



OUTCOME 04

QUALITY HEALTH CARE

Improved quality, integration and effectiveness of health care.

OUTCOME 4: QUALITY HEALTH CARE

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PART 1: OUTCOME PERFORMANCE REPORT

Outcome 4 was managed in 2004-05 within the Department by Primary Care Division, Acute Care Division, Population Health Division, Health Services Improvement Division, the Department's State and Territory offices and the e-Health Implementation Group. Other portfolio agencies to contribute to the achievement of this outcome were the National Blood Authority and General Practice Education and Training Limited.

Major Achievements

- Implementation of the National Quality and Performance System for Divisions of General Practice.
- Implementation of a key recommendation for the Senate Inquiry into hepatitis C and the blood supply in Australia, through the provision of access to recombinant clotting factors for haemophilia patients as treatment of choice.
- Establishment of the Australian Palliative Care Outcomes Collaboration to encourage quality and effectiveness in palliative care service delivery.
- Consolidation of the promotion, prevention and early intervention initiatives for improving community understanding and attitudes about mental health, mental illness and suicide prevention.

Challenges

- Implementing effective departmental strategies to increase Australia's rate of organ and tissue donation.
- Barriers to the take-up of broadband in the health sector have included poor availability of broadband in Australia, especially in regional, rural, and remote areas; and health providers' concern regarding internet security.

KEY STRATEGIC DIRECTIONS FOR 2004-05

Reduced Red Tape and Streamlined Communications for General Practitioners

During 2004-05, the Department worked with the medical profession to progress and implement changes for simplifying and improving the Practice Incentives Program (PIP) and Enhanced Primary Care (EPC) items based on the recommendations of the Red Tape Review Taskforce. The changes to EPC have been completed with the commencement of new Chronic Disease Management (CDM) items on 1 July 2005. The Department has implemented a number of the identified changes to PIP and will progress other changes during 2005-06.

The introduction of new CDM items will make it easier for general practitioners (GPs) to manage the health care of patients with chronic medical conditions, including patients needing multidisciplinary care. These items have been developed by the Department in close consultation with GP organisations. They significantly increase care planning options for GPs, as well as expanding patient eligibility and increasing the assistance that practice nurses and others can provide.

The Department's contribution to the National Broadband Strategy includes the Broadband for Health initiative, which provides \$35 million over three years, to encourage health services to adopt business-grade broadband connectivity. The Department has made substantial progress in encouraging the adoption of business-grade and advanced broadband connectivity in the health sector. At least 35 per cent of eligible primary care providers accessed subsidised business-grade broadband services, with 76 per cent of these connecting to a high speed internet connection for the first time. The remainder of participants upgraded from a domestic-grade to a business-grade broadband service with strengthened security requirements. Barriers to participation included the infancy of the broadband industry in Australia resulting in slow supply and demand, complex administrative procedures, and security concerns by health providers. The review of program guidelines and implementation of

a continuous assessment process to qualify services increased the participation of eligible organisations in the Broadband for Health program at least six-fold since the changes were implemented, with a noticeable improvement in uptake in regional, rural and remote areas.

Strengthened Funding Arrangements for the Divisions of General Practice Network

During 2004-05, the Department strengthened funding arrangements for the Divisions of General Practice (Divisions) network through the development of the national performance framework within the new Multi Program funding Agreements (MPAs). The framework includes performance indicators and streamlined planning and reporting.

The new MPAs reflect the key recommendations of the Government's response: *Divisions of General Practice: Future Directions*, concerning the roles, structures and funding arrangements of the Division's network. They set out clear expectations of Divisions and improve accountability arrangements. The inclusion of national performance indicators are used to monitor progress towards the achievement of program objectives in national priority areas for primary health care. These new agreements allow for streamlined reporting and payment cycles, and funding for multiple programs within the one agreement.

In addition to performance indicators and streamlined planning and reporting, the National Quality and Performance System (NQPS) provides a strong foundation for the future growth of the network. The NQPS comprises several elements to promote quality and achievement:

- a quality system leading to accreditation; and
- a framework for recognising and improving performance.

The Department, through the NQPS, works with the Division's network to build on existing strengths and achievements in order to advance primary care in Australia.

Development of New National Public Hospital Data Collections

The Department worked with the States and Territories under the 2003-08 Australian Health Care Agreements to expand public hospital

emergency department data collection by developing datasets on patients' presenting with problems and their related diagnoses. The Department has also established a new national minimum dataset on patients' use of outpatient services at public hospitals. These data collections are designed to allow reporting to the community to increase its understanding of the performance of the public hospital sector, including areas of variation between the States and Territories. It will also be used by the Australian Government to inform policy development on improving performance and funding arrangements for public hospitals.

Improved Rates of Organ Donation

The Department continues to work to increase the rate of organ and tissue donation with the aim of reducing waiting lists and improving the quality of life for many Australians. At any one time there are approximately 2,000 Australians on transplantation waiting lists. Australia has one of the lowest organ donation rates in the Organisation for Economic Cooperation and Development and a major strategy to improve the rate in Australia is to increase community awareness of the Australian Organ Donor Register (the Register).

During 2004-05, the Department worked with the Health Insurance Commission to raise the donation rate by strengthening the Register. The Government, together with the Pharmacy Guild and supported by the Australian Divisions of General Practice, undertook an organ donor registration drive through a mail-out to all Australian households. From April 2005, the Register commenced recording a person's legally valid consent to donate organs. This is a clear legal statement of the donor's wishes and, with other related strategies, should translate to improved donor rates.

Management of Blood Services across Australia

In 2004-05, the Department provided 63 per cent of the funding for the Australian blood sector under the National Blood Agreement, with the States and Territories contributing the remaining 37 per cent of the funding.

The Department also provided advice for the Government's response to the Senate Community Affairs References Committee

The Race For Life



These children are all transplant recipients competing at the Australian Transplant Games.

Inquiry into hepatitis C and the blood supply in Australia, which reported in June 2004. During 2004-05, the Department implemented the recommendation to increase access to recombinant clotting factors for haemophilia patients and all haemophilia patients are now able to elect to be treated with recombinant blood clotting factors VIII and IX.

