OUTCOME 10

Health System Capacity and Quality

The capacity and quality of the health care system meets the needs of Australians.
Outcome 10 aims to improve the capacity, coordination and quality of the Australian health system.

To help achieve this in 2007–08, the Department managed programs under Outcome 10 aimed at providing high quality health infrastructure to improve the prevention, early detection and management of chronic diseases, such as diabetes or cancer, and providing help for those living with cancer and their carers. The Department also delivered initiatives to improve access to the best available support and care for the terminally ill.

The Department focused on improving e-Health infrastructure, strengthening the inter-jurisdictional coordination of e-Health development and improving the quality and safety of the health system. The Department also engaged in international policy to help improve the quality and capacity of the Australian system, and supported medical research to ensure Australia’s research institutions maintain their competitive edge.

This chapter reports on the major activities undertaken by the Department during the year, addressing each of the key strategic directions and performance indicators published in the Outcome 10 chapters of the 2007–08 Health and Ageing Portfolio Budget Statements and 2007–08 Health and Ageing Portfolio Additional Estimates Statements.

Outcome 10 was managed in 2007–08 by the Population Health Division, Portfolio Strategies Division, Primary and Ambulatory Care Division and the Regulatory Policy and Governance Division.

Major Achievements

- Supported people with a terminal illness, their families and carers by providing a one-stop shop of palliative care information and practical resources through the CareSearch: Palliative Care Knowledge Network.
- Contributed to a raised awareness of best practice care in diabetes management, through the finalisation of the Guidelines for the Management of Diabetic Retinopathy. The Department also helped improve the community’s knowledge and understanding of diabetes by supporting the development and publication of the Australian Institute of Health and Welfare report: Diabetes: Australian Facts 2008.
- Advanced the development of the first phase of electronic prescribing through initial deployments in aged care and community settings.
- Facilitated, through joint funding with the Northern Territory Government, a Shared Electronic Health Record now available for 25,000 residents of the Northern Territory.

Key Strategic Directions for 2007–08 – Major Activities

Better Access to, and Quality of, Palliative Care for People with a Terminal Illness

Improving Palliative Care and Support in the Community

It has been estimated that terminal illness affects around half a million Australians as patients, carers, family members or friends every year. Palliative care maintains quality of life for these people, by addressing their distinctly different physical, psychological and spiritual needs. Community involvement helps improve the choice of services available. The Department has worked to implement and support a number of initiatives through the National Palliative Care Program, to improve palliative care and support in the community.
A major achievement in 2007–08 was the launch of the new look CareSearch: Palliative Care Knowledge Network. Accessible at <www.caresearch.com.au>, the website provides a one-stop shop of information for the terminally ill, carers and families, as well as health professionals and researchers. It contains links to other resources and covers sensitive issues, such as what to say to someone who has found out they are dying, and what to do after a death.

Working closely with State and Territory Governments, which provide most palliative care, the Department continued to manage the National Palliative Care Program, to improve access to quality palliative care and to ensure that Australian Government activities were complementary. Funding was provided to 58 applicants for fit outs, equipment and transition to home support under the Local Palliative Care Grants Program. This initiative helps local groups, church and charitable hospices and aged care providers to provide better support to people requiring palliative care and their families.

The Department also provided patients with a method for discussing and recording their choices about their health care. The Respecting Patient Choices model of advance care planning encourages people to appoint a guardian or enduring power of attorney, and to record an advance oral or written instruction about their future medical care in the event that they become unable to communicate.

Collaborative Palliative Care Initiatives

The Department continued to fund a consortium of four universities (led by the Centre for Health Services Development, University of Wollongong) to form the Palliative Care Outcomes Collaboration. The collaboration worked with palliative care services to develop measures that will allow them to assess and compare the quality of services provided, and the outcomes achieved. The project operated with the cooperation of state and territory health departments. Since its inception in 2005, the Palliative Care Outcomes Collaboration has gained the strong support of palliative care services, with 50 per cent of specialist palliative care services having committed to join the collaboration.

