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**Suggested citation**

Centre for Health Service Development (2005) **2004 Annual Report**. Centre for Health Service Development, University of Wollongong.

# Centre for Health Service Development

Combining Realism with Rigour

## Table of Contents

<b>THE CHSD BOARD OF DIRECTORS</b> .....	<b>1</b>
<b>DIRECTOR'S REPORT 2004</b> .....	<b>2</b>
<b>OUR RESEARCH THEMES AND PRIORITY-DRIVEN RESEARCH IN 2004</b> .....	<b>6</b>
<b>CHSD RESEARCH IN 2004: DESCRIPTION OF RESEARCH AND DEVELOPMENT PROJECTS AND THEIR ASSOCIATED OUTPUTS</b> .....	<b>7</b>
Overview of Research Projects in 2004 .....	7
<b>PROGRAMS</b> .....	<b>10</b>
AN-SNAP Implementation .....	10
Australasian Rehabilitation Outcomes Centre (AROC) .....	10
Australian Health Outcomes Collaboration (AHOC) .....	11
<b>PROJECTS</b> Alphabetical list .....	<b>12</b>
ATLAS, assessing the needs and costs of post-school leavers with disabilities.....	12
Caring Communities Program .....	12
Catastrophic injury and long term care .....	12
Children's health and wellbeing .....	13
Emergency Department Research .....	13
Health economics Western Australia.....	13
Illawarra Area Health Technical Support.....	14
Medications in the Community .....	14
Mental Health projects.....	14
Midwifery Group Practice Evaluation .....	15
PADP Priority Rating NSW .....	15
Palliative care ethics and evaluation booklets .....	15
Palliative Care Tasmania.....	16
Queensland Ongoing Needs Identification (ONI) .....	16
Retirement Options-Day Activities Linking Initiative .....	16

<b>Rural Palliative Care Program (RPCP)</b> .....	<b>16</b>
<b>Southern ATLAS Service Planning in Autism</b> .....	<b>17</b>
<b>WHO Health Financing Training in Fiji</b> .....	<b>17</b>
<b>CHSD INPUTS IN 2004: EXTERNAL FUNDING</b> .....	<b>18</b>
<b>CHSD OUTPUTS 2004: PUBLICATIONS AND DISSEMINATION</b> .....	<b>20</b>
<b>Book Chapters</b> .....	<b>20</b>
<b>Journal Articles</b> .....	<b>20</b>
<b>Conference Papers</b> .....	<b>21</b>
<b>Reports</b> .....	<b>24</b>
<b>CHSD dissemination and research transfer activities 2004</b> .....	<b>27</b>
<b>CHSD OUTPUTS 2004: INTERNATIONAL, NATIONAL, STATE AND LOCAL ADVICE, CONSULTATION AND COMMITTEES</b> .....	<b>30</b>
<b>National and international contacts</b> .....	<b>30</b>
<b>Advisory bodies and committees</b> .....	<b>32</b>
<b>CHSD OUTCOMES IN 2004: OUTCOMES FOR THE HEALTH SYSTEM</b> .....	<b>34</b>
<b>CENTRE FOR HEALTH SERVICE DEVELOPMENT STAFF</b> .....	<b>36</b>

## The CHSD Board of Directors

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University of Wollongong representative

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CHSD

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Institute of Social Change and Critical Inquiry

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NSW and ACT

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

## Director's Report 2004

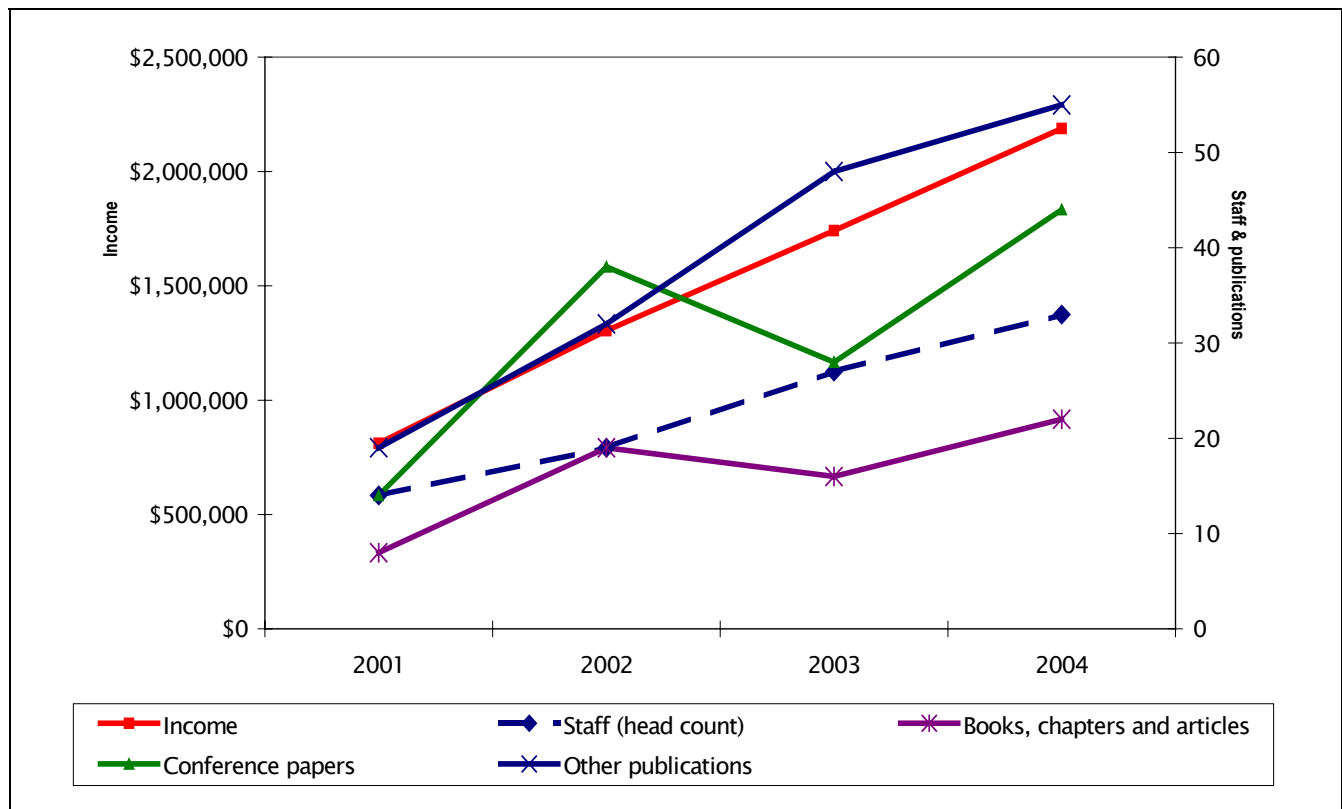
This 2004 Annual Report builds on the plans and projects we outlined in our 2003 report. I reported last year that we had entered a new phase in our own development, with a plan to expand our infrastructure and take on new work. I am happy to report that we implemented those plans during 2004 and, by the end of 2004 we have largely achieved what we set out to do.

Our progress and achievements during 2004 are best summarised by the results shown in Figure 1 below. This shows our growth over the last 4 years. Our income and staff number has increased for each of the last four years. Likewise, our outputs have steadily increased over the same period. This was particularly the case in 2004.

The practical implications of this expansion during 2004 were considerable. We advertised for our new positions at the beginning of 2004 and we spent a full week interviewing. The recruitment process took till Easter. Eight new staff were recruited and welcomed to the Centre over the next three months, while six existing staff entered into new contract arrangements.

The Centre needed to be physically expanded to accommodate our growth. This was achieved by the addition of 2 demountable buildings next to the existing Centre. Together, they are able to accommodate 12 staff. After months of playing musical desks, we moved into our new accommodation as each building was completed.

Figure 1 CHSD Growth 2001-2004



Our growth in 2004 had another important implication. We had previously been a relatively small group that did not need too many formal procedures. That needed to change in 2004. Many meetings and discussions were required to work out the best way of managing our internal procedures and many new internal systems were implemented or formalised. We also needed to formally document these systems and procedures for our new staff.

At the same time, the aim was to expand our research program and our projects to fund the 22% increase in our staff number. We achieved this, with our income increasing by 25% and our outputs by 31% over the previous year. It was, not surprisingly, a hectic and challenging period for everyone.

## What we do

This year we have 3 ongoing programs to report as well as 19 projects in progress. This is consistent with the range of activities undertaken over the Centre's past 10 years, in health service research, development and evaluation projects, mostly directly commissioned, ranging in size and setting. This supported a core team of CHSD staff plus additional researchers who contribute specific skills required for each project.

Our R&D funds continue to be supplemented by our NSW Health Capacity Building Infrastructure Grant (CBIG) that supports both our capacity building and knowledge exchange activities. These activities have expanded considerably over 2004, as the Annual Report shows, which has been an important outcome of our planning and management of the grant.

In 2004 we were formally recognised as one of the twelve 'research strengths' of the University of Wollongong. As a research strength, we now receive infrastructure funding from the University as well as support from the Faculty of Commerce, all tied to our output. We would not be in the position to take advantage of these incentives without the continuity provided by our research themes, our University and Faculty leadership, our Board and management structure, and our funding from a range of Health authorities for projects, advisory roles and management support.

As well as competitive and commissioned research, individuals from the CHSD continue to give advice to a variety of government and non-government agencies and interest groups from local to international levels. At a practical level the advice we give and the lessons we draw from our research continue to be judged to be reliable and helpful. We continue to build on our experience and shape new research so it can contribute to resolving organisational issues of service continuity and care coordination. Australia's multi-level funding and delivery systems makes it ripe for ongoing Research & Development on these issues.

## Our core assumptions

Our core assumptions remain relevant to the work we are commissioned to do. We assume that classifying clients and measuring their needs, assessing need in ways that can capture client outcomes, examining the relationship of need to costs and service use, are interesting problems in themselves.