A new five-year agreement providing for a range of plasma products was signed between the National Blood Authority, being an Australian Government agency acting on behalf of all jurisdictions under the national blood arrangements, and CSL Limited, coming into effect on 1 January 2005.

The Department continued the advisory service it provides to the Minister on blood matters. Through chairing the Jurisdictional Blood Committee, the Department contributed to managing a shortage of Australian intravenous immunoglobulin products via an overseas contingency supply and securing savings via new supply arrangements for diagnostic reagents to take effect on 1 July 2005.

Improved Quality of Life for Terminally Ill People and their Carers

In 2004-05, the Department worked with a number of agencies such as Palliative Care Australia, service providers, universities and Divisions of General

Practice to improve the quality of life for terminally ill people and their carers.

The Department funded the Program of Experience in the Palliative Approach (PEPA), which assists health care professionals, including nurses, residential aged care workers and allied health professionals, to improve their skills in caring for people with a terminal illness. In 2004-05, over 200 health care professionals completed a PEPA placement, with participants learning more about palliative care and forming strong links between their own service and the specialist palliative care service.

To support residential aged care staff to provide better care to residents with a terminal illness, the Department provided *Guidelines for a Palliative Approach in Residential Aged Care* to all Australian Government funded residential aged care facilities as well as training institutions in Australia and overseas. Over 8,000 copies have been distributed since July 2004. These are the first evidence-based guidelines of their type in the world. The Department also provided funds for an online Palliative Care in Aged Care postgraduate course which provides students with the knowledge and skills necessary for improved palliative care practice in aged care settings. During 2004-05, there were 61 enrolments and 11 scholarships awarded under this program.

Palliative Care Services

During 2004-05, the Department supported a number of key initiatives to help palliative care services improve the quality of the care they provide. For example, the Department engaged a consortium of four universities to form an Australian Palliative Care Outcomes Collaboration. This collaboration will support services to compare and measure the service they provide, and through this, ensure continued quality improvement.

To improve access to respite care for families of palliative care patients, the Department provided \$3 million in 2004-05 to Commonwealth Carer Respite Centres (CCRCs). Preliminary evaluation results indicate an increase in the number of carers of people with a terminal illness accessing CCRCs in 2004-05 and improved referral links between palliative care services and the CCRCs.

In 2004-05, the Department continued to fund the Rural Palliative Care Program, which links services and offers education and training to improve the quality of care in a number of regions across Australia. Some services have established a 24 hour 1800 number to assist patients and their carers receive support and

advice from their health professional over the phone, without the need to travel to their local service or hospital. Care teams which may include the patient's GP, community nurse, palliative care specialist and pastoral carer, are using case conferences and care plans to help coordinate and improve care.

Mental Health Care

The Department led the development of a whole-of-government submission to the Senate Inquiry on mental health, synthesising the broad range of current government activity to support people with a mental illness and their families. The Department continued to strengthen its leadership role to create improvements to this area of the health system by working with other departments, governments and the non-government sector. The Department also continued development of the Better Outcomes in Mental Health Care Program. This program supports GPs in the care and management of their patients with a mental illness by funding support from allied health professionals and psychiatrists. This initiative has delivered allied health services to about 20,000 consumers since its inception.

PERFORMANCE INDICATORS (EFFECTIVENESS INDICATORS)

The Department of Health and Ageing is responsible, and accountable, for contributing to the achievement of nine outcomes. Effectiveness indicators are used to measure the progress the Department is making in achieving our outcomes.

Listed below are the effectiveness indicators for Outcome 4 followed by a brief description of the Department's performance in meeting these targets.

Indicator 1. Primary care providers participate in research and other initiatives to enhance primary care services for individuals and the Australian community

Target:

- a. Projects that test models of integrated primary care, including financial viability, are tested and evaluated.
- b. All recognised departments of general practice and university departments of rural health engage in multidisciplinary primary care research.

Information source/reporting frequency:

Periodic reports from projects; departmental analysis of Health Insurance Commission (HIC) data; and reports from universities and Australian Divisions of General Practice.

a. In November 2002, the Department established six demonstration sites in collaboration with State and Territory governments to deliver the General Practitioner (GP)-Hospital Integration Demonstration Sites Program. Funding for Launceston, Darwin, Brisbane and Perth is nearing completion. Funding for the remaining two sites; North Wyong NSW and Gippsland Victoria, will end in 2006. The program aims to implement proven models of primary and acute sector integration, and

build the evidence base of success factors and barriers for sustainable integration to inform future policy. Five of the six demonstration sites are currently being evaluated with the evaluation report due in September 2005.

The Department provides funding (approximately \$7.4 million in 2004-07) for the Innovative Health Services for Homeless Youth (IHSY) Program which supplies primary health care for homeless and otherwise at-risk young people (through a range of service delivery models). A review of IHSY Program prepared for the Department in February 2003 found that clients were continuing to gain benefits from accessing its services and that the program improves the access of young, marginalised people to mainstream health services. The Department negotiated new agreements with each State and Territory which were signed in August 2004, to continue funding until June 2007.

b. All 22 University Departments of General Practice and Rural Health continued to provide a range of activities to build primary health care practitioners' capacity to undertake multidisciplinary primary health care research. Analysis of the University Departments' activity in 2004-05 found that a wide range of primary health providers and others (eg demographers) have been involved in the design and conduct of such research.

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Indicator 2. Access to primary health care services in rural and remote areas

<i>Target:</i>	<i>Information source/reporting frequency:</i>
Maintain proportion of localities with an active general practitioner provider number.	Regular departmental analysis of HIC data.

