the structure of the Centre is evolving rapidly along with the available technology and industry requirements. There is growing demand in the health industry for a technical role that includes research, being a data custodian, working on cost data for benchmarking between services (see 5.3 below), and training trainers to promote the use routine outcome measures (4.4 above).

### 5.1 Health Informatics

David Cromwell continues his work to improve the management of waiting lists. In particular, the research aims to improve the accuracy of waiting list statistics so that they give greater assistance to surgeons, GPs and patients.

David's areas of expertise have also been used in the estimates of fund pooling contributions and the evaluation of the information management strategies and systems used in the Illawarra coordinated care trial.

#### Associated publications:

Cromwell DP, Mays L. (1999). *Can a computer-based model assist with the management of waiting lists? Observations from a case study.* Journal of Quality in Clinical Practice, 19, 173-8.

Cromwell DA, Griffiths D. (1999). *Waiting list statistics: the good, the bad and the ugly.* Sydney: Health Services Research Conference, August, 1999.

Cromwell D. (1999). *Second revision of the financial contribution to the Illawarra Coordinated Care Trial by the Illawarra Area Health Service.* Report to Care Net Illawarra, pp 43. Wollongong: Centre for Health Service Development.

## 5.2 Australian Health Outcomes Collaboration

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

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

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

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

Funding for the AHOC comes from project consultancies, training seminars and the revenue from the annual health outcomes conference. The 1999 conference, *Health Outcomes: Integrating the Elements* took place in Canberra in July 1999 and the proceedings are available on CD-ROM.

The Australian Health Outcomes Collaboration currently distributes the SF-36, SF-12, and CHQ instruments and their associated manuals and publications.

An order form for these publications can be found on our web site at [www.health.act.gov.au/epidem/ahoc.html](http://www.health.act.gov.au/epidem/ahoc.html).

### Associated reports, publications, papers:

Sansoni, J, & Tilley L. (1999). Editors, Conference Proceedings, *National Health Outcomes Conference: Integrating the Elements* Canberra, July 1999, CD, ISBN 10 9577767 0 5.

Eagar K (1999) *The Future of Health Outcomes and Evidence-Based Health Care: The Challenges Ahead*. National Health Outcomes Conference, Health Outcomes: Integrating the Elements, Canberra, July 1999. CD, ISBN 10 9577767 0 5

Sansoni, J (1999). *Health outcomes: The challenges ahead*. National Health Outcomes Conference: Integrating the Elements, July 21 1999, Canberra, CD, ISBN 10 9577767 0 5

Sansoni, J, (1999). Editor, Health Outcomes and Community Care, Seminar Proceedings, AHOC, University of Wollongong, February 1999.

Sansoni, J, (1999). *Health outcomes: A framework for community care*, Seminar Proceedings, AHOC, University of Wollongong, February 1999.

Sansoni, J. (1999). *Health outcomes: A framework for primary and community care*, presentation for Victorian Department of Human Services, March 1999

Sansoni, J. (1999). *Health outcomes: Some perspectives for Aboriginal health*, presentation for Department of Health and Aged Care, March 1999

Sansoni, J. (1999). *Health outcome indicators*, presentation to EIRE, NSW Health, March 1999

Sansoni, J. (1999). *Implementing a health outcomes approach*, National Health Summit, Conference Proceedings, March 1999.

Sansoni J.(1999). *An Introduction to Health Outcomes* Workshop, National Health Outcomes Conference, July 21 1999, Canberra.

Sansoni, J. (1999). *Health outcomes and women's health*. Conference Proceedings: Consumer Information Workshop, July 29 1999, Melbourne.

Sansoni, J. (1999). Options and Costs for a Clinical Guideline Repository, Report, NSW Health, revised 2nd edition, April 1999.

Sansoni, J. (1999). *News from Australia, Quality of Life Newsletter*, Mapi, France, October 1999.

