CHSD

Centre for Health Service Development

Combining Realism with Rigour

2002 ANNUAL REPORT

*2002annualreport2002annualreport2002annualreport2002annualreport2002annu
alreport2002annualreport2002annualreport2002annualreport2002annualreport20
02annualreport2002annualreport2002annualreport2002annualreport2002annualr
eport2002annualreport2002annualreport2002annualreport2002annualreport2002
annualreport2002annualreport2002annualreport2002annualreport2002annualrep
ort2002annualreport2002annualreport2002annualreport2002annualreport2002an
nualreport2002annualreport2002annualreport2002annualreport2002annualreport
2002annualreport2002annualreport2002annualreport2002annualreport2002annu
alreport2002annualreport2002annualreport2002annualreport2002annualreport20
02annualreport2002annualreport2002annualreport2002annualreport2002annualr
eport2002annualreport2002annualreport2002annualreport2002annualreport2002
annualreport2002annualreport2002annualreport2002annualreport2002annualrep
ort2002annualreport2002annualreport2002annualreport2002annualreport2002an
nualreport2002annualreport2002annualreport2002annualreport2002annualreport
2002a2002annualreport2002annualreport2002annualreport2002annualreport200
2annualreport2002annualreport2002annualreport2002annualreport2002annualre
port2002annualreport2002annualreport2002annualreport2002annualreport2002a*

Centre for Health Service Development

Faculty of Commerce

UNIVERSITY OF WOLLONGONG

Kathy Eagar
Allison Aylward
David Cromwell
Gary Eckstein
Dave Fildes
Rob Gordon
Janette Green
Roy Harvey
Tara Hurst
Don Lewis
Ben Marosszeky
Alan Owen
David Perkins
Karen Quinsey
Jan Sansoni
Kate Senior
Brett Shorten
Lorna Tilley
Heather Yeatman

Suggested citation

Centre for Health Service Development (2002) ***2002 Annual Report.*** Centre for Health Service Development, University of Wollongong.

Table of Contents

The CHSD Board of Directors

Professor John Glynn (Chair)

Dean, Faculty of Commerce
University of Wollongong representative

Professor Kathy Eagar

Director
CHSD

Professor John Bern

Director
Institute of Social Change and Critical Inquiry

Dr Michael Fine

Senior Lecturer
Department of Sociology
Macquarie University

A/Professor Roy Harvey

Representative of Centre Visiting Fellows

Mr Dan Hook

Chief Executive Officer
Australian Healthcare Management Group

Mr Alan Owen

CHSD Staff Representative

Dr Chris Poulos

Director, Rehabilitation, Aged and Extended Care Services
Illawarra Health
(Illawarra Health nominee)

MsTineke Robinson

Director, Health Service Development
Illawarra Health
(Illawarra Health nominee)

Professor David Steel

Professor, School of Mathematics and Applied Statistics
University of Wollongong representative
(Vice-Chancellor nominee)

Mr Paul Sadler

Chief Executive Officer
Aged and Community Services Association of NSW and ACT

Director's Report 2002

Key developments in 2002

2002 has been a year of consolidation and further development for the Centre. As flagged in our 2001 Annual Report, we moved at the beginning of 2002 into the Faculty of Commerce, University of Wollongong. Our newly adopted Faculty, with its expertise in areas such as management, information systems and health economics, adds depth to our methods and the relevance of our findings. Commerce is a logical home within the University for the CHSD as it has a mix of skills to help us achieve our aims. Collaborations with colleagues in Commerce have started to develop and, in 2002, we welcomed Commerce colleagues, Don Lewis and Brett Shorten, who are now undertaking their health research as part of the Centre.

In 2002, the Centre also welcomed Tara Hurst and welcomed back Kate Senior, who submitted her PhD in 2002. At the end of 2002, we wished David Perkins well in his new appointment as Director of the newly established Centre for Equity and Primary Health Care in the Illawarra and Shoalhaven. No doubt our working relationship will continue.

In addition, the CHSD Advisory Committee was re-structured to become the CHSD Board of Management and new Terms of Reference were adopted. This change represents an important milestone as it reflects the increasing growth and development of the Centre.

Our Board of Management brings to the Centre a breadth of expertise and provides an important independent perspective on our R&D priorities and the work we undertake.

In 2002, in line with our longer-term strategy, the depth of our work on benchmarking and comparing models of care has increased through the establishment of AROC – the Australasian Rehabilitation Outcomes Centre. AROC is an exciting development for the CHSD. It is an innovative new research partnership model and has enormous research potential. It is the result of a successful collaboration between the CHSD and our partners – clinicians, consumers, hospitals, health authorities and funders.

What we do

As its overall goal, the CHSD continues to aim to make a significant contribution to improving the funding and delivery of public and private health and community care services in Australia. Our ideas of improvement include achieving greater equity in the distribution of resources, promoting fairer access to services and basing management decisions on evidence.

In order to achieve these types of goals, we have a long-term agenda. This includes the development of tools that can be used across service settings and research on questions of client complexity, urgency and priority of access.

These are important policy and organisational questions for health and community care programs and for the financing and delivery of services. The questions are interesting in themselves, but they are part of a bigger agenda. The aim is that the Centre's work helps to improve the design, funding and delivery of the overall health and community care systems.

At our beginning in 1993, the CHSD focused its efforts in the areas of sub-acute and non-acute casemix classification and its implications for hospital and community care financing, resource distribution and service delivery. The focus has expanded since that time but our core focus remains on practical, and yet rigorous, approaches to addressing questions of health equity, effectiveness and efficiency.

Taking stock at the end of 2002, the CHSD has over 20 active projects to report. This is consistent with activities undertaken over 10 years - approximately 150 health service research, development and evaluation projects, ranging in size from under $10,000 to $1.5 million. This body of work supports a core team of CHSD staff plus additional researchers who contribute specific skills required for each project. Project funds are supplemented by a NSW Health infrastructure grant to support health research and an in-kind infrastructure contribution from the University of Wollongong.

In addition to producing standard academic output, our work results in a range of practical advice to a variety of government and non-government agencies and interest groups. We design research and information-based strategies for program coordination to help allocate resources on the basis of need, as well as tools to support decision-making and to help managers develop funding models. Part of what we do is background research involving critical reviews of issues and policy analysis. A current focus, and long-term agenda, is the management of cultural change in primary care. We are moving towards a shared view of a distributed support network made up of autonomous, linked organisations particularly (but not only) in community care. One vehicle for change is a set of screening tools used for information sharing and client referral.

At a practical level, the need for tools for resolving organisational issues of service integration and care coordination is a consequence of Australia's multi-level funding and delivery systems. The purpose of our research has been to offer a degree of standardisation sufficient to allow the sharing of client details and assessments, while aiming to lessen data collection burdens. Standardising information is not an end in itself, but is one of many strategies for capacity building and getting a fairer balance of care for different levels of individual need.

In 2002, we provided technical advice on funding models and population-based resource distribution in NSW and SA. We undertook projects on the evaluation and planning of mental health and community care, continence and medications support. We are evaluating a rapidly developing rural palliative care project, and researching the activities of hospital emergency departments. Much of this work is a continuation of our research themes that grew out of earlier work. We trace a common thread through care coordination involving GPs, pharmacy, community health and community care services, by conducting surveys, analysing data, training and developing screening tools.

At a policy level, the CHSD has continued to advise a number of government and non-government agencies and interest groups. In 2002, this included designing funding and payment models for rehabilitation services and for hospital intensive care and emergency departments. This work helps administrators develop better strategies for program coordination and development.

Our core assumptions

The CHSD research agenda is driven by assumptions that good data help but are not sufficient for managing change, that qualitative as well as quantitative methods are necessary, that policy and funding models need to be informed by evidence, and that practical tools can help people manage change. The aim is to improve data and reporting by standardising reliable screening, by better classification and coding and by training in the use of nationally agreed health outcome measures.

We assume that classifying clients and measuring service use, needs and costs, are interesting problems in themselves, but that the underlying purpose is to ensure that there are fairer, valid, and more reliable ways to allocate resources. We are particularly interested in the set of related questions of equity, access and sustainability in the planning of service provision. As the project descriptions in this report show, we have been able to build these questions into our various research and evaluation frameworks in 2002.

Who we are

We are a stable multidisciplinary team. CHSD staff and fellows have qualifications and expertise in psychology, statistics, economics, public health, management, health planning, operational research, education, pharmacy, human geography, medical anthropology, medicine, occupational therapy, nutrition, nursing and communications. The members of our team provide experience in management, planning and research in health services, community services and consumer organisations and experience as members and chairpersons of intra-government and inter-government committees and organisations. The team's stability, experience and expertise provide a sound base for addressing the funding, managing and evaluation of services.

In 2002 CHSD had research links outside the University of Wollongong with Newcastle, NSW, and Melbourne Universities. The Melbourne-based Mental Health Research Institute (MHRI) is a partner that shares the CHSD interest in data and classification issues, particularly where aged care and mental health overlap. The MHRI is also involved in mental health integration, and in the use of the nationally agreed mental health outcome measures.

