

Kathy Eagar

Roy Harvey

Gary Eckstein

Jan Sansoni

Alan Owen

David Perkins

Rob Gordon

David Cromwell

Janette Green

Heather Yeatman

Karen Quinsey

Linda Adamson

Dave Fildes

Lorna Tilley

Allison Aylward

Table of Contents

DIRECTOR'S REPORT 1998	1
BUILDING THE CENTRE'S INFRASTRUCTURE.....	1
THE LONGER TERM VIEW.....	2
THE CHSD TEAM.....	3
ACKNOWLEDGMENTS.....	4
CHSD RESEARCH, EVALUATION AND STRATEGIC REVIEW PROJECTS IN 1998: DESCRIBED BY SERVICE DEVELOPMENT THEMES	5
1. CASEMIX CLASSIFICATION DEVELOPMENT ACROSS SETTINGS.....	6
1.1.FURTHER ANALYSES USING THE AUSTRALIAN NATIONAL SUBACUTE AND NON-ACUTE PATIENT (AN-SNAP) CLASSIFICATION AND THE MENTAL HEALTH CLASSIFICATION AND SERVICE COSTS STUDY (MH-CASC) DATABASES.....	6
1.1.1. GERIATRIC PSYCHIATRY.....	7
1.1.2. REHABILITATION OUTCOMES.....	8
1.2. PRIMARY CARE CLASSIFICATION DEVELOPMENTS.....	9
1.2.1. SEXUAL HEALTH SERVICES (NEW ZEALAND).....	9
1.3. COMMUNITY HEALTH SURVEY TOOLS AND CODESETS.....	10
1.4. NSW COMMUNITY CARE CLASSIFICATION.....	10
2. HEALTH AND COMMUNITY CARE FINANCING.....	11
2.1. NSW COSTING STANDARDS.....	11
2.2. POPULATION GROUP PLANNING FOR OLDER PEOPLE AND PEOPLE WITH DISABILITIES.....	11
2.3. PRIVATE REHABILITATION PAYMENT MODEL.....	12
3. MANAGEMENT DECISION-MAKING, HEALTH SERVICE DELIVERY AND ORGANISATION.....	12
3.1 CARE NET ILLAWARRA (ILLAWARRA COORDINATED CARE TRIAL): LOCAL EVALUATION.....	13
3.2. WILCANNIA COMMUNITY COORDINATED CARE TRIAL.....	14
3.3. NATIONAL DEMONSTRATION PROJECTS IN INTEGRATED MENTAL HEALTH.....	14
3.4. IMPLEMENTATION OF THE AUSTRALIAN NATIONAL SUB-ACUTE AND NON-ACUTE PATIENT CLASSIFICATION (AN-SNAP).....	14
3.5. AUSTRALIAN HEALTH OUTCOMES COLLABORATION.....	15
3.6. NORTHERN RIVERS AREA HEALTH SERVICE. THE STATE OF ORIGIN STUDY PART 2: AREA SURVEY OF COMMUNITY HEALTH.....	16
3.7. SERVICE REVIEWS AND PLANNING.....	16
3.7.1.MENTAL HEALTH IN WESTERN SYDNEY.....	17
3.7.2. ILLAWARRA POPULATION HEALTH.....	17
3.7.3. CALVARY HOSPITAL PLAN.....	17
3.7.4. CENTRAL COAST HEALTH OUTCOMES.....	17
3.8. POST ACUTE CARE OUTCOMES FOR OLDER PEOPLE AND PEOPLE WITH DISABILITIES.....	17
3.9. MANAGEMENT DECISION-MAKING AND HEALTH INFORMATICS.....	18
PROJECT SUMMARY 1998	19
EDUCATION, ADVICE AND CONSULTATION	21
EDUCATION.....	21
COURSEWORK FOR THE UNIVERSITY OF WOLLONGONG.....	21
ADVICE AND CONSULTATION.....	21
LONGER TERM ADVICE AND PROJECT DEVELOPMENT.....	22
1998 EXTERNAL FUNDING	23
CENTRE FOR HEALTH SERVICE DEVELOPMENT STAFF	25
PUBLICATIONS, REPORTS, CONFERENCE PROCEEDINGS, ABSTRACTS AND SEMINARS 1998	27

Director's Report 1998

During 1998 the Centre continued to receive both University and external funding to support its core infrastructure and to complete a range of research and development projects. Our major sources of funds in 1998 were the Commonwealth Department of Health and Family Services (now the Commonwealth Department of Health and Aged Services), the NSW Department of Health and other State health authorities.

Changes to the structure of the Faculty of Health and Behavioural Sciences during 1998 have now established a number of Centres consistent with the model under which the Centre for Health Service Development (CHSD) has operated. These Centres are separate entities within the Faculty which collaborate on research, service development, education and training projects.

This new structure within the Faculty has led to opportunities for new staff affiliations for the Centre and brought about a clearer context for collaborative efforts within the University. Good examples of what is being encouraged by these arrangements are described in the Centre's 1998 annual report. In particular, the Mental Health Integration Project, begun in 1998, brings together the CHSD with the University's newly-formed Illawarra Institute of Mental Health. A number of other mental health projects were completed in 1998 and others are continuing into 1999.

Building the Centre's Infrastructure

A NSW Health Department Research and Development Infrastructure Grant that the Centre received in a limited competitive bidding process provided important support for the Centre during 1998.

This infrastructure funding of \$90,000 per year over the years 1997/98 and 1998/99 is an important contribution to the task of guiding and managing a number of large and small scale research projects.

We carried out projects in collaboration with similar centres in other Universities during 1998, including the University of Western Sydney, Macarthur and the University of Newcastle as well as the Melbourne-based Mental Health Research Institute. Another useful example of collaboration (and the Centre's largest project to date) was the National Sub-Acute and Non-Acute Casemix Classification Study (SNAP) carried out in various stages between 1995 and 1998.

As well as what remains out in the field, there is a substantial resource built up by the data bases developed for different projects. This gives rise to studies which are still ongoing in terms of continuing to report to government, and/or by the use of the data bases in further Centre projects, which require a level of infrastructure support. The infrastructure support for the CHSD is a result of the Centre's reputation gained from project-based work, mainly for the Commonwealth and NSW Health and is a result of our solid working relationships with the health industry.

Unlike a laboratory-based research model, the Centre relies on the quality of work done by local level people, leaving behind useful tools if possible. This work is funded through grants (usually from the Commonwealth, State and Territory Departments, or local health authorities) which the University administers. There is little capital-intensive, on-campus laboratory space used in most projects, and most of the infrastructure for the research is "on loan" from the various authorities or Departments that use our skills.

As a university-based Centre, most of our “in-house” institutional support is paid for a level of fees attached to the various outside grants we receive. This can be a mutually satisfactory arrangement where we pay our way and receive the support of the campus, the expertise and goodwill of colleagues, and the prestige of our attachment to the University in return.

Getting the balance right is an ongoing negotiation process. As one of the first university research groups to be established as an independent centre and to be almost entirely self-funded, the CHSD is continually challenging the usual way that the University does business. This can, of course, be time-consuming and difficult for all concerned. For example, the CHSD is continually challenging the many standard university rules and charges that are in place on the assumption that staff are university-funded.

Likewise, the university is not well geared up to manage collaborative research funds on a routine basis. For example, resources received for work on collaborative projects are effectively levied for fees twice as the money comes from government to the Centre, and then from our University to another.

When the standard university rules are applied, the result can be very little “value adding” in an administrative or research sense for what is essentially a set of account-keeping fees. We continue to argue the case that we believe that the level of fees extracted from the full range of research and project grants is not always commensurate with the services we receive. This can leave a sense of apparent erosion, rather than the building of infrastructure.