### 5.3 Data Collection Tools and Minimum Data Set Design

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 including hospitals and community health. It involved 104 hospitals and community health services, 14,742 staff and over 38,216 episodes of care, including 18,221 community episodes.

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

#### Implementation of the Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP)

The different States have varied in their approaches to using the AN-SNAP classification. NSW has formally adopted the AN-SNAP classification and has a three year plan where by July 2001 all Areas will be expected to have a system to implement AN-SNAP in both their inpatient and their community services.

Implementation 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.

We expect AN-SNAP to be adopted in 2000 as the national standard for private sector rehabilitation.

#### Associated publication

Eagar K (1999) *The Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) Casemix Classification*. Australian Health Review, Vol 22, No 3, 180-195, 1999.

#### SNAPshot Implementation

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

There are growing numbers of staff with experience in its use in aged care assessment, home and community care, as an addition to the client information and referral record, and as a way of integrating mental health and data on measures of function. These various applications are being explored in a number of pilot centres and other research studies (see section 4).

Other Centre research projects such as those associated with coordinated care (3.1), and the development of an MDS for multipurpose services (4.2) are also influenced by developments in the *SNAPshot* software.

The most difficult issue in implementing AN-SNAP and its associated data collection tools, is how to refine and develop the current system for use in community settings. This issue is being explored further by the Centre in its NSW-based project on community care classification and its Northern Territory research on product classification across different sectors (see section 1).

**Associated paper:**

Eagar, K. and Gordon, R, (1999) *The implementation of the AN-SNAP classification - issues and experiences one year on*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999.

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.

## Project Summary 1999

Theme: Project	Classification Development	Health and Community Care Financing	Care Coordination	Service Delivery and Organisation	Management Decision-making	Who	Outcomes Key: see below
National classification & payment system for private rehab. services	✓	✓	✓	✓	✓	KE, JG, RG	* ** ***
MH-CASC implementation and supplementary analysis	✓	✓	✓	✓		KE, JG & Project Team	* ** ***
Northern Territory Health Services: HBGs & HRGs	✓	✓		✓	✓	JG, KE, & THS	* **
Measuring and Classifying Community Health Services in the Northern Rivers	✓	✓		✓	✓	RG, KE, JG, DC, GE	*
NSW Community Care Classification	✓	✓	✓	✓		AO, KE, KQ	* ** Current
International – Eastern Europe, Egypt, Indonesia and the Philippines		✓		✓		RH and Health Insurance Commission	* ** ***
Paper – <i>a health financing model for Australia.</i>		✓				RH & KE	* **
Paper – <i>Demand for pharmacy labour force to 2010.</i>		✓				RH	* ** ***
Population Group Planning for Older People and People with Disabilities		✓	✓	✓	✓	GE, CC, AO HSRG (Uni of N'castle)	* **
NSW Health Council	✓	✓			✓	KE	Current
Care Net Illawarra: Local Evaluation	✓	✓	✓	✓		KE, AO, DP, LA, KQ, JG, DC	Current
Lessons in Coordinated Care		✓	✓	✓	✓	DP, AO, KE, LA, JQ	Current
National Demonstration Projects in Integrated Mental Health	✓	✓	✓	✓		KE, DP, AO, LA & Project Team	Current