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

Where we are going

Our Board of Management and our collaborative research relationships will guide us in the next year in much the same way as we have operated in the past. At the same time as being driven by system priorities, as investigators we need opportunities to drive and shape our own research. A thematic research program, in which a multi-disciplinary research team builds on its strengths and uses individual R&D projects as building blocks in a longer-term research agenda, helps keep us on track.

Each year in the Annual Report we examine our activities at the level of the research projects, their aims, methods, results and intended, recommended and implemented actions. We apply 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 or cited journal article.

If we are competent in how we do our work, and if our outcomes are useful, we can blur the distinction between investigator and priority-driven research and development. We expect to remain consistent in our interests and also to be able to adapt to changing demands. This report discusses our research themes and illustrates how these themes are being developed by the projects and activities we have undertaken in 2002. As usual, this year's report includes our inputs, our outputs and outcomes for the health and community care sectors.

Acknowledgments

The CHSD gratefully acknowledges the continuing support of the University of Wollongong. Particular thanks are due to Professor John Glynn, Dean of Commerce, and to Faculty of Commerce staff who have made us feel so welcome in our newly adopted faculty. Their support and administrative efficiency made our move an easy one.

Thanks also to Professor Margaret Shiel, Pro-Vice Chancellor (Research) for her support and practical assistance in attempting to resolve where self-funded, independent R&D units such as the CHSD fit into broader University structures.

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 Ageing.

As Director of the CHSD, my personal thanks go to my CHSD colleagues and associates for their excellent work in the year 2002. My personal thanks also to the members of the CHSD Board who have provide such wise counsel in 2002 and to the many individuals who have assisted us, and especially to those service providers and consumers who use our research products and help us to improve them.

Professor Kathy Eagar
Director

Our Research Themes and Priority-Driven Research in 2002

Each year the Centre undertakes about ten to fifteen research and development projects and in 2002, 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 (State Commonwealth Research Issues Forum funding program). 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 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 one of the few to benefit from Australia's Federal and State divisions of responsibilities, differing regional priorities, and multiplicity of programs, because, for us, the design of the system creates ample opportunity for research on themes of coordination and integration.

Our work is designed to build lasting structures that are priority, and not project, driven. For example, our development pathway shows how we can use concepts from inpatient casemix (ie, resource homogenous patient classes that are 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 necessarily chosen by ourselves. We have many good examples in 2002 of how this works in discrete projects, and in AROC how a research program on rehabilitation outcomes can make continuous progress over many 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 development. For example, we have developed a suite of tools to examine ways that agreed client need indicators (organised under domains of primary care) can be reliably screened at the entry point. This work has been conducted in three States and also helps local planning and service delivery and decision-making.

CHSD Research in 2002: Description of research and development projects and their associated outputs

Overview of Research Projects in 2002

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 more detail of the projects and their associated products. The listing of the 2002 projects in the table below does not include all the activities of team members, and only shows those where the Centre or its Director was the project manager. Other projects and activities are included in the project summaries where relevant and in the consultation and advice section below. The following table checks the relevant projects against our research themes.

CENTRE PROJECTS	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 Costing study	x	x	x	x	x	x	
AROC	x		x	x		x	
AHOC				x	x		
Emergency Department availability	x		x		x	x	
Intensive Care and Emergency Department funding models	x						
Illawarra AHS technical support					x	x	
Southern AHS Community Health Survey	x				x	x	
Griffith Area Palliative Care	x		x	x	x		
Community Care Screening and Assessment		x	x		x		
Victoria Better Access to Services			x	x	x		
HACC Reform in Queensland			x		x	x	
Rural and Remote HACC			x	x		x	
Mid North Coast Aboriginal Coordinated Care Trial		x	x	x	x	x	
Screening and Assessment in South Australia			x	x	x		
NSW Assessment System Pilots		x		x	x		
Home Care Service priority and urgency				x		x	
ATLAS data and service coordination	x	x				x	
Medications in the community			x		x		
Illawarra carer survey			x			x	
Mental Health Integration Projects		x	x	x	x		
Psychiatric Rehabilitation Association adolescent program		x	x				
Population-based funding and governance in South Australia					x	x	
Small Areas Statistics						x	
Carelink Australian Health Management Group				x		x	
Respite Services in the ACT					x		
Continence		x		x			

A long-term research program on sub-acute and non-acute care, community health and community care has been a consistent feature of the work we do. This reflects the interests and backgrounds of individual team members, as well as our recognition that these areas are ripe for a more coherent approach to health policy.

Ten years after its establishment, these themes remain as the core business of the CHSD. However, the CHSD has expanded over that time and now includes both the Australia Health Outcomes Collaboration (AHOC) and the newly established Australasian Rehabilitation Outcomes Centre (AROC). These two centres are part of CHSD and have a life beyond individual projects. The other projects listed below were the ones that were active in 2002, and not all these were completed in the 2002 calendar year.

Australasian Rehabilitation Outcomes Centre (AROC)

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 and a close collaboration has continued. 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) to establish the Australasian Rehabilitation Outcomes Centre (AROC) in July 2002[1].

Under the AROC business plan, AROC is in the development stage for the first three years. The CHSD houses the Centre and undertakes its day to day management. The responsibility for the executive management of AROC lies with its Board of Management which consists of representatives of each of the foundation members, the AFRM and the CHSD. The Board receives advice from two committees – a Scientific and Clinical Advisory Committee and a Business Planning and Funding Committee.

AROC 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 Measure or FIM (an instrument designed to measure functional needs and outcomes);
4. An education and training centre for the FIM and other rehabilitation outcome measures; and
5. A research and development centre that develops R & D proposals and seeks external funding for its research agenda.

Core to these functions is a national rehabilitation benchmarking data set that includes the use of a standard instrument (the FIM) to measure the outcomes that rehabilitation patients achieve. The AROC data set is already being used to benchmark rehabilitation units in relation to their efficiency and outcomes. The benchmarking and outcome data that AROC is now collecting are recognised by all parties as an important information source to drive future policy and practice.

[1] See Publications – numbers 38, 39 and 43

The goal of AROC is that all rehabilitation services collect this data set and submit their data to AROC. AROC began operations in July 2002 and, by the end of 2002, 38 of the estimated 120 rehabilitation units in Australia have subscribed to AROC.

Currently, AROC is fully funded by its foundation members. However, by the middle of 2004, it will be funded by subscriptions from hospitals and funding authorities. Subscribers will receive a range of additional services such as performance benchmarking against nominated peers, clinical 'round tables' in which AROC data are used to identify 'best practice', the production of clinical indicator data and the training and credentialling of clinicians in outcome measurement.

AROC is an innovative new research partnership model with enormous research potential based around its database. It is the result of a successful collaboration between researchers, clinicians, consumers, hospitals, health authorities and funders. AROC has already attracted considerable interest from other clinical streams and there are early indications that the AROC model could be successfully adopted for other streams of care.

More information on AROC is included in the CHSD website[2].

The Australian Health Outcomes Collaboration (AHOC)

The Australian Health Outcomes Collaboration of the Centre for Health Service Development convened the 8th Annual National Health Outcomes Conference[3] *Health Outcomes 2002: Current Challenges and Future Frontiers*. It was held in conjunction with the Centre for Advances in Epidemiology and Information Technology, The Canberra Hospital and the Canberra Clinical School, University of Sydney.

The conference was sponsored by:

- Priorities and Quality Branch, Department of Health and Ageing;
- Mental Health and Special Programs Branch, Department of Health and Ageing;
- Community Care Branch, Department of Health and Ageing;
- NSW Health;
- Eli Lilly Australia Pty Ltd;
- Health Services Branch, Department of Veterans' Affairs; and
- The Pharmaceutical Alliance.

The conference received a very positive evaluation and approximately 300 participants attended. The AHOC is currently planning the 9th Annual National Health Outcomes Conference *Health Outcomes 2003: The Quest for Practice Improvement.* This will held in Canberra on the 20-21 August 2003. It is anticipated there will be a strong emphasis on outcomes assessment in mental health services at the next conference.

The AHOC undertook substantial work for the Community Care Branch of the Commonwealth Department of Health and Ageing concerning the supervision of projects concerning the development of an outcomes measurement suite, and a framework for economic evaluation, for continence conditions. The AHOC also wrote an article on comprehensive nursing assessment for the Department of Veteran's Affairs Community Nursing Newsletter and assisted the ACT Department of Health, Housing and Community Services with advice concerning the selection of mental health measures for outcome assessment.

[2] http://www.uow.edu.au/commerce/chsd

[3] See Publications - number 54

The AHOC undertook the Australian revision of a number of health outcomes assessment instruments for Oxford Outcomes, UK. The AHOC also continues to provide an information service for the research community on health outcomes measurement and research. Work has been undertaken to design a Graduate Diploma of Public Health (Health Outcomes Measurement and Management) for the University of Wollongong and it is hoped that the necessary approvals will be gained to enable this program to be offered in Semester 2, 2003.