These problems are like many of the organisational and service delivery problems in the fields we do our own work in – mainly the result of rules and regulations attached to historical administrative arrangements. They also result from having missing information tools, or being in a situation where structures are required to change faster than the rules necessary to make them work effectively.

Better information on what we do, described in terms of academic research agendas, is needed to help support the Centre, and this in turn can help the University. Without a better description of what we do, much of the Centre’s work is not included in the counts for the research quantum. And it is not just better information, but also the right supporting structures and the right mix of incentives that are needed to keep a Centre like the CHSD alive and relevant.

The Longer Term View

There is an important distinction between simply managing versus actively guiding a series of projects. The latter approach requires the Centre to take the longer term view.

This 1998 Annual Report reproduces the 1997 report’s set of aims in supporting practical research that benefits the community by improving how we understand a range of public health and community care problems. Specific projects are described in more detail in the body of the report and they show how the CHSD has consolidated and developed its research themes.

Collaborative work between Centres that each have their own special focus can be greatly encouraged by the right mix of project and infrastructure funding. But the right mix of people, projects and longer term agendas is unlikely to come from just one Centre, or even just one University. There is a critical mass within the home base, and a good network of places with the right skills, that go together in making projects add up to something useful in terms of larger research agendas.

The Centre and its individual staff members received funding for projects from a wide range of sources in 1998, including from the Commonwealth, State and Area Health Services, the NSW Ageing and Disability Department and other State and Territory Departments.

Work on joint projects with other groups in 1998 included a continuation of the population group planning project with the Health Services Research Group in the Department of Statistics at the University of Newcastle, work with New Zealand and Melbourne-based researchers, and with the Faculty of Health at the University of Western Sydney Macarthur.

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

The CHSD also has a long term view about education as an important component of its core work. Our educational role in 1998 included both an internal role within the University and an external role in providing programs for both clinicians and health managers. Training of local staff and clinicians in collecting and handling data continues to be an important part of the Centre's work. Such local training and the writing of manuals is important because we aim to leave behind useful skills and tools in local settings. It is also important in ensuring the quality of the data in our research projects, such that we can continue to learn from them.

The subsequent analyses carried out in 1998 on episodes of care from the SNAP and MH-CASC projects have examined questions that were not the primary focus of attention in the initial reporting. The analyses included the detailed description of the costs and treatment trajectories of specific clinical case types, such as rehabilitation in stroke and brain injury. The resultant reports have been of assistance to central health authorities and private sector bodies.

There are other interesting questions which involve examining the patterns of care available in community health episodes, and as we understand these better, this will help to develop the tools for examining continuity of care across settings.

There is a long term contribution the Centre can make in describing and analysing how community care and community health services work, how we can predict costs by looking at client function and support needs, and how funding can be used more sensitively to support better outcomes for clients.

The CHSD team

The year 1998 saw changes in staffing that related to the alignment of skills and experience to the projects undertaken and we welcomed to the Centre David Perkins, Heather Yeatman, Karen Quinsey and Linda Adamson.

Our 1998 staff consisted of:

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

In addition to core staff, the CHSD has a number of affiliates who collaborate with us on specific research projects and play a key role in forging links between the CHSD and the health industry. Affiliates in 1998 included Mr Bill Buckingham, Dr Phillip Burgess, Ms Carla Cranny, Ms Libby Eagar, Dr Michael Epstein, Mr Alan Hodgkinson and Dr Chris Scarf.

Acknowledgments

The CHSD gratefully acknowledges the continuing support of the University of Wollongong. Particular thanks are due to Professor Len Storlien, Dean of Health and Behavioural Science, Professor Dennis Calvert, Head of the Graduate School of Public Health, and Professor Christine Ewen, Pro-Vice Chancellor (Academic).

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 Family Services (now Health and Aged Care).

As Director of the CHSD, my thanks go to our staff and associates for their excellent work during 1998. My personal thanks also go to Dr Harvey Whiteford at the Commonwealth level and Mr Jim Pearse at NSW Health for their continuing support of our work. This year again I want to personally thank Mr Alan Hodgkinson (Visasys) for the technical excellence he provides us in designing the software products that maintain the quality of the data we ask people to collect.



Kathy Eagar
Professor and Director

CHSD Research, Evaluation and Strategic Review Projects in 1998: Described by Service Development Themes

The Centre for Health Service Development (CHSD) was established in 1993. In the years since then it has attracted considerable research funding and has developed a reputation for quality and relevance in its applied research in health service delivery and management, and in community care.

The goal of the CHSD is to make a significant contribution to improving the funding and delivery of health services in Australia. In applying a broader and strategic view to our own work program, the Centre uses the themes developed in our previous annual reports. This framework enables our sponsors to identify areas where the Centre may be of assistance, and in so doing attracts projects to the Centre that maintain and develop its expertise and skills in these overall strategic directions.

The themes are:

- Casemix classification development;
- Health care financing;
- Management decision-making;
- Health service delivery and organisation; and
- Healthy public policy.

The review of projects that forms the basis for the main section of the Centre's 1998 Annual Report is organised under four of these service development themes. The fifth, Healthy Public Policy, reflects a strategic addition for the CHSD this year and will be included in next year's report. Having a relatively small number of research themes covers the breadth of different projects and topics that vary considerably in their specific content from year to year.

Within these themes, most of the Centre's work can be summarised as:

Practical, technical help to the health and community care industries by –

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

The development of tools that help to integrate effort across national and state and area boundaries, and across professions and sectors through –

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

In 1998, as in previous years, the Centre pursued its aims by undertaking a mix of primary research, evaluation studies, service development and organisational reviews. The primary research – in the sense of collecting and analysing raw data – was in the areas of classification related projects and locally-based reviews and surveys. The Centre's evaluation projects were mainly on the theme of coordinated care and focussed on establishing and attempting to use a series of client-focussed and outcome measures.

The organisational review style of projects tended to be smaller and more numerous, and mainly helped to give service management and staff better information about the clients they see. These smaller review projects also serve to keep the Centre's work "close to the ground", and allow for the testing of some of the Centre's ideas (particularly about the classification of clients) in collaboration with local service providers.

When called in as outside technical consultants to review a service or carry out a survey, the Centre is often used to also provide ideas on the broader level of strategic planning, to complement local or area management's necessarily more reactive and tactical viewpoint. Often more is needed in a local service system than just a valid tool for a particular job.

From the range of new projects carried out by the Centre and by the continuation and extension of important and successful projects, the experience and expertise of both the CHSD team and our affiliates has been increasing. Consequently the broad range of projects the Centre has undertaken is proving to be a useful asset at both local and central levels.

1. Casemix Classification Development Across Settings

Since its beginning, projects undertaken by the Centre have focussed on developing casemix classification systems. In 1998, these have moved into a new phase with the completion of the SNAP and MH-CASC (mental health) studies after three years of solid effort. The Centre's work led to the creation of a national classification of Sub-Acute and Non-Acute patients (AN-SNAP Version 1), which is being taken up by State health authorities as the basis for their information systems and funding models (see also Section 3.4 below).

A national classification can be used to make comparisons between centres and States and to cover an entire episode of care, across hospital and community settings. AN-SNAP and MH-CASC provide opportunities for developing information and costing technologies that can take management information and policy analysis in the direction of current health policy, rather than consolidate a focus for information systems on acute care delivered by hospitals.

We now have classification systems that can help us better understand how continuity of care works and how clients living in community settings might be more adequately described. But much more is needed to be done in this field. The development of technical tools and their application across settings is a continuing process and there are many further analyses of existing data that can help us move forward in this area.