The coming year will see the Department support the Flinders University of South Australia to establish the Palliative Care Clinical Studies Collaborative. The data collected from these trials may allow relevant medicines used in palliative care to be registered on the Australian Register of Therapeutic Goods and ultimately result in the medicines being listed through the Pharmaceutical Benefits Scheme. The project will build the research capacity of the palliative care sector, subjecting medicines to randomised controlled trials.

Support for Health Professionals

The Department supported the Program of Experience in the Palliative Approach to provide palliative care workplace training and workshops for health care professionals, including nurses, allied health professionals, Aboriginal health workers, general practitioners and other medical practitioners. The program specifically encouraged health care professionals in rural and remote areas to apply. Between July 2007 and June 2008, 61 workshops were completed involving 1,773 participants. A total of 2,611 participants were trained in 119 workshops between 2003 and 2008.
findings to inform future directions in national asthma programs from 2009–10.

Management of Acute Stroke Diabetes and Type 1 Diabetes

The Department undertook several initiatives during the year to improve the detection and management of prominent chronic diseases, and to raise awareness of best practice care. A major achievement was the revision and updating of clinical guidelines for the management of diabetic retinopathy and acute stroke. Support was provided to the Australian Institute of Health and Welfare to produce Diabetes: Australian Facts 2008, a concise summary of the latest data and trends relating to diabetes in Australia. The Department also managed funding agreements with the National Stroke Foundation to consult with stroke survivors and carers to develop a stroke support strategy.

In addition, the Department continued to fund research to improve the prevention and treatment of diabetes. Research focused on Islet Cell Transplantation in an effort to better treat type 1 diabetes.
Promotion of Improved Patient Safety

While Australia’s health care system provides high quality services, health care is becoming more complex, with increased knowledge and new technologies. As a result, occasionally, something goes wrong, and a patient is unexpectedly harmed.

In 2007–08, the Department sought to improve the safety and quality of the nation’s health services by working with the Australian Commission on Safety and Quality in Health Care (of which the Secretary of the Department, Ms Jane Halton PSM, is a Commissioner). The commission is responsible for providing robust advice to Commonwealth, state and territory health ministers, to inform the collaborative development of national safety and quality strategies.

The Department supported the commission through representation on a number of committees, as well as by providing input to its work program. The Department also identified issues, recommended policy directions and provided strategic advice to the Minister for Health and Ageing in relation to the national safety and quality initiatives that the commission is leading. This included the endorsement of recommendations for the implementation of reforms to safety and quality accreditation health care services. The Department will be working with the commission in the first stage of implementation of accreditation reforms which will be reported to Health Ministers at the end of 2009.

Reduced Burden of Cancer, and Support for Australians Living with Cancer

The Department worked collaboratively with Cancer Australia on initiatives to reduce the burden of cancer and improve support for Australians living with cancer. The Department also administered funding to the National Breast and Ovarian Cancer Centre to improve approaches to the early detection and management of breast and ovarian cancer, and to Breast Cancer Network Australia, to produce and distribute resources for women diagnosed with breast cancer.

The National Breast and Ovarian Cancer Centre also received funding to review and monitor evidence of best practice in breast and ovarian cancer control and management of lymphoedema. The centre also produced and disseminated information for consumers, including Cancer – how are you travelling?: understanding the emotional and social impact of cancer and Lymphoedema: what you need to know booklets.

In 2008–09, the Department will support research into better ways of detecting prostate cancer, and contribute to the establishment of a range of cancer centres and networks throughout Australia to improve care for patients and their families. The Department will also administer funding for the recruitment, training and employment of 30 new breast cancer nurses nationwide.
The Department also endorsed the commission’s implementation of an Open Disclosure standard which provides a framework for open discussion of incidents that result in harm to patients while receiving health care. The commission will be conducting ongoing monitoring of the effectiveness of implementation of the standard and reporting on this to Health Ministers at the end of 2009.

The Department will work with State and Territory Governments and other stakeholders in 2008–09, to develop a more strategic approach to maternity services. The Department will also review Medicare benefits arrangements for midwives.