An analysis of Full Time Equivalent General Practitioners (GPs) by location shows that GP numbers increased in rural and remote areas of Australia in 2003-04 by 3.2 per cent in comparison to 2002-03 to 3,778 in 2003-04, while the number of urban located GPs has remained fairly static. There are a number of initiatives, implemented by the Department, that are also expected to provide a continued positive contribution to the health and wellbeing of rural communities. These programs, administered by the Department, include:

- the Training for Rural and Remote Procedural GPs Program provides grants of up to \$15,000 per year to procedural GPs to access training, up-skilling and skills maintenance activities. The first round of payments was made in August 2004. In the first year of operation of the program, 723 doctors had registered and of these, 639 had received a payment after completing approved training (as at 30 June 2005);
- the Rural Locum Relief program allows doctors, subject to the section 19AA Provider Number Restrictions of the *Health Insurance Act 1973*, to have temporary access to A.2 Medicare benefits when working in approved placements in Rural, Remote and Metropolitan Areas classifications 4-7 locations. Rural Workforce Agencies, which administer the program in each State and the Northern Territory, report that this program is vital for recruiting GPs to rural and remote areas. As at 30 June 2004, 475 doctors were providing services under the program; and
- during 2004-05, the Rural Retention Program provided retention payments totalling \$21.3 million to over 1,989 doctors. Many of these doctors received their sixth consecutive annual payment, which is a primary indicator of continued service provision in areas disadvantaged by remoteness.

Indicator 3. Level of participation of general practice in education, training and infrastructure initiatives

<i>Target:</i>	<i>Information source/reporting frequency:</i>
a. Increase in participation of eligible providers in alternative rural pathways to vocational recognition.	Departmental analysis of HIC data.
b. Full uptake with the rural vocational training pathways.	

a. The Department has contracts in place for the management of the Prevocational General Practice Placements Program which provides up to 280 voluntary, well supervised general practice placements each year in outer metropolitan, regional, rural and remote areas. The program is intended to be an educational experience for junior doctors to attract them to general practice and thus maintain workforce numbers in the longer term. Placements commenced on 1 January 2005, with approximately 60 general practice placements being undertaken or completed by 30 June 2005.

The program is targeted at prevocational doctors in postgraduate years two and three. In some States, interns can participate in the program providing the relevant State and Territory Postgraduate Medical Education Council supports their inclusion.

b. The Australian General Practice Training Program is managed by General Practice Education and Training (GPET) Ltd under a funding agreement with the Department. For the 2005 training year, uptake of the Rural Pathway of the Australian General Practice Training (AGPT) Program was 72 per cent. A number of strategies are in place to address the shortfall in uptake of rural places including active marketing and promotion of the AGPT Program with a focus on the benefits of a career in rural medical practice.

Indicator 4. National leadership in the reduction in the incidence of suicide and self-harm in Australia

Target:

- a. National Advisory Council for Suicide Prevention advice and strategies to reduce suicide and self-harm.
- b. National Suicide Prevention Strategy funding establishes community based suicide prevention projects with national and local coverage.

Information source/reporting frequency:

Departmental data, review outcomes.

During 2004-05, the National Advisory Council on Suicide Prevention provided advice on priority areas and strategies to be implemented in order, to reduce the incidence of suicide and self-harm. The Council continues to oversee the implementation of the National Suicide Prevention Strategy (NSPS). Existing national and local initiatives under the NSPS have been expanded and incorporate new national initiatives. Some initiatives target the whole population to promote the wellbeing of the community as a whole, while others focus on specific groups that are at a higher risk. For example, the Department continues to support the Mindmatters suite of initiatives, to support the capacity of secondary schools to promote the mental health and wellbeing of students, and 80 per cent of schools are now participating in MindMatters activities. In March 2005, the Department also launched StaffMatters, which is a new component of MindMatters, to provide information for school staff on managing their own health and well-being in the educational workplace. The Department also progressed the establishment of The Living is For Everyone website,¹ which is a national suicide prevention website hosted by the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet). The website was launched by the Parliamentary Secretary in May 2005.

¹ Living is For Everyone can be accessed online at <www.livingisforeveryone.com.au>.

Indicator 5. National leadership in the implementation of the National Mental Health Strategy

Target:	Information source/reporting frequency:
a. Improvements in health management information to promote safety and quality in mental health service delivery.	Departmental data. Publication of the annual National Mental Health report.
b. Better integration of mental health care across the primary, tertiary and community care sectors.	
c. National projects consistent with the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health.	

a. A national set of mental health key performance indicators has been endorsed by Health Ministers. In July 2005, the National Mental Health Working Group endorsed *National priorities in mental health: a national plan for reducing harm*, which identifies four national priority areas for action nationally. The *National Mental Health Report 2004* was released in November 2004, which reports 2001-02 data on mental health expenditure and progress under the National Mental Health Strategy.

b. Better integration of mental health across the primary and community care sectors has been achieved through the continued funding by the Department of the National Primary Mental Health Care Network, through the Australian Divisions of General Practice and State Based Organisations, to support linkages between the activities of Divisions of General Practice, GPs and state health funded mental health services.

c. National projects consistent with the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health continued to be implemented, expanded and evaluated in 2004-05. Key achievements include the development of a Relapse Prevention Framework by a consultant engaged by the Department, under the guidance of the National Promotion and Prevention Working Party; to inform policy, programs and practice in continuing care to prevent further episodes of mental illness for people who have been seriously affected by mental illness; and the continued electronic dissemination of resources and facilitation of promotion, prevention and early intervention in mental health by the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) via the Living is For Everyone website² (96,100 page views/month), Auseinet e-journal (22,000 page views/month); and funding of 11 small grant projects.

Indicator 6. Effectiveness of trials of integrated health service delivery

Target:	Information source/reporting frequency:
Improve the delivery of care for people with complex care needs.	Independent evaluation of trials and projects on a periodic basis; and departmental data.

This performance indicator was deleted in the *2004-05 Portfolio Additional Estimates Statements*. Refer to Indicator 1 for discussion on the trials of integrated health care service delivery.

² Accessible online at <www.livingisforeveryone.com.au>.

Indicator 7. Patient data management and the supply of organs, blood and blood products supports hospital care

Target:	Information source/reporting frequency:
a. The design of an enhanced approved National Minimum Data Set (NMDS) for non-admitted emergency care by December 2004.	- Departmental Records. - Departmental Records.
b. The design of an approved outpatient care NMDS by December 2004.	- Australian New Zealand Donor Registry data. - Information from the ARCBS. Annual.
c. Increase in the rate of organ donation from 9.4 per million in 2003.	- Information from the ARCBS. Annual.
d. The number of whole blood donors per annum donating blood to the Australian Red Cross Blood Service (ARCBS).	
e. The number of apheresis (plasma) donors per annum donating plasma to the ARCBS.	

