

## Outcome 10

**HEALTH SYSTEM CAPACITY AND QUALITY**

**Improved long-term capacity, quality and safety of Australia’s health care system to meet future health needs, including through investment in health infrastructure, international engagement, consistent performance reporting and research.**

**Outcome Strategy**

Under Outcome 10, the Australian Government aims to improve the long-term capacity, quality and safety of Australia’s health care system by: improving the management of chronic disease, including providing support in the fight against cancer; supporting reforms to the management of electronic health systems; improving health information; working across jurisdictions to improve policies and programs and engaging in international forums; improving access to palliative care; improving the quality and safety of health services by supporting health and medical research; and building 21<sup>st</sup> century infrastructure, via the Health and Hospitals Fund.

**Health and Hospitals Fund**

The Australian Government is introducing a package of \$3.2 billion for nation-building infrastructure projects to drive its health reform agenda in three critical areas of hospitals infrastructure, cancer care and translational research. These projects will create a health and hospital system for a modern Australia. They will also create jobs, initially in the construction industry, and in the longer-term in the health sector.

The Australian Government has allocated \$1.5 billion to support our world-class hospital system, with new or redeveloped health care facilities in every state and the Northern Territory.

This package of measures will improve access to hospital and health services across the country. This will be achieved through the construction and expansion of key public hospitals; the development of new state-of-the-art facilities for blood and tissue products; and new facilities focussed on improving research outcomes and training of health professionals.

Funding will be provided to all State Governments and to the Northern Territory Government, universities (Flinders University and the University of Queensland), the Australian Red Cross Blood Service and the Victorian Institute of Forensic Medicine for the projects in this measure. These projects will also have a significant effect on generating jobs in the construction industry across the country.

Refer to the discussions under Outcome 13 Acute Care and 10.7: Health Infrastructure for further information on this Government initiative.

**Supporting the Fight Against Cancer**

The Australian Government will attack cancer through support for new world class facilities, a network of regional cancer centres, new cutting edge research and supporting important cancer medicines and care. A Health and Hospitals Fund investment of \$1.3 billion will build a world-class cancer care system, dramatically improving cancer

outcomes for patients in particular in rural and regional Australia.<sup>1</sup> Cancer is Australia's leading cause of burden of disease with more than 39,000 deaths from cancer in 2005 and over 100,000 new cases diagnosed.<sup>2</sup> To ensure that Australia's health system can meet the needs of Australians with cancer, the Australian Government, as part of the Health and Hospitals Fund package, is supporting the construction and establishment of two state-of-the-art integrated cancer centres and a network of regional cancer centres. The Government aims, through these centres, to improve the treatment and support of cancer patients and their families, through providing: support for research; state-of-the-art facilities; opportunities for researchers, clinicians, practitioners and other health professionals involved in cancer research; treatment and support to enhance their professional skills; and to work collaboratively. The Government will continue to support: the National Breast and Ovarian Cancer Centre (NBOCC)<sup>3</sup> to improve knowledge about breast and ovarian cancer control; and the McGrath Foundation to place breast care nurses across Australia to support women with breast cancer.

There will be immediate improvements to the quality of life of many Australians, including those with debilitating and life threatening illness and conditions, such as cancer through the new listing of Avastin<sup>®</sup> and Sutent<sup>®</sup> and continued funding for Herceptin<sup>®</sup>. The Government will also provide funding to replace BreastScreen Australia's outdated equipment with state-of-the-art digital mammography equipment that will better detect breast cancers.

The ability of supported organisations to advance the construction of the cancer centres in 2009-10 may delay implementation of the program and health workforce shortages may affect the recruitment and placement of breast care nurses in rural areas in 2009-10.

Refer to the discussions under Programs 10.1: Chronic Diseases – Treatment and 10.7: Health Infrastructure for further information on this Government initiative.

### **Research Capacity**

The Australian Government aims through the Health and Hospitals Fund to invest \$430 million over five years to improve the research capacity and capability within Australia, and to improve the transfer of research outcomes into patient care. The initiative will provide new state-of-the-art research facilities to create practical links between research and patient care. The Government will target projects that focus on translating research into clinical practice. The research undertaken in these new facilities will ensure that researchers better understand diseases affecting many Australians. The faster transfer of research outcomes into care will improve the health and well-being of many Australians. Funding will be provided to 12 medical research institutes in the Australian Capital Territory, New South Wales, Northern Territory, Queensland, Tasmania and Victoria.

Refer to the discussions under Programs 10.6: Research Capacity and 10.7: Health Infrastructure for further information on this Government initiative.

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<sup>1</sup> For further information on the Government's cancer care initiatives, refer to Outcome 1 located earlier in these Portfolio Budget Statements.

<sup>2</sup> *Cancer in Australia: An overview, 2008*. Australian Institute of Health and Welfare: December 2008.

<sup>3</sup> For further discussion on NBOCC, refer to the NBOCC chapter located later in these Portfolio Budget Statements.

## e-Health

The Australian Government aims, through e-Health, to provide practitioners with the tools to ensure informed care and make evidence-supported treatment decisions. This will ensure the correct health information is made available electronically to the appropriate health professional or care provider. A privacy and regulatory framework that supports specific e-Health initiatives will provide appropriate safeguards for access and use of health information. The Government will support the development of standards and infrastructure services to pave the way for personal electronic health records.

Refer to discussions under Program 10.2: e-Health Implementation for further information on this Government initiative.

### Council of Australian Governments' Federal Financial Framework Reforms

Following the Council of Australian Governments' (COAG) federal financial framework reforms, the Treasury is responsible for National Specific Purpose payments, National Partnership payments to and through the states and territories, and general revenue assistance. The Treasury holds the appropriation for these items and reports the financial details accordingly. Further details can be found in Table 1.5.1 in Section 1. The non-financial performance of the corresponding programs remains the responsibility of the Department of Health and Ageing.

Outcome 10 is the responsibility of the Primary and Ambulatory Care Division, Portfolio Strategies Division, Ageing and Aged Care Division, the Mental Health and Chronic Disease Division, and the Regulatory and Policy Governance Division.

## Outcome Milestones

**Milestone 10.1:** Working towards increased access to electronic health records.

Milestone 10.1 demonstrates the steps being taken by the Department, on behalf of the Australian Government, to provide the infrastructure to meet the Government's long-term goal that every Australian has access to an Individual Electronic Health Records (IEHR).