The Director of the AHOC was invited to New Zealand as a keynote speaker for the New Zealand Health Outcomes Conference (Vision Conferences, Auckland, NZ) and also provided a workshop on health outcomes for the National Health Summit Conference in Sydney in March. The AHOC continues to maintain a close collaboration with international organisations such as the Mapi Institut in France and the International Society for Quality of Life Research. It is anticipated that the Society may host a research methods session at the next health outcomes conference.

Development of Revised AN-SNAP Cost Weights

A key objective of the AN-SNAP implementation for NSW in 2002 was the development of a model for funding designated sub-acute and non-acute inpatient services on the basis of the AN-SNAP classification. This is to occur in the context of the NSW resource allocation and funding model and will require AN-SNAP cost data that reflect the current experience in NSW facilities. At the request of the NSW Health Department, the CHSD undertook a costing project to review previously published AN-SNAP costs, and produce revised AN-SNAP cost weights in the context of the NSW AN-SNAP implementation strategy.

The first phase of the project was completed in October 2002 and involved a retrospective data collection across 7 designated AN-SNAP facilities. A series of data analyses and clinical consultations were undertaken using 2000/2001 data provided by participating hospitals. Revised cost weights were subsequently produced for most AN-SNAP classes.

The second phase of the project will be undertaken in 2003. It will comprise a similar set of activities as the earlier phase but will be conducted across a larger sample of hospitals using 2001/2002 data. At the conclusion of the project, a final set of AN-SNAP cost weights will be published.

Emergency Department Research

As part of a strategy to support health service research, funding became available through the NHMRC and the States/Commonwealth Research Issues Forum (SCRIF) to address health service system priorities. CHSD submitted two bids, which were well received. We succeeded in getting funding for a period of three years through SCRIF for a study on the relationship between the use of Emergency Department services by Illawarra residents and the availability of community-based primary care services.

The project will examine the how the rates at which patients with primary care problems use Emergency Departments are affected by the availability of various types of community-based primary care services, including local GP practices, after hours

home visiting medical services and Hospital in the Home services.

The project has both quantitative and qualitative components, and current efforts have focussed on collecting quantitative data on utilisation patterns for all hospitals within the Illawarra.

Design of the NSW funding models for Intensive Care (IC) and Emergency Departments (ED)

As part of her role in health system funding issues, Kathy Eagar was engaged by NSW Health to design the 2002/2003 funding model and to determine NSW benchmark costs for ED services and for IC services[4]. The ED and ICU projects are part of the broader introduction of the NSW Episode Funding Model. The NSW Department of Health engages the CHSD at various levels on an ongoing basis to undertake research and to provide advice on these types of funding reforms.

Illawarra Health technical support

The aim of this project is to build Illawarra Health's capacity for evidence-based decision making. The Centre assists their planning staff undertake specialised analytical tasks, but also train staff about statistical techniques. For the Centre, it provides useful practical insight into the planning process and timely information about the issues being faced. For Illawarra Health, the work assists them develop their reporting and organisation of data for planning purposes and the analysis of strategic issues.

In 2002, CHSD provided advice on the area strategic plan, including flow reversal strategies and activity projections, mental health planning, waiting list management, and the evaluation of VMO payments under fee for service and sessional models.

To strengthen the internal skills to support joint activities in 2003, the focus will be on professional skill development through a 'train the trainer' approach with both health service and CHSD quantitative staff. Other work includes a planners' tool kit to assist with activity projections, waiting lists management by improving effectiveness of waiting list reports, the creation of service utilisation reports for senior managers, and helping to devise projections for a comprehensive flow reversal plan.

Southern Area Health Service Community Health Survey

This research built on earlier work carried out in Western Sydney, the ACT and the Northern Rivers of NSW. The report[5] describes patterns of community health service provision and client characteristics in the Southern Area Health Service (SAHS).

SAHS wanted to have a better understanding of their service utilisation and client flows. They have approximately 500 Community Health staff and the research was aimed at establishing who they see and what service they provide and where. The CHSD is interested in improving tools for understanding who the clients are, and refining the community health code set, which has now been modified and improved over four research projects.

[4] See Publications – number 68 and 69.

[5] See Publications – number 80.

The findings were presented to the management of the service. The implications for funding, improved planning and organisation were judged to be reliable as they are drawn from the excellent quality of the data set produced. The final recommendations for the SAHS are expected to be used in 2003, both internally for workload distribution and equity between planning divisions, and in negotiations with adjoining areas. The results can also be used in the next revision of the NSW needs index for primary and community based services.

Griffith Area Palliative Care Service (GAPS)

This research is funded under the National Palliative Care Strategy (under the Australian Health Care Agreements) and its National Framework for Palliative Care Service Development. The Murrumbidgee Division of General Practice, the Greater Murray Area Health Service and the CHSD are working together to test a model of palliative care designed to address problems of access for patients, and improve the coordination of services in a rural setting.

The CHSD evaluation began in 2001 with a baseline report. In 2002, we completed the mid-point report on the project and various conference papers[6]. The emphasis of this work was on the quality of information management and how to assess the experience of the clients, carers and other participants, and the long term sustainability of the project.

Community Care Screening and Assessment

In a major project from 1997-2000, the CHSD evaluated the Illawarra coordinated care trial that included the use of functional measures to assist clinical decision-making[7]. Following that work, the CHSD was commissioned to develop a national measure of functional dependency for Home and Community Care services in Australia[8]. A national working group, on which health and community care authorities and key providers were represented, guided the work and the timetable was determined by the meeting cycle of key decision-makers. The outcomes of that project were adopted as the national standard and implementation in all States has commenced.

Centre staff gave a number of papers at conferences about the methods and results of the screening models, and currently there are pilots or plans incorporating the screening tools in South Australia, in New South Wales and in Queensland.

A variation on the suite of tools is being used in the Mid North Coast coordinated care trial. Planning is continuing into 2003 about how to implement the functional screening tools in remote and rural areas. These further projects (listed below) have been generated in several States and Territories based on the tools we developed and consistent with our research themes.

[6] See Publications - number 86.

[7] See Publications - numbers 1 - 5.

[8] See Publications - number 79.

Better Access to Services – Victoria

This project was completed in early 2002 and provided an opportunity to expand the experience of the CHSD team for the purpose of reviewing the research on screening in the broader domains of primary care. It was completed in collaboration with Victorian researchers and consultants.

The CHSD review of the relevant literature on primary care domains and their associated screening tools has formed the basis for considerable additional research. The screening tools and the evaluation work undertaken in Victoria[9] were used to refine the tools that were piloted in SA in 2002 and then, on the basis of that experience, planning began for implementation trials in NSW. In all these cases the original HACC functional screening tool is embedded as part of a suite of screening tools for primary care.

HACC Reform in Queensland

The HACC functional screen and the associated prompts for further assessment have obvious applications in community support settings. They also fit with an agenda to drive change in agencies that are best characterised as a distributed network of autonomous groupings, collaborations of historical and administrative convenience.

The screening and assessment tools are being introduced in Queensland and training materials[10] are being adapted to local purposes including assessment pilots, coordinated care trials, NGO sector and nursing agencies reform.

The Queensland Department was managing a complex agenda in 2002 and was still to commit resources to the necessary policy bridges between HACC and the mainstream of the health system. Many issues to resolve implies more work in 2003, including training and policy advice.

In 2003 variations are expected to be built into our 2002 contracts in order to match the pace of reform and organisational change. The aim is to bring the department's policy, training and funding models into better alignment.

Rural and remote HACC

ATSI issues, particularly around assessment in remote communities, have been on the agenda for some time, but until the functional screen was developed it was difficult to see how standardisation of data collection could be achieved.

The Centre was asked to prepare technical advice and attend a meeting to brief officials about how the HACC screening tools could be used in remote and Aboriginal communities, and advise on a development pathway. The issues included whether a cultural translation or entirely different approach would be required and whether implementation difficulties can be overcome. The meeting included Queensland, NSW, NT officials, Aboriginal agency and national representation.

[9] See Publications – numbers 70 – 73.
http://hnb.dhs.vic.gov.au/acmh/phkb.nsf

[10] See Publications – number 75.

Mid North Coast Aboriginal Coordinated Care Trial

The Centre helped the Aboriginal trial in Mid North Coast to design its funding and spending models and to agree on a suite of tools for screening the needs of people in the trial. The tools adopted are based on the previous work done by the Centre[11]. This includes a variation of the ONI suite to suit local needs while retaining core items and standardised approaches.

An environmental profile, a modified health conditions and health behaviours profile were included. These modifications have in turn informed developments in other jurisdictions and, at national level, provided the basis for preliminary advice to officials working on remote and rural applications of the tools.