**Supported Improvements in Clinical Practice and Decision-making through e-Health**

Electronic health information (e-Health) systems that securely and efficiently exchange clinical and administrative information can have many benefits for both health care providers and patients. For example, e-Health can provide a clinician with access to the most up-to-date clinical information, as well as a consenting patient’s shared health records. This in turn facilitates sound decision-making and better care for the patient. e-Health can also allow for speedy electronic referrals, which can be of real benefit to patients, particularly for those living in rural areas where distance may be an issue.

**National Standards and the National e-Health Strategy**

During 2007–08, the Department oversaw the development of national standards to ensure compatibility of e-Health systems across the broader health system. In part, this was achieved by providing funding for 50 per cent of the operating and project costs of the National e-Health Transition Authority – a not-for-profit company established by the Australian and State and Territory Governments to develop safe ways of electronically collecting and exchanging health information.

The Department saw success in the development of individual and provider identifiers, standardised clinical terminologies and secure messaging standards. In addition, the Department worked closely with the National e-Health Transition Authority on the development of targeted packages to support the implementation of electronic discharge, specialist referral and pathology clinical services.

Furthermore, the Department contributed to the development of the National e-Health Strategy through the National e-Health Information Principal Committee. When the strategy is implemented it will allow significantly greater inter-jurisdictional and national coordination of e-Health policy direction.

**Electronic Prescribing**

The Department collaborated with state and territory health departments to harmonise regulations that will enable electronic prescribing (ePrescribing); and undertook extensive stakeholder consultation to develop implementation options for ePrescribing and the dispensing of medicines. A major achievement was an ePrescribing trial in the Northern Territory, in a community pharmacy and aged care setting, which will see prescriptions generated by a general practitioner sent securely in electronic form to a local pharmacist. This should relieve problems for patients and general practitioners in an aged care facility caused by misplaced prescriptions and delays in mailing or faxing scripts. Results from phase one of the trial are expected in October 2008. Future phases may be rolled out in stages depending on trial outcomes following evaluation.

**Shared Health Records**

Another highlight of the year was a collaborative effort with the Northern Territory Government, which resulted in a Shared Electronic Health Record becoming available for 25,000 residents of the Northern Territory. With patient consent, a Shared Electronic Health Record allows information about a patient’s medication, test results, diagnoses and allergies to be available to participating health care providers such as hospitals,
The Department will continue to work with the states and territories, professional groups and consumers to address the aspects of e-Health requiring national leadership and coordination. The challenges facing this activity relate to the complexity and pace of technology development, and the willingness of the health sector to embrace it. The Department will manage these issues through consultation strategies and the ongoing involvement of stakeholders.

Performance Information for Outcome 10 Administered Programs

<table>
<thead>
<tr>
<th>Administered Funding – Health System Capacity and Quality Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Including: 10.1 Chronic Diseases – Treatment; 10.2 e-Health Implementation; 10.3 Health Information; 10.4 International Policy Engagement; 10.5 Palliative Care and Community Awareness; and 10.6 Research Capacity.</td>
</tr>
</tbody>
</table>

| Indicator: | Initiatives that prevent type 2 diabetes, modify the prevalence of type 2 diabetes risk factors, and improve management of diabetes. |
| Measured by: | Initiatives will be assessed against the Health Priority Areas – National Diabetes Indicators. |
| Reference Point/Target: | Continued programs and initiatives to prevent type 2 diabetes, modify the prevalence of type 2 diabetes risk factors or improve management of diabetes. |

Result: Indicator met.

The Department funded the Ballarat Health Services and the University of Ballarat to engage Diabetes Prevention Pilot Initiative participants to identify strategies to reinforce previous learning and embed positive health behaviours. This work aims to prevent diabetes and reduce risk factors for diabetes and associated complications.

The Department also established a National Centre for Monitoring Chronic Kidney Disease at the Australian Institute of Health and Welfare to increase awareness and understanding of kidney disease, and inform the improved management of kidney disease in an effort to reduce diabetes complications.