**Figure 1: Estimated Increased Access to Electronic Health Records.**

	<b>1-year milestone</b> <i>2009-10</i>	<b>3-year milestone</b> <i>2012-13</i>
Percentage of eligible Australians with access to their Individual Healthcare Identifiers.	<1%	100%
Percentage of Australians whose Individual Healthcare Identifier is being actively used.	<1%	50%

Source: Department of health and Ageing internal estimates.

## Outcome 10 Budgeted Expenses and Resources

Table 10.1 provides an overview of the total expenses for Outcome 10 by Program.

**Table 10.1: Budgeted Expenses and Resources for Outcome 10**

	<b>2008-09 Estimated actual expenses \$'000</b>	<b>2009-10 Estimated expenses \$'000</b>
<b>Program 10.1: Chronic Disease - Treatment</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	24,640	70,363
Other services (Appropriation Bill No. 2)	2,000	-
Special Accounts		
Health and Hospital Fund Health Portfolio Special Account	40,000	42,000
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	5,847	6,004
Revenues from other sources (s31)	102	108
Unfunded expenses*	98	-
<b>Subtotal for Program 10.1</b>	<b>72,687</b>	<b>118,475</b>
<b>Program 10.2: e-Health Implementation</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	51,427	52,983
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	3,939	4,249
Revenues from other sources (s31)	69	72
Unfunded expenses*	69	-
<b>Subtotal for Program 10.2</b>	<b>55,504</b>	<b>57,304</b>
<b>Program 10.3: Health Information</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	7,850	8,024
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	47	51
Revenues from other sources (s31)	1	1
Unfunded expenses*	1	-
<b>Subtotal for Program 10.3</b>	<b>7,899</b>	<b>8,076</b>
<b>Program 10.4: International Policy Engagement</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	11,575	14,386
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	29	31
Revenues from other sources (s31)	1	1
Unfunded expenses*	1	-
<b>Subtotal for Program 10.4</b>	<b>11,606</b>	<b>14,418</b>

**Table 10.1: Budgeted Expenses and Resources for Outcome 10 (cont.)**

	<b>2008-09</b>	<b>2009-10</b>
	<b>Estimated</b>	<b>Estimated</b>
	<b>actual</b>	<b>expenses</b>
	<b>expenses</b>	
	<b>\$'000</b>	<b>\$'000</b>
<b>Program 10.5: Palliative Care and Community Assistance</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	23,436	26,545
Special appropriations		
<i>Health Care (Appropriation) Act 1998</i> - Australian Health		
Care Agreements - Provision of Designated Health (p)	2,997	-
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	3,012	3,249
Revenues from other sources (s31)	53	55
Unfunded expenses*	52	-
<b>Subtotal for Program 10.5</b>	<b>29,550</b>	<b>29,849</b>
<b>Program 10.6: Research Capacity</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	25,346	28,357
to Safety and Quality in Health Care Special Account	(5,000)	(5,500)
Special Accounts		
Health and Hospital Fund Health Portfolio Special Account	46,000	40,000
Safety and Quality in Health Care Special Account	17,283	11,000
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,086	4,407
Revenues from other sources (s31)	71	75
Unfunded expenses*	72	-
<b>Subtotal for Program 10.6</b>	<b>87,858</b>	<b>78,339</b>
<b>Program 10.7: Health Infrastructure</b>		
Administered expenses		
Special Accounts		
Health and Hospital Fund Health Portfolio Special Account	100,000	383,700
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	278	602
Revenues from other sources (s31)	5	7
Unfunded expenses*	10	-
<b>Subtotal for Program 10.7</b>	<b>100,293</b>	<b>384,309</b>

**Table 10.1: Budgeted Expenses and Resources for Outcome 10 (cont.)**

	<b>2008-09</b>	<b>2009-10</b>
	<b>Estimated actual expenses</b>	<b>Estimated expenses</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Outcome 10 totals by appropriation type:</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	144,274	200,658
to Safety and Quality in Health Care Special Account	(5,000)	(5,500)
Other services (Appropriation Bill No. 2)	2,000	-
Special appropriations	2,997	-
Special accounts	203,283	476,700
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	17,238	18,593
Revenues from other sources (s31)	302	319
Unfunded expenses*	303	-
<b>Total expenses for Outcome 10</b>	<b>365,397</b>	<b>690,770</b>
	<b>2008-09</b>	<b>2009-10</b>
<b>Average staffing level (number)</b>	<b>129</b>	<b>138</b>

Notes: \* Loss attributable to the effect of the decreased bond rate on employee entitlements.  
(p) = part.

Amounts in 2009-10 for the National Healthcare Agreement are appropriated to the Treasury as part of the National Healthcare Special Purpose Payments.

## Program Contributions to Outcome 10

### Program 10.1: Chronic Disease – Treatment

#### Program Objective

Through this Program, the Australian Government aims to reduce the burden of chronic disease by supporting evidence-based best practice, investing in cancer infrastructure support, and curbing the prevalence of preventable chronic disease, such as, asthma, diabetes, cardiovascular disease and musculoskeletal conditions. The following discusses the key strategic directions the Australian Government will take through the Department to help achieve this objective.

#### Key Strategic Directions

This Program aims to:

- improve the management of chronic disease in Australia; and
- improve detection, survival and treatment outcomes for Australians with cancer.

#### Major Activities

##### Reducing the Impact of Chronic Disease

The Australian Government is committed to improving chronic disease management through curbing the escalating prevalence of lifestyle risk factors and preventable chronic disease. The Government will achieve this by supporting chronic disease management and control, and by funding data monitoring and surveillance centres. To reduce the burden of cancer the Government will continue to support the construction and establishment of a range of cancer research and treatment centres, improved services for adolescents and young adults with cancer, and the placement of breast care nurses across Australia.

##### *Monitoring*

To improve chronic disease monitoring, the Department will develop revised schedules to the Memorandum of Understanding between the Department and the Australian Institute of Health and Welfare, which specifies an ongoing program of data-based publications to inform the prevention and management of major chronic diseases.