1.1. Further Analyses using the Australian National Subacute and Non-Acute Patient Classification and the Mental Health Classification and Service Costs Study (MH-CASC) Databases.

The SNAP study was a three year patient classification project conducted by the Centre between 1995 and 1998. In terms of the resources applied to gathering primary data, it was the largest casemix study carried out to date. The study captured extensive data for three months (and up to 6 months for spinal and brain injury patients) from a range of settings including hospitals and community health. It involved 14,742 staff and over 38,216 episodes of care, including 18,221 community episodes.

The five case types included in the classification were based on the characteristics of the client and the goal of intervention:

- Palliative care
- Rehabilitation
- Psychogeriatric
- Geriatric evaluation and management
- Maintenance care

The Centre also collaborated with a team based at the Mental Health Research Institute, Melbourne, on a project funded through the National Mental Health Program to develop a national casemix classification for mental health. The national classification and service costs study (MH-CASC) analysed socio-demographic and service use data to identify clinically logical relationships between patients and resource use. Approximately 4,500 clinical staff reported on 1.3 million hours of activity, and 25% of staff were based in settings providing community-based care.

The mental health classification model proposed 10 classes in the Adult Community Episode classification, with the data split on the basis of the expected best predictors of resource use, recommended as the focus of care, legal status, clinical severity and disability. There were also 9 classes proposed for Child/Adolescent Community Episodes.

The final MH-CASC Report was published by the Commonwealth as a systematic description of mental health clients and clinical service types as part of the National Mental Health Strategy. The Australian Health Ministers Advisory Council (AHMAC) Mental Health Information Working Party is currently considering how to take MH-CASC forward.

The databases created for the SNAP and MH-CASC projects remain a substantial resource for further research and have been used for a series of supplementary analyses.

In 1998 the SNAP resources within the Centre were used to complete studies of geriatric psychiatry (with MH-CASC data, see Page 7 below), stroke recovery (see Page 8) and work on palliative care (see Eagar 1998 in the section below on published conference

proceedings). The SNAP database was also used to examine and recommend improvements to a payment model for private rehabilitation services (see Page 12 below).

The methodology developed in SNAP was also by the Centre to assist other casemix studies and prepare proposals for further work in palliative care. The methodology was also used in assisting the Silver Chain Community Care Costing Study (WA) and in providing comments on that work as well as on the national nursing casemix project by University of Western Sydney, Macarthur on Community Home Nursing Groups.

The lessons on methodology and project management from these commentaries, joint ventures and proposals have helped to prepare the groundwork for a large scale community care classification study that is to be undertaken by the Centre in collaboration with the University of Western Sydney, Macarthur, beginning in 1999 (see Page 10 below).

1.1.1. Geriatric Psychiatry

Two reports were prepared on psychogeriatric episodes of care based on the combined and edited data from the SNAP and MH-CASC projects. The first report compared psychogeriatric and other aged care episodes within SNAP and examined the similarities and differences between the psychogeriatric cohorts in the SNAP and MH-CASC data sets. The second report examined the prospects for developing a common casemix classification for psychogeriatric episodes in both the mental health and aged care sectors, and recommended a process to achieve agreements and further refinements to a combined model.

The merged and edited databases from MH-CASC and SNAP were used to recommend to the Commonwealth a common classification for psychogeriatric episodes. A decision on this development will be made in 1999.

Associated reports, publications, papers:

Buckingham B, Burgess P, Solomon S, Pirkis J and Eagar K (1998) *Developing a Casemix Classification for Mental Health Services*. Commonwealth Department of Health and Family Services, Canberra.

Burgess P, Pirkis J, Buckingham W, Eagar K and Solomon S. (1998) *Developing a casemix classification for mental health*. Submitted for publication, Psychiatric Services.

Burgess P and Eagar K (1998) *Psychogeriatric care in the aged care and mental health sectors*. Mental Health Research Institute and The Centre for Health Service Development, University of Wollongong.

Centre for Health Service Development (1998) *The AN-SNAP Clinical Training Handbook*. Centre for Health Service Development, University of Wollongong.

Centre for Health Service Development (1998) *SNAPware Version 2.2 Software and User Manual*. Centre for Health Service Development, University of Wollongong.

Green, J. & Eagar, K. (1998) *AN-SNAP Stroke Analysis*. Centre for Health Service Development, University of Wollongong.

Eagar K (1998) *National Developments in Palliative Care Classification and Information Systems*. Proceedings of Innovations, Limitations and Wishlists – New Strategies for Palliative Care, Brisbane, October 1998

Eagar K, Green J and Burgess P (1998) *A Casemix Classification for Psychogeriatric Care in the Aged Care and Mental Health Sectors*. The Centre for Health Service Development, University of Wollongong and The Mental Health Research Institute

Lee L, Eagar K and Smith M (1998) *Sub-Acute and Non-Acute Casemix in Australia*. Medical Journal of Australia, Volume 169, number 8, s22–s25.

1.1.2. Rehabilitation Outcomes

AN-SNAP includes 32 classes for inpatient rehabilitation. These classes were analysed to assess the degree to which AN-SNAP provides a useful structure for measuring rehabilitation outcomes. The variables of interest were FIM Motor change from episode start to episode end; the cost of each FIM point improvement; and the average FIM change per day.

Measuring rehabilitation outcomes in clinical streams (such as stroke, brain dysfunction and orthopaedic) using the AN-SNAP classes proved to be feasible. Initial analysis of the SNAP data set demonstrated significant variability in the outcomes achieved by different rehabilitation units. Like all other health care services, there are two possible reasons for such variation. The first is that such variation is due to differences in the ways that health services treat patients. The second is that the variation is due to differences in the kinds of patients treated.

An understanding of the cause of variation is fundamental to understanding outcomes. In research terms, we must be able to control for one type of cause of variation in order to understand the other. Casemix classifications, including AN-SNAP, are important tools that help to control for variations between patients. By controlling for variations between patients we have the potential to produce information which helps us to understand the differences between providers.

Several conclusions are drawn from this study. The first is that outcome measurement in rehabilitation will be enhanced if outcomes are adjusted for casemix. Second, it is both possible and desirable to routinely measure outcomes in the rehabilitation setting. The third conclusion is that the AN-SNAP version 1 classification can be used not only for costing and funding but also for measuring outcomes – the classes are relatively homogeneous with respect to both cost and outcome.

In combination, these conclusions suggest that outcome measurement will be enhanced when rehabilitation services participate in routine benchmarking using measures that are casemix-adjusted. The use of casemix classifications are necessary, but not sufficient in themselves, to improve practice in the longer term. They open up opportunities to create ways of making meaningful comparisons between services, such as the National Uniform Data Centre for Medical Rehabilitation that we expect to establish as a joint venture with the Australasian Faculty of Rehabilitation Medicine in 1999.

Associated reports, publications, papers:

Lowthian P, Disler P, Ma S, Eagar K, Green J and de Gfaaff S (1998) *The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP) Casemix Classification as a predictor of functional outcome after Rehabilitation for Stroke*. Submitted for publication, Medical Journal of Australia

Eagar K (1998) *Sub-Acute Casemix – the basis of studying rehabilitation outcomes*. Proceedings of the Effective rehabilitation – Managing Care Conference, Sydney, May 1998

Eagar K (1998) *Use of AN-SNAP as an Outcome Measure*. Proceedings of the National Health Outcomes Conference, Implementing the Health Outcomes Approach, Canberra, 1998

1.2. Primary Care Classification Developments

Data collected by Sexual Health Services in New Zealand were analysed by the Centre using the methodologies developed in the larger casemix studies, and the Centre has also undertaken a series of studies for NSW Health Areas examining different aspects of community health services.