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In 2004-05, the Department progressed the development of new public hospital data collections in order to better understand performance across the public hospital sector.

The design of an enhanced NMDS for non-admitted emergency care was completed in October 2004. The design is expected to be approved by the National Health Information Group in December 2005. The delay in approval is due to some jurisdictions not being able to fully comply with the design for the collection of new data from 1 July 2005.

The design of an approved outpatient care NMDS was completed in February 2005 and approved by the registration authority in March 2005.

The organ donation rate in 2004 was 10.8 donors per million. The number of whole blood donors donating blood to the ARCBS in 2004-05 was 491,906 compared to 432,622 in 2003-04, an increase of 13.7 per cent. The number of apheresis donors who donated plasma to the ARCBS in 2004-05 was 25,851 compared to 21,433 in 2003-04, an increase of 20.6 per cent.

Indicator 8. National leadership in the implementation of the National Palliative Care Strategy

Target:	Information source/reporting frequency:
a. Three national projects consistent with the goals of the National Palliative Care Strategy.	Independent evaluation of major Australian Government initiatives and departmental data.
b. Develop approaches to better integrate palliative care into the broader health sector.	

a. Three national programs developed by the Department in 2004-05 include: 1. CareSearch,³ which was formally launched in September 2004 and includes over 2,600 articles and abstracts.

³ CareSearch can be accessed online at <www.caresearch.com.au>.

It supports practitioners and other health professionals to access up-to-date information on palliative care. 2. The Respecting Patient Choices Program, launched in November 2003, provided funding to a further five hospitals across Australia during 2004-05 and trained over 290 health professionals in the use of advance care plans. 3. During 2004-05, the Department administered funding for Palliative Care Australia to review and update the National Standards for Palliative Care. These programs will greatly improve the quality and effectiveness of palliative care service delivery in Australia.

- b. The Indigenous Practice Principles and the Program of Experience in the Palliative Approach are two examples of the Department providing funds for initiatives to improve the integration of palliative care into the broader health sector. The Indigenous Practice Principles support improved responsiveness of specialist palliative care services to the specific cultural needs of Aboriginal and Torres Strait Islander peoples. The Program of Experience in the Palliative Approach gives health practitioners workplace experience in a specialist palliative care service, improving their skills in implementing the palliative approach in broader health services and fostering ongoing links between the services.

PART 2: PERFORMANCE INFORMATION

Performance Information for Administered Items

Administered Item 1. Primary care strategies, including:

- strategies to increase the number of doctors practising in designated outer metropolitan areas;

Target: *Quantity:* The number of other medical practitioners working towards vocational recognition as part of the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program.

Result: Increase on previous year. In 2004-05, the number of Other Medical Practitioners working towards vocational recognition as part of the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program, increased to 80, compared to 43 in 2003-04. In addition, 6 Other Medical Practitioners successfully achieved recognition status.

- strategies to increase the number of registrars practising in designated outer metropolitan areas;

Target: *Quality:* An increase in the number of Registrars undertaking a term of training in a designated outer metropolitan area.

Result: Target met. 155 Registrars undertook placements in designated outer metropolitan areas during 2004. This is an increase of 337% over 2003 figures where 46 registrars undertook placements.

Target: *Quality:* An increase in the number of accredited Training Practices in the designated outer metropolitan areas.

Result: Target met. An additional 30 practices have been accredited from July 2004 to June 2005, increasing from 58 to 88 the number of accredited training practices in designated outer metropolitan areas.

- support for the Divisions of General Practice;

Target:	<i>Quality:</i> Performance framework embedded in new funding agreements.	
Result:	Target met.	All new Multi Purpose funding Agreements for Divisions of General Practice have a performance framework embedded in them. Those Divisions which remain on transitional funding agreements are also required to complete accountability and reporting requirements of the new performance framework.
Target:	<i>Quantity:</i> 120 Divisions of General Practice meeting funding agreement requirements.	
Result:	Target not met.	119 of the 120 Divisions of General Practice met funding agreement requirements.

- strategies to increase the number of GP Registrars in rural and remote communities;

Target:	<i>Quantity:</i> All eligible Registrars paid under the General Practice Registrars Rural Incentive Payments Scheme.	
Result:	Target met.	In its fifth year of operation, all (811) eligible Registrars received payments under the Scheme (as at 30 June 2005).
Target:	<i>Quantity:</i> The annual target of 275 places in the Rural Training Pathway is achieved.	
Result:	Target not met.	For the 2005 training year, the number of GP Registrars joining the Rural Pathway of the Australian General Practice Training Program decreased by 8% compared to 2004 levels.

- strategies to support recruitment and retention of GPs in rural and remote areas;

Target:	<i>Quantity:</i> All eligible rural GPs paid under the Rural Retention Program and the Training for Rural and Remote Procedural GPs Program.	
Result:	Target not met.	The Rural Retention Program has made payments to 1,989 doctors totalling \$21.3 million during 2004-05. In the first year of operation of the Training for Rural and Remote Procedural GPs Program, 723 doctors had registered and of these, 639 had received a payment after completing approved training.
Target:	<i>Quantity:</i> All eligible graduates paid under the Higher Education Contribution Scheme Reimbursement.	
Result:	Target met.	Since the commencement of the Scheme in September 2002, all 299 eligible applicants have been paid (as at 30 June 2005).
Target:	<i>Quantity:</i> All Rural Australia Medical Undergraduate Scholarship and John Flynn Scholarship Scheme places taken up.	
Result:	Target met.	In 2004-05, 107 Rural Medical Undergraduate scholarships were awarded, maintaining the total at 500 active scholarships. 158 John Flynn scholarships were awarded, maintaining the total at 600 active scholarships.