##### *Asthma Management*

The Department will continue to develop and improve the Asthma Management program to reduce the personal, social and economic burden of asthma. The Department works through the program to provide a framework of activities that supports the development of a highly skilled primary health care workforce that is well equipped to deliver high quality, patient-centred best practice asthma care, while at the same time providing community-based information and support for optimal self-management. Following an evaluation of the program in 2008-09, the Department will design and implement a new four-year phase of the program in collaboration with key stakeholders, including the National Asthma Council Australia and the Asthma Foundations of Australia.

### *Arthritis and Osteoporosis*

Through the Better Arthritis and Osteoporosis Care initiative, the Australian Government aims to prevent and facilitate the early detection of arthritis and osteoporosis, and to improve the quality of life of those affected. The initiative will increase the consistency and comparability of consumer data on musculoskeletal conditions with the development of a National Bone and Joint Minimum Data Set by Arthritis Australia and Osteoporosis Australia. In 2009-10, the Department will focus on improving the expertise of the health workforce by disseminating and implementing clinical guidelines through mechanisms such as professional development programs, and increasing community awareness of these conditions by targeted information activities coordinated by major stakeholder organisations. An evaluation of this initiative in mid 2009-10 will provide input to a plan for activities post 30 June 2010. The Australian Government also aims to ensure the clinical guidelines available to health professionals, which outline the best practice detection, treatment and management of diabetes, are kept up-to-date.

### **Fighting Cancer**

The Australian Government will continue to support cancer control activities to reduce the impact of cancer in Australia and will improve support for Australians living with cancer, their families and carers, through research, and improved treatment and support services.

#### *Cancer Centres*

In 2009-10 the Australian Government will make major investments in a range of cancer services in urban and regional areas.

Funding will be provided under the Health and Hospitals Fund for integrated cancer centres in Sydney and Melbourne – the Lifehouse at the Royal Prince Alfred Hospital in Sydney and the Parkville Comprehensive Cancer Centre respectively to provide state-of-the-art cancer treatment combined with cutting edge research. These centres will focus especially on treating the rare and complex kinds of cancers that need large national centres to provide appropriate experience for quality care of those cancers. The work of the Lifehouse will be supported by the Garvan St Vincents Cancer Centre which will be provided with funding of \$70 million to extend its cancer research work.

To support rural cancer care, \$560 million will be made available for cancer centres in regional Australia. These will be selected through a tender process and will be required to form links with the integrated cancer centres to promote high quality care. The centres will also provide clinical training for cancer researchers, clinicians, practitioners, and other health professionals such as nursing and allied health staff.

The Department will also continue to implement the construction of cancer centres at the Olivia Newton-John Cancer and Wellness Centre in Victoria, and the Children's Cancer Centre in Adelaide, South Australia.

#### *Prostate Cancer Research*

In 2009-10, the Department will continue to support the two dedicated prostate cancer research centres established to coordinate prostate cancer research more effectively and to develop improved diagnostic tests, screening tools and treatments for prostate cancer. One centre has been established at Epworth Hospital, Victoria and the other at the Princess Alexandra Hospital in Brisbane and is hosted by the Queensland University of Technology.

### Youth Cancer Networks

The Department will continue to work with CanTeen to assist in the establishment of youth cancer networks to improve services, support and/or care for adolescents and young adults with cancer.

### Breast Care Nurses

The Department will continue to work with the McGrath Foundation to provide up to 30 breast care nurses throughout Australia. These nurses will provide support and breast cancer information to women diagnosed with breast cancer as well as their families. The breast care nurse initiative provides enhanced career opportunities for nurses in the specialty area of breast cancer care and support. The challenges are rural health workforce shortages, although the speciality of the roles is likely to be attractive to nurses.

The Department will also work with NBOCC to continue its work in breast and ovarian cancer control, and Breast Cancer Network Australia to assist its national provision of information and support to people with breast cancer.

## Program 10.1: Expenses

### COAG Federal Financial Framework Reforms

Following COAG's federal financial framework reforms, the Treasury is appropriated for the National Specific Purpose Payments, National Partnership payment or general revenue assistance payment components that were previously a part of this Program. Further details can be found in Table 1.5.1 in Section 1.

**Table 10.2: Program Expenses**

	2008-09	2009-10	2010-011	2011-12	2012-13
	Estimated	Budget	Forward	Forward	Forward
	actual		year 1	year 2	year 3
	\$'000	\$'000	\$'000	\$'000	\$'000
Annual administered expenses:					
Ordinary annual services*	24,640	70,363	45,343	39,345	46,123
Other services#	2,000	-	-	-	-
Special account expenses:					
Health and Hospital Fund					
Health Portfolio Special Account	40,000	42,000	415,000	336,000	342,000
Program support	6,047	6,112	5,881	5,715	5,677
<b>Total Program expenses</b>	<b>72,687</b>	<b>118,475</b>	<b>466,224</b>	<b>381,060</b>	<b>393,800</b>

Notes: \* Appropriation Bill (No. 1) 2009-10.

# Appropriation Bill (No. 2) 2009-10.

## **Program 10.1: Deliverables**

To optimise the prevention of chronic disease, including early intervention and the integration of care, Program 10.1 provides funding for early detection and management of chronic diabetes, treatment and support for people with cancer, their families and the community, reducing social and economic impacts of asthma, and improving the quality of life for people with arthritis. The Department has overall responsibility for the ‘deliverables’ that contribute to the Program.

### *Qualitative Deliverables*

- Regular stakeholder participation in program development, through such avenues as surveys, conferences, meetings, and submissions on departmental discussion papers, as measured by the number of stakeholder opportunities provided to participate in program development, including through contributions to evaluations.

### **Reducing the Impact of Chronic Disease**

- The development of a new framework of activities to underpin the Asthma Management program for 2009-10 to 2012-13, as measured by the acceptance of the new directions of the Asthma Management Program by the Government.
- Improved arthritis and osteoporosis care, as measured by the establishment of consumer data collection arrangements by Arthritis Australia and Osteoporosis Australia. The arrangements will be completed by 31 March 2010.
- Evaluation of the Better Arthritis and Osteoporosis Care initiative, as measured by the development of a plan for activities post 30 June 2010.
- Improved chronic disease surveillance and monitoring through best practice analysis of trends and patterns in health information systems, as measured by the delivery of work plan items by the Australian Institute and Health Welfare on Asthma, Arthritis, Cardiovascular Disease, Diabetes and Chronic Kidney Disease Monitoring Centres.