These community health studies have involved adaptations of the AN-SNAP and mental health classification tools as well as interim codes that are specific to community health.

The work in community settings has proved to be useful in developing the conceptual and policy background, as well as the methodological tools for tackling a major project in 1999 – working across sectors to create a common set of codes (or alternately a framework of specialist codes as separate modules) for a NSW Community Care Classification.

1.2.1. Sexual Health Services (New Zealand)

In 1998 the Centre collaborated with New Zealand health authorities on developing classification tools for primary health care. A classification schema for sexual health services was developed using the methodologies refined by the SNAP project as part of the related NZ primary care work.

This project involved editing and analysing a large database derived from a sample of 1527 episodes of care from 5 clinics. The purpose was to find groups of the most clinically-sensible attributes of the clients that can be described as cost-drivers. Nine classes were described, and 53% of the variation in cost was accounted for by the model using trimmed data.

Associated reports, publications, papers:

Green J (1998). *The Costs and Classification of New Zealand Sexual Health Services*. Centre for Health Service Development, University of Wollongong.

1.3. Community Health Survey Tools and Codesets

Unlike the acute health care sector, funding under the Casemix Development Program specifically for community health and community care has been minimal, and there is still no national consensus on an agreed framework for describing and attributing costs to the full scope of this activity. So the Centre has been advancing work in this area through a series of projects that add a little more each time (sometimes it also involves adding a little less) to a model of a workable community health codeset.

This work began more systematically with a study of community health entry point services in Western Sydney (described in the Centre's 1997 annual report), where experienced clinicians developed a classification system for psychosocial clients from a workshop-based "intuitive" method developed by the Centre. Variations on that set of codes, plus SNAP and some New Zealand community health codes were used in the first State of Origin study for the Northern Rivers Area Health Service (1997) and were further refined for the subsequent Area-wide survey in 1998 (see Page 16 below).

The more comprehensive set of community health codes are being further modified and used in other work in 1999 by the Northern Sydney Area Health Service and in the Northern Territory. It is expected that the Centre will be able to report in more detail on progress in these areas in our next annual report.

Associated reports, publications, papers:

Eagar K and Owen A (1998). *An Evolving Approach to Client-Based Classification and Performance Indicators in Community Health and Community Care*. Centre for Health Service Development, University of Wollongong. September 1998.

1.4. NSW Community Care Classification

Arriving at a minimal number of systematic descriptions and comparisons of community health and community care clients and activity has proven difficult to date because of the large number of separate funding programs, each with their own accountability and reporting requirements.

These programs fund a range of different non-institutional, and to some extent substitutable service types. They include State Health programs (primary care/community health, child and family, aged and rehabilitation, mental health, drug and alcohol, health promotion, etc), the Home and Community Care Program (with 19 service types), the Disability Services Program (26 service types), and a range of Commonwealth community-based programs.

There is also a lack of coherence in the community health/community care sector due to the lack of an overall policy and planning context that gives this activity some prominence and a continuing funding base for developing the necessary measurement tools.

Some other work that the Centre is collaborating on involves trying to improve the description of the population base for community care services (see page 11 below – Population Planning for Older People and People with Disabilities).

A new NSW Community Care Classification project began in late 1998 with a successful proposal to the sponsors, NSW Health and the NSW Ageing and Disability Department in response to an open tender for a feasibility study. The Centre proposed that a large scale study involving both the health and community care sectors would be useful, but that it would need careful preparation, leaving open the option of carrying out a primary data collection phase.

In testing the feasibility of a single classification instrument this project is much more specific in its aims than the Centre's design and evaluation projects (which also involve the complexities of coordinated care funding and service interventions) and more focussed than the Centres work on community health surveys (see pages 10 and 16).

Meanwhile, a number of changes at the program level are being implemented by different levels of government, such as Coordinated Care Trials (page 13) and the NSW Boarding House Strategy (see 1997 Annual Report) which require common and useful data to be collected across community health, community care and support services.

The project will be carried out in 1999 by the Centre in collaboration with Professor John McCallum at the University of Western Sydney, Macarthur.

2. Health and Community Care Financing

The research and development projects described under the theme of health care financing are closely related to the Centre's work on casemix classification, but are more broadly based in their scope, looking at methods of improving data and recommending methods of using it to fund services in more informed ways.

Work completed in 1998 included: a manual for hospitals to use to report on costs; a population group planning model for older people and people with disabilities; funding and payment models for public and private health services; and a State Budget-focused strategy and position paper for a non-government sector body.

2.1. NSW Costing Standards

This project was commissioned by the Structural and Funding Policy Branch, NSW Health. Its aim was to standardise the process of preparing cost data and related files required by the Department for the third annual survey of NSW public hospital acute care costs. The product was a manual for preparing data for the NSW 1997/98 cost data and unaudited annual return (UAR) collections. The standards manual was prepared and distributed by NSW Health to all Areas in NSW.

Associated reports, publications, papers:

Gordon R et al (1998) *NSW Costing and UAR Standards Manual, Version 3.0. 1997/98*. NSW Department of Health.

2.2. Population Group Planning for Older People and People with Disabilities

The Centre collaborated with the Health Services Research Group, University of Newcastle in a team led by Dr Gary Eckstein. A population group planning model was developed for the Ageing and Disability Department in NSW in 1997 and 1998. A series of papers were written and consultations held in Areas to receive feedback from other Departments and the ageing and disability sectors on the conceptual and policy issues. A revised model was produced, but the project's main recommendations were on ways to improve data in the longer term.

For the model to be most useful as a central planning tool to improve equity in the allocation of new resources for older people and people with disabilities, it has to look at how resources for the groups as a whole are distributed across the State. The initial aim of the project was to incorporate this model into the ongoing planning work of the sponsoring Department and other NSW Departments and agencies.

In 1998 the implementation phase of the project included further field consultations on a regional basis explaining the model and getting further feedback. This then led to the preparation of central reports to assist in the endorsement of the model at the Directors-General level through a Senior Officers Group in NSW. Negotiations with Commonwealth officers were also undertaken about the inclusion of data on residential and community-based aged care provision, and disability employment programs. Data from programs funded by NSW Health will be incorporated in 1999 (see page 11 below).

Associated reports, publications, papers:

Eckstein G. et al (1998) *Population Group Planning: Final Summary and Recommendations to the NSW Ageing and Disability Department*. April, 1998.

2.3. Private Rehabilitation Payment Model

This project was funded to specify the contents of what might be included in funding agreements between private health insurance funds and private rehabilitation providers. This work looked at daily costs incurred by rehabilitation patients for different impairment groups to examine the justification (or otherwise) of the current step-down payment system. There are other ongoing aspects to this project, such as attempting to determine reasonable thresholds to distinguish “outliers” from other episodes.

Associated reports, publications, papers:

Green J (1998) *Looking for Step-Downs in Day Core Costs of SNAP Rehabilitation Data*. Centre for Health Service Development, University of Wollongong.

3. Management Decision-Making, Health Service Delivery and Organisation

The Centre’s work in 1998 in this area of improving service delivery and organisation had a number of different facets. We have included SNAP implementation issues in this section because they go beyond the classification studies themselves and involve strategies to develop information systems. That means trying to solve the practical problems of organising the collection of good quality data with links to other relevant data collections.

The Centre has continued its research interest in the development of health outcome measures. The work of the Australian Health Outcomes Collaboration provides a base for the dissemination of useful tools as well as the organisation of seminars and conferences.

The series of practical review and evaluation projects undertaken in 1998 were aimed at improving health and community care service delivery. Western Sydney and the Northern Rivers Area Health Services asked for specific reviews in the different areas of mental health, and all ambulatory care. These and other practical and local projects also helped the Centre to advance its own work on survey design, organisational structures and the problems of client classification in community settings.