But the underlying purpose is to ensure that there are fairer, more valid and reliable ways to plan service interventions and allocate resources. We are particularly interested in the set of related questions of equity, priority of access and sustainability in the planning of service provision. As the project descriptions in this report show, we were again able to build these questions into our various research projects, decision support tools and evaluation frameworks in 2004.

The CHSD research agenda is driven by assumptions that are consistent with the concerns of our industry partners. Good data help but have to be turned into useful information first, and then, good reports are not sufficient in themselves for managing change. Qualitative, as well as quantitative, methods are necessary if service systems are to change. Policy and funding models need to be informed by evidence, and that includes good quality data as well as an understanding of the context of the service system and its policy issues.

That context demands that our work produce practical tools can help people manage change, make decisions, and plan how they provide care.

The Centre's research themes are used to guide our own important decision making about workloads and resources. Common methods emerge from projects designed to improve data and reporting, by standardising screening and assessment. There is constant call for better classification and coding of clients and their needs, and always new evidence on reliability and validity. The logical sequel to better tools is more training, in both the 'how' and the 'why' of the use of nationally agreed health outcome measures.

In 2004, in line with our longer-term outcomes theme and its strategy for sustainability, we continued to consolidate our work on benchmarking with the consequent ability to compare models of care. This was particularly the case for AROC, the Australasian Rehabilitation Outcomes Centre, where real progress was made in line with a practical business plan and with the help of a board of strategic advisors.

### Who we work with

In 2004 CHSD maintained research links with Newcastle, NSW, Sydney, Queensland and Melbourne Universities. The common thread is a shared interest in data and classification issues, particularly where acute and community care overlap. The collaborations involved mental health integration, and training in the use of the nationally agreed mental health outcome measures, as well as remote and rural health issues, health economics and financing, palliative care and primary care information.

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

Our working relationships within the University developed in line with the strategic directions for research. In 2004 we introduced an academic secondment program to allow academics across the



campus to come and work with us for a fixed period of time. Dr David Bomba from the Faculty of Informatics took up the first secondment and spent 2004 in the Centre. Dr Mark Rix from the Graduate School of Business and Professional Development will take up the secondment position in 2005.

## Comings and goings

A number of new staff joined the Centre in 2004. Malcolm Masso joined the team as a full-time Senior Research Fellow. Brett Shorten, Nick Marrosszky, Luise Lago and Peter Siminski took up positions as Research Fellows, while Dave Fildes changed roles and also began work as a Research Fellow. Debra Hinton began as our Database Manager. Sheila Matete and Kate Williams were recruited in 2004 as Associate Research Fellows. Carrie Findlay took over the front desk and Jennifer Collins took up a short-term contract as the AROC Business Development Manager.

2004 also saw some people leave the Centre. Sue Cragg, Alix Goodwin, Kate Senior and Natasha Posner left their contract positions at the Centre and, by coincidence, Sue, Alix and Kate all headed to the Northern Territory. Fiona Jongsma completed her term on the front desk and took up her plans to become a full-time student. We wish them well for the future.

## Acknowledgments

The CHSD gratefully acknowledges the continuing support of the NSW Department of Health, the Illawarra Area Health Service and the University of Wollongong. Particular thanks are due to Professor John Glynn Dean of Commerce, Professor Heather Yeatman, Head of the Graduate School of Public Health,

and Professor Margaret Sheil, Pro-Vice Chancellor (Research). As Director of the CHSD, my thanks each year go to our staff and associates for their excellent work in the year 2004. This year I would particularly like to acknowledge the role played by existing CHSD staff in managing and supporting the significant change process we went through in 2004. All members of the CHSD Executive Management Group (EMG) did a great job and I know we couldn't have had such a successful year without them.

My personal thanks go to my deputy, Rob Gordon, and to Elizabeth Cuthbert, our Business Manager, for the considerable roles they played throughout the year and the additional work they took on. Along with other members of the team, they made what would have otherwise been an impossible year manageable for me.

A number of people helped us with an outside perspective on our work, and this process helped our various industry partners stay informed of our research agenda.

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



Professor Kathy Eagar  
Director

## Our Research Themes and Priority-Driven Research in 2004

Each year the Centre undertakes about fifteen to twenty research and development projects and, in 2004 our projects had twelve funding sources: Australian Government Health and Ageing; five States/Territories; one local health authority; one insurer; one non-government not for profit organisation; one local council; and the National Health and Medical Research Council. These are in addition to the multiple funding sources for our ongoing R&D programs.

This diversity of funding sources 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.

Our research themes are shaped by a mix of health system priorities and the interests and skills of the team. The themes are a way to map our strategic direction over time, keep the workload interesting for a multidisciplinary team and reduce fragmentation in the research effort. The research undertaken by the CHSD can be described as six integrated themes, which are driven by our commitment to combine realism with rigour:

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

Australia's Federal and State divisions of responsibilities, differing regional priorities and multiplicity of programs continues to create ample opportunity for research. Decision-makers want solutions driven by themes of continuity, coordination and integration and in particular they want new funding models. Research and evidence may have no influence in the political processes that drive many key decisions about the structure and funding of the health system, however research is increasingly being commissioned on how best to deliver care in this environment.

We have made a continuing investment in planning and workload allocation within the Centre. This not only essential now that the Centre has expanded, but it is a means to check that our themes reflect the priorities of our industry partners. As in previous years, we continue to make our own research opportunities, but not in circumstances chosen by ourselves. We have many good examples in 2004 of how this works in discrete projects, and in AN-SNAP, AHOC and AROC we have evidence of R&D programs making continuous progress over more than 10 years.

As the number of continuing projects shows, small projects can make useful contributions to the research themes. Small area research has its own demands and can take considerable time. Service coordination and care planning is inherently local and projects are in environments where a research-driven service development culture needs strong support and good technical solutions.

## CHSD Research in 2004: Description of research and development projects and their associated outputs

### Overview of Research Projects in 2004

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

The listing of the 2004 projects in the table below does not include all the activities of team members. Significant other projects and activities are included in the summaries where relevant and in the consultation and advice section of this year's report.

CENTRE PROJECTS 2004	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
<b>PROGRAMS</b>						
Australasian Rehabilitation Outcomes Centre	x		x	x		x
Australian Health Outcomes Collaboration & Conference			x	x	x	
SNAP Implementation	x	x	x	x	x	x
<b>PROJECTS</b>						
ATLAS, assessing the needs and costs of post-school leavers with disabilities	x	x			x	x
Caring Communities Program			x		x	
Catastrophic injury and long term care		x		x		
Children's health and wellbeing				x		x
Emergency Department Availability	x		x		x	x
Health economics Western Australia		x				
Illawarra AHS Technical Support					x	x
Medications in the Community			x		x	
Mental Health Integration, final phase		x	x	x	x	
Midwifery Group Practice				x	x	

CENTRE PROJECTS 2004	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
PADP Priority Rating NSW		x			x	x
Palliative care ethics and evaluation booklets				x	x	
Palliative Care Tasmania					x	
Queensland Ongoing Needs Identification (ONI)			x		x	x
Retirement Options–Day Activities Linking Initiative			x	x	x	
Rural Palliative Care Program			x		x	
Southern ATLAS Service Planning in Autism			x		x	
WHO health financing training, Fiji		x				

The Annual Report gives the Centre an opportunity to locate different projects inside a broader ‘architecture’ of research and development work and explain its logic to an outside audience. That bigger structure includes ways of organising information on need, risk and costs (classification and costing systems, payment systems), to develop tools to actively manage demand (triage and priority rating), and inform care and service coordination planning by refining the evidence about the plethora of items collected for minimum data sets.

The Centre has been instrumental in guiding the development of a national casemix classification for sub–acute and non–acute care (AN–SNAP) and its implementation since 1996. During 2004 the Centre continued to work with NSW Health to develop a model for episode–based funding to include designated sub–acute inpatient services on the basis of the AN–SNAP classification and cost weights.

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

The Centre has carried a number of projects under the themes of management decision–making and integration in community care research. This work grew out of dependency data items for HACC with our Better Access to Services work for the primary care partnerships in Victoria in 2001. The PCP Service Coordination Tool Templates are also used as state wide referral tools for GPs and are built on the first version of a community health and primary care suite of standard reports used for collecting data at the entry point and then for referral and service coordination planning.

The tools were refined in South Australia in 2003 by the ERA (Equity, Responsiveness Access) pilots. A number of subsequent projects implemented minimally revised versions of the same tools in pilot sites in NSW as part of system reform activity in HACC and community health, as well as in the Mid North Coast Aboriginal Coordinated Care Trial. This version emphasised the role of screening in a system that is ongoing (ONI or Ongoing Needs Identification), rather than only being an initial or entry point focus.

In Queensland in 2004 the Centre refined the ONI suite of tools for a full State-wide implementation. In 2003 we developed the new profile called the ONI Priority Rating, using data from NSW Home Care to test the reliability of the tool in active demand management. The Qld priority rating profile is operating as tool to support intake assessment and is being adapted for use in a procedure involving periodic re-assessment.

Disability and education are sectors that come within local planning projects and the functional screening and assessment tools are also useful in determining priority of access to aids and appliances.

Local projects have included medication management, care planning for high needs clients, ageing carers and retirement planning.

This type of service development activity has the characteristics of slow evolution, but as we have seen in rehabilitation, evolution can be accelerated with a bit of intelligent design work, aided by an ability to collect good quality data, and a connection to a management decision-making system.

In 2004 we continued our emergency department research, which is more closely related to the acute care sector than many other CHSD projects in the recent past. We also took on another new area in collaboration with insurance industry interests, which may lead on to a long term care research project in 2005, looking at the costs and outcomes of care after catastrophic injury.

In the next section we cover the programs and projects that made up our body of research and development contributions in 2004 by giving a brief description and links to more detail where that is available.