NSW Assessment System Pilots

This research is part of a range of separate projects, all sponsored by the NSW Department of Ageing, Disability and Home Care. The assessment system pilots project is a continuation of the approach developed in 1994 by the then Social Policy Directorate.

In the first round, these projects achieved much but their evaluation was compromised by a lack of standardisation in the data collection. This limited the generalisability of the findings from local experience.

The project that began in 2002 involves the design, implementation and evaluation of local area implementation of standard screening and assessment tools for HACC and primary care clients.

This project links with the national HACC functional dependency project as the NSW Department is proposing to use the screening tool that CHSD developed[12]. Work on designing the tools, the training and the evaluation was undertaken in 2002 and the pilots of six areas with comprehensive assessment systems are expected to commence in 2003.

Home Care Service of NSW

This is a project exploring one large (ie, 50% of the HACC budget in NSW) agency's role in screening with a focus on determining risk and urgency. The NSW Home Care Service (HCS) is involved as a part of the NSW assessment system implementation pilots, by virtue of its service provider roles through branches in local areas. It also has a metropolitan call centre where screening and prioritisation of client needs is carried out.

By using the functional screen and trialing how to introduce it into the call centre, Home Care hopes to develop a more reliable working system for the allocation of resources on the basis of client need.

All calls are centrally recorded on a database and the functional screen is being used along with HCS's own NRI (Needs Risk Index) system. The CHSD is undertaking an analysis that aims to separate client characteristics from other demand management strategies and recommend a way that decisions about risk and urgency can be more reliably made.

[11] See Publications – number 78.

[12] See Publications – numbers 28 and 33.

Screening and Assessment in South Australia

The Centre assisted South Australian primary health care and HACC reform projects introducing the screening tool into various trials and integration projects in 2002, helping a number of local project and program managers. There were a series of products including presentations and a detailed manual following from the technical development of INI (Initial Needs Identification) tools for the South Australian trials[13].

The SA INI redesign incorporated feedback from trials undertaken in Northern Yorke Peninsula (Wallaroo), Lower North (Clare), Port Pirie, Barossa (Angaston) and Gawler. New profiles were developed on carers, transport needs and a priority setting structure, including an alert process.

The CHSD input included a manual used as a support to training, and to ensure a measure of consistency between various projects. The design recognised that implementation has to take into account a host of local opportunities and barriers.

An independent evaluation is looking at the system impact of access to the tools in various trials and, in 2003, it is expected that detailed results will inform the improvement of the system[14].

[13] See Publications – number 85.

[14] Department of Human Services (SA) Development of an evaluation framework for the ERA (Equity Responsiveness Access) project prepared by Health Outcomes International Pty Ltd in association with Kate Barnett and Associates. October, 2002

ATLAS

In the disability sector the ATLAS program for young school leavers is using the HACC standardised screening and assessments and the CHSD is undertaking the data analysis on three cohorts of young people with disabilities. This work is important for the department concerned as they are moving towards a more equitable distribution of money for disability support services. The Centre is also being asked to do a more detailed (but smaller) study of care packaging and service coordination planning for this group in the Illawarra in 2003.

Medications in the Community

This was an initiative from Kiama and Shellharbour Councils funded at regional level under the NSW HACC Program. A local advisory group includes representatives of pharmacy, general practice and nursing groups, consumer and support service agencies. The project investigated risk management for helping consumers manage their medicines.

The evaluation of the project included examining support strategies around the safe use of medicines. The findings have clear indications for how to reliably prompt the Home Medications Review jointly conducted by the GP and pharmacist.

The findings include recommendations for practical solutions to complex medico-legal issues that were analysed in terms of client, organisational and system risks. The aim was to develop a set of risk management strategies for the service system, and for implementation of revised policies and procedures for community service organisations.

The next stage in 2003 includes training and testing the prompts for medication support in the ONI tool when it is trailed in the Illawarra. The CHSD expects this project should lead to further research, and has recommended that the next stages be timed to link to the proposed local assessment system pilots.

Carer Survey

The CHSD helped the local regional office of DADHC to conduct a survey as part of a carer phone-in. The target group was small – the ageing carers of people with disabilities in the Illawarra and Southern tablelands. CHSD designed a database to capture the information from the calls and used the experience from other screening projects to design the survey tool.

In turn this small and local project allowed us to test new items for the carer profile in the ONI suite of tools.

National Demonstration Projects in Mental Health Integration (MHIP)

The CHSD is 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.

The role of the CHSD is to work with local evaluators and providers of mental health care, to create a more flexible, integrated framework for the delivery of mental health services. The Far West and Illawarra regions and the inner city of Melbourne are the national demonstration sites.

The CHSD maintained its design and advisory role in MHIP in 2002 and expects to enter into a new (Stage 3) contract with the Commonwealth in 2003[15].

PRA Adolescent Program

This is a local mental health project funded through MHIP in the Illawarra and uses planning resources given to the Psychiatric Rehabilitation Association (PRA) to develop a sustainable funding model for adolescent mental health services. The aim in 2002 was to develop a common understanding of NGO roles and how to build them into wider system agreements and for this to be presented to a forum of local stakeholders.

The project is timely as the NSW Centre for Mental Health has recently introduced new contractors in the NGO sector and the local area mental health services have experienced a series of reorganisation proposals. The timing of this project also relates to the wind-down decisions from the Illawarra MHIP.

The aim of this project is that, in 2003, a model is developed and promoted in terms of a "virtual program", using tools for service coordination developed by the CHSD. Formal program arrangements and a model that integrates a range of activities across funding programs, including Commonwealth enhanced primary health care initiatives, are the long-term aim.

[15] Associated reports and papers can be found at: http://www.health.gov.au/hsdd/mentalhe/pubs/nihs.htm

Carelink AHMG

This is a research initiative by the Australian Health Management Group to investigate the outcomes of risk assessment and case management[16]. Initially, the Centre has worked with AHMG as an independent reviewer of their data. Future work is likely to expand to include a review of evidence based practice.

The work undertaken by the CHSD in 2002 was limited in scope, being focussed on clarifying the relationship between the health risks of members and their use of private services. There is potential to evolve into a stronger partnership with a set of links to other University interest groups.

Continence

The Department of Health and Ageing, as part of its National Continence Management Strategy, provided funding for a series of projects to investigate the impact of incontinence on health care. The CHSD had two roles in this venture.

The AHOC undertook substantial work for the Community Care Branch involving the supervision of these projects which were designed to develop both an outcomes measurement suite, and a framework for economic evaluation, for continence conditions. The latter project entailed a number of sub-studies[17] to investigate specific groups in which incontinence was a problem. The CHSD was also responsible for one of these sub-studies, which was designed to investigate the cost of incontinence in sub-acute care. The data collected during the SNAP study were used for this analysis.

Rules for Trimming Data

NIB Health Funds have amassed a large database of information relating to inpatient episodes of care. These episodes have been grouped into AR-DRGs.

NIB commissioned the CHSD to analyse this database with a view to determining the most appropriate statistical method of trimming the length of stay variable within each of the AR-DRGs. We provided them with an outline of various appropriate methodologies, including our recommendation for the best of these[18].

Respite Services in the ACT

Following a review of respite care services in the ACT by the Legislative Assembly Standing Committee on Health and Community Care, the ACT Government commissioned a comprehensive study to determine the current and future needs for respite care in the ACT community. The review covers all Territory and Commonwealth funded programs. It is to report on the level of met and unmet needs in the ACT for respite services and to propose methods of planning and implementing integrated and innovative services.

The Centre collaborates on this project with independent ACT consultants, and the report will draw on work on assessment and referral of community clients to appropriate service providers.

[16] See Publications – number 66.

[17] See Publications – number 41 and 42.

[18] See Publications – number 81.

Population-based funding and governance in South Australia

A major review of the South Australian health system (the South Australian *Generational Review*) began in 2002. The Centre was commissioned by the Review to use principles of statistical geography to identify the best configuration of health regions and to develop an indicative population-based funding model for South Australia. The latter drew heavily on the NSW model of population-based funding and resource allocation.

The Centre and its staff have a long history of involvement in the NSW organisational and funding models and we continue to work on various committees and contracts designed to refine and improve the NSW approach. The NSW Health RDF (Resource Distribution Formula) was used to inform the final report[19].

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 Health (Epidemiology and Surveillance Branch) is to develop guidelines for best practice for small area analysis and reporting. CHSD staff are collaborating with Wollongong University researchers from the School of Mathematics 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.

[19] See Publications - number 67.

CHSD Inputs in 2002: External Funding

The past year has been a successful period for the Centre from a financial perspective. Total income for 2002 was $1,304,033 as shown in the table below. This included $100,000 as part of the NSW Health Department's Research Infrastructure Grant. The Centre received funding from 12 sources including the two Commonwealth government departments, four State/Territories, two local health authorities, a health insurer and a non-government not for profit organisation.

A total of 23 projects were undertaken during 2002. Several of these projects commenced in 2001, some were completed in 2002, while others will continue into 2003.