The Centre also has maintained its involvement in projects that are not exclusively its own domain in areas of complex social policy – post acute care and accommodation options for older people and people with disabilities.

This work is an indicator of the Centre's contribution to long term policy development around the support people need when they are on the boundary of health and community care.

Coordination of care for people with complex needs, the substitutability of different service types and continuity of care are emerging as important issues for clinicians and administrators as policy directions move towards more consumer-focused care. The movement from policy to practice is not easy in a context that often has tendencies for fragmentation built in through various historically-based structural and financial arrangements.

As projects that involve individualised funding packages administered through case management structures are becoming more common, the Centre has become involved in the design and evaluation of a number of trials of these innovations.

The work the Centre has undertaken on this theme began with helping Care Net Illawarra (the Illawarra Coordinated Care Trial) to develop its assessment and care coordinator models and initial funding pool estimates in 1997. In 1998 this role increased to being involved in the local evaluation effort. This experience also assisted the Centre in providing detailed advice to the Wilcannia Community Coordinated Care Trial and technical support to a set of national demonstration projects through the Mental Health Integration Project

3.1. Care Net Illawarra (Illawarra Coordinated Care Trial): Local Evaluation

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

During 1997-8 the Centre worked on the estimates of the funding pool, advised the Trial on establishing funding rules and assisted with the training of care coordinators and client assessment matters. In late 1997 the Centre was successful in submitting a tender for the role of local evaluator for the Illawarra Coordinated Care Trial. The funding source for the local evaluation was the (then) Commonwealth Department of Health and Family Services, through Care Net Illawarra.

The funding model continues to be revised by the Centre to assist the Trial managers to negotiate the contributions of the various Trial partners and to predict and control cash flow. In 1998 the Centre completed two evaluation reports on the Trial. The first report assessed the readiness of the Trial as it entered its live phase, and the prospects for evaluation. The second was the mid-Trial evaluation report.

Associated reports, publications, papers:

Cromwell D, Eagar K and Owen A (1998) *Filling a pool: Estimating the cost of care for the Illawarra Trial*. In press.

Cromwell D (1998) *First revision of the funding pool for the Illawarra Coordinated Care Trial*. Centre for Health Service Development.

Eagar K and Woods K (1998) *Get ready, get set, go: starting to coordinate care*. In press.

Eagar K (1998) *Care Net Illawarra Information Systems Design*. Proceedings of National Mental Health Strategies and Priorities Forum, Adelaide, July 1998

Eagar K, Owen A and Perkins D (1998) *Care Net Illawarra First Evaluation Report*. Centre for Health Service Development, University of Wollongong

Eagar K, Owen A, Perkins D, Quinsey K and Adamson L (1998) *Care Net Illawarra: The Mid Term Report*. Centre for Health Service Development, University of Wollongong

3.2. Wilcannia Community Coordinated Care Trial

This project is part of the Commonwealth's broader strategy of sponsoring Coordinated Care Trials with the objective of improving the delivery of health and community services to people with multiple service needs. The Wilcannia Trial is the result of an agreement between the Commonwealth, NSW Health and the Far West Ward Aboriginal Health Service Corporation. The Trial includes the total population of the town and surrounding areas, representing approximately 1000 people.

The funding pool has contributions from a full range of service types inside and outside the traditional health sector including the Far West Area Health Service, the Royal Flying Doctor Service, the Home Care Service, and the Departments of Community Services and Juvenile Justice.

The work by the CHSD involved establishing service prices within the health component and across the different service sectors to provide a meaningful basis to inform the negotiation process. This work provided a framework and a set of preliminary service prices to inform the key stakeholders and aid further negotiations.

3.3. National Demonstration Projects in Integrated Mental Health

The National Mental Health Strategy entered its second three year phase in 1998. The research and development agenda includes the aim of testing models for integrating private psychiatrist services and public sector mental health services, including the use of pooled budgets. Under this aim of the national strategy, the CHSD was successful in winning a project to provide technical support to the areas selected for trialing integration models.

The team that has been brought together for the project is headed by Kathy Eagar, and involves the CHSD team working with Dr Michael Epstein (a private sector psychiatrist), Associate Professor Phillip Burgess (Mental Health Research Institute, Melbourne University), and Mr Gordon Lambert from the Illawarra Institute for Mental Health.

Expressions of interest (EOIs) were sought from local areas in 1998 for developing a series of national demonstration projects in a mix of urban, rural and remote settings. The Centre began assessing EOIs and helping the short-listed areas to develop their models for integration in line with the Commonwealth's objectives.

The projects will continue into 1999/2000 and the Centre's role is to help design the local arrangements so that they are capable of being evaluated, and with careful attention to the incentives involved for all participants.

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

The Commonwealth-funded element of this project involved the collection and analysis of data from the 104 sites and the 30,604 episodes of care during 1996. After the Commonwealth distributed the final report, the participating States and Territories were sent their own data for more local analysis. The Project's National Steering Committee and the Australian Clinical Casemix Committee recommended the adoption of AN-SNAP as a national classification to run in parallel with the AN-DRG system.

The different States have varied in their approaches to using the AN-SNAP classification, and in finding applications for the software product which has evolved from the very considerable amount of work involved in designing a data collection and data quality control instrument – *SNAPware*.

NSW has formally adopted the AN-SNAP classification and proposes to use it to assist internal Area allocations and for cross-Area purchasing. NSW Health has a three year plan whereby designated (ie specialised sub-acute and non-acute) sites and units in NSW began using the SNAP system on a voluntary basis from July 1998.

AN-SNAP will be mandatory in designated services from July 1999 and by July 2001 all Areas will be expected to have a system to implement AN-SNAP in both their inpatient and their community services. At the end of 1998 there were about 40 hospitals in NSW using the AN-SNAP system.

Queensland has implemented AN-SNAP for purchasing in the context of their contracted "construct and manage" facilities, and in 1998 had 15 hospitals collecting information to allow clients in designated units to be assigned to a case type. In 1999 Queensland units will be collecting the additional variables required to allow clients to be assigned to the range of AN-SNAP classes.

By July 1998 South Australia health authorities began to implement the system with some local adjustments to allow its use in its designated facilities. Other States continue to show interest in using the system, either for more detailed data collection on sub-acute and non-acute clients, or as part of a funding system.

SNAPware, the data collection software developed for use in local settings as a result of the project, has proven to be a very useful 'front end' to assembling related data on clients. The potential for its use in aged care assessment, home and community care, as an addition to the client information and referral record, and as a way of integrating mental health data, is being explored in other Centre projects such as those associated with coordinated care, and by some local information system designers.

The main issue in implementing AN-SNAP is how to refine and develop the current system for use in community settings, and this is being explored further by the Centre in its NSW-based project on community care classification (see page 10 above).

Associated reports, publications, papers:

A complete list of reports, publications and papers published in 1998 is contained in the publications section of this Annual Report.

3.5. Australian Health Outcomes Collaboration

The CHSD has negotiated to continue under its structure the work being done by the Australian Health Outcomes Clearinghouse, now known as the Australian Health Outcomes Collaboration (AHOC). AHOC is part of the CHSD but is located with the Clinical Health Outcomes Centre and the ACT Epidemiology Unit in Canberra.

Funding for the AHOC comes from project consultancies, training seminars and the revenue from the annual health outcomes conference. The most recent conference, Implementing the Health Outcomes Approach, took place in Canberra in August 1998 and the proceedings are currently available. The conference attracted over 350 participants and papers address a broad range of themes relevant to health outcomes.