## PROGRAMS

### AN–SNAP Implementation

The Centre has been instrumental in guiding the development of a national casemix classification for sub–acute and non–acute care (AN–SNAP) and its implementation since 1996. During 2004 the Centre continued to work with NSW Health to develop a model for expanding episode–based funding to include designated sub–acute inpatient services on the basis of the AN–SNAP classification and cost weights. Implementation of the NSW funding model for sub–acute and non–acute care was introduced on a shadow basis on 1 July 2004, with full implementation to occur over a three year transition period.<sup>1</sup>

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

### Australasian Rehabilitation Outcomes Centre (AROC)

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

1. A national ‘data bureau’ that receives and manages data on the performance of rehabilitation services in Australia.
2. The national ‘benchmarking centre’ for medical rehabilitation.

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Choi E, Eagar K, Gordon R and Green J (2004) *NSW Funding Guidelines for Rehabilitation and Extended Care 2004/2005*. NSW Department of Health, Sydney [http://www.health.nsw.gov.au/pubs/2004/fundingguide\\_snap04.html](http://www.health.nsw.gov.au/pubs/2004/fundingguide_snap04.html)

3. The national certification centre for the Functional Independence Measures (FIM) (instruments designed to measure functional needs and outcomes).
4. An education and training centre for the FIM and other rehabilitation outcome measures.
5. A research and development centre that develops research and development proposals and seeks external funding for its research agenda

Implementation of the AROC development plan began during 2004 and the number of participating rehabilitation services increased. By December 2004, 105 of the 130 designated rehabilitation units in Australia were routinely collecting and submitting data to AROC. Most are using the software system developed and supported by the CHSD.<sup>2</sup> By the end of 2004, approximately 185,000 rehabilitation episodes were in the AROC database. This is a significant achievement in the two and a half years that AROC has been operating.

The FIM training underwent some significant change early on in the year with the implementation of a new credentialling exam in January and the replacement of Fiona Jongsma with Carrie Findlay as the FIM Coordinator in February.

It did not take long before workshops were underway all over the country with Queensland leading the way hosting four workshops in the first four months of the year. Overall FIM training has been a great success this year with the number of credentialed clinicians on our records totalling 1,719. During the year, 231 were

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<sup>2</sup> Hinton D (2004) *Using SNAPshot V3.6 to collect the AROC dataset*. Centre for Health Service Development, University of Wollongong

trained by master trainers and, of those, 44 were trained as facility trainers. This brings the total number of facility trainers in the country to a total of 163.

More information on AROC is included in the AROC website.

[www.uow.edu.au/commerce/aroc](http://www.uow.edu.au/commerce/aroc)

## Australian Health Outcomes Collaboration (AHOC)

The AHOC has the following goals:

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

The Australian Health Outcomes Collaboration of the Centre for Health Service Development convened the 10th Annual National Health Outcomes Conference *Health Outcomes 2004: Perspectives on Population Health*. It was held in conjunction with Centre for Advances in Epidemiology and Information Technology, Canberra Hospital and the Canberra Clinical School, University of Sydney.

The sponsors in 2004 were: National Palliative Care Program, Department of Health and Ageing; Health Priorities and Suicide Prevention Branch, Department of Health and Ageing; NZ Mental Health Research and Development Strategy; Community Care Branch, Department of Health and Ageing; Eli Lilly Australia Pty Ltd; The Pharmaceutical Alliance; Aged and Community Care Branch, Department of Veterans' Affairs and NSW Health.

The 10<sup>th</sup> annual conference received a very positive evaluation. Most participants commented very favourably on the diversity and quality of papers presented and the professionalism of the conference organisation. The conference proceedings were published on CD-ROM. Preparation for the 11<sup>th</sup> conference, titled *Health Outcomes 2005: Making a Difference* commenced. Peer review of nominated papers will continue in future health outcomes conferences.

The AHOC also continues to provide an information service for health practitioners and the research community on health outcomes measurement and research and to undertake research consultancies for the government and the private sectors. The Director, Jan Sansoni was invited to speak at the 11<sup>th</sup> ISOQOL Conference *Harmonizing International Health-Related Quality of Life Research* in Hong Kong in October and became a member of the ISOQOL 2004 Scientific Program Committee. The AHOC continues to forge international links and work collaboratively with ISOQOL, the National Centre for Health Outcomes Development, UK; Oxford Outcomes, UK and the Mapi Research Trust in France

The AHOC continues to work with the Community Care Branch of DHA and the National Continence Management Strategy

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

More information on AHOC is included in the AHOC website.

[www.uow.edu.au/commerce/ahoc](http://www.uow.edu.au/commerce/ahoc)

## **PROJECTS**    Alphabetical list

### **ATLAS, assessing the needs and costs of post-school leavers with disabilities**

In 2003, CHSD undertook a data analysis of the scores (based on the HACC standardised tools for screening and assessment of functional needs) for three cohorts of young people funded under the ATLAS (Adult Training, Learning and Support) program for young school leavers with disabilities. This was used to assist in program planning and became the basis for a proposal to do more work on the costs of care and support for this group.

In 2004, CHSD was commissioned by DADHC to undertake a further study to examine the relationship between consumer characteristics and the cost of services provided to those consumers. A total of 18 provider agencies across NSW were recruited to participate in the Study. Data on service utilisation and related financial information was collected from each of these services during July and August 2004. The collection of corresponding assessment data on this group of clients is being finalised at the time of writing. When this information becomes available, a classification with a set of associated costs for each class will be developed.

### **Caring Communities Program**

One of the aims of the National Palliative Care Strategy (NPCS) is to “improve the knowledge and skills of families, carers and community groups so they can better support relatives, loved ones or individuals within the community who are dying, and work optimally through their bereavement”. The Centre was appointed by the Commonwealth Department of Health and Ageing in 2003 to undertake the national evaluation of the Caring Communities Program as part of the NPCS.

The 37 projects are in all States and Territories, and the evaluation activities have continued in 2004. Members of the Centre visited all of the 37 projects across Australia at least once in 2004 and evaluability assessments were completed on each project. A National CCP workshop was held in Adelaide, which members of the Centre attended and facilitated sessions over the two days. The workshop provided information for the program level evaluation.

Other tasks completed in 2004 included progress reports, distributing evaluation bulletins and working on the program level evaluation activities.

### **Catastrophic injury and long term care**

In early 2004, at the request of a large insurer, CHSD completed a preliminary study into the feasibility of undertaking a study to measure the incidence and cost of providing long term care for people who have suffered a traumatic and catastrophic injury. The study was commissioned in the context of proposed reforms to compensation arrangements for this group of clients.



The report recommended that a major study in this area would produce significant and relevant information to inform the current debate around long term care arrangements.

Subsequently, in mid 2004, CHSD was commissioned to undertake a study to be completed over a two year period. Work on the project will continue through 2005 with detailed information to be collected about the long-term care needs of a sample of catastrophically injured clients. A steering committee with key representatives from relevant industry stakeholders has been formed to oversee the project.

### Children's health and wellbeing

The Centre was commissioned by the Victorian Department of Human Services in late 2004 to undertake research to support its *Children's Health and Wellbeing Policy Flagship* project. Its purpose is to guide and structure the Department's efforts to support and improve the health, development, learning and wellbeing of Victorian children. We were asked to review the international and national evidence and, based on that, identify what DHS might do to improve the health and wellbeing of Victorian children.

The specific objectives were to:

- Identify evidence-based strategies that will deliver improved outcomes in the designated priority areas for gain for all children in Victoria; and
- Present the strategies for each priority area in a format that, amongst other things, identifies how strategies will deliver more equitable outcomes for different target groups of children within Victoria's child population.

The research will be complete in early 2005.

### Emergency Department Research

As part of a strategy to support health service research, funding became available in 2002 through the NHMRC and the States/Commonwealth Research Issues Forum (SCRIF) to address health service system priorities. The research examines the relationship between the use of Emergency Department (ED) services by primary care patients and the availability of various types of community-based primary care services, including local GP practices and after hours home visiting medical services. The research began in 2003 with negotiations on the study sites and access to data, ethical approval and the recruitment of researchers.

A key aspect of the research in 2004 has been a large survey of primary care patients attending the ED, seeking their reasons for attendance. Parallel surveys with ED nurses and doctors explored their perceptions of the same issues. The survey work and its results will be described in a final report and journal articles in 2005.

### Health economics Western Australia

In 2004, CHSD commenced a project to assist with the development of the Resource Allocation Model (RAM) for the WA Health system. The project began by the facilitation of a workshop with the Senior Health Management Team of the WA Department of Health. This workshop established strategic directions for the development of the Resource Allocation Model. The Centre is also assisting the Department in developing a resource allocation model for the "population health services block" – a group of services to be funded using population funding principles. The project will be completed in early 2005.

## Illawarra Area Health Technical Support

Our aim in 2004, as in previous years, was to work together with Illawarra Health in developing skills and expertise in the reporting and organising of data for planning purposes and the analysis of strategic issues for area health services.

In practical terms this included one CHSD researcher, Tara Stevermuer, working at the Area's planning and information unit on a part-time basis during 2004. This arrangement will be extended into 2005.

The support arrangements in 2004 also involved other staff collaborations with Illawarra and other areas in using planning tools to assist with activity projections, waiting lists management, improving effectiveness of waiting list reports, preparing service utilisation reports for senior managers, and helping to devise projections for flow reversal planning.

This work is consistent with our CHSD Capacity Building (CBIG) program that has five strategies:

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

These strategic directions were mapped out in 2003 and continued in 2004 in the health disability and community care sectors, as well as across departments as part of our commitments under the CBIG plan.

## Medications in the Community

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

The aim of the project included examining support strategies around the safe use of medicines. The findings give indicators for how to identify and manage risk in medications usage in the community. It identified the way to reliably prompt Home Medications Reviews jointly conducted by the GP and pharmacist. The report included recommendations for practical solutions to complex medico-legal issues that were analysed in terms of client, organisational and system level risks.