Theme: Project	Classification Development	Health and Community Care Financing	Care Coordination	Service Delivery and Organisation	Management Decision-making	Who	Outcomes Key: see below
Illawarra Division of General Practice			✓	✓	✓	DP, AO, DC	Current
Office of Hearing Services				✓	✓	KE	* **
Southcare				✓	✓	KQ	* **
Burrangiri Salvation Army Project		✓		✓	✓	RG, JG	* **
Multi Purpose Services	✓	✓	✓	✓	✓	RG, KE, AO, RH	Current
Cross Border Flow over the ACT/ NSW Border		✓		✓	✓	RG, JG, KE	* ** ***
Victorian Mental Health Outcomes Project				✓	✓	KE, LE, Illawarra Inst. of MH, & Victorian team	Current
Health Informatics				✓	✓	DC and Informatics students	* ** ***
Waiting lists				✓	✓	DC and Dept of Statistics	Current
Australian Health Outcomes Collaboration			✓	✓	✓	AHOC, JS, LT, DF, AA	Current
Data Collection Tools and Minimum Data Set Design	✓	✓	✓	✓	✓	RG, KE, AO, RH, KQ	Current
Implementing AN-SNAP	✓	✓	✓		✓	RG, KE, DF, JG, AH	** *** Current
SNAPware and SNAPshot Implementation	✓				✓	RG, AH, KE, DF, JG, AA, KQ	** *** Current

Key for Outcomes:

\* Report completed

\*\* Findings being implemented by project sponsor

\*\*\* Findings being used by other parties - broader utility

## Education, Advice and Consultation

### *Conference on Health Outcomes: Integrating the Elements*

This Conference was organised by the Australian Health Outcomes Collaboration (AHOC), Centre for Health Service Development, University of Wollongong, in conjunction with the Epidemiology Unit and Clinical Health Outcomes Centre of the ACT Department of Health and Community Care, and the Canberra Clinical School, University of Sydney.

Three hundred and fifty delegates attended the conference, which was held in Canberra on July 21-22, 1999.

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

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

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

Email: [Jan.Sansoni@act.gov.au](mailto:Jan.Sansoni@act.gov.au)

or

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

Tel: (+61) 02 4221 4411 Fax: (+61) 02 4221 4679

Email: [chsd@uow.edu.au](mailto:chsd@uow.edu.au)

### *1st Australian & New Zealand Health Services Research Conference*

The inaugural Australian and New Zealand Health Services Research Conference was held in Sydney 8-11 August 1999, supported by a network of health services research centres/groups including CHSD and the Centre for Health Economics Research and Evaluation at Sydney University (CHERE).

The Conference provided a forum for the exchange of ideas and experiences by health services researchers, policy analysts and decision makers from around the world. It presented a unique opportunity to examine the state of health services research and health policy in Australia and New Zealand, against a backdrop of developments in the US, UK and Canada.

A comprehensive picture of the important health policy and operational issues facing different countries was provided. This was developed through a number of keynote addresses, panel discussions and individual sessions in which the more practical aspects of health services research were discussed. It was one of these themes in the Conference that gave CHSD the opportunity to prepare a monograph on lessons from care coordination (see 3.2 above).

The Conference featured an impressive list of domestic and international speakers, as well as an informal session delivered by Dr Michael Wooldridge, Minister for Health and Aged Care, and the launch of an AIHW/ABS report, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples. During the launch delegates were addressed by Sol Bellear, Director of Aboriginal Relations at the Aboriginal Affairs Department in New South Wales.

Overall, the Conference was hailed as a huge success with over 300 delegates attending from countries as diverse as Brazil, the US, the UK, Canada and Holland. It received considerable domestic and international press highlighting the importance of health services policy and research.

To maintain the momentum inspired by the success of the Conference, the HSR Conference Network (consisting of 12 research centres or groups, in which CHERE has taken a leading role) has established a listserve<sup>1</sup> to enable people to continue to network and exchange ideas and experiences.

As a further result of the Conference, the Conference Network is collaborating to establish a Health Services Research Association to promote domestic and international dissemination of health services research and policy experience. This association is expected to be up and running by mid 2000.

Proceedings of the 1999 Conference are being finalised for release in Australia and New Zealand in early 2000. Plans are under way for the 2<sup>nd</sup> Australian and New Zealand Health Services Research Conference to be held in New Zealand during 2001.

Thanks to CHERE for the original material for this report on the conference.