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

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

The Australian Health Outcomes Collaboration currently distributes the SF-36, SF-12, and CHQ instruments and their associated manuals and publications. An order form for these publications can be found on our web site at www.health.act.gov.au/epidem/ahoc.html.

Associated reports, publications, papers:

Sansoni J (1994–1998) Editor, *Health Outcomes Bulletin*, Volumes 2,3,4,5,6,7,8,9 1994/1998

Sansoni, J (1998) *Welcome Address, Implementing the Health Outcomes Approach*, Conference, August 1998

Sansoni, J (1998) *An introduction to health outcomes. Implementing the Health Outcomes Approach* Conference, August 1998

Sansoni, J, and Agnew, K. (1998) *Health outcomes measurement and the coordinated care trials for Aboriginal and Torres Strait Islander Peoples, Health Outcomes Bulletin*, Number 9, Winter 1998

Sansoni, J, & Tilley, L (1998) Editors, *Conference Proceedings, Implementing the Health Outcomes Approach AHOC*, University of Wollongong, December 1998

3.6. Northern Rivers Area Health Service. The State of Origin Study part 2: Area Survey of Community Health

The first stage of this project took place in 1997 when a survey of non-inpatient and community health clients in the border region was used to describe clients and determine costs for the Northern Rivers Health Service and for Queensland's Gold Coast District. The data were analysed to focus on areas of residence and location of services, and costs were estimated to create the basis for service agreements.

This project also included an exploratory study of the use of a set of community health clinical classes.

In 1998 the Area requested a follow-up study to develop planning strategies by describing community health activity across the whole of the Area. This also provided the opportunity to test the use of the codes across a wider Area.

The final report for the first State of Origin study was completed in December 1997. It was used to inform Health Care Agreement negotiations between NSW and Qld on cross-border flow issues for non-inpatient services.

Associated reports, publications, papers:

Gordon R, Cromwell D, Eagar L, Eagar K. (1997) *The State of Origin – report of a study of non-admitted patient services on the NSW-Queensland Border*. Centre for Health Service Development, University of Wollongong.

3.7. Service Reviews and Planning

The CHSD is often requested to undertake service reviews and to assist with the strategic planning of health services. These projects are designed to give service management and staff ideas on the broader level of strategic planning, to complement local or area management's necessarily more reactive and tactical viewpoint. As well, this work serves as an ideal opportunity to keep the Centre's work "close to the ground" and to test some of the Centre's ideas in collaboration with local service providers.

3.7.1. Mental Health in Western Sydney

This review was commissioned by the Western Sydney Area Health Service (WSAHS) to evaluate the sector management model for mental health services in WSAHS, recommend modifications to enhance the effectiveness of service organisation and delivery, and advise on strategic directions. The report recommended organisational changes consistent with the National Strategy covering the relationships between Cumberland Hospital and the Area, with NGOs and primary care providers, and adult, child and adolescent and older people's mental health services.

Recommendations on structural changes and proposed internal resource allocation models were adopted and are being implemented by the WSAHS.

Associated publications:

Eagar K and Buckingham B (1998) *Report of the organisational review of the Western Sydney Area Mental Health Service*. Centre for Health Service Development, University of Wollongong.

3.7.2. Illawarra Population Health

The Illawarra Area Health Service sought advice and specific recommendations on the establishment of a Division of Population Health. This included a proposed organisational structure and the resource requirements to strengthen the Area's population health functions.

Associated reports, publications, papers:

Eagar K (1998) *The Establishment of a Division of Population Health within the Illawarra Health Area Service*. Centre for Health Service Development, University of Wollongong.

3.7.3. Calvary Hospital Plan

Calvary Hospital sought assistance with the development of a 5 year strategic plan and related matters.

Associated reports, publications, papers:

Eagar K (1998) *Calvary Hospital Strategic Plan 1998 - 2002*. Centre for Health Service Development, University of Wollongong.

3.7.4. Central Coast Health Outcomes

Central Coast Area Health Service invited the CHSD to undertake a review of their progress in implementing a systematic approach to health outcomes.

Associated reports, publications, papers:

Eagar K (1998) *Review of Central Coast Health Outcomes Council*. Centre for Health Service Development, University of Wollongong.

3.8. Post Acute Care Outcomes for Older People and People with Disabilities

This project was funded by the NSW Ageing and Disability Department under the Home and Community Care Program and the work was a collaboration with the Faculty of Health, University of Western Sydney, Macarthur. The team included Alan Owen, working with Professor John McCallum, Ros Bye, Debra Jackson, Lyn Kemp, Margaret Bruce, Health Sciences, University of Western Sydney, Macarthur, and Professor Irene Stein, University of Newcastle.

The study tested the hypothesis that “effective discharge planning and provision of appropriate post acute community-based services will improve functional gain, quality of life and perceived health outcomes for older people, and prevent re-admissions to hospital.” Data were collected in four sites on 578 people and up to 12 weeks post discharge.

3.9. Management Decision-Making and Health Informatics

After our initial work with the DRAGON and Illawarregon projects, the Centre has continued to develop its research in this area. David Cromwell now has work underway that aims to improve the management of waiting lists. In particular, the research aims to improve the accuracy of waiting list statistics so that they give greater assistance to surgeons, GPs and patients. The Centre expects research in this area of information support to continue, with several research proposals in development. One that we expect to produce particularly important findings is the evaluation of the information system deployed by a coordinated care trial.

Core to this work is the recognition that people interpret data in different ways, and the relevance of data to management is often linked to the roles and values of staff.

Associated publications:

Cromwell DA., Mays L. (1998) *Waiting list statistics as performance indicators: observations on their use in hospital management.* Australian Health Review, 21(4), 15-27.

Cromwell DA, Priddis D, Hindle D. (1998). *Using simulation to educate hospital staff about casemix.* Health Care Management Science, 1, 87-93

Cromwell DA, Viney R, Halsall J, Hindle D. (1998). *Linking measures of health gain to explicit priority setting by an Area Health Service in Australia.* Social Science & Medicine, 47(12), 2067 - 85.

Eagar K (1998) *Health Information - the big picture.* Proceedings of National Mental Health Strategies and Priorities Forum, Adelaide, July 1998

Eagar K (1998) *The National Palliative Care Strategy - development and content.* Proceedings of Innovations, Limitations and Wishlists - New Strategies for Palliative Care, Brisbane, October 1998

Project Summary 1998

Theme: Project	Classification Development Across Settings	Health and Community Care Financing	Care Co- ordination	Service Delivery and Organisation	Who	Outcomes Key: see below
AN-SNAP supplementary analysis	✓	✓	✓	✓	CHSD	* ** ***
MH-CASC completion and supplementary analysis	✓	✓	✓	✓	KE, JG & Project Team	* ** ***
Geriatric Psychiatry	✓	✓	✓	✓	KE, JG, PB (MHRI)	*
Sexual Health Services	✓	✓		✓	JG, KE	* **
Community Health Survey Tools and Codesets	✓	✓	✓	✓	CHSD	*
NSW Community Care Classification	✓	✓	✓	✓	CHSD with Uni of Western Sydney	Current
NSW Costing Standards		✓		✓	RG & Project Team	* ** ***
Population Group Planning for Older People and People with Disabilities		✓	✓	✓	GE, AO HSRG (Uni of N'castle)	* **
Private Rehabilitation Payment Model		✓		✓	KE, JG	*
Care Net Illawarra: Local Evaluation	✓	✓	✓	✓	CHSD	Current
Wilcannia Community Coordinated Care Trial	✓	✓	✓	✓	RG, KE	* **
National Demonstration Projects in Integrated Mental Health	✓	✓	✓	✓	CHSD & Project Team	Current