The Department continues to invest in good datasets to monitor chronic diseases.

| Indicator: | Diagnosis, treatment and support of people with cancer and their families. |
| Measured by: | Programs and initiatives for improved diagnosis, treatment and support of cancer patients and their families. |
| Reference Point/Target: | Lessened impact of cancer for Australians through programs and initiatives. |

Result: Indicator substantially met.
The Department, in collaboration with Cancer Australia, administered elements of the Strengthening Cancer Care initiative to improve the coordination of the national cancer effort; to provide increased research funding for cancer care; and to enhance cancer prevention and screening programs. The Department, through funding of the National Breast and Ovarian Cancer Centre to improve approaches to the early detection and management of breast and ovarian cancer, and funding of the Breast Cancer Network Australia, to produce and distribute resources for women diagnosed with breast cancer, provided better support and treatment for those living with cancer and increased support for the professionals who care for cancer patients.

To increase the number of, and access to, services able to provide quality care for palliative patients both in an in-patient setting and during their transition to home, the fourth round of Local Palliative Care Grants focused on fit out and equipment and transition to home support. Fifty-eight organisations received funding of up to $100,000. The projects are scheduled for completion by April 2009.

### Indicator:

**Key stakeholders use electronic clinical communications to improve quality and safety in health care.**

**Measured by:**

Use of electronic clinical communications by key stakeholders.

**Reference Point/Target:**

Increased use of electronic communications by key stakeholders in the health sector for electronic prescribing.

**Result:** Indicator met.

Key stakeholders in the health sector, such as general practitioners, and pathology and radiology service providers, used more than 300 million clinical communications in 2007–08. These communications included specialist referrals, hospital discharge summaries, prescriptions and reports such as pathology and diagnostic imaging. While a large proportion of clinical communications were produced in electronic form, a small but growing number of these were machine-readable, enabling enhanced decision support by clinicians.

### Indicator:

**Improved quality of, and access to, online health information and Australian Government health policy by medical professionals and the Australian public.**

**Measured by:**

Quality online health information is made available through the HealthInsite program.

**Reference Point/Target:**

Improved access and quality information.

**Result:** Indicator met.

In 2007–08, there were over 16,000 information items on the websites of 84 Information Partners accessible to users of HealthInsite, compared with over 14,000 items in 2006–07. HealthInsite Information Partners are authoritative health organisations that have gone through a quality assessment process to ensure that their sites are of the highest standard and provide reliable and relevant information.

There was a 29% growth in the use of HealthInsite from 2007 to 2008, compared with 18% from 2006 to 2007. During this time HealthInsite demonstrated a 99.9% measured availability.

On average approximately 15,000 unique users per day visited the HealthInsite website during 2007–08 (accessible at <www.healthinsite.gov.au>).
<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Establishment of managed health networks with the capacity to support secure electronic messaging and shared health records.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by:</td>
<td>Level of access to improved connectivity, shared information and digital applications.</td>
</tr>
<tr>
<td>Reference Point/Target:</td>
<td>Managed health networks developed to support health care providers.</td>
</tr>
<tr>
<td>Result:</td>
<td>Indicator met.</td>
</tr>
</tbody>
</table>

The Department administered funding for 38 grants to establish managed health networks which provide improved connectivity, shared information and access to digital applications as follows:

- 20 Seeding Grants – aimed at the development of a business case for future e-Health activity;
- 10 Development Grants – to develop infrastructure which established a managed health communications network, or extended an existing network; and
- eight Application Service Provider Grants – innovation grants for development of products which added value to new or existing health networks.

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Australian Government investment in the National e-Health Transition Authority (NEHTA) contributes to the development of nationally consistent e-Health standards and basic infrastructure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by:</td>
<td>Timely and quality contributions to NEHTA during the development of priority e-Health initiatives.</td>
</tr>
<tr>
<td>Reference Point/Target:</td>
<td>Timely input to NEHTA programs and ensure NEHTA work is delivered within agreed timeframes.</td>
</tr>
<tr>
<td>Result:</td>
<td>Indicator met.</td>
</tr>
</tbody>
</table>

The Department ensured timely and high quality input to National e-Health Transition Authority programs by actively contributing to the Stakeholder Reference Forum and the National Health Chief Information Officers Forum.