- Rural Women's GP Service increases the provision of regular female GP services in rural areas;

Target:	<i>Quantity:</i> Number of localities receiving services under the Rural Women's GP Service initiative.
Result:	Increase on previous year. In 2004-05, 150 of the 208 eligible sites (72%) are receiving the Service, up from 123 of 192 sites (64%) in 2003-04.

- support adoption of prevention within general practice and collaboration with population health approaches;

Target:	<i>Quality:</i> Engagement of relevant organisations and groups in the development and implementation of strategies.
Result:	Target met. The Department consulted relevant stakeholders and engaged national experts in the production of the Lifestyle Prescription resource kits, which are evidence-based resources on the prevention of lifestyle risk factors. These resources are tailored to suit the needs of general practice and were developed by a consortium of risk factor experts with the assistance of a reference group comprising appropriate experts and relevant stakeholders.

- After Hours Primary Medical Care Services;

Target:	<i>Quality:</i> Improved access to after hours primary medical services.
Result:	Target met. Under the After Hours Primary Medical Care (AHPMC) Program managed by the Department, new funding agreements to extend Service Development Grants for after hours services to June 2006 have been executed during 2004-05 with 12 Divisions of General Practice. Under the AHPMC Program, funding was extended to the following four after hours trials projects: <ul style="list-style-type: none"> • Hunter Regional After Hours Service; • Tasmanian Telephone and Triage Service (GP Assist); • Macarthur GP After Hours Service; and • Grampians After Hours Service.

- employment of practice nurses in General Practice in rural and remote and other areas of workforce shortage;

Target:	<i>Quality:</i> Greater access to quality primary health care in areas of doctor shortages.
Result:	Target met. In May 2005, 574 practices in urban areas of workforce shortage participating in the department-managed Practice Incentives Program (PIP) were supported to employ a practice nurse or allied health worker, compared to 485 in May 2004.
Target:	<i>Quality:</i> Increased employment and training of practice nurses in rural and remote Australia.
Result:	Target met. In May 2005, 1,043 rural practices participating in the department-managed PIP were supported to employ a practice nurse or Aboriginal health worker, compared to 990 in May 2004.
Target:	<i>Quantity:</i> 70% of eligible practices receiving the incentive payment.
Result:	Not applicable. This target was deleted in the <i>2004-05 Portfolio Additional Estimates Statements</i> because the two indicators above address this matter.

- affordable Medicare services; and

Target:	<i>Quantity:</i> An increase in the number of patients eligible for the higher Medicare rebate for services provided after hours, in areas of workforce shortage and rural and remote locations.	
Result:	Target met.	<p>The After Hours Other Medical Practitioners Program, developed by the Department, provides patients with access to the higher Medicare rebate for after hours general practice services. These services are provided by non-vocationally recognised medical practitioners through an accredited general practice or an accredited Medical Deputising Service. The program commenced on 1 January 2005, and as at 31 March 2005, 70,000 services have been provided under the program.</p> <p>910,000 services have been provided under the MedicarePlus for Other Medical Practitioners initiative since it commenced in February 2004.</p> <p>3.4 million services were provided under the Rural Other Medical Practitioners in 2004, compared with 3.3 million in 2003.</p>

- access to services.

Target:	<i>Quantity:</i> Number of general practices and Aboriginal Community Controlled Health Services nationally, that receive a subsidy to access broadband technology.	
Result:	No target number specified in 2003-04.	<p>In 2004-05, at least 35% of eligible general practitioners and 50% of Aboriginal Community Controlled Health Services received a subsidy to access broadband technology. Additionally, the Eastern Goldfields Regional Reference Site for advanced broadband technology in the health sector, funded under this program and the Access to Broadband Technology Initiative, went 'live' in March 2005. Connecting all health providers in a regional community on a Virtual Private Network for the first time, the evaluation of this project has commenced. The Department's contribution to and management of the project will cease on 30 June 2006.</p>
Target:	<i>Quality:</i> An increase in the number of medical practitioners participating in continuing professional development activities through general practice incentive programs.	
Result:	Target met.	<p>The After Hours Other Medical Practitioners Program commenced on 1 January 2005, and as at 31 May 2005, 232 participants have been accepted on this program.</p> <p>As at 31 July 2005, 375 participants were accepted on the MedicarePlus for Other Medical Practitioners Program, compared with 85 participants as at 30 April 2004.</p> <p>In order to maintain eligibility, participants on both the After Hours Other Medical Practitioners Program and MedicarePlus for Other Medical Practitioners Program are required to undertake minimum mandatory continuing professional development activities.</p>
Target:	<i>Quantity:</i> The number of MBS items related to residential care is increased (as a proportion of the number of residential places).	
Result:	Increase on previous year	<p>The number of MBS items claimed per residential aged care place* has risen from 11.27 in 2003-04 to 11.47 in 2004-05.</p> <p>*Note the number of residential aged care places is taken as at 30 June of each financial year. Figures include residential aged care places from flexible services such as Multipurpose Services and National Aboriginal and Torres Strait Islander Aged Care Strategy services.</p>

Target:	<i>Quantity:</i> An increase in the number of medical practitioners providing services after hours in areas of workforce shortage and rural and remote locations.	
Result:	No target number specified in 2003-04.	32 new after hours GP attendance items were introduced on 1 January 2005 as part of Strengthening Medicare. In the six months to 30 June 2005, over 2,500 GPs in rural and remote areas had provided over 169,000 after hours services. (No data is available on the number of services provided in areas of workforce shortage.)
Target:	<i>Quantity:</i> The number of training places filled on the Australian General Practice Training Program within the training year (January – December).	
Result:	No target number specified in 2003-04	Of the 600 places available on the Australian General Practice Training Program in 2005, a total of 532 were filled. Note: '557 places filled out of 600 in 2004 or 93% of training places were filled in 2004' was deleted from the target in the <i>2004-05 Portfolio Additional Estimates Statements</i> (refer page 94) to enable more accurate year end reporting.