### **Fighting Cancer**

- Improved cancer treatment and support facilities, as measured by the construction, or progress towards the construction of, the Children’s Cancer Centre in Adelaide, South Australia, Olivia Newton-John Cancer and Wellness Centre in Victoria, and the Lifehouse Sydney Cancer Centre at the Royal Prince Alfred Hospital in Sydney, New South Wales.
- Improved coordination of prostate cancer research, measured through the implementation, or progress towards implementation, of the research program of the two dedicated prostate cancer research centres.
- Improved services, support and/or care for adolescents and young adults with cancer, measured through the establishment of youth cancer networks.

**Table 10.3: Quantitative Deliverables for Program 10.1**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Fighting Cancer</b>					
Up to 30 breast care nurses employed (funding ceases 2011-12).	30	30	30	30	N/A

**Program 10.1: Key Performance Indicators**

The following ‘key performance indicators’ measure the impact of the Program.

**Table 10.4: Quantitative Key Performance Indicator for Program 10.1**

<b>Quantitative Indicator</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Fighting Cancer</b>					
Percentage of breast care nurses employed through the program (funding ceases 2011-12).	100%	100%	100%	100%	N/A

## **Program 10.2: e-Health Implementation**

### **Program Objective**

Through this Program, the Australian Government aims to improve safety and quality outcomes, and better clinical and administrative decision-making for all Australians through the development of e-Health standards and infrastructure. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### **Key Strategic Direction**

This Program aims to:

- support the development of e-Health standards and infrastructure to pave the way for Individual Electronic Health Records.

### **Major Activities**

#### **National e-Health Leadership**

The Australian Government will provide national leadership in e-Health, in demonstrating to the Australian community the health care safety and quality benefits of e-Health, and developing measures to ensure the necessary privacy of health information.

To achieve the Australian Government's aim of improving clinical decision-making, the Department will, in partnership with State and Territory Governments, support the National E-Health Transition Authority (NEHTA). The NEHTA will deliver key e-Health building blocks to support the safe and secure electronic exchange of patient information, and will develop national e-Health standards to enable the national compatibility of e-Health systems.

The Department through the NEHTA will support the introduction of health identifiers. The NEHTA has contracted Medicare Australia to deliver a health identifier for every Australian resident, health care provider and health care organisation. The health identifiers will provide a confidential and unique identification system for those involved in the delivery of health care in Australia.

In 2009-10, the Department will develop a legislative and regulatory framework to support the use of identifiers in the delivery of health services, and will support the development of appropriate levels of protection of health information to ensure the privacy of an individual's health information. This will help to provide consumers with confidence that their personal health information is managed in a secure environment. The Department will work closely with State and Territory Governments, professional groups and consumers to support the development of this infrastructure.

The Department will also support secure messaging services to assist the widespread take-up of electronic referrals, prescribing and discharge summaries, and develop policy parameters for a long-term approach to IEHRs.

The national approach to e-Health has continued through the development of a National E-Health Strategy, supported by all jurisdictions, which provides a structured focus for considering national e-Health implementation. The National E-Health Strategy includes a practical roadmap for further national e-Health development and implementation by the Australian, State and Territory Governments, and allows prioritisation of existing and

future investment in national e-Health infrastructure and activities. The Strategy was endorsed by all Health Ministers at the Australian Health Ministers Conference meeting in October 2008. The Government is seeking policy and implementation advice from the Department on e-Health issues to develop its response to the National E-Health Strategy.

### Program 10.2: Expenses

Since the completion of HealthConnect and Managed Health Network Grants activities in 2008-09, Program 10.2 has been refocused to support Australian Government activities that align with the National E-Health Strategy.

**Table 10.5: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	51,427	52,983	47,386	51,169	23,358
Program support	4,077	4,321	4,159	4,042	4,014
<b>Total Program expenses</b>	<b>55,504</b>	<b>57,304</b>	<b>51,545</b>	<b>55,211</b>	<b>27,372</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

### Program 10.2: Deliverables

To improve the safety and quality outcomes through the use of technology to promote a more integrated and coordinated approach to health care, Program 10.2 will develop infrastructure to support the Australian health sector to safely exchange electronic health information between authorised healthcare providers, with the long-term goal of every Australian having access to their own IEHR. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

#### *Qualitative Deliverables*

##### **National e-Health Leadership**

- Regular stakeholder participation in program development, through avenues such as surveys, conferences, meetings, and submissions on departmental discussion papers.
- Develop and implement the Australian Government's response to the National E-Health Strategy.
- The oversight of NEHTA, including reporting against agreed deliverables as articulated in the NEHTA Board's approved work program. Performance will be measured based by the proportion of agreed deliverables met.
- Timely input to NEHTA programs. This will include contributions to the policy and regulatory parameters for the rollout of Individual Health Identifiers by June 2010. As measured by the completion of the Unique Health Identifiers Service during 2010, and the commencement of activation of Individual Healthcare Identifiers.
- Individual Health Identifier system, as measured by the introduction of legislation to Parliament.

**Table 10.6: Quantitative Deliverables for Program 10.2**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>National e-Health Leadership</b>					
Number of Individual Healthcare Identifiers activated.	N/A	220,000	2.2m	4.4m	11.0m

### Program 10.2: Key Performance Indicators

The following ‘key performance indicator’ measures the impact of the Program.

**Table 10.7: Quantitative Key Performance Indicator for Program 10.2**

<b>Quantitative Indicator</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>National e-Health Leadership</b>					
Percentage of Australians whose Individual Healthcare Identifier has been activated.	N/A	<1%	10%	20%	50%

### Program 10.3: Health Information

#### Program Objective

Through this Program, the Australian Government aims to ensure that Australia’s health care system meets the future needs of Australians by investing in health infrastructure and facilitating the exchange of international best practice information on health policies and health system reform. The Australian Government will contribute to the strategic development of health and ageing policies, and promote Australian health policy through engaging with international organisations and participating in relevant international, regional and bilateral forums. The Government will also work cooperatively with the states and territories with the aim of improving efficiency and access to health services. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

## Key Strategic Direction

This Program aims to:

- contribute to the strategic development of health and ageing policies and programs to benefit the Australian health system and in turn the Australian population.