The Department contributed to the development of nationally consistent e-Health standards and basic infrastructure through the National e-Health Transition Authority, Jurisdictional Reference Group and other National e-Health Transition Authority Project Reference Groups. This support ensures the alignment of e-Health standards and infrastructure development. It also impacts across jurisdictions and facilitates the progress of:

- the Individual Electronic Health Record project;
- the Australian Catalogue of Medicines project; and
- Council of Australian Governments e-Health initiatives including the Clinical Terminologies, Healthcare Provider Identifier and Individual Healthcare Identifier projects.
Indicator: Effective international health policy engagement.

Measured by: Feedback from international organisations.

Reference Point/Target: Domestic health policy informed by international experience. Australian contribution to health policy and programs in our region acknowledged.

Result: Indicator met.

In accordance with Australia’s domestic priorities, the Department continued to have significant input into decisions (for example, avian influenza virus sharing and public health innovation and intellectual property) made by global organisations, such as the World Health Organization and the Organisation for Economic Co-operation and Development, in international health policy. The feedback the Department received from these organisations assisted in the development of domestic health policy such as avian virus sharing.

The Department continued to strengthen its engagement in the region by taking a prominent role in the management of the Pacific Senior Health Officials’ Network and chairing the new APEC Health Working Group on 12-13 February 2008. Several APEC Economies have sought Australia’s support to sponsor their project proposal.

Indicator: Effective management of Memorandum of Understanding arrangements with the World Health Organization.

Measured by: Timeliness of contributions.

Reference Point/Target: Contributions made as per arranged agreements.

Result: Indicator met.

The Department made all payments on time and in accordance with Memorandum of Understanding arrangements.

Indicator: Support for Australia’s health and medical research.

Measured by: Implemented funding initiatives that enhance health and medical research capacity.

Reference Point/Target: Contributions made as per arranged agreements.

Result: Indicator met.

In 2007–08, the Department distributed $11.5 million to 24 medical research organisations for a range of medical research activities aimed at improving the health and well being of Australians.
Performance Information for Outcome 10 Departmental Outputs

Output Group 1 – Policy Advice

<table>
<thead>
<tr>
<th>Indicator: Quality, relevant and timely advice for Australian Government decision-making.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by: Ministerial satisfaction.</td>
</tr>
<tr>
<td>Reference Point/Target: Maintain or increase from previous year.</td>
</tr>
<tr>
<td>Result: Indicator met.</td>
</tr>
</tbody>
</table>

Ministers were satisfied with the advice provided by the Department for Australian Government decision-making. This is on par with ministerial satisfaction in 2006–07.

Indicator: Relevant and timely evidence-based policy research.

Measured by: Production of relevant and timely evidence-based policy research.

Reference Point/Target: Relevant evidence-based policy research produced in a timely manner.

Result: Indicator met.

In 2007–08, the Department provided additional funding to the National Breast and Ovarian Cancer Centre to improve the care and support of cancer patients affected by lymphoedema. As part of the funding, the centre undertook an evidence base review on the incidence, prevention, risk factors and treatment of secondary lymphoedema, to inform the development of evidence-based education and information programs for health professionals and consumers.