Theme: Project	Classification Development Across Settings	Health and Community Care Financing	Care Co- ordination	Service Delivery and Organisation	Who	Outcomes Key: see below
Implement AN-SNAP	✓	✓	✓	✓	CHSD and State Health Departs	* ** ***
Australian Health Outcomes Collaboration			✓	✓	AHOC	* ** ***
State of Origin Study Part 2	✓	✓	✓	✓	CHSD	Current
Mental Health in Western Sydney			✓	✓	KE, BB	* ** ***
Illawarra Population Health			✓	✓	KE	* **
Calvary Hospital Plan			✓	✓	KE	* **
Central Coast Health Outcomes			✓	✓	KE	* **
Post Acute Care Outcomes for Older People and People with Disabilities	✓		✓	✓	AO, Project Team	*
Waiting lists				✓	DC	Current

Key for Outcomes: * Report completed
 ** Findings being implemented by project sponsor
 *** Findings being used by other parties – broader utility

Education, Advice and Consultation

Education

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

The CHSD has a formal responsibility with the University of Wollongong to teach in its Masters of Health Policy and Management program and is associated with the work of University's Business School. It also aims to involve students in its research activities, and support the development of staff by encouraging them to attain higher degrees.

Staff provided a number of workshops over the year 1998 to health and community care professionals. These included workshops on approaches to costing health services, client assessment tools, care coordination, population planning tools, the development of indicative casemix classes for community health clients, and measurement tools and research issues in the study of health outcomes.

Coursework for the University of Wollongong

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

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

Advice and Consultation

The Centre has supported many departments and institutions by providing informal advice through brief consultations. These may have been provided through meetings or by phone, through workshops or committees. During 1998 CHSD staff participated on a range of committees and were active in a number of associations including:

NSW Casemix Area Network
 NSW Resource Distribution Formula Working Party
 NSW Casemix Policy Standards Committee
 NSW Research and Development Committee
 NSW SNAP Implementation Committee
 Centre for General Practice Integration Studies, Reference Committee
 NSW Community Health Association
 NSW Guardianship Board
 NSW Mental Health Review Tribunal
 Institute of Health Services Management
 Australian College of Health Service Executives
 Strategic Planning Society
 Society for Social Medicine
 Australia New Zealand Food Authority (ANZFA)
 Complementary Medicines Evaluation Committee (CMEC), Therapeutic Goods Authority (TGA)
 Australian Consumers Association
 Public Health Association

Longer term advice and project development

Uniform Data Centre for Rehabilitation Medicine

The Centre is having ongoing discussions with the Australasian Faculty of Rehabilitation Medicine with a view to the CHSD acting as the national uniform data centre for medical rehabilitation linked to the University of Buffalo New York. The current plan is to establish the data centre during 1999.

Community Care Classification

The NSW Ageing and Disability Department asked for assistance in guiding the next stage of developing a community care classification, specifically for the Home and Community Care Program and possibly the Disability Services Program. The Centre advised the Department how it could extend elements of the work already covered by the SNAP project, as well as move into new issues.

1998 External Funding

Project	Funding source	Amount
National Sub-Acute and Non-Acute Casemix Classification Study -- Part 2 *	Commonwealth Department of Human Services and Health.	\$191,000
Local Evaluation of the Care Net Illawarra Coordinated Care Trial	Care Net Illawarra	\$270,000
Development of Service Prices for the Wilcannia Coordinated Care Trial	Far West Ward Aboriginal Health Service	\$7,000
Measuring and Classifying Primary and Extended Care Services in the Northern Rivers	Northern Rivers Area Health Service	\$27,216
Funding Model Simulation for Auckland Healthcare	Auckland Healthcare Services	\$10,047
Private rehabilitation project	Australian Private Hospitals Association	\$3,020
Geriatric Psychiatry project	Mental Health Research Institute	\$3,632
Territory Health Services funding model	Territory Health Services	\$7,986
New Zealand Mental Health feasibility study	Health Research Council of NZ	\$2,335
Integrated Mental Health	Commonwealth Department of Human Services and Health	\$258,000
National Palliative Care feasibility study	Commonwealth Department of Human Services and Health.	\$2,000
Wyong Shire Council project	Wyong Shire Council	\$2,500
Development of SNAP Software for use in NSW Hospital and Community Health Settings	NSW Department of Health	\$28,000
Development of Costing Standards Manual for NSW Hospitals.	NSW Department of Health	\$18,000
Illawarra Population Health project	Illawarra Area Health Service	\$8,500
Illawarra Mental Health project	Illawarra Area Health Service	\$3,500
Mid North Coast casemix project	Mid North Coast Area Health Service	\$2,499
Western Sydney Mental Health project	Western Sydney Area Health Service	\$21,500
Calvary Hospital project	Calvary Hospital	\$8,500
Central Coast Health Outcomes project	Central Coast Area Health Service	\$3,850
Hunter Funding model	Hunter Area Health Service	\$1,553
Australian Health Outcomes Collaboration Activities	Conference Proceedings, Publication Sales, Training	\$124,000
NSW R&D Infrastructure Grant	NSW Dept. of Health	\$90,000
Total 1998		\$1,094,638

* Included a non-specified component of infrastructure funding.

Projects Planned for 1999

- I. Evaluation of Coordinated Care Trial Illawarra.
- II. Design of the National Demonstration Projects in Integrated Mental Health.
- III. SNAPware and AN-SNAP Implementation – NSW, SA, Queensland, WA, NT.
- IV. NSW Health Training Modules in Health Planning.
- V. NSW Corrections Health Service Strategy.
- VI. Mental Health Classification and Service Costs Study – New Zealand.
- VII. NSW Community Care Classification study (with University of Western Sydney).
- VIII. State of Origin study – study of patient flow over the ACT/NSW border.
- IX. Introduction of Mental Health Consumer Outcome Measures in Victoria.
- X. National Uniform Data Centre for Medical Rehabilitation.
- XI. NSW Ageing and Disability Population Planning Project Phase 11 (with University of Newcastle).
- XII. Community Health Classification and Information Systems Design, Northern Territory.

Centre for Health Service Development Staff

14 core staff were employed by the CHSD during 1998. They were:

Kathy Eagar, Professor and Director of the CHSD

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

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

Roy Harvey, Principal Fellow (Health Economics)

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

Source of funding: external

Jan Sansoni, Senior Research Fellow (Health Outcomes)

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

Source of funding: external

Gary Eckstein, Senior Research Fellow (Medical demography)

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

Source of funding: external

Alan Owen, Senior Research Fellow (Community Care Research)

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

Source of funding: external

Robert Gordon, Senior Research Fellow (Financial Management)

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

Source of funding: external

David Perkins, Senior Lecturer

Dr David Perkins transferred to the Centre in 1998 from the Department of Public Health. His role includes teaching, the supervision of postgraduate students and participation in major research projects. David has a key role in fostering links between the Centre and the University Business School.

Source of funding: UoW

Heather Yeatman, Senior Lecturer

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

Source of funding: UoW

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

David Cromwell currently holds a UPA(I) Scholarship to complete his PhD research in the Centre. Prior to being awarded the scholarship, David's full-time position was externally funded. David provides the Centre with expertise in operational research and supports research on health service delivery and financing. He will be returning to his externally funded position when his PhD is submitted (1999).

Source of funding: external

Janette Green, Research Fellow (Applied Statistics)

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

Source of funding: external

Allison Aylward, Research/Administrative Assistant

Allison Aylward is the Centre's full-time administrative and research assistant. She is externally funded using NSW Health Infrastructure funding.

Source of funding: external

Lorna Tilley, Research/Administrative Assistant

This position supports the Australian Health Outcomes Collaboration and is externally funded.