**1. Those wishing to join this free service can email to [hsr-aus-subscribe@onelist.com](mailto:hsr-aus-subscribe@onelist.com)**

## *Education*

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

The CHSD has a formal responsibility with the University of Wollongong to teach in the Graduate School of Public Health. It also aims to involve students in its research

activities, and support the development of staff by encouraging them to attain higher degrees.

Staff provided a number of workshops over the year 1999 to health and community care professionals. These included workshops on approaches to costing health services, client assessment tools, care coordination, population planning tools, the development of indicative casemix classes for community health clients, and measurement tools and research issues in the study of health and community care outcomes.

## *Coursework for the University of Wollongong*

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

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

## *Advice and Consultation*

The Centre has supported many departments and institutions by providing informal advice through brief consultations. These may have been provided through meetings or by phone, through workshops or committees. During 1999 CHSD staff participated on a range of committees and were active in a number of associations and statutory bodies including:

Institute of Health Services Management  
 Australian College of Health Service Executives  
 Strategic Planning Society  
 Society for Social Medicine

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

### *Longer term advice and project development*

#### **Uniform Data Centre for Rehabilitation Medicine**

The Centre is having ongoing discussions with the Australasian Faculty of Rehabilitation Medicine with a view to the CHSD acting as the national uniform data centre for medical rehabilitation. The current goal is to establish the data centre during 2000.

#### **Community Care Classification**

The NSW Ageing and Disability Department and the Department of Health asked for assistance in guiding the next stage of developing a community care classification. This is relevant for aged care services, for the Home and Community Care Program and the Disability Services Program. The Centre advised the Department how it could extend elements of the work already covered by the SNAP project, as well as incorporating its Home and Community Care Program information and planning tools, and move into new issues such as client classification and equitable funding models for disability services.

#### **Territory Health Services Product Classification**

Territory Health Services has an ongoing program of research into health economics to inform its information system and purchasing frameworks. They have asked for research assistance in various stages of this work.

## 1999 External Funding

Project	Funding Source	Type	Amount
National Mental Health Integration Project	Commonwealth Department of Health and Aged Care	Priority-driven (non peer reviewed) research	\$258,000
Victorian Mental Health Outcomes Project	Victorian Dept of Human Services	Priority-driven (non peer reviewed) research	\$243,436
Local Evaluation of the Care Net Illawarra Coordinated Care Trial	Care Net Illawarra	Priority-driven (non peer reviewed) research	\$114,750
ADD/NSW Health – Development of a Classification of Community Care	NSW Ageing & Disability Department	Priority-driven (non peer reviewed) research	\$107,050
NSW R&D Infrastructure Funding	NSW Department of Health	Infrastructure	\$95,000
National Private Rehabilitation Project	Commonwealth Department of Health and Aged Care	Priority-driven (non peer reviewed) research	\$91,880
National Sub-Acute and Non-Acute Casemix Classification Study	Commonwealth Department of Health and Aged Care	Priority-driven (non peer reviewed) research	\$91,000
SNAPSHOT Version 3 Software Development	Commonwealth Department of Health and Aged Care	Consultancy	\$80,000
NSW/ACT State of Origin Report of Non-Inpatient Services	ACT Department of Health & Community Care	Priority-driven (non peer reviewed) research	\$22,535
Illawarra Division of General Practice Research Project	Illawarra Division of General Practice	Consultancy	\$20,000
Multi Purpose Services – Part 1	NSW Department of Health	Priority-driven (non peer reviewed) research	\$10,000
Measuring and Classifying Primary and Extended Care Services in the Northern Rivers – Part II	Northern Rivers Area Health Service	Non-peer reviewed research	\$6,804
Discussion Paper on Funding Issues at the Burrangiri Crisis Aged Care Centre	Burrangiri Crisis Aged Care Centre	Consultancy	\$2,790
<b>TOTAL</b>			<b>\$1,143,245</b>