The diversity of projects undertaken by the Centre means that we are not dependent on any one partnership or funder or level of government. It allows a measure of independence that would not be possible in a less pluralist health system.

Project	Funding Source	Amount
Australasian Rehabilitation Outcomes Centre	various sources	$338,539
Australian Health Outcomes Collaboration	various sources	$197,055
ED availability study	AHMAC	$140,458
NSW R&D Infrastructure Grant	NSW Dept. of Health	$100,000
Design of National Demonstration Projects in Mental Health Integration	Commonwealth Dept. Health & Ageing	$97,211
Sub-acute and Non-acute Care Project	NSW Dept. of Health	$79,902
Quantitative Research	Illawarra Area Health Service	$65,000
Western Riverina - Griffith Area Palliative Care Service (GAPS)	Murrumbidgee Division of General Practice	$59,902
Publication Grant	Faculty of Commerce	$50,000
Southern Area Community Health study	Southern Area Health Service	$44,938
National Mental Health Outcomes Training Strategy	Commonwealth Dept. Health & Ageing	$36,630
ATLAS	NSW Department of Ageing, Disability & Home Care	$25,168
Measuring functional dependency in Home & Community Care clients	Commonwealth Dept. Health & Ageing	$20,000
Victorian Better Access to Services (BATS)	Victorian Department of Human Services	$18,519
Conduct data analysis on the development of a framework for economic and cost evaluation for continence conditions.	Commonwealth Dept. Health & Ageing	$11,904
Small Areas Statistical Analysis Models	NSW Dept. of Health	$8,181
Incorporation of Home and Community Care Minimum Dataset and associated reporting functions into the SNAPshot Information System	NSW Dept. of Health	$6,500
Provision of assistance in the development of a survey tool, database and statistical analysis of survey results	NSW Department of Ageing, Disability and Home Care	$2,926
Conduct analysis of an NIB acute inpatient dataset for the purpose of making recommendations on potential data trimming methods.	NIB Health Insurer	$1,200
Total		**$1,304,033**

By analysing our funding sources and what seems to work in furthering our research agenda, we have learned that, with current infrastructure funding representing only about 10% of total costs, it is not possible to increase external R&D project funding much beyond our current levels. We will be considering this issue as part of our strategic planning processes in 2003.

We have also had to consider how best to deal with the limitations of project-based funding where it becomes difficult to find the resources to write up our findings for publication.

An initiative in 2002 that helped us think through our plans was the provision by the Faculty of Commerce, University of Wollongong, of a grant of $50,000 to provide increased opportunities for CHSD staff to publish journal articles that report on the range of projects typically undertaken by our Centre.

In our view, this has been an extremely successful initiative evidenced by the significant number of publications produced in 2002. These are listed in the following section.

CHSD Outputs in 2002: Publications

Book Chapters

1. Blandford J, **Perkins DA,** and Stoelwinder J (2002) *Towards Integrated Service Delivery Systems,* Chapter 12 of MG Harris et al, Managing Health Services: Concepts and Practice, McClennan and Petty, Sydney.

2. **Cromwell D**, Bomba D, Hang T, and Dalley A (2002) *Dividends for Care Coordination from investments in information technology: lessons from the Illawarra Coordinated Care Trial*, In The Australian Coordinated Care Trials: Recollections of an Evaluation, Commonwealth Department of Health and Aged Care: Canberra. ISBN: 0642503079.

3. **Eagar K, Green J, and Adamson L** (2002) *Clinical, functional and social assessment as a predictor of costs and outcomes*, In The Australian Coordinated Care Trials: Recollections of an Evaluation, Commonwealth Department of Health and Aged Care: Canberra. ISBN: 0642503079.

4. **Owen A, and Perkins D** (2002) *The impact of Care Net Illawarra on the wider system* (pp 97-110), In The Australian Coordinated Care Trials: Recollections of an Evaluation, Commonwealth Department of Health and Aged Care: Canberra. ISBN: 0642503079.

5. **Perkins D, and Owen A** (2002) *GPs and the Care Net Trial*, In The Australian Coordinated Care Trials: Recollections of an Evaluation, Commonwealth Department of Health and Aged Care: Canberra. ISBN: 0642503079.

6. Underwood P, Ali M, and **Owen A** (2002) *First Contact Care in Developing Health Care Systems* Chapter in Section 1: The Nature of Primary Medical Care, Oxford Textbook of Primary Medical Care, Oxford University Press, (in press).

Journal Articles

7. **Coombs T, Trauer T, and Eagar K** (2002) *Training in Routine Mental Health Outcome Assessment: An Evaluation of the Victorian Experience.* Australian Health Review, Vol 25, No 3, 72-84.

8. **Cromwell DA,** and Griffiths DA (2002) *Waiting time information services: how well do different statistics forecast a patient's wait?* Australian Health Review, Vol 25, No 6, 12-22.

9. **Cromwell DA** (2002) *The lore of private health insurance and pressure on public hospitals*. Australian Health Review, Vol 25, No 6, 9-11.

10. **Cromwell DA**, Grffiths DA, and Kreis I (2002) *Surgery dot.com: the quality of information disseminated by web-based waiting time information services.* Medical Journal of Australia Vol 177, 253-255.

11. **Cromwell DA,** and Griffiths DA (2002*). Waiting time information services: what are the implications of waiting list behaviour for their design?* Australian Health Review, Vol 25, No 4, 40-49.

12. **Cromwell DA, 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, Vol 56, in press.

13. **Eagar K**, Smith M, **Green J, and Gordon R** (2003) *Developing an Australian Casemix Classification for Palliative Car*e. Palliative Medicine (accepted, 2002).

14. **Eagar K,** Smith M, **Green J, and Gordon R** (2003) *An Australian Casemix Classification for Palliative Car*e. Palliative Medicine (accepted, 2002)

15. Lidgard D, and **Yeatman H** (2002) *Dietitians' knowledge and perceptions of changes to food labelling in Australia*, Nutrition & Dietetics, Vol. 59 No 3, 181-186.

16. Moore K, Ho MT, Lapsley H, **Green J**, Smoker I, et al (2002) *Development of a framework for Economic and Cost Evaluation for Continence Conditions*. Australian Continence Journal, Vol 8, No 3, 59-62.

17. **Perkins DA, Senior KA, and Owen A** (2002) *Mere Tokenism or Best Practice: The Illawarra Division of General Practice Consumer Consultative Committee*. Australian Journal of Primary Health, Vol.8 , 81-87.

18. Shorten A, Donsante J, and **Shorten B** (2002) *Birth Position, Accoucheur and Perineal Outcome: Informing women about choices for vaginal birth*, Birth, Vol 29, No 1, 18-28.

19. Shorten A, and **Shorten B** (2002) *Perineal outcomes in NSW public and private hospitals: Analysing recent trends*, Australian Journal of Midwifery, Vol 15, No 2, 5-10.

20. **Trauer T, Coombs T, and Eagar K** (2002) *Training in Routine Mental Health Outcome Assessment: The Victorian Experience.* Australian Health Review. Vol 25, No 2, 122-128.

21. You J, Hoy W, Zhao Y, Beaver C, and **Eagar K** (2002) End Stage Renal Disease in the Top End: Current and Future Treatment Costs. Medical Journal of Australia, Vol 176, 461-465.

22. Khan MSR, Henry RL, and **Hurst T** (2003) *Outcome evaluation of early discharge from hospital with asthma.* Respirology (accepted, 2002).

23. **Yeatman H,** and Nove T (2002) *Reorienting health services with capacity building: a case study of the core Skills in Health Promotion Project*, Health Promotion International, Vol 17, No 4, 341-350.

24. **Yeatman H** (2003) *Development of food and nutrition policy at the local level - testing the relevance of policy theories*, Journal of Critical Public Health (accepted, 2002).

25. **Yeatman H** (2002) *Australia's food regulations - challenges for public health advocacy*, Australia New Zealand Journal of Public Health, Vol 26, No 6, 515-517.

26. Williams P, **Yeatman H**, Zakrzewski S, Aboozaid 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 (accepted, 2002).

Conference papers

27. **Eagar K** (2002) *The promise and pitfalls of partnerships: lessons from a decade of experience,* Keynote paper, Annual Invitational Workshop, Partnerships: Sharing Experiences, Extracting Lessons, Canadian Health Services Research Foundation, Vancouver, Canada, February 2002.

28. **Eagar K, and Owen A** (2002) *The Options for Future Assessment Models in Community Care,* NSW Aged and Community Services Association Community Care Conference, Sydney, April 2002. http://www.agedservicesassociation.com.au/cgi-bin/WebObjects/ASA2.woa/wo/2.0.24.0.4.0.2.1

29. **Eagar K** (2002) *Measuring Rehabilitation Outcomes in Australia,* 10th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine AFRM (RACP). Rehabilitation: A Global Perspective. Sheraton Hotel, Brisbane, May 2002.