## Mental Health projects

The CHSD was the national design team commissioned by the Commonwealth under the 2<sup>nd</sup> National Mental Health Plan, to establish a series of national demonstration projects in integrated mental health care (MHIP). The role of the CHSD in 2004 was to advise on wind-down and planning issues and to synthesise the independent local evaluation findings across the three projects. The Far West and Illawarra Regions of NSW, and the inner city of Melbourne, were the national demonstration sites and they completed their final evaluation reports in 2003.

The lessons from the MHIP activities were put together in a summary document, along with an analysis of the finances of the projects. An overall synthesis of the findings was produced in 2004.<sup>3</sup> Associated reports and papers can be found at:

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

In 2004 two CHSD staff – Kathy Eagar and Janette Green – collaborated with others in the analysis and reporting of the New Zealand Mental Health Casemix and Outcomes Study. A series of reports and publications were produced.<sup>4</sup>

### Midwifery Group Practice Evaluation

Midwifery Group Practice (MGP) is a model of care designed to provide ‘low risk’ pregnant women with continuous care by one known midwife throughout pregnancy, labour and birth and the early postnatal period. CHSD has been commissioned to conduct an independent evaluation of this model, which is currently running as a pilot program at Wollongong Hospital. This short-term project will assess clinical outcomes, particularly safety, as well as client satisfaction with the care received.

<sup>3</sup> **Eagar K, Owen A** and Burgess P (2004) *National Mental Health Integration Program (MHIP): National Evaluation Synthesis*. Centre for Health Service Development, University of Wollongong.

**Eagar K, Pirkis J, Owen A, Burgess P, Posner N** and Perkins D (In press) *Lessons from the National Mental Health Integration Program*. [Australian Health Review](#).

<sup>4</sup> **Eagar K, Gaines P, Burgess P, Green J, Bower A, Buckingham B, Mellso G** (2004) *Developing a New Zealand Casemix Classification for Mental Health Services*. [World Psychiatry](#). Vol 3, 3, 176–181.

Trauer T, Mellso G and **Eagar K** (In press) *The performance of routine outcome measures in adult mental health care*. [ANZI Psychiatry](#)

Trauer T and **Eagar K** (2004) *New Zealand Mental Health Consumers and their Outcomes*. Health Research Council of New Zealand: Auckland. [http://www.hrc.govt.nz/root/Publications/Mental\\_Health\\_Publications.html](http://www.hrc.govt.nz/root/Publications/Mental_Health_Publications.html)

### PADP Priority Rating NSW

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

We conducted an extensive literature review and produced a consultation paper to backup a survey of current practice and that was used to design new tools based on need and estimates of the client and carer capacity to benefit<sup>5</sup>. The Centre conducted pilot testing of a more standardised approach in 2004 and designed a database, a ‘how and why’ manual and training materials to support a rigorous evaluation. The field-testing will take place in 2005.

### Palliative care ethics and evaluation booklets

The CHSD was invited by the Australian Government Department of Health and Ageing to produce two guides for researchers and practitioners. One was a guide for researchers on navigating through the Human Research Ethics Committee process.<sup>6</sup> The other provides guidelines for evaluating palliative care projects and services.<sup>7</sup> Both have been widely distributed

<sup>5</sup> **Harvey R, Sansoni J, Owen A, Masso M, Gordon R and Eagar K** (2004) PADP: Development of Proposed Assessment Tools and Priority Setting Instruments, Centre for Health Service Development, University of Wollongong.

<sup>6</sup> **Masso M, Dodds S, Fildes D, Yeatman H and Eagar K** (2004) *Ethical research in palliative care: a guide through the Human Research Ethics Committee process*. Centre for Health Service Development, University of Wollongong ISBN 0 642 82473 8

<sup>7</sup> **Eagar K, Cranny C and Fildes D** (2004) *Evaluation and palliative care: a guide to the evaluation of palliative care services and programs*, Centre for Health Service

in hard copy and are available electronically through both the DHA and CHSD websites.

## Palliative Care Tasmania

The CHSD was asked by the Tasmanian Department of Health and Human Services (DHHS) to review palliative care services in Tasmania and to develop a plan for the future. The final report identified six key priorities and made 27 recommendations. The Deputy Premier of Tasmania, David Llewellyn, released the report in July 2004 and announced that the State Government had already begun implementing its recommendations.<sup>8</sup>

## Queensland Ongoing Needs Identification (ONI)

In Queensland the functional screen was introduced and training materials adapted to local purposes including changes to carer items and the development of a priority rating profile. The Queensland version of the ONI suite of tools makes better use of the HACC functional screen and the associated prompts for further assessment, and the priority rating profile has been shown to be useful in the second independent evaluation carried out in 2004.

The Centre supported Statewide implementation in Queensland in 2004 with hotline and e-mail responses, briefing

papers and further explanations and refinement of data items based on feedback from the field. This has reinforced the value of a clear policy agenda and investments in training to drive change in this sector. Agencies need to see good evidence for why established practices should change and there are ongoing change management issues to attend to as a result of introducing more standardised approaches. For example the role of periodic re-assessment using the ONI raises issues for exit planning and demand management. Towards the end of 2004 the centre began advising on the issue of electronic referral and the need for common data transmission standards. This also emerged as a national issue and will be high on the agenda for Qld (and other States and Territories) in 2005.

## Retirement Options–Day Activities Linking Initiative

This was a small project to evaluate a model of service coordination to assist people with disabilities with places in supported employment (business services) to make the transition from work to retirement. It was funded by the local Region of the Department of Ageing Disability and Home Care. The first stage in 2004 was to review the documentation and procedures for the initiative and to recommend management and organisational changes that would allow it to be evaluated in a systematic way.

## Rural Palliative Care Program (RPCP)

The Australian Divisions of General Practice has been funded by the Department of Health and Ageing (2003–2006) to trial eight projects implementing the Rural Palliative Care model (based on the Griffith GAPS model) in a range of rural and remote settings.

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Development, University of Wollongong. ISBN 0 642 82472 X

[http://www.uow.edu.au/commerce/chsd/palliative\\_care.html](http://www.uow.edu.au/commerce/chsd/palliative_care.html)

<sup>8</sup> **Eagar K, Gordon R, Quinsey K and Fildes D** (2004) Palliative Care in Tasmania: current situation and future directions. Centre for Health Service Development, University of Wollongong. ISBN 1 74128 067 2

<http://www.dhhs.tas.gov.au/corporateinformation/publications/index.html#nondhhs>.

The role of the CHSD is to evaluate each of the projects and the program as a whole, using the evaluation framework and tool kit shared with the Caring Communities Program evaluation.

In 2004 the Centre reviewed the literature and existing tools for capturing clinical, organisational and program level data in palliative care in order to develop a minimum data set and database for projects to use for the evaluation. We also conducted site visits to the Pilbara WA, Kalgoorlie WA, Adelaide Hills, North West Tasmania, West Victoria, Eurobodalla NSW, Coffs Harbour NSW and South Queensland. These initial visits consisted of an evaluability assessment, risk assessment and other evaluation activities. Some sites received a second visit in 2004, as each site is visited by the Centre every six months.

A series of eight evaluation guides were written in 2004 to assist in the implementation of the evaluation progress for the sites. Work has commenced on the program evaluation level that includes the data analysis and the analysis of the elements of the model that run across the eight sites.

## Southern ATLAS Service Planning in Autism

This was a small project based in the Illawarra where service coordination planning was investigated by a case study of the service planning efforts across a range of support agencies for two young people with autism and high support needs. The focus of the final report is on the organisational and funding questions and the planning that is needed to improve the system<sup>9</sup>.

## WHO Health Financing Training in Fiji

Malcolm Masso facilitated an international Financial Planning and Management workshop in Suva, Fiji from 23 to 26 August 2004. The workshop was organised by the World Health Organisation in collaboration with the World Bank. The workshop was attended by 10 Pacific island countries and comprised formal presentations, with a mixture of large and small group work sessions.

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<sup>9</sup> **Burke M E** (2004) Process Evaluation of the DADHC Southern Atlas Service Co-ordination Planning Pilot. Centre for Health Service Development, University of Wollongong.

## CHSD Inputs in 2004: External Funding

The past year has been a successful period for the Centre from a financial perspective. Total income for 2004 was \$2,188,608 as shown in the table below. This included \$550,000 as part of the NSW Health Department's Research Infrastructure Grant.

The Centre received funding from multiple sources in 2004 including Australian government departments, State/ Territories, local health authorities, local government, insurers and a non-government not for profit organisation.

### Income 2004

Type and Project	Source	Income 2004
<b>Infrastructure</b>		
NSW Health Infrastructure grant	NSW Health	\$550,000
Publication grant	Faculty of Commerce	\$50,000
UoW Research Strength Funding	University of Wollongong	\$78,489
<b>Total infrastructure</b>		<b>\$678,489</b>
<b>Programs</b>		
Australasian Rehab Outcomes Centre	Various	\$271,500
Australian Health Outcomes Collaboration	Various	\$185,000
SNAP implementation NSW	NSW Health	\$66,000
<b>Total programs</b>		<b>\$522,500</b>
<b>Projects</b>		
Catastrophic injury project	IAG	\$173,580
ATLAS, assessing the needs and costs of post-school leavers with disabilities	Dept of Ageing, Disability & Home Care	\$130,619
Illawarra Area Health technical support	Illawarra area Health Service	\$93,500
Rural Palliative Care	Dept of Health and Ageing	\$92,906
National CCP evaluation	Dept of Health and Ageing	\$86,069
Palliative care ethics and evaluation booklets	Dept of Health and Ageing	\$84,254
Palliative Care Tasmania	Tasmanian Dept of Health	\$53,702
Children's health and wellbeing	Victorian Dept of Human Services	\$44,368
Queensland HACC reform	Queensland Health	\$43,065
Mental Health Integration Project Phase 2	Dept of Health and Ageing	\$40,000
ED Availability	SCRIF/ NHMRC	\$36,692
Provision of a Health Economics Consultancy	Western Australian Dept of Health	\$28,012
PADP – develop assessment tool	NSW Health	\$23,420

Type and Project	Source	Income 2004
Retirement Options–Day Activities Linking	Dept of Ageing, Disability & Home Care	\$20,000
NSW HACC assessment project	Dept of Ageing, Disability & Home Care	\$19,403
Southern DADHC Autism project	Dept of Ageing, Disability & Home Care	\$8,029
Illawarra pharmacy project	Kiama Council	\$7,000
Health Financing training – Fiji	World Health Organisation	\$3,000
<b>Total projects</b>		<b>\$987,619</b>
<b>Grand total</b>		<b>\$2,188,608</b>

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

With current infrastructure funding over a full year representing about 30% of total costs, 2004 was a good year for increasing external R&D project funding beyond previous levels. Taking on longer term projects has been important as the number of staff has grown.