## Major Activities

### Strategic Development of Health and Ageing Policies

#### *Australian Health Ministers' Advisory Council*

The Australian Government aims to facilitate collaborative policy development with other jurisdictions through the activities of the Australian Health Minister's Advisory Council and its Principal Committees.

The Australian Government's priorities are reflected in the annual work plans of the six Australian Health Ministers' Advisory Council Principal Committees: the Health Policy Priorities Principal Committee; the Clinical Technical and Ethical Principal Committee; the Australian Population Health Development Principal Committee; the Australian Health Protection Principal Committee; the Health Workforce Principal Committee; and the National E-Health and Information Principal Committee.

The Department will continue to manage the relationships with the Australian Health Ministers' Advisory Council and its Principal Committees to ensure activities undertaken are reflective of the current Government priorities.

#### *Community Sector Support Scheme*

The Department, through the Community Sector Support Scheme, will support the national secretariat activities of a number of peak community based organisations that focus their activities on the health and ageing needs of the Australian community. Organisations under the Community Sector Support Scheme provide the Australian Government with access to information on the views and interests of the community they represent. Funding under the Scheme supports and assists the advocacy and representational capabilities of those organisations.

#### *National-level Health Surveys*

The Australian Government aims to provide a sound evidence-base for health policy and program development to enhance the Australian health system and thereby benefit the Australian population.

The national-level surveys, conducted by the Australian Bureau of Statistics with financial support from the Department, provide high quality relevant data that assist the Department, as well as other relevant Australian Government agencies, State and Territory Government agencies, universities, research institutes and private researchers, to investigate health issues and develop innovative and evidence-based policy responses to these issues. The Department's support enables key surveys to be conducted more regularly, boosting the quality of the surveys, and their responsiveness to emerging health issues.

**Program 10.3: Expenses****Table 10.8: Program Expenses**

	<b>2008-09</b>	<b>2009-10</b>	<b>2010-011</b>	<b>2011-12</b>	<b>2012-13</b>
	<b>Estimated</b>	<b>Budget</b>	<b>Forward</b>	<b>Forward</b>	<b>Forward</b>
	<b>actual</b>		<b>year 1</b>	<b>year 2</b>	<b>year 3</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Annual administered expenses:					
Ordinary annual services*	7,850	8,024	7,777	7,926	8,069
Program support	49	52	50	48	48
<b>Total Program expenses</b>	<b>7,899</b>	<b>8,076</b>	<b>7,827</b>	<b>7,974</b>	<b>8,117</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

**Program 10.3: Deliverables**

Program 10.3 facilitates the Portfolio's involvement in collaborative policy development with other jurisdictions and funds a range of activities including the development, gathering and disseminating of information that contributes to the strategic development of health and ageing policies and programs. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

*Qualitative Deliverables*

- Timely production of evidence-based policy research, as measured by the use of information collected from national-level health surveys.
- Regular stakeholder participation in program development, through such avenues as surveys, conferences, meetings, and submissions on departmental discussion papers.

**Community Sector Support Scheme**

- The national secretariat activities of the organisations under the Community Sector Support Scheme represent and promote the interests of their constituents and maintain effective links with other relevant stakeholders. This is in line with agreed outputs and performance measures.

**Table 10.9: Quantitative Deliverables for Program 10.3**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Strategic Development of Health and Ageing Policies</b>					
Number of National Health Surveys:					
<ul style="list-style-type: none"> <li>• conducted; and</li> <li>• results available</li> </ul>	N/A 1	N/A N/A	1 N/A	N/A 1	N/A N/A
Number of National Aboriginal and Torres Strait Islander Health Surveys:					
<ul style="list-style-type: none"> <li>• conducted; and</li> <li>• results available</li> </ul>	N/A N/A	N/A N/A	1 N/A	N/A 1	N/A N/A

Data caveat: The N/A's in the table represent the survey and/or the survey results were either not conducted or not available during that year. The National Health Survey is conducted tri-annually, while the National Aboriginal and Torres Strait Islander Health Survey is conducted every six years.

### **Program 10.3: Key Performance Indicators**

The following 'key performance indicators' measure the impact of the Program.

#### *Qualitative Indicators*

#### **Strategic Development of Health and Ageing Policies**

- The Australian Health Ministers' Advisory Council includes the Australian Government's priorities in its annual work plans.
- The information collected through surveys is appropriately obtained and informs the development of Government health policies, as measured by the technical robustness of the survey design, the level of consultation with stakeholders about the survey design, and survey response rates.

**Table 10.10: Quantitative Key Performance Indicator for Program 10.3**

<b>Quantitative Indicator</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Strategic Development of Health and Ageing Policies</b>					
Containment of overall cost-shared budget within agreed budget principles and Australian Government priorities are reflected in the annual Council work plan.	≤\$1.709m	≤\$1.745m	≤\$1.778m	≤\$1.812m	≤\$1.846m

## **Program 10.4: International Policy Engagement**

### **Program Objective**

Through this Program, the Australian Government aims to ensure Australia's health care system meets the future needs of Australians, by engaging internationally on health issues and facilitating the exchange of international best practice information on health. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### **Key Strategic Direction**

This Program aims to:

- monitor international health policy trends and promote Australia's leadership in addressing regional and global health policy challenges.

### **Major Activities**

#### **Facilitating International Engagement on Global Health Issues**

Through the International Policy Engagement strategy, the Australian Government aims to: protect and promote the health of Australians; implement its key health priorities and health system reforms; improve health care standards and regulations; and monitor emerging global health policy challenges.

In 2009-10, the Department will manage Australia's relationships with health ministries and institutions from other countries and international multilateral organisations, such as the World Health Organization (WHO), the Organisation for Economic Cooperation and Development (OECD) and the Asia-Pacific Economic Cooperation (APEC).

The Department will also work closely with the Department of Foreign Affairs and Trade, and AusAID to promote Australia's strategic and development goals, including managing bilateral health cooperation relationships with China and Indonesia, and engagement with Pacific Island nations.

The Australian Government, through the Department, will monitor international health policy trends and promote Australia's leadership in addressing global health policy challenges by: facilitating the participation of senior health officials and technical experts at international meetings; hosting international delegations and visitors from other countries; and responding to requests from multilateral and regional agencies for data and policy information on Australia's health system, and the health and well-being of Australians.