Administered Item 2. Integrated and coordinated care strategies, including:

- palliative care in the community;

Target:	<i>Quantity:</i> Number of residential aged care facilities accessing the Australian Palliative Residential Aged Care Guidelines.	
Result:	Target met.	The Department provided 2,900 residential aged care facilities with the Guidelines.
Target:	<i>Quantity:</i> Number of workforce placements provided under the Program of Experience in the Palliative Approach undertaken nationally by June 2006.	
Result:	Increase on previous year.	Approximately 200 placements were undertaken during 2004-05 compared to approximately 70 in 2003-04.
Target:	<i>Quantity:</i> Number of research grants for palliative care funded under the Palliative Care Research Program by December 2004.	
Result:	Target met.	12 targeted research grants and 1 fellowship were funded by December 2004.

- second round of coordinated care trials; and

Target:	<i>Quantity:</i> 5 second round coordinated care trials covering up to 15,000 people collectively with complex and chronic health care needs are operating.	
Result:	Target met.	5 coordinated care trials have been operating involving approximately 18,000 people with complex and chronic health care needs.

- focus on prevention.

Target:	<i>Quantity:</i> Number of practices participating in chronic disease prevention collaboratives.	
Result:	No target number specified in 2003-04.	152 general practices and 6 Aboriginal Medical Services have participated in the first of 3 rounds of workshops under the Australian Primary Care Collaboratives Program. Total participation of 600 practices is planned for over the life of this program.

Administered Item 3. Hospital related strategies, including:

- Australian Refined Diagnosis Related Groups (AR-DRG) classification and national hospital cost and benchmarking data;
- enhancement of the non-admitted patient emergency department care National Minimum Data Set (NMDS);
- development of an out-patient care NMDS;

Target:	<i>Quality:</i> Availability of new AR-DRG data by September 2004.	
Result:	Target met.	The AR-DRG (version 5.1) was completed by 30 September 2004 and publicly launched at the Bi-annual Casemix Conference in Sydney on 10-13 October 2004.
Target:	<i>Quality:</i> Development towards a new edition of the International Classification of Diseases version 10 Australian Modification (ICD-10-AM).	
Result:	Target met.	Development has progressed with public consultation and submissions for changes and updates to ICD-10-AM for the fifth edition. The fifth edition is on schedule for implementation in July 2006.
Target:	<i>Quality:</i> National hospital cost data collection round 7 is reported by August 2004.	
Result:	Target met.	National hospital cost data collection round 7 was made available to States and Territories on 21 June 2004 and released publicly at the Bi-annual Casemix Conference in Sydney in October 2004.
Target:	<i>Quality:</i> New data items ready for collection 1 July 2005.	
Result:	Target not met.	Some jurisdictions were not able to fully comply with the design for the collection of new emergency department data from 1 July 2005 because their existing information technology infrastructure is not sufficient for the recording and collection of the data.
Target:	<i>Quality:</i> New NMDS ready for collection 1 July 2005.	
Result:	Target met.	The design of an approved out-patient care NMDS was approved by the National Health Information Group and registered in the National Health Data Dictionary on 4 May 2005. Information will be collected from 1 July 2005.

- the amount of plasma sent for fractionation to CSL Limited;

Target:	<i>Quantity:</i> Information from the Australian Red Cross Blood Service (ARCBS) and the National Blood Authority (NBA) – Annual Report.	
Result:	Increase on previous year.	The amount of plasma sent to CSL Limited for fractionation for 2004-05 was 309 tonnes, compared to 294.5 tonnes in 2003-04.

- Australian Organ Donor Register;
- Bone Marrow Transplant Program; and
- National Cord Blood Collection Network.

Target:	<i>Quantity:</i> Increase in number of Australians on the Register from 4,711,617 at 31 December 2003.
Result:	Target met. As at 30 June 2005, the Register held 5.4 million records in total. From April 2005 the Register began recording legally valid consents which reached 392,000 by 30 June 2005.
Target:	<i>Quantity:</i> Number of people assisted to obtain bone marrow transplants from overseas.
Result:	Decrease on previous year. 113 people were assisted under the Bone Marrow Transplant Program in 2004-05, compared to 134 people in 2003-04.
Target:	<i>Quantity:</i> Increase in number of cord blood units banked compared to 2,887 for the period 1 July 2002 to 30 June 2003.
Result:	Target met. In 2004-05, 3,821 cords were banked. This was an increase of 934 compared to the 2002-03 benchmark of 2,887.

Administered Item 4. Mental health strategies, including:

- National Mental Health Strategy;

Target:	<i>Quality:</i> Uptake of the Mindframe resources to assist the media to responsibly report on suicide and mental health related issues.
Result:	Target met. There was continued uptake of the Mindframe resources by the media. The Mindframe website ⁴ and resources have been promoted via an email alert to 1,488 media contacts and a promotional mail-out to a further 1,950 media contacts. This represents an increase in the uptake of these resources.
Target:	<i>Quantity:</i> 80% of tertiary institutions with relevant facilities using the Mindframe resource.
Result:	Target met. 94% of Australian university campuses offering journalism are using the Mindframe resource material.
Target:	<i>Quantity:</i> Training sessions conducted in 70% of major state and national newspapers, radio and television.
Result:	Target met. Training sessions were conducted in 80% of major daily and weekend newspapers in each State and Territory. Briefings have been held with approximately 40% of commercial radio stations in capital cities, 100% of major commercial television stations and 100% of ABC and SBS radio and television.

⁴ Mindframe can be accessed online at <www.mindframe-media.info>.

Target:	<i>Quality:</i> A minimum of one promotion, prevention and early intervention mental health project conducted in each State and Territory.	
Result:	Target met.	All States and Territories commenced conducting the sustainable ongoing promotion, prevention and early intervention mental health projects in 2004 developed from initial funding grants from the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet). Of these projects four have been completed and the remaining projects will be finalised by November 2005.