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

In addition, and as part of our grant conditions, we also developed a Knowledge

Transfer strategy. That includes participation by CHSD staff in NSW Health committees, inserts of information on our work in suitable journals or industry publications and website development.

In summary, the combination of the extra support we have received from the University, coupled with our NSW Health infrastructure grant, has been instrumental in placing the Centre on a sound financial footing in 2004.

As a result, 2004 saw the Centre expand and focus more on research partnerships and knowledge transfer. This is shown by the significant number of publications (105 in all, excluding progress reports and articles still under review) produced in 2004. These publications are listed in the following section. It is also indicated by our increasing focus on the use of our website for disseminating the work we do.

## CHSD Outputs 2004: publications and dissemination

### Book Chapters

1. **Gordon R and Eagar K** (2004) *Output based funding and activity based costing*. In Courtney, M. and Briggs D (Ed) (2004) Financial Management in Health Services. MacLennan & Petty, Sydney.
2. Underwood P, Ali M, and **Owen A** (2004) *First Contact Care in Developing Health Care Systems*. Chapter 1.8 in Jones R et al, Oxford Textbook of Primary Medical Care, Oxford University Press: Volume 1: The Nature of Primary Medical Care, Oxford. 0-19-263219-1.
3. **Bomba D** (In press) *Actors, Networks and Alliances in Telemedicine and e-Health*. Chapter in Bangert and Doktor (eds) Managing People in Telemedicine and e-Health: A Global Perspective. Oxford, England: Radcliffe Medical Press.
4. Hawton, K, and **Williams, K.** (in press) *Media influences on Suicidal Behaviour: Evidence and Prevention*. Chapter in Prevention and Treatment of Suicidal Behaviour: From Science to Practice. Oxford University Press.
8. Burgess P, Pirkis J, Buckingham B, Burns J, **Eagar K** and **Eckstein G** (2004) *Adult mental health needs and expenditure in Australia*. Social Psychiatry and Psychiatric Epidemiology, vol. 39, pp. 427-434.
9. **Cromwell DA** (2004) *Waiting time information services: the potential of clearance time statistics to forecast a patient's wait?* Social Science and Medicine, Volume 59, Issue 9, November 2004, Pages 1937-1948
10. **Eagar K**, Gaines P, Burgess P, **Green J**, Bower A, Buckingham B, Mellsop G (2004) *Developing a New Zealand Casemix Classification for Mental Health Services*. World Psychiatry. Vol 3, 3, 176-181.
11. **Eagar K, Gordon R, Green J** and Smith M (2004) *An Australian Casemix Classification for Palliative Care: Lessons and Policy Implications of a National Study*. Palliative Medicine. 1 April 2004, vol. 18, iss. 3, pp. 227-233(7).
12. **Eagar, K, Green, J and Gordon R** (2004) *An Australian Casemix Classification for Palliative Care: Technical Development and Results*. Palliative Medicine. 1 April 2004, vol. 18, iss. 3, pp. 217-226(10).

### Journal Articles

5. **Bomba D** (2004) *Moving beyond implementation to sustained use of computers in general practice in Australia*. International Journal of Healthcare Technology and Management, vol. 6 (1), pp. 83-90.
6. **Bomba D**, Svardsudd K and Kristiansson P (2004) *A Comparison of Patient Attitudes Towards the Use of Computersied Medical Records and Unique Identifiers in Australia and Sweden*. Australian Journal of Primary Health, 10 (2): 1-7.
7. **Bomba D**, Fulcher J and Dalley A (2004) *An Australian Case Study of a Patient-GP Diabetes I-Key Innovation Project*. The Journal on Information Technology in Healthcare, 2 (5): 329-339.
13. **Eagar K** (2004) *The weakest link?* Australian Health Review 28, 1, 7-12
14. Kriflik L and **Yeatman H** (2004) *What consumer responses to environmentally based food risks can teach us!* Applied Environmental Science and Public Health. Vol.1, no.2, pp. 119-127.
15. Karantanis E, Allen W, **Stevermuer TL**, Simons AM, O'Sullivan R and Moore KH (2004). *The repeatability of the 24-hour pad test*. International Urogynecology Journal. Published online 7 July 2004.



16. Khan M, O'Meara M, **Stevermuer T**, Henry R (2004). Randomized controlled trial of asthma education after discharge from an emergency department. *J Paediatr Child Health*. 2004 Dec; 40(12):674–7.
  17. **Lewis D** (2004) *Economic Evaluation of Health Care Programs*. *Australian Economic Review* 37(3), 350–358.
  18. **Masso M** (2004) *Peer review of adverse events – a perspective on Macarthur*. *Australian Health Review* 28, 1, 26–33
  19. Shorten A, Chamberlain M, **Shorten B** and Kariminiad A (2004) *Making choices for childbirth: development and testing of a decision-aid for women who have experienced previous caesarean*. *Patient Education and Counselling*, Mar; 52 (3): 307–13.
  20. **Shorten B** and Shorten A (2004) *Impact of private health insurance incentives on obstetric outcomes in NSW hospitals*. *Australian Health Review*, vol. 27, 1, pp. 27–38.
  21. O'Sullivan R, Karantanis E, **Stevermuer TL**, Allen W, Moore KH (2004) *Definition of mild, moderate and severe incontinence on the 24-hour pad test*. *British Journal of Obstetrics and Gynaecology*. 111 (8): 859–862 AUG 2004
  22. **Posner N** and Momezadeh S (2004) *Swollen Limbs: The Impact on Quality of Life*. *Australian Journal of Primary Health*. 10; 2:1–8.
  23. Baguley IJ, Cameron ID, Green AM, Slewa-Younan S, **Marosszeky JE**, Gurka JA (2004) *Pharmacological management of Dysautonomia following traumatic brain injury*. *Brain Injury*. 18 (5): 409–417
  24. Slewa-Younan S, Green AM, Baguley IJ, Gurka JA, **Marosszeky JE** (2004) *Sex differences in injury severity and outcome measures after traumatic brain injury*. *Arch Phys Med Rehabil*. 85 (3): 376–379
  25. Berroya AG, Bleasel AF, **Stevermuer T**, Lawson J and Bye AME (In press) *Spike Frequency in Benign Childhood Epilepsy with Centrotemporal Spikes*. *Journal of Child Neurology*.
  26. Khan MSR, O'Meara M, **Hurst TL** and Henry RL (In press) *Bridging the Gap between Asthma in Hospital and in the Community—a randomised-controlled trial of asthma education by telephone after discharge from an Emergency Department*. *J Paeds and Child Health*.
  27. **Eagar K**, Pirkis J, **Owen A**, Burgess P, **Posner N** and Perkins D (In press) *Lessons from the National Mental Health Integration Program*. *Australian Health Review*.
  28. Trauer T, Mellso G and **Eagar K** (In press) *The performance of routine outcome measures in adult mental health care*. *ANZI Psychiatry*.
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29. Berger M and **Stevermuer T** (2004) *How do we measure up in rehabilitation?* *Australian Rehabilitation Nurses Association (ARNA) – NSW Chapter*, Sydney, July 2004.
  30. **Bomba D** and Land T (2004) *Constructing and Validating a Consumer Health Portal Rating Index*. Accepted to the *World Medical Informatics Conference*, IMIA IOS Press. 1123–1127.
  31. **Bomba D**, Prakash R and **Owen A** *Designing a web tool to help patients sift rhetoric from reality in palliative care* Accepted for the *Health Outcomes 2004: Perspectives on Population Health, Tenth Annual National Health Outcomes Conference*, 15–16 September 2004, Canberra
  32. Catalano T, Prout S, Kendall E, Kuipers P, **Posner N** and Hunter B (2004) *Striking a Balance: Critical Partnerships in Facilitating Self-Management Following Stroke*. (poster at) *Communication in Health Care conference*, Brugges, 14–17 September 2004.
  33. **Eagar K** (2004) *Blending rigour and realism – challenges in measuring palliative care outcomes*. *Health Outcomes 2004: Perspectives on Population Health, Tenth Annual National Health Outcomes Conference*, 15–16 September 2004, Canberra