The global financial crisis is a major challenge facing both multilateral organisations and our regional partners. The effects of this crisis will need to be monitored, but are likely to include ongoing demands for policy engagement at a time when partners are facing resource constraints impacting on their ability to deliver programs.

## Program 10.4 Expenses

**Table 10.11: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	11,575	14,386	14,386	14,912	14,912
Program support	31	32	31	30	30
<b>Total Program expenses</b>	<b>11,606</b>	<b>14,418</b>	<b>14,417</b>	<b>14,942</b>	<b>14,942</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

## Program 10.4: Deliverables

To promote Australia's leadership in addressing regional and global health policy challenges, Program 10.4 provides funding to coordinate the Government's participation in the health-related activities of international multilateral agencies. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

### *Qualitative Deliverables*

#### **Facilitating International Engagement on Global Health Issues**

- The International Policy Engagement strategy will enable the Department to effectively manage Australia's leadership in addressing regional and global health policy challenges through the Australian Government's participation at a range of international fora on health issues.

**Table 10.12: Quantitative Deliverables for Program 10.4**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Facilitating International Engagement on Global Health Issues</b>					
Number of meetings of the Pacific Senior Health Officials Network attended by representatives of the Department.	2	2	2	2	2
Number of relevant activities with the health ministries of Indonesia and China involving departmental representatives.	≥5	≥5	≥5	≥5	≥5
Manage the Department's relationship with the WHO, OECD and APEC, as measured by departmental participation in international meetings:					
<ul style="list-style-type: none"> <li>• Number of departmental activities associated with the WHO;</li> <li>• Number of meetings of the OECD Health Committee; and</li> <li>• Number of meetings of APEC Working Group.</li> </ul>	8	8	8	8	8
	2	2	2	2	2
	2	2	2	2	2
Number of international health delegations facilitated by the Department.	20-25	20-25	20-25	20-25	20-25

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Number of representatives from the Portfolio attending: major international meetings (WHO, OECD, APEC); WHO technical meetings; and other bilateral health and ageing commitments.	12-20	12-20	12-20	12-20	12-20

### **Program 10.4: Key Performance Indicators**

The following 'key performance indicators' measure the impact of the Program.

#### *Qualitative Indicators*

#### **Facilitating International Engagement on Global Health Issues**

- The promotion of Australia's leadership in global health policy challenges through supporting a consistent Australian policy approach to international negotiations and discussions on health, as evidenced by relevant cross-governmental consultative forums.

**Table 10.13: Quantitative Key Performance Indicators for Program 10.4**

<b>Quantitative Indicators</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Facilitating International Engagement on Global Health Issues</b>					
Number of international meetings attended by senior health and ageing officials.	8-12	8-12	8-12	8-12	8-12
Number of cooperative agreements with overseas health ministries (excluding licenses, funding agreements for specific activities under other programs and reciprocal health care agreements).	5	5-7	5-7	5-7	5-7

## **Program 10.5: Palliative Care and Community Assistance**

### **Program Objective**

Through this Program, the Australian Government aims to promote better planning, delivery, and coordination of health services and develop and support an integrated palliative care system. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

### **Key Strategic Direction**

This Program aims to:

- improve the standards of palliative care through increased support, training, adoption of a national approach, encouraging the use of quality medicines and research to improve evidence-based care.

### **Major Activities**

#### **Improving Palliative Care Standards**

##### *National Palliative Care Strategy*

The Department will work, through the National Palliative Care Strategy, to achieve the Program's objective, through a number of national activities. These initiatives include professional development and guidelines for care providers, training for undergraduates, supporting the development of the national standards program, service benchmarking and performance information, increasing access to palliative care medicines in the community and fostering research.

##### *Community Access to Palliative Care*

The Department works with State and Territory Government departments, consumer representatives like Palliative Care Australia and specialist palliative care services to deliver a range of projects. These projects aim to build palliative care expertise in health and other care providers, and to improve consumers' knowledge of the services available to them.

##### *Access to Quality Palliative Care*

In 2009-10, the Department will continue workplace initiatives such as the Program of Experience in the Palliative Approach which provides palliative care workplace training and workshops for health aged and community care professionals. The Department will also support the inclusion of palliative care education as an integral part of medical, nursing, and allied health undergraduate training, and ongoing professional development.<sup>4</sup>

##### *Palliative Care Guidelines and Service Standards*

The Australian Government aims to improve the standards of palliative care for all Australians who need it and has three complementary quality initiatives that promote national standards and consistency in the delivery of palliative care. These are the Palliative Care Outcomes Collaboration; the National Standards Assessment program; and the Palliative Care Knowledge Network – CareSearch.

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<sup>4</sup> Accessible at <[www.pepaeducation.com](http://www.pepaeducation.com)>.

The Palliative Care Outcomes Collaboration, comprising four leading Australian universities, supports services to compare and measure consistently the palliative care quality and outcomes they provide by benchmarking for continuous quality improvement. Estimates indicate that the Collaboration currently has data on around 80 per cent of patients receiving specialist palliative care. The Department will work in 2009 to encourage more services to report and use palliative care data.

The National Standards Assessment program is a pilot quality assessment framework developed, endorsed and managed by Palliative Care Australia. In 2009-10, this program will be implemented nationally.

Through the Australian Palliative Care Knowledge Network – CareSearch, the Department provides current evidence-based information for health professionals, researchers, carers, families and patients.

Through these programs, the Department promotes the establishment of benchmarks and the application of consistent standards in the delivery of palliative care so that all Australians who need it receive high quality palliative care.

#### *Access to Palliative Care Medicines*

Many Australians requiring palliative care choose to be cared for and die at home. A priority for the Australian Government is to ensure that the significant proportion of these people have access to, and quality use of, palliative care medicines. The Department has included dedicated palliative care listings in the Pharmaceutical Benefits Scheme (PBS) in 2009-10. These listings allow a greater number of palliative care patients in the community to access the medicines at a more affordable cost.

From 2009-10, the Department will continue to investigate the efficacy and use of medicines for palliative purposes.

#### *Palliative Care Research*

The Australian Government aims to improve palliative care by encouraging research into delivering palliative care, improving access to palliative care knowledge by all health professionals and fostering clinical research into medicines. The Department and the National Health and Medical Research Council collaborate to fund research activities through the Palliative Care Research Program. This program will develop capacity within the palliative care research community.