- National Suicide Prevention Strategy; and

Target:	<i>Quality:</i> Monitor changing rates of suicide as reported by the Australian Bureau of Statistics.	
Result:	Target met.	The changing rates of suicide were monitored in December 2004 on release of Australian Bureau of Statistics 2003 <i>Causes of Death</i> report. The report indicates there were 2,213 suicides recorded in 2003, representing an age standardised death rate of 11.1 per 100,000. This is 6% lower than in 2002, and 24% below the figures for 1997 when the highest rates ever were recorded in Australia with 2,720 suicides (14.7 deaths per 100,000).
Target:	<i>Quantity:</i> All national and local suicide prevention initiatives approved by the Minister on the advice of the National Suicide Prevention Strategy are implemented.	
Result:	Target met.	All initiatives approved by the Minister were implemented. These included approximately 150 projects at the local level and 25 at the national level.
Target:	<i>Quantity:</i> 70% of Australian secondary schools to have a core group of personnel who have received MindMatters professional development.	
Result:	Target met.	79% of Australian secondary schools have a core group of personnel who have received MindMatters professional development.

- Mental Health: More Options Better Outcomes.

Target:	<i>Quality:</i> Ensure access to education, training and support for participating general practitioners.	
Result:	Target met.	Over 4,000 GPs completed training and are registered with the Health Insurance Commission to participate in the More Options Better Outcomes Program.
Target:	<i>Quantity:</i> Up to 75% of Divisions of General Practice participating in the allied health component.	
Result:	Target exceeded.	93% of Divisions of General Practice were funded in 2004-05.

Performance Information for Departmental Outputs

Output Group 1. Policy advice, in relation to:

- new funding arrangements and progress on structural reform in Primary Care;
- national issues of concern relating to the integration and coordination of health services;
- continuous quality improvement;
- delivery of health services to maximise health reforms;
- the development of health policy; and
- blood products and services.

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Target: *Quality:* A high level of satisfaction of the Ministers, Parliamentary Secretary and Ministers' Offices with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.

Result: Target met. The Minister and Minister's Office were satisfied with the relevance, quality and timeliness of policy advice, Question Time Briefs, Parliamentary Questions on Notice and briefings.

Target: *Quality:* Timely production of evidence-based policy research.

Result: Target met. Examples of the Department's support for and participation in the production of evidence-based research included:

- through the funding, development, implementation and evaluation of a national reference site (Eastern Goldfields Regional Reference Site) for advanced broadband connectivity in the health sector, the Department is testing, measuring, and demonstrating for the first time the impact of such connectivity on a health community in metro-like, rural, and remote conditions;
- supporting the activities of the Australian Cochrane Centre which is part of the International Cochrane Collaboration. The International Cochrane Collaboration is widely regarded as the leading source of the evidence-based reviews that are a key component of the development of evidence-based policy advice; and
- the Australian Primary Health Care Research Institute, established in late 2003-04 by the Department, aims to support the timely production of evidence-based policy research. The first round of research being undertaken during 2004-05 is due to be published in early 2005-06.

Target:	<i>Quality:</i> Opportunity for stakeholders to participate in policy and program development.	
Result:	Target met.	<p>The Department provided opportunities for stakeholders to participate in policy and program development. For example, the Department:</p> <ul style="list-style-type: none"> • worked collaboratively with the States and Territories under the Australian Health Care Agreements and via the National Health Information Agreement 2004-2009, on data and reporting; • facilitated joint policy and decision making with the States and Territories under the National Blood Agreement; • facilitated stakeholder input to policy advice to Health Ministers by providing the Secretariat for the Australian Health Information Council and its sub committees; • established the Broadband for Health Working Group to ensure representation by key stakeholder organisations in the development of the initiative and associated e-Health security policies; and • established the Review Implementation Committee to implement the Government's response to the review of the Divisions of General Practice. The Committee comprises representatives of stakeholders drawn from the Primary Care Sector and Departmental representatives. The Department chairs the committee.

Output Group 2. Program management, including:

- suitable project approvals in line with agreed strategic plans and service development in the areas of:
 - grant programs;
 - acute and coordinated care issues;
 - information technology issues; and
 - GP issues;
- payments under funding agreements;
- financial management and reporting for Outcome 4;

Target:	<i>Quality:</i> A high level of stakeholder satisfaction with the timely development and implementation of national strategies.	
Result:	Target met.	<p>Key departmental stakeholders satisfied with the quality and timeliness of the Departments policy advice. For example;</p> <ul style="list-style-type: none"> • General Practitioner (GP) groups welcomed the introduction and timeliness of the national GP-only care management plan; and the Department received a high level of stakeholder satisfaction with their participation in the National Broadband Strategy.
Target:	<i>Quality:</i> Budget predictions are met and actual expenses vary less than 5% from budgeted expenses.	
Result:	Target not met.	Budget predictions and actual expenses were not within 5% of budgeted expenses.

Target:	<i>Quality:</i> 100% of payments are made accurately and in accordance with negotiated service standards.
Result:	<p>Target met. 100% of payments were made accurately and in accordance with negotiated service delivery, for example:</p> <ul style="list-style-type: none"> • payments made in accordance with the Broadband for Health operational guidelines and administered by the Health Insurance Commission were made on time and accurately; and • payments for the Practice Incentives Program were made in accordance with the program guidelines administered by the Health Insurance Commission and were paid in a timely and accurate manner.
Target:	<p><i>Quantity:</i></p> <ul style="list-style-type: none"> - 140 contracts (including 98 regarding primary care; 10 related to hospital care and 32 for palliative care and other health services); - 269 funding agreements (including 250 for primary care; 9 related to hospital care, 10 for palliative care); and - 58 consultancies (including 35 for primary care, 23 for palliative care and other health services).
Result:	<p>Target not met. Total agreements administered in 2004-05:</p> <ul style="list-style-type: none"> • 90 contracts; • 311 funding agreements; and • 32 consultancies.
	<ul style="list-style-type: none"> • distribution of information among consumers, carers and mental health professionals; and • education and training relating to consumer participation in health care.
Target:	<i>Quality:</i> A high level of stakeholder satisfaction with relevance, quality and timeliness of information and education services.
Result:	Target met. Stakeholders have indicated a high level of support and satisfaction with the timeliness, quality and relevance of information and education services. In particular, through improved relationships with stakeholders, data collections have progressed in both scope and size.
Target:	<i>Quality:</i> Information campaigns conducted during the year are evaluated as being effective.
Result:	Not applicable. No information campaigns were conducted or evaluated during 2004-05.
Target:	<i>Quantity:</i> A total of 24 publications published, including 7 regarding primary care, 2 related to hospital care and 15 for mental health and suicide prevention programs.
Result:	<p>Target not met. A total of 9 publications were published in 2004-05, including:</p> <ul style="list-style-type: none"> • 1 primary care report: <i>General Practice in Australia 2004</i>; • 2 hospital publications: <i>AR_DRG Version 5.1 Definitions Manual</i> and <i>The National Hospital Cost Collection</i> report; and • 6 published under the National Mental Health Strategy (this included 2 publications under the National Suicide Prevention Strategy). <p>The Department did not publish as many publications as anticipated at the time the <i>2004-05 Portfolio Budget Statements</i> was produced.</p>