34. **Eagar K** (2004) *Designing Measurement Suites: Screening, Assessment, Outcomes Evaluation and Service Benchmarking: an overview*. Health Outcomes 2004: Perspectives on Population Health, Tenth Annual National Health Outcomes Conference, 15–16 September 2004, Canberra
35. **Eagar K** (2004) *Health Outcome Measurement – Does it Really Matter?* Keynote address 8th Biennial Australasian Schizophrenia Conference 2004 Brisbane, Australia, September 22 – 24 2004
36. **Eagar K** (2004) Screening and priority setting for community care: a case study in innovation. Innovation Illawarra HACC Conference, Wollongong, May 2004.
37. **Eagar K and Green J** (2004) *Screening and Assessment of 2004 Post School Program Applicants*. 2004 NSW Transition Teachers Conference. Sydney, May 2004.
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39. **Eagar K, Fildes D, Owen A, Posner N, Quinsey K and Yeatman, H** (2004) *A movable feast: the evaluation challenges of variations on a model*. Palliative Care Association NSW conference, Sydney, November.
40. **Eagar K, Sansoni J, Marosszeky N, Harvey R, Green J** (2004) *Designing measurement suites: screening, assessment, outcomes evaluation and service benchmarking*. Health Outcomes 2004: Perspectives on Population Health, Tenth Annual National Health Outcomes Conference, 15–16 September 2004, Canberra.
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43. **Gordon R** (2004) *Recent developments in the measurement of rehabilitation outcomes*. Dimensions In Health Care Information, Integration, Innovation (Incorporating the 15th Casemix Conference in Australia), Darling Harbour, Sydney, 10–13 October 2004.
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46. **Green J** (2004) *The Australasian Rehabilitation Outcomes Centre – discovering the story hidden in the data*. Health Outcomes 2004: Perspectives on Population Health, Tenth Annual National Health Outcomes Conference, 15–16 September 2004, Canberra
47. **Green JP** (2004) *Why go to an emergency department when a GP will do?* 22nd International Biometrics Conference 2004 and Australian Statistics 2004, Cairns, July 2004.
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60. Pearse J, Mazevska D, Berlinguet M (2004) *The Australian Diagnosis Based Risk Adjustment Evaluation Project* Dimensions in Healthcare: 15<sup>th</sup> Australian Casemix Conference. Sydney, October 2004.
61. Pearse J, Lymer S (2004) Estimating health needs for the purpose of funding health services in NSW 15–16 September 2004, Canberra.
62. Peters S, Wilson S, Marks R, Shorten B and Warner B (2004) *Hospital Acquired Community Health Care Dimensions In Health Care Information, Integration, Innovation* (Incorporating the 15th Casemix Conference in Australia), Sydney, October 2004.
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66. Sansoni J (2004) *The use and value of HRQOL measurement for the Australian health system*. Harmonizing International Health-Related Quality of Life (HRQOL) Research, 11<sup>th</sup> Annual Conference of the ISOQOL, October 16–19, Hong Kong.
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- Midwives 14th National Conference, Perth, August 31st – September 3, 2004.
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- [http://www.health.nsw.gov.au/pubs/2004/fundingguide\\_snap04.html](http://www.health.nsw.gov.au/pubs/2004/fundingguide_snap04.html)
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## CHSD dissemination and research transfer activities 2004

The CHSD provides access to information, assessment tools, publications and conference details and proceedings via our web site and additional sites created and maintained by CHSD for AROC and AHOC.

As shown in Figure 2, the number of hits on our web site increased steadily over the year. Our interpretation is that it is becoming an increasingly important vehicle for disseminating the work we do.

**Figure 2 Increase in usage of CHSD web sites over 2004**

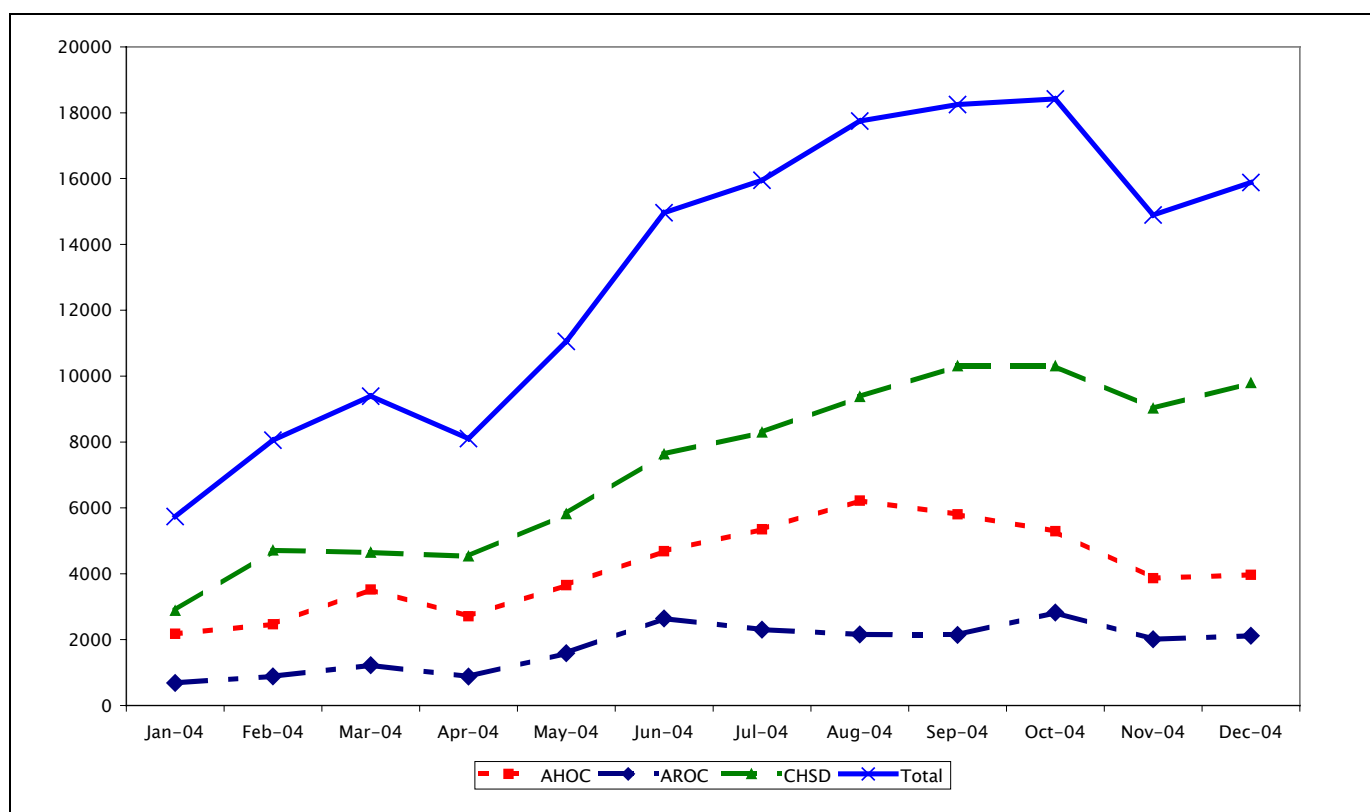


Table 1 shows that there were 29,000 reports and other documents downloaded from the three main CHSD web pages (the CHSD, AROC and AHOC home pages) between January and December 2004.

But these made up only a proportion of all downloads from the CHSD site. There was heavy Internet traffic on the pages providing direct access to the AHOC conference papers

(16,121 downloads) and screening and assessment tools (15,356 downloads).

Close to a third of hits on the web site during 2004 resulted in a document being downloaded. This again suggests that the web is proving to be an increasingly important dissemination vehicle.

**Table 1 CHSD website use, January to December 2004**

Type	CHSD	AHOC	AROC	Grand Total	As % of total CHSD hits
Main pages	19841	10281	9664	39786	25.5%
Document downloads	29074			29074	18.6%
– Earlier Health Outcomes conferences (1997–2003)		16121		16121	10.3%
Screening & assessment tools	15356			15356	9.8%
Publications	8270			8270	5.3%
Caring communities	7874			7874	5.0%
–Earlier conference abstracts (2003)		7864		7864	5.0%
SF36 and SF12		6777		6777	4.3%
FIM			5379	5379	3.4%
2004 Health Outcomes Conference		4672		4672	3.0%
Positions Vacant	3168			3168	2.0%
Annual reports	3099			3099	2.0%
Sample reports			2390	2390	1.5%
<i>DataMatters</i>			2293	2293	1.5%
FIM workshops			1720	1720	1.1%
Research Activities Database		1589		1589	1.0%
Other pages	624			624	0.4%
–Upcoming conference (2005)		217		217	0.1%
<b>Grand Total</b>	<b>87306</b>	<b>47521</b>	<b>21446</b>	<b>156273</b>	<b>100.0%</b>

Many visitors used the CHSD website to access information about the 2004 AHOC conference and to download proceedings from previous conferences. The AROC website, which was developed substantially over 2004, attracted an increasing number of visitors.

CHSD also hosts a set of web pages devoted to the Caring Communities Program, which is an Australian Government-funded initiative

in palliative care. Resources available on the Caring Communities web site include evaluation tools, program bulletins and contact details to facilitate networking among the 37 projects funded under the program.

In total, 187 different documents were downloaded from the Centre's website in 2004. The tools and reports most in demand are detailed in Table 2, below.



**Table 2 Top 10 downloads from CHSD website, 2004**

<b>Document</b>	<b>Total</b>
Ongoing Needs Identification in Community Care: How to Use the Tier 1 Screening and Referral Tools	1457
Functional Screening and Assessment – How and Why	1218
HACC Assessment Form	1211
1997 SNAP study report	1104
Evaluation and palliative care: a guide to the evaluation of palliative care services and programs	1061
Using the evidence to develop best practice models for identifying initial primary and community care needs.	1010
Ongoing Needs Identification in Community Care: Why use the Tier 1 Screening and Referral Tools	991
SNAPshot AROC guide	916
CHSD Annual Report	863
NSW ONI guidelines Oct 2002	856
<b>All downloads in 2004</b>	<b>46479</b>

## CHSD Outputs 2004: International, national, state and local advice, consultation and committees

### National and international contacts

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

In 2004 individual CHSD staff members were invited to present papers at international, national and local conferences:

- World Medical Informatics Conference, San Francisco, September
- Agriculture and Human Values Annual Conference, Hyde Park, NY, June
- XIVth International Congress of Dietetics, Chicago, May
- Annual International Society for Quality of Life Research (ISOQOL) Convention, Hong Kong, October
- Communication in Health Care Conference, Brugges, September
- Economic Education Conference, Adelaide, July
- National Conference of the Australian Assoc. of Gerontology, Melbourne, November
- 8th Biennial Australasian Schizophrenia Conference, Brisbane, September
- The 24th Annual APHA National Congress, Gold Coast, October
- 22nd International Biometrics Conference 2004 and Australian Statistics 2004, Cairns, July
- 2004 Annual meeting of the Agri-Food Research Network, Canberra, June
- Combined Rehabilitation and Geriatric Medicine ASM, Fremantle, April
- Creating Partnerships in Community Health Conference, Albury, October
- Vital Signs Conference. Canberra, June
- Australian College of Midwives 14th National Conference, Perth, August
- The University of Sydney College of Health Science Fourth Research Conference, Leura, November
- International Microsimulation Conference on Population Ageing and Health. Canberra, December
- World Dairy Summit, Melbourne, November
- 10th Annual National Health Outcomes Conference, Canberra, September.
- Australian Rehabilitation Nurses Association (ARNA) – NSW Chapter, Sydney, July
- Innovation Illawarra HACC Conference, Wollongong, May
- 2004 NSW Transition Teachers Conference, Sydney, May
- Palliative Care Association NSW conference, Sydney, November.
- The Inaugural NSW Planners' Conference, Sydney March
- 15th Casemix Conference, Sydney, October 2004
- The NSW Institute of Trauma and Injury Management, Trauma Research Seminar, Sydney, August
- Turning the Tide Conference, Mental Health Coordinating Council of NSW, Wollongong, March
- The Economic Society of Australia's 33rd Conference of Economists. Sydney, September
- Perinatal Society of Australia and New Zealand 8th Annual Congress, Sydney, March
- Australian Health Management Group Medical Research Week Symposium, Wollongong, June

Professor Kathy Eagar maintained a close collaboration with the Canadian health service research community, and in August 2004 the Centre hosted a visit by Irving Gold, the Assistant Director of Knowledge Transfer at the Canadian Health Services Research Foundation. The purpose of the visit was to advise the Centre and other interested research groups on developing and implementing a research transfer strategy.

'Knowledge transfer' is about helping to put research into practice. CHSD has a history of success in transferring research results to the people who can translate them into policy and practice. We could do better – and CBIG funding has provided an opportunity to learn how.

The International Journal of Health Services Research and Policy in collaboration with the Canadian Health Services Research Foundation (CHSRF) produced a special international edition on "collaborative research" and "partnerships in research" in 2003. The CHSD was invited to present the Australian perspective in this special edition<sup>10</sup>.

Associate Professor Jim Pearse is a member of the Australian Healthcare Association Think Tank on Health Care Financing. This group was created in 2004 and is designed to work through options for structural and financing reform in the Australian Health system. As part of his role in this group Jim prepared a background paper on options for reform. He also carried out research for diagnosis based risk adjustment models in the Australian settings.

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<sup>10</sup> Eagar K, Cromwell D, Owen A, Senior K, Gordon R and Green J (2003) Health Services Research and Development in Practice: an Australian experience. *Journal of Health Services Research and Policy*. Volume 8, Supplement 2, Pages 366.1 – 366.7

This involves collaborating with a Canadian researcher and the NSW Health Department to apply two diagnosis risk adjustment models to Australian data. These models will have particular importance for the development of more sophisticated approaches to performance measurement, capitation funding and planning of services.

Jim is also a member of Global Healthcare Productivity (GHP) project, which is coordinated by the Centre for Health Policy at Stanford University. The group has examined a range of issues from a cross national perspective, including the impact of ageing on health care policy.

Jan Sansoni was invited to speak at the 11th ISOQOL Conference Harmonizing International Health-Related Quality of Life Research in Hong Kong in October and became a member of the ISOQOL 2004 Scientific Program Committee. The AHOC continues to forge international links and work collaboratively with ISOQOL, the National Centre for Health Outcomes Development, UK; Oxford Outcomes, UK and the Mapi Research Trust in France.

Roy Harvey has been involved in consultancies and development projects on health financing for the World Bank, AusAID and the World Health Organisation (WHO). In 2004, he undertook a country study including field-work Health and Health Services in Vanuatu as part of a larger contract on Human Development in the Pacific Islands. Roy also wrote a report to the WHO Western Pacific Region Office on social health insurance development in Asia as a chapter in a larger volume on Social Health Insurance with selected case studies from Asia and the Pacific to be published by the WHO in 2005.

Rob Gordon and Janette Green continued the work of the International Rehabilitation Outcomes Network (IRON). IRON was formed in 2003 as a collaboration of countries that have a common interest in sharing data to benchmark rehabilitation outcomes. The work in 2004 was undertaken primarily with colleagues in South Africa and Finland.

Alan Owen has a long-standing collaboration on international health with Dr Peter Underwood now at Curtin University, WA. In 2003 they wrote a chapter (with Dr Mohammed Ali from Bangladesh) entitled 'First Contact Care in Developing Health Care Systems, which was published in the Oxford Textbook of Primary Medical Care in 2004. He acts as a health policy adviser for the Australian Council of Social Service.

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

## Advisory bodies and committees

During 2004 CHSD staff participated in a range of activities in a number of committees, task forces, community associations and statutory bodies. This usually involved membership of bodies providing formal decisions and informal advice, in meetings or by phone, through providing workshops or by being active on committees:

- Access to Medicines Consortium (national peak bodies)
- ACT Council of Social Service Health Inequalities Action Model Working Group
- AROC Management Advisory Group
- AROC Scientific and Clinical Advisory Committee
- Assessment Panel A (AHMAC PDR Rd 2)
- Australian College of Health Informatics
- Australian College of Health Service Executives

- Australian Consumers Association (ACA)
- Australian Council of Social Service (ACOSS) Health Policy Advisory Group
- Australian Healthcare Association Think Tank on Health Care Financing
- Australian Pharmaceutical Advisory Committee (APAC)
- Australian Statistics Society (NSW Branch Council)
- C-PAN. Centre for research in Physical Activity and Nutrition, Deakin University
- Food Standards Australia New Zealand (formerly Australia New Zealand Food Authority , ANZFA)
- General Practice Partnership Advisory Council Access Taskforce
- Global Healthcare Productivity (GHP) project
- Health and Productivity Research Centre
- Illawarra Area Child Care Services Board
- Illawarra Health and UoW Joint Teaching and Research Committee
- Institute for Health Research
- Medley Community Incorporated Refuge, Liverpool, NSW
- Ministerial Advisory Council on Medical and Health Research
- National Continence Management Advisory Committee (Australian Department of Health and Ageing).
- National Technical Advisory Group on the Development of Performance Indicators for Aboriginal and Torres Strait Islander Health
- NSW AN-SNAP Implementation Steering Committee
- NSW Council of Civil Liberties
- NSW Guardianship Tribunal
- NSW Health Episode Funding Implementation Committee
- NSW Health Resource Distribution Formula Working Party
- NSW Mental Health Review Tribunal
- NSW Health Resource Distribution Formula (RDF) Committee
- Public Health Association of Australia
- University of Wollongong Black Opal Leadership Program
- University of Wollongong Research Committee

## CHSD Outcomes in 2004: Outcomes for the Health System

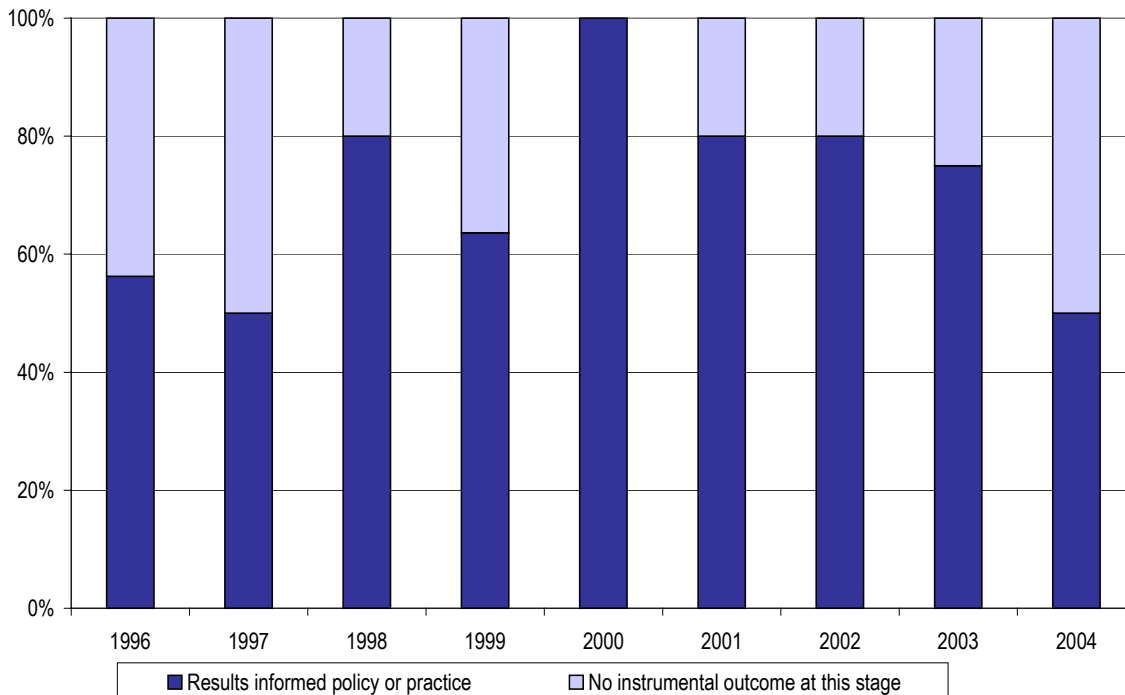
A core value of the CHSD is that we should do useful work. This value is based on our core goal established back in 1993. We set ourselves the task then of undertaking ‘a continuing program of active research into methods to improve the management and provision of health services with the goal of making a significant contribution to improving the funding and delivery of health services in Australia’. This continues to be our primary purpose.

This section of the Annual Report is where we try to assess our performance against this goal. A core goal of the CHSD for the period 1999–2003 was that ‘more than 50% of projects we do result in changes to either health policy or practice within 3 years’.