Australians requiring palliative care will benefit from research outcomes that lead to evidence-based and higher quality care provided in residential and community settings.

## Program 10.5: Expenses

**Table 10.14: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Ordinary annual services*	23,436	26,545	28,090	28,765	29,362
Special appropriations:					
<i>Health Care (Appropriation)     Act 1998 - Australian Health     Care Agreements - Provision     of Designated Health (p)</i>	2,997	-	-	-	-
Program support	3,117	3,304	3,180	3,090	3,069
<b>Total Program expenses</b>	<b>29,550</b>	<b>29,849</b>	<b>31,270</b>	<b>31,855</b>	<b>32,431</b>

Notes: \* Appropriation Bill (No. 1) 2009-10.  
(p) = part.

## Program 10.5: Deliverables

To optimise access to quality community based palliative care, Program 10.5 provides funding to improve palliative care knowledge and medicine. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

### *Qualitative Deliverables*

#### **Improving Palliative Care Standards**

- In 2009-10, the Department, in collaboration with State and Territory Governments, subject to Ministerial agreement, will start to update the National Palliative Care Strategy, to include the emerging health reform policies and meet the challenges of palliative and end-of-life integration across the health system.
- In line with the Reform Directions in the Caring for People at the End of Life chapter in the *A Healthier Future for all Australians – Interim Report December 2008* of the National Health and Hospitals Reform Commission, the Department will work to promote the adoption of advance care planning in residential aged care facilities. In 2009-10, the Department will build on the projects it currently funds to increase the use of advance care planning.
- In 2009-10, the Department will introduce guidelines for the provision of palliative care in community settings to complement those already developed for use in residential settings.
- In 2009-10, the Department will provide a chairperson for the Palliative Care Intergovernmental Forum and convene at least two meetings.
- The palliative care information, available to consumers, practitioners and researchers from the CareSearch website, will be expanded in 2009-2010. The Department will also fund Palliative Care Australia to provide a range of informative materials for a number of target groups.

- Up to five trials of the use of palliative care medicines in the community will be held in 2009-10.

**Table 10.15: Quantitative Deliverables for Program 10.5**

Quantitative Deliverables	2008-09 Revised Budget	2009-10 Budget	2010-11 Forward Year 1	2011-12 Forward Year 2	2012-13 Forward Year 3
<b>Improving Palliative Care Standards</b>					
Number of health professionals participating in clinical placements through the Program of Experience in the Palliative Approach.	150	150*	150*	150*	150*
Number of universities that incorporate palliative care into their undergraduate curricula.	75	75*	75*	75*	75*
Number of research grants, PhD scholarships and postdoctoral fellowships funded.	36	36*	36*	36*	36*
Average number of monthly visits to the palliative care information website.	20,000	22,000	25,000	25,000	25,000

Data caveat: \* Subject to a new funding agreement.

### Program 10.5: Key Performance Indicators

The following 'key performance indicators' measure the impact of the Program.

#### *Qualitative Indicators*

#### **Improving Palliative Care Standards**

- Relevant stakeholders are consulted in the process for updating the National Palliative Care Strategy in 2009-10. The Department will hold at least five stakeholder consultations including with State and Territory Governments, Palliative Care Australia, other sector stakeholders and leading academic and clinical palliative care experts
- The Department will participate in the Palliative Care Intergovernmental Forum. The Forum will be convened at least twice in 2009-2010.

- Improved access to palliative care information, as measured by an expansion of the amount of publicly available information on the CareSearch website.<sup>5</sup>
- New guidelines for the delivery of palliative care in a community setting will be developed. Palliative care information will be published in community languages as well as English.

**Table 10.16: Quantitative Key Performance Indicators for Program 10.5**

<b>Quantitative Indicators</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Improving Palliative Care Standards</b>					
Percentage of local palliative care grants projects progressed and completed in agreed timeframes.*	100%	100%	100%	100%	100%
Percentage of multi-site drug trials progressed and completed through the Palliative Care Clinical Studies Collaborative within agreed timeframes.*	100%	100%	100%	100%	100%
Percentage of specialist palliative care services contributing to the palliative care data collection by the Palliative Care Outcomes Collaboration.*	33%	66%	75%	80%	90%
Percentage of patients covered by the data collection of the Palliative Care outcomes Collaboration.	80%	85%	90%	90%	90%

Data caveat: \* Subject to a new funding agreement.

<sup>5</sup> Accessible at <[www.caresearch.com.au](http://www.caresearch.com.au)>.

## **Program 10.6: Research Capacity**

### **Program Objective**

Through this Program, the Australian Government aims to support Australia's capacity to undertake health and medical research and improve the quality and safety of Australia's health system. The following discusses the key strategic directions the Australian Government will take through the Department to help achieve this objective.

### **Key Strategic Directions**

This Program aims to:

- improve research capacity; and
- improve coordination of safety and quality in health care.

### **Major Activities**

#### **Research Capacity**

The Australian Government will continue to implement funding initiatives to support Australia's capacity for health and medical research.

The Australian Government, through a Health and Hospitals Fund investment of \$430 million over five years, aims to improve the research capacity and capability within Australia and to improve the transfer of research outcomes into patient care. In 2009-10, the Department will negotiate funding agreements with the 12 health and medical research organisations. There will be milestones which will ensure that the contracted organisations deliver on these investments and the Department will actively monitor project progress throughout the life of the contract. This investment will provide new medical research infrastructure in the areas of mental health and neurological disorders, child health, and Indigenous health.

#### **Australian Commission on Safety and Quality in Health Care**

To promote capacity and support the safety and quality of its health system, the Australian Government will support the work of the Australian Commission on Safety and Quality in Health Care (the Commission), which was established by Australian Health Ministers to lead and coordinate national improvements in safety and quality in health care. The Commission's work includes identifying issues, recommending policy directions and providing strategic advice to Health Ministers.