Output Group 2 – Program Management

<table>
<thead>
<tr>
<th>Indicator: Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by: Percentage that actual expenses vary from budgeted expenses.</td>
</tr>
<tr>
<td>Reference Point/Target: 0.5% variance from budgeted expenses.</td>
</tr>
<tr>
<td>Result: Indicator not met.</td>
</tr>
</tbody>
</table>

There were underspends in a number of Outcome 10 programs which resulted in a -9.9% variance from budgeted expenses.
### Indicators

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Stakeholders to participate in program development.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured by:</td>
<td>Opportunities for stakeholder participation through a range of avenues, such as surveys, conferences and meetings.</td>
</tr>
<tr>
<td>Reference Point/Target:</td>
<td>Stakeholders participate in program development through consultation mechanisms, and submissions on departmental discussion papers.</td>
</tr>
</tbody>
</table>

**Result:** Indicator met.

Palliative Care Australia was an active participant in the Palliative Care Medicines Working Group, which provided advice to the Department on palliative care medicines. The organisation, in concert with other stakeholders, provided useful input into the development of a more targeted approach to consumer information on access to, and quality use of palliative care medicines.

### Evaluations

**Strengthening Cancer Care Initiative**

<table>
<thead>
<tr>
<th>Commencement Date:</th>
<th>The evaluation of the Strengthening Cancer Care Initiative was delayed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date:</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Related Key Strategic Direction/Performance Indicator:</td>
<td>Reduced Burden of Cancer, and Support for Australians Living with Cancer.</td>
</tr>
<tr>
<td></td>
<td>Diagnosis, treatment and support of people with cancer and their families.</td>
</tr>
</tbody>
</table>

**Better Arthritis and Osteoporosis Care Initiative**

<table>
<thead>
<tr>
<th>Commencement date:</th>
<th>The umbrella evaluation of the Better Arthritis and Osteoporosis Care Initiative has been postponed to 2009.</th>
</tr>
</thead>
<tbody>
<tr>
<td>End date:</td>
<td>June 2010.</td>
</tr>
<tr>
<td>Related Performance Indicator:</td>
<td>Relevant and timely evidence-based policy research.</td>
</tr>
<tr>
<td></td>
<td>Stakeholders to participate in program development.</td>
</tr>
</tbody>
</table>
### Outcome 10 – Financial Resources Summary

<table>
<thead>
<tr>
<th>Program</th>
<th>Administration Expenses</th>
<th>Departmental Appropriations</th>
<th>Total Administration Expenses</th>
</tr>
</thead>
</table>
| Program 10.1: Chronic Disease Treatment | Appropriation Bill 1/3/5 | 17,017 | 16,383 | (634) | 37,140<br>Program 10.2: E-Health Implementation | Appropriation Bill 1/3/5 | 53,779 | 42,559 | (11,220) | 49,713<br>Program 10.3: Health Information | Appropriation Bill 1/3/5 | 7,694 | 7,696 | 2 | 7,850<br>Program 10.4: International Policy Engagement | Appropriation Bill 1/3/5 | 10,576 | 10,424 | (152) | 11,575<br>Program 10.5: Palliative Care and Community Assistance | Health Care (Appropriation) Act 1998 – Australian Health Care Agreements – Provision of Designated Health Services (p) | 2,931 | 2,752 | (179) | 2,987<br>Total Special Appropriations | Appropriation Bill 1/3/5 | 28,510 | 26,936 | (1,574) | 26,423<br>Program 10.6: Research Capacity | Appropriation Bill 1/3/5 | 27,555 | 26,745 | (810) | 27,846<br>Total Administered Expenses | 145,131 | 130,743 | (14,388) | 160,547<br>Departmental Appropriations | Output Group 1 – Policy Advice | 9,743 | 9,489 | (254) | 9,305<br>Output Group 2 – Program Management | 15,176 | 14,604 | (524) | 14,493<br>Total price of departmental outputs | (Total revenue from Government & other sources) | 24,919 | 24,093 | (826) | 23,798<br>Total revenue from Government (appropriations) contributing to price of departmental outputs | 24,262 | 23,422 | (840) | 23,139<br>Total revenue from other sources | 657 | 671 | 14 | 659<br>Total price of departmental outputs | (Total revenue from Government & other sources) | 24,919 | 24,093 | (826) | 23,798<br>Total estimated resourcing for Outcome 10 | (Total price of outputs & administered expenses) | 170,050 | 154,836 | (15,214) | 184,345<br>Average Staffing Level (Number) | Department | 182 | 177 | (5) | 166

(p) = Part.