As shown in Figure 3, our internal assessment in each of these years is that we have met this goal. We continue to track each project we complete over the years as some projects take some time to make an impact on the systems they were designed to influence. Although these are difficult assessments to make with any level of independence, we consider our conclusions to have face validity.

That said, we recognise that the question of the reliability of our conclusions is best judged by others, particularly those working in the health system. However, while the academic peer-review process for assessing outputs such as journal articles is well established, no such system currently exists for the independent review of outcomes.

Figure 3 Outcomes by year



Note: Projects are listed based on the year they started. Several projects completed in 2004 began in previous years.

The results reported in Figure 3 are best described as 'instrumental' or direct outcomes. A good outcome for us is when a project results in changes to either policy or practice at any level of the health system. Not surprisingly, the impact varies between projects, and some have had more significant health system outcomes than others. Undoubtedly, some of our most significant instrumental outcomes during 2004 were in the increasing adoption of the tools we developed for assessing the need for community care, the implementation of funding models we have designed and in the increasing use of our evaluation frameworks.

Perhaps our most significant outcome for 2004 was the introduction of the NSW Episode Funding Model for Sub-Acute and Non-Acute Care. This new funding model is based on our AN-SNAP research, completed back in 1997, and is the result of our continued involvement in this area.

There may be other possible outcomes (eg, conceptual, methodological) of the work we do. But, like others, we currently lack the tools and methods to measure these. This remains a significant challenge for all research endeavours, including health services research.

## Centre for Health Service Development Staff

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

There were 32 team members employed by the CHSD during 2004, 16 full time and the remaining members are part time.

### **Kathy Eagar, Director**

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

### **Robert Gordon, Deputy Director**

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

### **Don Lewis, Professor (Health Economics)**

Don Lewis has been a Professor of Economics since 1991 and is currently the Associate Dean (Education) for the Faculty of Commerce. He was President of the Australian Health Economics Society from 1994 to 1999. His research interests in health economics include

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

### **Roy Harvey, Associate Professor (Health Economics)**

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

### **Dr Ben Marosszeky, Associate Professor and Clinical Director of AROC**

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

### **Jim Pearce, Associate Professor (Health Economics)**

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

### **Heather Yeatman, Associate Professor (Public Health)**

Heather Yeatman is Head of the Graduate School of Public Health and undertakes her research as a member of the CHSD. Within the Centre, Heather has a key interest in



healthy public policy, with a specific focus on food policy, and how this translates into standards and regulation, and works with us on evaluation of palliative care.

#### **Jan Sansoni, Principal Research Fellow and Director, AHOC**

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

#### **Jennifer Collins, Senior Research Fellow (Business Development Manager, AROC)**

Jennifer Collins worked on a short term contract in 2004 after leaving a senior post in the NSW health system. She further developed and implemented the AROC business plan and expanded the number of hospitals participating in AROC.

#### **Gary Eckstein, Senior Research Fellow**

Gary Eckstein holds a part-time position with the CHSD. Gary participates as a senior researcher developing projects in health demography, undertaking sophisticated statistical analyses and managing large data sets, mainly for the Centre's work on planning and resource allocation models.

#### **Janette Green, Senior Research Fellow**

Janette Green's full-time position supports projects in classification development, benchmarking and outcome measurement. She provides the Centre with expert statistical skills and is active in professional academic associations and helped organise an international statistical methods conference held in Wollongong.

#### **Malcolm Masso, Senior Research Fellow**

Malcolm Masso joined the Centre as a full-time Senior Research Fellow at the beginning of 2004. Prior to joining the Centre, he worked for 25 years in the health system as a nurse clinician and manager. Malcolm worked in 2004 on two national palliative care projects and a project examining the relationship between primary care and emergency departments.

#### **Alan Owen, Senior Research Fellow**

Alan Owen works on tools for measuring client characteristics in disability and aged care, mental health and community health. He also provides assistance on local evaluation plans and surveys. Alan is also a health policy adviser for ACOSS and has ministerial appointments as a part time member of the NSW Mental Health Review Tribunal and Guardianship Tribunal.

#### **Natasha Posner, Senior Research Fellow**

Natasha joined the Centre in late 2003 from the Social Policy Research Centre at the University of NSW to work with us on the evaluation of the Rural Palliative Care Program. She was involved in the evaluation of the Illawarra Mental Health Integration Project. Natasha completed her work on palliative care in 2004 before returning to a position in the UK.

#### **Karen Quinsey, Senior Research Fellow**

Karen Quinsey has a background in Occupational Therapy, Community Health Management and Health Service Improvement. She has held various positions in CHSD since 1996, including a secondment from Illawarra Health. She has worked on AROC's activities as the Australasian manager of the Functional Independence Measure. In 2004 she also managed work of the Caring Communities Program evaluation.

**David Bomba, Research Fellow**

David Bomba is at the Centre in 2004 on secondment from the School of IT and Computer Science. His secondment is part of the Centre's capacity building strategy. David's research focuses on consumer health informatics: measuring the use, impact and utility of computerised patient records; and the impact of health informatics innovations and interventions on patient health outcomes.

**Dave Fildes, Research Fellow**

Dave Fildes changed roles in 2004 and is now a full-time Research Fellow in the Centre. During 2004, he conducted literature reviews, contributed to the development of policy options and prepared reports for Government agencies across a range of subject areas. He is involved in a variety of CHSD projects including palliative care service delivery and community care screening and assessment.

**Debra Hinton, Research Fellow**

Debra Hinton commenced a full-time two year appointment in June 2004. Debra provides training and support of SNAPshot, a data collection tool used throughout the eastern states to collect a range of data, including rehabilitation and sub- and non-acute patient data.

**Luise Lago, Research Fellow**

Luise Lago is a full-time member of the CHSD, joining in 2004. Luise supports research projects that involve statistical work including survey design and classifications development. Luise has experience in sample design and data analysis.

**Nick Marosszeky, Research Fellow**

Nick Marosszeky joined the CHSD in 2004 as a part-time Research Fellow. He will be moving to full-time in 2005. Nick is a

specialist in psychometrics and health outcomes measurement. Nick is currently working on a project reviewing outcome measurement tools for continence conditions.

**Rebekkah Middleton, Research Fellow**

Rebekkah Middleton has extensive experience in nursing and in particular in emergency nursing. Her interests in education and research led to her recruitment as a researcher on the project examining the relationship between primary care services and emergency departments, a project that continued into 2004.

**Louise Ramsay, Research Fellow**

Louise Ramsay holds a part-time position at CHSD and works on tools for measuring client characteristics in disability and aged care, mental health and community health. Louise also provides training on how to use and implement these tools.

**Brett Shorten, Research Fellow**

Brett Shorten is a full-time member of CHSD and supports a variety of projects in both a health economics and applied statistics capacity. Prior to joining CHSD in 2004, Brett was an associate lecturer in the Discipline of Economics, with research interests focusing on health outcomes and cost-effectiveness of obstetric and maternity interventions, including the role played by health insurance.

**Peter Siminski, Research Fellow**

Peter Siminski is a part-time member of the CHSD, joining in 2004. He has experience in various aspects of policy-relevant quantitative research. His research interests include the measurement of economic inequality, living standards and the redistributive role of government policy. Peter also holds a part-time position at the Social Policy Research Centre (UNSW).

#### **Tara Stevermuer, Research Fellow**

Tara Stevermuer is a full time member of CHSD, joining CHSD at the beginning of 2002 as the AROC Data Manager. Over the last couple of years Tara has worked on several other CHSD projects including a number of community health and community care surveys, an evaluation an Asthma Program (CHAP), and building a database to assist prioritisation for service for NSW Home Care. Tara brings extensive statistical and database management skills to CHSD. Tara holds a conjoint appointment as lecturer to the Faculty of Medicine, UNSW, and is currently seconded two days a week to the Illawarra Area Health Service.

#### **Sheila Matete, Associate Research Fellow**

Sheila Matete is a full time member of CHSD, joining CHSD in June 2004. She is involved in a variety of projects related to classification development, health policy reform, cost analysis within health and community care services and palliative care.

#### **Kate Williams, Associate Research Fellow**

Kathryn (Kate) Williams has qualifications in psychology and journalism, and previously conducted social research in the broad area of injury prevention (suicide prevention, transport safety). She joined the Centre on a part time basis in 2004. During 2004 Kate contributed to several projects, including evaluations of palliative care and midwifery programs, a literature review of child health interventions, and the pilot of new assessment tools for provision of aids to people with disabilities.

#### **Elizabeth Cuthbert, Business Manager**

Elizabeth Cuthbert was appointed as the CHSD Business Manager in 2003, taking up the position on a full-time basis in September 2003. Elizabeth's role is very

important for the Centre as it expands and implements new systems.

#### **Lorna Tilley, AROC Conference Organiser**

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

#### **Allison Aylward, Administrative Assistant**

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

#### **Carrie Findlay, Administrative Assistant**

Carrie Findlay is the Centre's full-time administrative assistant and manages any general enquires that the centre may have. Carrie is also a part of AROC and is responsible for the administrative side of FIM.

#### **Darcy Morris, Administrative Assistant**

Darcy Morris commenced in 2004 on part-time basis. He provides research assistance for a number of projects and manages the Centre's End Note system.

#### **Other Affiliates**

In addition to core staff, the CHSD has a number of honorary fellows and affiliates who collaborate with us on specific research projects and play a key role in forging links between the CHSD and the health industry.

Honorary fellows and associates in 2004 included Dr Chris Poulos, Mr Tim Coombs, Dr Philip Burgess, Dr Andrew Bezzina, Dr Peter Smith, Ms Carol Beaver, Dr Stephen Wilson, Dr Jane Pirkis, Dr Tom Trauer, Ms Carla Cranny, Dr Roslyn Poulos, Mr Alan Hodgkinson, Mr Keith McDonald and Ms Mary Ellen Burke.

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