**Program 10.6: Expenses****Table 10.17: Program Expenses**

	<b>2008-09</b>	<b>2009-10</b>	<b>2010-011</b>	<b>2011-12</b>	<b>2012-13</b>
	<b>Estimated</b>	<b>Budget</b>	<b>Forward</b>	<b>Forward</b>	<b>Forward</b>
	<b>actual</b>		<b>year 1</b>	<b>year 2</b>	<b>year 3</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Annual administered expenses:					
Ordinary annual services* to Safety and Quality in Health Care Special Account	25,346 (5,000)	28,357 (5,500)	19,096 (2,750)	14,258 -	9,415 -
Special account expenses:					
Health and Hospital Fund Health Portfolio Special Account	46,000	40,000	159,000	170,000	14,000
Safety and Quality in Health Special Care Account	17,283	11,000	5,500	-	-
Program support	4,229	4,482	4,314	4,192	4,164
<b>Total Program expenses</b>	<b>87,858</b>	<b>78,339</b>	<b>185,160</b>	<b>188,450</b>	<b>27,579</b>

Note: \* Appropriation Bill (No. 1) 2009-10.

**Program 10.6: Deliverables**

To optimise the research capacity and the quality and safety of Australia's health care system, Program 10.6 provides funding for health and medical research and contributes to the funding of the Commission's work program. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

*Qualitative Deliverables*

- The Australian Commission on Safety and Quality in Health Care identifies issues, recommends policy directions and provides strategic advice to Australian Health Ministers. The Commission has a five year work program approved by Health ministers, which includes activities in areas such as infection control, medication safety, clinical handover and accreditation of health services.

**Table 10.18: Quantitative Deliverables for Program 10.6**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Health and Medical Research Support</b>					
Variance between budgeted funds and funds allocated to research organisations.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%

**Program 10.6 Key Performance Indicator**

The following ‘key performance indicator’ measures the impact of the Program.

**Table 10.19: Quantitative Key Performance Indicator for Program 10.6**

<b>Quantitative Indicator</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Health and Medical Research Support</b>					
Achievement of agreed plans and targets by funded organisations within agreed timeframes.	≥95%	≥95%	≥95%	≥95%	≥95%

## **Program 10.7: Health Infrastructure**

### **Program Objective**

The Australian Government, through this Program, aims to build on its health reform agenda by making significant investments in infrastructure. To achieve this, the Government will make improvements to health infrastructure which will, with other reforms, deliver better care for patients. The following discusses the key strategic directions the Australian Government will take through the Department to help achieve this objective.

### **Key Strategic Directions**

This Program aims to:

- identify other opportunities for strategic investment in health infrastructure through the Health and Hospitals Fund; and
- ensure that approved health infrastructure projects commence as soon as is practicable and that proponents make progress against agreed milestones.

### **Major Activities**

#### **Health and Hospitals Fund**

The Australian Government aims to support strategic capital investments in health infrastructure. To meet the Government's aims the Department will: establish governance arrangements for projects; establish agreements with successful applicants; monitor and report on performance; and support the Health and Hospitals Fund Advisory Board.

#### *Establish Performance and Reporting Criteria for Projects*

By providing an alternative financing source for health infrastructure priorities, the Australian Government aims to ensure that all Australians benefit from improvements to health services. The Australian Government has worked to ensure that there is a fair geographic spread of projects, and that its reform agenda is also being addressed.

The Health and Hospitals Fund is one of three Nation Building Funds. The Department will consult with the central agencies to ensure that Health and Hospitals Fund reporting processes are aligned with those of the other funds. Once central processes are established, the Department will embed the processes within the funding agreements with successful proponents.

#### **Infrastructure Management**

#### *Negotiating Funding Agreements with Successful Proponents*

The Australian Government aims to ensure that the Health and Hospitals Fund package funding recipients deliver the infrastructure projects in accordance with original specifications so that the expected health benefits can be realised. The Department will contact each successful proponent and ensure that contracts or agreements are entered into, in order to ensure that payments can be made from the Fund. The contracts will include performance reporting requirements to ensure that the aims of the program are met. After agreeing milestones with proponents, the Department will monitor performance against those agreed milestones, and take remedial action where necessary.

The Department will report against milestones to Central Agencies, and to the Minister in a timely fashion.

The Department will establish a secretariat to provide high-level support to the Health and Hospitals Fund Advisory Board.

### Program 10.7: Expenses

**Table 10.20: Program Expenses**

	2008-09 Estimated actual \$'000	2009-10 Budget \$'000	2010-011 Forward year 1 \$'000	2011-12 Forward year 2 \$'000	2012-13 Forward year 3 \$'000
Annual administered expenses:					
Special account expenses:					
Health and Hospital Fund					
Health Portfolio					
Special Account	100,000	383,700	273,500	307,200	287,000
Program support	293	609	586	570	566
<b>Total Program expenses</b>	<b>100,293</b>	<b>384,309</b>	<b>274,086</b>	<b>307,770</b>	<b>287,566</b>

### Program 10.7: Deliverables

To optimise the effectiveness and value of the Future Fund, Program 10.7, the Health and Hospitals Fund provides funding for significant infrastructure investment across Australia. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

#### *Qualitative Deliverables*

##### **Health and Hospitals Fund**

- Ensure that at least 90 per cent of all projects announced in the 2009-10 Budget are in place by the end of the financial year.
- Ensure that progress reports are received from all proponents in the appropriate timeframe, or that remedial action has been taken.
- High quality support provided to the HHF Advisory Board as evidenced by Board satisfaction.
- Responsiveness to proponents' queries with all queries responded to within 21 days.

**Table 10.21: Quantitative Deliverables for Program 10.7**

<b>Quantitative Deliverables</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
Percentage of variance between actual and budgeted expenses.	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Health and Hospitals Fund</b>					
Number of funding agreements entered into (funding commences in 2009-10).	N/A	>90%	>90%	>90%	>90%

**Program 10.7: Key Performance Indicators**

The following ‘key performance indicators’ measure the impact of the Program.

*Qualitative Indicators***Health and Hospitals Fund**

- Regular stakeholder participation in program development, through such avenues as surveys, conferences, meetings, and submissions on departmental discussion papers.

**Table 10.22: Quantitative Key Performance Indicator for Program 10.7**

<b>Quantitative Indicator</b>	<b>2008-09 Revised Budget</b>	<b>2009-10 Budget Target</b>	<b>2010-11 Forward Year 1</b>	<b>2011-12 Forward Year 2</b>	<b>2012-13 Forward Year 3</b>
<b>Health and Hospitals Fund</b>					
Number of transfer payments provided within agreed timelines (funding commences in 2009-10).	N/A	90%	90%	90%	90%