## Projects Planned for 2000

- I. Completion of the Evaluation of Coordinated Care Trial Illawarra.
- II. Planning the next phase of coordinated care, including the use of the Care Net database and further analysis of data on functional measures.
- III. Implementation of private rehabilitation services classification and payment model.
- IV. Continuation of design role in the National Demonstration Projects in Integrated Mental Health.
- V. SNAPshot and AN-SNAP Implementation in NSW, SA, Queensland, WA, NT. Pilot studies of community settings.
- VI. Continuation of NSW Health Multi Purpose Services minimum data set design and estimates of benchmark costs.
- VII. NSW Health Council implementation of episode funding model
- VIII. Health Financing Consultation - New Zealand.
- IX. Implementation issues from NSW Community Care Classification study.
- X. Implementation and further refinement of Mental Health Outcome Measures.
- XI. National Uniform Data Centre for Medical Rehabilitation.
- XII. Community Health Product Classification and Information Systems Design, Northern Territory.

## Centre for Health Service Development Staff

15 core staff were employed by the CHSD during 1999. They were:

### **Kathy Eagar, Professor and Director of the CHSD**

The University contributes a fractional salary (0.25 FTE) which covers Directorship of the Centre and a teaching role in the Faculty of Health & Behavioural Science as Course Coordinator of the Masters level course in Health Services Planning and Evaluation. All other funding for this position is dependent on externally funded research and development, some of which is contracted back through her professional practice company.

Source of funding: 0.25 University of Wollongong, 0.75 external (project-based) funding

### **Roy Harvey, Principal Fellow (Health Economics)**

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

Source of funding: external

### **Jan Sansoni, Senior Research Fellow (Health Outcomes)**

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

Source of funding: external

### **Gary Eckstein, Senior Research Fellow (Medical demography)**

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

Source of funding: external

### **Alan Owen, Senior Research Fellow (Community Care Research)**

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

Source of funding: external

### **Robert Gordon, Senior Research Fellow (Financial Management)**

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

Source of funding: external

### **David Perkins, Senior Lecturer**

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

Source of funding: UoW

### **Heather Yeatman, Senior Lecturer**

Dr Heather Yeatman also transferred to the Centre from the Department of Public Health in 1998. Her role also includes teaching, the supervision of postgraduate students and participation in major research projects. Within the Centre, Heather has the key role in work on healthy public policy, with a specific focus on food policy.

Source of funding: UoW

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

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

Source of funding: external

**Janette Green, Research Fellow (Applied Statistics)**

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

Source of funding: external

**Karen Quinsey, Research Fellow**

Karen Quinsey is currently on secondment from the Illawarra Area Health Service and is working on the evaluation of the Coordinated Care Trial. She also is working at Southcare Aged and Extended Care Service advising on improvements to their management and information systems and Occupational Health and Safety issues.

Source of funding: external

**Linda Adamson, Research Fellow  
(Consumer Research)**

Linda Adamson is working on the evaluation of the Coordinated Care Trial. Her research interests include self-management strategies, chronic disease, complementary medicines and medical licensure. She is also a consumer member of the NSW Medical Board.

Source of funding: external

**Dave Fildes, Research/Administrative Assistant**

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

Source of funding: external

**Allison Aylward, Research/Administrative Assistant**

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

Source of funding: external

**Lorna Tilley, Research/Administrative Assistant**

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

Source of funding: external

## Publications, Reports, Conference Proceedings, Abstracts and Seminars 1999

### Book Chapters

Eagar K and Woods K (1999) *Client assessment - the starting point for coordinating care*. Chapter 3 in Department of Health and Aged Care The Australian Coordinated Care Trials: Methodological issues in trial design and evaluation. ISBN 0642393834  
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### Journal Articles

Cromwell DP, Mays L. (1999). *Can a computer-based model assist with the management of waiting lists? Observations from a case study*. Journal of Quality in Clinical Practice, 19, 173-8.