Target:	<i>Quantity:</i> A total of 11,500 calls to telephone information lines (9,000 to the mental health publications line and 2,500 to the general practice help line).	
Result:	Target not met.	A total of 7,959 calls were received (2,500 calls to the general practice help line and 5,459 calls to the mental health publications line).
Target:	<i>Quantity:</i> A total of 24 reports, newsletters, bulletins etc. including 10 general practice and strategic development; 8 mental health and suicide prevention programs; and 6 editions of National Network newsletter.	
Result:	Target not met.	A total of 24 Primary Health Care Research and Information Service e-bulletins, dealing with primary care and strategic development, were produced during 2004-05. However, 8 mental health and suicide prevention programs and 6 editions of National Network newsletters were not produced during 2004-05.
Target:	<i>Quantity:</i> Maintenance of 7 websites – 5 primary care site; 1 site for mental health and suicide prevention programs; and 1 casemix.	
Result:	Target not met.	5 primary care sites have been combined into 1 official Departmental website. Maintenance of 3 websites in 2004-05 include: <ul style="list-style-type: none"> • 1 primary care site; • 1 mental health and suicide prevention program site/s; and • 1 casemix site.
Target:	<i>Quantity:</i> 8 CDs/audio tapes produced; 6 general practice strategic development audio tapes/CDs produced and 2 related to private hospital care.	
Result:	Target not met.	Casemix produced a set of CDs for the Private Hospital Data Bureau to enable hospitals and health funds to produce ad hoc reports and benchmarking information. A set of CDs for the Hospital Casemix is expected to be released in July 2005. No audio tapes/CDs dealing with strategic development was produced in 2004-05.

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PERFORMANCE ASSESSMENT: EVALUATIONS AND REVIEWS

Evaluation/Review:	Evaluation of the Better Outcomes in Mental Health Initiative
Timeframe:	Commencement date: 9 June 2004 End date: 28 October 2004
Related Performance Indicator:	Indicator 5. This 2001-02 Budget initiative was evaluated as part of a lapsing program.
URL/Web Address for published results:	Not published.
Evaluation/Review:	Evaluation of the After Hours Primary Medical Care Program
Timeframe:	Commencement date: 20 August 2004 End date: 30 June 2005
Related Performance Indicator:	Indicator 1.
URL/Web Address for published results:	Not applicable.
Evaluation/Review:	Evaluation of General Practice Vocational Training in a Regionalised Environment
Timeframe:	Commencement date: 11 August 2004 End date: In progress.
Related Performance Indicator:	Indicator 3.
URL/Web Address for published results:	Not applicable.

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Outcome 4 - Financial Resources Summary

	(A) Budget Estimate 2004-05 \$'000 ¹	(B) Actual 2004-05 \$'000	Variation (Column B minus Column A) \$'000
Administered Expenses			
Administered Item 1: Primary Care Strategies			
Appropriation Bill 1/3	444,897	376,660	(68,237)
	444,897	376,660	(68,237)
Administered Item 2: Integrated and Coordinated Care Strategies			
Appropriation Bill 1/3	52,689	40,129	(12,560)
	52,689	40,129	(12,560)
Administered Item 3: Hospital Care Strategies			
Special Appropriations			
<i>National Health Act 1953 - Aids and Appliances (p)</i>	49,500	49,023	(477)
<i>National Blood Authority Act 2003</i>	347,017	339,772	(7,245)
<i>Health Care (Appropriation) Act 1998 - Australian Health Care Agreement - Provision of Designated Health Services (p)</i>	47,148	43,295	(3,853)
Total Special Appropriations	443,665	432,090	(11,575)
Appropriation Bill 1/3	15,971	13,938	(2,033)
Appropriation Bill 2/4	5,414	4,299	(1,115)
	465,050	450,327	(14,723)
Administered Item 4: Mental Health Strategies			
<i>Health Care (Appropriation) Act 1998 - Australian Health Care Agreement - Provision of Designated Health Services (p)</i>	85,520	70,598	(14,922)
Total Special Appropriations	85,520	70,598	(14,922)
Appropriation Bill 1/3	51,179	45,918	(5,261)
	136,699	116,516	(20,183)
Total Administered Expenses	1,099,335	983,632	(115,703)
Departmental Appropriations			
Output Group 1 - Policy Advice	29,548	29,893	345
Output Group 2 - Program Management	20,416	20,655	239
Total price of departmental outputs <i>(total revenue from Government & other sources)</i>	49,964	50,548	584
Total revenue from Government (appropriations) contributing to price of departmental outputs	49,520	49,572	52
Total revenue from other sources	444	976	532
Total price of departmental outputs <i>(total revenue from Government & other sources)</i>	49,964	50,548	584
Total estimated resourcing for Outcome 4 <i>(total price of outputs & admin expenses)</i>	1,149,299	1,034,180	(115,119)
Average Staffing Level (Number)			
Department	380.0	381.4	1.4

The 2005-06 budget has not been provided. The Department of Health and Ageing has moved to a new Outcome structure for 2005-06 and is no longer appropriated under the 2004-05 Outcome structure. Accurate allocation of 2005-06 funding against the 2004-05 Outcome structure is not available and inclusion of notional allocations could be misleading to the reader.

1. Budgets taken from 2005-06 PBS and re-aligned to 2004-05 Outcome Structure.