30. **Eagar K** (2002) *Health Outcomes - Current Challenges and Future Frontiers,* 8th Annual National Health Outcomes Conference, Canberra, July 2002.

31. **Eagar K** (2002) *How to transmute from being a clinician to a leader/manager*, 9th Mental Health Services Conference Inc. of Australia and New Zealand. Sydney, August 2002.

32. **Eagar K** (2002) *Integrated care - not just funds pooling*, Australian Healthcare Association National Congress 2002, Hobart, August 2002.

33. **Eagar K** (2002) *Towards a National Approach to Community Care Assessment - More Pieces in the Jigsaw*, 15th National Aged and Community Services Conference: 'Great Expectations', Adelaide, September 2002.

34. **Eagar K** (2002) *Hard Decisions in Healthcare: Dilemmas and Opportunities,* Just Healthcare, Uniting Church Conference, Brisbane, October 2002.

35. **Eagar K** (2002) *Transforming Community Care Assessment,* Community Care Queensland, Conference 2002: Transforming and Reforming Community Care, Sunshine Coast, November 2002.

36. **Eagar K** (2002) *Casemix and Rehabilitation Medicine,* NSW Branch of the Australasian Faculty of Rehabilitation Medicine Continuing Medical Education Weekend, Hunter Valley, September 2002.

37. **Gordon R, and Green J** (2002) *The AN-SNAP Casemix Classification,* Australian Society of Geriatric Medicine NSW Branch Scientific Meeting, Bowral, May 2002.

38. **Gordon R** (2002) *An Overview of the Australasian Rehabilitation Outcomes Centre (AROC)*, NSW Branch of the Australasian Faculty of Rehabilitation Medicine Continuing Medical Education Weekend, Hunter Valley, September 2002.

39. **Gordon R** (2002) *Sub and Non-acute Care in the Australian Private Sector – Where are we heading?* The Inaugural Mayne Health Private Health Industry Symposium, John Flynn Private Hospital Gold Coast, July 2002.

40. **Green J** (2002) *AROC Data Collection and Information Reports,* NSW Branch of the Australasian Faculty of Rehabilitation Medicine Continuing Medical Education Weekend, Hunter Valley, September 2002.

41. **Green J**, Smoker I, Ho MT and Moore K (2002*) The Effect of Incontinence on Outcomes in Sub-Acute Care,* 8th Annual National Health Outcomes Conference, Canberra, July 2002.

42. **Green J** (2002) *Investigating incontinence in sub-acute patient care – A multilevel analysis,* 16th Australian Statistical Conference, Canberra, July 2002.

43. **Green J** (2002) *Australasian Rehabilitation Outcomes Centre (AROC) – What it Means for Hospitals,* Invitational Rehabilitation Workshop, 22nd National Congress of the Australian Private Hospitals Association, Melbourne, October 2002.

44. **Harvey R** (2002) *Health and Ageing: Managing the Costs, Reaping the Benefits,* ACOSS Congress 2002, Hobart, November 2002.

45. **Marosszeky JE** (2002) *Rehabilitation Outcomes – I have a Report, but What Does it Mean?* NSW Branch of the Australasian Faculty of Rehabilitation Medicine Continuing Medical Education Weekend, Hunter Valley, September 2002.

46. **Owen A** (2002) *Mental Health: Don't Panic!* ACOSS Congress 2002, Hobart, November 2002.

47. **Owen A** (2002) *New models of screening and assessment*, Community Care Seminar, Victorian Association of Health and Extended Care, Caulfield, Melbourne, May 2002.

48. **Sansoni J** (2002) *Defining and Measuring Health Outcomes: Some Thoughts,* NZ Health Outcomes Conference, Vision Conferences, Auckland, March 2002.

49. **Sansoni J** (2002) *Health Outcomes: An Australian Perspective,* NZ Health Outcomes Conference, Vision Conferences, Auckland, March 2002.

50. **Sansoni J** (2002) *Health outcomes: An overview*, National Health Summit Conference, Sydney, March 2002.

51. **Sansoni J** (2002) *Selecting Mental Health Outcomes Measures*, Workshop for ACTH and CC, Canberra, April 2002.

52. **Sansoni J** (2002) *Health outcomes: A pot pourri,* Proceedings of Health Outcomes 2002: Current Challenges and Future Frontiers, Canberra, November 2002.

53. **Sansoni J** (2002) *Selecting mental health outcome measures: Some issues,* Proceedings of Health Outcomes 2002: Current Challenges and Future Frontiers, Canberra, November 2002.

54. **Sansoni J, and Tilley L** (2002) Editors*, Conference Proceedings*, Health Outcomes 2002: Current Challenges and Future Frontiers, CD-ROM, Canberra, AHOC, University of Wollongong, July 2002.

55. **Senior K** and Bern J (2002) *Decision-making and responsibility in a remote Aboriginal town. Invited Paper, Workshop: Modern Agreements*, Current Research and its Application. Rio Tinto Limited, Beechworth Victoria, December 2002.

56. **Yeatman H** and Lockyer L (2002) *Generic skills development: Integrating ICT into professional skills preparation*, ASCILITE, December, 2002.

57. **Yeatman H** (2002) *Food regulation policy: Institutional responses to global influences. Making a difference*, Health Policy, Practice and Research in the 21st century Auckland, New Zealand, May 2002.

58. **Yeatman H** (2002) *Whole of food chain approach – what does this mean for nutrition and why is it important?* Nutrition Society of Australia 26th Annual Scientific Meeting, December 2002.

59. **Yeatman H** (2002) *Knowing what you eat – food labelling*, CSIRO 16th Annual Food Industry Conference on Nutrition and Health, Adelaide, October 2002.

60. **Yeatman H** (2002) *Food Legislation and Regulation Advisory Group workshop*, Mobilising Public Health: Public Health Association of Australia, 34th Annual Conference, Adelaide, September-October 2002.

61. **Yeatman H** (2002) *Emerging principles and tools for managing foodborne hazards*, Regulation and public health forum, Sydney, September 2002.

62. **Yeatman H** (2002) *Public safety of foods – personal fears*, Association for Canadian Studies in Australia and New Zealand, Canberra, September 2002.

63. **Yeatman H** (2002) *Local government and childhood obesity*, NSW Childhood Obesity Summit, Sydney, September 2002.

64. **Yeatman H** (2002) *Whole of food system: Australia's new approach to food regulation*, DAA National Symposium, Sydney, May 2002.

Other publications

65. Bern J, **Senior K,** and Bavinton B (2002) *Horsley, a social profile and community aspirations assessment*. A report prepared for the Wollongong Living Centres Project, ISCCI, University of Wollongong.

66. **Cromwell D** (2002). *Association between health risk and benefit payments among members of the AHMG Healthtrac program.* Centre for Health Service Development, University of Wollongong [Not for general release].

67. **Eckstein G, and Eagar K** (2002) *Towards Population Based Funding and Governance of the South Australian Health System*. Centre for Health Service Development, University of Wollongong. http://www.dhs.sa.gov.au/generational-health-review/

68. **Eagar K** (2002) *NSW Funding Guidelines for Intensive Care Services 2002/2003*. NSW Health Department. http://www.nsw.health.nsw.gov.au/policy/fsp/fundpol/pdf/fundmodel_icu0102.pdf

69. **Eagar K** (2002) *NSW Funding Guidelines for Emergency Department Services 2002/2003.* NSW Health Department. http://www.nsw.health.nsw.gov.au/policy/fsp/fundpol/pdf/fundmodel_ed0102.pdf

70. **Eagar K, and Owen A** (2002) *Primary Care Partnerships: Better Access to Services Guideline 1: Completing Consumer Information as the first step in Initial Needs Identification*. Australian Institute for Primary Care and Centre for Health Service Development for Department of Human Services Victoria. http://hnb.dhs.vic.gov.au/acmh/phkb.nsf

71. **Eagar K, and Owen A** (2002) *Primary Care Partnerships: Better Access to Services Guideline 2: Completing the Summary and Referral Information step of Initial Needs Identification.* Australian Institute for Primary Care and Centre for Health Service Development for Department of Human Services Victoria. http://hnb.dhs.vic.gov.au/acmh/phkb.nsf

72. **Eagar K, and Owen A** (2002) *Primary Care Partnerships: Better Access to Services Guideline 3: Completing the Supplementary Profiles as part of Initial Needs Identification.* Australian Institute for Primary Care and Centre for Health Service Development for Department of Human Services Victoria. http://hnb.dhs.vic.gov.au/acmh/phkb.nsf

73. **Eagar K, and Owen A** (2002) *Primary Care Partnerships: Better Access to Services Guideline 4: Developing a Service Coordination Plan*. Australian Institute for Primary Care and Centre for Health Service Development for Department of Human Services Victoria. http://hnb.dhs.vic.gov.au/acmh/phkb.nsf

74. **Eagar K, and Owen A** (2002) *New Approaches to Assessment in Community Care.* ACS Update, No. 10, May 2002. Aged and Community Services Association of NSW. NSW. http://www.agedservicesassociation.com.au/cgi-bin/WebObjects/ASA2.woa/wo/2.0.26.0.4.0.4.1

75. **Eagar K, and Owen A** (2002) *Functional Screening and Assessment: How and Why.* Queensland Health, Brisbane.