Source of funding: external

Karen Quinsey, Research Fellow

Karen Quinsey is currently on secondment from the Illawarra Area Health Service and is working on the evaluation of the Coordinated Care Trial.

Source of funding: external

Linda Adamson, Research Fellow

Linda Adamson is working on the evaluation of the Coordinated Care Trial.

Source of funding: external

Publications, Reports, Conference Proceedings, Abstracts and Seminars 1998

- Buckingham B, Burgess P, Solomon S, Pirkis J and Eagar K (1998) *Developing a Casemix Classification for Mental Health Services*. Commonwealth Department of Health and Family Services, Canberra.
- Burgess P, Pirkis J, Buckingham W, Eagar K and Solomon S. (1998) *Developing a casemix classification for mental health*. Submitted for publication, Psychiatric Services.
- Burgess P and Eagar K (1998) *Psychogeriatric care in the aged care and mental health sectors*. Mental Health Research Institute and The Centre for Health Service Development, University of Wollongong.
- Centre for Health Service Development (1998) *The AN-SNAP Clinical Training Handbook*. Centre for Health Service Development, University of Wollongong.
- Centre for Health Service Development (1998) *SNAPware Version 2.2 Software and User Manual*. Centre for Health Service Development, University of Wollongong.
- Clewer A and Perkins D (1998) *Economics for Health Care Management*. Prentice Hall, Hemel Hempstead, UK.
- Cromwell DA., Mays L. (1998) *Waiting list statistics as performance indicators: observations on their use in hospital management*. Australian Health Review, 21(4), 15-27.
- Cromwell DA, Priddis D, Hindle D. (1998). *Using simulation to educate hospital staff about casemix*. Health Care Management Science, 1, 87-93
- Cromwell DA, Viney R, Halsall J, Hindle D. (1998). *Linking measures of health gain to explicit priority setting by an Area Health Service in Australia*. Social Science & Medicine, 47(12), 2067 - 85.
- Cromwell D, Eagar K and Owen A (1998) *Filling a pool: Estimating the cost of care for the Illawarra Trial*. In press.
- Cromwell D (1998) *First revision of the funding pool for the Illawarra Coordinated Care Trial*. Centre for Health Service Development.
- Eagar K (1998) *National Developments in Palliative Care Classification and Information Systems*. Proceedings of Innovations, Limitations and Wishlists - New Strategies for Palliative Care, Brisbane, October 1998
- Eagar K (1998) *Calvary Hospital Strategic Plan 1998 - 2002*. Centre for Health Service Development, University of Wollongong.
- Eagar K and Owen A (1998). *An Evolving Approach to Client-Based Classification and Performance Indicators in Community Health and Community Care*. Centre for Health Service Development, University of Wollongong. September 1998.
- Eagar K (1998) *Review of Central Coast Health Outcomes Council*. Centre for Health Service Development, University of Wollongong.
- Eagar K (1998) *Sub-Acute Casemix - the basis of studying rehabilitation outcomes*. Proceedings of the Effective rehabilitation - Managing Care Conference, Sydney, May 1998
- Eagar K and Buckingham B (1998) *Report of the organisational review of the Western Sydney Area Mental Health Service*.
- Eagar K and Woods K (1998) *Get ready, get set, go: starting to coordinate care*. In press.
- Eagar K (1998) *The Establishment of a Division of Population Health within the Illawarra Health Area Service*. Centre for Health Service Development, University of Wollongong.

- Eagar K (1998) *Care Net Illawarra Information Systems Design*. Proceedings of National Mental Health Strategies and Priorities Forum, Adelaide, July 1998
- Eagar K (1998) *Use of AN-SNAP as an Outcome Measure*. Proceedings of the National Health Outcomes Conference, Implementing the Health Outcomes Approach, Canberra, 1998
- Eagar K (1998) *Health Information – the big picture*. Proceedings of National Mental Health Strategies and Priorities Forum, Adelaide, July 1998
- Eagar K, Owen A and Perkins D (1998) *Care Net Illawarra First Evaluation Report*. Centre for Health Service Development, University of Wollongong
- Eagar K (1998) *The National Palliative Care Strategy – development and content*. Proceedings of Innovations, Limitations and Wishlists – New Strategies for Palliative Care, Brisbane, October 1998
- Eagar K, Green J and Burgess P (1998) *A Casemix Classification for Psychogeriatric Care in the Aged Care and Mental Health Sectors*. The Centre for Health Service Development, University of Wollongong and The Mental Health Research Institute
- Eagar K (1999) *The Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) Casemix Classification*. Accepted for publication, Australian Health Review
- Eagar K, Owen A, Perkins D, Quinsey K and Adamson L (1998) *Care Net Illawarra: The Mid Term Report*. Centre for Health Service Development, University of Wollongong
- Gordon R et al (1998) *NSW Costing and UAR Standards Manual, Version 3.0. 1997/98*. NSW Department of Health.
- Green J (1998). *The Costs and Classification of New Zealand Sexual Health Services*. Centre for Health Service Development, University of Wollongong.
- Green J (1998) *Looking for Step-Downs in Day Core Costs of SNAP Rehabilitation Data*. Centre for Health Service Development, University of Wollongong.
- Green, J. & Eagar, K. (1998) *AN-SNAP Stroke Analysis*. Centre for Health Service Development, University of Wollongong.
- Harvey R (1998) *Submission to the Senate Community Affairs Legislation Committee on Private Health Insurance Incentives Bill 1998*. December 1998.
- Lee L, Eagar K and Smith M (1998) *Sub-Acute and Non-Acute Casemix in Australia*. Medical Journal of Australia, Volume 169, number 8, s22-s25.
- Lowthian P, Disler P, Ma S, Eagar K, Green J and de Gfaaff S (1998) *The Australian National Sub-Acute and Non-Acute Patient Classification (AN-SNAP) Casemix Classification as a predictor of functional outcome after Rehabilitation for Stroke*. Submitted for publication, Medical Journal of Australia
- Nove T, Yeatman H (1998) *“Building capacity for health promotion.” XVI World Conference on Health Promotion and Health Education*, 21–26 June 1998, San Juan, Puerto Rico.
- Sansoni J (1994–1998) Editor, *Health Outcomes Bulletin*, Volumes 2,3,4,5,6,7,8,9 1994/1998
- Sansoni, J (1998) *Welcome Address, Implementing the Health Outcomes Approach*, Conference, August 1998
- Sansoni, J (1998) *An introduction to health outcomes. Implementing the Health Outcomes Approach* Conference, August 1998
- Sansoni, J, and Agnew, K. (1998) *Health outcomes measurement and the co-ordinated care trials for Aboriginal and Torres Strait Islander Peoples*, Health Outcomes Bulletin, Number 9, Winter 1998

Sansoni, J, & Tilley, L (1998) Editors, *Conference Proceedings, Implementing the Health Outcomes Approach*. AHOC, University of Wollongong, December 1998

Yeatman H (1998) *Locally-relevant policy development theories - are we keeping the public in or out?* 30th Annual Public Health Association Conference, 13-16 September, 1998, Hobart.

Yeatman H (1998) *Development of locally-based food & nutrition policy* Society for Nutrition Education Annual Conference, 18-22 July 1998, Albuquerque, New Mexico, USA.

Yeatman H (1998) *Theoretical frameworks for locally-based healthy public policy* XVI World Conference on Health Promotion and Health Education, 21-26 June 1998, San Juan, Puerto Rico.

Yeatman H (1999) *The community voice in health policy making: democratic actions or professional conspiracy?* Eating into the future Conference, 11-13 April 1999, Adelaide.