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Burgess P, Pirkis J, Buckingham W, Eagar K and Solomon S. (1999) *Developing a casemix classification for specialist mental health services*. Casemix, Volume 1, Number 4, 31<sup>st</sup> December 1999

Perkins, D A (1999), *Commentary on, Philip Davies, Making Sense of Integrated Care in New Zealand*, Australian Health Review, Vol 22, No 4, pp 45-47 ISSN 0156-5788

### Conference Publications

Centre for Health Services Development (1999) Proceedings of the National Health Outcomes Conference, Health Outcomes: Integrating the Elements, Canberra, July 1999. CD ISBN 0 9577767 0 5

Cromwell DA, Owen A. (1999). *Funds pooling in the Coordinated Care Trials: benefits and risks*. Reviewed abstract. Sydney: Health Services Research Conference, August, 1999.

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Sansoni, J. (1999). *Implementing a health outcomes approach*, National Health Summit, Conference Proceedings, March 1999.

Sansoni J.(1999). *An Introduction to Health Outcomes Workshop*, National Health Outcomes Conference, July 21 1999, Canberra.

Sansoni, J. (1999). *Health outcomes and women's health*. Conference Proceedings: Consumer Information Workshop, July 29 1999, Melbourne.

Eagar, K. and Flavell,C. (1999) *The Cost of Rehabilitation Services in the Northern Territory*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999

Eagar, K. and Gordon, R, (1999) *The implementation of the AN-SNAP classification - issues and experiences one year on*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999

Eagar, K. Beaver, C and Zhao Y (1999) *Development of Health Benefit Groups for Older People*. Proceedings of the Eleventh Casemix Conference in Australia, Darwin, August 1999

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Perkins D A (1999) *Towards Integrated Mental Health Services in Rural and Remote Australia* in Leaping the boundary fence: using evidence and collaboration to build healthier rural communities: proceedings of the 5th national rural health conference, Adelaide, 14-17 March,1999  
ISBN 0 9585263 8 9 pp 486-492

## Major Reviews

Eagar K and Harvey R (1999) *The New Universalism – a health financing model for Australia*. Invited paper for the Australian Healthcare Association. Centre for Health Service Development University of Wollongong  
[http://www.aha.asn.au/pages/new\\_universalism.htm](http://www.aha.asn.au/pages/new_universalism.htm)

## General reports – Industry

Gordon R, Eagar K and Green J (1999) *Report to the Burrangiri Crisis Aged Care Centre*. Centre for Health Service Development, University of Wollongong

*Cromwell D. (1999)*. Second revision of the financial contribution to the Illawarra Coordinated Care Trial by the Illawarra Area Health Service. *Report to Care Net Illawarra, pp 43*. Wollongong: Centre for Health Service Development.

Harvey R (1999) *Sustainability of Health Insurance Institute Slovenia*. Paper for the HIC as part of the World Bank Slovenia National Health System Modernisation Project: *Trends in costs and use of health services in Slovenia 1992-1997 and options for modelling*.

Harvey R (1999) *Model of projected revenues and expenditure in the health sector in Slovenia 1998-2005*. Paper for the HIC as part of the World Bank Slovenia National Health System Modernisation Project: *Trends in costs and use of health services in Slovenia 1992-1997 and options for modelling*.

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### General report - Government

Eagar K, Gordon R, Eckstein G and Eagar L (1999) *Measuring and Classifying Primary and Extended Care Services in the Northern Rivers*. Centre for Health Service Development, University of Wollongong

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Centre for Health Service Development (1999) Australian coordinated care trials: new species of health service? In *The Australian Coordinated Care Trials: Local Experience and Technical Observations. Centre for Health Services Development Discussion Paper No 1* December 1999. pp 11-21.

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Sansoni, J. (1999). *Health outcomes: Some perspectives for Aboriginal health*, presentation for Department of Health and Aged Care, March 1999.

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Other papers include confidential briefing papers for the Commonwealth Department of Health and Aged Care and other similar papers prepared as part of the Centre's advice and consultation roles.

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