76. **Eagar K** (2002) *The Functional Profile of the ATLAS Population: The First Report.* Centre for Health Service Development, University of Wollongong.

77. **Eagar K, and Owen A** (2002) *Ongoing Needs Identification in NSW Primary Health and Community Care: How and Why*. Centre for Health Service Development, University of Wollongong. http://www.uow.edu.au/commerce/chsd/Publications/NSW_ONI_guidelines_Final.pdf

78. **Eagar K, and Owen A** (2002) *Ongoing Needs Identification in the Mid North Coast Coordinated Care Trial: How and Why*. Centre for Health Service Development, University of Wollongong.

79. **Eagar K, Owen A, Green J, Cromwell D, Poulos R, Gordon R, Quinsey K, Adamson L, and Fildes D** (2002) *A National Measure of Functional Dependency for Home and Community Care Services in Australia.* Aged and Community Care Service Development and Evaluation Reports, Number 41, July 2002. Commonwealth Department of Health and Ageing, Canberra. ISBN 0 642 82092 9 http://www.health.gov.au/acc/hacc/download/funcdep4hacc.htm

80. **Gordon R, Green J, Hurst T, Owen A, and Eagar K** (2002) *Community Health Consumers and Activities in the Southern Area Health Service.* Centre for Health Service Development, Faculty of Commerce, University of Wollongong.

81. **Green J P** (2002) *Detecting Outliers in AR-DRG Groups – A Report for NIB Health Funds*. Centre for Health Service Development, Faculty of Commerce, University of Wollongong.

82. **Green J P, Hurst T L, and Gordon R** (2002). *AROC Reports for Anywhere Hospital July 2000 – September 2002*. Australasian Rehabilitation Outcomes Centre.

83. **Harvey R** (2002) *Options for Reforming the Pharmaceutical Benefits Scheme: Submission to the Interdepartmental Committee.* ACOSS INFO 320. ISBN: 0 85871 357 8. http://www.acoss.org.au/info/2002/320_pbs.htm

84. Moore K, Ho MT, Lapsley H, Smoker I, **Green J**, et al (2002) *Project 2: Development of a Framework for Economic and Cost Evaluation for Continence Conditions – Second Progress Report*. University of New South Wales and Commonwealth Department of Health and Aged Care.

85. **Owen A, and Eagar K** (2002) *Initial Needs Identification in South Australian Primary Care: How and Why.* Centre for Health Service Development, University of Wollongong. www.eraproject.sa.gov.au

86. **Owen A, Perkins D, Senior K, Cromwell D, Eagar K, and Gordon R** (2002) *The Griffith Area Palliative Care Service: Second Evaluation Report*. Centre for Health Service Development, University of Wollongong.

87. **Sansoni J** (2002) *Comprehensive Nursing Assessment*. Community Nursing Newsletter, Department of Veteran's Affairs, September 2002. http://www.dva.gov.au/health/provider/community%20nursing/circular/sept2002.htm

88. **Senior K** (2002) *Report on the proceedings of the OATSIH Aboriginal Social and Emotional Well-being Workshop*. National Advisory Group on Aboriginal and Torres Strait Islander Information and Data, Australian Institute of Health and Welfare, ANU, 28 October 2002.

89. **Senior K, Perkins DA,** and Bern J (2002). *Variation in material wellbeing in a welfare based economy, Working Paper No 6*. The South East Arnhem Land Collaborative Research Project ISCCI, The University of Wollongong. ISSN 1444-9137 ISBN 0-9580545-0-9

CHSD Outputs in 2002: International, national, state and local advice, consultation and committees

National and international collaborations

The CHSD has a strong national reputation and a growing international reputation and, during the last three years, has been commissioned to undertake R&D projects by almost every health authority in Australia. At the national level, the CHSD was 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 2002 to June 2005.

In 2002, CHSD staff members were invited to present papers at 17 key national and international conferences:

- Canadian Health Services Research Foundation Annual Invitational Workshop,
- NSW Aged and Community Services Association Community Care Conference,
- The 10th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine AFRM (RACP),
- The 8th Annual National Health Outcomes Conference,
- The 9th Mental Health Services Conference of Australia and New Zealand,
- The Australian Healthcare Association National Congress,
- The 15th National Aged and Community Services Conference,
- The Community Care Queensland Annual Conference,
- The Inaugural Mayne Health Private Health Industry Symposium,
- The 16th Australian Statistical Conference,
- The 22nd National Congress of the Australian Private Hospitals Association,
- ACOSS Congress 2002,
- Victorian Association of Health and Extended Care Conference,
- The NZ Health Outcomes Conference,
- Nutrition Society of Australia 26th Annual Scientific Meeting,
- CSIRO 16th Annual Food Industry Conference on Nutrition and Health, and the
- Public Health Association of Australia 34th Annual Conference.

In 2002, Professor Kathy Eagar was invited by the Canadian Health Services Research Foundation to present the keynote paper at their Annual Workshop: *Partnerships: Sharing Experiences, Extracting Lessons* and to run a workshop for health service researchers and health system policy makers on institutional R&D partnerships.

Professor Eagar maintains close collaboration with the Canadian health service research community and, during 2002, was the international reviewer for the Canadian Health Services Research Foundation Policy Synthesis on Primary Healthcare.

The Journal of Health Services Research and Policy in collaboration with the Canadian Health Services Research Foundation (CHSRF) is producing a special international edition

on "collaborative research" and "partnerships in research" in October 2003.

In 2002, the CHSD was invited to present the Australian perspective in this special edition.

Dr David Cromwell's research on the use of waiting list information has attracted international interest. In 2001, Dr Cromwell gave a seminar to staff at Prismant, the national body for the monitoring hospital activity in the Netherlands, and in 2002, he gave a seminar to staff at the NHS Executive, UK Department of Health.

Associate Professor Roy Harvey has been involved in consultancies and development projects on health financing for the World Bank and AusAID. In 2002, he undertook work on a Rural Health Improvement Project in Bazhong County, Sichaun Province, China. Bazhong is one of the poorest rural prefectures in China. The assignment was to develop health insurance models (including social health insurance) and to show how Health Service Agreements could assist in direct funding to provide services to high need groups.

Alan Owen has a long-standing collaboration on international health with Dr Peter Underwood now at Curtin University, WA. In 2002 they wrote a chapter (with Dr Mohammed Ali from Bangladesh) entitled 'First Contact Care in Developing Health Care Systems', to be published in the Oxford Textbook of Primary Medical Care in 2003.

The Australian Health Outcomes Collaboration maintains close links with the Mapi Research Institut in France and with the International Society for Quality of Life Research.

Participation in the health and community care systems

During 2002, CHSD staff participated in a range of activities in a number of committees, task forces, community associations and statutory bodies. This usually involved providing informal advice in meetings or by phone, through workshops or by being on committees:

- Australian College of Health Service Executives
- Australian Statistics Society (NSW Branch Council)
- Strategic Planning Society
- Australia New Zealand Food Authority (ANZFA)
- Therapeutic Goods Authority (TGA) Committee (CMEC),
- National Continence Strategy, Steering Committee for Outcomes Projects
- Australian Consumers Association
- Australian Pharmaceutical Advisory Committee
- Australian Public Health Association
- Australian Council of Social Service
- General Practice Partnership Advisory Council – Access Task Force
- NSW Council of Social Service
- NSW Health Resource Distribution Formula Committee

- NSW Health Research and Development Committee
- NSW Health Casemix Policy Standards Committee
- NSW Health SNAP Implementation Committee (and all sub-committees)
- NSW Guardianship Tribunal
- NSW Mental Health Review Tribunal
- Wollongong City Council, Reference Group for Health Related Transport
- Illawarra Area Health Service - various advisory roles
- Illawarra Division of General Practice, Committee on GP Registrar Training
- Southern Region, Department of Ageing, Disability and Home Care - various advisory roles
- Illawarra Area Child Care Services Board
- Medley Community Incorporated Refuge, Liverpool, NSW
- Society for Applied Anthropology
- Operational Research Society (UK)
- Health Services Research Association of Australia and New Zealand

CHSD Outcomes in 2002: Outcomes for the Health System

The CHSD sets goals for each year relating to income, outputs (including publications) and outcomes. A core goal of the CHSD for the period 1999-2002 was that 'more than 50% of projects we do result influence either health policy or practice within 3 years'.

Our internal assessment is that we have met or exceeded this goal for each of the last four years. An R&D project is considered to have a positive outcome if it contributes to developments in 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. The ease with which the effects of projects can be identified also varies across studies. Some work is used immediately by the funding agency. These projects are generally linked to specific developments required by the funder. Much of our financial work is of this nature. For example, the revised SNAP cost weights will be incorporated directly into the NSW Resource Distribution Formula, and so influence the distribution of funds to Area Health Services.

The results of other projects may be picked up by organisations other than the funder, a consequence of our commitment to disseminating our findings. In particular, organisations have picked up on the key ideas behind the work (as recommendations on service developments from the project may not be directly transferable) and this often leads to the CHSD performing similar work for that organisation.

Our work on standard screening and tools for Victorian primary care partnerships is an example of this. Our effort promoting the idea of consistent measurement across services has been picked up by other States and resulted in funding in 2002 for various projects.

In other cases, the outcome of our work is similarly concrete but it takes longer to come to fruition. The establishment of the Australasian Rehabilitation Outcomes Centre (AROC) is an example of this. The benefit of such a centre was recognised shortly after the original NSW SNAP study was completed in 1996. This project established a close relationship between the Australasian Faculty of Rehabilitation Medicine (AFRM) and the CHSD, and the Faculty worked closely with the CHSD in the design and conduct of the SNAP study. A close collaboration has continued. But it was necessary to establish broad national support from both private and public stakeholders before it was possible to establish AROC. In the end, AROC flowed from a partnership between the CHSD, the AFRM, and seven foundation members. These were two Commonwealth agencies, the States/Territories, public and private hospitals, insurers and third party payers.

Finally, the contribution of some CHSD work is difficult to quantify. This may be because it is of a fundamental nature. Alternatively, it may be because the policy arena under study is complex with multiple stakeholders. Our work on evaluating initiatives to improve service integration and coordination is one example of this. Small incremental steps have been made in specific locations but, at a national/State level, progress has been slow.

When we looked at the outcomes for projects undertaken in the four years 1999 to 2002, about two-thirds of external funding has been spent on projects that have resulted in changes in either health system/service policy and/or practice, while a further 10% was core infrastructure funding. Only about 6% of total external income resulted in no outcome for the health system.

In 2002, the Centre's health services research output covered a broad spectrum of research topics, from clinical assessment tools, through psychosocial interventions in trials and demonstrations, to policy advice and evaluation frameworks. We look at our outcomes in terms of practical applications in the short and long term, and reflect on the evolving nature of our outputs.

We apply a number of practical tests to judge what we do. What we are looking for is something like Stephen Jay Gould's 'Goldilocks' standard[20]. 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. 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 track record and history of useful projects means that we have some ability to shape the choices that are on offer.

The evolution of the Centre also results in different structures to manage our work. How the AROC was established is one example of how partnerships at the individual project level can develop into partnerships at the institutional level.

The Centre has evolved and adapted because of a useful tension between investigator-driven research, where there is direction from within the CHSD, and priority-driven research that is shaped by the policy environment. The tension is resolved by using our themes to guide a research program and retain coherence, while each year bidding for and selecting a range of projects to illuminate that theme.

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 heath policy / management issue. But it is also necessary if CHSD staff members are to maintain and develop their knowledge and skills.

[20] Gould SJ (2002) The Structure of Evolutionary Theory. Harvard University Press

The Centre for Health Service Development Team

The Centre works as a multidisciplinary team and the staff has qualifications and expertise across sixteen 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.

There were 19 core team members employed by the CHSD during 2002. They were:

Kathy Eagar, Professor and Director of the CHSD

Professor Eagar is Director of the Centre and is involved in all aspects of the Centre's work. Kathy has over twenty five years experience in the health and community care systems, during which she had divided her time almost equally between being a clinician, a senior manager and a health academic.

Don Lewis, Professor (Health Economics)

Professor Lewis is Professor of Economics and Associate Dean (Education) of the Faculty of Commerce. Don joined the Centre this year and will undertake future health research as a member of the CHSD. He was President of the Australian Health Economics Society from 1994 to 1999 and his research interests in health economics include environmental health, program evaluation and private health insurance.

Roy Harvey, Associate Professor (Health Economics)

Associate Professor 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. Since 1995, Roy has been involved in consultancies on health financing for the World Bank and AusAID in Eastern Europe, South East Asia and China. Roy holds a fractional position at the CHSD.

Ben Marosszeky, Associate Professor and Clinical Director of AROC

Associate Professor Ben Marosszeky took up a part-time position at CHSD in 2002 as the inaugural Clinical Director of AROC. He is also 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 a Councillor of the World Forum of Neurological Rehabilitation. Dr Marosszeky brings to the CHSD wide ranging and internationally recognised clinical experience in rehabilitation medicine.

Heather Yeatman, Associate Professor

Dr Heather Yeatman is an Associate Professor in the Graduate School of Public Health and undertakes her research as a member of the CHSD. Within the Centre, Heather has a key role in work on healthy public policy, with a specific focus on food policy, and how this translates into standards and regulation.

David Cromwell, Senior Research Fellow (Operational Research)

Dr David Cromwell is a full-time member of the CHSD providing expertise in operational research and support on research in health service delivery and financing. David successfully completed his PhD research in 2002. This research has attracted international attention with David giving invited seminars in the UK and the Netherlands.

Janette Green, Senior Research Fellow (Applied Statistics)

Janette Green's full-time position provides expert statistical skills on projects in classification development, benchmarking and outcome measurement. In 2002, Janette took on the role of Manager of the AROC. Janette is active in professional academic associations and, in 2002, played a key role in an international statistical methods conference held in Wollongong.

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, and providing expert statistical advice in the areas of health financing and resource distribution.

Alan Owen, Senior Research Fellow (Community Care Research)

Alan Owen holds a full-time position at the CHSD and works on tools for measuring client characteristics in disability and aged care, mental health and community health. Alan also provides assistance on local evaluation plans and surveys.

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

Robert Gordon, Senior Research Fellow (Financial Management)

Robert Gordon's full-time position at CHSD supports several research projects in sub and non-acute casemix, community health classification and health financing. Rob also undertakes the financial management of the Centre and is the business manager of AROC.

Jan Sansoni, Senior Research Fellow and Director, AHOC

Jan Sansoni is the Director of the Australian Health Outcomes Collaboration. Jan is active in a number of national and international collaborations around health outcomes measurement and hosts the Health Outcomes Conference for the Centre each year.

David Perkins, Senior Lecturer

Dr David Perkins was a senior lecturer in the Graduate School of Public Health and undertook his research as a member of the CHSD. In November, David left the centre after making valuable contributions to many of our projects since he arrived in 1997. David's position within the centre is yet to be filled.

Tara Hurst, Research Fellow (Applied Statistics)

Tara Hurst joined the CHSD in 2002 as the AROC data manager. Tara brings extensive statistical and database management skills to CHSD. Previously, Tara worked at the perinatal statistics unit attached to the UNSW.

Kate Senior, Research Fellow (Ethnographic Research)

Kate Senior rejoined the Centre in 2002. She had previously worked for AHOC. Kate has extensive experience working in Aboriginal communities and successfully completed her PhD research in 2002. Kate brings important ethnographic and qualitative research skills to the CHSD team. In 2002, Kate worked on palliative care evaluation and ongoing needs identification in primary care.

Karen Quinsey, Research Fellow

Karen Quinsey joined CHSD in 2002 on a part-time basis to manage AROCs 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.

Brett Shorten, Research Associate (Health Economics)

Brett Shorten is an Associate Lecturer in the School of Economics and Information Systems and joined the CHSD in 2002. His current research interests focus on health outcomes and cost-effectiveness of obstetric and maternity interventions, including the role played by health insurance.

Dave Fildes, Research/Administrative Assistant

Dave Fildes is the Centre's full-time research and administrative assistant. He is the public face and front-line of the CHSD. Mr Fildes also provides support services to sub and non-acute service providers on the *SNAPshot* information system and is currently completing post-graduate studies in public health.

Allison Aylward, Administrative Assistant

Allison Aylward is the Centre's part-time administrative assistant. In 2002, Allison took on the function of AROC FIM Resource Coordinator. Allison is also responsible for the day to day management of the CHSD's financial operations.

Lorna Tilley, Research/Administrative Assistant

Lorna Tilley supports the Australian Health Outcomes Collaboration on a part-time basis in its clearing house role and in conference organisation.

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 affiliates in 2002 included:

- Dr Stephen Wilson, South West Sydney Area Health Service
- Dr Andrew Bezzina, Illawarra Health
- Dr Peter Smith, Illawarra Health
- A/Prof. Thomas Trauer, University of Melbourne
- Mr Tim Coombs, Illawarra Health
- Dr Roslyn Poulos, University of NSW
- A/Prof. Philip Burgess, Mental Health Research Institute

Our contact details:

Centre for Health Service Development,
Building 29
University of Wollongong,
NSW 2522,
AUSTRALIA

Tel: (+61) 02 4221 4411

Fax: (+61) 02 4221 4679

Email: chsd@uow.edu.au

Web Site:
http://www.uow.edu.au/commerce/chsd